

AUGUST 2026

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

ENDO 2026 *encore*

Chicago welcomed ENDO 2026 back in grand style, and the world's premier endocrinology conference delivered. In this special highlights issue, *Endocrine News* captures the moments, milestones, and must-see science that made it unforgettable.

PROGRESS AND RESILIENCE: Just a sample of some of the scientific breakthroughs presented throughout **ENDO 2026** in Chicago.

STAR POWER 2026: This year's Rising Star Power Talks champions give *Endocrine News* readers the scoop about their award-winning research.

REALIZING THE PROMISE: One **ENDO 2026** session not only addressed how artificial intelligence (AI) has already impacted endocrinology, but also how it will impact all of us.

COMPASSIONATE CURIOSITY: Fresh off his **ENDO 2026** plenary talk, the 2026 Scholarly Physician Laureate winner Martin Reincke, MD, talks to *Endocrine News* about how the next generation inspires him.



SCIENCE SUMMIT 2026

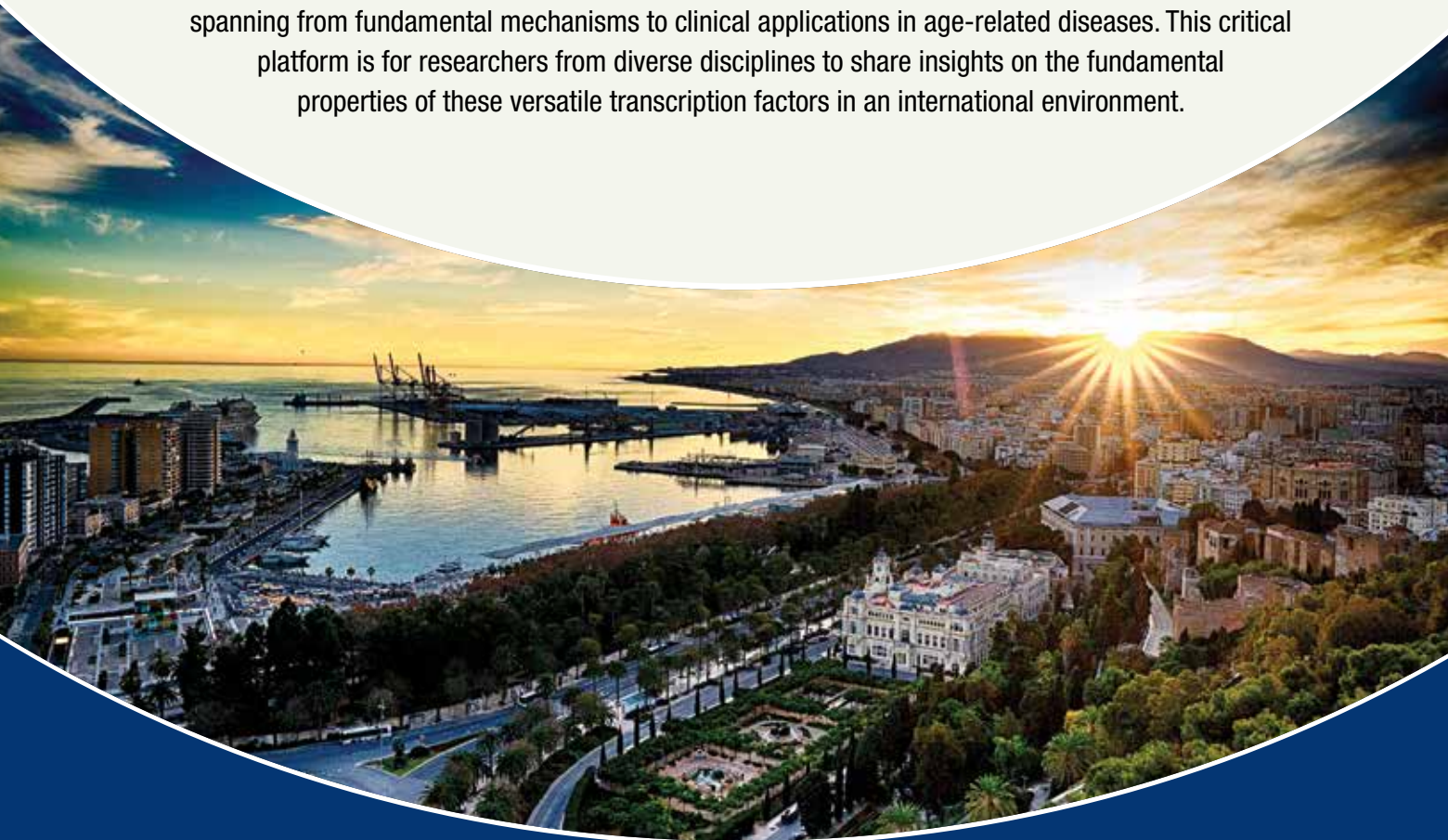
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LEARN MORE AT [ENDOCRINE.ORG/SCIENCESUMMIT](https://endocrine.org/sciencesummit)





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Early-career and in-training members get their chances to shine brightly at the Rising Star Power Talks that take place at **ENDO** each year. *Endocrine News* caught up with this year's winners during **ENDO 2026** in Chicago to learn more about their research, future plans, and more.

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Artificial intelligence (AI) is steadily moving from novelty to necessity in medicine, and endocrinology is no exception. The **ENDO 2026** session "Artificial Intelligence in Endocrinology: Practical Uses, Lessons Learned, and What Comes Next" showed attendees that AI is here, and those who wait too long to engage with it may find themselves playing catch-up.

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ENDOCRINE
SOCIETY

Hormone Science to Health



Fall Meetings Offer World-Class Learning for Both Clinicians and Researchers

The outstanding **ENDO 2026** in Chicago, Ill., is now but a fond memory. Our hardworking member volunteers and staff who organized and executed the meeting can take a well-deserved break. But only a short break.

The Society is already busy preparing an exciting lineup of fall meetings that will appeal to both our researcher and clinician members.

As a long-time member, I know firsthand the value of our Society meetings. They offer a unique opportunity to learn from and interact with some of the leading lights in our profession. They're truly the best in the class. This year, the Society is offering several meetings in beautiful locations for our research community, as well as our classic clinical meeting lineup.

I'd like to share some details to whet your appetite.

Keystone Meetings: Hormonal Influences on Immunity and Cancer Across the Lifespan

October 5 - 8, Breckenridge, Colo.

Our research community can take part in the inaugural meeting in a new collaborative series launched by the Society and Keystone Symposia. The intimate meetings are designed to facilitate discovery and collaboration among basic and translational researchers. These conversations can bring about advances in foundational science.

According to the organizers, what distinguishes this meeting is its integrated focus on hormones, immunity, and cancer across the lifespan, combined with a "bench-to-bedside-and-back" perspective that emphasizes real-time clinical relevance.

The meeting, which takes place over three and a half days, aims to fill a critical gap in the field and provides a unique platform

for advancing interdisciplinary cancer research. Ultimately, these discoveries can lead to breakthroughs that improve clinical outcomes for patients.

Science Summit - Networked for Life: Nuclear Receptors in Age-related Diseases

September 21 - 23, Malaga, Spain

Besides its fabulous location, this meeting offers an unparalleled opportunity to advance our understanding of nuclear receptors and their role in age-related diseases.

Featuring leading scientists, researchers, and innovators from around the world, the Summit will explore the latest discoveries spanning fundamental molecular mechanisms, translational research, and emerging therapeutic applications that influence health and disease across the lifespan. The meeting builds on previous events organized by chairs Inés Pineda-Torra, CABIMER, and Mercedes Ricote, CNB-CSIC.

Presentations on the agenda include:

- ▶ From Signal to Action: The Molecular Dialogue in Women's Hormone Regulation
- ▶ Orchestrating Tissue-Specific Metabolic Adaptations
- ▶ Next-Gen Hormone Networks: Insights on Age-Related Diseases
- ▶ Inflammation Reloaded: Nuclear Receptors at the Crossroads of Inflammation and Resolution
- ▶ The New Wave: Charting the Course for Future Nuclear Receptor Discovery

Endocrine Board Review (EBR) 2026

September 18 – 20, Virtual

EBR 2026 is the Society's long-running board preparation program that has helped countless rising endocrinologists pass the demanding ABIM Endocrinology, Diabetes, and Metabolism board exam.

This is considered one of the most difficult board exams in medicine. Without structured preparation, even strong candidates have been known to struggle with the exam.

But I'm confident this will not apply to you, especially if you take the EBR program! The key is to start early and follow EBR's methodical course structure. Successful candidates start by reviewing board-focused content through the Endocrine Board Review 18th Edition book and online, customizable, practice exams. Finally, they attend the Live Study Sessions, Sept. 18 – 20, which will focus on commonly missed topics on the ABIM exam.

The Society is so confident that EBR can get you over the finish line that 2026 participants are offered a pass guarantee. Those who don't pass will receive free registration for the 2027 certification cycle.

Passing the boards is one of the most important milestones in an endocrinologist's career, and EBR is there to help you succeed.

Clinical Endocrinology Update (CEU) 2026

October 22 - 24, Virtual

Rounding out the Society's fall educational programming is another long-standing meeting: Clinical Endocrinology Update (CEU). This year's program, as before, will bring together timely, expert-led education across endocrinology, diabetes, and metabolism.

Over three days, participants will review new evidence, evolving guidelines, emerging therapies, and case discussions in the areas they manage every day. CEU 2026 topics include:

► **Diabetes and Metabolic Care:** Diabetes in pregnancy, insulin pumps, continuous glucose monitors, complex diabetes management, and diabetes care during Ramadan and intermittent fasting.

► **Thyroid Disease:** Medullary thyroid cancer, molecular testing of thyroid nodules, radiofrequency ablation, and T3 and T4 combination therapy.

► **Adrenal and Pituitary Disorders:** Pheochromocytoma and paraganglioma, Cushing syndrome, adrenocortical carcinoma, aggressive pituitary tumors, prolactinomas, hypophysitis, and perioperative pituitary care.

► **Calcium and Bone Health:** Denosumab transition strategies, hypercalcemia, skeletal optimization, idiopathic hypercalciuria, nephrolithiasis, and low bone density.

► **Lipids and Obesity:** Lipid management beyond statins, cardiometabolic risk, hypothalamic disease, and obesity.

► **Reproductive Endocrinology:** Turner syndrome transition care, fertility management in male hypogonadism, and gender-affirming care for adults.

Participants can earn up to 18 AMA PRA Category 1 Credits, and up to 18 ABIM MOC points. Members will have access to the recordings post-event, for which they may earn up to an additional 36 AMA PRA Category 1 Credits™.

So there you have it: The Society's fall meeting lineup. And this doesn't even touch the many webinars and other education programs that will take place this fall and throughout the year. Our Center for Learning and Special Interest Groups continuously offer new events and courses to help you further your knowledge of endocrine practice and research.

I'm always impressed with the scope and breadth of the Endocrine Society educational offerings. I encourage you to learn more at: www.endocrine.org/meetings-and-events. 

— Nanette Santoro, MD
Endocrine Society President



FROM THE **EDITOR**

AUGUST 2026

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Endocrine News informs and engages the global endocrine community by delivering timely, accurate, and trusted content covering the practice, research, and profession of endocrinology.

Chicago Post Cards: Looking Back at ENDO 2026

With another successful **ENDO** in the rearview mirror, it's time to take a look back at some of the great sessions you might have sat in on when you made your trip to Chicago this past June.

More importantly, it's a good time to check out some of the sessions you may have missed due to your own scheduling conflicts while in the Windy City, or if you missed out on **ENDO 2026** altogether. No worries, *Endocrine News* has you covered because we had it covered, from top to bottom!

On page 20, Kelly Horvath looks at one of the most anticipated sessions at **ENDO** this year and it's something we're ALL faced with regardless of whether you see patients, conduct research, or even put out a magazine! Of course, I'm talking about artificial intelligence, more commonly referred to as AI. In "**Realizing the Promise: Artificial Intelligence in Endocrinology**," Kelly discusses the **ENDO** session "Artificial Intelligence in Endocrinology: Practical Uses, Lessons Learned, and What Comes Next" and gets the inside scoops from the session's speakers. "Most of us have been hearing how AI can be really disruptive in medical practice for a few years now," says speaker Naykky M. Singh Ospina, MD, professor in the Division of Endocrinology, Diabetes, and Metabolism at the University of Florida in Gainesville. "The session was an exercise in reflecting on what has actually changed, what might be changing right now, and what is needed for that promise of AI to actually improve the care of our patients in clinic. We wanted to answer, what can you use AI for right now? Is this the disruption we were expecting?"

One of my favorite sessions every year at **ENDO** is the Rising Stars Power Talks where early-career and in-training Endocrine Society members get only three minutes to present their research data in a quick-fire session that is always a reliably entertaining event. The presenters have their presentations judged by a panel of professionals – this year, many were from the world of industry – as well as voted on by the audience. I catch up with the winners for "**Star Power 2026**" on page 10 and find out more about their winning research as well as where they go from **ENDO 2026**. "Long term, I hope to build a career that combines patient care, clinical research, and medical education," Clinical Science winner Brittany



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Weisbrot, an internal medicine resident at Loyola University Medical Center in Maywood, Ill., tells me. “I’m interested in studying the questions that arise directly from caring for patients, whether that’s improving the diagnosis and treatment of hypoglycemia, advancing obesity medicine, or better understanding complex metabolic disease. I hope to spend my career translating clinical observations into research that ultimately improves care for future patients.”

