MEET 2026 – 2027 ENDOCRINE SOCIETY PRESIDENT, NANETTE SANTORO, MD

JUNE 2026

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

Chicago HOPE

The Windy City welcomes endocrinologists from around the world!

ENDO 2026 PREVIEW

TO T OR NOT TO T: The **ENDO 2026** session, "Low Testosterone in Obesity: Should We Treat or Not?" will be a lively debate on this controversial topic.

LOOKING BACK: Your fellow Endocrine Society members from around the world share highlights and cherished memories from past **ENDOs.**

THEY GROW UP SO FAST: At **ENDO 2026,** the Endocrine Society unveils new treatment guidance on central precocious puberty in a session guaranteed to pack the room.

PLUS: CULTURAL EXCHANGE: How Anna Gloyn's genetic research garnered her the 2026 Transatlantic Award in Endocrinology

ENDOCRINE SOCIETY
Hormone Science to Health

IN THIS ISSUE

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ENDOCRINE SOCIETY
Hormone Science to Health

Meet Incoming Endocrine Society President Nanette Santoro, MD

Nanette Santoro, MD, knew she wanted to be a doctor at age 16, feeling like it was the best way to help people, something that would be good for mankind. The Endocrine Society is pleased to welcome Santoro, of the University of Colorado School of Medicine in Aurora, as its 2026 – 2027 president. She will take office in June 2026 at **ENDO** in Chicago, Ill., succeeding Carol Lange, PhD.

Santoro has served as the E. Stewart Taylor Chair of Obstetrics and Gynecology at the University of Colorado School of Medicine since 2010. She is a well-recognized practitioner, dedicated mentor, and leading researcher on studies of women with premature and age-appropriate menopause.

She has held many roles with the Endocrine Society, including serving as vice president of clinical science, an author on two women's reproductive health Clinical Practice Guidelines and chair of the Society's Scientific Statement on bioidentical hormones. She also won the Society's 2016 Laureate Award for Outstanding Mentorship.

"The Endocrine Society was the first society I joined as a fellow," Santoro says. "This is really a highlight for me."

"The Greatest Field"

Santoro originally thought she wanted to be a writer; she won the Joyce Carol Oates Award in high school for a short story but enrolled in a six-year medical program out of high school. Since she would be a first-generation college graduate in her family, she thought if she could almost fast-track her education, it would be less of a financial burden on her loved ones.

"I loved writing, so I applied to the six-year program, and I decided I was going to try to become a professional writer and a novelist, or I was going to be a doctor," Santoro says. "If I didn't get into medical school, then I was just going to go into writing."

Santoro was accepted to the six-year BS/MD program at Rensselaer Polytechnic Institute and Albany Medical College, where she developed an interest in endocrinology. She completed her residency at Beth Israel Medical Center, where she met one of her role models, Nelly Szlachter, MD, who was a reproductive endocrinologist. [Szlachter] had done her training at NYU and told Santoro, "[Reproductive endocrinology] is the greatest field."

From there, she got a fellowship at Massachusetts General Hospital, working in the Reproductive Endocrine Unit, and she admits she didn't know much about biomedical science or the whole research enterprise because she had only had a brief introduction to those fields in medical school.

"It was an incredibly exciting time to be there because stuff was just happening left and right," Santoro tells *Endocrine News*. "The science was fantastic. It was all new, exciting knowledge. Once the pulsatile nature of GnRH secretion was established, all of these applications just kind of fell out of that work, and it was a matter of just doing it, learning from it, and then going on to the next problem."

A Big Finding

Santoro says she also belongs to the Menopause Society and the American Society for Reproductive Medicine, but the Endocrine Society is her first home. "It's the best forum for the kind of research that I do," she says. "I will often save my best work where I need the most feedback from the smartest people for the Endocrine Society. If I have a really gnarly endocrine problem, it's coming to **ENDO**."

One of those problems to solve was that of perimenopausal women. With help from colleagues, Santoro did urinary assays to do daily sampling of women. "I wanted to look at premature menopause," she says. "That was the problem I decided I was going to take with me from the Reproductive Endocrine Unit."

> "I foresee a lot of advocacy that's really necessary to keep endocrinology in the game here; to make its presence known how important endocrine conditions are; and how it touches on so many areas of science that it's really critical that our voice is heard."

Santoro says that Robert W. Rebar, MD, former executive director of the American Society for Reproductive Medicine, had advised her to analyze data from perimenopausal women, and when Santoro and her colleagues looked at hormone levels, they were all over the place — some way up, some way down. "I said, 'I've never seen anything like this. We've been doing normal menstrual cycles for years at Mass General. What is this? Repeat them all,'" she says.

So, they repeated the tests. A few times, actually. Santoro knew she was on to something. She says: "I went home the day I saw that data, and I said to my husband, 'I think this is a big deal. I think this is a big finding. That's going to really influence what I do and how I think.' Just seeing those erratic patterns that had really just only intermittently been reported before was something that I really seized on and that led to a lot of other things."

Pointing the Way

Santoro says that another one of the highlights of her career has been mentoring, just as she was mentored. She gives the example of Rebecca Thurston, PhD, a former president of the Menopause Society. Thurston's background is in epidemiology and psychology, but she asked Santoro to teach her about hormones.

In fact, Santoro is mentoring junior-level faculty from other specialties — psychology, epidemiology, physiology — at institutions across the United States, meeting over Zoom to discuss hormones and funding opportunities. "I'm also a mentor for Building Interdisciplinary Research Careers in Women's Health (BIRCWH), a NIH K12-funded career development program," Santoro says. "That's another venue where I can mentor junior faculty along research lines."

"As a fellow," Santoro continues, "you're mentoring at a very granular level, teaching people the details. One of the most challenging groups that I mentor are my general OBGYNs because it takes you 30 years to become an expert when you're really covering the entire field. That's the opposite of my own career path, which was I really wanted to drill down into something small and learn as much as humanly possible about that."

Change and Opportunity

Santoro takes the helm of the Endocrine Society in turbulent times, and she's very aware of that fact. "I foresee a lot of advocacy that's really necessary to keep endocrinology in the game here, to make its presence known how important endocrine conditions are, and how it touches on so many areas of science that it's really critical that our voice is heard," she says.

Santoro is also aware of the clog in the endocrinology pipeline, saying it needs to be revitalized, especially in this time of change. "Even though a lot of the change seems adverse, there's always opportunity," she says. "We need to find that, and we need to open up the window because we need to show people that this is a field that really is vital. It's fascinating. It's so important in people's lives, and there's a lot of good that can be done." EN

— Derek Bagley

Breezing Into the Windy City for ENDO 2026

Welcome to a very special issue of *Endocrine News*. Not only is much of the content devoted to **ENDO 2026**, but this is also the final print edition of the magazine. We have decided to migrate the entire magazine to our new revamped website at: **https://endocrinenews.endocrine.org/.**

The new site is a complete 180-degree departure from the website you've gotten accustomed to since it was first launched in 2015 and we're very excited about this new chapter. It will be loaded with the exclusive content *Endocrine News* has brought you for the past few decades, but there will be some exciting new additions as well with the incorporation of podcasts, video, and an enhanced user experience that lets you get involved. Plus, you can access it anywhere anytime on virtually any device! Check it out at the link above and be sure to let us know what you think!

While all of **ENDO 2026** are can't-miss events, certain ones almost always inspire certain passions among the attendees, and those are the debates! Former Endocrine Society President Stephen Hammes, MD, PhD, will be moderating the Endocrine Debate session **"Low Testosterone in Obesity: Should We Treat or Not?,"** and Kelly Horvath has taken a deep dive in **"To T or Not To T: Should We Treat Low Testosterone in Men with Obesity?"** on page 22. Joining Hammes to debate are Franck Mauvais-Jarvis, MD, PhD, professor of medicine, Price-Goldsmith Professor of Nutrition, Tulane University School of Medicine, in New Orleans, La., who argues for the treat side, while David Handelsman, MBBS, PhD, FRACP, of the ANZAC Research Institute at the University of Sydney, in Australia, argues the opposite. This session should prove important since this is a long overdue conversation, and Hammes states that in his opinion, "there is no specific standard of care for low testosterone in obesity," he says, "which is why this will be a wonderful debate as well as a great education session for the audience."

Every year, so many new memories are made at **ENDO,** so I thought it might be fun to hear from some Endocrine Society members about their most memorable annual meetings from the past. On page 32, a

Correction In the May issue edition of "Trends & Insights," the researchers whose paper was featured in the article, **"Adrenaline Overload: Rare Adrenal Tumors Linked to Hidden Bone Loss,"** are actually based at the National Institutes of Health (NIH).

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dozen or so of your fellow endocrinologists shared with me their most meaningful **ENDO** memories in "**Looking Back: Unforgettable Moments from ENDOs Past."** Not only have many of you found **ENDO** to be the highlight of your year as you comingle with thousands of like-minded people from all across the globe, but in some cases, **ENDO** has literally been life changing. Find out which future Endocrine Society president decided to become an endocrinologist once they attended their very first **ENDO**. No doubt, a few lives will be impacted forever by what they encounter at **ENDO 2026** in Chicago!

Another significant highlight at every **ENDO** occurs when the Endocrine Society releases a new Clinical Practice Guideline and **ENDO 2026** is no different; on Saturday June 14, a special session heralds the publication of "Central Precocious Puberty: An Endocrine Society Clinical Practice Guideline." Senior Editor Derek Bagley speaks to the guideline authors in **"They Grow Up So Fast,"** on page 28 who discuss the new recommendations that will be elucidated on stage after its publication in *The Journal of Clinical Endocrinology &Metabolism*. If this year's session is anything like **ENDO 2025**'s session on the Endocrine Society's practice guideline for treating primary aldosteronism, attendees are encouraged to arrive early to Room W375C at McCormick Place on Saturday June 13 at 4:30 p.m., for this highly anticipated session!

On page 48, Glenda Fauntleroy Shaw interviews this year's Transatlantic Alliance Award winner, Anna L. Gloyn, DPhil, FMedSci, in **"Cultural Exchange."** Having conducted research, literally, on both sides of the Atlantic, Gloyn talks about what this award means to her, how a friend in college helped determine the future of her research, and the profound impact of doing research in both European and American labs. But, she says, the differences are more common AWAY from the bench, from her experiences: "The differences between labs in the U.K. and U.S. are not to do with the country you are in, they are to do with the lab culture that is set by the lab PI. That said, there are some obvious cultural differences," she says. "I remember arriving as a postdoc fellow in Dr. Franz Matchinksy's lab at the University of Pennsylvania and realizing that going to the pub for a beer after work on a Friday was a very British behavior!"

As usual, feel free to reach out to me at: **mnewman@endocrine.org**. I'm really looking forward to hearing your thoughts on the new website we launched this month, so go check it out! See you online!

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

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Polyendocrine Metabolic Ovarian Syndrome: New Name to Improve Diagnosis and Care of Condition Affecting 170 Million Women Worldwide

Global effort changes the name of a significant women's health condition that was misunderstood to be "all about ovarian cysts."

Helena Teede, PhD

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is the new name for the condition previously known as Polycystic Ovary Syndrome (PCOS), which impacts one in eight, or more than 170 million, women worldwide.

More than 50 patient and professional organizations, including the Endocrine Society, took part in the process to develop the new name.

PMOS is characterized by fluctuations in hormones, with impacts on weight, metabolic and mental health, skin, and the reproductive system. For too long, the name reduced a complex, long-term hormonal or endocrine disorder to a misunderstanding about 'cysts' and a focus on ovaries. This contributed to missed diagnoses and inadequate treatment.

Helena Teede, PhD, director of Monash University's Monash Centre for Health Research & Implementation and an endocrinologist at Monash Health in Melbourne, Australia, led the name change process after spending decades researching the condition and seeing the patient impacts firsthand.

"What we now know is that there is actually no increase in abnormal cysts on the ovary, and the diverse features of the condition were often unappreciated," says Teede, who is an Endocrine Society member. "It was heartbreaking to see the delayed diagnosis, limited awareness, and inadequate care afforded those affected by this neglected condition. While international guidelines have advanced awareness and care, a name change was the next critical step toward recognition and improvement in the long-term impacts of this condition." The name change journey, published last month in *The Lancet*, took 14 years of global collaboration between experts and those with lived experience.

Teede led the process alongside International Androgen Excess and Polycystic Ovary Syndrome Society (AE-PCOS Society) President Terhi Piltonen, an international co-lead from Oulu University and Oulu University Hospital, Finland; AE-PCOS Society Executive Director Anuja Dokras from the U.S. and Chair of Verity (PCOS UK) Rachel Morman.

In a related paper by the same experts, researchers have found there is no increase in abnormal ovarian cysts in the condition, further demonstrating the need to change the name. The patient-focused effort resulted in more than 22,000 survey responses and involved multiple international workshops with patients and multidisciplinary health professionals. The three-year transition period is supported by a major international education and awareness campaign reaching those affected — health professionals, governments, and researchers around the world — with the new name to be fully implemented in the 2028 international guideline update.

Teede says it was the largest initiative to change the name of a medical condition. "The agreed principles of the new name included patient benefit, scientific accuracy, ease of communication, avoidance of stigma, cultural appropriateness, and accompanying implementation," she says. "This change was driven with and for those affected by the condition, and we are proud to have arrived at a new name that finally accurately reflects the complexity of the condition. Make no mistake, this is a landmark moment that will lead to desperately needed worldwide advancements in clinical practice and research."

Piltonen says an important part of the renaming process was considering the diverse needs of various cultures. "It was essential that the new name was scientifically correct

but also considered across diverse cultural contexts to avoid certain reproductive terms that could heighten stigma and be harmful for women in some countries," she says. "This made a culturally and internationally informed consultation critical to getting it right."

Morman was a lived experience expert on the global name change process and says the previous name misrepresented the true nature of this condition. "It is fantastic that the new name now leads with hormones and recognizes the metabolic dimension of the condition," she says. "This shift will reframe the conversation and demand that it is taken as seriously as the long-term, complex health condition it is. Despite decades of tireless advocacy to improve awareness, we recognized that the risk of change would be worth the reward."

> "This change was driven with and for those affected by the condition, and we are proud to have arrived at a new name that finally accurately reflects the complexity of the condition. Make no mistake, this is a landmark moment that will lead to desperately needed worldwide advancements in clinical practice and research."
>
> — **HELENA TEEDE, PHD**,
> DIRECTOR, MONASH CENTRE FOR HEALTH RESEARCH AND IMPLEMENTATION, MONASH UNIVERSITY, MELBOURNE, AUSTRALIA

Find out more about the name change and access PMOS resources in multiple languages at: **https://www.mchri.org.au/guidelines-resources/community/pcos-resources-2/**.

Partnering for Progress: Industry's Role in Endocrinology

How the Endocrine Society's Corporate Liaison Board fosters collaboration, fuels innovation, and advances patient care.

The Endocrine Society (the Society) strives to foster an interdisciplinary community of those practicing, researching, and innovating in endocrinology. Industry is an important site of innovation in endocrinology, and the Society's Corporate Liaison Board (CLB) plays a pivotal role in connecting industry and the global endocrine community.

