

APRIL 2023

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

Big Shots

As both GLP-1 agonists and insulin make headlines around the world, *Endocrine News* takes a deeper dive with input and perspectives from endocrine experts:

- **THE AGONISTS AND THE ECSTASY:** GLP-1 agonists are flying off the shelves as an obesity cure, but what about the patients who desperately need them as a lifesaving treatment?
- **THE PRICE IS (FINALLY) RIGHT.** Three of the world's top insulin manufacturers have slashed prices and implemented a reduced monthly price cap for people on Medicare. While an encouraging first step, many gaps remain for people who rely on insulin.

**GLP-1
AGONISTS
AND INSULIN
PRICING HAVE
BEEN MAKING
NEWS.**

RETURNING TO CHICAGO:

A look at a few Windy City highlights during ENDO 2023

DATA EVERYWHERE, ALL AT ONCE!

FASEB's DataWorks! data management initiative debuts



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Endocrine news

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

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28 | Take Me Back to Chicago

As the Endocrine Society prepares to welcome the endocrinology community from around the world to Chicago for **ENDO 2023**, *Endocrine News* is highlighting some of our host city's local flair as well as a few components of the conference itself. Since this year's annual meeting is the first all in-person meeting in four years, we look forward to seeing you in the Windy City this June! **BY COURTNEY CARSON**

16 | The Agonists and the Ecstasy

The popularity of GLP-1 agonists to treat obesity has been skyrocketing in recent months, leading to both shortages and price increases. However, as more patients make their voices heard and doctors begin to prescribe them, obesity could become easier to treat or even cure.

BY DEREK BAGLEY

22 | The Price is (Finally) Right. Recent insulin price cuts are a dose of good news.

In March, Eli Lilly lowered the price on its most popular insulins, with Novo Nordisk following suit shortly thereafter, but only after the \$35 monthly price cap for people on Medicare that was mandated by the Inflation Reduction Act. Is this the wave of the future or just the first small "step on the journey"?

BY DEREK BAGLEY

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FASEB's new DataWorks! program gives researchers

an easier way to manage and share data generated during routine biological and biomedical research. *Endocrine News* presents an overview of the new initiative and what you need to know to maximize your research data for your own benefit, as well as to the benefit of other scientists working in your area of expertise.

BY KATHERINE MCNEILL, MS, MBA

41 | ADVOCACY
CMS finalizes proposal to expand coverage of continuous glucose monitors; society applauds efforts by insulin manufacturers

to lower insulin prices; Endocrine Society releases educational resource on obesity for Congress; EPA incorporates society recommendations in landmark PFAS regulations; Endocrine community makes progress in advancing EU EDC regulations.

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ENDOCRINE SOCIETY

Hormone Science to Health



Society Attracts Major Headlines

I'm so proud of the news presence the Society has built and the coverage we have had over the past few months related to our Obesity Science Writers Conference and our advocacy efforts. We are regularly featured in the news for our research and advocacy. Reporters rely on our members' expertise on various endocrine health and policy topics, and we are consistently mentioned in top news outlets such as CNN, the Associated Press, and the *Washington Post*.

Recently, the media has shown a lot of interest in emerging anti-obesity medications, so we decided to host a panel discussion with our experts on the changing landscape of obesity care. Reporters from the *New York Times*, *USA Today*, and several other top health news outlets joined the discussion.

The Science Writers Conference was an effective way to raise awareness around the importance of treating obesity as a disease and the barriers to accessing medications. The reporters now know to reach out to us for any future stories related to obesity care.

We also leveraged the media to advocate for insulin affordability by issuing statements and doing local outreach to reach policymakers in different states. We issued press statements advocating for the Inflation Reduction Act and were happy that a monthly cap on insulin for people with Medicare was included.

It was exciting to be quoted in *TIME* about the Inflation Reduction Act, as the outlet's large audience provides great visibility for such an important issue. We also recently issued a statement praising Eli Lilly and Company's efforts to lower insulin prices for people with diabetes who use Eli Lilly's medications.

