JUNE 2025 THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

SAN FRANCISCO treats

ENDO 2025 PREVIEW

- **BRIGHT MINDS. BOLD CITY:** Once again, *Endocrine News* is giving **ENDO 2025** attendees a personal itinerary of where to eat, drink, shop, and play in this year's host city.
- **BYPASS AND BEYOND:** The **ENDO 2025** session, "Redefining Roles and Mechanisms of Obesity Treatment" examines a variety of factors impacted by bariatric surgery.
- **EASY TARGETS:** Cutting-edge **ENDO 2025** research takes a closer look at how endocrine-disrupting chemicals affect reproductive endocrinology in both males and females.

ENDOCRINE PRIDE:

Endocrine Society members discuss their careers, challenges, successes, and how being LGBTQ influences their work.

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Hormone Science to Health

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Endocrine News Celebrates LGBTQ Pride Month

To celebrate LGBTQ Pride Month, *Endocrine News* spoke to several LGBTQ+ Endocrine Society members to get their insights on their careers, accomplishments, challenges, and what advice they might have for LGBTQ+ endocrinologists just starting their careers.

BY MARK A. NEWMAN

FEATURES

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Redefining Roles and Mechanisms of Obesity Treatment at **ENDO 2025**

Endocrine News talks with the chair and presenters of "Bariatric Surgery and Emerging Medications: Redefining Roles and Mechanisms," an **ENDO 2025** session that analyzes a variety of factors that are impacted by bariatric surgery including postsurgical hypoglycemia, surgery versus pharmacological solutions, as well as a number of molecular mechanisms of the surgery itself.

BY KELLY HORVATH

24 | Bright Minds. Bold City.

Get to know your **ENDO 2025** host city

Endocrinology's brightest minds will gather once again in San Francisco from July 12–15 for **ENDO 2025**. Showcasing groundbreaking research, cutting-edge clinical advances, and abstract discussions on the future of hormone science and care, our signature conference promises a transformative experience for researchers, clinicians, and healthcare leaders alike.

BY COURTNEY CARSON

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How endocrine-disrupting chemicals affect reproductive endocrinology

Endocrine-disrupting chemicals (EDCs) have been implicated in all manner of poor health outcomes, including infertility and obesity. *Endocrine News* speaks to Almudena Veiga-Lopez, DVM, PhD, the chair of an upcoming **ENDO 2025** symposium on these chemicals' effects on reproductive organs, which are particularly vulnerable to EDCs.

BY DEREK BAGLEY

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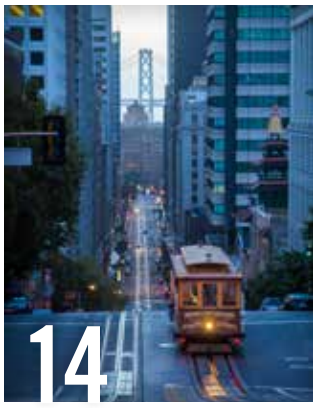

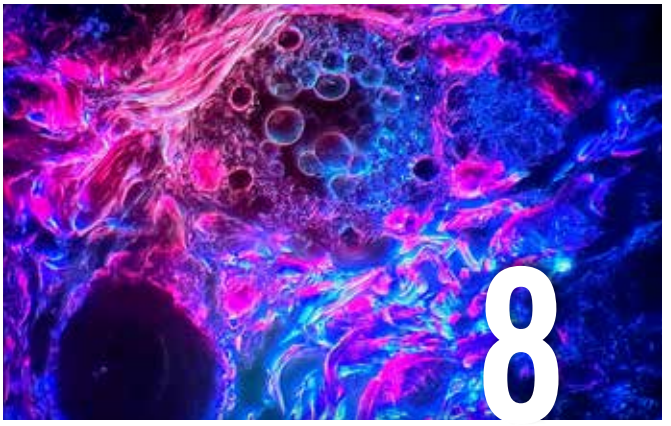

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ENDOCRINE SOCIETY
Hormone Science to Health

Endocrine Society Makes Strides Over Past 12 Months

As I come to the end of my term at **ENDO 2025**, I can look back with great pride at what the Endocrine Society has accomplished over the past 12 months.

My experience as your president also has reaffirmed my belief that belonging to a strong community is crucial to achieving one's goals, both individually and collectively. Here at the Society, we're fortunate to belong to such an engaged and compassionate community of endocrine clinicians and researchers, hailing from every corner of the globe. Moreover, now, more than any recent period that comes to mind, we need to stand firm together and by so doing ensure the future of our discipline and care for patients.

Together with our dedicated staff, members of the Society have advanced many important initiatives over the past 12 months, including the addition of new meetings, new guidelines, and new member programs.

I want to highlight just some of these accomplishments, while also pointing out challenges where more work is needed, work that will continue at the Society.

Helping Guide Clinical Practice

One of the Society's most important contributions to public health is providing guidance on best practices to improve care for patients.

In March 2025, we gathered wide-ranging public comments on two upcoming clinical practice guidelines (CPGs), which were then used to refine the final versions that are scheduled for publication this summer. The guidelines, which update previous guidelines, are: (1) The Management of Primary Aldosteronism: an update to a 2016 guideline, and (2) Diabetes in Pregnancy: an update done jointly with the European Society of Endocrinology of a 2013 guideline developed by the Society.

I really recommend that you explore all of our 33 CPGs across 12 practice areas.

Meetings & Continuing Education

Our multifaceted community also has been busy creating meetings that meet the needs of our diverse membership. Last autumn, member volunteers working with staff launched two new meetings.

In November 2024, we held our inaugural Artificial Intelligence (AI) in Healthcare Virtual Summit, which explored AI's potential to revolutionize patient care and shape the future of medicine. And in October 2024, we held our first International Conference on Steroid Hormones and Receptors (SHR 2024) in Albuquerque, N.M. The sold-out event continued a 25-year run of conferences organized by the Steroid Hormones and Receptors in Health and Disease Conference.

These came on top of our regular slate of outstanding meetings. In September 2024, we held the Endocrine Board Review (EBR) and the Clinical Endocrinology Update (CEU), both virtual meetings.

And in July 2025, we will hold what undoubtedly will be a highly successful **ENDO 2025** in San Francisco, Calif. We're anticipating another blockbuster meeting, with more than 200 educational sessions, more than 2,800 abstracts, and more than 7,000 endocrine professionals attending from all over the world.

Strengthening Members and the Organization

In addition to meetings, the Society community also focuses on helping members connect and advance in their careers through ongoing programming.

Nowhere is this more evident than in our growing number of Special Interest Groups (SIGs), which have become popular venues for members to discuss research and clinical cases, as well as network.

Last year, we added two new SIGs, one focused on obesity and another on neuroendocrinology, bringing the total number of SIGs up to 10. To best serve these groups, we launched a SIG newsletter, called *SIGs Wrap-Up!*, which highlights upcoming events, lists new research in the SIG topic areas, points out interesting discussions in the SIG communities, and provides announcements from SIG leaders, among other things.

> **“My experience as your president also has reaffirmed my belief that belonging to a strong community is crucial to achieving one’s goals, both individually and collectively.”**

We also saw a surge in the number of medical schools selected for the second year of our Medical School Engagement Program (MSEP). The 11 recipients, announced in May 2025, stood out with exceptional leadership in education, innovative approaches, and unwavering commitment to advancing the field of endocrinology by increasing medical students’ exposure to all the exciting aspects of this specialty. They join the 10 schools that were selected during MSEP’s inaugural last year.

Advocacy Efforts in Challenging Times

Our advocacy team has been working diligently to oppose government funding cutbacks to U.S. clinical and medical research programs.

In April 2025, we expressed our disappointment with the administration’s decision not to finalize a rule that would have extended coverage of anti-obesity medications under Medicare and Medicaid. The Society will continue to advocate for policies to make anti-obesity medications more accessible.

Similarly, in March 2025, we warned that massive cuts to the U.S. Department of Health and Human Services (HHS) threatens scientific progress that drives the economy and improves public health.

Also in March 2025, we called on the administration to restore the Diabetes Prevention Program (DPP), a three decade-long research project into type 2 diabetes prevention. Funded through the NIH, the landmark program and its companion DPP Outcomes Study were abruptly ended due to government funding cuts.

Finally, last year, the Society took steps to strengthen the organization itself.

In July 2024, we announced a merger with the Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM), which represents academic leaders of more than 135 training programs that prepare fellows for clinical and research careers in endocrinology and metabolism.

These events, programs, and activities only scratch the surface of what’s going on at the Endocrine Society, and under the leadership of my successor Carol Lange, the Society will continue the great work that is always evident in our community.

It has been an honor to serve as the Society’s first non-U.S.-based president. I want to thank you and all the staff for being part of this marvelous community, and I look forward to seeing you at **ENDO 2025** in San Francisco. EN

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

Are You Ready for ENDO 2025?

Depending on when you receive this issue, **ENDO 2025**, which takes place in San Francisco, Calif., from July 12 to 15, is about a month away…maybe less! So, if you're on the fence about going this year, we hope that this issue full of highlights of both the conference as well as our host city will push you to register today!

First up, we have articles that delve into a couple of the sessions being featured at this year's event. On page 16, Kelly Horvath writes all about the presentation entitled "Bariatric Surgery and Emerging Medications: Redefining Roles and Mechanisms" in **"Bypass and Beyond: Redefining Roles and Mechanisms of Obesity Treatment at ENDO 2025."** The session is chaired by Marc J. Tetel, PhD, from the Neuroscience Department at Wellesley College in Wellesley, Mass., and will consist of of three separate presentations: "Post-Bariatric Hypoglycemia" by Tricia M-M. Tan, MB ChB, FRCP, PhD, FRCPath, Imperial College London, London, UK; "Outcomes of Bariatric Surgery Compared to Anti-Obesity Medications" by Nasreen Alfaris, MD, MPH, King Fahad Medical City, Riyadh, Saudi Arabia; and "Mechanisms of Bariatric Surgery" by Nadejda Bozadjieva Kramer, PhD, University of Michigan, Ann Arbor, Mich. Tetel, whose own lab has been exploring the effects of hormones and lifestyle choices on the interaction between the gut and vaginal microbiomes in women, says that his "hope is that this session will result in clinical, translational, and basic researchers coming together to discuss these important topics, engage in discussions with each other, and generate new and exciting collaborations!" And there's no better place for that than **ENDO**!

In **"Easy Targets: How Endocrine-Disrupting Chemicals Affect Reproductive Endocrinology"** on page 34, Senior Editor Derek Bagley talks to Almudena Veiga-Lopez, DVM, PhD, chair of the **ENDO 2025** session, "Endocrine Disrupting Chemicals SIG Symposium: EDCs and Male and Female Reproductive Endocrinology." She tells *Endocrine News* what attendees can expect from this rather expansive session that is made up of three presentations: "Physiological Status Modulates EDC Activity in the Ovary" by Aileen Keating, PhD, Iowa State University, Ames, Iowa; "EDC Modulation of Maternal Metabolic Function in Pregnancy" by Rita S. Strakovsky, PhD, RD, Michigan State University, East Lansing, Mich.; and "Effects of Genetic Background on EDC Effects" by Anne E. Kwitek, PhD, Medical College of Wisconsin, Milwaukee, Wis. Veiga-Lopez says that she is particularly excited by the intersection of reproductive and metabolic disruption. "We now know that EDCs can influence maternal metabolic adaptation during pregnancy, which can in turn affect reproductive outcomes," she says. "The new consensus framework on metabolism-disrupting chemicals is helping bring clarity to these complex relationships. We are also seeing the field move toward greater attention to variability — across sex, genetics, and life stages

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— which will make toxicology more predictive and human-relevant."

Of course, when the sessions at the Moscone Center get out in the early evenings, there will still be plenty of light out to explore the streets of San Francisco, from world-class museums and parks to award-winning bars and restaurants, fun and flavors await attendees when it's time to relax a little and, as we do each year, *Endocrine News* is here to help. On page 24, Courtney Carson has created a very in-depth tour of our host city in **"Bright Minds. Bold City."** Whether you choose to cruise down Powell Street in one of the iconic cable cars, take a day trip post- or pre-conference, or simply sip a satisfying cocktail in a lounge with a great view of the City by the Bay, you'll find plenty of options. Plus, some of our local members have also provided their own suggestions about where you should unwind when the education symposia end for the day.

Since June has been designated LGBTQ Pride Month, we have a roundtable (**"Endocrine Pride"**) on page 38 where I reached out to a number of Endocrine Society members who are also members of the LGBTQ+ community. We covered a variety of topics from why they chose endocrinology in the first place, notable successes and challenges, their advice for LGBTQ endocrinologists just beginning their careers, as well as how the Endocrine Society has played a role in their professional lives, which often leads to their personal lives as well. The members invited run the gamut from early career to emeritus, and come from a number of ethnic backgrounds both in the U.S. and abroad. Their answers were sincere and incredibly heartfelt and gave me an opportunity to see yet another side to our remarkable Endocrine Society members.

In closing, I wanted to share a workplace anecdote that I think you can all appreciate. I had a conversation with a friend who works in one of the federal agencies here in Washington, D.C. Only in his mid-fifties, he's preparing to retire, largely due to the current instability taking place throughout such agencies. When he told me this news, I reacted with a surprised gasp or a "Wow," and he said, "Well, Mark, not everybody loves their job like **you** do." And, to my surprise, I had no rejoinder; I do love my job, not only because I'm a lifelong "magazine guy," but because of the mission of the Endocrine Society and the work, passion, and dedication of our members around the world. Maybe that's why I recently celebrated a dozen years at the Endocrine Society!

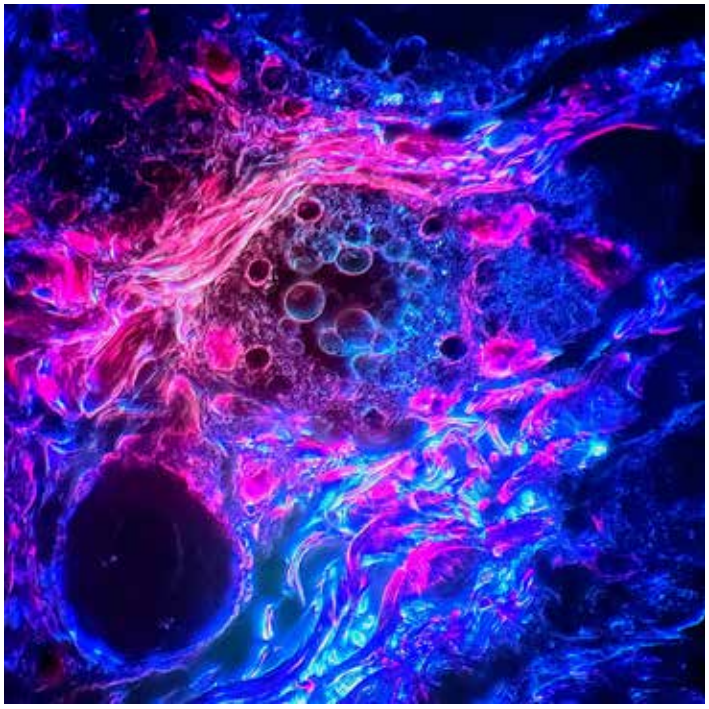
As usual, if you have any comments or suggestions, feel free to reach out to me at: **mnewman@endocrine.org**.

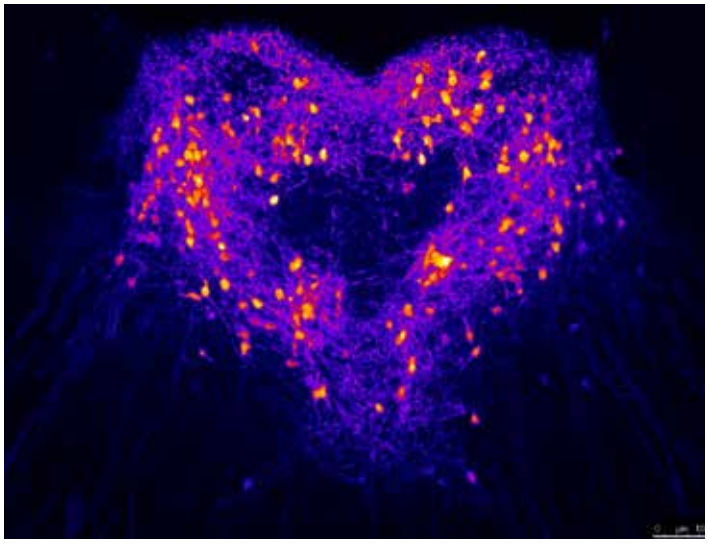
— **Mark A. Newman**, Executive Editor, *Endocrine News*

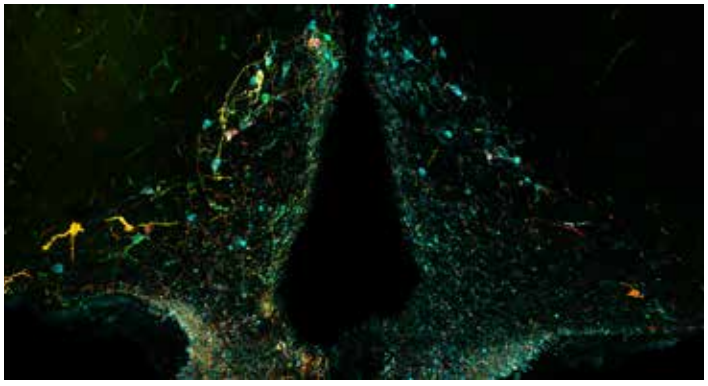
Sriram Gubbi of NIDDK Wins Endocrine Society's 2025 Endocrine Images Art Competition

Sriram Gubbi, MD, won the Endocrine Society's 2025 Endocrine Images Art Competition with his microphotograph of follicular thyroid carcinoma cells titled "The Cosmic Bubble."