As the landscapes of science and medicine continue to evolve, these relationships are more important than ever. "The Corporate Liaison Board provides a forum for meaningful engagement between the Society and industry, grounded in shared goals and mutual respect," says Society CEO Kate Fryer.

The CLB creates a platform for regular and direct communication between Society and industry members. CLB membership delivers organizations meaningful opportunities to build sustained engagement with the endocrine field. Member organizations join the CLB to increase visibility and connect with the world's largest community of endocrinologists and endocrine researchers, and to foster partnerships on mutually beneficial initiatives in the endocrine space.

Achieving a Common Goal: Advancing Endocrinology

Through the CLB, member organizations engage directly with Society representatives and leadership on a regular basis. These interactions provide CLB members with key insights into emerging challenges in clinical practice, research, and policy developments while also creating

space for open dialogue around shared priorities in endocrine health. CLB members have also become key supporters of Society initiatives to address gaps in hormone healthcare. "Our partnership with the Endocrine Society through the Corporate Liaison Board strengthens our ability to engage with Society leaders and stay grounded in the real-world needs of patients and providers," says Sanjay Keswani, MD, chief medical officer at Neurocrine Biosciences. "That connection is essential to advancing innovation in endocrinology and developing therapies that address serious, often underserved conditions."

According to Robert L. Lash, MD, the Endocrine Society's chief medical officer, many of the Society's signature pipeline programs such as the Medical School Education Program, ExCEL, and Endocrine Mentor Day, would not be possible without the support of CLB members. "CLB members also play an invaluable role in our educational programs," Lash says. "These include longstanding events like the T1D Fellows program at **ENDO** as well as new programs, such as our inaugural Rare Endocrine Diseases Fellows program that debuted earlier this year."

In addition to supporting the continued growth of the endocrine field, CLB members' partnership with the Society increases educational programming, supports professional development of endocrinologists and researchers, and elevates the conversation around endocrine health and research on the global stage. "The Endocrine Society continues to set the standard as the leader in education and professional support for the endocrinology profession, and [Corcept's] participation in the CLB has strengthened our ability to contribute meaningfully to the field," says Rob Adamoski, MBA, vice president medical affairs at Corcept Therapeutics.

The Endocrine Society extends its sincere gratitude to the 23 member organizations that currently comprise the 2026 Corporate Liaison Board, whose ongoing commitment fuels progress across the field. From thought leadership to year-round collaboration, these organizations exemplify what is possible when industry and the endocrine community work together toward a shared purpose.

— Daisy Booker, MS, manager, Grants & Engagement at the Endocrine Society

The CLB: A Growing Avenue for Collaboration

As the Endocrine Society looks to the future, it welcomes new organizations interested in contributing to and benefiting from the collaborative forum of the CLB. Organizations seeking to further engage in endocrinology and explore CLB membership are encouraged to connect with the Endocrine Society to learn more.

To promote new partnerships and perspectives, new organizations that commit to 2027 CLB membership now will receive advanced access to CLB member benefits (up to six months early!) at no additional cost.

If your organization is interested in learning more about the CLB, please email: **clb@endocrine.org** for a list of benefits.

Italian Researchers Win Endocrine Society's 2026 Endocrine Images Art Competition

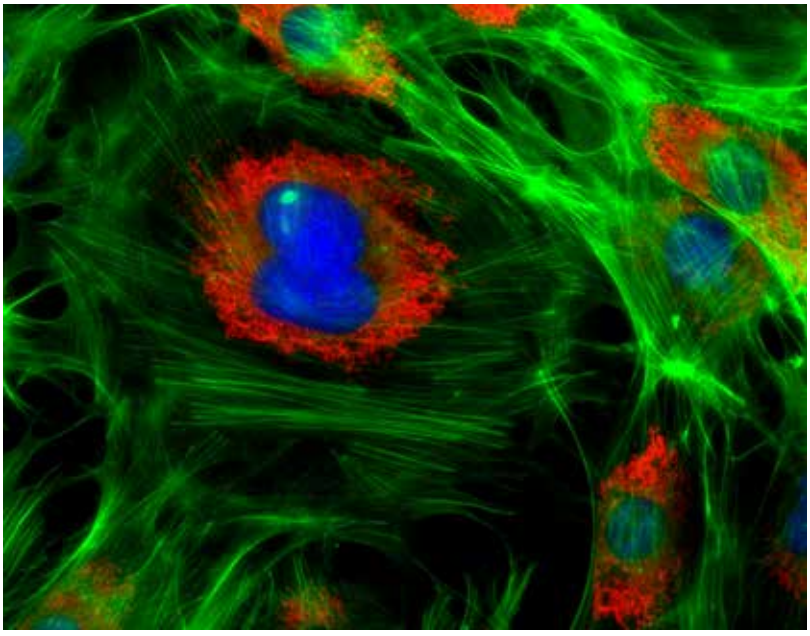
Anna Pilatone and Gabriella Milan won the Endocrine Society's 2026 Endocrine Images Art Competition for their microscopy image of a pre-adipocyte cell.

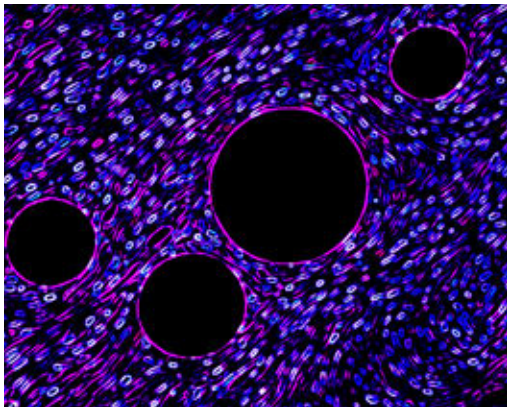
Pilatone and Milan are research biologists in the Endocrine and Metabolic Lab at the Department of Medicine, University of Padova, and at the Center for the Study and Integrated Treatment of Obesity, University Hospital of Padova in Padova, Italy.

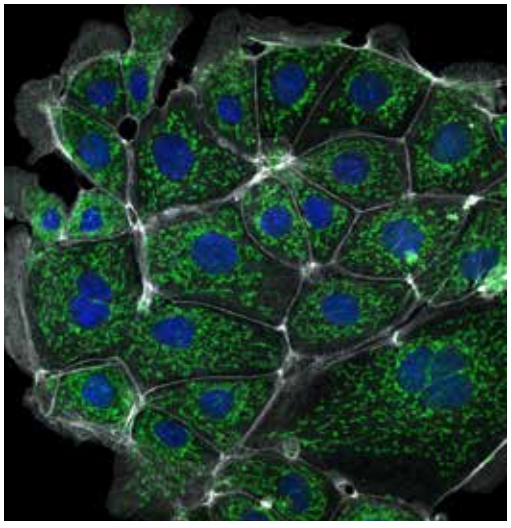
The art competition celebrates the beauty of endocrine science as seen through the lens of a microscope. This year's 29 entries were judged by a panel of Society members who based their assessments on the aesthetic value of the images and their significance to endocrine research.

Pilatone and Milan's entry is titled "Pre-adipocyte Intriguing Scaffold." Adipose tissue, initially described simply as body fat, has been recognized as a very complex endocrine organ characterized by different depots and composed of many cell types, including white, brown, and beige adipocytes. Dysregulation of these cells causes pathological adipose tissue expansion, leading to obesity and metabolic complications such as diabetes and metabolic dysfunction-associated steatotic liver disease.

The Endocrine Society's 2026 Endocrine Images Art Competition celebrates the beauty of endocrine science as seen through a microscope. Left, first place winner, "Pre-adipocyte Intriguing Scaffold." (right, top: second-place winner, bottom: third-place winner.)







The immunofluorescence image (above, left) depicts the cellular architecture of a murine pre-adipocyte used in a project aimed at investigating the role of the protein kinase CK2 in adipose tissue biology. The green cytoskeletal actin filaments and the red collagen fibers around the blue nuclei paint the fascinating complexity of the pre-adipocyte scaffold involved in the adipogenic differentiation process.

One member of the grand prize–winning team will receive complimentary registration to the Society's annual meeting, **ENDO**.

Two other winners also were announced in this year's competition.

The second-place winner is the team of Antonio Fernandes de Oliveira Filho, MD, and João Batista Guedes of the University of São Paulo — USP and Federal University of Campina Grande (UFCG) in Campina Grande, Paraíba, Brazil. Their image (top, right) features a rare fatty tumor known as a liposarcoma in the adrenal gland. Retroperitoneal liposarcomas are often aggressive and may present to the endocrinologist as an adrenocortical carcinoma.

The third-place winner is Luis Cedeño-Rosario, PhD, of the University of Utah, Salt Lake City, Utah. Cedeño-Rosario submitted an image of (bottom, right) the mitochondria in the kidney's proximal tubular epithelial cells.

All three winners will have their art displayed at **ENDO 2026** from June 13 to 16 in Chicago, Ill. The display will be seen by thousands of endocrine scientists and researchers from all over the world.

Visit the Endocrine Images Art Competition website at: **https://www.endocrine.org/awards/endocrine-images-award** for more information and to view this year's top endocrine images along with previous years' winners.

Endocrine Society and Keystone Symposia Announce Series of Joint Meetings

The Endocrine Society and Keystone Symposia are partnering to hold a series of joint translation scientific meetings that connect foundational (or basic) science with clinical practice across oncology, cardiometabolism, and diabetes with the aim of supporting a full bench-to-bedside and back research cycle.

Keystone Symposia contributes deep connections to basic scientists and a robust infrastructure for large-scale scientific meetings, while the Endocrine Society brings clinical expertise and its scholarly journals with plans to publish conference proceedings or abstracts to attract scientists who currently lack such outlets through Keystone Symposia.

"At the heart of [this partnership] is trying to facilitate areas of discovery because there are so many meetings out there for basic scientists, but some of them may have deviated from the core intent, which is really to advance science and facilitate those types of breakthroughs," says Chris Urena, MBA, FASAE, CAE, the Endocrine Society's chief learning officer.

By combining the resources of two top scientific organizations, the Endocrine Society and Keystone Symposia are strengthening the exchange of scientific knowledge through coordinated programming. The conferences are designed to inspire discovery and collaboration among basic and translational researchers, with the goal of catalyzing advances in foundational science. Ultimately, these discoveries can lead to breakthroughs that improve clinical outcomes for patients.

"One of the things that we're trying to get better at, both groups together, is how do we facilitate spaces that have this full cycle of beds to bedside, bedside back to bed," Urena says. "And in that there are those three programs or three topics that surface, oncology, cardiombetabolism, and diabetes."

Three inaugural programs will begin in October 2026 and run through February 2027. The series includes:

- **Hormonal Influences on Immunity and Cancer Across the Lifespan** (October 5 – 8, 2026 | Breckenridge, Colo.) brings together researchers across endocrinology, aging, and oncology to examine how hormonal signaling shapes disease in ways that are often overlooked when studied in isolation. Registration opens in late June.

- **Reimagining Diabetes: From Molecular Mechanisms to Transformative Therapies** (February 1 – 4, 2027 | Keystone, Colo.) connects basic science, clinical research, and industry perspectives to better understand disease drivers and identify new therapeutic strategies.

"The conferences are designed to inspire discovery and collaboration among basic and translational researchers, with the goal of catalyzing advances in foundational science. Ultimately, these discoveries can lead to breakthroughs that improve clinical outcomes for patients."

- **Cardiometabolism and Interorgan Crosstalk: Novel Mechanisms and Therapies** (February 16 – 19, 2027 | Breckenridge, Colo.) explores how communication across organ systems influences disease, highlighting emerging insights from genetics, immunology, and computational biology.

Amid a challenging research funding climate, the Society and Keystone will explore the importance of strategic partnerships in scientific discovery during a joint symposium at **ENDO 2026**, on June 16 in Chicago, Ill. The joint panel, "Keystone Symposia + Endocrine Society: How Partnerships Across the Life Sciences Benefit Researchers," will feature researchers Ines Pineda Torra, PhD; David D'Alessio, MD; Jennifer K. Richer, PhD; and Roger Cone, PhD. The session, co-moderated by Urena and Keystone Symposia's President and CEO James Baumgartner, PhD, will address how clinical observations shape research questions as well as mechanistic insights that guide new approaches to care — and how these ideas will come together in three upcoming meetings.

Urena says the above group is essentially the planning board, one that Keystone facilitates. "It's a good composite of people who are practitioners in terms of scientists, MDs, PhDs, some with both, but then also people from industry," he says.

The partners anticipate that a contracting scientific meeting marketplace will create opportunities for more integrated joint offerings, including calls for papers and expanded engagement of endocrine-adjacent fields, with added value from clinical perspectives and publication pathways. "I think that's a pretty interesting take on it," Urena says. "And the advantage of working with Keystone is they have not only the connections to basic scientists, but they have a really proficient apparatus to stand up these scientific meetings at a scale that we just don't have yet."

"These conferences provide a valuable opportunity for researchers across the endocrine spectrum to engage deeply, challenge assumptions, and inspire new directions in science," says Endocrine Society president Carol Lange, PhD. "We are proud to partner with Keystone Symposia in the spirit of advancing science. By bringing discovery and translation together, we are strengthening the pipeline from innovation to patient care."

— Derek Bagley

MEMBERS in the NEWS

Daniel J. Drucker, MD, Receives the 2026 Lefoulon-Delalande Foundation Scientific Prize

Daniel J. Drucker, MD, has been honored with the 2026 Lefoulon-Delalande Foundation Scientific Prize from the Institut de France for his work on GLP-1s, a key hormone in metabolic regulation.

He shares the award with Jens Juul Holst, MD, DMSc, professor of medical physiology in the Department of Biomedical Sciences, University of Copenhagen in Denmark.

Each year, the Lefoulon-Delalande Foundation awards its Scientific Prize to a scientist who has made a major contribution to cardiovascular physiology, biology, or medicine. In 2026, the Scientific Prize, endowed with €600,000, will be shared equally between two laureates and their laboratories.

The scientific council awarded the 2026 Lefoulon-Delalande Foundation Scientific Prize to the duo by majority decision.

GLP-1 plays a crucial role in the regulation of metabolic balance, particularly in the control of blood glucose levels and in the pathophysiology of diseases such as type 2 diabetes,

obesity, inflammation, and cardiovascular diseases. The therapeutic development of GLP-1 agonists has had a major impact on the management of these conditions and, more broadly, on human health.

“Drucker was the first to characterize GLP-1 receptor expression in immune cells, identifying a relatively small population of immune T cells in the gut as GLP-1 receptor-positive and important for T cell driven inflammation. More recently, Drucker demonstrated that GLP-1 acts on GLP-1 receptor-positive neurons in the brain, to produce systemic anti-inflammatory effects in peripheral organs.”

Drucker, the 2025 recipient of the Endocrine Society's Fred Conrad Koch Lifetime Achievement Award, is a professor of medicine at the Lunenfeld Tanenbaum Research Institute of Mt. Sinai Hospital and the University of Toronto in Toronto, Canada. In 2020, Drucker also received the Society's John D. Baxter Prize for Entrepreneurship for his contributions to diabetes treatment.