ENDO is the biggest driver of media coverage for the Society. Each year, the media team puts together a Research Summaries Book consisting of 35 – 40 press releases on

newsworthy abstracts. We also host four or five live-streamed press conferences highlighting the top abstracts.

Our **ENDO 2022** media numbers were impressive — more than 1,400 articles mentioned **ENDO 2022** and the research we promoted in our press releases and news conferences. We are looking forward to another successful **ENDO** in June with a newsroom filled with reporters and lots of media coverage.

Last year, we promoted abstracts on topics such as anti-obesity medications, pandemic stress and women's

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Researchers get great exposure when their findings are mentioned in the news, and it can really elevate their careers and the impact of their work.

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reproductive health, and cell phone usage and obesity. The articles were featured in health and wellness news outlets such as HealthDay and Medscape. We are really excited about promoting this year's newsworthy abstracts and hope to have the same — if not more — media success!

Researchers get great exposure when their findings are mentioned in the news, and it can really elevate their careers and the impact of their work. Check out our helpful resources for communicating your science on our website: [endocrine.org/our-community/career-and-professional-development/communicating-science](https://www.endocrine.org/our-community/career-and-professional-development/communicating-science). ^{EN}

– Ursula B. Kaiser, MD
President, Endocrine Society

CONGRATULATIONS TO OUR NEW 2023 PRESIDENT-ELECT

We are pleased to announce the new President-Elect who will be joining our leadership team at the conclusion of ENDO 2023. Please join us in congratulating and welcoming our future leader!



John Newell-Price,
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FROM THE **EDITOR**

APRIL 2023

Endocrine news

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

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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.

Behind the Headlines

It's not often that diabetes treatments make it into the monologue for the Academy Awards, but on Sunday March 12, that's exactly what happened. As OSCARS host Jimmy Kimmel began his hosting duties on that star-studded evening, he quipped, "When I look around this room, I can't help but wonder if Ozempic is right for me?"

While the comment scored a laugh by those in attendance, likely those watching from home who have seen their diabetes medications run in short supply didn't crack a smile. Due to newfound popularity of GLP-1 agonists as a quick weight-loss solution, some have found their medications in short supply or more expensive, and in some cases, both. *Endocrine News* senior editor Derek Bagley looks at this phenomenon in "**The Agonists and the Ecstasy**" on page 16, where he talks to endocrinologists about the popularity of these drugs, as well as some of the inequities many patients face in obtaining treatment. "For patients with diabetes, there have been studies showing that medical providers are less likely to prescribe certain medications to commercially insured patients who are Black, than they are to those who are white," says Rocio Pereira, MD, chief of endocrinology at Denver Health; and associate professor of medicine at the University of Colorado, Aurora. "These practices may be due to medical providers having biases about which patients will be able to afford certain medications, or about the effectiveness of medications in different patient groups."

Bagley doesn't leave the pharmacy just yet as he discusses the recent spate of insulin price cuts mandated by the Inflation Reduction Act signed into law by President Joe Biden on August 16, 2022. Eli Lilly and Company was the first to put a \$35 monthly cap on insulin for people on Medicare, followed in quick succession by Novo Nordisk and Sanofi. In "**The Price is (Finally) Right**" on page 22, a number of endocrinologists weigh in on this news, but all perceive it as definitely a much-needed first step in the right direction. "This has been something the Endocrine Society and all the other professional organizations have been advocating for," says Robert Vigersky, MD, chief medical officer at Medtronic, director emeritus of the Diabetes Institute at Walter Reed National Military Medical Center in Bethesda, Md., and past-president of the Endocrine Society. "It's a major step forward, but it's still a step on the journey."

In another example of "breaking news," the brand-new data management initiative launched by the Federation of American Societies for



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The mission of the Endocrine Society is to advance excellence in endocrinology and promote its essential and integrative role in scientific discovery, medical practice, and human health.

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Experimental Biology (FASEB) called DataWorks! promises to help researchers keep their data organized as detailed in “**Data Everywhere, All at Once!**” on page 38. This new initiative should be a big help to endocrine scientists as they navigate the field of data management and sharing to bring the “biological and biomedical research communities together to advance human health through data sharing and reuse.”