The art competition celebrates the beauty of endocrine science as seen through the lens of a microscope. More than 30 entries were judged by a panel of Society members who based their assessments on the aesthetic value of the images and their significance to endocrine research.







(top) Sriram Gubbi, MD, won the Endocrine Society's 2025 Endocrine Images Art Competition with his microphotograph of follicular thyroid carcinoma cells titled "The Cosmic Bubble."

(middle) Second-place winner is an image of the paraventricular nucleus of the thalamus nucleus in a heart-shaped spatial arrangement titled "Follow Your Heart, But Take Your Brain with You" by Encarnación Torres Jiménez, PhD.

(bottom) Third-place winner is Siew Hoong Yip, PhD, for an image showcasing the neurodiversity of the hypothalamic arcuate nucleus dopaminergic (A12) neurons.

Gubbi is a physician-scientist studying thyroid tumors and other thyroid conditions at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is part of the National Institutes of Health (NIH).

"This image highlights the hyperactive nature of thyroid carcinoma cells, as evidenced by the consumption of the colloid, which leaves empty, circular 'scalloped' areas," Gubbi wrote in his entry. "This modified darkfield and filter illumination technique makes the tissues more luminescent and dynamic, resulting in an image that looks like an alien world, with the scalloped areas appearing as mysterious 'cosmic bubbles.'"

As this year's top winner, Gubbi will receive complimentary registration to either **ENDO 2025** or **ENDO 2026**.

The second-place winner is Encarnación Torres Jiménez, PhD, a postdoctoral fellow at Harvard Medical School in Boston, Mass. Torres Jimènez entered an image of the paraventricular nucleus of the thalamus nucleus in a heart-shaped spatial arrangement titled "Follow Your Heart, But Take Your Brain with You."

The third-place winner is Siew Hoong Yip, PhD, of the University of Otago in Dunedin, New Zealand, for an image showcasing the neurodiversity of the hypothalamic arcuate nucleus dopaminergic (A12) neurons. Yip and several co-authors published a mini-review on this topic in the basic science journal *Endocrinology* in February.

All three winners will have their art displayed at **ENDO 2025** in San Francisco, Calif., from July 12 – 15, where they will be seen by thousands of endocrine scientists and researchers from all over the world. Their work also will be featured in *Endocrine News*, on the Society website, and on social media.

Visit the Endocrine Images Art Competition website for more information and to view this year's top endocrine images along with previous years' winners.

Agbaje Receives the ASNF-NNF Flemming Quaade Award for Innovative Approaches to Childhood Obesity

Andrew O. Agbaje, MD, MPH, PhD, FACC, FESC, FHAA, FNYAM

Andrew O. Agbaje, MD, MPH, PhD, FACC, FESC, FHAA, FNYAM, has been named the first recipient of the Flemming Quaade Award for Innovative Approaches to Childhood Obesity, honoring early-career physicians who have made exceptional contributions to obesity prevention or management.

Agbaje's groundbreaking research has shown that waist circumference-to-height ratio is a more accurate predictor of obesity and metabolic diseases than the traditional body mass index (BMI). He recently launched a clinical calculator based on this metric, offering a potentially transformative tool for the early detection and management of childhood obesity.

Agbaje, associate professor of clinical epidemiology and child health at the University of Eastern Finland, discovered arterial stiffness as a novel risk factor for pediatric obesity and insulin resistance and was recently named the world's third-best highly ranked scholar in the arterial stiffness specialty.

His work has further revealed adolescence as the critical window for interrupting the fat mass-insulin resistance pathologic cycle. Notably, he has demonstrated that light-intensity physical activity is a highly effective strategy for reversing excessive fat accumulation caused by sedentary behavior in childhood. Agbaje has served as an expert advisor to the World Health Organization's committee on childhood obesity prevention.

Award benefits include a research grant of $70,000 and a travel stipend to present a lecture at NUTRITION 2025. EN

Hidden Steroids in Arthritis Supplements Raise Serious Adrenal Concerns

Before you reach for that arthritis supplement, take note: Over-the-counter (OTC) supplements could contain surreptitious glucocorticoids, notes a new case series study published in the *Journal of the Endocrine Society*. The study describes 12 patients who developed Cushing syndrome (CS) and/or adrenal insufficiency (AI) after consuming commonly used supplements such as Artri King, Ardosons, and Ajo Rey — none of which disclosed glucocorticoid content on their labeling.

While the phenomenon of adulterated supplements is not new, this report is the largest case series to date linking unlabeled glucocorticoids in OTC arthritis remedies to serious endocrine disorders. It also expands the clinical picture with data on cortisol levels, cosyntropin test results, and treatment outcomes — information previously missing from the scattered reports in the literature.

Researchers reviewed data from the electronic medical records for all patients in the study, including patient demographics, length of supplement use, presenting symptoms and physical examination findings, cortisol testing for AI, and initiation of glucocorticoid replacement after initial evaluation.

Clinical signs of Cushing's syndrome — commonly associated with long-term steroid exposure — were observed in 83.3% of patients. These included classic features such as moon face (66%), central obesity (66%), and abdominal purple stretch marks (50%). Additionally, 66.7% of patients exhibited symptoms of adrenal insufficiency, including nausea, vomiting, fatigue, and abdominal pain — especially after discontinuing the supplements.

"These findings are a wake-up call," says Trevor Angell, associate professor of clinical medicine at Keck School of Medicine at the University of Southern California and lead study author. "The patients included in our case series did not represent rare occurrences identified only after extensive record reviews. Since drafting our report, we have continued to observe an increasing number of additional cases, likely due to improved recognition. This suggests that the issue may be more widespread, particularly within certain populations."

Of the 12 patients, with a mean age of 51.6 years and a third of them female, 10 required glucocorticoid replacement therapy due to adrenal suppression. At the time of reporting, four patients continued replacement therapy, three had successfully tapered off, and three were lost to follow-up.

This case series underscores the importance of recognizing supplement use as a potential source of exogenous steroid exposure, particularly in patients presenting with symptoms suggestive of CS or AI.

The authors call for increased clinician vigilance in obtaining supplement histories, especially in populations with usage of OTC arthritis products. They also urge regulatory agencies to improve oversight of OTC supplements and mandate accurate labeling to protect consumers from harmful, hidden ingredients.

Lastly, the authors emphasize a key clinical message: Health professionals should maintain a high index of suspicion for OTC supplement use in patients presenting with unexplained features of hypercortisolism or adrenal crisis. Importantly, discontinuation of such products without medical oversight can precipitate acute adrenal insufficiency, a potentially life-threatening condition.

In the meantime, health providers are on alert: That bottle of joint pain relief might be hiding more than it claims. — *Jackie Oberst*

Saliva Test One Step Closer to Replacing Blood Work for Adrenal Disorder Diagnosis

Salivary cortisol and cortisone can be valuable tools in diagnosing adrenal insufficiency (AI), offering non-invasive options for screening and potentially avoiding the need for adrenocorticotropic hormone (ACTH) stimulation tests in some cases, states a recent study in *The Journal of Clinical Endocrinology and Metabolism*.

AI diagnosis relies on serum cortisol (s-cortisol) levels, especially following stimulation with synthetic ACTH called cosyntropin. While the ACTH stimulation test is the gold standard for diagnosing AI, it requires a visit to a medical facility and can be inconvenient and costly for some patients. However, salivary cortisol (sa-cortisol) and salivary cortisone, which are non-invasive and reflect the biologically active free hormone, have shown strong correlation with s-cortisol. Despite this, validated reference ranges and cutoffs for salivary steroid measurements in healthy individuals have been lacking, limiting their diagnostic use.

This study, aimed to establish reliable cutoff levels for sa-cortisol and cortisone following cosyntropin stimulation and to evaluate their diagnostic performance in identifying AI. Researchers analyzed salivary steroid levels in 128 healthy individuals, including 16 women on oral estrogen therapy, and 59 patients under evaluation for suspected AI. Of the patient group, 26 were ultimately diagnosed with AI using standard serum cortisol-based diagnostic criteria.

Salivary steroid levels were measured using highly sensitive and specific liquid chromatography tandem mass spectrometry (LC-MS/MS) before and after a standard 250-µg cosyntropin stimulation. The diagnostic cutoff for AI was defined as the 2.5th percentile of post-stimulation salivary cortisol in healthy individuals not using oral estrogens.

A salivary cortisol level of ≥12.6 nmol/L, 60 minutes after cosyntropin administration, reliably indicated a normal adrenal response. This cutoff demonstrated a diagnostic accuracy of 89%, with 85% sensitivity and 90% specificity. Comparatively, salivary cortisone and the combined measure of salivary cortisol and cortisone offered lower diagnostic performance, making sa-cortisol the superior marker.

Further analysis showed that the relationship between sa-cortisol and s-cortisol followed a segmented pattern, best modeled with two regression lines. A notable breakpoint emerged at sa-cortisol 9.7 nmol/L and s-cortisol 482 nmol/L, likely reflecting saturation of cortisol binding globulin (CBG), which influences serum but not salivary cortisol. This suggests that sa-cortisol could offer a clearer picture of adrenal function at higher hormone levels, unaffected by CBG variability.

Interestingly, in the subset of healthy women on oral estrogen, the relationship between sa- and s-cortisol remained linear without evidence of CBG saturation. This finding supports the particular value of salivary testing in women on estrogen therapy, a group in which serum cortisol levels can be misleading due to elevated CBG levels.

Although 17 healthy individuals repeated the cosyntropin test and displayed consistent overall results, reproducibility metrics such as the intraclass correlation coefficient indicated poor individual-level test-retest reliability. This suggests that while group-based cutoff values are robust, individual results may vary and should be interpreted in clinical context.

While salivary cortison and cortison in AI diagnosis is promising, it is still evolving, with validated reference ranges for healthy individuals still being developed. Eventually waking salivary cortisone can be used to screen AI as well as monitor the effectiveness of hydrocortisone replacement therapy in AI patients. — *Jackie Oberst*

“Validated reference ranges and cutoffs for salivary steroid measurements in healthy individuals have been lacking, limiting their diagnostic use.”

New Study Questions BMI Accuracy in Childhood Obesity Screening

A new study from the Avon Longitudinal Study of Parents and Children (ALSPAC) is challenging long-held assumptions about how we measure overweight and obesity in children. According to findings published in *Obesity and Endocrinology* in January 2025, body mass index (BMI) — the most commonly used tool for assessing weight status — may dramatically overestimate overweight prevalence in children when compared with a more nuanced measure: waist-to-height ratio (WHtR).

The study, "Body mass index triples overweight prevalence in 7,600 children compared with waist-to-height ratio: The ALSPAC study," analyzed data from 7,600 British children at ages 9, 15, and 24 and found that BMI overclassified overweight status by nearly 3.0 times compared to WHtR in childhood, 2.3 times in adolescence, and 2.6 times in early adulthood.

"This isn't just a statistical curiosity," says Andrew O. Agbaje, MD, MPH, FESC, the study's lead author. "It has real-world consequences for how we label children, how we intervene, and how we track population health."

Calculated by dividing waist circumference by height, WHtR has emerged as a more precise measure of both total body fat and central adiposity — what some researchers refer to as adiposopathy, or "sick fat." This approach offers not just a better snapshot of body composition but also correlates more strongly with future metabolic risks.

To classify fat levels using WHtR, Agbaje introduced sex-specific cutoffs. For example, a WHtR above 0.53 in boys and 0.54 in girls was considered "excess fat" (adiposopathy grade 2), while slightly lower values were categorized as "high fat" (grade 1). These thresholds align more closely with risks for conditions like prediabetes and type 2 diabetes.

The ALSPAC data revealed that of 1,431 children classified as overweight by BMI, 64% actually had normal fat levels according to WHtR. Only 25% had high fat, and just 11% had excess fat. In contrast, of the 517 children with WHtR-defined high fat, only 6% had normal BMI, highlighting WHtR's ability to identify high-risk children that BMI might miss — or misclassify.

To validate the WHtR approach, researchers examined U.S. data from the National Health and Nutrition Examination Survey (NHANES), involving over 3,300 adults. Those classified with WHtR excess fat had more than six times the odds of having type 2 diabetes compared to those with normal fat distribution. Even those with high fat—but not excess—had over twice the odds of prediabetes.

The findings suggest that WHtR could serve as a universal, low-cost, and more accurate method for identifying children and adults at risk for metabolic diseases.

BMI has long been criticized for failing to distinguish between fat and muscle mass, and for ignoring fat distribution — especially the abdominal fat most strongly linked to health risks. Yet, it remains the default measure in schools, clinics, and public health guidelines.

This study adds to the growing consensus that it may be time to replace — or at least supplement — BMI with more sensitive and specific tools like WHtR.

"If we're serious about tackling childhood obesity and preventing lifelong metabolic disease," says Agbaje, "we need to start using the right tools." — *Jackie Oberst* EN

> **"BMI has long been criticized for failing to distinguish between fat and muscle mass, and for ignoring fat distribution — especially the abdominal fat most strongly linked to health risks. Yet, it remains the default measure in schools, clinics, and public health guidelines."**

> The Endocrine Society has been my professional home for over 30 years and has played a huge role in my career! It is where I learned about scientific research and clinical breakthroughs, standards of excellence and standards of care, and the importance of political advocacy. **It is also where I learned how to become a leader and advocate for those not at the table. Perhaps most importantly, it is where I've made wonderful friendships that have lasted for decades."**

Carolyn Becker, MD, associate professor of medicine, Harvard Medical School (retired), Boston, Mass., discussing the impact the Endocrine Society has had on her career in "**Endocrine Pride**" on page 38.

268,000,000

Estimated number of school-age children that will be overweight or obese by 2025. **SOURCE:** WORLDOBESITY.ORG

The increase in the amount of physician reimbursement starting June 1, 2025, if S. 1640, the "Medicare Patient Access and Practice Stabilization Act of 2025," is passed in Congress. The increase reflects a prorated reversal of the 2.83% Medicare cut physician practices have endured since the beginning of 2025 as well as an inflation-based update.

SOURCE: MEDICAL GROUP MANAGEMENT ASSOCIATION

50 lbs

The amount of weight lost — on average — by people on Zepbound, compared with people who took Wegovy, who lost about 33 pounds.

SOURCE: *NEW ENGLAND JOURNAL OF MEDICINE*

100 – 140 out of 1 million people

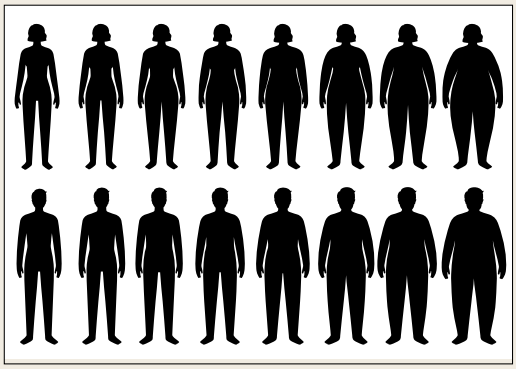
The occurrence of Addison's disease in developed countries. Secondary adrenal insufficiency is more common, affecting 150 to 280 people per million.

— **SOURCES:** DIAGNOSIS AND TREATMENT OF PRIMARY ADRENAL INSUFFICIENCY: AN ENDOCRINE SOCIETY CLINICAL PRACTICE GUIDELINE; *LANCET; ANNALS OF ENDOCRINOLOGY*

9.6%

Participants in the All of Us Research Program who had Class III obesity reported having a much larger amount of poor overall health compared to people of normal weight — 9.6% versus 3.2%, respectively.

SOURCE: *JOURNAL OF INTERNAL MEDICINE*



Percentage of 2018 cardiovascular disease deaths attributable to di-2-ethylhexylphthalate (DEHP) — a chemical compound used primarily as a plasticizer in plastics, most notably polyvinyl chloride (PVC) — among individuals ages 55 to 64 years. **SOURCE:** *THE LANCET*

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

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://professional.diabetes.org/scientific-sessions

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, Quebec, 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, West Bengal, 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/

Endocrine News talks with the chair and presenters of "Bariatric Surgery and Emerging Medications: Redefining Roles and Mechanisms," an **ENDO 2025** session that analyzes a variety of factors that are impacted by bariatric surgery including postsurgical hypoglycemia, surgery versus pharmacological solutions, as well as a number of molecular mechanisms of the surgery itself.

bypass and beyond

Redefining Roles and Mechanisms of Obesity Treatment at **ENDO 2025**

BY KELLY HORVATH

With so many recent advances in our understanding of obesity and its treatment, **ENDO 2025** is rightly spotlighting this topic. One session in particular, happening July 15 from 9:00 a.m. to 10:30 a.m., should have clinicians and researchers abuzz — "Bariatric Surgery and Emerging Medications: Redefining Roles and Mechanisms" explores both how bariatric surgery facilitates weight loss as well as how it is evolving in the context of novel anti-obesity medications.

The three presentations include a deep dive into the physiologic and molecular mechanisms underlying how bariatric surgery facilitates weight loss and improves metabolic health, an exploration of the various considerations regarding post-bariatric hypoglycemia, and a comparison of the safety and efficacy profiles of bariatric surgery and pharmacotherapy. Ultimately, attendees will gain tremendous insights into optimizing patient outcomes.