Known for his discovery of glucagon-like peptide-1 (GLP-1) action in the 1980s as a research fellow with Joel Habener, MD, at Massachusetts General Hospital, Drucker identified a truncated form of GLP-1 as the biologically active form and demonstrated that this shorter version of GLP-1 stimulates secretion of insulin in a glucose-dependent manner in pancreatic beta cells.

These foundational studies supported the development of new classes of GLP-1 medications for type 2 diabetes and obesity. Drucker's observations that GLP-1 has a protective effect on the heart, reducing heart damage from myocardial infarction and lowering inflammation, independent of changes in blood glucose or body weight, have been validated in clinical trials and in the real world. GLP-1 medicines lower rates of heart attacks, strokes, heart failure, and overall cardiovascular mortality. More importantly — these benefits stem partly from a reduction in inflammation — confirming Drucker's original findings in mice.

Drucker was the first to characterize GLP-1 receptor expression in immune cells, identifying a relatively small population of immune T cells in the gut as GLP-1 receptor-positive and important for T cell driven inflammation. More recently, Drucker demonstrated that GLP-1 acts on GLP-1 receptor-positive neurons in the brain, to produce systemic anti-inflammatory effects in peripheral organs. His recent cardiovascular studies have demonstrated the importance of vascular smooth muscle cell GLP-1 receptors for the control of blood pressure and of liver sinusoidal endothelial GLP-1R+ cells for the control of liver inflammation and fibrosis.

Collectively, his basic science discoveries have yielded multiple insights into the efficacy and safety of an expanding class of GLP-1 medicines with major benefits for human health.

Drucker received training in internal medicine, and endocrinology from the Johns Hopkins Hospital in Baltimore, Md., and the University of Toronto, followed by a fellowship in molecular endocrinology at Massachusetts General Hospital. His discoveries have enabled development of several new GLP-1-based therapies for the treatment of diabetes and obesity and GLP-2 analogues for intestinal failure. His basic science studies have elucidated multiple novel mechanisms of GLP-1 action underlying the cardiovascular benefits of GLP-1 medicines.

Drucker has received numerous international awards for his translational science and has been elected to the Order of Canada, the Canadian Medical Hall of Fame, Fellowship in the Royal Society (London) and the National Academy of Sciences, and National Academy of Medicine. EN

Glucocorticoid Management in Patients with Classic Congenital Adrenal Hyperplasia with Crinecerfont

Patients with classic adrenal hyperplasia (CAH) may be able to reduce their glucocorticoid (GC) doses with crinecerfont, a first-in-class corticotropin-releasing factor type 1 receptor antagonist, according to two studies recently published in *The Journal of Clinical Endocrinology & Metabolism*. Neurocrine Biosciences, Inc., funded the studies, and the company is marketing crinecerfont as CRENESSITY®.

The two papers — one focusing on adult care and the other on pediatric care — present structured algorithms for reducing supraphysiologic glucocorticoid dosing, along with broader considerations for patient management in real-world practice. Two teams of expert endocrinologists convened for these studies, drafting companion pieces with recommendations for the adult and pediatric patients. "New and emerging non-glucocorticoid therapies for

[CAH] can reduce adrenocorticotropic hormone-mediated androgen production, allowing for [GC] dose reductions," the authors write.

Long-term supraphysiologic GC treatment can lead to multiple health comorbidities — adverse cardiovascular, metabolic, and skeletal outcomes. Dexamethasone especially, the authors point out, is associated with the most negative impacts on cardiometabolic health. "The increased risks of developing cardiometabolic comorbidities such as hypertension, cardiovascular disease, obesity, insulin resistance, and diabetes mellitus have been well documented in patients with CAH, especially those receiving higher GC doses," the authors write.

But the reduction of GC doses is a tightrope and should be approached slowly; patients can experience GC withdrawal or adrenal insufficiency. Approaches to GC reduction should be individualized based on the patient's therapeutic goals, cortisol needs, lifestyle preferences, and the clinician's experience to set appropriate targets for clinical parameters, androgens, and GC dose regimen, the authors note.

Once patients start taking crinecerfont, laboratory measurements of androgen levels may be assessed around four weeks later to inform the approach to GC reduction, the authors write. "Appropriate target levels for androgens vary from patient to patient depending on age, sex, individual treatment goals, clinical markers of disease control, and timing of laboratory assessments," the authors continue.

Balancing the consequences of androgen excess with those of long-term supraphysiologic GC exposure has been an ongoing challenge in managing CAH, according to the authors. "With the FDA approval of crinecerfont, the first non-GC adjunctive therapy to control androgens in patients with classic CAH, it is now possible for patients to reduce GCs to lower, more physiologic doses, potentially reducing the clinical complications associated with supraphysiologic GC treatment and excess androgens," they write. "This framework for reducing supraphysiologic GC doses in adult patients taking crinecerfont may become increasingly relevant as treatment of CAH shifts toward physiologic GC replacement with adjunctive control of adrenal androgens."

— Derek Bagley

Heroin Adulterated with Diabetes Medication Triggers Life-Threatening Medical Emergencies

Medical researchers have identified a dangerous and deceptive trend in the illicit drug market after two nondiabetic patients were admitted to intensive care with life-threatening hypoglycemia following heroin use. The cases, occurring years apart but linked by the same rare clinical presentation, reveal that heroin supplies are being contaminated with glipizide, a potent prescription medication traditionally used to treat type 2 diabetes.

The study, **"Two cases (a decade apart) of severe sulfonylurea-positive hypoglycemia associated with inhaled heroin use,"** recently published in *JCEM Case Reports*, details how both patients arrived at the hospital in critical condition, suffering from altered mental status and "seizure-like" movements. In both instances, blood glucose levels had plummeted to dangerously low levels — under 40 mg/dL — despite neither patient having a history of diabetes or access to glucose-lowering medications.

Laboratory analysis eventually confirmed that the patients were suffering from unintentional sulfonylurea poisoning. Sulfonylureas, such as glipizide, work by stimulating the pancreas to release massive, sustained amounts of insulin. When taken by individuals who do not have high blood sugar, the drug causes the body's glucose levels to crash. This condition, known as hyperinsulinemic hypoglycemia, can lead to permanent neurological damage or death if not treated immediately with intravenous dextrose or specialized medications like octreotide, which acts as an "antidote" by suppressing insulin secretion.

"These cases highlight the critical importance of obtaining a detailed clinical history and acquiring timely laboratory samples," the authors note. "Screening for sulfonylurea exposure is time-sensitive and can result negative if there is a delay in sending the test."

Through careful investigation, the researchers found that the patients shared one common exposure: Both had inhaled, or "snorted," heroin mixed with an unknown additive shortly before their collapse. The first case involved a 61-year-old woman who required stabilization in the medical intensive care unit (MICU) after her blood sugar fluctuated wildly. The second case involving a 69-year-old man was even more persistent. After an initial treatment and discharge, he suffered a second severe hypoglycemic crash just seven hours later, requiring a 24-hour MICU stay. This "rebound" effect is a hallmark of sulfonylurea poisoning, as the medication has a long half-life in the body.

While sulfonylureas have occasionally been found in "street valium" or contaminated cocaine, this report marks a significant documentation of the drug being used as an adulterant in inhaled heroin. In 2004, there was an epidemic among youth in Texas of using "cheese heroin," which is heroin crushed with over-the-counter cold/sleep tablets. A similar trend of using heroin crushed with Dormin, a sleep aid containing Benadryl has also been documented. It is unclear whether mixing heroin with sulfonylureas is for profitability or whether this combination can have a similar desirable sedating effect after the drug high. The findings have prompted a call for medical professionals to broaden their diagnostic scope when treating suspected drug overdoses. Because the symptoms of severe hypoglycemia — confusion, sweating, and seizures — can mimic the effects of opioid withdrawal, stroke, or other toxicities, doctors may easily miss the underlying cause without specific metabolic testing.

— Jackie Oberst

"Because the symptoms of severe hypoglycemia — confusion, sweating, and seizures — can mimic the effects of opioid withdrawal, stroke, or other toxicities, doctors may easily miss the underlying cause without specific metabolic testing."

Automated Insulin Systems Give Preschoolers Two Extra Hours of Healthy Blood Sugar Daily

“By stabilizing glucose levels during a critical developmental window, these systems may not only improve the daily quality of life for families but also reduce the risk of long-term organ damage and other diabetic complications later in life.”

Automated “artificial pancreas” systems allow young children with type 1 diabetes to spend nearly 10% more of their lives in a healthy blood sugar range, according to a massive new study that could shift the standard of clinical care for toddlers and preschoolers.

The meta-analysis, **“Automated insulin delivery in young children with type 1 diabetes: a systematic review and meta-analysis,”** was recently published in *The Journal of Clinical Endocrinology & Metabolism* and found that children under age seven using automated insulin delivery (AID) technology gained an average of 2.37 hours of “time-in-range” (TIR) every day compared to those using traditional insulin pens or standard pumps. These findings provide the most definitive evidence to date that high-tech, closed-loop systems are not only safe for the youngest patients but significantly more effective than standard treatments at preventing the dangerous glucose swings that define early-childhood diabetes.

The study, led by a research team at Universitas Airlangga in Indonesia, synthesized data from 1,155 children across 30 clinical trials and cohort studies. Researchers focused on the TIR metric — the percentage of time blood glucose stays within the target window of 70 to 180 mg/dL. For young children, whose erratic eating habits and high activity levels make glucose management notoriously difficult, the reported 9.88% increase in TIR represents a major clinical breakthrough.

The results were particularly dramatic during the night, a period of high anxiety for parents who fear “dead-in-bed” syndrome or severe nocturnal hypoglycemia. The technology boosted overnight blood sugar control by nearly 17%, drastically reducing the risk of high glucose levels during sleep without increasing the threat of dangerous “lows.” During the day, children still saw a significant 6.88% improvement in stability.

Researchers evaluated several leading commercial platforms, including the MiniMed 780G, CamAPS FX, Control-IQ, and Omnipod 5. While each system features a proprietary algorithm, the study found they were consistently effective. TIR improvements hovered between 9% and 11% across all major brands. This suggests that the core technology — using an algorithm to sync a continuous glucose monitor (CGM) with an insulin pump — is a universally beneficial tool for this demographic, regardless of the specific device used.

Crucially, this gain in stability did not come at a safety cost. A common concern for clinicians is that aggressive automation might lead to hypoglycemia (low blood sugar), which can be life-threatening in small children who cannot yet communicate their symptoms. However, the researchers reported that while high blood sugar levels (hyperglycemia) were significantly reduced, there was no corresponding increase in the incidence of hypoglycemia or diabetic ketoacidosis.

Historically, medical providers have been cautious about prescribing AID systems for toddlers due to the unpredictable physiological variables of early childhood. This study seeks to put those concerns to rest. The authors concluded that AID systems are uniquely equipped to handle these variables, offering a “good safety profile” and “greater benefits” than traditional manual management.

As these technologies become more accessible, the study suggests they should be considered the primary treatment for early-childhood diabetes. By stabilizing glucose levels during a critical developmental window, these systems may not only improve the daily quality of life for families but also reduce the risk of long-term organ damage and other diabetic complications later in life.

— Jackie Oberst

ACROFAST Findings: Personalized Care for Acromegaly Wins on Both Health and Budget

A precision-medicine protocol for treating acromegaly can slash healthcare costs by 22% while more than doubling a patient's chances of reaching hormonal remission, according to an economic analysis of the ACROFAST clinical trial.

"Cost-effectiveness of personalized medical treatment in acromegaly: a post hoc analysis of the ACROFAST study," a Spanish study recently published in the *Journal of the Endocrine Society*, signals a major shift away from the traditional "one-size-fits-all" approach to this rare and debilitating hormonal disorder. By utilizing a €121 ($135.52) biomarker test to bypass months of ineffective trial-and-error therapy, researchers found they could save an average of €15,263 ($17,094.56) per controlled patient annually — a finding with massive implications for cash-strapped public health systems worldwide.

Acromegaly, typically caused by a benign pituitary tumor, triggers an overproduction of growth hormone that leads to physical disfigurement and severe systemic complications, including cardiovascular disease and diabetes, if left unchecked. For decades, the clinical standard has been a rigid step-care model: Start nearly all patients on first-generation somatostatin receptor ligands (fgSRLs). However, these frontline drugs fail to work for roughly half of all patients. Under the old model, these non-responders often endured months of "medical inertia," where the disease persisted and physiological damage continued despite the administration of high-cost, ineffective treatment.

The ACROFAST analysis proves that a biomarker-led strategy is both clinically and fiscally superior. By identifying non-responders at Day 1 using specific tumor characteristics and genetic markers, clinicians can fast-track them to more aggressive, effective second-line therapies immediately. The results were stark: 78% of patients in the personalized group achieved hormonal normalization within a year, compared to just 53% of those following standard protocols.

"Personalized medicine, using a relatively straightforward biomarker-based protocol, enables a greater proportion of patients to attain hormonal control," the study authors noted. Statistically, patients on the tailored path were 2.5 times more likely to see their disease stabilized within the first 12 months.

The financial data, modeled on the Spanish National Health Care System, suggest that precision medicine is no longer a luxury but a cost-saving necessity. The average cost to bring a single patient into control dropped from €19,420 ($21,750.40) under the standard model to €15,127 ($17,752.12) with the personalized approach.

By eliminating the "guesswork" phase, the ACROFAST protocol prevents the massive, wasted expenditure associated with months of suboptimal medication. Even when accounting for the upfront cost of the biomarker tests and the higher price point of secondary drugs like pegvisomant or pasireotide, the overall efficiency of the personalized model outweighed the initial investment.

As healthcare systems globally grapple with the rising price of orphan drugs and rare disease management, these findings provide a roadmap for sustainable care. The study highlights a vital paradox in modern medicine: Sometimes, spending more on sophisticated diagnostics up front leads to much lower spending on long-term pharmacy and complication management.

The researchers emphasize that shifting to biomarker-guided protocols isn't just about better science, it's about ensuring that every dollar spent on specialized pharmacology results in a patient getting well. For the rare disease community, ACROFAST offers a rare win–win: better health outcomes for patients and a more sustainable bottom line for the providers who treat them.

— Jackie Oberst

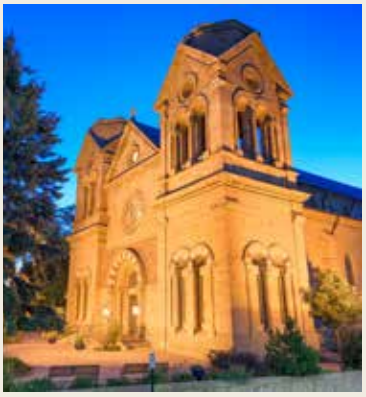
"The study highlights a vital paradox in modern medicine: Sometimes, spending more on sophisticated diagnostics up front leads to much lower spending on long-term pharmacy and complication management."