And to get you ready for **ENDO 2023** taking place in Chicago June 15 – 18, we have an article of highlights of the Windy City on page 28 so you can plan your trip as soon as possible. Since it's the first all in-person **ENDO** since 2019, there is a lot of excitement for everyone to get back together in the “real world” to exchange ideas, stories, research, and, of course, hugs and handshakes! If you haven't registered for **ENDO 2023** yet, go to: <https://www.endocrine.org/meetings-and-events/endo2023/register>. Can't wait to see you all there!

Speaking of scientists and researchers, the other day I had the TV on in the background and I heard a quote that reminded me of our thousands of basic science members: “Nothing is impossible, not if you can imagine it. That's what being a scientist is all about!” It reminded me of how much enthusiasm the Endocrine Society Basic Science members have for not only their research and their findings, but for the actual, often laborious, and sometimes frustrating process of conducting research. It's inspiring and always hopeful. And by the way, that quote was uttered by Professor Farnsworth on *Futurama* who was explaining to his clone the importance of scientific research! 

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

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BY DEREK BAGLEY
Senior Editor

TRENDS & INSIGHTS

Intoxicated Mice Sober Up after FGF21 Shot



Fibroblast growth factor 21 (FGF21) protects mice against ethanol-induced loss of balance and righting reflex, according to a study recently published in *Cell Metabolism*.

Researchers led by Steven Kliewer, PhD, and David Mangelsdorf, PhD, both of the University of Texas Southwestern Medical Center in Dallas, point out that simple sugars in ripening fruits and nectars are a rich source of calories for many animals, but the ethanol produced by this natural fermentation can cause intoxication. “Accordingly, animals that consume fructose and other simple sugars have evolved liver enzymes to catabolize ethanol,” the authors write. “Comparative genetic analyses of alcohol dehydrogenases across species reveal that many strict herbivores and carnivores that are not exposed to ethanol appear to have lost the ability to catabolize it, underscoring the importance of ethanol as an evolutionary driver.”

FGF21 is induced in the liver by a variety of metabolic stresses, including starvation, protein deficiency, simple sugars, and ethanol. In humans, ethanol is by far the most potent inducer of FGF21 described to date. Previous studies showed that FGF21 suppresses ethanol preference, induces water drinking to prevent dehydration, and protects against alcohol-induced liver injury.

In the new study, researchers show that FGF21 plays a broader role in defending against the harmful consequences of ethanol exposure than previously thought. In mice, FGF21 stimulated arousal from intoxication without changing the breakdown of ethanol. Mice lacking FGF21 took longer than their littermates to recover their righting reflex and balance following ethanol exposure. Conversely, pharmacologic FGF21 administration reduced the time needed for mice

to recover from ethanol-induced unconsciousness and lack of muscle coordination.

FGF21 did not counteract sedation caused by ketamine, diazepam, or pentobarbital, indicating specificity for ethanol. FGF21 mediated its anti-intoxicant effects by directly activating noradrenergic neurons in the locus coeruleus region in the brain, which regulates arousal and alertness.

Taken together, the results suggest that the FGF21 liver-brain pathway evolved to protect against ethanol-induced intoxication. According to the authors, this pathway may modulate a variety of cognitive and emotional functions to enhance survival under stressful conditions.

It remains to be determined whether activation of the noradrenergic system contributes to FGF21’s other effects, including those on metabolism and ethanol and sweet preference. Although both FGF21 and noradrenergic nervous system activity are induced by ethanol in humans, additional studies will also be required to determine whether FGF21’s anti-intoxicant activity translates to humans.

“In summary, FGF21 serves as an endogenous hormonal signal from liver to noradrenergic neurons in the brain to defend against ethanol-induced intoxication. Post hoc pharmacologic administration of FGF21 also markedly accelerates arousal from ethanol’s detrimental effects on righting reflex and rotarod performance,” the authors conclude. “These results reveal a mechanism for selectively targeting noradrenergic neurons that could prove useful for treating both the loss of consciousness and impaired mobility that occur during acute alcohol poisoning.”