On page 28, Senior Editor Derek Bagley has compiled a “greatest hits” article of sorts, touching on some of the highlights from **ENDO 2026**. In “**ENDO 2026: Progress and Resilience**,” you can see how he boomeranged from one end of McCormick Place to the other, covering a variety of sessions. Of particular note, was the literal standing-room-only crowd at the post-plenary session where Barbara Kahn, MD, and Daniel Drucker, MD, took their plenary talk out of the ballroom and into the expo hall and answered questions from an eager crowd about the future of obesity treatments, especially considering the advent of the latest round of GLP-1s. Kahn admits that it appears these drugs are incredibly effective, but adds that some patients “who choose bariatric surgery because it’s a ‘one and done’ as opposed to dealing with the medications. If you’re looking for fertile areas of research, trying to change the environment to change obesity is very important.” Also of interest is the array of photos from **ENDO 2026** that illustrates the article; look closely and you may find yourself among the attendees!

Glenda Fauntleroy Shaw was able to catch up with Martin Reincke, MD, not long after his own **ENDO 2026** plenary session for this month’s Laboratory Notes Q&A, “**Compassionate Curiosity**” on page 38. Recipient of the Endocrine Society’s 2026 Outstanding Scholarly Physician Laureate Award, Reincke not only tells us about what this recognition means to him but he also talks about his own fascination with the pituitary and adrenal glands and why he finds so much inspiration in the next generation of endocrinologists, whom he says are fearless. “They move effortlessly between AI, genomics, imaging, and patient care in ways my generation never could,” Reincke explains. “My

hope is that they’ll ask bigger questions than we did and never forget that every dataset represents a person waiting for a better diagnosis or treatment.”

While there will still be more articles in upcoming issues from **ENDO 2026**, we might as well start preparing for **ENDO 2027** June 5 – 7 in Toronto, Ontario, Canada. Let me know what you think of this month’s coverage and be sure to submit any story ideas you have to: mnewman@endocrine.org.

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



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While bariatric surgery remains highly effective for long-term weight management and resolving obesity-related diseases like type 2 diabetes, researchers emphasize that PBH is a critical roadblock to recovery. The authors call for increased clinical awareness among primary care physicians and bariatric surgeons to better mitigate these long-term metabolic risks.

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The Hidden Side Effect of Weight-Loss Surgery: Severe Low Blood Sugar

At least one in 12 weight-loss surgery patients develop a severe, recurring low blood sugar condition requiring medical intervention, according to a multi-study analysis presented at the ENDO 2026 conference.

The condition, known as post-bariatric hypoglycemia (PBH), currently lacks any U.S. Food and Drug Administration-approved treatments. Researchers warn that despite inflicting a heavy financial, clinical, and psychosocial toll on patients years after surgery, the complication remains severely underrecognized by the broader medical community.

The study, titled “**Characterizing the Burden of Post-Bariatric Hypoglycemia in the United States**,” and sponsored by Amylyx Pharmaceuticals, Inc., was led by Colleen Craig, MD, an endocrinologist at the Stanford University School of Medicine. To map out the condition’s impact, Craig’s team analyzed data across roughly 30 prior publications, adapting diabetic hypoglycemia frameworks to systematically quantify the long-term burden borne by post-surgical patients.

The financial fallout for both patients and the healthcare system is substantial, driven by the acute nature of the condition. The research indicates that individual low blood sugar episodes requiring medical assistance cost an average of \$1,160 in direct healthcare expenses per incident. These costs rapidly compound for patients experiencing multiple episodes. Beyond immediate hospital bills, the study links PBH to sharp drops in workplace productivity and substantial indirect costs stemming from missed work and short-term disability.

Clinically, PBH triggers a chronic metabolic state driven by altered hormonal patterns. Following bariatric procedures, such as gastric bypass

surgery, permanent anatomical modifications cause accelerated nutrient transit, where food passes rapidly from the stomach into the small intestine. This rapid transit triggers an exaggerated postprandial glucagon-like peptide-1 (GLP-1) hormone response. While GLP-1 is vital for metabolic health, its overproduction in these patients overstimulates insulin-producing pancreatic cells. The resulting insulin surge causes blood glucose levels to crash precipitously, typically one to three hours after eating.

During these crashes, patients frequently experience neuroglycopenic symptoms, a state where the brain is directly deprived of glucose. This manifests as impaired cognition, sudden confusion, dizziness, blurred vision, loss of consciousness, and severe seizures. Because these episodes can happen without warning while driving, working, or sleeping, they frequently lead to emergency room visits, prolonged hospitalizations, motor vehicle accidents, and physical trauma from sudden falls.

Over time, the secondary damage to patients’ daily lives becomes crippling. The unpredictable nature of the glucose crashes leads to an ongoing fear of eating, severe dietary restriction, social isolation, and chronic social stigma, severely degrading overall quality of life. Furthermore, the literature connects recurrent, severe hypoglycemia to serious systemic health risks, including heightened risks of major adverse cardiovascular events, permanent cognitive decline, and increased mortality rates.

While bariatric surgery remains highly effective for long-term weight management and resolving obesity-related diseases like type 2 diabetes, researchers emphasize that PBH is a critical roadblock to recovery. The authors call for increased clinical awareness among primary care physicians and bariatric surgeons to better mitigate these long-term metabolic risks.

— Jackie Oberst

New Research Greenlights Popular Obesity Medications for High-Risk Cushing's Syndrome

Popular diabetes and weight-loss medications known as GLP-1 receptor agonists do not increase the risk of cancer in patients with endogenous Cushing's syndrome, according to a comprehensive nationwide study titled, **"GLP-1 Receptor Agonist Exposure and Malignancy Risk in Patients with Endogenous Cushing's Syndrome,"** and published in *The Journal of Clinical Endocrinology & Metabolism*. The findings offer critical clinical reassurance for a highly vulnerable patient population prone to both severe metabolic disorders and elevated cancer risks.

Endogenous Cushing's syndrome is a rare endocrine disorder driven by the body's overproduction of the hormone cortisol. This chronic hypercortisolism frequently disrupts glucose metabolism, triggering severe insulin resistance, obesity, and type 2 diabetes in roughly a third of all patients. While GLP-1 receptor agonists — a drug class that includes widely used medications like semaglutide and liraglutide — have become a gold standard for managing weight and blood sugar, their safety profile in Cushing's patients had remained largely unknown until now. Because individuals with Cushing's syndrome already face a baseline elevated risk of developing malignancies, medical professionals have long anticipated concrete safety data before broadly prescribing these therapies.

To evaluate this risk, a team of international medical researchers analyzed real-world medical data spanning more than two decades from Israel's Clalit Health Services database. The cohort included 609 patients diagnosed with endogenous Cushing's syndrome between 2000 and 2023, excluding those with ectopic forms or adrenal carcinomas. Over an extensive average follow-up period of 14.7 years, researchers closely monitored the patients for the onset of new cancers while factoring in competing risks like overall mortality.

The statistical data revealed that 137 patients — comprising 22.5% of the total cohort — were prescribed and consistently took GLP-1 medications. Throughout the duration of the multi-year study, a total of 116 patients across the entire group developed cancer, and 141 individuals passed away.

Using an advanced time-varying analytical framework to account for the exact timing of when patients started their medication, the researchers found no statistically significant correlation between GLP-1 exposure and an increased probability of developing a malignancy. The crude hazard ratio initially sat at 1.65, but after adjusting for confounding health variables, the adjusted hazard ratio dropped to an entirely non-significant 1.22.

To ensure the robustness of their conclusions, the investigators performed secondary sensitivity analyses. This included implementing a strict 12-month lag period following the initiation of the drug to ensure pre-existing, undiagnosed cancers did not skew the data. They also stratified the results based on whether a patient's Cushing's syndrome was currently in remission. Both secondary checks yielded identical results, solidifying the evidence that the therapy does not trigger or accelerate tumor development.

The study authors concluded that these findings supply vital evidence establishing the oncologic safety of GLP-1 receptor agonists within this specialized population. As a result, endocrinologists can more confidently prescribe these highly effective metabolic tools to combat the severe diabetes and obesity that frequently impair the quality of life for Cushing's syndrome patients.

— Jackie Oberst



“

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Acromegaly Mortality Rates Drop Sharply Amid Better Tools and Personalized Care

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The optimal goal for modern acromegaly care must pivot toward the aggressive, proactive management of these pre-existing comorbidities to truly maximize long-term patient survival and quality of life.

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Medical advances in diagnostic screening and personalized therapies have drastically reduced the early mortality risk for patients with acromegaly, bringing their life expectancy close to that of the general population, according to a comprehensive review titled “**Changing understanding of acromegaly epidemiology and early mortality risk**,” and recently published in *The Journal of Clinical Endocrinology & Metabolism*.

The findings reveal a rapidly transforming landscape for the management of this rare endocrine condition. Acromegaly occurs when a benign tumor on the pituitary gland secretes excessive amounts of growth hormone (GH) and its peripheral companion, insulin-like growth factor 1 (IGF-I). This chronic hormonal surge drives progressive physical alterations, tissue overgrowth, and severe internal organ stress.

While unmanaged acromegaly historically carried a steep survival penalty, the review shows that modern clinical interventions are achieving unprecedented success. Up to 90% of patients treated at specialized medical centers now achieve full biochemical control, meaning their hormone levels are successfully stabilized. This high rate of remission, driven by the expanding use of personalized, multimodal treatment strategies, is the primary reason behind the plunging death rates.

The research, led by Daniela Esposito and Gudmundur Johannsson from the Sahlgrenska Academy at the University of Gothenburg, also documents a sharp rise in the global tracking of the condition. Historically, early epidemiological data estimated acromegaly prevalence at just 30 to 60 cases per million people. Modern tracking shows that documented prevalence has climbed to between 70 and 90 cases per million, with several

European nations — including Denmark and France—reporting rates exceeding 100 cases per million.

The researchers attribute this statistical spike to the widespread adoption of highly sensitive hormone assays and sophisticated brain imaging technologies, which allow clinicians to catch the disease much earlier than in past decades and reduce diagnostic delays. Increased patient survival rates from improved long-term medical management have also naturally expanded the living patient population, contributing to the higher prevalence data.

Despite these notable triumphs, the review highlights a persistent and critical challenge: The disease develops so insidiously that its symptoms often remain hidden or ignored for years. Consequently, most patients are still only diagnosed after serious, irreversible chronic complications have already manifested. At the time of initial detection, many individuals already suffer from advanced cardiovascular disease, respiratory issues, severe metabolic conditions like diabetes, and debilitating musculoskeletal damage.

Because these secondary conditions continue to exert an independent and adverse effect on a patient’s overall health, the authors emphasize that simply lowering hormone levels is no longer the sole finish line for clinicians. The study concludes that the optimal goal for modern acromegaly care must pivot toward the aggressive, proactive management of these pre-existing comorbidities to truly maximize long-term patient survival and quality of life.

— Jackie Oberst

“

"The Endocrine Society has had a major impact on my development as a physician-scientist. In 2020, I received the Summer Research Fellowship, now known as REGMS, and that support was tremendously important early in my research career. It gave me encouragement, visibility, mentorship, and momentum at a time when I was still developing my direction as an investigator."

Konstantinos Stefanakis, MD, PhD, (candidate), cardiology fellow, postdoctoral research fellow, Harvard Medical School, Beth Israel Medical Center, Boston, Mass., one of the four Rising Star Power Talks winner, "Star Power 2026", on page 10.

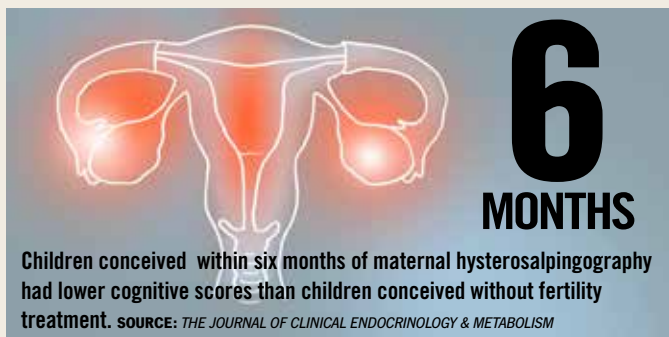


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BY MARK A. NEWMAN

Star Power 2026



Chatting with the Winners of This Year's Rising Star Power Talks

Clinical Science winner Brittany Weisbrot, MD, an internal medicine resident at Loyola University Medical Center in Maywood, Ill., in between sessions at ENDO 2026 in Chicago.

Each year, one of the most popular events at **ENDO** is the Rising Stars Power Talks and **ENDO 2026** was certainly no different. These talks see 15 early-career and in-training Endocrine Society members get the chance to communicate their groundbreaking research with an audience of their peers.

To say that this event is fast paced would be an understatement; each of the participants had only three minutes to present their research, accompanied by a projected slide that changed and adjusted as they progress through their research findings. After each presentation, there are only two minutes for questions from the audience of observers, judges, mentors, and fellow participants.