ENDO 2026

Chicago, Ill. • June 13 – 16, 2026

We hope to see you at **ENDO 2026**, taking place June 13 – 16, 2026, in Chicago, Ill. 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.

https://endo2026.endocrine.org/



26th Annual Santa Fe Bone Symposium

Santa Fe, New Mexico
July 31 – August 1, 2026

The Santa Fe Bone Symposium is an annual forum devoted to advances in the science and economics of osteoporosis, metabolic bone disease, and assessment of skeletal health. Presented by the Osteoporosis Foundation of New Mexico (OFNM), this meeting is for healthcare providers, scientists, and researchers with a special interest in bone disease, and for bone densitometry technologists who seek a high level of knowledge in their field. Close interaction and collaboration between faculty and participants is an integral part of the Santa Fe Bone Symposium.

https://www.ofnm.org/26th-annual-santa-fe-bone-symposium/

Disorders of Pituitary-Adrenal Function Conference

Milwaukee, Wisconsin
September 30 – October 2, 2026

Join leading national and international endocrinology expert clinicians for a comprehensive in-person symposium on the diagnosis and management of pituitary and adrenal disorders. This conference will cover the latest advances and future directions of the diagnosis and management of adrenal insufficiency and hypercortisolism.

https://PituitaryAdrenal2026.eventbrite.com

7th Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2026

Newport Beach, California
October 15 – 17, 2026

The 7th Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2026 offers a comprehensive review of diagnostic techniques and medical and surgical management of thyroid and parathyroid disorders. Featuring a multidisciplinary approach, the course features cutting-edge insights into diagnostic techniques and both medical and surgical management strategies.

https://ce.mayo.edu/endocrinology/content/7th-annual-mayo-clinic-thyroid-and-parathyroid-disorders-course-2026

ATA 2026 Annual Meeting

Philadelphia, Pennsylvania
November 4 – 7, 2026

The American Thyroid Association (ATA) is the leading organization focused on thyroid biology and the prevention and treatment of thyroid disorders through innovation in research, clinical care, education, and public health. Earn CME credits, hear innovative talks on clinical topics, participate in interactive sessions, develop professionally, and meet with friends and colleagues. The ATA is the leading organization focused on thyroid biology and the prevention and treatment of thyroid disorders through excellence and innovation in research, clinical care, education, and public health.

https://thyroid.joynmeeting.com/conference/

INTERNATIONAL **ITINERARY**

Global Summit on Diabetes and Endocrinology

London, United Kingdom
June 22 – 23, 2026

This year's theme is "Trending Medical Research and Recent Developments for Changing Life of Diabetes World." This prestigious event offers a unique platform for diabetologists, endocrinologists, healthcare professionals, academics, and researchers to connect, share insights, and collaborate across global boundaries.

https://diabetesconference.org/

I-DSD Symposium 2026

Lübeck, Germany
July 1 – 3, 2026

The 2026 International Registries For Rare Conditions Affecting Sex Development & Maturation Symposium will provide an update on conditions affecting sex development and maturation; facilitate networking of professionals involved in the care of people with conditions affecting sex development and maturation; and promote high-quality research in the field of sex development and maturation.

https://sdmregistries.org/i-dsd-symposium-2026/

3rd Global Summit on Diabetes and Endocrinology

Zurich, Switzerland
August 17 – 18, 2026

This event offers a unique platform for endocrinologists, diabetologists, healthcare professionals, academics, and researchers to connect, share insights, and collaborate on advancements in diabetes and endocrinology. Centered around the theme "Innovations in the Field of Diabetes & Endocrinology Procedures and Treatment," the summit aims to explore cutting-edge research, emerging technologies, and best practices that are shaping the future of diabetes care and endocrine health worldwide.

https://diabetes.intelliglobalconferences.com/

2026 World Pediatrics Conference

Osaka, Japan
October 5 – 6, 2026

The conference will focus on the latest advancements and innovations in different fields of pediatrics research with the theme of "Advancing Pediatric Innovation for a Healthier Tomorrow." This theme highlights the critical need for international cooperation, focusing on sustainable strategies to improve pediatric healthcare outcomes globally. The congress will provide an invaluable platform for professionals from around the world to exchange perspectives on a wide range of topics impacting child health and pediatric diseases.

https://pediatrics.episirus.org/

To T or Not To T:

BY KELLY HORVATH

Should We Treat Low Testosterone in Men with Obesity?

Whether to treat low testosterone in men with obesity will be the topic of **"Low Testosterone in Obesity: Should We Treat or Not?"** a debate session at **ENDO 2026** that is sure to be somewhat vigorous as two experts in the field take sides in a session moderated by Endocrine Society Past-President Stephen Hammes, MD, PhD.

The question might seem simple enough: Should we treat low testosterone in men with obesity? Yet, the questions only accrue from here. The field remains divided not only on whether to treat it but also on how — and even on what to call it. This standoff is why an **ENDO** session in Chicago, Ill., promises to be one of the meeting's most spirited exchanges. On Sunday, June 14, two leading experts in andrology will face off in a structured debate, moderated by a physician who says he is "fortunate to know them personally" and anticipates a lively morning.

"They are both extremely intelligent and know their field well," says moderator and Endocrine Society Past-President Stephen Hammes, MD, PhD. "They also have larger-than-life personalities that I think will lead to a fun and spirited debate." Hammes is the Louis S. Wolk Distinguished Professor of Medicine, chief of the Division of Endocrinology, Diabetes, and Metabolism, and executive vice chair of the Department of Medicine at the University of Rochester, in New York. He has been attending the Endocrine Society meeting for over 20 years and has moderated many debate sessions.

Franck Mauvais-Jarvis, MD, PhD, professor of medicine, Price-Goldsmith Professor of Nutrition, Tulane University School of Medicine, in New Orleans, La., argues for the treat side. David Handelsman, MBBS, PhD, FRACP, of the ANZAC Research Institute at the University of Sydney, in Australia, argues the opposite: Don't treat. The two have already engaged directly in print on this topic with an Approach to the Patient paper, a Letter to the Editor on that paper, and an author's response to the letter, all published in *The Journal of Clinical Endocrinology & Metabolism* in the fall of 2025, and the live debate promises to be every bit as pointed.

What Is the Controversy?

The "whether to treat" question raises questions of its own that the two debaters answer very differently: What is happening hormonally in a man with obesity and low testosterone? And is the relationship bidirectional (and if so, which direction carries the greater clinical weight)? The answers determine everything else.

For Handelsman, the phenomenon has both a name and a clear physiologic

Stephen Hammes, MD, PhD

> How do you even define low testosterone in individuals with obesity, who have physiologic reasons to explain some of the lab results? If you think testosterone is indeed low, do you give testosterone to everybody or just those who are symptomatic? **Or do you focus on lifestyle changes or prescribe weight loss drugs? Ask five endocrinologists, and you will get 10 answers."**
>
> — STEPHEN HAMMES, MD, PHD, LOUIS S. WOLK DISTINGUISHED PROFESSOR OF MEDICINE; CHIEF, DIVISION OF ENDOCRINOLOGY, DIABETES, AND METABOLISM; EXECUTIVE VICE CHAIR, DEPARTMENT OF MEDICINE, UNIVERSITY OF ROCHESTER, ROCHESTER, N.Y.

explanation. "Pseudohypogonadism describes the hormonal state of simple obesity — low testosterone proportionate to low serum sex hormone–binding globulin (SHBG) with normal serum luteinizing hormone (LH) and follicle-stimulating hormone (FSH), verifying the eugonadal state," he says. In other words, the hypothalamic–pituitary–testis (HPT) axis is functioning normally; the low testosterone reading is a downstream consequence of obesity-related SHBG suppression, not a sign of gonadal failure. "That must be distinguished from genuine pathologic hypogonadism, which usually warrants testosterone treatment," says Handelsman.

Mauvais-Jarvis takes issue with this framing as well as the terminology. "Pseudohypogonadism is a concept that has no scientific foundation," he says, preferring the term "testosterone deficiency (TD)." "I don't use the term 'hypogonadism' because gonadal function involves sperm and T production, but in most patients, we don't measure spermatogenesis, we measure T."

He uses the framework of "functional" TD, a concept that acknowledges that some forms of TD are reversible, as opposed to organic hypogonadism due to structural abnormalities. He also pushes back on the implication that reversibility makes a condition benign. "In reality, 'functional forms' of TD caused by obesity or chronic disease are rarely reversible and represent over 95% of patients today."

Hammes, true to his moderating role, frames the definitional problem as the very reason this debate is worth having. "How do you even define low testosterone in individuals with obesity, who have physiologic reasons to explain some of the lab results?" he asks. "If you think testosterone is indeed low, do you give testosterone to everybody or just those who are symptomatic? Or do you focus on lifestyle changes or prescribe weight loss drugs? Ask five endocrinologists, and you will get 10 answers."

What Does the Literature Tell Us?

The definitional divide is not merely semantic; it reflects a genuine divergence in how each side reads the evidence (or lack thereof).

"Using testosterone to treat obesity is widely practiced but lacks objective evidence of efficacy or safety, as well as being fundamentally mistaken in treating a symptom (low testosterone) rather than the underlying disease, if any (often none)," explains Handelsman. He points to what he sees as a diagnostic problem upstream: "Misguided testosterone treatment often arises from inadequate patient evaluation by measuring serum testosterone in isolation on the erroneous belief that this can diagnose androgen deficiency." He also situates the debate within a broader pattern he has tracked across

his career. "Such overprescribing of testosterone for obesity has been a major driver of excessive testosterone prescribing, which rose 100-fold over recent decades, without a single new approved indication."

Mauvais-Jarvis takes a different view: "If you have to pick one marker that best summarizes the health status of a man, it's T," he says. "TD in men is not solely a problem of sexual dysfunction; it's the best predictor of chronic disease, including metabolic syndrome, visceral obesity, type 2 diabetes, osteoporosis, anemia, depression, cognitive decline, cardiovascular disease, and overall mortality. In addition, it's a cause of marital dysfunction and professional loss of productivity. It is a public health problem."

His case for treatment draws on his clinical research into testosterone's role in metabolic function as well as direct patient experience with treating hundreds of male veterans with TD.

Hammes, for his part, declines to adjudicate between the camps, at least in advance. "Overall, the level of evidence that treatment with testosterone helps patients with obesity-related low testosterone longterm is low but not zero," he observes. "Then again, evidence that treatment with testosterone is harmful is also low. During this debate, we will hear about many of these studies."

What's a Clinician to Do?

The sharpest fault line between the two sides is whether low testosterone in men with obesity constitutes a condition that warrants treatment in its own right.

Handelsman's position is categorical: "Valid testosterone treatment should be reserved for pathologic hypogonadism due to structural or genetic disorders of the HPT axis, not for reversible functional states (like obesity) accompanied by lowered serum testosterone." For him, "the threshold for testosterone treatment is whether there is or is not pathologic hypogonadism, regardless of obesity status or testosterone level."

He argues for treating what is actually wrong. "Serum testosterone is a dynamic hormone that is lowered by non-gonadal conditions like obesity and sleep apnea, for which there are better, effective treatments, rather than testosterone."

Most patients with TD caused by obesity or chronic disease have a condition that is "rarely reversible," counters Mauvais-Jarvis, and the treatment gap has real consequences for patients who are suffering now. His position is

Franck Mauvais-Jarvis, MD, PhD

> If you have to pick one marker that best summarizes the health status of a man, it's T. TD in men is not solely a problem of sexual dysfunction; it's the best predictor of chronic disease, including metabolic syndrome, visceral obesity, type 2 diabetes, osteoporosis, anemia, depression, cognitive decline, cardiovascular disease, and overall mortality. **In addition, it's a cause of marital dysfunction and professional loss of productivity. It is a public health problem."**
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> — FRANCK MAUVAIS-JARVIS, MD, PHD, PROFESSOR OF MEDICINE, PRICE-GOLDSMITH PROFESSOR OF NUTRITION, TULANE UNIVERSITY SCHOOL OF MEDICINE, NEW ORLEANS, LA.

David Handelsman, MBBS, PhD, FRACP

> Misguided testosterone treatment often arises from inadequate patient evaluation by measuring serum testosterone in isolation on the erroneous belief that this can diagnose androgen deficiency. **Such overprescribing of testosterone for obesity has been a major driver of excessive testosterone prescribing, which rose 100-fold over recent decades, without a single new approved indication."**
>
> — DAVID HANDELSMAN, MBBS, PHD, FRACP, EMERITUS DIRECTOR, ANZAC RESEARCH INSTITUTE AT THE UNIVERSITY OF SYDNEY, AUSTRALIA

ENDO2026

Low Testosterone in Obesity: Should We Treat or Not?

Sunday, June 14, 2026
10:30 a.m. – 12:00 p.m. CT
(Room W375C)

Moderator:
Stephen R. Hammes, PhD, MD, University of Rochester, N.Y.

Debaters:
Franck Mauvais-Jarvis, MD, PhD, Tulane University School of Medicine, New Orleans, La.

David J. Handelsman, MBBS, PhD, FRACP, Anzac Research Institute, Sydney, Australia

that testosterone therapy combined with a proper lifestyle program is the most effective approach, addressing both the hormonal deficiency and its metabolic context simultaneously.

Wondering what the harm would be in just going ahead and treating the low T? "'Don't treat' obesity with testosterone because valid and established therapies can be used, whereas testosterone treatment of obesity is not effective and conveys undefined safety risks including accelerating cardiovascular and prostate disease as well as iatrogenic androgen dependence," warns Handelsman.

Hammes sees the treatment question as genuinely still open. "I think everybody focuses on weight loss as the best overall treatment," he says, "but where people differ is in defining what it means to have low testosterone in the setting of obesity, and then whether treatment with testosterone is appropriate or effective." There are, he notes, few absolute contraindications — but also few absolute indications. "Our job as physicians is to mitigate these uncertainties as best we can for each individual patient and their unique situation."

What Role Might GLP-1 RAs Play?

No discussion of obesity treatment in 2026 is complete without accounting for glucagon-like peptide 1 (GLP-1) receptor agonists, so what might these agents mean for the testosterone question?

On the "treat" side, Mauvais-Jarvis is skeptical: "GLP-1 RAs do not decrease body weight enough — approximately 10% — to improve TD in obese men with symptomatic TD." He also raises a separate concern: "In addition, they cause a loss of lean mass that persists after discontinuation, although fat mass rebounds." Thus, GLP-1 RA therapy may further complicate the metabolic picture.

Although Handelsman did not specifically address this issue, implicit in the "don't treat" argument is that if effective weight loss is achieved, testosterone should organically normalize. However, the mechanism of weight loss (for example, lifestyle changes, surgery, pharmacotherapy) might well have other known or as-yet unknown effects.

What Should Attendees Expect?

Handelsman is direct about his objectives: "My hope for this session is that it will reinforce the good practice that testosterone treatment should be used for pathologic disorders of the HPT axis and that testosterone treatment for obesity is futile and overlooks effective treatments with better defined efficacy and safety."

Mauvais-Jarvis has a slightly different goal for attendees: "If they like boxing fights when one gets a knockout, they'll enjoy," he jokes. "Just kidding."