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SGLT2i Could Reduce Risks of Renal and Respiratory Diseases

Sodium-glucose cotransporter 2 inhibitors (SGLT2i) could reduce the risks of renal and respiratory diseases, including end-stage renal disease (ESRD), obstructive airway disease (OAD), and pneumonia, according to a retrospective cohort study recently published in *JAMA Network Open*.

These studies provide novel real-world evidence that SGLT2i could confer extra-glycemic protection to patients with type 2 diabetes and potentially be a better alternative to an older class of glucose-lowering drugs, dipeptidyl peptidase-4 inhibitors (DPP4i). A previous study was published in *The Journal of Clinical Endocrinology & Metabolism* in November 2021, which concluded, “Compared with DPP4is, SGLT2is use was associated with a reduced risk of pneumonia and pneumonia mortality in a real-world setting.”

Researchers led by Cheung Ching-lung, PhD, associate professor in the Department of Pharmacology and Pharmacy at the University of Hong Kong, point out that chronic respiratory diseases are the third leading cause of death, after cardiovascular diseases and cancers. Among the chronic respiratory diseases, OAD, including chronic obstructive pulmonary disease (COPD) and asthma, is the most common cause of death. “Diabetes is a common comorbidity of OAD. Previous studies reported that OAD was associated with a higher risk of diabetes, and diabetes was associated with a higher risk of OAD and exacerbation events,” the authors write. “Given the interrelated nature of OAD and diabetes, it is of clinical importance to investigate the effects of antidiabetic medications on OAD.”

SGLT2i are a new class of second-line glucose-lowering drugs for type 2 diabetes. Placebo-controlled clinical trials and multinational observational studies have shown that besides glycemic control, SGLT2i also confer cardiovascular and renal protection in patients

with type 2 diabetes over the past few years. However, it is not clear whether SGLT2i could provide better cardiorenal protection when compared to individual classes of older glucose-lowering drugs that have been widely prescribed in recent years, such as DPP4i. A retrospective cohort study investigated the association of SGLT2i, with four renal outcomes, namely ESRD, albuminuria, acute renal failure (ARF), and the decline in estimated glomerular filtration rate (eGFR).

The team also conducted another retrospective cohort study to investigate the association of SGLT2i with the risk of OAD and pneumonia because SGLT2i were shown to inhibit the lung NLRP3 inflammasome activation, which has been implicated in both asthmatic airway inflammation and COPD exacerbations in some animal studies.

From a cohort of more than 30,000 patients with type 2 diabetes in Hong Kong, after adjusting for potential confounders, the team found that compared to DPP4i, SGLT2i were significantly associated with an 81% reduced risk of ESRD, a 70% reduced risk of ARF, a 50% reduced risk of albuminuria, as well as a slower decline in eGFR.

For respiratory outcomes, SGLT2i were significantly associated with a 35% reduced risk of OAD and a 46% reduced rate of OAD exacerbations, as well as a 41% reduced risk of pneumonia.

The findings showed novel evidence that SGLT2i could be protective against OAD and pneumonia. “In this retrospective cohort study of patients with type 2 diabetes in Hong Kong, SGLT2i use was associated with a reduced risk of incident OAD as well as a lower rate of OAD exacerbations in clinical settings compared with DPP4I use. Similar results were also observed among men and women,” the authors conclude. ^{EN}



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In this retrospective cohort study of patients with type 2 diabetes in Hong Kong, SGLT2i use was associated with a reduced risk of incident OAD as well as a lower rate of OAD exacerbations in clinical settings compared with DPP4I use. Similar results were also observed among men and women.

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John Newell-Price, MD, PhD, FRCP, Elected 2024 – 2025 Endocrine Society President

Endocrine Society members elected John Newell-Price, MD, PhD, FRCP, as its 2024 – 2025 president. He will serve as president-elect for a year beginning in June 2023 before becoming president in June 2024.