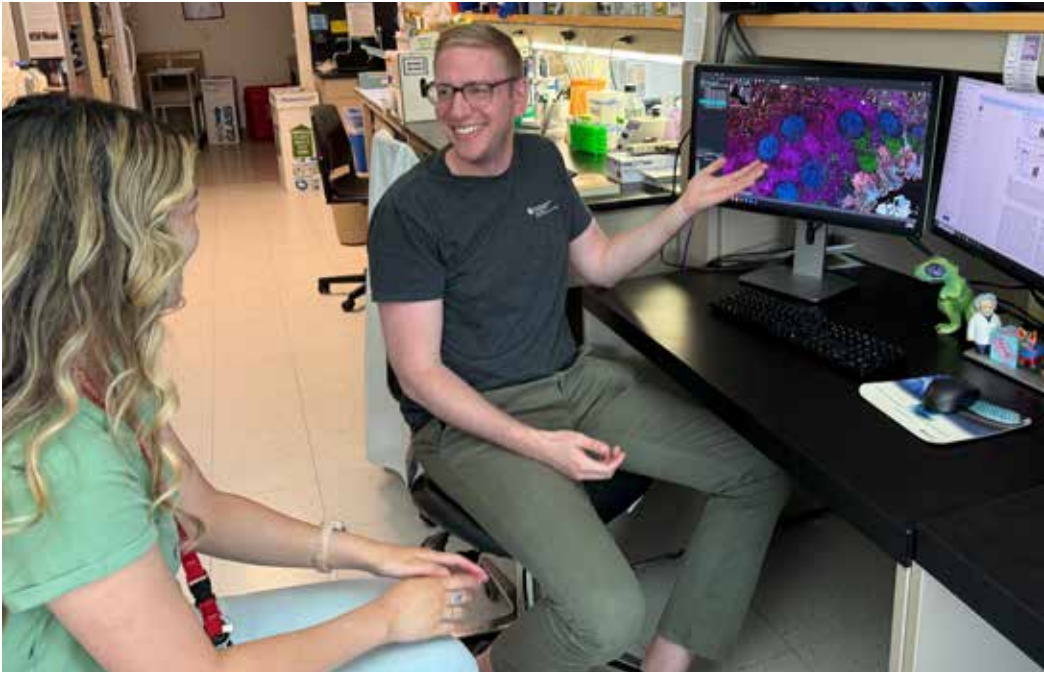
Originally known as the Knockout Rounds, the Rising Stars Power talks is hosted by the Endocrine Society's Trainee and Career Development Committee (TCDCC) and is always an intense and informative event. Once the event gets underway, it's up to the participants to explain why their research is so vital.

"The Rising Star Power Talks are important because they give up-and-coming researchers a national platform to share strong, high-quality science with the broader endocrine community," says TCDCC co-chair Nichole Ehrhardt, MD, co-medical director, Seattle Clinical Research Center, Seattle, Wash. "For early investigators, visibility matters — but so do connection and community. **ENDO** creates an opportunity to put these emerging



The 2026 Rising Star Power Talks winners after presenting their research during **ENDO 2026** in Chicago, Ill. From left to right: **Dillon Boulton, PhD**, postdoc fellow, Department of Pathology, University of Colorado – Anschutz Medical Campus, Aurora, Colo.; **Lila Dabill**, PhD student, Washington University, St. Louis, Mo.; **Brittany Weisbrot**, MD internal medicine resident, Loyola University Medical Center, Maywood, Ill.; and **Konstantinos Stefanakis, MD**, PhD (candidate), cardiology fellow, postdoctoral research fellow, Harvard Medical School, Beth Israel Medical Center, Boston, Mass.

Early-career and in-training members get their chances to shine brightly at the Rising Star Power Talks that take place at **ENDO** each year. *Endocrine News* caught up with this year's winners during **ENDO 2026** in Chicago to learn about their research, future plans, and more.



Dillon Boulton, PhD, consults with a colleague while in the lab in the Department of Pathology at the University of Colorado – Anschutz Medical Campus in Aurora.

scientists in the spotlight, helping them build relationships, exchange ideas, and grow the collaborations that can strengthen and advance their research careers.”

The judges panel was composed of somewhat different group of endocrine professionals than in years past, according to TCDCC co-chair Christine Krieger, PhD,^{*} science program manager, National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK), Bethesda, Md. “This year, we challenged our competitors to present their science in front of guest judges drawn from our close partners outside of academia such as Crinetics, Argenx, and Abbvie,” she explains, adding “We valued their fresh perspective and the chance to show them our latest science.”

The judges and audience decided the winners of this blitz style research communication competition, and this year’s winners were: Basic Science: Lila Dabill, PhD student, Washington University, St. Louis, Mo.; Clinical Science: Brittany Weisbrot, MD, internal medicine resident, Loyola University Medical Center, Maywood, Ill.; Translational

^{*}Dr. Krieger participated in her personal capacity. The views and opinions expressed in this article are those of the author and do not reflect the view of the National Institutes of Health, the Department of Health and Human Services, or the United States government.

Science: Dillon Boulton, PhD, postdoc fellow, Department of Pathology, University of Colorado – Anschutz Medical Campus, Aurora, Colo.; and the Audience’s Choice was Konstantinos Stefanakis, MD, PhD (candidate), cardiology fellow, postdoctoral research fellow, Harvard Medical School, Beth Israel Medical Center, Boston, Mass.

Endocrine News scored a front-row seat to the proceedings and caught up with this year’s winners to find out more about their award-winning research, their future research goals, how it felt to present in a room of their peers, and more.

Endocrine News: Tell us a little bit about the research that you presented at the session.

Dillon Boulton: Estrogen receptor positive breast cancer (ER+ BC) comprises about 80% of BC diagnoses, making this by far the most common subtype of BC. Typical therapy regimens for women diagnosed with this disease are endocrine therapies which target either ER expression and activity — with drugs like Fulvestrant and Tamoxifen — or through aromatase inhibitors, which block the conversion of androgens to estrogens. While endocrine therapies are highly effective, about 20% (or more, depending on lymph node involvement) of patients will eventually experience relapse with deadly metastatic disease

within 10 years of diagnosis. Metastatic BC is typically not curable; thus, our lab's overarching goal is to find new approaches to targeting persistent, lethal metastatic ER+ BC. My research specifically focuses on how androgens and androgen receptors (AR) modulate the tumor immune microenvironment (TIME) to an anti-inflammatory pro-tumor state. This work — utilizing valuable, matched patient samples from our recently completed collaborative Phase II clinical trial — suggests that antagonism of AR reinvigorates the TIME by decreasing the abundance of inhibitory immune cells and increasing anti-tumor immune structures called tertiary lymphoid structures.

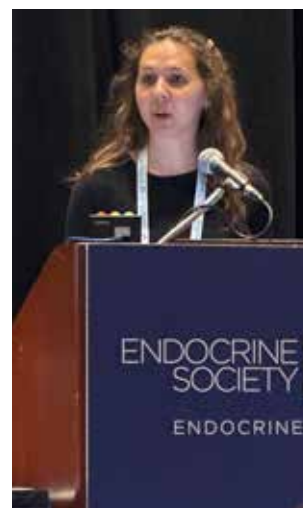
Lila Dabill: I had the pleasure of presenting on my current PhD thesis work in Dr. Erica Scheller's Lab. We are examining an NADase enzyme called Sarm1 found primarily within the nervous system. Sarm1 is the central executioner of Wallerian axon degeneration which occurs after injury, and because of this, multiple companies are already developing Sarm1 inhibitors as a treatment method for neuropathy and neurodegenerative diseases. We have discovered that knocking out Sarm1 in all the nerves of the mice prevents the onset of high fat diet-induced obesity, insulin resistance, and liver steatosis. We performed rigorous metabolic caging assessments and thermogenic testing and found that the prevention in weight gain is independent of energy expenditure, activity, and thermogenesis. We are now moving our hypothesis to the gut as a possible mechanism for the prevention of weight gain. Our goal now is to perform functional assays and wholemount imaging techniques to determine whether Sarm1 neural knockout is protecting against high fat diet-induced gut dysfunction and enteric neuropathy. Once this work is complete, we can explore the exciting potential of using Sarm1 inhibitors as a way to treat multiple facets of obesity and metabolic dysfunction simultaneously.

Konstantinos Stefanakis: My research focuses on using blood-based omics to better understand pathophysiology of metabolic dysfunction-associated steatotic liver disease (MASLD) and steatohepatitis (MASH) and identify patients who are at higher risk for progressive liver disease and complications. This work was performed in the Mantzoros Laboratory at Harvard Medical School, where our broader goal is to study obesity, diabetes, metabolic disease, and cardio-renal-liver-metabolic complications in a way that will ultimately improve patient care.

MASH is important because it is not only a liver disease; it is a metabolic disease. It affects patients who often already live with obesity, insulin resistance, type 2 diabetes, dyslipidemia, and cardiovascular risk. It can progress to advanced fibrosis, cirrhosis, liver failure, and liver cancer, but it is also part of a broader metabolic disease state in which cardiovascular disease remains a major cause of illness and death.

This is especially urgent now because we finally have approved treatment options for patients with at-risk MASH i.e. MASH with moderate to advanced fibrosis, but identifying these patients remains difficult. Liver biopsy is still the most definitive way to diagnose and stage MASH, but it is invasive, expensive, and cannot be applied broadly to the very large number of patients at

The winners of the 2026 Rising Stars Power Talks are shown here (top to bottom) making compelling arguments for their research: Lila Dabill, Konstantinos Stefanakis, and Dillon Boulton.





Dillon Boulton, PhD

postdoc fellow, Department of Pathology, University of Colorado – Anschutz Medical Campus, Aurora, Colo.

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It's incredible to be able to present new and exciting data to colleagues at conferences like **ENDO 2026**. These forums serve as the catalyst for meaningful conversations with experts from around the world and facilitate the establishment of important collaborations. Everyone thinks about problems and gaps in the field uniquely, so discussing research with peers is how we all grow as scientists and improve the quality of research.

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Lila Dabill

PhD student, Washington University, St. Louis, Mo.

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The collaborative and supportive environment of the Endocrine Society has supported growth and rigor in my research and challenged me to try new approaches. I'm grateful for the opportunity to learn from experts in the field and for the exciting discussions that follow. I can't wait to learn more and meet new people at **ENDO 2027**.

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risk. Current non-invasive tests are very helpful, especially for fibrosis risk stratification, but they do not always tell us which disease biology is active in a given patient.

In this project, we studied circulating proteins in serum and plasma from patients with biopsy-characterized MASLD/MASH. We asked whether blood proteins could be altered with progressive stages of the disease, and how, and whether the proteomic changes would reflect important features seen on liver biopsy, including inflammatory activity, fibrosis, and at-risk MASH. Proteomics may help add a missing biological layer to current non-invasive testing and eventually improve how we select patients for referral, treatment, clinical trials, and monitoring.

Brittany Weisbrot: My presentation focused on a patient with new-onset and recurrent hypoglycemia 15 years after bariatric surgery. She was ultimately diagnosed with insulin autoimmune syndrome (IAS), a rare cause of hyperinsulinemic hypoglycemia. What made the case especially fascinating was that her symptoms followed a cyclical pattern that appeared to parallel changes in estrogen levels. Upon further workup, she was found to have a markedly elevated estradiol level and bilateral ovarian fibroma/cystadenomas. After bilateral oophorectomy, her insulin autoantibodies, hypoglycemia, and elevated estradiol levels ultimately resolved, raising the possibility of an interaction between estrogen, autoimmunity, and insulin sensitivity.

While post-bariatric hypoglycemia is becoming increasingly recognized, this case served as an important reminder to consider uncommon causes such as IAS when the clinical picture doesn't fully fit the presumed diagnosis. It also raises interesting questions about the relationship between estrogen and autoimmune disease that warrant further investigation.

EN: What inspired you to undertake this specific research?

Boulton: Everyone's life has been affected by some type of cancer in some form or another, whether it is directly or through a loved one. As technologies improve and our understanding of different cancers increases, we are getting much better at treating these diseases. However, as the second leading cause of death in the United States, cancer remains a prominent problem in our society. My research goals have always been to perform impactful research that will ideally translate to help improve the lives of patients suffering from



This year's panel of judges were from the world of industry in order to have a fresh perspective on the presentations. Seated at the judges' table are (l to r): Jeanna Cooper, PharmD, Ipsen; Puneet Arora, MBBS, MS, AbbVie, Inc.; Christine Krieger, PhD, NIDDK; Maria Barr, PharmD, Alexion Pharmaceuticals, Inc.; Maria Andrea Camilletti, PhD, National Scientific and Technical Research Council - Argentina; and Kelly Hogan, PharmD, Argenx.

these diseases. Focusing on mechanisms of BC resistance to current standard of care treatments, Dr. Richer's lab serves as an ideal environment to do highly relevant, patient-centric research. The advent of immunotherapy has been amazing and improved outcomes for patients with a variety of different cancers. However, ER+ BC is not responsive to any existing types of immunotherapies. By understanding the fascinating interplay between hormones and their receptors in both cancer cells and the surrounding immune cells we seek to open new treatment avenues for ER+ BC.