The session will be chaired by Marc J. Tetel, PhD, of the Neuroscience Department at Wellesley College, in Wellesley, Mass. Tetel, who started attending **ENDO** during his postdoc and has attended ever since, is an apt pick for the role. He credits **ENDO** itself with introducing him to molecular endocrinology. "**ENDO**

Bariatric surgery provides important metabolic benefits beyond weight reduction, including reversing such comorbidities as type 2 diabetes and cardiovascular complications.

ENDO2025

Bariatric Surgery and Emerging Medications: Redefining Roles and Mechanisms

July 15, 2025
9:00 AM – 10:30 AM

This session will explore the mechanisms by which bariatric surgery facilitates weight loss and its evolving role in the context of novel anti-obesity medications. Attendees will gain insights into how surgical and pharmacologic treatments can be integrated to optimize patient outcomes. The session will cover physiologic changes post-surgery, impact on metabolic health, and criteria for selecting the appropriate treatment approach, enhancing clinical decision making in obesity management.

Chair: Marc J. Tetel, PhD, Wellesley College, Wellesley, Mass.

Post-Bariatric Hypoglycemia — Tricia M-M. Tan, MB ChB, FRCP, PhD, FRCPath, Imperial College London, London, U.K.

Outcomes of Bariatric Surgery Compared to Anti-Obesity Medications — Nasreen Alfaris, MD, MPH, King Fahad Medical City, Riyadh, Saudi Arabia

Mechanisms of Bariatric Surgery — Nadejda Bozadjieva Kramer, PhD, University of Michigan, Ann Arbor, Mich.

quickly became a place where I could connect with colleagues and good friends every year and keep up with the most recent and important advances in hormone health and research. I look forward to this meeting every year as a chance to immerse myself in the latest hormone science breakthroughs and clinical advancements, as well as have a great time with friends."

Although the session is not directly related to his specific research area, he views staying up to date on the most recent advances in obesity treatment and cutting-edge research as very important.

"I began in the obesity and metabolism field by investigating the effects of estrogens and the gut microbiome on metabolism in female mice," he explains. "More recently, my lab has been exploring the effects of hormones and lifestyle choices on the interaction between the gut and vaginal microbiomes in women. My hope is that this session will result in clinical, translational, and basic researchers coming together to discuss these important topics, engage in discussions with each other, and generate new and exciting collaborations!"

Mechanisms of Bariatric Surgery

Nadejda Bozadjieva-Kramer, PhD, assistant professor of surgery at the University of Michigan Medical School, in Ann Arbor, Mich., will talk about physiologic changes post-bariatric surgery. She became interested in this topic after seeing that bariatric surgery provides important metabolic benefits beyond weight reduction, including reversing such comorbidities as type 2 diabetes and cardiovascular complications. "Despite the potent incretin mimetic therapies for obesity available now, bariatric surgery remains the most sustainable approach for weight loss," she explains. "We aimed to uncover a better understanding of the molecular mechanisms underlying the effects of bariatric surgery that lead to weight-independent benefits."

Her research team has been particularly interested in how the intestine communicates with the liver following bariatric surgery. "Our data show an improvement in liver fibrosis after sleeve gastrectomy that was not dependent on weight loss. We also found that interrupting gut-to-liver communication after sleeve gastrectomy can negatively impact liver metabolism and the maintenance of lean muscle mass. These studies have really highlighted an interest in exploring further how the intestine affects other systems during rapid weight loss," she says.

MARC J. TETEL, PHD

NEUROSCIENCE DEPARTMENT, WELLESLEY COLLEGE, WELLESLEY, MASS.

"My lab has been exploring the effects of hormones and lifestyle choices on the interaction between the gut and vaginal microbiomes in women. My hope is that this session will result in clinical, translational, and basic researchers coming together to discuss these important topics, engage in discussions with each other, and generate new and exciting collaborations!"

A decade of research has supported the benefits bariatric surgery confers, and this has allowed additional advantages to emerge: "Along with this data, we can now also identify which procedure may be a better approach for a specific patient based on their comorbidities. All of these have really allowed us to optimize the health outcomes for our patients," explains Kramer. It's also true that many of the pharmacologic approaches used to treat obesity today have stemmed from research in bariatric surgery.

Even with so many wonderful advances occurring, one thing remains clear, says Kramer: "We have great tools for addressing obesity, but it's important to remember that they must be tailored for individual patients to achieve the best health outcomes."

Post-Bariatric Hypoglycemia

Tricia M-M. Tan, MB ChB, FRCP, PhD, FRCPath, professor of metabolic medicine and endocrinology at the Imperial College London, in London, UK, will talk about the clinical features, diagnostic criteria, and pathophysiological mechanisms of post-bariatric hypoglycemia (PBH) in addition to evidence-based management strategies. Despite the many good outcomes associated with bariatric surgery, PBH does occur with most types, including Roux-en-Y gastric bypass, sleeve gastrectomy, and single-anastomosis gastric bypass (it is uncommon after gastric banding). It is also increasingly seen, given the uptick in these surgeries performed to manage obesity. All of this coupled with the impact that hypoglycemia can have on patient quality of life makes the need for understanding and treating this condition clear.

Tan, in fact, led the committee that developed the UK's 2024 guidance on PBH on behalf of the UK Society for Endocrinology.

TRICIA M-M. TAN, MB CHB, FRCP, PHD, FRCPATH

IMPERIAL COLLEGE LONDON, LONDON, U.K.

"First and foremost, it's important to recognize and diagnose PBH in our patients who have had bariatric surgery. Secondly, for many people with PBH, a sensible dietary approach goes a very long way to ameliorating it. Thirdly, don't underestimate the contribution of psychology to this condition: Support from our psychology colleagues can be extremely helpful in promoting resilience and self-management skills."

She says her interest in the topic was aroused by the plight of patients with PBH. "The hypoglycemia is particularly intractable in many cases and is a very real disability. Our effort to develop guidance was spurred by the fact that this diagnosis was underrecognized and evidence-based treatment was lacking," she explains.

The prevalence of PBH, Tan explains, depends on how PBH is defined. Hypoglycemia severe enough to warrant hospital admission is about 1 in 100 to 1,000. However, surveys of people who have had bariatric surgery suggest that about one in three have symptoms consistent with hypoglycemia. Indeed, if PBH is defined according to provocative tests (e.g., glucose tolerance tests), it may be as common as one in three to one in five. If using continuous glucose monitoring (CGM) criteria, Tan's and other groups' research has shown that significant hypoglycemia occurs in as many as one in four to three in four. "However the vast majority of such patients are asymptomatic, and we know that bariatric surgery is overall beneficial to health, so it is questionable whether CGM-defined hypoglycemia constitutes a problem," she explains.

NASREEN ALFARIS, MD, MPH

KING FAHAD MEDICAL CITY, RIYADH, SAUDI ARABIA

"As clinicians, we should be prepared to utilize the full range of medical and surgical tools available to us — particularly pharmacotherapy and metabolic surgery — and tailor treatment strategies based on the individual patient's disease severity, complications, and treatment response. Optimal care requires a personalized approach; there is no one-size-fits-all approach to obesity management."

NADEJDA BOZADJIEVA KRAMER, PHD

UNIVERSITY OF MICHIGAN, ANN ARBOR, MICH.

"Our data show an improvement in liver fibrosis after sleeve gastrectomy that was not dependent on weight loss. We also found that interrupting gut-to-liver communication after sleeve gastrectomy can negatively impact liver metabolism and the maintenance of lean muscle mass. These studies have really highlighted an interest in exploring further how the intestine affects other systems during rapid weight loss."

In "Society for Endocrinology guidelines for the diagnosis and management of post-bariatric hypoglycaemia," published in *Endocrine Connections*, Tan and team recommend what she calls a "pragmatic" definition of PBH that is biochemically confirmed (<3.0 mmol/L [54 mg/dL]), demonstrates typical hypoglycemic symptoms (Whipple triad), and includes investigation and exclusion of alternative causes.

Which patients are at higher risk of developing PBH or of having worse associated outcomes is as yet unclear. Tan

says some studies have shown associations with certain attributes (e.g., people who have higher HbA1c pre-surgery, who are younger, who are female, and who lose higher degrees of weight), whereas others have not. Unfortunately, this uncertainty makes preventing PBH a particular challenge. However, theories do exist about what mechanism(s) underly its development.

Tan explains: "Post-bariatric patients generally exhibit rapid absorption of food (either because gastric emptying is accelerated or because the food bypasses the stomach and is routed to the jejunum). This leads to the development of a large glucose spike, which leads to sharp increases in incretin hormone (GLP-1 particularly) and insulin secretion — hence disposal of the glucose."

Although in many patients, this leads to improved glucose tolerance and therefore improvements in diabetes, if present; in some, it causes "overswing hypoglycemia." Other theories include impaired suppression of basal insulin secretion in response to hypoglycemia and excessive meal-stimulated insulin secretion; defective alpha-cell secretion of glucagon; alterations in bile acid kinetics, which may in turn trigger excess FGF-19 secretion; release of inflammatory cytokines such as IL-1beta; and, more recently, increased gut serotonin secretion. "Whether all these mechanisms are operative in all PBH patients, or perhaps that different patients have different dominant mechanisms is not as yet clear," says Tan.

For management, Tan again cites the 2024 evidence-based UK guidelines. They advocate for a combination of dietary modification (e.g., reducing carbohydrate content in meals, eating small amounts often), patient education, avoidance of fluids near mealtimes, use of pharmacotherapy (e.g., acarbose and somatostatin analogues) in selected cases, and consideration of surgical approaches (e.g., gastrostomy feeding or reversal of surgery).

The takeaway for clinicians, explains Tan, is threefold. "First and foremost, it's important to recognize and diagnose PBH in our patients who have had bariatric surgery. Secondly, for many people with PBH, a sensible dietary approach goes a very long way to ameliorating it. Thirdly, don't underestimate the contribution of psychology to this condition: Support from our psychology colleagues can be extremely helpful in promoting resilience and self-management skills."

Although Tan's presentation topic is primarily based around post-bariatric surgery, she is no stranger to the pharmacologic side of obesity treatment, nor, for that matter, to **ENDO**, which she has been attending since 2003. In fact, she presented research from "Combined GLP-1, Oxyntomodulin, and Peptide YY Improves Body Weight and Glycemia in Obesity and Prediabetes/Type 2 Diabetes: A Randomized, Single-Blinded, Placebo-Controlled Study" at **ENDO 2018**. "We showed that this co-infusion was practical and safe and improved their glucose control and their weight. This research cemented the concept of 'multi-agonism' of incretin receptors for treatment of diabetes and obesity, and this is now a practical reality for our patients with the advent of tirzepatide and the multi-agonists that are in the offing," she says.

AT A GLANCE

- Gaining a better understanding of the molecular mechanisms underlying the effects of bariatric surgery that lead to its weight-independent benefits has allowed researchers to identify which procedure may be a better approach for a specific patient based on their comorbidities, in turn, optimizing their health outcomes.
- The 2024 publication of evidence-based U.K. guidance on post-bariatric hypoglycemia aims to better recognize this prevalent and debilitating condition and manage it with a combination based on relevant patient factors of dietary modification, patient education, pharmacotherapy, and surgery.
- The complexity and heterogeneity of obesity demands a nuanced approach to its treatment that considers all available evidence-based interventions and individual patient factors as well as uses a disease classification system that does not oversimplify the clinical picture.

Outcomes of Bariatric Surgery Compared to Anti-Obesity Medications

Nasreen Alfaris, MD, MPH, of the King Fahad Medical City, in Riyadh, Saudi Arabia, will connect all of the dots in her comparison of the surgical and pharmacologic approaches to obesity management. She, too, has been a regular **ENDO** attendee over the years, calling it a cornerstone in her professional calendar. "**ENDO** is more than just a scientific conference," she says, "it's a gathering of leading experts in endocrinology from around the world, offering a dynamic space to exchange knowledge, explore the latest advances in the field, and engage in meaningful collaboration." She describes **ENDO** and other leading conferences as "platforms that have allowed me to share insights, engage with global experts, and contribute to the ongoing advancement of obesity medicine."

Alfaris was drawn to obesity work by recognizing the rapidly increasing burden of obesity as a chronic disease. "Despite its impact as a major driver of numerous health conditions and premature death," she says, "there remains a scarcity of healthcare professionals who specialize in its management. Recognizing this gap, I chose to dedicate my career to obesity medicine — to contribute meaningfully to the care of individuals living with obesity and to help address this pressing public health challenge through evidence-based treatment and advocacy. The factors driving obesity are complex and multifaceted, and we are working diligently to combat this epidemic." She very recently served on the commission that developed the "Definition and Diagnostic Criteria of Clinical Obesity," published in January in *The Lancet Diabetes and Endocrinology*.

Echoing some of the themes Kramer and Tan mention, Alfaris says, "treatment decisions should be personalized, based on factors such as disease severity, associated complications, patient preferences, previous treatment history, and access to therapy. Obesity is a chronic, progressive, relapsing, and heterogeneous disease, and we are fortunate to live in a time where there are multiple safe and effective treatment options available."

Like Kramer, Alfaris points to the long-term data supporting the efficacy of metabolic surgery, for durable weight loss as well as improvements in other conditions (e.g., type 2 diabetes, non-alcoholic fatty liver disease, polycystic ovary syndrome, and obstructive sleep apnea). "With the advent of newer pharmacologic agents, we are now seeing impressive outcomes in terms of weight loss and additional metabolic and health benefits beyond weight loss. These medications are transforming the way we approach obesity management. Therefore, the question should not be framed as 'drugs versus surgery,' but rather how we can use a combination of therapies to best address the needs of each individual patient," she explains.

Alfaris says we must focus on ensuring better access to care for individuals living with obesity — particularly those with health-impairing forms of the disease. "That is why, in the 'Definition and Diagnostic Criteria of Clinical Obesity,' we worked to develop a more nuanced, disease-based classification system. This framework recognizes both clinical and pre-clinical obesity, with the goal of improving access to treatment for individuals with significant metabolic, mechanical, or psychological consequences of obesity — regardless of body mass index (BMI). This shift moves us away from a simplistic, BMI-driven model and toward a more equitable and medically appropriate approach to obesity care." In addition, this approach should leverage all available evidence-based interventions to achieve the best possible outcomes for patients.

"As clinicians," says Alfaris, "we should be prepared to utilize the full range of medical and surgical tools available to us — particularly pharmacotherapy and metabolic surgery — and tailor treatment strategies based on the individual patient's disease severity, complications, and treatment response. Optimal care requires a personalized approach; there is no one-size-fits-all approach to obesity management." EN

– HORVATH IS A FREELANCE WRITER BASED IN BALTIMORE, MD. IN THE MAY ISSUE, SHE WROTE ABOUT RECENT STUDIES THAT PRESENTED NEW INSIGHTS INTO OSTEOPOROSIS AND BONE HEALTH.