For his part, Hammes is hoping for something the literature has not yet provided: A clear look at all the relevant evidence, argued by two people who know it better than almost anyone. "I would like to listen to these two very intelligent and experienced physicians discuss all points of view regarding low testosterone in obesity," he says, "starting with the pathophysiology that leads to low testosterone,

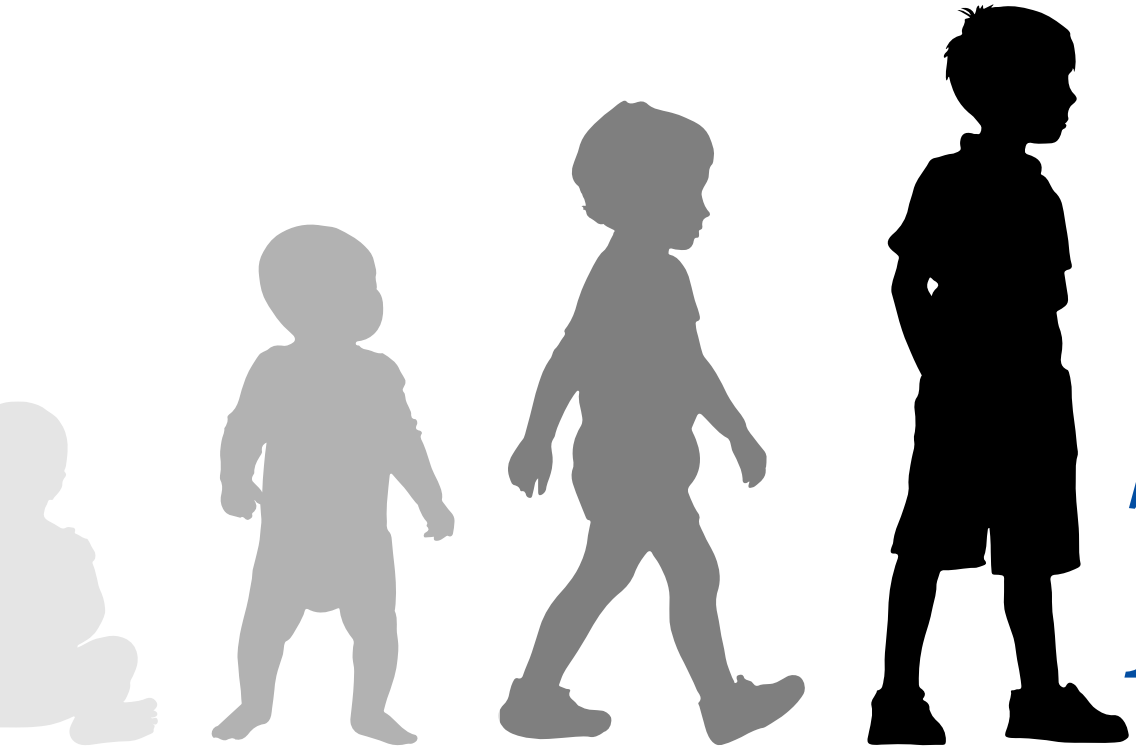
The impact of glucagon-like peptides is also up for debate, Handelsman believes that if effective weight loss is achieved then testosterone should normalize on its own.

then discussing how we diagnose low testosterone in this population, and finally what options we have for treatment, along with the evidence to support these options."

For any clinician who has ever faced a symptomatic, overweight patient with a low testosterone level and no clear roadmap for what to do next, which is to say, nearly all of them, the session should represent a long overdue conversation. "Right now, in my opinion, there is no specific standard of care for low testosterone in obesity," Hammes says, "which is why this will be a wonderful debate as well as a great education session for the audience."

As for his own position? Hammes, for now, is "doing a little sidestep," in his words, but if the debate delivers what he's hoping for, the audience will be able to draw their own conclusions about whether to T or not to T. EN

– HORVATH IS A FREELANCE WRITER BASED IN BALTIMORE, MD., AND A FREQUENT CONTRIBUTOR TO *ENDOCRINE NEWS*. IN THE MAY ISSUE, SHE WROTE ABOUT TWO **ENDO 2026** SESSIONS: "WEIGHT LOSS: FRIEND OR FOE FOR BONE & MUSCLE?" AND "'HOT AND FLASHY': TOPICS IN MENOPAUSE."



They Grow Up So Fast:

Endocrine Society Releases Central Precocious Puberty Guideline

BY DEREK BAGLEY

*During **ENDO 2026** in Chicago, Ill., the Endocrine Society will release its latest treatment recommendations, **"Central Precocious Puberty: An Endocrine Society Clinical Practice Guideline."** Attendees are encouraged to arrive early to Room W375C at McCormick Place on Saturday June 13 at 4:30 p.m., for this highly anticipated session.*

At **ENDO 2025** in San Francisco, Calif., researchers from Taiwan reported that consuming certain sweeteners found in some foods and beverages may increase the risk of early puberty in children. Aspartame, sucralose, glycyrrhizin, and added sugars can be triggers, especially in children with certain genetic traits. The more of these sweeteners the teens consumed, the higher their risk of developing central precocious puberty. The risk is even higher for girls.

At the same **ENDO**, researchers from Atlanta, Ga., discovered that certain chemicals in both the mother's and father's blood were linked to when their descendants began puberty, with stronger effects seen in the granddaughters' than in the daughters' generation. Some chemicals such as phenoxyethanol, a common preservative in personal care products and foods, were linked to earlier puberty, especially when both parents had similar exposures.

A 2023 study published in the *Journal of the Endocrine Society* revealed that the number of girls diagnosed with precocious puberty increased during the COVID-19 pandemic due to potential risk factors such as increased screen time and less physical activity. Researchers in Italy found 72 cases of precocious puberty before the COVID-19 pandemic (January 2016 — March 2020) and 61 cases between March 2020 and June 2021 — four new cases per month.

Central precocious puberty (CPP) is relatively rare, but it's becoming increasingly more common and can lead to emotional distress, shorter adult height, and increased risk of future metabolic and reproductive disorders. But pediatric endocrinologists and other researchers and providers are becoming more aware that some kids, especially girls, might just be literally growing too fast.

This month the Endocrine Society published a Clinical Practice Guideline in *The Journal of Clinical Endocrinology &Metabolism* titled, "Central Precocious Puberty: An Endocrine Society Clinical Practice Guideline," arguing for a more conservative approach in some patients.

"In recent decades, cross-sectional data from the United States and Europe have suggested that pubertal milestones are being reached earlier than in prior decades, raising the possibility that the currently employed definition of CPP could be outdated," the guideline authors write. "Additionally, in some girls, puberty may be slowly progressive, with a longer duration between thelarche and menarche and achievement of a normal adult height, suggesting that not all patients with CPP as it is currently defined would benefit from aggressive clinical evaluation or treatment."

Moving Target

According to Fernando Cassorla, MD, emeritus professor at the University of Chile and president of the Chilean Academy of Medicine, variations in the age of onset and progression of the pubertal process can be a source of significant anxiety for both patients and parents because comparison with peers and relatives are quite common. This is complicated by the fact that the physiological pubertal process has experienced some changes over the past few decades, as earlier development has become more prevalent, particularly in girls. Thus, pediatric endocrinologists have been discussing whether we should maintain the cut-off point for a chronological age of eight years as the youngest age for the first signs of normal puberty in girls.

Ana Claudia Latronico, MD, PhD

ENDO2026

Central Precocious Puberty: An Endocrine Society Clinical Practice Guideline

Saturday, June 13, 2026, 4:30 PM – 6:00 PM, Room W375C.

Clinical Practice Guideline Chairs:
Stephanie Roberts, MD, Boston Children's Hospital/Harvard Medical School, Boston, Mass.; and Ana Claudia Latronico, MD, PhD, São Paulo Medical School, São Paulo University, São Paulo, Brazil

Moderator:
Roma Gianchandani, MD, Cedars-Sinai Endocrinology, Los Angeles, Calif.

Speakers:
Christopher McCartney, MD, West Virginia University School of Medicine, Morgantown, W.V.; Erica Eugster, MD, Indiana University School of Medicine, Indianapolis, Ind.; Anders Juul, MD, University of Copenhagen, Denmark; and Fernando Cassorla, MD, Hospital San Borja-Arriaran, Santiago, Chile

> "The guideline development process highlighted important knowledge gaps and the substantial need for additional research. **Therefore, we expect that the new guideline will have an impact in the evaluation and management of children with precocious puberty as well as in the future research of human pubertal development."**
>
> — ANA CLAUDIA LATRONICO, MD, PHD, SÃO PAULO MEDICAL SCHOOL, SÃO PAULO UNIVERSITY, SÃO PAULO, BRAZIL

"This has led to a more conservative approach for the management of girls who present with breast development between the ages of seven to eight years, since some of these patients exhibit a variation of the physiological pubertal process, and do not require an extensive work-up and will not benefit from GnRH analog therapy," Cassorla says. "This is based on the fact that a complete evaluation for central precocious puberty requires a number of laboratory tests and imaging studies, which should be performed in a selected group of patients. In a sense, the age for normal pubertal development has become a 'moving target,' with many normal girls around the world experiencing their first signs of puberty slightly before their eighth birthday."

In girls who present with thelarche (Tanner B2) between seven and eight years old, the guideline authors suggest "watchful waiting via periodic physical examinations rather than immediately performing evaluation with laboratory testing and/or radiologic imaging." Providers should take care to differentiate between thelarche and lipomastia, especially if the girl has overweight or obesity. Providers should also use that watchful waiting time (four to six months) to determine unsustained or slowly progressive puberty from rapidly progressive puberty before starting diagnostic evaluation.

Controversial Clinic Questions

These guidelines will be presented this month at **ENDO** in Chicago, Ill., (you may be reading this piece as you sit to listen to the presentation), and they will be published in JCEM. The authors agree that they should have quite the impact on the field of pediatric endocrinology; an experienced group of pediatric endocrinologists from around the world asked each other several questions, but as the paper states, because of limited resources, they had to narrow it down to 10 of the most controversial.

"[T]he Guideline Development Panel's (GDP's) primary goal was to create a new clinical guideline for CPP with a focus on diagnostic evaluation and treatment considerations," the authors write. "The GDP recognized the many important clinical questions regarding the diagnosis and management of CPP; however, due to limited resources, 10 of the most controversial clinical questions were prioritized, and three to seven health-related outcomes were selected for each."

Ana Claudia Latronico, MD, PhD, professor of endocrinology and metabolism at the University of São Paulo in Brazil and first author of the guidelines tells *Endocrine News* that the GDP set out to create a new clinical practical guideline for CPP with a focus on diagnostic evaluation and treatment considerations. "Our goal was to create a new clinical practical guideline for CPP with a focus on diagnostic evaluation and treatment considerations," she says. "A multidisciplinary panel of clinical experts, along with experts in guideline methodology and systematic literature review were involved to answer 10 relevant clinical questions related to the diagnosis and treatment of CPP. Systematic reviews of health-related benefits and harms were conducted for each clinical question."

Latronico goes on to say that clinical recommendations of the new guidelines were developed to address important uncertainties in the diagnosis and treatment of children with central precocious puberty. They were based on the best available scientific evidence regarding clinical outcomes judged to be most important to patients and families.

"In the current guideline, we suggest diagnostic and therapeutic strategies that will most likely provide net clinical benefits while simultaneously considering important contextual factors such as cost and feasibility," Latronico says. "The guideline development process highlighted important knowledge gaps and the substantial need for additional research. Therefore, we expect that the new guideline will have an impact in the evaluation and management of children with precocious puberty as well as in the future research of human pubertal development."

The Need for Shared Decision Making

Gonadotropin-releasing hormone (GnRH) agonists can effectively suppress premature activation of the hypothalamic–pituitary–gonadal (HPG) axis and have the potential to increase adult height as well as improve psychosocial and long-term health outcomes among patients with CPP. "However," the authors write, "as secular trends have continued to shift toward earlier age of pubertal onset, some subpopulations of children with CPP as it is currently defined may not require the same extent of diagnostic evaluation and treatment."

The guideline authors take care to point out that GnRH therapy is not some silver bullet to fix CPP. The authors do suggest that GnRH therapy is appropriate for many children with CPP, but they recognize that some patient subgroups might not benefit from the treatment (including girls ages seven to eight years old who have slowly progressive puberty and those who at or are beyond the peak of their pubertal growth spurt).

"In addition, the guideline suggested against the routine addition of growth hormone to gonadotropin-releasing hormone agonist therapy based on the potential benefits in the adult height demonstrated by previous retrospective studies," Latronico says. "Given that GH therapy would likely have high costs and that it is not an approved indication for CPP worldwide, the guideline concluded that the intervention could exacerbate health inequities. The Guideline Development Panel emphasized the importance of shared decision making for all patients with central precocious puberty, which should include a careful weighing of anticipated benefits and potential harms of medication use in the context of each patient's clinical presentation and patient/caretaker values." EN

> "A complete evaluation for central precocious puberty requires a number of laboratory tests and imaging studies, which should be performed in a selected group of patients. **In a sense, the age for normal pubertal development has become a 'moving target,' with many normal girls around the world experiencing their first signs of puberty slightly before their eighth birthday."**
>
> — FERNANDO CASSORLA, MD, EMERITUS PROFESSOR, UNIVERSITY OF CHILE, SANTIAGO; PRESIDENT, CHILEAN ACADEMY OF MEDICINE

– BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE MAY ISSUE, HE WROTE ABOUT THE **ENDO 2026** SESSION, "THE YEAR IN BONE" IN **"BONING UP."**

BY MARK A. NEWMAN

LOOKING Back:

Unforgettable Moments from ENDOs Past

As ENDO 2026 gets underway this month in Chicago, Ill., *Endocrine News* quizzed Endocrine Society members to see what their favorite memories of past ENDOs have been. From professional connections to new job leads, lifelong friendships, and even some unforgettable meals, ENDO is the only place to be for the international endocrinology community.

Every year, thousands of endocrinologists descend on **ENDO** from around the world, one thing is certain: This event will be like no other. If you've only attended one meeting, you know that there's no other endocrinology-focused conference quite like it. It is the only place for clinicians and researchers in the endocrinology field to get their collective batteries charged, regardless of where they are in their careers.

"**ENDO** continues to be a space where science and community intersect in a powerful way. It is not just about presenting data, but about forming connections that shape the direction of your research and career," says Antentor Othrell Hinton, Jr., PhD, Ernest E. Just Early Career Investigator; Chan Zuckerberg Initiative Science Leadership Investigator; Burroughs Wellcome Fund Career Awards at the Scientific Interface Investigator; assistant professor in the Department of Molecular Physiology and Biophysics at Vanderbilt School of Medicine Basic Sciences, Vanderbilt Diabetes Research and Training Center in Nashville, Tenn. "This would not have happened without the nominations and support from senior leaders who are always paying attention to and uplifting junior investigators. I truly appreciate the opportunity."