Newell-Price is professor of endocrinology at the University of Sheffield in Sheffield, United Kingdom. He also is head of the Endocrinology Service at the Sheffield Teaching Hospitals NHS Foundation Trust and of the European Neuroendocrine Tumor Society at the hospital.

Newell-Price's clinical expertise includes pituitary and adrenal disorders, genetic endocrine disease, and neuroendocrine tumors and cancer. His research group focuses on glucocorticoid excess and deficiency, with discoveries that have resulted in new paradigms of diagnosis and treatment.

Newell-Price is very active in mentorship and supervision of medical and graduate students, and clinical trainees in endocrinology. He also holds many service roles at different organizations and is currently a member of the Society's Clinical Guidelines Committee.

The Society also selected five members to join its Board of Directors beginning in June 2023:

Ricardo Azziz, MD, MBA, MPH, University of Alabama, Birmingham, Alabama

Azziz is professor of obstetrics and gynecology, medicine, and healthcare organization and policy in the Schools of



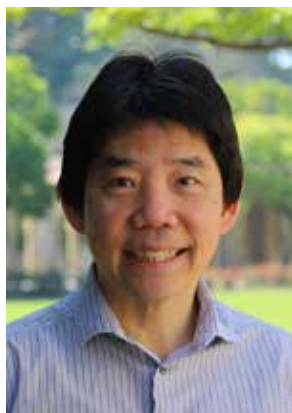
Ricardo Azziz, MD, MBA, MPH



Maria Fleseriu, MD



W. Lee Kraus, PhD



Bu Yeap, MBBS, FRACP, PhD



Stanley Andrisse, MBA, PhD

Medicine and Public Health at the University of Alabama-Birmingham. He also is a research professor of health policy, management, and behavior in the School of Public Health at the University of Albany-SUNY. He serves as a fellow of the Rockefeller Institute of Government, and as principal of Tellurian Global and of the SPH Consulting Group. Azziz's research focuses on the study of androgen excess disorders in women, including polycystic ovary syndrome. He also studies change management and leadership development in higher education.

Maria Fleseriu, MD, Oregon Health & Science University, Portland, Oregon

Fleseriu is professor of medicine and neurological surgery, and director of the Pituitary Center at Oregon Health & Science University. She also is program director for the Pituitary Disease fellowship. She is chair of the Endocrine Society's Hypopituitarism Clinical Practice Guideline. Fleseriu has a long-standing clinical and research interest in the pathophysiology and treatment of pituitary and adrenal disorders and has co-chaired international consensus guidelines for Cushing's disease and acromegaly.

W. Lee Kraus, PhD, of the University of Texas Southwestern Medical Center, Dallas, Texas

Kraus is professor and director of the Green Center for Reproductive Biology Sciences, which is an endowed basic science research center at UT Southwestern that has a research focus on signaling, gene regulation, and genomics. He also holds the Cecil H. and Ida Green Distinguished Chair in

Reproductive Biology Science at the university. He has served multiple roles at the Society, including as basic science chair for **ENDO 2019** and as Basic Science Advisory Group chair.

Bu Yeap, MBBS, FRACP, PhD, University of Western Australia, Crawley, Australia

Yeap is a professor in the Medical School at the University of Western Australia, and a consultant endocrinologist in the Department of Endocrinology and Diabetes at Fiona Stanley Hospital in Perth, Western Australia. His current research focuses on epidemiological and clinical studies of hormones and health outcomes in men. He is a member of the Society's Annual Meeting Steering Committee and of the editorial board for *The Journal of Clinical Endocrinology & Metabolism*. He is the past-president of the Australian Endocrine Society.

Stanley Andrisse, MBA, PhD, Howard University, Washington, D.C.

Andrisse is an assistant professor at Howard University College of Medicine, where he researches type 2 diabetes and insulin resistance. He also is a visiting faculty member at Georgetown University Medical Center in Washington, D.C. He serves as an editorial board member for the Society's basic science journal *Endocrinology* and as a member of its Scientific Statements Subcommittee.