Dabill: Obesity and type 2 diabetes are a rising issue within the U.S., and there aren't enough treatment methods available for these patients. Current methods of treatment can cause concerning side effects and aren't effective in every patient. This project has been an exciting opportunity for me to explore issues of obesity and type 2 diabetes from a new angle. It has been interesting and exciting to uncover how Sarm1 in the nervous system plays a role in metabolic dysfunction and weight gain, and it is my hope that this work will provide insight into new neural mechanisms for the treatment of obesity and type 2 diabetes.

Stefanakis: This project was strongly inspired by my mentor, Dr. Christos Mantzoros, and by the environment of the Mantzoros Laboratory. One of the things I have learned from him is the importance of identifying real unmet clinical needs

and then using rigorous translational science to address them. That is something I deeply admire and want to cultivate in my own career.

Endocrinologists, but also internists and cardiologists, take care of many patients with obesity, insulin resistance, type 2 diabetes, and metabolic syndrome. These are the same patients who are at highest risk for MASLD and MASH. But in everyday practice, it is still difficult to know who has mild disease and who has active, progressive disease without relying on indirect tests or biopsy. What underlies that is a need for a deeper understanding of disease pathophysiology across all its stages.

That clinical gap inspired the project. In the Mantzoros Laboratory, we are very interested in translating endocrine and metabolic biology into tools that can help patients. We wanted to see whether the circulating proteome could provide a more direct window into the biology of MASH, including inflammation, metabolic stress, tissue remodeling, and fibrosis.

For patients, the goal is very practical: fewer unnecessary invasive procedures, earlier recognition of progressive disease, and better selection of those who may benefit from emerging MASH therapies.

Weisbrot: One of the things that inspired this work was how uniquely the patient's story evolved as each new piece



Konstantinos Stefanakis, MD

PhD (candidate), cardiology fellow, postdoctoral research fellow, Harvard Medical School, Beth Israel Medical Center, Boston, Mass.

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ENDO has given me a scientific home. My work sits at the intersection of endocrinology, obesity, diabetes, liver disease, and cardiometabolic risk, and the Endocrine Society is one of the communities where all of these areas naturally come together. Through these experiences, I feel not only part of the Mantzoros Laboratory, but also part of the broader scientific family of the Endocrine Society.

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Brittany Weisbrot, MD,
internal medicine resident,
Loyola University Medical Center,
Maywood, Ill.

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Working through the case with my mentor reminded me that some of the most meaningful research begins with asking, “What are we missing?” I love that endocrinology rewards curiosity, and it’s incredibly fulfilling to know that investigating one patient’s story has the potential to improve care for future patients.

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of the puzzle was uncovered. What initially appeared to be post-bariatric hypoglycemia ultimately proved to be insulin autoimmune syndrome, and the cyclical nature of her symptoms raised even more questions about the potential role of estrogen in autoimmune disease. As someone with an interest in women’s health, I was excited by the opportunity to explore those questions further.

Working through the case with my mentor reminded me that some of the most meaningful research begins with asking, “What are we missing?” I love that endocrinology rewards curiosity, and it’s incredibly fulfilling to know that investigating one patient’s story has the potential to improve care for future patients.

EN: How did it feel to present your work in such a lively environment among your peers and mentors?

Boulton: I previously worked on mitochondria signaling pathways in hormone receptor negative metastatic breast and prostate cancer, so this was my first time attending **ENDO**. It’s incredible to be able to present new and exciting data to colleagues at conferences like **ENDO 2026**. These forums serve as the catalyst for meaningful conversations with experts from around the world and facilitate the establishment of important collaborations. Everyone thinks about problems and gaps in the field uniquely, so discussing research with peers is how we all grow as scientists and improve the quality of research. Additionally, by listening to presentations from a diverse set of speakers, I was able to learn a lot about hormone actions in other diseases outside of cancer.

Dabill: It was thrilling to have the opportunity to present my work in such a fast-paced, elevator pitch style. I find this style of presentation very satisfying to put together since it forces the speaker to stay succinct and really get to the heart of why the research matters. It was great getting to witness that from all the other excellent Rising Star scholars during the session as well. As scientists, it’s crucial that we practice the ability to pitch our work to a wide audience and convince them that our work is important for the benefit of the general public. I’m thankful that the Endocrine Society gave me this opportunity to practice that this year.

Stefanakis: It was a very special experience. **ENDO** was the ideal place to present this work because MASLD and MASH

are not only liver diseases; they are deeply connected to obesity, insulin resistance, type 2 diabetes, dyslipidemia, cardiovascular risk, and endocrine-metabolic biology. These are the patients endocrinologists see every day, so presenting this work to the endocrine community made it feel especially clinically relevant.

It was also very meaningful personally because this project reflects a lot of collaborative effort within the Mantzoros Laboratory. Sharing it with an international audience and seeing it recognized by the Endocrine Society was both humbling and very motivating.

The discussion after the presentation was one of the most valuable parts of the experience. The questions were thoughtful and scientifically engaging, and they helped us think more deeply about how to strengthen and extend the work. Some of the questions pointed us toward important next steps, including integrating transcriptomics and other layers of biology, and thinking more carefully about how these tests could eventually be used in clinical practice, for risk stratification, referral, treatment selection, and monitoring.

Weisbrot: It was an incredible experience. As an internal medicine resident applying for endocrinology fellowship, presenting at ENDO alongside researchers whose work I deeply admire was

both humbling and rewarding. Having the opportunity to do so in Chicago, where I am completing my residency training, made the experience even more meaningful.

Conversations that followed with physicians and scientists from around the world reinforced how welcoming and collaborative the endocrinology community is and made me even more excited to contribute to the field throughout my career.

EN: Can you explain what sort of impact the Endocrine Society has had on your research career?

Boulton: The Endocrine Society has been a wonderful resource for dissemination of our work. We have been able to showcase our research using several Endocrine Society platforms, like publishing the research I contributed to when I first joined the lab in Endocrinology (“**Androgen Receptors Promote Oxidative Phosphorylation and Resistance to Palmitate Lipotoxicity in ER-Mutant Breast Cancer**”). Additionally, I was honored to be asked to present my most recent findings at the annual ENDO meeting in the three-minute Rising Star format as well as a 10-minute talk where I could go into more detail about our findings.



The Rising Stars Power Talks is always one of the most popular events during ENDO and this year was certainly no exception. The scientific stakes were high as 15 in-training or early-career Endocrine Society members pitched their research to the attendees.



From left to right we see Lila Dabill in the lab at Washington University in St. Louis, Mo.; Konstantos Stefanakis with his mentor Christos Mantzoros, MD, PhD, just after the winners were announced; and Brittany Weisbrot in the middle of the action in the Endo Expo during **ENDO 2026**.

Dabill: The Endocrine Society has served as a great home-base society for me during my PhD thus far. I've had the pleasure of attending and presenting over the past few years and look forward to continuing my involvement. The collaborative and supportive environment of the Endocrine Society has supported growth and rigor in my research and challenged me to try new approaches. I'm grateful for the opportunity to learn from experts in the field and for the exciting discussions that follow. I can't wait to learn more and meet new people at **ENDO 2027**.

Stefanakis: The Endocrine Society has had a major impact on my development as a physician-scientist. In 2020, I received the Summer Research Fellowship, now known as REGMS, and that support was tremendously important early in my research career. It gave me encouragement, visibility, mentorship, and momentum at a time when I was still developing my direction as an investigator.

Since then, the Society has continued to be a major part of my academic growth. I have been fortunate to receive the Outstanding Abstract Award at every **ENDO** from 2022 through 2026, and to publish work in several Endocrine Society journals.

The Endocrine Society has also been deeply connected to the growth of the Mantzoros Laboratory as a scientific

community. Dr. Mantzoros received the Outstanding Scholarly Physician Laureate Award in 2025, one of his former mentees received a Junior Faculty Award this year, and an MD student I had the privilege to co-mentor with Dr. Mantzoros received the 2026 REGMS fellowship, just as I had earlier in my career. Seeing this continuity across mentor, trainees, and newer students has been very meaningful for me and all of us.

More broadly, **ENDO** has given me a scientific home. My work sits at the intersection of endocrinology, obesity, diabetes, liver disease, and cardiometabolic risk, and the Endocrine Society is one of the communities where all of these areas naturally come together. Through these experiences, I feel not only part of the Mantzoros Laboratory, but also part of the broader scientific family of the Endocrine Society.

Weisbrot: The Endocrine Society has played an important role in my development as both a clinician and an early-career researcher. Through **ENDO**, I've had opportunities to present research, receive thoughtful feedback, and learn from researchers whose work has shaped the field.

More than anything, the Endocrine Society has shown me how collaborative the endocrinology community is. As someone at the beginning of my career, it's incredibly motivating to be part

of a field where people are genuinely invested in helping one another learn, grow, and advance patient care.

EN: What's next for you and your research? Where do you go from here?

Boulton: At the end of the day our focus is always on improving outcomes and quality of life for patients through basic discoveries, like how one hormone receptor can compensate when another is being therapeutically targeted. While our preliminary studies suggest an important role for AR modulating immune responses in ER+ BC, there is much to be discovered about mechanisms, and how much of the response is through direct action of hormone receptors in the immune cells or indirect from AR-regulated, tumor-derived immunosuppressive factors. As we continue to uncover the different mechanisms by which AR suppresses immune responses, we aim to determine the best method to target AR or one of its downstream transcriptional target(s) to increase the effectiveness of immunotherapies which have been notoriously unsuccessful at treating ER+ BC.

Dabill: We're in an exciting phase of my research project where we are now exploring the gut phenotypes and mechanisms of Sarm1 neural knockout with high fat diet. Results from this work will inform on whether Sarm1 neural knockout is protecting against obesity by preventing high fat diet-induced gut dysmotility and dysregulated gut-brain-axis signaling. It is exciting to consider a treatment option, such as Sarm1 inhibitors, for obesity and type 2 diabetes where we could target issues of neuropathy, insulin resistance, fatty liver, and weight gain simultaneously. As for me, I am planning on defending in spring of 2027 and will begin looking for a post-doctoral position. My long-term goal is to establish a lab as a PI in the field of metabolism and neural regulation of metabolism.

Stefanakis: The next step is deeper research of pathophysiology and then validation, translation, and expansion. Discovery proteomics is powerful, but the goal is not to measure thousands of proteins forever; the goal is to identify robust biological signatures that can be validated, simplified, and eventually developed into clinically useful noninvasive tests.

This is important because MASLD affects more than a billion people worldwide and is closely linked to obesity, type 2 diabetes, cardiovascular disease, and other metabolic complications. For

patients, better noninvasive tests could mean earlier recognition of progressive disease, fewer unnecessary invasive procedures, better selection for treatment, and more rational monitoring over time.

Going forward, I want to help build more powerful NITs by integrating proteomics with other layers of data, including clinical variables, imaging, metabolomics, hormones, genetics, and other multi-omics approaches. This could help us better identify who has active MASH, who is likely to progress, and who may benefit most from treatment.

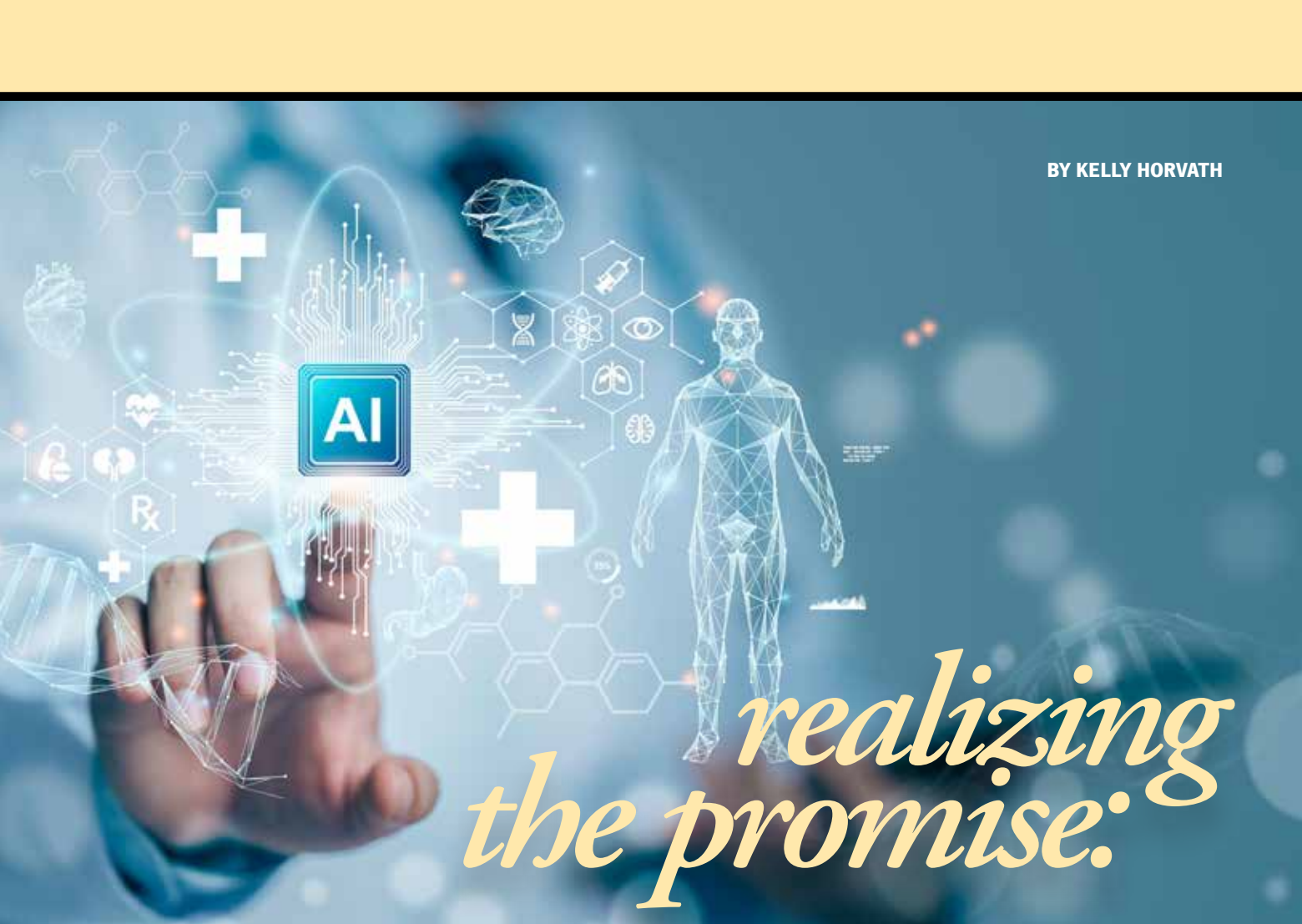
Multiomics also have the potential to catapult drug discovery through the delineation of pathophysiologically important disease pathways that could be leveraged to create and develop novel medications.