In fact, many endocrinologists anticipate **ENDO** the same way that a child might anticipate their birthday or Christmas! Just ask Lauren Fishbein, MD, PhD, MTR, assistant professor at the University of Colorado School of Medicine in the Division of Endocrinology, Metabolism, and Diabetes in Aurora: "I look forward to **ENDO** all year long," she says. "What I value most are conversations with collaborators, colleagues, and friends from around the world. This networking can only occur in person at the annual meeting — a video call is not the same."

We agree! So, we decided to ask these Endocrine Society members about what **ENDO** memory stands out to them the most: Andrew O. Agabaje, PhD; Lauren Fishbein, PhD, MTR; Andrea Gore, PhD; Antentor Othrell Hinton, Jr., PhD; Eiman Ibrahim, MD; Milay Luis Lam, MD; David Lui, PhD; Michael Morkos, MD, MS, MHI, ECNU; John Newell-Price, MD, PhD; Alicia Diaz Thomas, MD, MPH; Shehzad Topiwala, MD; and Joy Y. Wu, MD, PhD.

At **ENDO 2024**, after attending the Professional Development Workshop "Expanding Your Digital Reach" are (l to r): Joy Y. Wu, MD, PhD; Larissa Hespanhol, MD; Andrew O. Agbaje, MD, MPH, PhD, FACC, FESC, FAHA, FNYAM; Amanda Godoi, MD; and Joshua Joseph, MD, MPH.

Andrew O. Agbaje, MD, MPH, PhD, FACC, FESC, FAHA, FNYAM, cited **ENDO 2024** as being most impactful for him since he participated in a news conference about his research on pediatric obesity, which, in turn, led to being featured in various media outlets.

Andrew O. Agbaje, MD, MPH, PhD, FACC, FESC, FAHA, FNYAM,
Institute of Public Health and Clinical Nutrition, School of Medicine, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland

A Career Milestone at ENDO 2024

ENDO 2024 in Boston, Mass., was an interesting experience, particularly because I was selected to give my first-ever press conference. I also received an outstanding abstract award for publishing the first study in the world that showed that device-measured sedentary behavior from childhood was an independent and longitudinal risk factor for liver steatosis and fibrosis assessed with transient elastography in their mid-twenties.

The press conference offered an opportunity to share my research with health journalists from major news outlets like (New York Times, etc.), and the subsequent collaboration forged with the media has been incredibly helpful in disseminating my research in the last two years.

I met a colleague based in the U.S. who was invited to speak at a symposium on the last day of **ENDO 2024**. We discussed the possibility of a research collaboration in childhood metabolic health research and are looking forward to finalizing the project commencement soon.

My participation at **ENDO 2024** also enabled networking and invitations to serve in different communities and task forces within the Endocrine Society. All these opportunities from the Endocrine Society were a significant boost to my CV and increased my chances of receiving the highly competitive inaugural Flemming Quaade Award for Innovative Approaches to Childhood Obesity research grant of $70,000 and a travel stipend to present a lecture at NUTRITION 2025 in Orlando.

During **ENDO 2023** David Lui, PhD, met Joy Wu, MD, PhD, whom he credits with encouraging him to "leverage real-world electronic health records to address key research questions in osteoporosis."

This was a common scene at McCormick Place during **ENDO 2023**; packed sessions that were often standing room only.

Shaping an Academic Journey

ENDO 2023 marked my first in-person **ENDO** meeting and remains one of my most memorable professional experiences. I arrived expecting a rich scientific program, but I left with so much more — new connections and a deeper sense of belonging to the endocrine community.

ENDO has offered several "firsts" for me, including an oral presentation and press conference at EN**DO 2022,** which took place virtually during the challenging time of the COVID-19 pandemic. My first oral presentation focused on safety of COVID-19 vaccination among patients with hypothyroidism, also highlighted in the press conference. Presenting our research to mass media was an eye-opening experience, underscoring the importance of communicating science beyond academic circles.

Another highlight was learning from the now-Endocrine Society President-Elect, Joy Wu, MD, PhD. She shared insightful perspectives on how to build our professional profiles on social media platforms, using them for knowledge dissemination, and connecting with colleagues who share similar research interests. I vividly recall we first met in person when I attended her *Meet the Professor* session at **ENDO 2023** on managing bone health in breast cancer survivors, followed by a brief discussion and a photo together. She encouraged me to leverage real-world electronic health records to address key research questions in osteoporosis — advice that continues to shape my work on bone fragility in diabetes. We reconnected this year, three years later, when she visited the University of Hong Kong, allowing us to exchange updates in person.

At **ENDO 2023**, I also reunited with Jenni Gingery, director of communications and media relations of the Endocrine Society, and Mark Newman, executive editor of *Endocrine News*. Their support and collaboration have continued over the years, including in this very issue.

ENDO 2023 was not only a scientific milestone but also a formative moment in shaping my academic journey and professional community.

David Lui, PhD,
Clinical Assistant Professor, Division of Endocrinology and Metabolism, Department of Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, China

After more than a year of electronic communications, David Lui and Endocrine Society director of Media Relations, Jenni Gingery got the chance to meet in person at Chicago's McCormick Place during **ENDO 2023**.

At every **ENDO**, the presentations in the poster hall are a top draw, as participants share research and network with others.

Andrea Gore, PhD,
Vacek Chair of Pharmacology, Division of Toxicology and Pharmacology, University of Texas, Austin

An Early Career Boost at ENDO 1998

I've been to so many **ENDOs** and have so many memories, but most are only interesting to me! I think what may have been most memorable is the **ENDO 1998** meeting in New Orleans, La. I was invited to give a symposium talk on GnRH, and as a new assistant professor I was very honored but also very nervous.

The other speakers were luminaries in the field, and the room was packed. Having that opportunity gave me a real boost early in my career and also made me a loyal attendee of nearly every **ENDO** meeting thereafter!

Alicia Diaz Thomas, MD, MPH, speaking to attendees at the 30-year celebration of the Endocrine Society's Committee on Diversity and Inclusion (CODI) at ENDO 2025 in San Fransicso, Calif.

Feeling Visible, Welcomed, and Supported

One of my most memorable **ENDO** meetings was my very first. As a first-year fellow in pediatric endocrinology, I was both excited and uncertain about where I belonged in a large national meeting. That year, my poster was selected, and I was introduced to what was then called the Minority Mentoring Reception. Walking into that space was transformative. I met senior faculty and mentors whose work I admired, many of whom took the time to introduce themselves, ask about my career goals, and offer genuine encouragement. For the first time at a national scientific meeting, I did not feel like an outsider looking in; I felt visible, welcomed, and supported. That experience fundamentally shaped how I approached **ENDO** going forward, not just as a meeting to attend, but as a professional home.

My second most memorable **ENDO** meeting was the most recent one, which celebrated the Endocrine Society's enduring commitment to diversity and inclusion through the 30th anniversary of CORE and its many incarnations. Seeing so many trainees and early-career faculty, Endocrine Society staff, faculty leaders, past presidents, and board members gathered together to honor this legacy was deeply meaningful. For me, it underscored how intentional efforts in mentorship and inclusion can shape careers, communities, and the future of our field. Standing in that room, I reflected on the full-circle nature of my own journey — from being mentored and uplifted at my first **ENDO** to helping advance those same values for the next generation.

Alicia Diaz Thomas, MD, MPH (right) with then Endocrine Society President Ursula B. Kaiser, MD, at the Minority Mentoring session at **ENDO 2023**.

Alicia Diaz Thomas, MD, MPH,
senior associate dean, Institutional and Faculty Affairs; professor, Department of Pediatrics, University of Nevada, Reno School of Medicine, Reno

> **For the first time at a national scientific meeting, I did not feel like an outsider looking in; I felt visible, welcomed, and supported.**

At **ENDO 2025**, participants posed with the **ENDO** sign as they entered the conference.

Joy Y. Wu, MD, PhD,
Gerald M. Reaven, MD Professor of Endocrinology; chief, Division of Endocrinology; vice chair of basic science, Department of Medicine, Stanford University School of Medicine, Stanford University, Stanford, Calif.

> **I was so inspired by the interactions between basic scientists, clinical investigators, and physicians interested in endocrinology that I decided then and there to become an endocrinologist.**

ENDO 1998: Where Joy Wu Decided to Become an Endocrinologist

By far the most impactful **ENDO** in my career was my very first one! In 1998, I was an MD/PhD student at Duke in the lab of Anthony Means (who would go on to become Endocrine Society president in 2004) studying the role of calmodulin-dependent kinases in male germ cell development.

At the time, I wanted to become a physician scientist but hadn't yet decided on a clinical specialty. Tony suggested that I attend the Endocrine Society meeting, which would be held in New Orleans that year, to present my thesis work. Of course, I jumped at the chance to go to New Orleans!

It was a wonderful meeting, in part because I got to watch Tony receive the Fred Conrad Koch Lifetime Achievement Award, the Society's highest honor. And at the meeting I was so inspired by the interactions between basic scientists, clinical investigators, and physicians interested in endocrinology that I decided then and there to become an endocrinologist.

An Egyptian Class Reunion at ENDO 2023

ENDO 2023 will always hold a special place in my heart. At the time, I was an internal medicine resident, just beginning to seriously pursue my goal of applying to endocrinology fellowships. I attended the meeting filled with excitement, curiosity, and quiet hope about the future.

In the midst of the scientific sessions and conversations about cutting-edge research, I experienced a moment that felt deeply personal. I ran into Michael Morkos, MD, a classmate from my medical school in Egypt — someone who had already become an endocrinology attending. Seeing him there, established in the very field I aspired to join, was both surreal and inspiring. We were no longer just former classmates; we were colleagues walking parallel paths shaped by the same early foundation.

The most unforgettable moment, however, came when we both met one of our endocrinology professors from the same university in Egypt, Samir Assaad, MD, PhD. Standing together — former students now training and practicing in the United States — felt like a true full-circle moment. This professor had not only taught us endocrinology years before, but he had also supervised my master's degree in obesity and endocrinology. He shaped the way I think about metabolism, research, and patient care.

At **ENDO 2023**, we were no longer students in his classroom. We were physicians shaped by his mentorship, united by the same passion he helped ignite. There was pride in his eyes, gratitude in ours, and an unspoken understanding that mentorship transcends borders, generations, and continents.

Now, as I near completion of my endocrinology fellowship and prepare to become an attending at the University of Missouri, I often reflect on that moment. **ENDO 2023** was more than a scientific meeting — it was a reminder of where I began, the mentors who shaped me, and the community I am honored to now fully join.

It was the moment I realized that endocrinology is not just a specialty. It is a legacy — one passed from teacher to student and carried forward with gratitude.

Eiman Ibrahim, MD, MSc,
second year, chief fellow, University of Missouri, Columbia, Mo.

“Endocrinology is not just a specialty. It is a legacy — one passed from teacher to student and carried forward with gratitude.”

When Eiman Ibrahim, MD, MSc (center) attended **ENDO 2023**, she had a mini class reunion with former classmate Michael Morkos, MD (left) and their professor, Samir Assaad, MD, PhD. All three hail from Egypt yet were able to reconnect on the ENDO Expo floor.

Milay Luis Lam, MD, a returning speaker at the Early Career Forum, is shown participating in a discussion at the event during **ENDO 2025**.

Milay Luis Lam, MD,
division chief and medical director, Meritus Endocrinology, Meritus Medical Center, Hagerstown, Md.

Earning a "Place at the Table"

Since my days as an internal medicine resident (I'll keep the exact year a secret to protect my age!), the Endocrine Society meeting has been a constant in my life. I've only missed a few: The year my son was born and those "blurry" years of virtual meetings during the pandemic.

Each year, I leave **ENDO** energized by new knowledge and the joy of reconnecting with old colleagues. Yet, alongside that excitement, I often grapple with "the imposter." A voice whispers: *Are you actually this good? Was it just luck that they invited you? Are you still relevant enough to present?*

But every year, I return. I talk, I meet new people, and I watch former trainees transition into confident attendings. In doing so, I recognize my own growth. This year was a milestone: I returned to EXCEL, but this time as faculty. Was there luck involved? Definitely. But was it also the result of years of personal career growth? Absolutely.

It has been a whirlwind year, including four webinars for the Early Career Special Interest Group and a new talk at the Early Career Forum. As I head back to **ENDO** in a few weeks, I hope that "luck" stays by my side — but I'm starting to realize I've earned my place at the table.

At ENDO 2025, Antentor Othrell Hinton, Jr., PhD (seated) chaired the "Muscle as an Endocrine Organ" session and found the energy in the room as incredible as the discussion.

Opening Doors to New Ideas and Collaborations

One of my most memorable **ENDO** experiences was at last year's meeting in San Francisco. Calif. I had the opportunity to chair a session titled *Muscle as an Endocrine Organ* at the Moscone Convention Center. The session brought together an outstanding group of speakers and highlighted how skeletal muscle functions as a dynamic endocrine tissue that communicates with multiple organ systems. The energy in the room was incredible, and the discussions that followed pushed new ideas about metabolism and inter-organ communication.

What made the experience especially meaningful was the chance to connect with leaders in the field. It was truly special to be in a space where so many of the people whose work has shaped the field were present and engaged. As I often say, "These are the moments that remind you science is not just about data, it is about people, ideas, and the conversations that move everything forward." I had the opportunity to meet several investigators whose work I have followed for years, including Jonathan Long, PhD, from Stanford Medecine, whose work on Lac-Phe, a recently identified signaling metabolite involved in exercise-induced signaling, has been very influential. Those conversations opened the door to new ideas and potential collaborations that I am still thinking about and building on today.

Antentor Othrell Hinton, Jr., PhD,
Ernest E. Just Early-Career Investigator; Chan Zuckerberg Initiative Science Leadership Investigator; Burroughs Wellcome Fund Career Awards at the Scientific Interface Investigator; assistant professor, Department of Molecular Physiology and Biophysics, Vanderbilt School of Medicine Basic Sciences, Vanderbilt Diabetes Research and Training Center, Nashville, Tenn.

Participants pack the entry hall to **ENDO 2024** in Boston, Mass.