ENDO2025

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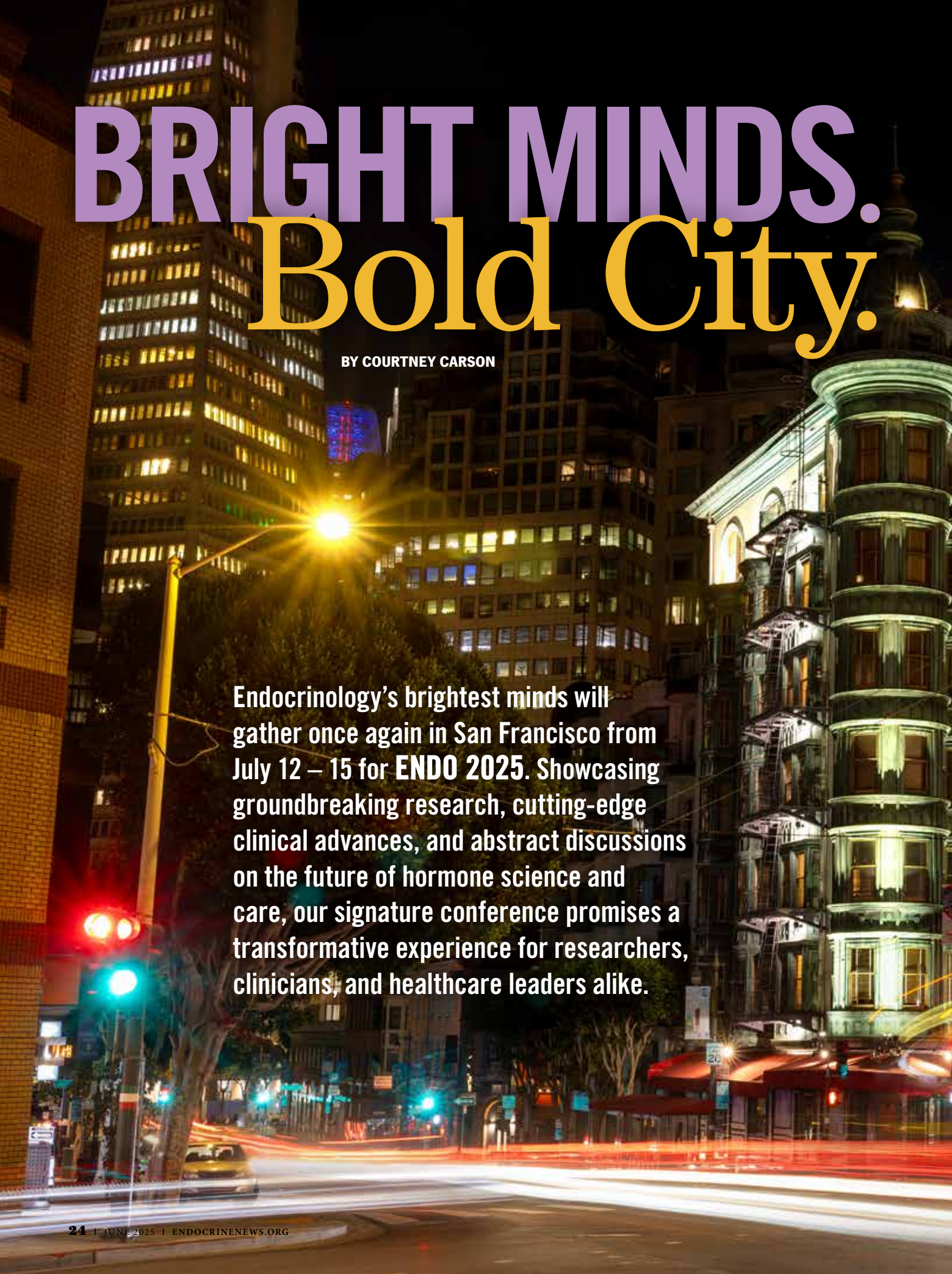
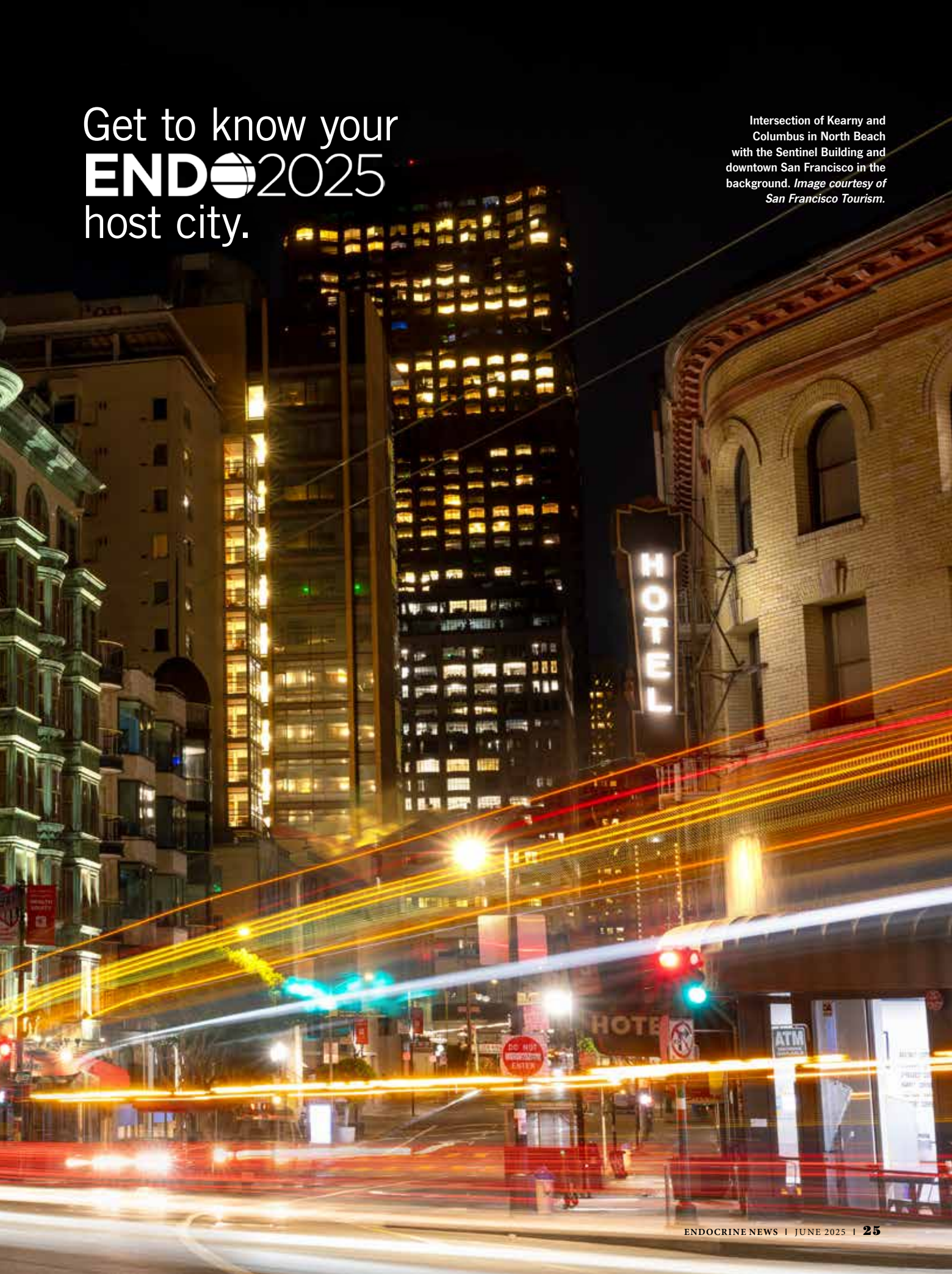


BRIGHT MINDS. Bold City.

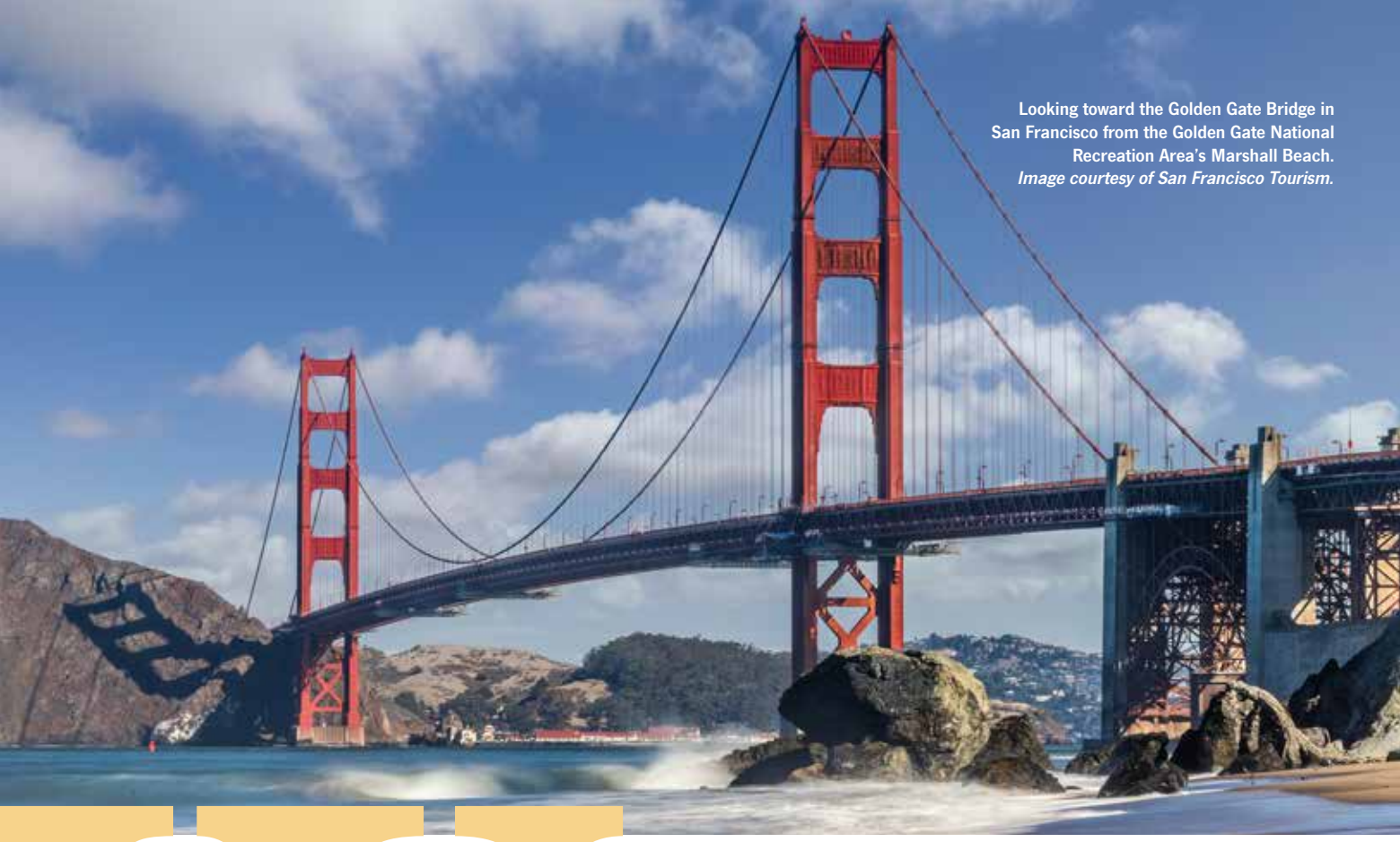
BY COURTNEY CARSON

Endocrinology's brightest minds will gather once again in San Francisco from July 12 – 15 for **ENDO 2025**. Showcasing groundbreaking research, cutting-edge clinical advances, and abstract discussions on the future of hormone science and care, our signature conference promises a transformative experience for researchers, clinicians, and healthcare leaders alike.

Get to know your ENDO 2025 host city.



Intersection of Kearny and Columbus in North Beach with the Sentinel Building and downtown San Francisco in the background. *Image courtesy of San Francisco Tourism.*



Looking toward the Golden Gate Bridge in San Francisco from the Golden Gate National Recreation Area's Marshall Beach. *Image courtesy of San Francisco Tourism.*

While San Francisco sets the stage for **ENDO 2025**, the city itself is truly part of the show. From its iconic hills and historic neighborhoods to hidden gardens and breathtaking waterfronts, San Francisco offers far more than a meeting place. Whether you have a few hours or an entire day to explore, adventure awaits just steps beyond the convention center.

If you haven't made your reservations for ENDO 2025 yet, what are you waiting for?

Quick Adventures Close to "Home"

ENDO 2025 takes place at the **Moscone Center,** which sits at the heart of SoMa (South of Market), a district alive with energy, innovation, and culture. SoMa is home to **Yerba Buena Gardens**, a beautifully landscaped park dotted with sculptures, waterfalls, and open lawns — and the perfect place to catch a breath of fresh air before or after conference sessions. Right next door is the world-renowned **San Francisco Museum of Modern Art** (SFMOMA). Whether you have 30 minutes or three hours, it's worth a visit to get a glimpse of one of the largest collections in the United States. You'll discover pieces from contemporary masters including Warhol and Lichtenstein, and don't miss Diego Rivera's stunning murals.

If you're looking for a quick bite between sessions, the **Metreon** shopping center offers quick lunch options, but if you have time to linger, head to nearby **Barcha** for Mediterranean tapas or **Mourad**, a Michelin-starred Moroccan-Californian fusion experience — all within easy walking distance.

For attendees who prefer to fill downtime with shopping and people-watching, take the quick 10-minute walk north to **Union Square**. Flagship stores, luxury brands, quirky boutiques, and lively open-air art displays make it an energizing stop between sessions.

ENDO 2025

Day *by* Day

No doubt your days will be packed while you're at San Francisco's Moscone Center, weaving through the crowds as you make your way to various sessions and presentations at ENDO 2025. Here are just a few highlights — among hundreds — that might appeal to you.

Saturday July 12

Stalk Lesions of the Pituitary Gland, *9:45 a.m.*

While endocrinologists are more familiar with the evaluation of pituitary incidentaloma, patients with lesions of the pituitary stalk present a different set of differential diagnoses and diagnostic strategies that may be unfamiliar to many endocrinologists. Lesions of the stalk may represent neoplastic, inflammatory, or infiltrative processes. Here, we present review of causes of pituitary stalk lesions as well as case-based discussion highlighting strategies for imaging and laboratory evaluation.

Testosterone: New Research Informing Clinical Practice, *4:30 p.m.*

This session will feature expert discussion of **1.** Recent findings from observational studies of testosterone and key health outcomes in men; **2.** Results from recent major testosterone randomised clinical trials; and **3.** Implications of these data for clinical management of men with and without disorders causing hypogonadism.

Sunday July 13

SGLT-2 Inhibitor Therapy in Type 2 Diabetes: Pitfalls and Advantages, *9:30 a.m.*

SGLT-2 inhibitors use for diabetes management in primary care and subspecialty clinics continues to grow although their prescription remains underutilized. One of the obstacles precluding wider use of these agents is providers' fear of causing more likely immediate side effects despite known improvements in morbidity and mortality that are accrued with chronic SGLT-2i prescription. This session will summarize newest developments in the field and allow practitioners to become more confident in using SGLT-2i.

Maximizing LinkedIn: Strategies to Achieve Your Professional Goals, *1:30 p.m.*

Experts will describe best practices to improve LinkedIn profile views and offer an inside look at how non-academics use LinkedIn to find experts. Panelists will share their personal suggestions based on their experiences with LinkedIn.

Monday July 14

Plenary: Innovative Approaches in Obesity Care: From Molecules to Society, *8:00 a.m.*

This plenary presentation will delve into the transformative landscape of obesity care, emphasizing the integration of innovative policies, dietary strategies, and pharmacological advancements. Attendees will gain insights into how these evolving strategies can be implemented in clinical practice to improve patient outcomes and reduce the burden of obesity. This comprehensive overview aims to equip healthcare professionals with the knowledge to advocate for and implement holistic, evidence-based approaches in obesity care.

Clinical Pearls from *JCEM Case Reports*, *9:30 a.m.*

This 45-minute session includes presentations from the authors of three unique and challenging case reports published in *JCEM Case Reports*. After each presentation, a content expert will share their insights and clinical pearls. Attendees will have the opportunity to ask questions of the case presenters and the content experts. The session will be co-chaired by the Editor-in-Chief: William F. Young, Jr., MD and the Deputy Editor: Adina Turcu, MD, MS.

Tuesday July 15

Primary Aldosteronism: An Endocrine Society Clinical Practice Guideline, *9:00 a.m.*

Using a case-based format, this session will provide an overview of the recommendations from the 2025 Endocrine Society guideline on the diagnosis and treatment of primary aldosteronism. Guideline methodology will be reviewed, and clinical cases will be presented highlighting the top prioritized clinical questions that underpinned the guideline recommendations. Bring your questions for the panel, and learn what the experts have to say about this important topic.

A "Bone-Anza" of Recent Advances in Parathyroid Disease, *9:00 a.m.*

Therapies for parathyroid diseases have evolved greatly over the past 10 years, including the recent development and approval of PTH replacement therapies for hypoparathyroidism. This translational session reviews recent advances in the development of novel therapies that target the PTH receptor, discuss the role of JAK inhibitors as a potential therapeutic strategy for autoimmune hypoparathyroidism in APS1, and current clinical strategies for the management of parathyroid diseases.

These sessions are just a tiny fraction of the dozens of options available to attendees that cover a vast range of topics in patient treatment outcomes, basic science, and clinical research. Check out more sessions — updated regularly — at: https://www.abstractsonline.com/pp8/#!/20942.

Visit Alamo Square Park's "Painted Ladies" — perhaps one of the most picturesque locations in San Francisco (top) or San Francisco's Pier 39 in Fisherman's Wharf (above). *Images courtesy of San Francisco Tourism.*

Iconic Sights for a Free Afternoon

If you have a half-day free, San Francisco's icons await — and many are surprisingly easy to reach. San Francisco's iconic cable cars aren't just a way to get around — they're rolling symbols of the city's character and charm. From Powell Street near Union Square, hop onto one of San Francisco's historic cable cars, a much-preferred option for scaling the city's impossibly steep hills.

You won't want to miss **Fisherman's Wharf** and **Pier 39**. Yes, this area is popular with tourists — but for good reason. The bustling waterfront is lined with seafood stands (famous for crab and clam chowder in sourdough bread bowls), souvenir shops, and street performers, but the biggest draw is the locals. Pier 39 is home to a colony of sea lions who lounge on the docks barking, sunbathing, and entertaining visitors of all ages.

The waterfront is also the perfect spot to take in postcard views of the bay, **Alcatraz**, and **Golden Gate Bridge**. For an even better view, book a cruise under the Golden Gate Bridge, one of the most internationally recognized symbols of San Francisco and California, which has been named one of the Wonders of the Modern World. Cruises

are also available to Alcatraz, the site of the first lighthouse in the western United States that later became a federal penitentiary from 1934 to 1963, housing famous convicts such as Al Capone and George "Machine Gun" Kelly. Now, this once infamous prison island is part of the Bay Area's 80,000-acre **Golden Gate National Recreation Area**.

Just inland from Fisherman's Wharf lies San Francisco's **Little Italy, North Beach**. And while there is no beach in sight, this area offers something even better — a vibrant Italian American community that, for generations, has seeded the neighborhood with authentic cafes, gelato shops, and trattorias filling the narrow streets. Here, you can explore the peaceful and hilly enclave of **Telegraph Hill** where vintage wooden houses line the streets leading to **Coit Tower**. Built in the 1930s, it's decorated inside with murals depicting scenes from California's history. North Beach is also home to **Grant Avenue** — a unique destination known its one-of-a-kind shops — and **Broadway** — lined with music clubs, restaurants, and bars. Can't-miss spots in the area include **City Lights Publishing and Booksellers**, **Tony's Pizza Napoletana**, and espresso at **Caffé Trieste**.