A major priority is also to make this work more inclusive. Many populations remain underrepresented in MASLD/MASH research, including Latin American populations and children with pediatric MASH. We still know too little about how disease biology differs across these groups. If we want non-invasive tests to work for real patients in real clinics, they need to be developed and validated in diverse populations.

Ultimately, the goal of this work, and of much of our work in the Mantzoros Laboratory, is to move metabolic disease care toward more biology-informed precision medicine: earlier diagnosis, better risk stratification, more appropriate treatment, less reliance on invasive testing, and, most importantly, helping people who are living with these diseases live longer and healthier lives.

Weisbrot: I am currently applying for endocrinology fellowships while continuing to build my research experience. I am excited to continue exploring questions related to hypoglycemia, obesity medicine, diabetes, and metabolic health while developing as both a clinician and researcher. ^{EN}

BY KELLY HORVATH



*realizing
the promise.*

ARTIFICIAL INTELLIGENCE IN ENDOCRINOLOGY

Artificial intelligence (AI) is steadily moving from novelty to necessity in medicine, and endocrinology is no exception. The ENDO 2026 session “Artificial Intelligence in Endocrinology: Practical Uses, Lessons Learned, and What Comes Next” showed attendees that AI is here, and those who wait too long to engage with it may find themselves playing catch-up.

Toro-Tobon says that one of his favorite components about this year's **ENDO** session was the level of engagement by the attendees in the room: "What I enjoy most about **ENDO** is the level of curiosity," he says. "That interaction with people who are curious and passionate about what they do sparks discussion, and sometimes you get as much out of that as from the sessions themselves."



At a packed session on Saturday, June 13th at **ENDO 2026**, two researchers who study artificial intelligence (AI) in healthcare set out to answer some of the many nagging questions related to the purported AI revolution in "Artificial Intelligence in Endocrinology: Practical Uses, Lessons Learned, and What Comes Next." Says session chair Juan P. Brito, MD, MSc, professor of medicine and director of the Care and AI Laboratory at Mayo Clinic, as well as medical director of the Shared Decision Making National Resource Center and innovation and quality chair for Mayo's Division of Endocrinology: "It was an opportunity to connect two complementary perspectives, one focused on practical AI tools that clinicians can use today and the other on the lessons learned from implementing AI in real healthcare settings."

David Toro-Tobón, MD, a Mayo Clinic Scholar and assistant professor of medicine in the Division of Endocrinology, Diabetes, Metabolism and Nutrition at Mayo Clinic in Rochester, Minn., spoke first, offering a very practical presentation that showed how AI can improve day-to-day clinical and academic work. "Rather than focusing on futuristic applications," says Brito, "he demonstrated tools that many endocrinologists can begin using immediately to improve efficiency while recognizing their limitations."

Naykky M. Singh Ospina, MD, professor in the Division of Endocrinology, Diabetes, and Metabolism at the University of Florida in Gainesville complemented that perspective by discussing the final stages of the AI development and

implementation pathway. "She presented two illustrative examples: The implementation of AI for diabetic retinopathy screening, where AI has already demonstrated clinical value in practice, and the use of AI for thyroid ultrasound assessment, highlighting both its potential and its current limitations," explains Brito.

"Most of us have been hearing how AI can be really disruptive in medical practice for a few years now," says Singh Ospina. "The session was an exercise in reflecting on what has actually changed, what might be changing right now, and what is needed for that promise of AI to actually improve the care of our patients in clinic. We wanted to answer, what can you use AI for right now? Is this the disruption we were expecting?"

Brito says the invitation to chair tracked closely with his own research, which sits at "the intersection of endocrinology, evidence-based medicine, and AI," with a focus on "evaluating how AI can improve clinical decision-making and patient care while remaining centered on evidence and implementation." Camilo Daniel Gonzalez, MD, PhD, of the Autonomous University of Nuevo León in Monterrey, Mexico, also served as chair of the session.

Turning a Would-be Threat into an Opportunity

Toro-Tobón's portion focused on appropriate use of what he refers to as "Everyday AI" — the different types of chatbots and



DAVID TORO-TOBÓN, MD

MAYO CLINIC SCHOLAR,
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ROCHESTER, MINN.

“AI is not going to replace us. Instead ... clinicians who work with AI are going to replace those who don’t. These tools are here to augment us, as long as we’re using them the right way, at the right time. They have the potential to help us do our job better, give us time back to interact with our patients, and do what we feel passionate about. So, the most important thing is not to feel threatened by AI, but to embrace it in a way that’s safe, appropriate, and ethical and that always keeps the patient at the center.”

generative AI clinicians use at different stages of work, like AI scribes; decision support at the point of care, like OpenEvidence and other tools for clinical decision aid or data retrieval; and administrative support for documentation or for research and academic work. “There’s this idea that these tools are coming for us, coming for our place, but I don’t think that’s true,” he says. “Fundamentally, artificial intelligence works differently than human intelligence. They have pitfalls and potentials that are

complementary. So, I see these tools as something that works together with us, not in replacement of us.” Used well, he argues, AI hands back something clinicians are chronically short on: time. “If you’re using it the right way and offloading the cognitive load of tasks that don’t really need you and can be done by a machine, you can redirect all that time you’re saving to actual patient care: looking at your patients, understanding them, doing the things you’re passionate about.”

Of course, this also cuts the other way: “If we don’t understand the risks of using AI, and the way it should be appropriately introduced into the clinic, then we risk making things worse: a higher workload from not using it appropriately, or potential patient harm if we’re not careful about hallucinations and other things that come with it. The stakes are much higher, and the level of error we can accept can’t be as lenient. That’s what makes it challenging.” Some of the key principles to address this challenge include:

- ▶ Passive interaction with generative AI risks cognitive deskilling by creating an illusion of expertise before genuine clinical judgment is earned.
- ▶ Trainees must dynamically match their AI interaction style to the clinical risk level, using a “Centaur” approach with heavy human oversight for high-stakes decisions.
- ▶ Core clinical reasoning must be maintained as an autonomous, tech-free competence to ensure clinicians possess the foundational expertise required to effectively audit AI outputs.

Toro-Tobón’s own research bridges the research and clinical worlds. A substantial portion of his academic work focuses on the intersection of AI and thyroid diseases, and healthcare delivery, and he is completing a master’s degree in AI in healthcare at Mayo Clinic. “I have a little bit of dual expertise: developing tools that help researchers better understand and treat thyroid disease as well as healthcare delivery and AI — how using these tools play

out in the clinic,” he says. Indeed, part of what motivated his pursuit of a master’s in AI was the widening gap between people who understand the data science and people who understand the clinic, with too little communication between them. “There are a lot of people with very extensive data science knowledge who don’t have clinical expertise, building AI for healthcare,” he says. “And there are a lot of people with phenomenal clinical expertise who, because we’re in this AI boom, are trying to build AI applications themselves.” The result can be tools that do not fit their purpose as well as complacency about perceived outcomes. “There’s a lot of enthusiasm, and a lot of papers being submitted to our journals, but when you look closely, there’s a problem with AI spoofing: studies demonstrating phenomenal performance but with significant methodological flaws.” The papers themselves may be legitimately published, he is careful to note, but the caveats may be lost on the individual reader. “What they’re reading isn’t practice-changing today,” says Toro-Tobón.

The goal of the Mayo Clinic master’s program is to graduate clinician-scientists with technical fluency on both sides. Toro-Tobón explains that, “it treats AI as a basic science, a new technique we have at our disposal for clinical questions we already have, a new tool for our research.” The curriculum also covers implementation and ethics, because the cost of getting it wrong in medicine could be catastrophic. Take data privacy, one of the most common threads of the discussion. “There were certainly concerns about privacy, and how to use these tools in a way that’s compliant with regulations,” says Toro-Tobón. A core distinction he tried to drive home is that a tool that is safe for a clinician’s personal use or for general professional use with business-confidential information is not automatically safe for patient data. “Using your personal data or business-confidential information on an AI tool is not the same as using patient data, which is HIPAA-regulated. The tools you use with patient information have to be specifically reviewed and approved for that purpose, and that adds another layer of complexity.”



NAYKKY M. SINGH OSPINA, MD

PROFESSOR, DIVISION OF ENDOCRINOLOGY, DIABETES, AND METABOLISM, UNIVERSITY OF FLORIDA, GAINESVILLE, FLA.

“We still need the AI technology to mature for the kinds of questions we ask in medicine, which are often dependent on context, often longitudinal, and often involve a lot of uncertainty. Even if a tool can make a prediction or suggest the risk of a particular outcome, we need to make sure it’s actually improving patient outcomes — that’s what we need the tools to show or do.”

To illustrate just how easy that line is to miss, he offered a real-world example. Some AI tools are embedded in the software many institutions already use, and logging in with a work account produces a green shield with reassuring language about business data protection. “There’s a big misconception there,” warns Toro-Tobón, “and many health systems have even told their providers, ‘you can use this; it’s HIPAA-compliant.’ But that’s not true. It’s business-compliant, meaning they’re not using that data to train the models, but which doesn’t mean it meets all the criteria to be HIPAA-compliant.”

Whether such a tool can be used with patient data depends on the specific product configuration, institutional approval, contractual terms, and whether the appropriate privacy and



While David Toro-Tobon, MD (far left) is speaking at the podium, co-chairs (l to r) Juan P. Brito, MD and Camilo D. Conzalez, MD, confer, as fellow speaker Naykky Maruquel Singh Ospina, MD, listens.

security arrangements are in place. “This is one of those details that, if you’re not aware of it, you might be putting your patients’ information at risk without realizing it.” With other available tools that are HIPAA-compliant by design (e.g., Doximity Ask and OpenEvidence), users sign in with a National Provider Identifier number that establishes an agreement to handle patient data in a HIPAA-compliant way, but that protection is personal, not institutional, and is why some health systems opt out of it, explains Toro-Tobón. That data does not technically belong to the individual; it belongs to the institution. “We’re in healthcare, which is a different beast,” he says. “We need to be very safe when we use these tools. Good isn’t good enough; these tools have to be exceptional for us to use them in healthcare.”

Gaps Preventing Widespread AI Adoption

These lessons are particularly relevant to Singh Ospina’s research, which centers on patient-centered care and implementation science, with a focus on the patient, clinician, and healthcare system factors that shape the implementation of innovations, including AI solutions, in endocrinology. If Toro-Tobón’s section explored what we can and cannot use today and how, Singh Ospina’s was to reflect on why more of the rest of the AI promise has yet to materialize.

She organized this gap into three pillars. The first is technical: “We still need the AI technology to mature for the kinds of questions we ask in medicine, which are often dependent on context, often longitudinal, and often involve a lot of uncertainty,” she says. The second is clinical: “Even if a tool can make a prediction or suggest the risk of a particular outcome, we need to make sure it’s actually improving patient outcomes — that’s what we need the tools to show or do.” The third is implementation: getting patients, clinicians, and health systems to actually adopt and trust a tool once it exists. The three pillars obviously create a circular problem, in which progress on the third pillar is gated by progress on the first two, and progress on the first two is hard to justify without traction on the third. “You need evidence of clinical outcomes and trust in the technology to be able to implement it. So, AI becomes both a technical and a social challenge,” explains Singh Ospina.

To illustrate her points, she did a head-to-head comparison of an AI tool that has cleared all three hurdles and one that has not, at least not yet. The success story is a U.S. Food and Drug Administration (FDA)-approved imaging tool for diabetic retinopathy that mitigates certain patient barriers to the need for regular retinal screening, such as transportation to multiple appointments and scheduling constraints. “The AI tool takes a picture in clinic, the system flags high-risk findings anything suspicious on the spot,

and the patient ideally leaves with a follow-up already arranged,” says Singh Ospina. She adds that the tool alone is not what moves the needle. “You need the tool plus integration into the workflow, making sure the patient actually gets the appointment.”