Michael Morkos, MD, MS, MHI, ECNU,
co-director, IUH Thyroid and Parathyroid Center; associate professor of clinical medicine, Department of Endocrinology, Diabetes, and Metabolism, Indiana University School of Medicine, Carmel

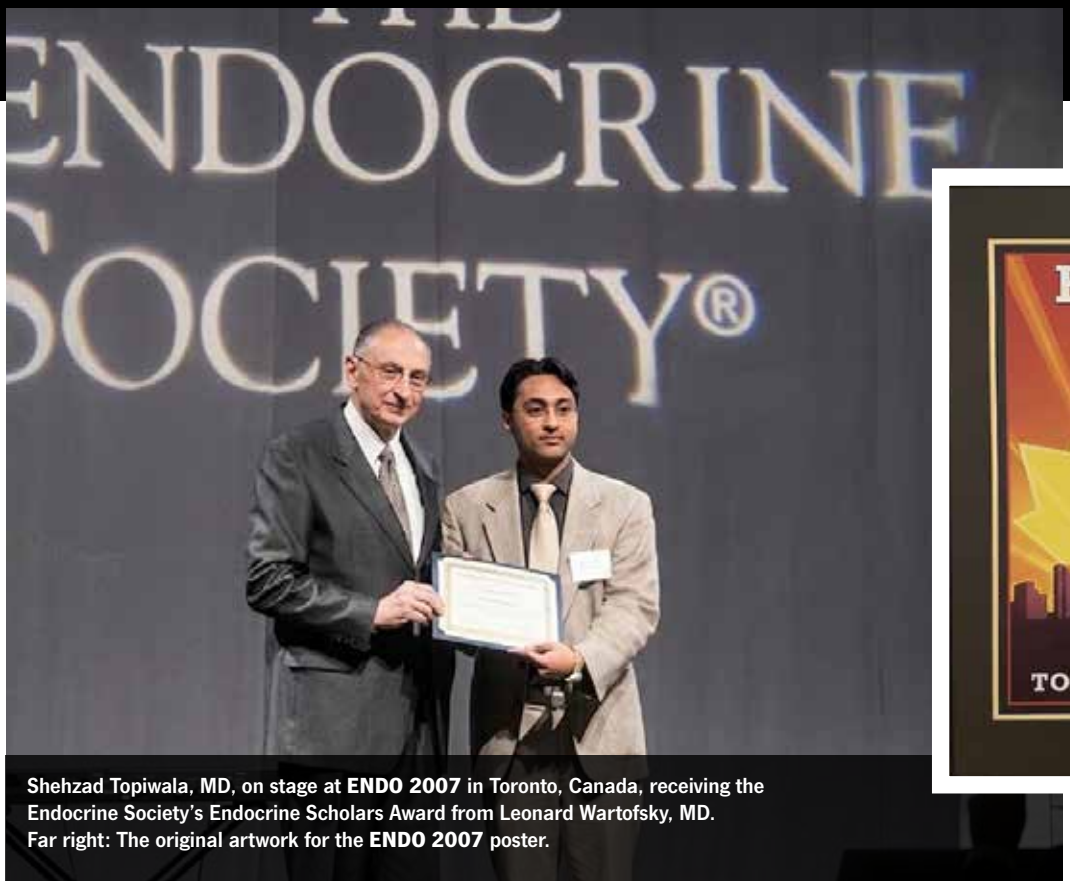
Improving Practice Through ENDO

ENDO has become one of the constants I look forward to most each year. The programming is so rich that every hour presents a genuine dilemma, multiple sessions worth attending simultaneously, and I have learned to simply buy the recordings so I can listen to what I missed. But the most transformative moments have come not from the sessions themselves, but from the people in them.

At a professional development session a few years ago, I listened to a senior endocrinologist share his career journey. In the middle of his talk, almost in passing, he said something that quietly changed how I practice: that a clinical visit doesn't need to be long. If the patient's needs can be addressed in five minutes, there is no need to extend it. It sounds simple. But internalizing it, letting go of the habit of filling time rather than serving the patient, reshaped my approach to clinical efficiency in ways I am still discovering. We exchanged numbers after that session, stayed in touch, and he later offered invaluable guidance as I prepared my books for publication. That is the kind of connection **ENDO** makes possible.

In recent years, I have had the privilege of contributing back. I have spoken at the Early Career Forum on the academic-clinician pathway and at the **ENDOExpo** on clinical efficiency and productivity, topics close to my heart. This year, I return to the **ENDOExpo** with an expanded session, and I could not be more excited.

ENDO has made me a better clinician, a more thoughtful academic, and part of a community I am genuinely proud to belong to.



Shehzad Topiwala, MD, on stage at **ENDO 2007** in Toronto, Canada, receiving the Endocrine Society's Endocrine Scholars Award from Leonard Wartofsky, MD. Far right: The original artwork for the **ENDO 2007** poster.

An Arduous Journey to Make Mom Proud at ENDO 2007

More than two decades ago, as a fresh medical graduate from Mumbai, India, I aspired to pursue a career in endocrinology in the U.S. However, my previous U.S. visa applications had already been rejected a total of eight times between 2002 and 2006.

Then in 2007, Paresh Dandona, MD, PhD, distinguished professor of endocrinology at State University of New York, Buffalo, graciously interacted with me at an endocrine conference in Mumbai. Under his mentorship, we submitted an award grant application to the Endocrine Society for the annual Endocrine Scholars Award. The theme was hypogonadism in type 2 diabetes. We won!

I prayed for this exceptional chance to go to America to propel my career forward to make a living and support my family, yet deep down I was fearful of another visa denial. Dandona kindly supported my J1 Research Exchange visa paperwork, and during my nerve-wracking visa interview, the U.S. Consular officer seemed particularly delighted over the $47,000 grant from the Endocrine Society and decided to approve my visa!

So, the award ceremony was at **ENDO 2007,** interestingly being held in Toronto, Canada (the only time **ENDO** had been held outside U.S. in the past 20 years!). Now, I had the herculean task of getting a Canadian visa next! In excitement and anxiety, I sped on my motor bike through the congested streets of Mumbai to reach the Canadian Consulate, only to realize I had forgotten my passport! I accelerated recklessly toward home to return before the consulate closed for the day, even knocking down a pedestrian on the way (fortunately, I had strong brakes)! Finally, application submitted.

And I got my first ever Canadian visa approved. I inferred **ENDO** had done good networking with the Canadians. I arrived for the big day at **ENDO 2007** in Toronto, on June 1, accompanied by my late mother. She witnessed the formal bestowal ceremony where the legendary Leonard Wartofsky, MD, presented me with the coveted award. During another day of the same **ENDO** meeting, he recognized my mom and me from a distance, as we were nervously negotiating hopping on an escalator, while he was already exiting at the top. To my mother he exclaimed, "YOU did good!" with an ebullient thumbs up! We were thrilled. Love you, Mamma! And I love you, **ENDO**!

Shehzad Topiwala MD,
director, Institute of Endocrinology, Atlanta, Ga.

Presenting one's research via posters has been a longstanding highlight of all **ENDO** meetings for endocrinologists at all stages of their careers.

Lauren Fishbein, PhD, MTR,
assistant professor in medicine at the University of Colorado School of Medicine in the Division of Endocrinology, Metabolism, and Diabetes, Aurora

How a Hallway Chat Led to Research Funding

When I was a fellow and postdoc starting on the interview trail for academic physician-scientist jobs, it was the connections I made through the Endocrine Society that allowed me to reach out to leaders in the field to discuss career opportunities.

Later, my first R01 grant idea took shape through conversations held in the hallways at **ENDO**. A colleague told me I was not crazy to try to get this idea funded, and ultimately, it was funded! Another highlight each year is speaking with early-career scientists and physicians at their posters. Their curiosity and enthusiasm for all things endocrinology is energizing and reinforces my confidence in the future of endocrine science and medicine.

To me, **ENDO** is a welcoming community to hear and discuss great science and medicine and catch up with friends.

While at **ENDO 2018**, Lauren Fishbein, PhD, MTR, and Natalie Cusano, MD, stopped for a quick photo in the official Endocrine Society photo booth.

As his presidential year came to an end at **ENDO 2025** in San Francisco, John Newell-Price, PhD, posed for a photo with the Endocrine Society staff after expressing his appreciation for their hard work throughout the year.

From a First Oral Presentation to Endocrine Society President

I attended my first **ENDO** in 1995, and I was blown away by the sheer size and scale of the meeting — I had never witnessed anything like it. I was giving my first oral communication as a junior fellow, and as I approached the podium my palms were sweaty and I was simply terrified! I shouldn't have been, as I was greeted with incisive yet supportive questioning and much interest. This, and the whole experience of **ENDO**, from the huge poster sessions to the incredible plenaries, other symposia talks, and the Meet the Professor sessions really cemented the fact that this was the meeting and society for me!

Thirty years later in 2025 and I find myself in the improbable position of being president of the Society and introducing yet another fabulous **ENDO** meeting in San Francisco. I am hugely proud of all the work that the wonderful Annual Meeting Steering Committee, its chairs, and all the staff did to bring the meeting to fruition. **ENDO 2025** took place in a very different world, one where fear and uncertainty predominated, and yet one where a palpable sense of collegiality, warmth, and 'family' pervaded the whole event. One notable, but simple illustration of this was the almost deafening 'hubbub' of ongoing conversations from crowds of people in the public areas and escalators, especially when traveling between sessions — the endocrine community sharing, connecting and flourishing!

John Newell-Price, PhD,
Endocrine Society past-president; clinical research director, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, U.K.

During **ENDO 2025** in San Francisco, Calif., Estelle Everett, MD, MHS, (far right) took part in a 30-year celebration of the Endocrine Society's Committee on Diversity and Inclusion (CODI), which she says, "served as a powerful reminder of how intentional spaces can shape careers and strengthen our field."

Estelle M. Everett, MD, MHS,
assistant professor, Division of Endocrinology, Diabetes, & Metabolism, Division of General Internal Medicine and Health Services Research, Department of Medicine, David Geffen School of Medicine, Los Angeles, Calif.

Celebrating Three Decades of Inclusion

One of my most memorable **ENDO** experiences was the CODI (Committee on Diversity and Inclusion) 30th Anniversary Celebration and Mentoring Poster Reception at **ENDO 2025**. The event brought together students, trainees, early-career investigators, and senior leaders in a way that truly reflected the spirit of the Society.

The panel of guest speakers, which included Endocrine Society past presidents and former CODI chairs, was particularly meaningful. Hearing reflections on CODI's 30-year journey; its role in advancing diversity, equity, and inclusion in the Society; and its tangible impact on careers and the field, offered both perspective and inspiration. Several trainees shared with me afterward that the conversations they had that evening led to new mentorship and connections.

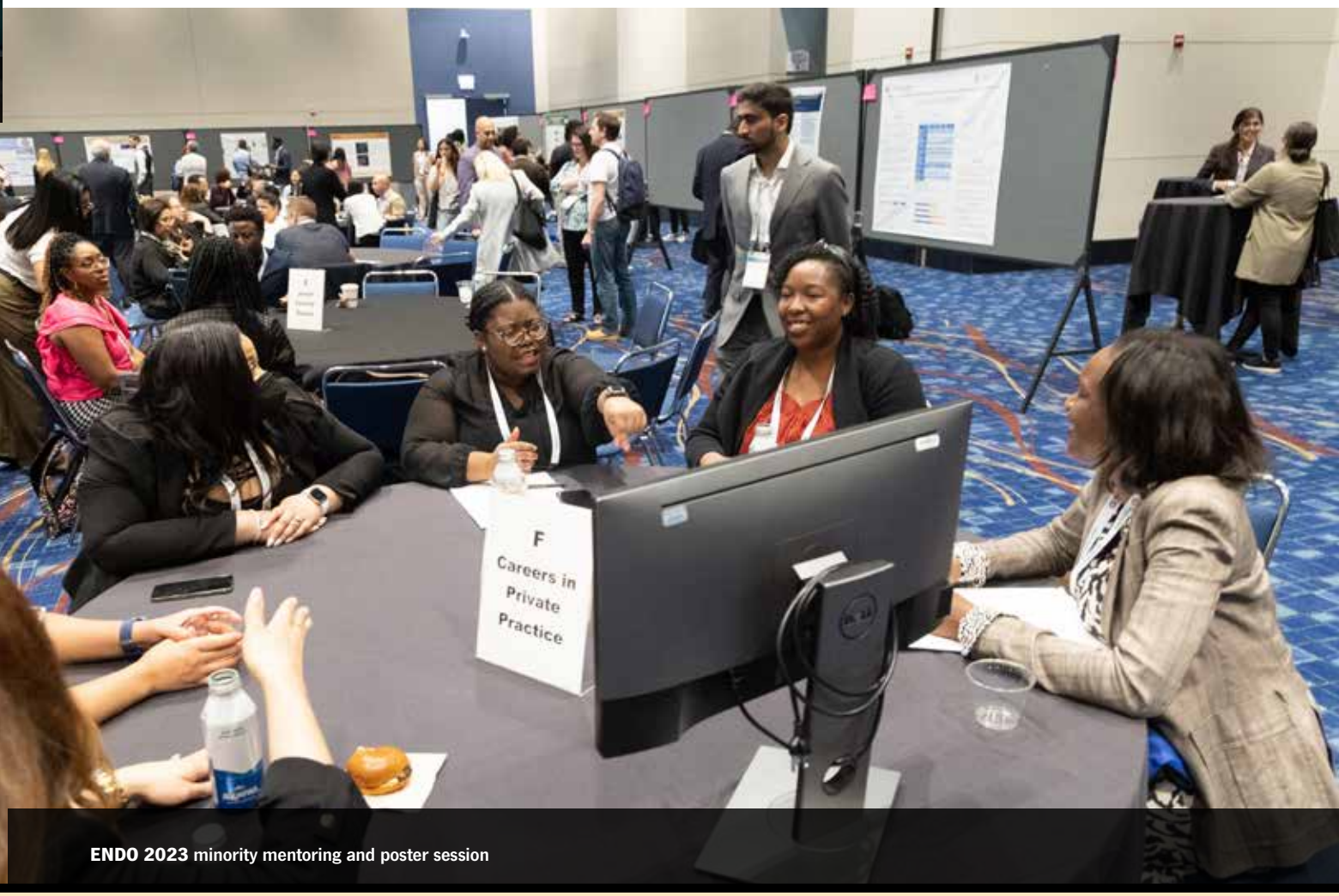
For me, the event reinforced what makes **ENDO** unique: It is not just a scientific meeting, but a place where community, mentorship, and opportunity intersect. The CODI anniversary celebration captured that perfectly and served as a powerful reminder of how intentional spaces can shape careers and strengthen our field.

Lives changed. Destinies decided. Friendships launched. Collaborations created. All thanks to simply attending ENDO. No doubt history will be made numerous times throughout the session rooms, hallways, and the exhibition floor of McCormick Place in Chicago this month.

Hope to see you in Chicago!

For the first time since 2007, ENDO 2027 will be held in Toronto, Canada, once more June 5 – 8, 2027

ENDO poster hall



ENDO 2023 minority mentoring and poster session

Honored by both the Endocrine Society and the European Society of Endocrinology with the 2026 Transatlantic Alliance Award, Anna L. Gloyn, DPhil, FMedSci, has made significant contributions to endocrine research on both sides of the Atlantic. *Endocrine News* speaks with Gloyn about what this award means to her, how a friend in college helped determine the future of her research, and the profound impact of doing research in both European and American labs.

cultural exchange

BY GLENDA FAUNTLEROY SHAW

How Anna L. Gloyn, DPhil, FMedSci, managed research in both Europe and the U.S.

Anna L. Gloyn, DPhil, FMedSci, giving her award lecture at the European Society of Endocrinology's Annual Congress, the European Congress of Endocrinology (ECE) 2026, that took place last month in Prague, Czech Republic.

Watching a fellow undergraduate navigate the daily realities of type 1 diabetes sparked a question that would shape Anna L. Gloyn's career: Why do some people develop diabetes while others do not? That early curiosity grew into a globally recognized research program focused on uncovering the genetic roots of diabetes and advancing precision medicine — work that has now earned her the fifth annual Transatlantic Alliance Award from the Endocrine Society and the European Society of Endocrinology.