Grant Avenue in San Francisco's Chinatown. ***Image courtesy of San Francisco Tourism.***

Just south of North Beach you'll find North America's oldest and largest **Chinatown**. With its pagoda-style architecture, ornate lamp posts, exotic menus, and other distinctive elements, a stop here can feel more like a trip abroad than a neighborhood stroll. Begin your tour of the area by learning about the community's history at the **Chinese Historical Society of America Museum** or the **Chinese Culture Center** (free of charge). Wander Chinatown's colorful alleyways on the way to sample dumplings and dim sum at local favorites like **Good Mong Kok Bakery** before picking up hand-made fortune cookies at the **Golden Gate Fortune Cookie Factory**.

A Night on the Town

After a dynamic day of groundbreaking sessions and thought-provoking discussions at **ENDO**, San Francisco provides the perfect backdrop to reflect, recharge, and reconnect with colleagues beyond the convention hall. Spend the late afternoon wandering through the colorful murals of the **Mission District**, browsing boutiques in **Hayes Valley**, or strolling the winding paths of **Golden Gate Park**. For a taste of history, take a walk along the **Embarcadero** to the **Ferry Building Marketplace**, where you can sample artisan foods and local wines. As sunset approaches, head to **Crissy Field** for a leisurely waterfront stroll, or grab a picnic for a relaxing hour at **Alamo Square** with a perfect view of the **Painted Ladies**, the famed pastel-hued Victorian homes (still occupied by locals) that serve as a beautiful reminder of the San Francisco of old while the downtown skyline of new San Francisco shimmers in the distance.

Steve Rosenthal's San Francisco Treats

Stephen M. Rosenthal, MD, is a professor of pediatrics in the Division of Pediatric Endocrinology at the University of California, San Francisco, and has been a local for 46 years, so he is definitely someone to trust when it comes to recommending local favorites.

When it comes to restaurants, Rosenthal recommends Hook Fish at 47th and Irving, as well as San Tung at 12th and Irving, a Chinese restaurant with what he claims are the **"best chicken wings ever!"** For Vietnamese cuisine, he recommends Yummy Yummy at 12th and Irving, as well as Hong Kong Lounge at 15th and Geary for **"great dim sum."** However, if you're in the mood for a great Italian meal, Rosenthal swears by Trattoria da Vittorio at West Portal, and assures us that they have the **"best eggplant parmigiana!"**

After such great meals, you will likely need to walk off a few calories, and Rosenthal has you covered with two recommendations, both within San Francisco's city limits. First is Crissy Field, from Fort Point to the Marina and the Coastal Trail that begins at the Land's End Visitor's Center.

Joy Wu's San Francisco Treats

A native of the Bay area for 13 years, Joy Y. Wu, MD, PhD, the Gerald M. Reaven, MD, professor of endocrinology, at the Stanford University School of Medicine, has her own list of favorites for attendees coming to **ENDO 2025**, but she advised: do NOT call our host city "Frisco" or "San Fran" or you'll risk getting the side eye from locals.

Her favorites in the city include the Exploratorium, an interactive museum at Pier 15 where visitors are invited to **"take their imagination out to play."** For the best chocolate ice cream, you'll be writing postcards about, Ghirardelli Square is a must. The bustling Ferry Building at the Embarcadero, which is known for its shops, restaurants, and a legendary farmers market is conveniently located at the foot of Market Street.

Wu also recommends the San Francisco War Memorial and Performing Arts Center, which will be presenting TwoSet Violin with the San Francisco Symphony Orchestra, alt rockers, the Yeah Yeah Yeahs, and the Movie Music of Hans Zimmer during **ENDO 2025** (or **ENDO 2025** adjacent, if you decide to stick around), plus it has lots of nearby restaurants, citing Chez Maman West as **"my favorite for acclaimed locally sourced French cuisine."**

For a day trip, Wu says you can't go wrong with Muir Woods, Point Reyes; the Santa Cruz boardwalk; Monterey; and Carmel-by-the-Sea. And, of course, she says **"the Stanford University Campus is quite lovely and certainly worth 45-minute road trip south!"**

For those wanting to get a taste of all San Francisco has to offer — literally — there's no shortage of cuisines to please every palate:

- For a classic, old-school San Francisco experience, settle into a cushy red booth at the **House of Prime Rib** in Nob Hill. At this 70-plus-year-old institution, choreographed staff in crisp white button-downs prepare salads tableside, carve prime rib on roving carts, and ensure your martini glass always stays full.

- For a lively Italian dinner, grab a table in North Beach for pasta and wine and enjoy a leisurely dinner as laughter spills out onto the sidewalks from the bustling cafes lining **Columbus Avenue**. Venture around a quiet corner of North Beach for a meal at **Trattoria Contadina**, a family-owned gem that has been a neighborhood staple since the 80's. The ambience is charming, the walls are lined with photos of celebrities who have dined there, and the pasta portions will fill you up for a couple days.

- The Mission heats up after dark with bustling taquerias, rooftop bars, and vibrant street art that seems electric by night. Head to **La Taqueria**, the city's most famous restaurant for tacos and burritos for more than 50 years, for one of the (off-menu) "tacos dorados."

- And for late night eats, Chinatown delivers steaming dim sum, sizzling stir-fries, and hidden noodle houses that stay open long after the crowds thin out. **Four Kings** is one of the area's most popular restaurants, and reservations are hard to come by, but they take walk-ins at the bar all night and stay open until 11:00 p.m.

As night falls, San Francisco offers plenty of entertainment for adults looking to blend culture and nightlife. Many of the city's top museums open their doors after dark for special events, live music, and cocktails. At the **California Academy of Sciences**, for example, "NightLife" turns the museum into a lively, adults-only party every Thursday, featuring DJs, pop-up bars, and access to the aquarium, planetarium, and rainforest dome. San Francisco's theater scene is as dynamic and diverse as the city itself. From major Broadway productions at the grand **Orpheum** and **Golden Gate Theatre** to cutting-edge performances at smaller venues like the **Magic Theatre**, the **Aurora Theatre Company**, and the **San Francisco Playhouse**, there's a show for every taste.

Full-Day Escapes

The regions surrounding San Francisco offer a playground of natural beauty, world-class wine, and small-town charm. Plan to arrive early or stick around after **ENDO** wraps up to enjoy unforgettable day trips exploring everything the Bay Area has to offer.

An hour north, **Sonoma County** offers a relaxed alternative to the glitz and glamor of Napa's wine country. With more than 400 wineries, Sonoma is as much about the journey as the destination. Drive through rolling vineyards, stop at roadside fruit stands, and linger over wine tastings at family-owned estates like **Roche Winery** or **Gloria Ferrer**. The historic **Sonoma Plaza** offers boutique shopping, artisanal cheese

shops, and farm-to-table restaurants highlighting the regional fare. Consider booking a half-day tour if you want to sample liberally without worrying about the drive back. For a more personal experience and fewer crowds, plan your visit for a weekday.

About 90 minutes northwest of San Francisco, **Point Reyes** feels like it was lifted straight from the pages of a storybook. Rugged cliffs, windswept beaches, rolling green hills, and herds of tule elk roaming in the distance create a breathtaking, unspoiled landscape. Start your visit at the iconic **Point Reyes Lighthouse**, perched dramatically above the crashing Pacific waves, before setting out on a hike along the **Tomales Point Trail** — one of the most scenic routes in Northern California. Along the trail, watch for migrating whales just offshore and vibrant fields of wildflowers lining the path. After working up an appetite, head back toward Highway 1 to savor some of the region's freshest oysters and steaming bowls of chowder at waterfront favorites like **Hog Island Oyster Co.** or **The Marshall Store**.

Closer to San Francisco (just across the Golden Gate Bridge), **Sausalito** offers a charming change of pace. This picturesque waterfront town invites you to slow down and soak in its Mediterranean vibe, where pastel-colored houses line the hillsides, sailboats bob along the docks, and inviting waterfront cafés welcome friends, both new and old. Spend a leisurely afternoon strolling through local art galleries, browsing local boutiques, or renting a kayak to explore the calm waters of Richardson Bay. For a memorable lunch,

Get out of the city and reconnect with nature with a day trip to Muir Woods (top) or Point Reyes Lighthouse (above). ***Images courtesy of San Francisco Tourism.***

Dolores Shoback's San Francisco Treats

Dolores Shoback, MD, professor of medicine at UCSF and the San Francisco VA Medical Center, is determined to make sure **ENDO 2025** attendees have the best meals possible when they visit in July.

Shoback recommends **Firefly** in Noe Valley. "You can find all kinds of regular foods as well as amazing gluten-free foods," she says, adding that **Piccino's** is another great option: "There are two great locations for this restaurant. One in a cute neighborhood called the Dogpatch and another in a building in the Presidio, the Army base that was given to the city over 20 years ago and is now a national park." She describes the cuisine as "Italian...inspired by local ingredients."

She also has praise for **L'Ardoise Bistro**, a "strongly recommended French bistro" as well as **Waterbar** for "beautiful views of the San Francisco Bay and Bay Bridge from the indoor and outdoor setting in this restaurant on the Embarcadero." And if you journey down to the Castro neighborhood, she recommends Frances, which has a wonderful neighborhood setting.

For Greek cuisine, **Kokkari** serves "modern Hellenic cuisine that is rooted in the culinary traditions of Greece and draws on the bounty of Northern California." However, for great Peruvian food, don't miss **La Mar** on the waterfront at the Embarcadero, or for an excellent vegetarian meal, there's **Greens** a landmark at the Marina and Fort Mason with "stunning views of San Francisco Bay and the Golden Gate Bridge with beautiful sunsets if the fog is not in full force."

With all these recommendations, you have only yourself to blame if you leave San Francisco hungry!

grab a seat on the sunny patio at **Barrel House Tavern** or enjoy fresh seafood right along the dock. Ferries run regularly back to San Francisco, offering one of the most scenic rides you can experience, complete with stunning skyline and bay views. If you're feeling adventurous, rent a bike in the city, pedal across the Golden Gate Bridge into Sausalito, and ferry back — a quintessential Bay Area adventure.

For those seeking tranquility, head to **Muir Woods**, a federally protected National Monument just north of San Francisco in California's **Golden Gate National Recreation Area**. Ancient redwood trees soar hundreds of feet above the forest floor, as well-maintained trails wind through their shade. The trails are easily accessible even for casual walkers and always draw large crowds, so make plans to arrive early when it's least busy.

One final day trip recommendation is just a 40-minute drive south of the city, but it feels like an entirely different world. Following the iconic Highway 1, you'll be treated to stunning ocean vistas as you make your way to **Half Moon Bay**, where rugged cliffs, pounding surf, and sweeping coastal trails create a dramatically beautiful landscape. Stretch your legs with a walk along the **Coastside Trail** or find a quieter spot at Poplar Beach, where you can enjoy wide stretches of sand with far fewer crowds. For a thrill, stop by the famed **Mavericks** surf break, where some of the world's most fearless surfers take on the towering waves. After soaking in the salty air and incomparable views, order a hearty lobster roll at **Sam's Chowder House** — a beloved local institution perched right over the water.

San Francisco sets the perfect stage for **ENDO 2025**, offering a dynamic mix of experiences sure to captivate every attendee. While the conference's cutting-edge research, expert insights, and real-world solutions — presented by the world's leading investigators, clinicians, and educators — will draw you in, it's the city's vibrant energy, rich diversity, and unforgettable spirit that will have you already planning your next visit. EN

– CARSON IS A FREELANCE WRITER BASED IN BIRMINGHAM, ALA. SHE PROVIDES *ENDOCRINE NEWS* WITH THE DASHBOARD AND ENDOGEAR SECTIONS AS WELL AS THESE ANNUAL TRAVELOGUES THAT HELP MEMBERS MAKE THE MOST OF THEIR **ENDO** EXPERIENCES.

Enjoy San Fransisco at dusk, (opposite), by daytime picnic (below), or by sightseeing via the famous streetcars (below). *Images courtesy of San Francisco Tourism.*

ENDO 2025

Home *away from* Home

The Endocrine Society has contracted with the following hotels for **ENDO 2025**. You can secure your housing at one of the hotels below when you register for **ENDO 2025**. Please note that you must register prior to booking your room. Upon completion, return to your profile in the registration site to secure housing.

- **Grand Hyatt San Francisco**
- **Hotel Nikko San Francisco**
- **Hyatt Regency San Francisco Downtown SOMA**
- **InterContinental San Francisco**
- **San Francisco Marriott Marquis**
- **San Francisco Marriott Union Square**
- **The Clancy, Autograph Collection**
- **W San Francisco**
- **Canopy by Hilton San Francisco SoMa**
- **Westin St. Francis San Francisco on Union Square**

Hotel availability subject to change.

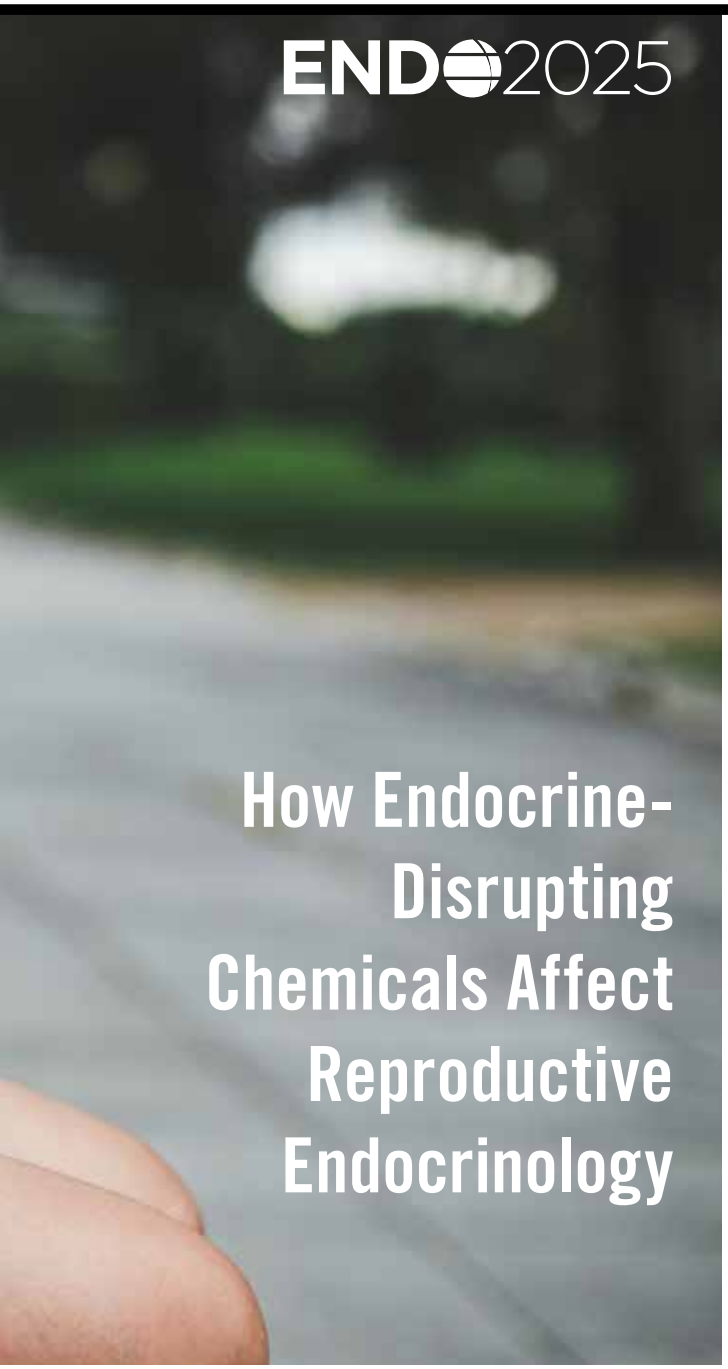
Due to the walkability of San Franciso's downtown, no shuttles will be provided for **ENDO 2025**. All hotels are within one mile of the Moscone Center. If you require specific accommodations, please email **meetings@endocrine.org**

International Hotel & Travel Services FHTglobal, in partnership with Maritz, is the official international hotel and travel services agency for **ENDO 2025**. FHTglobal has been collaborating with international groups and attendees at prominent events for more than two decades. Services include a customizable "a la carte package" system, empowering groups to tailor their travel packages to their specific needs. Explore our site (**www.endo.fht.global**) to see detailed package options, browse our brochure, and easily request rooms.

EASY TARGETS

BY DEREK BAGLEY

Endocrine-disrupting chemicals (EDCs) have been implicated in a wide range of poor health outcomes, including infertility and obesity. *Endocrine News* speaks to Almudena Veiga-Lopez, DVM, PhD, the chair of an upcoming **ENDO 2025** symposium on these chemicals' effects on reproductive organs, which are particularly vulnerable to EDCs.



How Endocrine-Disrupting Chemicals Affect Reproductive Endocrinology

Endocrine-disrupting chemicals (EDCs) are everywhere, and there is seemingly no escape. Polychlorinated biphenyls (PCBs) — previously used in a variety of commercial and industrial applications — have been banned for decades but are still found in soil, sediment, and even certain types of fish, making them "forever chemicals." Plastic cups had to have stickers on them promising they were bisphenol A (BPA) free (two chemicals industry replaced BPA with — bisphenol S (BPS) and bisphenol F (BPF) — have been linked to health risks such as hypertension). EDCs have been implicated in infertility, diabetes, thyroid dysfunction, obesity, and behavioral problems.

Almudena Veiga-Lopez, DVM, PhD

On the evening of July 12, **ENDO 2025** in San Francisco will feature an EDCs Special Interest Group (SIG) symposium on how these chemicals affect male and female reproductive endocrinology. The session will hopefully add to the growing awareness of EDCs, making their health impacts as widely recognized as their environmental ubiquity

"This symposium brings together emerging science on how EDCs affect reproductive endocrinology in both males and females," says symposium chair Almudena Veiga-Lopez, DVM, PhD, associate professor in the Department of Pathology at the University of Illinois – Chicago. "We are focusing on how physiological context — things like pregnancy, genetic background, or ovarian status — modulates how these chemicals act."