The retinopathy tool checks every box: it works (technical); it improves adherence to follow-up (clinical outcome); and it is backed by FDA approval, clinical-guideline endorsement, and even specific billing codes (implementation). The contrast case is thyroid ultrasound. Several AI tools now exist that can analyze a thyroid ultrasound and flag how suspicious a nodule looks for cancer, but they have not demonstrated improvements in care. “Some clinicians might benefit from using these tools and others might not,” she says. With the clinical gap unresolved, the implementation pieces will not click into place, leaving us without guideline endorsement or quality metrics, for example. Moreover, many of the models are trained predominantly on the most common type of thyroid cancer, raising clinician concern about their accuracy for patients with rarer subtypes.

Part of the difference in what succeeds comes down to the nature of the question each tool is being asked to answer, explains Singh Ospina. Retinopathy screening is binary (problems, yes or no for high-risk actionable findings?), whereas thyroid ultrasound comes with more uncertainty. “There’s a need to contextualize the ultrasound findings for individual patients and decide what to do next,” she says. “The technology we have so far can be very helpful with narrow-scope questions. But what we want, and where the real revolution will occur, is technology that can help us with more complex decisions.”

At least part of the solution to this problem, according to Singh Ospina, is to involve all stakeholders from the outset. “You need multidisciplinary teams with experts across all three pillars, from inception,” she says. The diabetic retinopathy tool succeeded in part because it was designed around an actual point of friction in care — the wait, the delay, the burden of getting screened and getting an appointment — rather than around what the technology was capable of in the abstract. Thyroid ultrasound AI faces a steeper climb for the opposite reason: The underlying clinical problem is more complex, and adding an AI agent into that decision raises new questions about when and how it should weigh in. “It’s not a reason to abandon the effort,” she says, “but a reason to keep clinicians and patients embedded in the design process from day 1 rather than brought in once the tool is already built.” Researchers are working to close that distance by incorporating patient demographics, values, and preferences, but more must be done.

The Takeaways

Both speakers described an engaged audience, and Brito came away with a similar read. “Their questions reflected an increasingly sophisticated understanding of AI,



AT A GLANCE

- ▶ In “Artificial Intelligence in Endocrinology: Practical Uses, Lessons Learned, and What Comes Next,” David Toro-Tobón, MD presented a tour of what generative AI tools clinicians can use in their workflows and how, while Naykky M. Singh Ospina, MD presented a framework for reflecting on the technical, clinical, and implementation gaps yet to be addressed to improve patient outcomes.
- ▶ Practical tools exist that clinicians can offload administrative and other tasks to, thereby maximizing their time with patients and potentially providing improved care, but successful use depends on a collaborative approach wherein clinicians remain responsible for critical thinking and clinical judgment.
- ▶ Multidisciplinary teams who design AI tools with implementation in mind are needed to improve patient outcomes, which requires that end users are also codesigning and involved very early.



JUAN P. BRITO, MD, MSC,

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DIRECTOR, CARE AND AI
LABORATORY; MEDICAL
DIRECTOR, SHARED DECISION
MAKING NATIONAL RESOURCE
CENTER; INNOVATION AND
QUALITY CHAIR, DIVISION
OF ENDOCRINOLOGY, MAYO
CLINIC, ROCHESTER, MINN.

“While AI holds tremendous promise to improve healthcare, translating that promise into routine clinical practice remains challenging. Methodological issues, implementation barriers, governance, and the need for rigorous evaluation still need to be addressed before many AI applications can be widely and safely adopted.”

moving beyond curiosity about the technology itself toward thoughtful discussions about evaluation, implementation, and patient impact,” he says. “That, to me, reflects the growing maturity of our field’s approach to AI.”

For Toro-Tobón, the energy in the room is part of what keeps him coming back to ENDO each year. “What I enjoy most about ENDO, this year included, is the level of curiosity,” he says. “That interaction with people who are curious and passionate about what they do sparks discussion, and sometimes you get as much out of that as from the sessions themselves.” He most wanted his particular audience to walk away with continued curiosity about where and how AI can help us. “AI is not going to replace us. Instead, what’s going to happen is that clinicians who work with AI are going to replace those who don’t,” he says. “These tools are here to augment us, as long as we’re using them the right way, at the right time. They have the potential

to help us do our job better, give us time back to interact with our patients, and do what we feel passionate about. So, the most important thing is not to feel threatened by AI, but to embrace it in a way that’s safe, appropriate, and ethical and that always keeps the patient at the center.”

Singh Ospina’s closing case was an exhortation: Get clinicians, AI developers, and implementation scientists all involved early, and often, in how these tools get built in a collaborative way. “You can have the best person developing the best AI architecture and knowing exactly what data is needed, alongside clinicians, patients, and health system representatives who understand the reality people are facing,” she says, “and you codesign with implementation in mind, rather than building the tool first and asking afterward who’s going to use it and how.” For now, the diabetic retinopathy success story remains the field’s best proof of concept that the approach works. The rest of endocrinology’s AI promise is still waiting on its turn.

The throughline of both talks, as Brito summarizes it, is that “while AI holds tremendous promise to improve healthcare, translating that promise into routine clinical practice remains challenging. Methodological issues, implementation barriers, governance, and the need for rigorous evaluation still need to be addressed before many AI applications can be widely and safely adopted.” Brito’s own takeaway lands close by. “AI remains a work in progress,” he says. “There is tremendous excitement about its potential, but there is also a growing appreciation for its current limitations and the work that remains before many applications can be routinely integrated into clinical care.” In the near term, he expects that value to keep showing up in the unglamorous parts of the job — “routine cognitive and administrative tasks that improve efficiency” — while AI tools that directly influence diagnosis and treatment decisions “will require additional research, careful evaluation, and thoughtful implementation before they become part of everyday endocrine practice.” That distinction showed up across ENDO 2026 well beyond this one session: “It was exciting to see the field moving from exploration toward thoughtful implementation,” while also “emphasizing the importance of maintaining rigorous standards for evaluating these technologies before they become part of routine practice.”

Taken together, Brito says the two presentations “provided a balanced view of both the immediate opportunities and the longer-term challenges of AI in endocrinology.” ^{EN}

— HORVATH IS A FREELANCE WRITER BASED IN BALTIMORE, MD. SHE WROTE “THE FAMILY BUSINESS,” ABOUT THE FATHER AND SON PAIR OF ENDOCRINOLOGISTS, DAN AND PHILLIP DUMESIC, IN THE JULY ISSUE.

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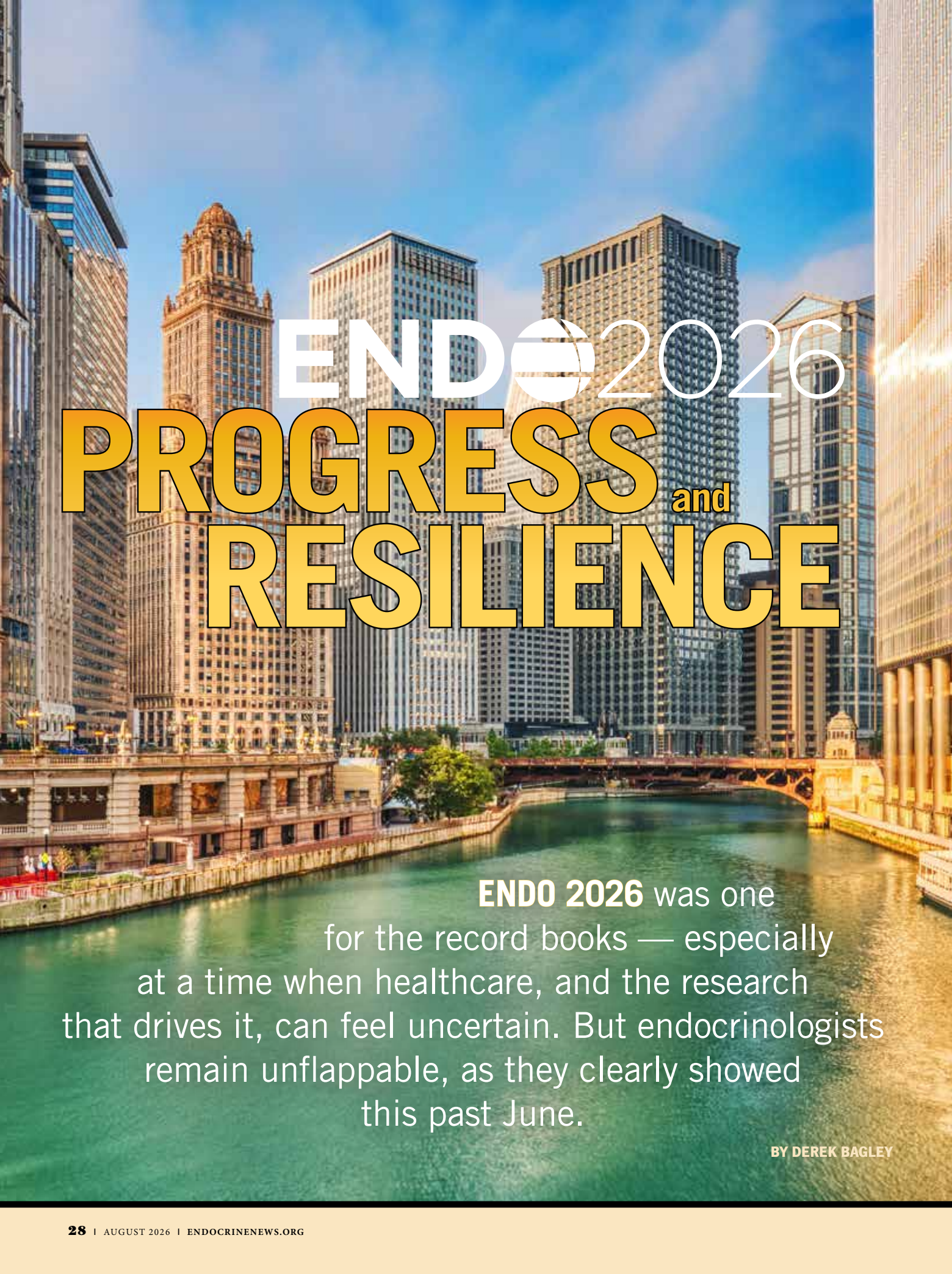
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ENDO 2026 PROGRESS and RESILIENCE

ENDO 2026 was one for the record books — especially at a time when healthcare, and the research that drives it, can feel uncertain. But endocrinologists remain unflappable, as they clearly showed this past June.

BY DEREK BAGLEY



Miles Davis once famously said of jazz that it's not the notes you play; it's the notes you don't play. Jazz was born in New Orleans but during the Great Migration, Chicago welcomed jazz musicians and other artists with open arms, and there it flourished. Jazz enthusiasts in Chicago like to say that jazz was born in New Orleans but grew up in Chicago. Different notes were introduced, and the impact and influence spread throughout the world.

It's fitting that **ENDO 2026** was held in Chicago, in this welcoming and transformative city, in such a turbulent time. It's no secret and it's not at all political to say here that experts in endocrinology have had to go through budget cuts and altogether cut funding, but endocrinologists have kept their heads down and continued to work for the benefit of patients, whether at the bench or bedside.

ENDO 2026 was not only a testament to the resiliency of the field, but also the breadth and wealth of endocrinology. But perhaps the biggest piece of news to come out of the meeting (and indeed the last few years) is the introduction and continuing improvement of GLP-1 medications – once used





PHOTO: Eddie J. Rodriguez/Shutterstock.com



for patients with diabetes but now approved for treating patients with obesity as well.

Weight for It

About an hour or so after delivering their plenary talks, Daniel Drucker, MD, the 2025 recipient of the Endocrine Society's Fred Conrad Koch Lifetime Achievement Award, and professor of medicine at the Lunenfeld Tanenbaum Research Institute of Mt. Sinai Hospital and the University of Toronto in Toronto; and recipient of the Endocrine Society's 2025 Roy O. Greep Award for Outstanding Research, Barbara Kahn, MD, the George Richards Minot professor of medicine at Harvard Medical School and the vice chair for research strategy in the Department of Medicine at the Beth Israel Deaconess Medical Center, sat down for a Q&A session with **ENDO** attendees on the expo floor.

During the chat, current Endocrine Society president Nanette Santoro, MD, the E. Stewart Taylor Chair of Obstetrics & Gynecology at the University of Colorado School of Medicine, asked about the health benefits of ice cream for diabetes, citing an April 2023 article in *The Atlantic* titled, "Nutrition Science's Most Preposterous Result," describing a Harvard doctoral student named Andres Ardisson Korat, whose research concluded that if people with diabetes ate half a cup of ice cream every day, they could reduce their risk of heart disease. The deck of the article by David Merritt Johns reads, "Studies show a mysterious health benefit to ice cream. Scientists don't want to talk about it."

Kahn didn't mind talking about it. "My hypothesis on why eating a little bit of ice cream would delay diabetes onset is that it slows down absorption of carbohydrates," she said. "You don't get the same huge peak in carbohydrates after a meal that you've got that lipid mixed in with the meal." But Kahn also pointed out that the fatty acid esters of hydroxy fatty acids found in ice cream are also found in breast milk and other foods like apples and broccoli.