The new Board members will begin serving their three-year terms following **ENDO 2023**. The Society's annual meeting will take place June 15 – 18, 2023, in Chicago, Ill.

Top 5 Things to Know about DocMatter, the Endocrine Society's New Online Community



In 2022, the Endocrine Society partnered with DocMatter to launch a new online member community, but what is it? How does it work? What can you expect from it?

1 WHAT IS THE ENDOCRINE SOCIETY (ES) DocMATTER MEMBER COMMUNITY?

The ES DocMatter Community is a go-to space for a global community of endocrinology professionals to collaborate. Unlike other social media platforms, it is a community exclusively for Endocrine Society member clinicians, researchers, and advanced practitioners to share cases and discuss emerging therapies, new research, patient education, and more from every major therapeutic and scientific pillar of endocrinology. Eight out of 10 Endocrine Society members engage with the community, connecting with Society peers and experts in their field, at least once every 90 days.

2 WHAT IS DIFFERENT FROM THE PREVIOUS ENDOCRINE SOCIETY ONLINE COMMUNITY?

DocMatter is built specifically to support clinical case sharing, research, and peer-to-peer discussion. This member-exclusive community combines technology and human support to facilitate high-quality medical collaboration, including

networking, mentorship, advocacy, and clinical discussion ensuring members are able to collaborate with peers and find and share the information that's of most value to them.

What makes the Endocrine Society DocMatter community different than anything out there is that it is directed by a group of Society members who serve as advisors working with the DocMatter team to help bring highly relevant content and make sure every discussion receives expert input. In this past year, there have been more than 2 million discussion views, and 77% of those discussions have received a response from an expert member at the Endocrine Society.

3 HOW DO I SIGN UP FOR THE ES DocMATTER COMMUNITY?

Endocrine Society members are automatically enrolled into this exclusive online community from the start of membership. Members can access and reply to discussions through email, the mobile app, or by logging in to DocMatter online. The DocMatter team is also available to support every member, and members can reach out if they ever need help with things such as accessing the website, mobile app, or email list-serv system, or even for help drafting posts.

4 HOW DO I GET THE MOST OUT OF MY ENDOCRINE SOCIETY DocMATTER COMMUNITY?

There are numerous ways to connect with the DocMatter community. A great way to get started is by reaching out directly to the DocMatter team, who offer individualized support for every Endocrine Society member. Enjoy a walkthrough of the platform, the opportunity to filter or prioritize content specifically to your areas of interest, and even assistance in drafting and sharing posts.

Once you are familiar with the platform it's time to connect! Log into the community and weigh in on an ongoing discussion or start one of your own. Over the past year, more than 16,000 Endocrine Society members from around the world have engaged in insightful and rewarding discussions on a multitude of topics, from common challenges in the management of specific diseases, to best practices and comparison of


experiences around products, to sharing challenging cases and receiving expert input. Since launching last year, the DocMatter community has quickly become the go-to place to discuss clinical cases, research, basic science, and find mentor/mentee opportunities year-round.

Endocrine Society DocMatter Community Subgroups are also a fantastic avenue for connecting with the many groups within the Endocrine Society, including:

- ▶ **Excellence in Clinical Endocrinology Leadership (ExCEL)**
- ▶ **Future Leaders Advancing Research in Endocrinology (FLARE)**
- ▶ **Global Leadership Academy**
- ▶ **Research Experiences for Graduate and Medical Students**
- ▶ **Endocrine Society Special Interest Groups (SIGs)**

5 WHAT'S NEXT?

There are lots of exciting plans for the future of the DocMatter community. We have already begun our first major content expansion of the platform with the addition of the library of recorded SIG webinars. The arrival of these webinars in DocMatter enables members to participate in discussions around the webinar content and dialogue with the speakers well after the live event. We are similarly exploring ways to expand the discussions that tie into Endocrine Society podcasts as well.

As events happen throughout the year, the community will also be the place to continue these conversations. Whether it's the Annual Meeting, a SIG webinar, or an important piece of legislation that will impact the field of endocrinology, the Endocrine Society DocMatter community is the space to continue conversations and share your thoughts with your peers. 