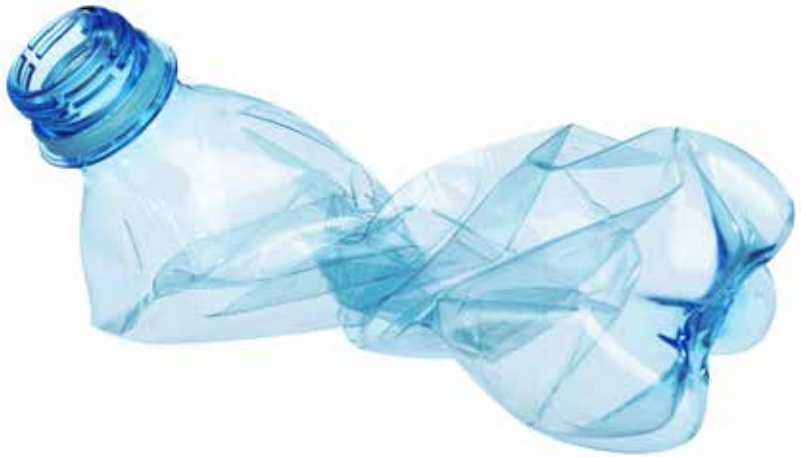
According to session organizers, high expression of steroid hormone receptors in reproductive tract tissues, including the gonads, makes these organs primary target for EDCs. Veiga-Lopez says that reproductive tissues are incredibly hormone-responsive by design, making them particularly vulnerable to hormone-like compounds.

Speakers will discuss how ovarian function modulates susceptibility to EDCs; maternal metabolic regulation during pregnancy; and how genetic background influences EDC outcomes. "It is a conversation grounded on mechanisms of action, but with clear implications for human health and risk assessment," Veiga-Lopez says.

Opposite Outcomes

Veiga-Lopez tells *Endocrine News* that from early development through puberty and into pregnancy or menopause, the reproductive system undergoes complex hormonal transitions, all tightly regulated. EDCs can mimic, block, or otherwise interfere with these hormonal signals — sometimes at very low doses — leading to disruptions in fertility, gametogenesis, hormone production, and more.

> We now know that EDCs can influence maternal metabolic adaptation during pregnancy, which can in turn affect reproductive outcomes. The new consensus framework on metabolism-disrupting chemicals is helping bring clarity to these complex relationships. **We are also seeing the field move toward greater attention to variability — across sex, genetics, and life stages — which will make toxicology more predictive and human-relevant."**
>
> — ALMUDENA VEIGA-LOPEZ, DVM, PHD, ASSOCIATE PROFESSOR, DEPARTMENT OF PATHOLOGY, UNIVERSITY OF ILLINOIS – CHICAGO, CHICAGO, ILL.



Investigators are finding that these disruptions are sex-specific, a major theme in recent EDC research. Researchers see differences not just in hormone levels but also in receptor expression, tissue architecture, detoxification capacity, and epigenetic responsiveness. "For example, the same exposure might impair ovarian follicle development in females while disrupting testosterone production or spermatogenesis in males," Veiga-Lopez says. "In some cases, males and females exposed to the same EDC can show entirely opposite outcomes. Accounting for these differences is not just good science but essential for designing meaningful risk assessments and interventions."

It's in the Genes

That good science includes looking at a person's genetic makeup. Veiga-Lopez says that recent studies have revealed EDCs can disrupt the epigenetic programming of germ cells — modifying DNA methylation, histone marks, or non-coding RNAs in ways that can be passed to future generations. Exposure to EDCs during fetal or early postnatal development can interfere with key genes involved in meiosis, folliculogenesis, and spermatogenesis.

"What is particularly fascinating is that some of these changes are not immediately apparent, but rather they remain latent until triggered by physiological stressors," Veiga-Lopez says. "Some examples of stressors can be metabolic conditions like obesity or insulin resistance, inflammation, exposure to other environmental chemicals (at a later time), or life stage transitions such as menopause. This delayed manifestation complicates how we evaluate risk, but it also opens new windows for understanding disease susceptibility."

For Veiga-Lopez one of these opened new windows — though not the focus of this particular session — is the recognition that nano- and microplastics can themselves act as endocrine disruptors. These particles can also carry chemicals that can interact with hormone receptors. Their increasing detection in human tissues (including the placenta) raises urgent questions about exposure routes and long-term impacts.

"Within the scope of this session, I am particularly excited by the intersection of reproductive and metabolic disruption," she says. "We now know that EDCs can

influence maternal metabolic adaptation during pregnancy, which can in turn affect reproductive outcomes. The new consensus framework on metabolism-disrupting chemicals is helping bring clarity to these complex relationships. We are also seeing the field move toward greater attention to variability — across sex, genetics, and life stages — which will make toxicology more predictive and human-relevant."

Moving Forward

Future studies in this area need to capture the complexity of real-life exposures, Veiga-Lopez says. That means moving beyond single chemicals to look at mixtures, low-dose exposures, and cumulative effects across time. "We also need to build models that include sex as a biological variable, consider genetic diversity, and examine how physiological states like pregnancy or metabolic disease affect chemical sensitivity," she says. "Integrating omics approaches and high-resolution imaging with traditional toxicology will also help us map mechanisms more precisely. And importantly, studies need to consider sensitive windows — especially early development — as key determinants of later health outcomes."

The Endocrine Society EDC SIG is helping to shape those future studies. The SIG hosts networking events, scientific sessions, and collaborative initiatives. "It is for anyone interested in how environmental chemicals influence hormone action, whether you are a basic scientist, clinician, public health advocate, or policy expert," Veiga-Lopez says. "It is a great way to stay on top of emerging science, connect with collaborators, and participate in shaping the Society's engagement on EDCs, especially as this field becomes increasingly central to public health and clinical endocrinology."

For now, Veiga-Lopez hopes this session will help move the needle in the direction of better outcomes in fertility, pregnancy, metabolic disease, and hormonal regulation as they relate to EDCs. "The science of endocrine disruption is no longer just an environmental health issue; it is deeply connected to how we understand hormone biology in the clinic and the lab," she says. "This symposium will showcase innovative research; plus, the speakers are fantastic — they will cover mechanisms, real-world implications, and opportunities for future research." EN

– BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE MAY ISSUE, HE WROTE ABOUT HOW EARLY-LIFE EDC EXPOSURES COULD IMPACT BRAIN DEVELOPMENT LATER IN LIFE.

ENDO2025

Endocrine-Disrupting Chemicals SIG Symposium: EDCs and Male and Female Reproductive Endocrinology

July 12, 2025
4:30 PM – 6:00 PM

Due to high expression levels of steroid hormone receptors in reproductive tract tissues, including the gonads, these organs are primary targets for EDCs. However, these organs are critical to reproductive health and fertility in the population. This session will highlight new observations from studies of EDC regulation of germ cell development.

Chair: Almudena Veiga-Lopez, DVM, PhD, University of Illinois – Chicago

Physiological Status Modulates EDC Activity in the Ovary — Aileen Keating, PhD, Iowa State University, Ames, Iowa

EDC Modulation of Maternal Metabolic Function in Pregnancy — Rita S. Strakovsky, PhD, RD, Michigan State University, East Lansing, Mich.

Effects of Genetic Background on EDC Effects — Anne E. Kwitek, PhD, Medical College of Wisconsin, Milwaukee, Wis.

Endocrine PRIDE

BY MARK A. NEWMAN

To commemorate LGBTQ Pride Month, *Endocrine News* spoke to several Endocrine Society members to get their insights on their careers, accomplishments, challenges, and what advice they might have for LGBTQ+ endocrinologists just starting their careers.

Endocrine News Celebrates LGBTQ Pride Month

Each June, Lesbian, Gay, Transgender, and Queer (LGBTQ) Pride Month is celebrated to honor the 1969 Stonewall Uprising that took place in Manhattan. This riot that took place outside a Greenwich Village gay bar when patrons resisted police harassment has been deemed the tipping point of the gay rights movement in the U.S. and around the world.

While the last Sunday in June had been typically designated as "Gay Pride Day," it later evolved in major U.S. cities to encompass the entire month. Today, celebrations across the country and the world have attracted millions of participants throughout the years and include the traditional parades but now also incorporate picnics, parties, symposia, concerts, and a variety of other events all to celebrate and lift up LGBTQ communities across the country.

For its part, the Endocrine Society held the first LGBTQIA+ Reception at **ENDO 2019** in New Orleans, La., and has continued this tradition ever since. Once again, there will be an LGBTQIA+ Reception at **ENDO 2025** in San Francisco, Calif., on Saturday, July 12 at 8 p.m.

This year, *Endocrine News* commemorates LGBTQ Pride Month with a roundtable featuring LGBTQ+ Endocrine Society members who have made numerous contributions to the practice and science of endocrinology, as well as the progress and success of the Endocrine Society itself. We would like to thank them all for their honesty and their candid responses

Jad Sfeir taking part in the Rochester, Minn., Pride parade representing the Mayo Clinic.

when many remember a time when such an article would not have been possible while others cannot fathom a time when such an article would be even remotely controversial.

The members we spoke to are: **Carolyn Becker, MD,** associate professor of medicine, Harvard Medical School (retired), Boston, Mass.; **Abby Cobb-Walch, MD,** assistant professor of pediatrics, School of Medicine, University of California, San Francisco, San Francisco, Calif.; **Ole-Petter R. Hamnvik, MB BCh BAO, MMSc, MRCPI,** program director, Endocrinology Fellowship, Brigham and Women's Hospital, associate professor of medicine, Harvard Medical School, education editor, NEJM Group, Boston, Mass.; **Ravi Mukund Iyengar, MD,** medical director, UCSD Gender Health Program, Division of Endocrinology, UCSD Health, San Diego, Calif.; **Sergio Lizama-Hernandez**, MD, DABOM, clinical endocrinologist, Maryland Endocrine, Columbia, Md.; **John Anderson McNeil, Jr.,** MD/MPH candidate, Medical College of Georgia, Augusta, Ga.; **Jad Sfeir, MD, MS,** assistant professor of medicine, Mayo Clinic College of Medicine and Science, Rochester, Minn.; and **Guy T'Sjoen, MD,** clinical staff physician and clinical researcher, Department of Endocrinology and Center for Sexology and Gender; medical coordinator, Center for Sexology and Gender, Ghent University Hospital, Ghent, Belgium.

Endocrine News: First off, what made you choose the field of endocrinology?

Carolyn Becker: I got my first inkling that endocrinology was a really cool field while at Harvard Medical School where I was lucky enough to be taught by two endocrine legends, Drs. Daniel Federman and Ronald Arky. Then, during internal medicine training in Chicago, another mentor, Dr. Arthur Schneider inspired and encouraged me to become an endocrinologist. What did I like about endocrinology? Just about everything! It was mentally rather than technically challenging; more outpatient than inpatient with opportunities for long-term patient care; it involved multiple organ systems and fascinating homeostatic mechanisms; despite life-threatening "emergencies" most endocrine disorders could be cured or managed; and it allowed me to incorporate cutting-edge advances in science and research into clinical practice.

Abby Cobb-Walch: I was diagnosed with arginine vasopressin (AVP) deficiency when I was 10 years old. My pediatric endocrinologist drew feedback loops on the chalkboard to explain my condition in a way that I could understand, which I found fascinating. During medical school and residency, I was further drawn to the field through the teaching I received and the patient cases I encountered. Through participation in an endocrine elective at the University of California, San Diego

Rady Children's Hospital working with Maja Marinkovic, MD, and Ron Newfield, MD, I learned that endocrinologists may provide gender-affirming care to transgender and gender diverse patients, and this helped solidify my decision to choose endocrinology as a career.

Ole-Petter R. Hamnvik: I fell in love with endocrinology when I was a medical student, and we learned about negative feedback loops. The logic of how these mechanisms maintain homeostasis in the complex system that is the human body had me hooked! I was even more excited when I was able to meet real patients during my clinical training where I could see how disruptions in this physiology could lead to impacts throughout the entire body. This is also where I realized that we have the tools to treat — and sometimes cure — almost all endocrine diseases, and the impact on the patient's quality of life was very clear. Over the years as a practicing endocrinologist, I have continued to appreciate all of these aspects of endocrinology, but I have also come to welcome the flexibility of the specialty, both in terms of career paths and in terms of interweaving with family life.

Ravi Mukund Iyengar: I fell in love with endocrinology pretty early in my training — I was drawn to how the hormonal pathways and feedback loops could make sense of even the most complex clinical situations. At the same time, I saw how this field could connect with my long-standing passion for LGBTQ+ advocacy. Endocrinology felt like a natural fit — it gave me a way to help close health gaps and offer evidence-based, affirming care to the LGBTQ+ community. It's a responsibility I think we, as endocrinologists, are in a unique position to take on.

Ravi Mukund Iyengar, MD,
medical director, UCSD Gender Health Program, Division of Endocrinology, UCSD Health, San Diego, Calif.

"The Endocrine Society has been a trusted companion in my career. It's a professional space that consistently stands up for evidence-based science, even when it's not politically convenient — and that means a lot to me. Being part of this community has shaped not only how I practice medicine, but also how I show up in the larger conversation around equity and care."

Carolyn Becker, MD,
associate professor of medicine, Harvard Medical School (retired), Boston, Mass.

"Being a member of a privileged group (physicians) while also part of a marginalized group (LGBTQ+), sensitized me to issues of stigma, homophobia, transphobia, exclusion, and overt discrimination in medicine and in society. This perspective informed the way I approached every aspect of my career, including clinical care, teaching, and leadership."

Sergio Lizama-Hernandez: I grew up in Mérida, Yucatán, a city in México known for their year-round hot weather, "panuchos y salbutes" and their special love for Coca-Cola. The state is also known for leading number one amongst the nation for childhood obesity rates. I didn't know how nutrition and physical activity impacted one's health until the words "diabetes, insulin, and obesity" hit close to home when three family members were diagnosed with diabetes mellitus. This made me gravitate toward my future endocrinology mentors in whom I found support, education, and vast knowledge about this field.

John Anderson McNeil, Jr.: I first became interested in endocrinology during my gap years between undergrad and medical school. I was looking to gain clinical and research experience, specifically with a focus on LGBTQ+ health, and I connected with Carly Kelley, MD, MPH, ECNU, an

John Anderson McNeil, Jr.,
MD/MPH candidate,
Medical College of Georgia,
Augusta, Ga.

Looking ahead, I'm excited about the role the Endocrine Society will continue to play in supporting my growth, especially through the REGMS program, where I will further develop my research experiences and contribute to inclusive endocrine care.

Guy T'Sjoen, MD,
clinical staff physician and clinical researcher, Department of Endocrinology and Center for Sexology and Gender; medical coordinator, Center for Sexology and Gender, Ghent University Hospital, Ghent, Belgium

At university, I had a charismatic lecturer who could talk very captivatingly about acromegaly. The fact that I ended up in endocrinology is more of a coincidence based upon this one lecture and is not the result of a well thought out strategic plan.

endocrinologist and the director of the Duke Adult Gender Medicine Program. While I initially planned to shadow Dr. Kelley, the opportunity quickly grew into something much more meaningful. I began consenting patients, developing research ideas, and ultimately submitted my first endocrinology-related poster to WPATH. That early exposure to clinical research sparked a deep interest in the field. In my second gap year, I worked with Alice Chang, MD, MS, at Mayo Clinic Florida as she launched their gender medicine program. I helped expand the institutional registry of transgender and gender-diverse (TGD) patients that I had worked on at Duke with Dr. Kelley. This registry collects standardized data across participating clinics — including patients' experiences with gender-affirming care, medical history, demographic information, and more — which will allow us to track and compare long-term cardiometabolic outcomes across cohorts in the future. Both Dr. Chang and Dr. Kelley have been incredible mentors, and I'm truly grateful for the opportunities I've had to learn from them. Their mentorship has played a huge role in shaping my passion for endocrinology, particularly in advancing care for TGD populations.

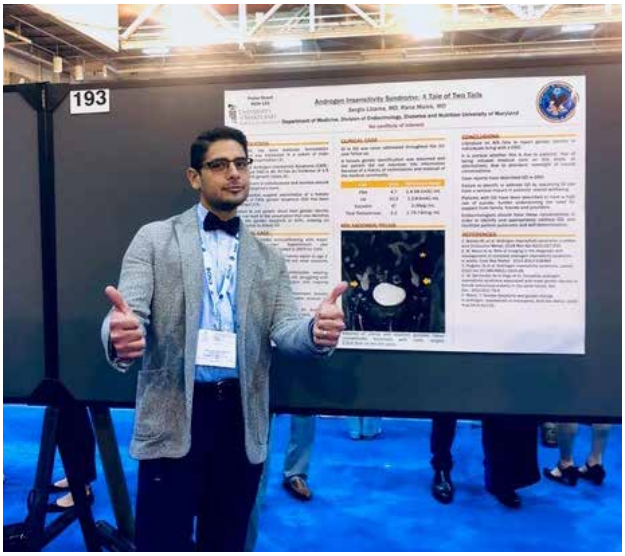
Jad Sfeir: Honestly, it was love at first lecture. During my second year of med school, I got completely hooked on endocrinology — especially calcium and bone metabolism. I was fortunate to learn from an exceptional group of endocrine faculty whose deep understanding of hormonal physiology and the clinical nuances of endocrine disorders left a lasting impression. They were incredible role models, and I knew I wanted to follow in their footsteps.