The next question from an attendee was what weight loss therapy would look like 10 years from now. "Let's not lose sight of the fact that, ideally in 2036, we would have figured out why have we gone in 40 years from a population of BMI of 23 or 24 through this epidemic of overweight or obesity," Drucker said. "[Hopefully by] 2036, we would have figured this out and implemented changes in our environment and our food system and [the cause for] this massive surge in BMI, and we won't need any GLP-1 medicines in 2036. If we do, there'll be dozens of them available and they'll be very affordable."



Endocrine Society Past-President Gary Hammer, MD, PhD, one of the many crowd-pleasing speakers at this year's Early Career Forum that took place all day Friday, June 12.

ENDO2026



PHOTO: gemmannerb/Shutterstock.com



Barbara Kahn, MD, and Daniel J. Drucker, MD, take questions from an eager crowd at their post-plenary session on the **EndoEXPO** floor at the Endocrine Society's booth where they discussed not only the current impacts of GLP-1s, but what the future of weight loss treatments could look like a few years down the road.

“ It looks to me ... that the [GLP1] drugs are incredibly effective. Having said that, there’s still some patients who choose bariatric surgery because it’s a one and done as opposed to dealing with the medications. If you’re looking for fertile areas of research, trying to change the environment to change obesity is very important.”

— BARBARA KAHN, MD, GEORGE RICHARDS MINOT PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL; VICE CHAIR, RESEARCH STRATEGY, DEPARTMENT OF MEDICINE, BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MASS.

GLP medications of course aren’t a silver bullet for treating or curing obesity; lifestyle changes still matter. Kahn noted that on the whole expo floor, of all the vendors, there was not one promoting a stationary bike. “You guys could all be riding a bike while we’re doing this talk,” she told the crowd. “It looks to me, and Dan can speak to this more, that the [GLP-1] drugs are incredibly effective. Having said that, there’s still some patients who choose bariatric surgery because it’s a ‘one and done’ as opposed to dealing with the medications. If you’re looking for fertile areas of research, trying to change the environment to change obesity is very important.”

Drucker agreed, questioning chemicals in our environment, as well as foods and especially processed foods. “What is it about our foods and processed foods and the way they’re manufactured?” he said. “Because I think we would all rather prevent disease than treat disease.”

Breaking Barriers

But while GLP-1 medications seem to signify a turning point in patients with obesity, for some, affordability and access to these treatments aren’t always available. Drucker, who is based in Canada, says a month of semaglutide costs about \$78 Canadian. “It’s like the cost for an Uber ride into Chicago,” he said. “And many other countries are getting generic semaglutide as well.”

In a session titled, “Breaking Barriers: Addressing Endocrine Disorders in Underserved Populations,” Alicia Diaz Thomas, MD, MPH, a professor of pediatrics and senior associate dean for Institutional and Faculty Affairs at the University of Nevada, Reno School of Medicine; and Eric Bomberg, MD, MAS

It Really Is The Windy City

For many of this year's attendees, more effort than usual was required to make it to Chicago, Ill., for **ENDO 2026**, thanks to the unpredictable weather. Aside from storms throughout the Midwest, the Windy City definitely lived up to its name; tornado watches and warnings caused many attendees – and Endocrine Society staff – to spend more time than expected at their respective airports. Some early arrivals even had to shelter in hotel basements as tornados touched down nearby.

One of the many travelers caught up in this weather pattern was an Endocrine Society 2026 Laureate, Lisa B. Nachtigall, MD. Traveling from Boston, where she is the medical director of the Massachusetts General Brigham (MGB) Pituitary Center and an associate professor of medicine at

Harvard Medical School, as well as director of MGH International Education Programs for the MGB/ MGH Endocrine Division, and of the MGH/Harvard Medical School advanced clerkship in Clinical Neuroendocrinology, she was planning to attend the Excellence in Endocrinology Awards Dinner on Friday to receive the Vigersky Outstanding Clinical Practitioner Award. Despite being stranded at Boston's Logan Airport, Nachtigall made it to the ceremony in the nick of time!

However, Nachtigall was not the only Endocrine Society member in the family whose travel was waylaid by Mother Nature – her 92-year-old mother, Lila Nachtigall, MD, a professor of ObGyn at NYU, a menopause expert, and a longtime member of the Society, ended up spending two days in New York's LaGuardia Airport. While this was not the weekend either had planned on, they did make it to McCormick Place in time for the awards ceremony on Saturday.

As this mother and daughter pair show – and as we demonstrated with our article on Dan and Phillip Dumesic in July – endocrinology is just in the DNA of some families!

– **Mark A. Newman**

Just two examples of how endocrinology must run in the genes of some families. From left to right: Andrew Newman, MD, Brigham and Women's Hospital, with his mother, Endocrine Society Past-President Lynnette Nieman, MD, National Institutes of Health; Lila Nachtigall, MD, and daughter Lisa Nachtigall, MD.



discussed the hurdles many people have to face to purchase these medications without going bankrupt.

Diaz-Thomas, who moderated the session, led off by citing the 1899 study by WEB Du Bois, which concluded that Black Americans have higher mortality rates than White Americans, Bomberg told the audience that non-Hispanic White Americans have more access to bariatric surgery, especially with private insurance, while noting there are nine medications currently approved for treating obesity. “Black and Hispanic patients have to jump through more hoops, so to speak,” Bomberg said. “Asian, Black, and Hispanic people are less likely to use these new meds, and that’s accounting for education.”

The question then becomes what can we do? Bomberg argued that obesity needs to be recognized as a disease and that biases about weight gain need to be addressed. “It’s great we have GLP-1 meds and the like but that means nothing if people don’t have access to them,” he said.

Worth the Weight

And while GLP-1s have dominated the news cycle recently, and much of **ENDO**, that’s not all endocrinologists are working on. And even then, researchers are echoing what

One of the highlights at each morning’s plenary session was 2025 - 2026 Endocrine Society President Carol Lange, PhD, who always managed to dance to the podium, setting an enthusiastic tone for the day’s event.



The attendees and faculty at this year’s Early Career Forum, a full-day event that covered an array of topics aimed at helping these budding endocrinologists get a good start to **ENDO 2026** as well as their careers!



Endocrine Society President Carol Lange, PhD (far right) welcomes the attendees to the CORE (Committee on Opportunity and Reaching Excellence) mentoring and networking event.

Drucker and Kahn said during their Q&A session: behavioral factors like setting weight goals. Researchers led by Hans Johnson, found that in a collaborative study with 80,000 adults using tirzepatide, the team found that women tended to lose more weight on tirzepatide than men and that pre-existing conditions such as type 2 diabetes, high cholesterol, hypertension, metabolic liver disease, and obstructive sleep apnea were associated with less weight loss – another testament to individualized treatment options.

Meanwhile, Chinese researchers showed that people with type 2 diabetes who nap longer than 30 minutes every day increase their risk of developing metabolic dysfunction-associated steatotic liver disease. “Our public health message is to nap wisely,” said Xuejiang Gu, MD, PhD, executive director of the Endocrinology Department at the First Affiliated Hospital of Wenzhou Medical University in Wenzhou, Zhejiang.

A study presented on Sunday of **ENDO** suggested that the FDA-approved non-hormone treatment fezolinetant found the menopausal medication improved hot flashes, depression, and anxiety in women. (The study was industry-sponsored.) Researchers led by Pauline M. Maki, PhD, professor of psychiatry, psychology and OB/GYN at the University of Illinois Chicago College of Medicine showed that fezolinetant has benefits similar to what was seen in clinical trials. “That’s important because clinical trials generally have restrictive criteria for study enrollment,” Maki said. “Study participants are generally healthier than the general population.”

Constant Evolution

Miles Davis told Nancy Reagan that he had “changed the course of music five or six times” when Reagan asked him why he was invited to a White House dinner in 1987. After attending **ENDO**, it’s easy to see that endocrinologists are

“The symposia, abstract talks, and posters highlighted the cutting edge of endocrinology. The ‘meet the scientist’ sessions showcased prominent endocrinologists and new technologies being used. I really enjoyed connecting with my friends and colleagues, networking and attending the sessions. In short, it really had it all, didn’t it?”

— ERIK NELSON, PHD, ASSOCIATE PROFESSOR, MOLECULAR AND INTEGRATIVE PHYSIOLOGY, UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN; CHAIR, ENDOCRINE SOCIETY’S ANNUAL MEETING STEERING COMMITTEE



constantly changing the course of healthcare. GLP-1 medications have been a lifesaver for many patients with obesity, a disease that begets almost 200 other disorders.

It's clear that endocrinology is constantly evolving. When Davis said of jazz that that it's about the notes you don't play, he was referring to the beauty of silence between the notes, feeling the rhythm. And not to speak for the legendary Illinois-born Davis (who did indeed change the course of music), but maybe when he said that famous quote, it could be interpreted as "the notes you haven't played yet."

Reflecting on this momentous event, easily the most important endocrinology conference in the world in 2026, Erik Nelson, PhD, associate professor of molecular and integrative physiology at the University of Illinois at Urbana-Champaign, and chair of the Endocrine Society's Annual Meeting Steering Committee says that he is very proud of **ENDO 2026**. "The plenary sessions started each day off with exceptional research that spoke to all of our membership: basic scientists, clinical scientists and clinicians," he tells *Endocrine News*. "The symposia, abstract talks, and posters highlighted the cutting edge of endocrinology. The 'meet the scientist' sessions showcased prominent endocrinologists and new technologies being used. I really enjoyed connecting with my friends and colleagues, networking and attending the sessions. In short, it really had it all, didn't it? Eight thousand friends and colleagues gathered together for amazing science, networking opportunities, and a great city to explore!"

Who could ask for anything more? See you next June in Toronto, Ontario, Canada, for **ENDO 2027**, the first time ENDO has taken place there since 2007! **EN**

ENDO 2026



Once again proving that she is the master of ENDO selfies, Maria Fleseriu, MD, (bottom center) shares another one of her photos. Pictured (clockwise from Fleseriu) are: Joy Wu, MD, PhD; John Newell-Price, MD, PhD; Bruno Ferraz-de-Sousa, MD, PhD; Stanley Andrisse, PhD; Cherie Butts, PhD; Sherita Hill Golden, MD; Daniel Spratt, MD; and Endocrine Society President Nanette Santoro, MD.

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE JULY ISSUE, HE WROTE THE PROFILE ON 2026 C. WAYNE BARDIN, MD, INTERNATIONAL TRAVEL AWARD RECIPIENT ROK HERMAN, MD, IN “**GAME CHANGER**.”



compassionate **CURIOSITY:** **Q&A with Martin Reincke, MD**

The Endocrine Society's 2026 Outstanding Scholarly Physician Laureate Award recipient, Martin Reincke, MD, talks to *Endocrine News* about receiving this prestigious award, his fascination with both the pituitary and the adrenals, and why the next generation of endocrinologists truly inspires him.

BY GLENDA FAUNTLEROY SHAW

Reincke was recently honored with his Outstanding Scholarly Physician award during **ENDO 2026**, and said the experience was wonderful: “Walking through McCormick Place and meeting so many colleagues and friends who wanted to congratulate me was unbelievable!”

For Martin Reincke, MD, the most important advances in endocrinology have never been about discoveries alone. They’ve always been about the people whose lives those discoveries can change. Whether it’s leading international collaborations to improve care for patients with adrenal disorders or mentoring the next generation of physician-scientists, Reincke has built a career on the belief that exceptional research and compassionate medicine go hand in hand.

That philosophy has made him one of the world’s leading experts in adrenal and pituitary disorders and earned him the Endocrine Society’s 2026 Outstanding Scholarly Physician Award, which recognizes outstanding contributions to the practice of clinical endocrinology in academic settings. Reincke is a professor of endocrinology and former chair of Medical Department IV at Ludwig-Maximilians University Hospital in Munich, Germany. He has played a significant role in building a large-scale international research consortia to address major therapeutic challenges in patients with primary aldosteronism and Cushing’s syndrome.

When *Endocrine News* caught up with Reincke, he reflected on the mentors who shaped his career and why he believes today’s young endocrinologists are poised to ask even bigger questions than previous generations. He also shared why playing the violin offers a perfect get-away from the stressors of science research.

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

Reincke: In my heart, there may be doubts that I deserve the Outstanding Scholarly Physician Award over other colleagues from the field of endocrinology whom I hold in respect and reverence, but there is no question of my pleasure and pride in having it for myself.



The 2026 Outstanding Scholarly Physician Award recipient Martin Reincke, MD (second from right), at **ENDO 2026** Plenary on Sunday June 5 with fellow 2026 Endocrine Society Laureates (left to right) Alvin C. Powers, MD, Roy O. Greep Award for Outstanding Research; Bradley Anawalt, MD, Outstanding Educator Award; outgoing Endocrine Society President Carol Lange, PhD; and Samuel Klein, MD, Outstanding Clinical Investigator Award.



“ I am excited by [the next generation of endocrinologists’] fearlessness. They move effortlessly between AI, genomics, imaging, and patient care in ways my generation never could. My hope is that they’ll ask bigger questions than we did and never forget that every dataset represents a person waiting for a better diagnosis or treatment.”