The Transatlantic Alliance Award, launched in 2022, recognizes an international leader who has made significant advancements in endocrine research on both sides of the Atlantic, in Europe and the United States.

When the award was first revealed last year, Endocrine Society President Carol Lange, PhD, said, "Dr. Gloyn is an internationally recognized leader in endocrinology who has made extraordinary contributions to our understanding of the genetic basis of diabetes and has collaborated with colleagues on both sides of the Atlantic on landmark studies. Her ground-breaking contributions to endocrine research across the globe and her outstanding work ethic make her an exceptional candidate for this award."

Gloyn is a professor of pediatrics at Stanford University in Stanford, Calif. She earned her DPhil at the University of Oxford in Oxford, England, followed by postdoctoral training at the University of Exeter in Exeter, England, and the University of Pennsylvania in Philadelphia. For the past 15 years, her major focus has been on translating discoveries from genome-wide association studies into biological and clinical insights. She plays roles in multiple international consortia, including the Accelerated Medicines Partnership for Common Metabolic Disease and the Human Islet Research Network.

> "As someone who uses human genetics to unlock clues into cellular and molecular mechanisms for diabetes, some of my greatest insights have come from working with genetic variants that are unique to a particular population or through studying very rare changes in genes that we only find by working with clinicians all over the world. **As a postdoc, the opportunity to spend time working in a lab in a different country was foundational in my personal and professional growth."**
>
> — ANNA L. GLOYN, DPHIL, FMEDSCI, PROFESSOR OF PEDIATRICS, STANFORD UNIVERSITY, STANFORD, CALIF.

> “I am excited that we are on the precipice of something transformative resulting from collision of artificial intelligence with the integration of multimodal data. **My hope is that we will find new ways of predicting, diagnosing, and treating diabetes, which will fulfill the promise of precision medicine.”**
>
> — ANNA L. GLOYN, DPHIL, FMEDSCI, PROFESSOR OF PEDIATRICS, STANFORD UNIVERSITY, STANFORD, CALIF.

Anna L. Gloyn, DPhil, FMedSci, (center), at the European Congress of Endocrinology in May with European Society of Endocrinology President Wiebke Arlt, MD, DSc, FRCP, FMedSci, (left), and Endocrine Society Past-President John Newell-Price, MD, PhD, (right).

Gloyn spoke with *Endocrine News* about the partnerships that shaped her journey and where her diabetes research is headed next.

***Endocrine News:* What did the news of your recognition for the Endocrine Society’s 2026 Transatlantic Alliance Award mean to you?**

Anna L. Gloyn: I was thrilled to be nominated for this award and blown away to be this year’s recipient. I have had the privilege of working with colleagues across Europe and North American for the past 30 years and have benefited enormously from being part of the international scientific community. Being recognized for something that brings me so much joy is wonderful.

***EN:* One of your award nominators wrote, “Her career embodies true transatlantic scientific exchange, reflected in her contributions to major international research alliances, editorial boards, and her receipt of multiple accolades.” Why do you believe international collaborations are important for scientists?**

Gloyn: Diabetes is a global health pandemic, and finding solutions for all people living with diabetes requires seeing the challenge from many different viewpoints. As someone who uses human genetics to unlock clues into cellular and molecular mechanisms for diabetes, some of my greatest insights have come from working with genetic variants that are unique to a particular population or through studying very rare changes in genes that we only find by working with clinicians all over the world. As a postdoc, the opportunity to spend time working in a lab in a different country was foundational in my personal and professional growth.

***EN:* At what point in your studies or career did you decide researching the genetic mechanisms underlying diabetes would become your life’s work? Was there a particular question or hypothesis that piqued your interest?**

TOP: Anna L. Gloyn, DPhil, FMedSci, (front row, third from the right), with some of her "amazing colleagues" at an Accelerating Medicines Partnership® (AMP®) Program in Common Metabolic Diseases (AMP CMD) collaboration in Philadelphia, Pa. This is a collaboration among government and private-sector partners that harnesses their collective capabilities, scale, and resources to therapeutically address multiple metabolic diseases that share common pathogenic drivers and overlapping molecular pathways and make them available in a precompetitive space.

BOTTOM: Anna L. Gloyn, DPhil, FMedSci, (center, rear), with members of the Gloyn Lab at a recent event that took place on the Stanford campus.

Gloyn: As an undergraduate in the U.K., I studied biochemistry and was introduced to the wonders of insulin through my lectures on metabolism and through a fellow biochemistry student, Helen, who had been diagnosed with type 1 diabetes when she was two years old. I had no idea what it meant to be someone living with diabetes. I couldn't get over how much of Helen's day was taken up with just managing her blood sugar levels and what the consequences were for her if she didn't get it right. I was curious because both her mum and older brother also had type 1 diabetes, so there had to be something in their genes. I couldn't believe it when I spotted an advert in *Nature* for a PhD project at Oxford University on the genetics of diabetes with Robert Turner. This really was the fork in the road for me, where I committed to a research journey in understanding the molecular genetics of diabetes. After my PhD, or as Oxford calls them "DPhil," I was so lucky that Andrew Hattersley offered me a postdoc, and I spent four wonderful years at the University of Exeter before returning to Oxford on a Diabetes UK RD Lawrence Career Development Fellowship to set up my own lab.

EN: What would say are the biggest similarities and differences in laboratory research work in the United States versus Europe? Do any major challenges occur when you collaborate with peers across the Atlantic?

Gloyn: In my experience the differences between labs in the U.K. and U.S. are not to do with the country you are in, they are to do with the lab culture that is set by the lab principal investigator (PI). That said, there are some obvious cultural differences. I remember arriving as a postdoc fellow in Dr. Franz Matchinksy's lab at the University of Pennsylvania and realizing that going to the pub for a beer after work on a Friday was a very British behavior! I am often reminded how incredibly talented my European colleagues are when I hear them effortless move from their native tongue to English for science. Hearing a trainee deliver a presentation in a second, sometimes third, language is humbling.

Also, living on the West Coast can make the eight hours plus time difference challenging when catching up with my European colleagues. I am a huge fan of the Zoom filter and a tactical scarf to mask my pajamas during those very early calls!

EN: Looking ahead to the next 5 – 10 years, what research goals do you hope will make an impact on diabetes care?

Gloyn: I am excited that we are on the precipice of something transformative resulting from collision of artificial intelligence with the integration of multimodal data. My hope is that we will find new ways of predicting, diagnosing, and treating diabetes, which will fulfill the promise of precision medicine.

Gloyn has received multiple national and international awards for her research, including the European Association for the Study of Diabetes (EASD) Rising Star (2005) and Minkowski (2014) awards and the American Diabetes Association Outstanding Scientific Achievement Award (2022). In 2025, she was elected to the Academy of Medical Sciences in the United Kingdom.

Gloyn presented her award lecture at the European Society of Endocrinology's Annual Congress, the European Congress of Endocrinology (ECE) 2026, which took place last month in Prague, Czech Republic. EN

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

Endocrine Society Advocates for Access to Affordable Anti-Obesity Medications; Medicare to Offer $50 per Month Access to GLP-1 Medications for Eligible Beneficiaries

PHOTO: Mohammed_Al_Ali/Shutterstock.com

Last month, the Centers for Medicare and Medicaid Services (CMS) announced it will provide access to some GLP-1 medications for $50 per month to eligible Medicare beneficiaries. The medications will be available through a new Medicare Bridge Program, a temporary demonstration program that will begin on July 1, 2026. Medicare beneficiaries must meet certain clinical criteria to qualify for coverage of the medications. More information about the bridge program including the clinical criteria and which GLP-1 medications will be available through the program can be found on the Medicare website at: **https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge**.

The Endocrine Society is a leading voice urging Congress and the administration to expand access to anti-obesity medications (AOM). We strongly support the creation of this program and have also supported previous proposals to expand access to AOMs. We also support the Treat and Reduce Obesity Act (TROA) that would allow Medicare to cover AOMs for weight loss and expand Medicare coverage of Intensive Behavioral Therapy (IBT), which is an effective lifestyle intervention for treating obesity. We will continue to keep members apprised of developments.

Endocrine Society Advocacy Victories — Join Endocrine Society Advocacy Campaigns

The Endocrine Society is an advocacy leader representing the interests of members to policymakers. During the past year, we have had many advocacy victories including:

- Restoring funding for the Diabetes Prevention Program Outcomes Study and Diabetes Research Centers
- Increasing Funding for the National Institutes of Health (NIH) and removing harmful policies for research such as arbitrary caps on indirect cost rates and expansion of multiyear funding
- Developing insulin affordability legislation and new coding opportunities for endocrinologists
- Influencing regulation of endocrine-disrupting chemicals in the European Union

We also have several ways for you to join us in advocacy:

- Join our online advocacy campaigns by going to: **endocrine.org/take-action** to join our online advocacy campaigns. These campaigns take only a minute of your time, but they are influential and make a difference. Please take action today!
- Visit our advocacy toolkit at: **endocrine.org/advocacy/advocacy-toolkit** to learn how you can participate in all kinds of advocacy activities.
- If you are attending **ENDO 2026** in Chicago, Ill., please stop by the Endocrine Society Booth on the exhibit floor to learn more about our work and how you can participate.

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CLINICAL ENDOCRINOLOGY UPDATE

2026

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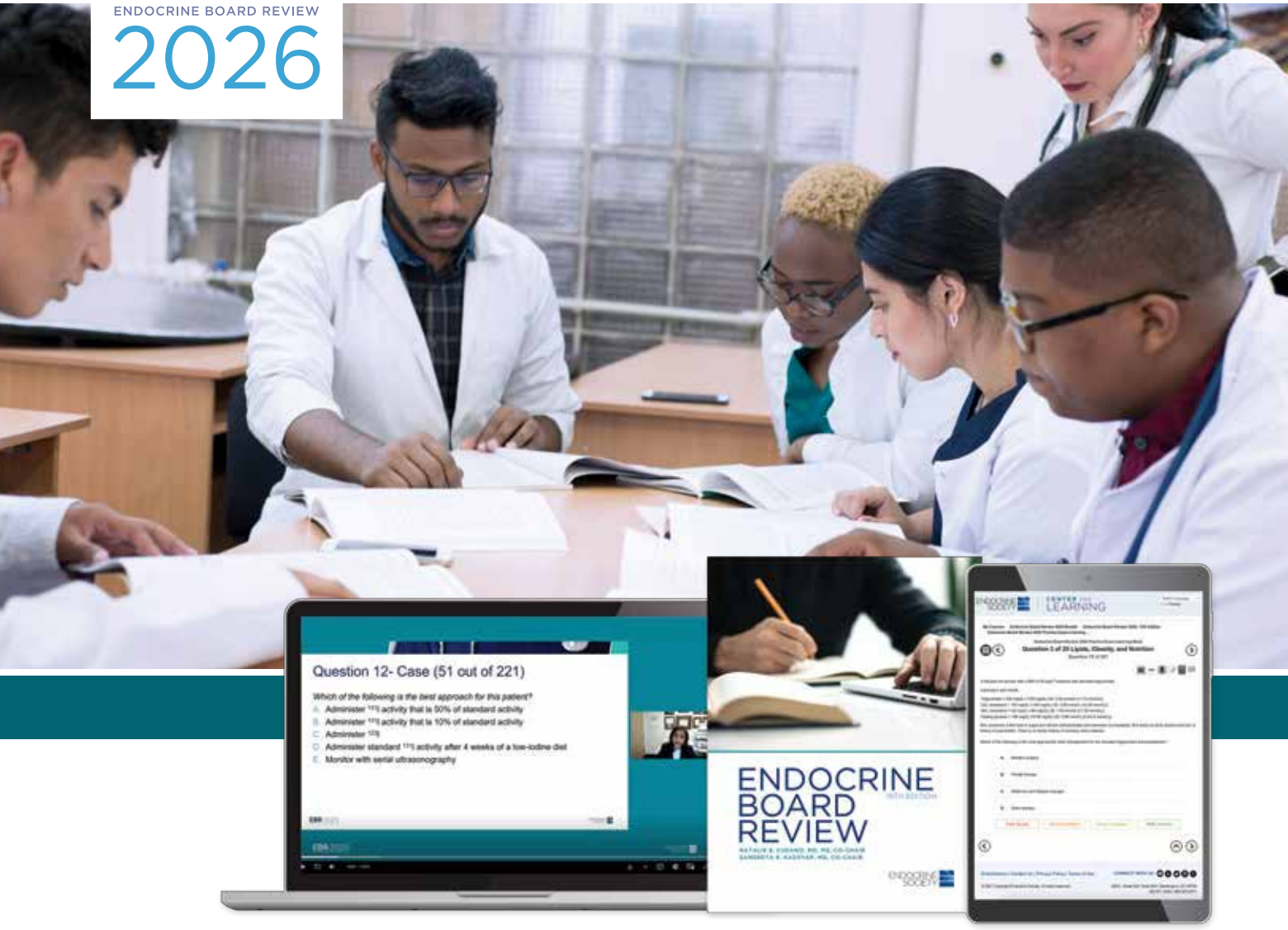

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Advocacy Win: Society, ESE, ESPE Join Forces to Keep Controls on Cosmetic Chemicals in the EU

On April 29, the European Parliament voted to retain important provisions to minimize exposure to carcinogens, mutagens, and reprotoxic substances (CMRs) under the Cosmetics Regulation, as part of the Chemicals Omnibus.

The Endocrine Society partnered with the European Society for Endocrinology (ESE) and European Society for Pediatric Endocrinology (ESPE) to advise policymakers. Prior to the vote, the Endocrine Society and ESE also contacted members of the European Parliament (MEPs) on leading committees to urge that existing protections be upheld. The final compromise negotiated between the major political parties keeps most of the existing controls intact and rejects the Commission's proposed weakening to allow certain CMRs to be present in cosmetics. A cross-party group of over 30 MEPs also tabled amendments calling for a ban on EDCs and PFAS in cosmetics, based on the existing ban on EDCs and PFAS in toys. Those amendments, however, were not adopted since they were outside the general compromise text. Several MEPs responded to our joint letter indicating their support for our position and gratitude for providing a science-based rationale for our positions.

Society Advocates for Endocrinology Inclusions in the Draft Physician Payment Reform Legislation Proposal

The Endocrine Society is working with the Congressional Doctors Caucus on physician payment reform legislation.

The bipartisan legislation, which is expected to be introduced shortly, would take steps to improve physician reimbursement within Medicare. The current draft of the bill would provide a small annual inflationary update to the Medicare Physician Fee Schedule (MPFS). The legislative draft also includes a provision to provide an additional add-on payment to primary care providers and other specialties over a five-year period.

We shared our recommendations with the Doctors Caucus co-chairs earlier this spring and urged them to make endocrinologists and other non-procedural specialists eligible for this proposed add-on payment. The current draft of the legislation would require the Centers for Medicare and Medicaid Services to determine what specialties would be eligible for the add-on. We will continue to watch this issue closely and advocate for adequate payment reform for endocrinologists. EN