Guy T'Sjoen: At university, I had a charismatic lecturer who could talk very captivatingly about acromegaly. The fact that I ended up in endocrinology is more of a coincidence based upon this one lecture and is not the result of a well thought out strategic plan.

EN: What has been one of the biggest challenges you've faced in your career?

Becker: One of the biggest challenges for me was adapting to the intrusion of computerization, corporatization, and insurance companies into the practice of medicine. During office hours in the 1980s, I could sit down, talk with patients, examine them, and finish my handwritten notes before leaving the office. My personal secretary and nurse assistant knew the patients and could answer almost all of their questions when they called. I controlled my schedule and my workflow. Decades later, I continued sitting with patients, talking with them, and examining them, but I was rushed, always falling behind, and racing to enter my notes into the computer either before or after office hours. A remote anonymous "scheduling center" controlled my workday. My "inbox" remained forever full; my work was never done. Insurance companies rejected the treatments that the patients and I had agreed upon. The loss of autonomy and respect as a professional led me to retire much earlier than expected.

Hamnvik: Until recently, I would have highlighted the need to focus. One of the things that drew me to endocrinology was that hormones impact so many bodily systems, so I could be a subspecialist but still have a total-body perspective. However, as there is more and more knowledge and skills to acquire and maintain, it becomes difficult to remain a jack of all trades, so I have had to decide on what aspects of my clinical and academic career to focus on, and what aspects to let go. As someone who is eternally suffering from FOMO (fear of missing out), it has



Sergio Lizama-Hernandez gives the thumbs up in front of his poster at **ENDO 2019** in New Orleans, La.

been very difficult to let opportunities pass, but in the end, it has been beneficial to have greater focus in my career.

Iyengar: While it may seem ominous to think of the adage "history repeats itself," it also brings me hope, given the resilience of the queer and trans community. Again and again, this community has shown what it means to literally survive and to support one another with courage and compassion. I hope history does repeat itself — this time, in the form of resistance, solidarity, and progress.

Lizama-Hernandez: One of the challenges I've faced is learning when it's best for me to leave a job. Medical training engrains in us to prioritize patients' needs first. I recognize now an ongoing change in the culture of medicine to prioritize work-life balance. However, we are not always equipped with the proper tools to deal with everyday burdens that come with caring for our patients. After being a resource for thousands of patients for multiple years, I felt guilty leaving them for a better opportunity. I have been able to identify cues in me that help me understand it's time to prioritize my needs first by learning from the past.

McNeil: One of the biggest challenges I've faced has been learning how to balance my research efforts with the demands of clinical training. I became involved in endocrinology research early on, and those experiences have greatly supplemented my clinical knowledge — especially in understanding the evolving landscape of hormone therapy and its cardiometabolic implications. I've found that this research background has enriched my clinical rotations across specialties, from family medicine to surgical oncology. That said, carving out time for research during my clerkship years has been difficult. However, because I'm deeply passionate about the work — especially research focused on improving outcomes for TGD patients — it often doesn't feel like an added burden. Instead, it feels like an extension of the kind of physician I want to become.

T'Sjoen: The biggest challenge is and remains combining a hospital practice with the university tasks, with two demanding employers. In addition, by choosing transgender medicine as a research topic and being quite successful in it, I was also picked up by popular media in Flanders and I am often a guest there because of my high profile and communication skills. This exposure went maybe a bit too far as I won "The Traitors" one season, and this year I participated on "Dancing with the Stars" in Flanders (I danced with a man, by the way). The combination with two young children at home — the oldest has just turned two — is quite tough, but I am always excited about all the opportunities that come my way.

EN: Talk about a notable success that you feel has helped define your professional role as an endocrinologist.

Becker: I would highlight two "successes" that defined my professional career: first, my recognition as a "distinguished" clinician and second, my role as a mentor and educator for trainees. [Editor's Note: Becker was given the Endocrine Society's 2018 Outstanding Educator Laureate Award.]

Cobb-Walch: I consider matching into the endocrinology fellowship program at the University of California, San Francisco (UCSF) to train under the incredible faculty who I now call my colleagues as a notable success thus far in my career. The opportunity to work with and learn from Stephen Rosenthal, MD, was one of the biggest draws for me to complete my fellowship at UCSF. Steve is an incredible mentor and friend who has shaped my clinical care approach, perspectives, and future career trajectory immensely, and I am deeply grateful for his ongoing support and mentorship.

Hamnvik: Many of my successes have been from pure luck — opportunities opening up just as I was ready to take them on, or meeting people who by happenstance were able to guide my career forward. One of the more recent successes

Sergio Lizama-Hernandez,
MD, DABOM, Maryland Endocrine, Columbia, Md.

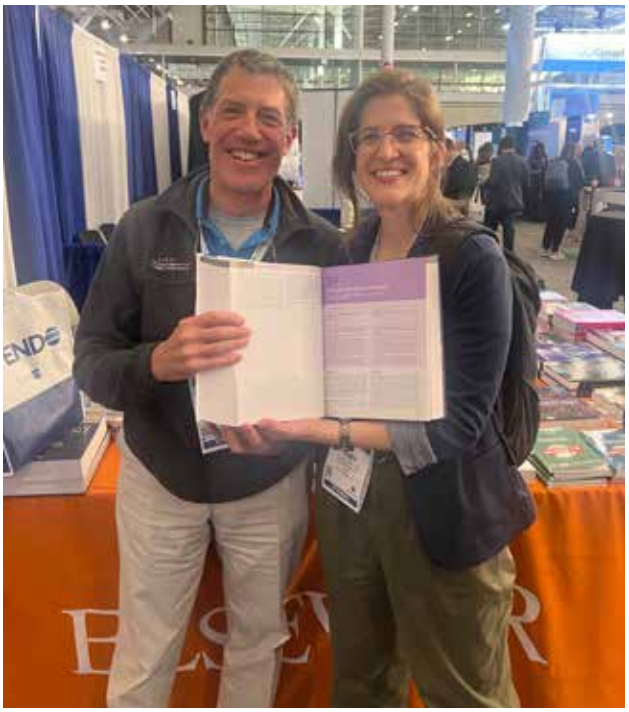
Knowing your community helps you understand their needs and struggles. I like to narrow it down to being relatable or personable. People like to feel heard, validated, and that they can trust their doctor. This is why I find different ways to connect with people, whether it is by wearing a pride pin or sharing a personal story with them.

Jad Sfeir, MD, MS,
assistant professor of medicine, Mayo Clinic College of Medicine and Science, Rochester, Minn.

My clinical and research focus is on metabolic bone disorders, and over time, I've come to appreciate the meaningful parallels between the bone scientific community and the LGBTQ+ community. Both are often underrecognized and underserved, and both require advocacy, visibility, and a strong sense of community to thrive.

was more of a culmination of a long, steady trajectory, and this was the creation of a Center for Transgender Health. The desire to create this center arose from the realization that the field of transgender care is extremely multidisciplinary, but our institution was only offering endocrine care. Together with Anna Goldman, MD, and Shalender Bhasin, MD, I attended innumerable meetings with leadership of other departments and divisions and of the hospital. We were able to create a sense of urgency around putting together a formal center to improve the quality of care that we provide to patients. This eventually led to the recruitment of additional clinicians, most notably the surgical co-director of the center, Devin O'Brien-Coon, MD, and the formal creation of the Center. In a city that already has four or five transgender programs, we were able to create a name for ourselves, attract patients, and most importantly: Ensure that the patients who see us get the full spectrum of care that they require. Not only am I proud of the work that we have done to set up and run this center, but it has also allowed me to increase my presence in the field of transgender health.

Iyengar: Like many of us, I did not have a formal education in LGBTQ+ healthcare during my medical training. I specifically sought out programs that allowed me to find mentorship and training in gender-affirming care. With this knowledge, and the help of a village, we were able to start Affirm at Rush University Medical Center in Chicago, a fully comprehensive, multi-departmental gender-affirmation program for adults. The success for me was helping to create a program built by the community, for the community — hiring and offering professional development for those with lived experience, while educating and changing an entire healthcare culture set in historical cisgender biases. This could not have been possible without partnerships from local community healthcare organizations already pioneering this work, and collaboration with leading gender-affirmation programs across the country. This work has now brought me to the University of California, San Diego, where I again have found my tribe of passionate individuals leading our Gender Health Program.



Abby Cobb-Walch pictured with her colleague Stephen M. Rosenthal, MD, at ENDO 2024 in Boston, Mass., displaying the opening page of a chapter they co-authored in *Williams Textbook of Endocrinology*, 15th Edition.

Ravi Mukund (center, green cap) along with several of his UCSD colleagues during a San Diego Pride parade.

Lizama-Hernandez: People in healthcare can be very self-critical. And while this quality can have many pros and cons, I have learned that one of my successes is understanding my limitations. This has led me to know more about myself and helped me provide better patient care.

McNeil: A defining moment in my journey toward becoming an endocrinologist was receiving an Outstanding Abstract Award at **ENDO 2024** for our poster on the metabolic effects of masculinizing hormone therapy in patients with PCOS. This recognition was deeply meaningful, not only because of the topic's clinical relevance but also because it reflects my commitment to improving care for underserved populations within endocrinology. Additionally, I was honored to receive the Research Experiences for Graduate and Medical Students (REGMS) award this year. Through REGMS, I'll be mentored by Dr. Chang at Mayo Clinic Florida as I expand and implement a registry project I previously worked on with her and Dr. Kelley at Duke. I recently received IRB approval to launch this project — now called the THRIVE Study (Transgender and Gender-Diverse Health Research for Inclusion, Value, and Equity) — at my medical school's free LGBTQ+ student-run clinic, where I serve as a coordinator and board member. THRIVE is designed to collect clinical, demographic, and experiential data from TGD patients to help characterize cardiometabolic outcomes associated with gender-affirming hormone therapy. What makes this project particularly meaningful to me is that it focuses on low-income and uninsured TGD individuals — a group that is rarely centered in endocrinology research. We've also built in mechanisms for participants to give feedback and help guide future research priorities at the clinic. This opportunity to lead a community-engaged research project, while being mentored by leaders in gender-affirming endocrine care, has helped shape my vision for a career in academic medicine. I'm incredibly excited to continue building my research skills while contributing to more inclusive and equity-driven care.

Sfeir: One of the most defining moments in my early career was publishing my first case report as a medical student. At the time, it felt like a modest achievement, but in retrospect, it was a pivotal step. That publication — made possible through the guidance of a senior endocrine fellow and our mentor — not only validated my interest in the field but also opened the door to a series of meaningful collaborations. It led to collaborations, got me noticed, and gave me a solid foundation for where I am now. It was a catalyst that reinforced the value of mentorship and the power of collaboration in building a purposeful and impactful career. It's amazing how something that felt so small at the time ended up shaping my path in such a major way.

T'Sjoen: In 2009, I contacted a few European endocrinologists, at the time also quite active in transgender healthcare, which led to the formation of the endocrine section of the European Network for the Investigation of Gender Incongruence (ENIGI) study where we prospectively evaluate clinical outcomes and investigate potential side effects of gender-affirming hormonal treatments. Meanwhile, I co-founded both in 2013 EPATH (European Professional Association for Transgender Health) and Transgender Infopunt, an impartial Flemish information resource. Both organizations are still active and thriving.

EN: Has being a member of the LGBTQ+ community brought with it any unique insights for your work?

Becker: Being a member of the LGBTQ+ community has enriched my life and career immeasurably. In addition to having a wonderful life partner for 38 years (who became my wife in

Carolyn Becker (center) and Ole-Petter Hamnvik (right) pose with the Endocrine Society's Director of Governance Elizabeth Kan at the LGBTQIA Reception during **ENDO 2024** in Boston, Mass.

2009), a son and three grandchildren, I've been blessed to have a large network of LGBTQ+ friends and colleagues from all over the world. In particular, a group of us (fondly known as "dyke docs") have maintained a network of friendship, support, and activism since the 1980s. Being a member of a privileged group (physicians) while also part of a marginalized group (LGBTQ+), sensitized me to issues of stigma, homophobia, transphobia, exclusion, and overt discrimination in medicine and in society. This perspective informed the way I approached every aspect of my career, including clinical care, teaching, and leadership.

Cobb-Walch: As a queer, cisgender woman physician that often "passes" as straight, I carry a great amount of privilege in my work. Although I do not identify as gender diverse, as a member of the LGBTQ+ community, I do believe that I am able to recognize some of the health disparities and increased barriers to care access that our community as a whole often faces when interacting with the healthcare system, and this hopefully allows me to be a better advocate for my patients and families.

Hamnvik: While I was originally attracted to the field of transgender health due to the medical and physiologic aspects of care, I think being a gay man has allowed me to be successful in the field. There is a recognition of our shared struggles as members of the LGBTQ+ community — such as having to come out (or perhaps choosing not to come out), addressing internal homophobia or transphobia, a history of society limiting our human rights — that has helped me in empathizing and connecting with my patients. This also goes beyond just the patient care and the field of transgender health. As an educator, showing empathy to learners and building trust, having an inclusive approach to curriculum design, and providing mentorship for learners navigating their own identities are all important skills that my identity as a gay man has helped me nurture.

Iyengar: I'm a proud, queer South Asian individual with roots embedded in the LGBTQ+ community — my patients are my community, I'm in the same spaces and see myself in them. There is power, trust, and community in seeing yourself represented in your care. A mutual understanding that relieves the burden of having to explain yourself, or the apprehension that you will not be understood. I've cherished the deep connections I've made with my patients and colleagues — however, this shouldn't be a niche for the queer community and queer providers. I'm grateful to the allies around me who have exemplified what it means to call people in, to provide affirming care for all, and encourage others to continue doing so.

Lizama-Hernandez: Knowing your community helps you understand their needs and struggles. I like to narrow it down to being relatable or personable. People like to feel heard, validated, and that they can trust their doctor. This is why I find different ways to connect with people, whether it is by wearing a pride pin or sharing a personal story with them.

McNeil: As a member of the LGBTQ+ community, I've often had to navigate clinical and academic environments while gauging when, how, or even if to share that part of myself. This daily negotiation has made me more attuned to the experiences of marginalized patients who are asked — implicitly or explicitly — to leave parts of themselves at the door. Growing up in rural South Georgia, I rarely saw openly queer professionals in medicine. That lack of visibility fueled my passion to not only become a physician-advocate for my community but to expand LGBTQ+ representation in the clinical, research, and educational spaces I now occupy. My lived experience informs the way I approach research, advocate for inclusive clinical practices, and work with other students interested in gender-affirming care. Most importantly, it has taught me to center patient voice and lived experience — especially when working with those who have been historically underrepresented in healthcare.

Sfeir: Absolutely. My clinical and research focus is on metabolic bone disorders, and over time, I've come to appreciate the

meaningful parallels between the bone scientific community and the LGBTQ+ community. Both are often underrecognized and underserved, and both require advocacy, visibility, and a strong sense of community to thrive.

In many ways, the experience of navigating a field like osteoporosis — a field that is underrepresented and underappreciated — mirrors the journey of many LGBTQ+ individuals in medicine and beyond. There's a shared resilience in building chosen families, creating support networks, and lifting one another up in the face of systemic challenges. These parallels have not only deepened my empathy as a clinician but have also shaped how I approach care: with a commitment to inclusivity, understanding, and the belief that every patient deserves to be seen and heard.

This perspective has also influenced how I engage with colleagues and trainees. I strive to foster environments where authenticity is valued and where diverse voices are empowered to contribute meaningfully. In both science and community, we are stronger when we support one another.

T'Sjoen: I do think that trans people feel more at home with me because I am openly gay. It creates a common ground. People quickly sensed that I approached their request for help with tolerance, friendliness, and understanding.

EN: What role has the Endocrine Society played in your career?

Becker: The Endocrine Society has been my professional home for over 30 years and has played a huge role in my career! It is where I learned about scientific research and clinical breakthroughs, standards of excellence and standards of care, and the importance of political advocacy. It is also where I learned how to become a leader and advocate for those not at the table. Perhaps most importantly, it is where I've made wonderful friendships that have lasted for decades.

Cobb-Walch: The Endocrine Society has been instrumental already early in my career by providing networking opportunities to connect and collaborate with colleagues across the world and by continuing to be a voice of science and reason in advocating for high-quality care delivery for all endocrine patients, especially for the gender-diverse patients and families that we serve.

Hamnvik: It was indoctrinated into me early that the Endocrine Society is the place to be! My mentors, people such as Carolyn Becker, Ursula Kaiser, and Graham McMahon, have all been active in the Society and encouraged me to consider it as my professional home. Through Society events, such as **ENDO**, and the committees that I have served on, I have met so many people who have provided friendship and mentorship.

Ole-Petter R. Hamnvik,
MB BCh BAO, MMSc, MRCPI, program director, Endocrinology Fellowship, Brigham and Women's Hospital, associate professor of medicine, Harvard Medical School, education editor, NEJM Group, Boston, Mass.

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Abby Cobb-Walch, MD,
assistant professor of pediatrics, School of Medicine, University of California, San Francisco, San Francisco, Calif.

> "As a queer, cisgender woman physician that often "passes" as straight, I carry a great amount of privilege in my work. Although I do not identify as gender diverse, as a member of the LGBTQ+ community, I do believe that I am able to recognize some of the health disparities and increased barriers to care access that our community as a whole often faces when interacting with the healthcare system, and this hopefully allows me to be a better advocate for my patients and families."