— MARTIN REINCKE, MD, PROFESSOR OF ENDOCRINOLOGY;
FORMER CHAIR, MEDICAL DEPARTMENT IV, LUDWIG-
MAXIMILIANS UNIVERSITY HOSPITAL, MUNICH, GERMANY

EN: You are recognized for your discoveries in adrenal and pituitary disorders. What inspired you to focus on this particular area of endocrinology?

Reincke: The pituitary is the body’s master conductor, and the adrenal is probably the most fascinating endocrine organ — three cortical zones plus the medulla, all packed into a few grams of tissue. But what really drew me in were the patients I had the privilege to care for. Diseases like Addison’s and Cushing’s are devastating, yet understanding their biology can dramatically change lives.

EN: Throughout your career, what has been the most rewarding moment, not necessarily the biggest achievement, but the moment that reaffirmed why you chose this path?

Reincke: Meeting the late [German endocrinologist] Bruno Allolio (1949-2015) early in my career. He showed me that you don’t have to choose between being a compassionate physician and a curious scientist. You can, and should, be both. We worked for 12 years together. During that time, he sharpened my mind and prepared me for the ultimate challenging clinical scenarios. And having the privilege to work with George Chrousos at the NIH in the 90s. He introduced me to molecular biology of endocrine diseases, a passion, which never stopped. From both, I learned true generosity, giving without intending to take advantage of the other.

EN: One of your nominators described you as “a role model par excellence for aspiring early-career clinical and translational endocrinologists.” Looking ahead, what excites you most about the next generation of endocrinologists, and what do you hope they’ll accomplish?

Reincke: I am excited by their fearlessness. They move effortlessly between AI, genomics, imaging, and patient care in ways my generation never could. My hope is that they’ll ask bigger questions than we did and never forget that every dataset represents a person waiting for a better diagnosis or treatment.

EN: Science can be all-consuming. What’s your favorite way to unplug when you step away from the classroom?

Reincke: I am a passionate violin player. Just last week I played Dvořák’s Dumky Trio with close friends. It’s inspired by Ukrainian folk songs and contains, in less than half an hour, more joy, longing, despair, and hope than many books. After that, reviewer comments seem much less dramatic. **EN**

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

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CMS Releases Annual Physician Payment Proposed Rule; Physician Payment Reform Legislation Introduced in the House

On July 14, the Centers for Medicare & Medicaid Services (CMS) released the CY 2027 Medicare Physician Fee Schedule (MPFS) proposed rule. Below are some specific areas of interest for endocrinologists, which we will comment on:

- ▶ **Overall reimbursement** — While the proposal is expected to result in a 2.5% decrease in reimbursement for all physicians, CMS estimates that policies in the rule would result in a 2.5% increase for the endocrinology specialty. Positive changes in overall Medicare payment for endocrinology services are due to changes in the use of G2211 and other proposals that favor non-procedural practitioners over procedural practitioners.
- ▶ **G2211** — The agency has proposed transitioning the G2211 complex care code into a MOD1 modifier code. This new modifier code will have the same descriptor as G2211 and can be reported and billed in the same way as the G-code. The modifier, when appended to an appropriate E/M code, will be reimbursed at 16% of the value of the billed E/M code.
- ▶ **Fine Needle Aspiration** — The rule also proposed to increase the reimbursement rate of Fine Needle Aspiration (FNA). The Society advocated for increasing the FNA reimbursement rate and we are pleased the agency is proposing this change.
- ▶ **Remote Physiologic Monitoring** — CMS has proposed that practitioners who provide remote physiologic monitoring (RPM) and remote therapeutic monitoring (RTM) services must first conduct a separately reportable initiating visit (either in-person or via telehealth) prior to starting RPM and RTM.

CMS has posted a fact sheet on the rule on their website. We will provide Endocrine Society members with an in-depth analysis of the rule on our website in August. Every year, CMS requests our feedback on their proposed changes, and we respond by submitting a comment letter to the agency. *Comments are due on September 14.*

In addition to the Physician Fee Schedule Rule, the Society will continue to work with the bipartisan chairs of the GOP and Democratic Doctors Caucus who introduced the Patients First Act on July 15, which would make reforms to Medicare Physician Payment. This legislation would provide an annual inflationary update to the Medicare Physician Fee Schedule tied to the Medicare Economic Index (MEI). The legislation would provide an increase of MEI minus

1%. The Society has urged the sponsors of the bill to ensure that endocrinologists and other non-procedural specialists who bill E/M services are supported in this proposal.

We will continue to advocate for legislation ensuring that endocrinologists and other specialties are adequately reimbursed for the care they provide.



Society Advocates for Obesity and Women's Health at AMA Annual Meeting

In June, the American Medical Association (AMA) House of Delegates met in Chicago to establish policy positions on topics of importance to healthcare providers and patients. Endocrine Society delegates Amanda Bell, MD, Daniel Spratt, MD, and Naykky Singh Ospina, MD, attended the meeting to represent the Endocrine Society and advocate for issues important to endocrinology.

During the meeting, the Society supported resolutions focused on obesity and women's health. We cosponsored a resolution addressing parity in access to evidence-based obesity treatment. The resolution advocated for insurance parity for surgery, drugs, and therapy within obesity care.

The AMA House of Delegates, which is the legislative and policy-making body of the AMA, meets twice a year to consider changes to AMA policy. We thank our delegates for attending the AMA meeting and representing the Society.



The Endocrine Society delegates, Naykky Singh Ospina, MD; Amanda Bell, MD; and Daniel Spratt, MD, at the AMA Annual Meeting in Chicago in June.



Daniel Spratt, MD

Special Note of Appreciation to Daniel Spratt, MD

The June AMA House of Delegates meeting also marked the conclusion of Daniel Spratt's service as the Society's delegate.

Spratt has represented the Society at the AMA since 1994. At that time, endocrinology was not yet recognized by the AMA as a subspecialty of internal medicine. Through Spratt's dedicated efforts, the AMA voted to seat the Society in its House of Delegates, allowing the Society to propose resolutions advocating for endocrine issues. Since then, Spratt has served continuously as delegate or alternate delegate through June 2026.

In collaboration with other medical societies, the Society has addressed a wide range of endocrine issues, including insulin affordability, regulation of hormones used for performance enhancement and bodybuilding, access to obesity care and recognition of obesity as a disease, physician compensation, workforce issues, and access to care. One of the Society's resolutions led to the formation of a joint task force with the Society, the AMA, United States Anti-Doping Agency (USADA), and the White House that produced a White Paper on the effects and risks of performance-enhancing drugs and contributed to the reclassification and regulation of certain hormone therapies, such as androstenedione, which had previously been marketed as nutritional supplements. Another resolution helped establish the AMA Task Force for Preservation of the Patient-Physician Relationship, on which Spratt serves to preserve access to care for patients.

The Society extends its deepest appreciation to Spratt for his leadership and dedication from 1994 through 2026 and for his enduring contributions to endocrine and patient advocacy.

On July 15, the National Strategy to Close the Women's Health Gap was launched in Washington, D.C., and was endorsed by the Endocrine Society.

Pictured here in front of the Capitol building are representatives from other endorsing organizations (l to r): Katie Schubert, Society for Women's Health Research; Erika Miller, Women's First Health Coalition; Mila Becker, Endocrine Society; Erika Sward, Us Against Alzheimer's; and Ashleigh Thorpe, National MS Society.



The Endocrine Society Endorses National Strategy to Close the Women's Health Gap

On July 15, the Endocrine Society joined 37 professional medical, patient advocacy, and research organizations to endorse a National Strategy to Close the Women's Health Gap.

The Society for Women's Health Research (SWHR), American College of Obstetricians & Gynecologists (ACOG), and the Women First Research Coalition (WFRC) unveiled the National Strategy to Close the Women's Health Gap, a bold framework calling on Congress to invest \$20 billion over 10 years to transform women's health research, care, and outcomes.

Women comprise more than half the U.S. population, yet for decades women's health has been understudied and

underserved. This strategy recommended investment priorities including research and innovation, regulatory coordination and modernization, data and evidence infrastructure, bolstering the women's health clinical and research workforce, and public awareness and education.

Endocrinologists play a key role in ensuring that women's care is focused on the correct balance of hormones. We are encouraged to see this collaborative effort to close the women's health gap and advance evidence-based care. The Society will continue to advocate for improving and protecting access to care for women through better funding and research to address gaps in endocrine health.

Endocrine Society Fights to Protect Research from Proposed OMB Rule

On May 29, the Office of Management and Budget (OMB) proposed sweeping changes to the rules governing all federal grant funding.

If finalized, this rule would fundamentally reshape how biomedical research, including endocrine science, is funded in the United States. The proposed rule would give political appointees the power to block grant awards that do not align with current administration priorities, allow federal agencies to terminate grants at any time without a formal appeals process, and impose restrictions on publication costs and international collaborations, among other disruptions. Taken together, the proposed rule directly threatens the foundational principles of merit-based science. OMB is seeking to

implement its proposed changes October 1, and the Endocrine Society is opposing the rule, calling for its withdrawal, and urging Congress to intervene.

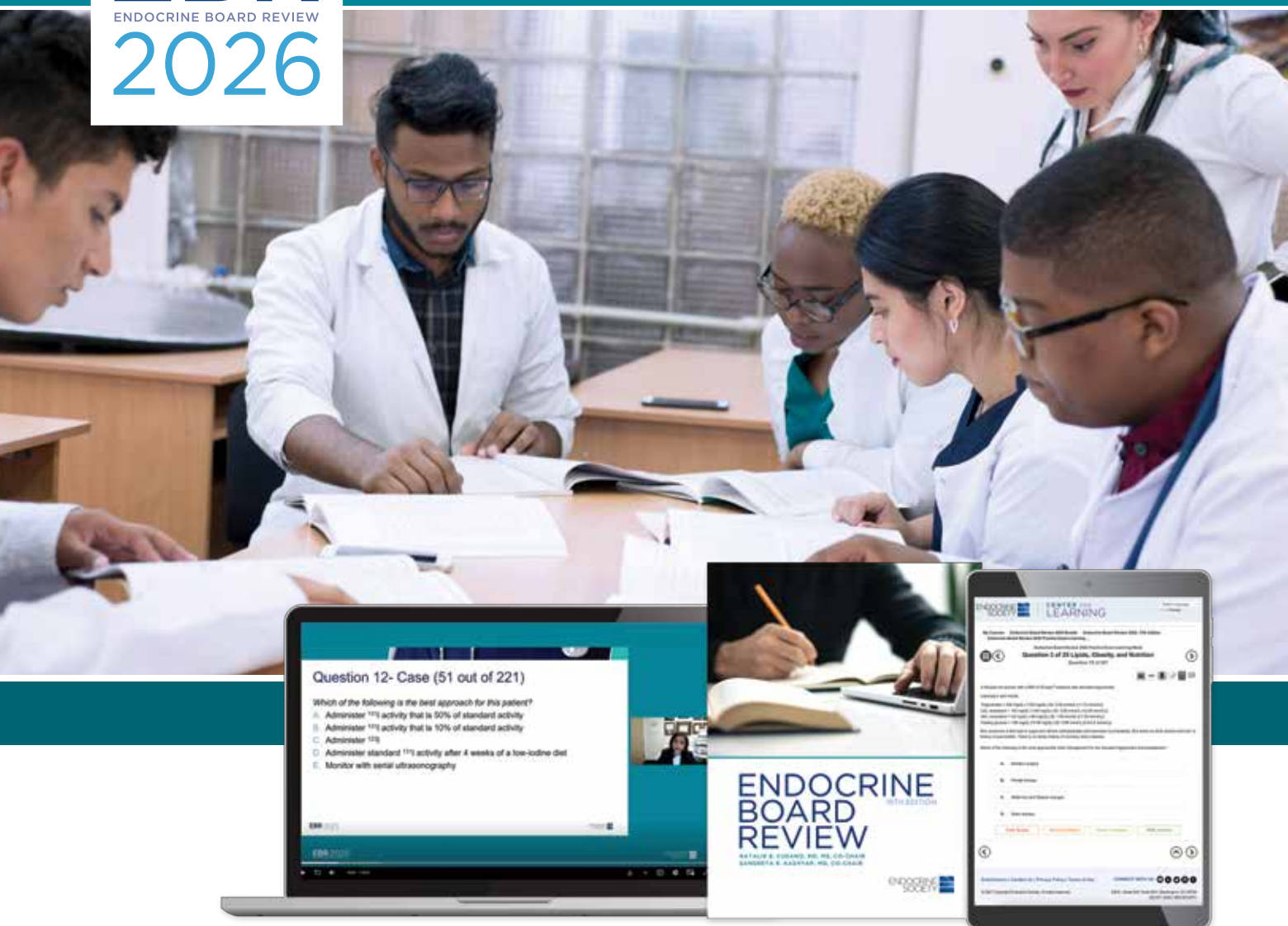
How You Can Make A Difference:

Join our Advocacy Campaign - Your representatives and senators need to hear from you about the threat to research posed by the proposed rule. The Endocrine Society has created a new online advocacy campaign (www.endocrine.org/advocacy/take-action) where you can send a message to your elected representatives urging them to intervene and protect federal research funding. This is the quickest and most effective way to make an impact now. EN

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