This goes back to my time as a fellow, when I attended the Early Investigator Workshop and met fellow attendee Danit Ariel. Over the years, we have supported each other's career, and now we are publishing research studies together! I have also benefited from every opportunity to learn from fellow Endocrine Society members at **ENDO**, Endocrine Educators' Forum, Endocrine Board Review, the Special Interest Groups, and lots of other courses and webinars. In that respect, the Society has been crucial in allowing me to expand both my clinical and non-clinical skill set, giving me new ideas for academic projects, and nurturing the relationships needed to make my career successful.

Iyengar: The Endocrine Society has been a trusted companion in my career. It's a professional space that consistently stands up for evidence-based science, even when it's not politically convenient — and that means a lot to me. It's also helped me connect with people I wouldn't have met otherwise. Whether it's through conferences, working groups, or just shared interests, I've found mentors, collaborators, and friends who are passionate about the same things I am. Being part of this community has shaped not only how I practice medicine, but also how I show up in the larger conversation around equity and care.

Lizama-Hernandez: The Endocrine Society offers a safe platform for us to connect with one another. I have found **ENDO** to be a great place to network, learn, and recharge from the everyday demands that come with the job. It is a great resource to help bring people together.

McNeil: The Endocrine Society has played a significant role in shaping both my interest in the field and my passion for research throughout medical school — and into my future career as a physician. At **ENDO 2024**, I had the opportunity to participate in the Society's mentorship program, where I was paired with Joshua Joseph, MD. Through this experience, I was introduced to several leaders in the field of gender-affirming care. That mentorship experience was incredibly inspiring. Interacting with Endocrine Society members — across both research and clinical practice — also motivated me to pursue an MPH alongside my MD. I want to develop a stronger foundation in population health and research methods to better understand and address the health disparities faced by LGBTQ+ individuals and underserved populations, including those I serve as a student in Georgia. Looking ahead, I'm excited about the role the Endocrine Society will continue to play in supporting my growth, especially through the REGMS program, where I will further develop my research experiences and contribute to inclusive endocrine care.

Sfeir: The Endocrine Society has been instrumental in my career. It has provided a platform to connect with colleagues who share similar interests and aspirations. It's where I've met so many of my collaborators and friends. Each **ENDO** meeting feels like a reunion of a growing professional family, united by a shared mission to advance science and support one another.

T'Sjoen: The Endocrine Society has played a very important role. The transgender theme has often been on the agenda at **ENDO** and is a consistent topic in JCEM (*The Journal of Clinical Endocrinology & Metabolism*). And no, the sessions are not hidden away in the last half day of the conference. I was invited to give a plenary talk at **ENDO** twice, and this is still a great achievement of my career. But more than anything, I value the many contacts with colleagues from all over the world I have through **ENDO**. For that I'm very grateful.

EN: What advice do you have for any young LGBTQ+ endocrinologists just entering the field?

Becker: My advice to a young LGBTQ+ endocrinologist would be to become active in the Endocrine Society and the Gay and Lesbian Medical Association (GLMA); find allies, supporters, and mentors who can serve as your support network; and reach out to those of us who may be better positioned to advocate for your needs. Together, we will get through this!

Cobb-Walch: Be yourself, and find your community and mentors in the field. I am incredibly grateful for the LGBTQ+ endocrinologists that entered the field before me, helping pave a smooth path for me to enter the field, proud of my identity.

Hamnvik: I think my advice to endocrinologists who are members of the LGBTQ+ community is not that different from what I would recommend to any young endocrinologist: Identify the aspects of your career that give you joy, connect with and learn from others who have been successful in developing that aspect of their career, and don't be afraid to jump on unexpected opportunities if they find you. Specifically, as it relates to the LGBTQ+ endocrinologists, I would say: Know that there are many of us in your community who can serve as a network of friends and colleagues so come connect with us!

Iyengar: Surround yourself with people who build you up. In my early training, I was so afraid to be honest about myself

During **ENDO 2024** in Boston, 2023 – 2024 Endocrine Society President Stephen Hammes, MD, PhD, speaks at the LGBTQIA Reception. These receptions have become a regular occurrence at the annual conference since the first one took place at **ENDO 2019** in New Orleans, La..

and my career interests for fear of rejection. I found encouragement in unexpected places and realized this was my chance to define my future. I distinctly remember during my fellowship interviews changing my approach, leading with who I am and why this matters to me. I was fortunate to find a program (go Blue) that nurtured my interests and created a pathway forward for me. Even today, I continue to surround myself with people who honor my authentic self, who encourage and inspire me to be better, and I only hope I can do the same for others.

Lizama-Hernandez: I was fortunate to have a supportive faculty who fostered a work-life balance in fellowship. Start by making friends, and building a community in training or at work. Identify a mentor, and build a long-term professional relationship with them. Prioritize yourself in everything you do. Communicate your needs clearly and don't be afraid to reach out to people you trust for advice. I am five years out of fellowship, and I still feel comfortable calling or emailing former mentors for advice.

McNeil: For younger pre-med or medical students, I would say: Stay true to the things that motivate you — both personally and professionally. Being queer is certainly not the only part of your identity as a future physician, but it's an important one. Your lived experiences can shape your perspective in powerful ways, especially in how you approach patient care, research, and advocacy. At times, it can be challenging to find a balance — particularly with the demands of pre-clerkship coursework, clinical rotations, and everything else medical training throws at you. But for me, dedicating time to research has made me even more passionate about clinical care. I've been able to carry insights from my research on gender-affirming care and hormone therapy into my rotations, and that has deepened my understanding across a wide range of patients. I'd also encourage young LGBTQ+ students to actively seek out mentorship and collaboration, especially across institutions. Some of the most rewarding experiences I've had have come from connecting with other students and researchers working in LGBTQ+ health. Those relationships can help you grow your skills, stay grounded, and feel part of a larger community working toward equity in medicine.

Sfeir: Two words: mentorship and rigor. Seek out mentors — LGBTQ+ or allies — who believe in your potential, advocate for your growth, and push you to excel. Engage with professional organizations that value inclusion and equity.

As a minority, you may face greater scrutiny. That makes it even more important to uphold high standards. Let your work speak for itself — excellence challenges bias, earns trust, and sets the tone for those around you. Let rigor shape both your clinical decisions and your interactions. Show respect not just through inclusive language, but by delivering thoughtful, evidence-based care to all.

Finally, your identity is a strength. Your lived experience brings empathy and insight, particularly when caring for patients who face healthcare disparities. Whether you're treating someone with diabetes, managing adrenal disorders, or providing gender-affirming care, your presence in the field helps shape a more inclusive, compassionate future.

T'Sjoen: Find a mentor where you feel safe and a work environment where you are safe. For me, everything went smoothly and being gay was never an issue in my work as an endocrinologist. But I am aware that my privileged situation does not apply to others elsewhere. EN

– NEWMAN IS THE EXECUTIVE EDITOR OF *ENDOCRINE NEWS*. HE HAS BEEN WITH THE ENDOCRINE SOCIETY SINCE 2013, AND A MEMBER OF THE LGBTQ+ COMMUNITY SINCE, WELL, WAY BEFORE THAT!

Administration Moves Forward with NIH Funding Cuts, Restructuring

On Friday, May 2, the White House released the president's budget request for Fiscal Year 2026 (FY2026). As is typical in the first year of a presidential term, the budget lacks many details, and so it is informally referred to as a "skinny budget." The budget outlines deep cuts to many of the Society's priorities. Of particular concern, the budget proposes a nearly 40% cut ($17.965 billion) to the National Institutes of Health (NIH), the consolidation of the NIH's 27 Institutes and Centers (ICs) down to five, and transfers several ICs, including the National Institute of Environmental Health Sciences (NIEHS), outside of the NIH entirely.

While the budget provides a high-level overview of the president's priorities for the next fiscal year, Congress will determine how many of the administration's priorities to implement and at what funding levels. However, the administration already is moving forward with plans to significantly restructure the NIH while many funds obligated to the agency have not yet been distributed. Meanwhile, the House and Senate have yet to mount a significant challenge to the president's proposed cuts.

The House of Representatives and Senate have conducted several hearings on the impact of funding cuts to the Department of Health and Human Services (HHS). On April 30, the Senate Appropriations Committee held a bipartisan hearing with testimony from four biomedical research organizations and a mother and patient advocate, who shared the need to prevent cuts to funding for the NIH and protect the United States' leadership of the biomedical research enterprise. Chair Susan Collins (R-ME) and Ranking Member Patty Murray (D-WA) were both critical of the administration's attempts to cut biomedical research funding, expressing how cuts would threaten the health for the public and the economy. As part of the Society's advocacy efforts to protect biomedical research funding, we submitted a statement for the record for this hearing.

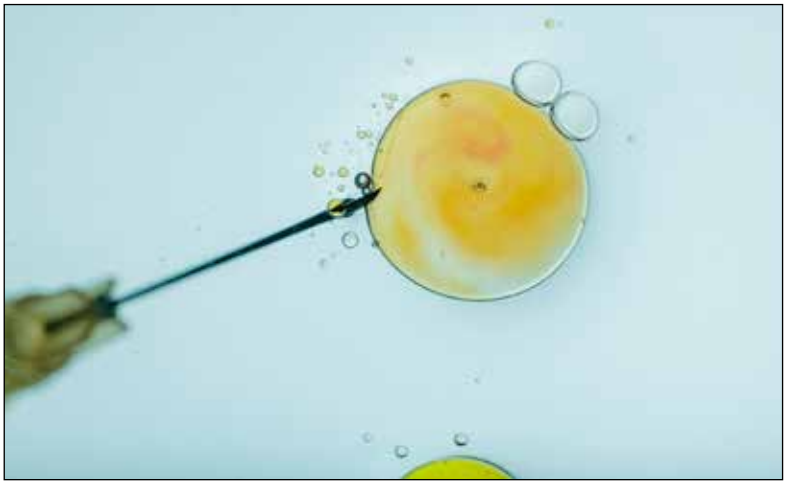
On May 14, the secretary of the Department of Health and Human Services, Robert F. Kennedy Jr., testified to the House and Senate in two hearings regarding President Trump's budget proposal. The first hearing was organized by the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, Related Agencies (LHHS). During the hearing, Ranking Member Rosa DeLauro (D-CT) challenged Secretary Kennedy on the proposed NIH cuts, and whether they would prevent the NIH from supporting research according to appropriations law. Kennedy maintained that funds would be spent this year according to law, but also defended the administration's proposed cuts, claiming that consolidation of ICs within the NIH would enhance efficiencies and enable the agency to "do much more with less." Policymakers in both hearings, on both sides of the aisle, asked Kennedy to ensure any funds appropriated by Congress would be spent as directed without impoundment.

> "The Endocrine Society strongly opposes the proposed $17.965 billion cut to the NIH, which would be detrimental for biomedical research and human health, and we continue to advocate to Congress for protection of your research funding."

The Endocrine Society strongly opposes the proposed $17.965 billion cut to the NIH, which would be detrimental for biomedical research and human health, and we continue to advocate to Congress for protection of your research funding.

If you are experiencing difficulty in obtaining your funding or cannot draw down funds, please email us at advocacy@endocrine.org to make sure we can let Congress know about the extent of the challenges facing the biomedical research community, and we urge all members to take action on our advocacy campaigns to protect the NIH.

Society Advocates for Access to IVF Treatment



The Endocrine Society continues to advocate for access to in vitro fertilization (IVF) treatment and recently endorsed federal legislation that would protect access to this care. Rep. Laura Gillen (D-NY), Rep. Brian Fitzpatrick (R-PA), and Rep. Mike Lawler (R-NY) reintroduced the bipartisan Access to Family Building Act (H.R. 2049) on March 11. This legislation would ensure people can access safe, effective IVF and other assisted reproductive technologies to start or grow their families. The legislation prohibits the limitation of access to assisted reproductive technology and all medical care surrounding such technology.

In addition to federal legislation, President Trump issued an executive order on February 18 to develop policy recommendations to expand access to IVF. The order states that within 90 days of the date of the order, the assistant to the president for domestic policy will submit to the president "a list of policy recommendations on protecting IVF access and aggressively reduce out-of-pocket and health plan costs for IVF treatment." The Endocrine Society will review the policy recommendations expected to be released later this month.

The Society has been a leader in advocating for access to IVF treatment. We are encouraged to see members of Congress from both sides of the aisle considering this legislation to preserve access to IVF and other assisted reproductive technologies. Many Americans who wish to start or build their families need to have access to this medical care. The Society will continue to advocate for our members who treat and research infertility and other hormone health conditions.

White House Issues Executive Orders on Drug Pricing, & Bipartisan Legislation Introduced in Senate

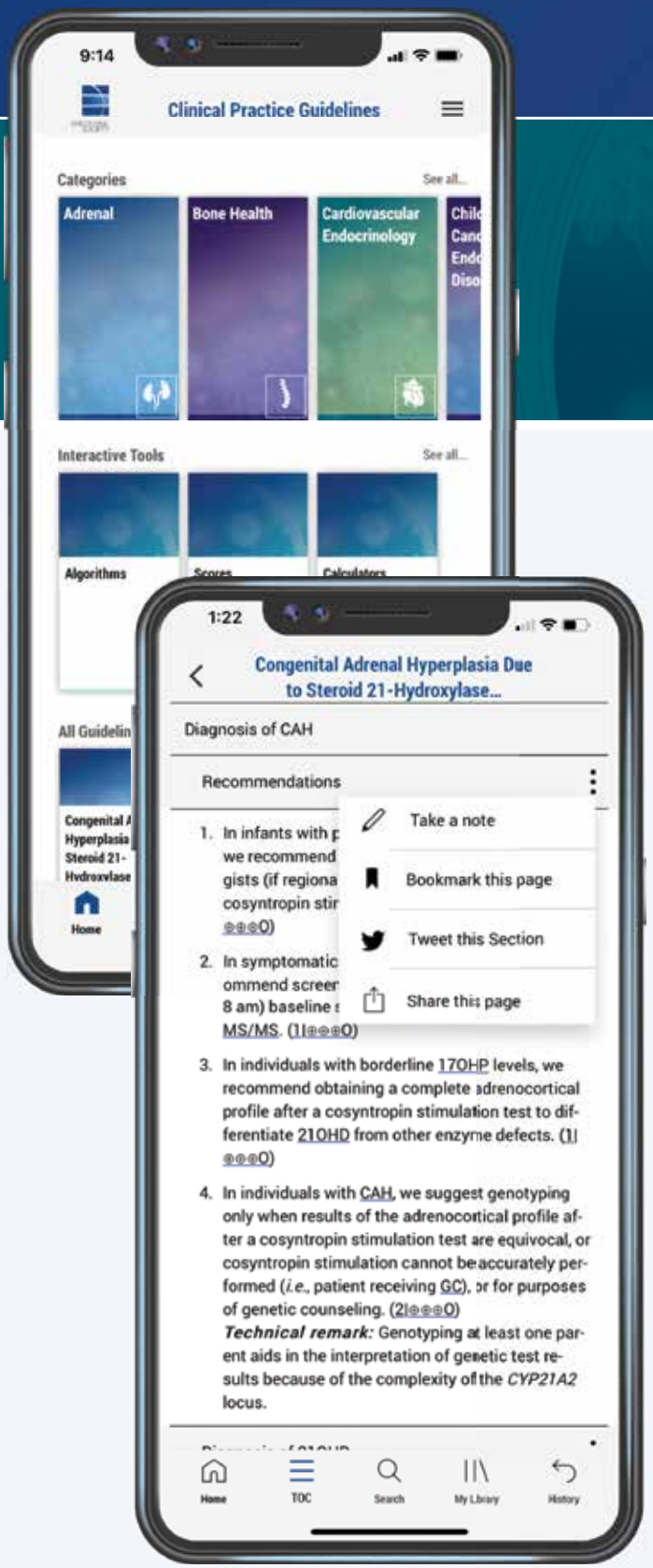
There have been several recent policy developments related to drug pricing that the Society is working on. The White House issued two executive orders (EO) to address lowering the cost of prescription drugs. The first EO, issued in April, directs federal agencies to implement policies to lower drug prices and improve pharmacy benefit manager transparency. The EO contains several policy ideas to lower the cost of insulin for low-income and uninsured Americans. The second EO, issued in May, asks drugmakers to voluntarily reduce the prices of their medications. This EO cites no legal authority to mandate lowering drug prices, but the administration did say they would consider possible regulatory actions including importing drugs from other countries if drugmakers did not comply with the order.

It remains unclear what type of impact these orders would have on lowering drug costs. It may also be difficult to implement these proposed policy changes given the reduction-in-force (RIF) that has occurred at the HHS. The Society will continue to monitor this closely to assess the impact.

> **The Society continues to advocate for expanding the insulin copay cap to the private insurance market and supports the bipartisan INSULIN Act, which would expand the cap to the commercial market.**

Meanwhile, on Capitol Hill, Sens. Josh Hawley (R-MO) and Peter Welch (D-VT) introduced the Fair Prescription Drug Prices for Americans Act, bipartisan legislation aimed at lowering the cost of prescription drugs. This legislation would prohibit U.S. drug companies from charging higher prices for their medications than the international average.

The Society has led advocacy to ensure access to affordable prescription drugs including insulin. We supported the $35 copay cap on insulin for Medicare beneficiaries and the creation of the Medicare Price Negotiation Program in the Inflation Reduction Act. The Society continues to advocate for expanding the insulin copay cap to the private insurance market and supports the bipartisan INSULIN Act, which would expand the cap to the commercial market. EN



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