– Ben Wokas, senior manager, Member Engagement and Experience, Endocrine Society



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CLINICAL ENDOCRINOLOGY UPDATE

SEPTEMBER 21–23, 2023

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Remembering Carole Mendelson: A Model of Grace, Grit, and Intellect

By W. Lee Kraus, PhD, and Mala Mahendroo, PhD,
University of Texas Southwestern Medical Center

Carole Mendelson, PhD, professor of biochemistry and obstetrics and gynecology, and a member of the Cecil H. and Ida Green Center for Reproductive Biology Sciences at the University of Texas Southwestern Medical Center, passed away on February 12, 2023.


A national leader in the fields of endocrinology and reproductive biology, Mendelson was a passionate advocate for the advancement of women in science. Those fortunate to have known her professionally and personally will remember her tremendous intellect, infectious enthusiasm for research, excellence in teaching, dedication to mentorship, and unending support for trainees and scientists at UT Southwestern and around the world. Equally compelling was her magnificent smile, the importance she placed on being a respectful and caring colleague, and the zest and warmth she brought to any occasion.

Mendelson was born on April 20, 1944, in New York City. After receiving a BS in Biology from the City College of New York and a PhD in Zoology from Rutgers University, she pursued postdoctoral research in reproduction, endocrinology, and pharmacology at the National Institutes of Health (NIH), the University of Colorado Medical School, and UT Southwestern Medical Center.

She joined the UT Southwestern faculty in 1978 and dedicated her career to understanding reproductive and prenatal health and improving the lives of mothers and their babies. Her NIH-funded research focused on three key areas: TRANScriptional regulation of fetal lung development, placental development, and the function and molecular mechanisms regulating uterine function in pregnancy and parturition.

An active member of the Endocrine Society for more than three decades, she served on the Leadership Council and as vice president for basic science. She also served as chair and member of the Annual Meeting Steering Committee, the Education Committee, the Publications Committee, and the Nominations Committee. She was a member of the editorial boards of *Endocrine Reviews* and *Molecular Endocrinology*. She also served as president of Women in Endocrinology when its mentorship program was created. For 18 years, she led the North Texas March of Dimes Birth Defects Center, which was established jointly in 2003 by the March of Dimes and UT Southwestern.

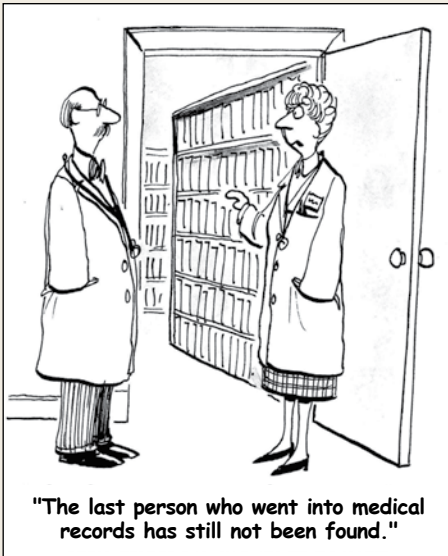
Her contributions to the fields of endocrinology and reproductive biology were recognized with multiple honors including the Endocrine Society's Roy O. Greep Award for Outstanding Research and the Sydney H. Ingbar Distinguished Service Award; an Award for Mentorship from Women in Endocrinology; and the President's Distinguished Scientist Award and an Award for Mentorship from the Society for Reproductive Investigation.

Her scientific acumen, her pioneering efforts for the advancement of women in science, and her kind and spirited personality will leave an enduring imprint. Both of us interacted with Carole on a regular basis at UT Southwestern and will certainly miss her probing questions at the end of each seminar, the wisdom and support she shared generously, the grace and grit by which she continued to be a productive leader in our scientific community until just days before her death, and last but not least seeing her "signature" silver Corvette in the parking garage. Carole was an exceptional human who brought elegance, charm, and intellect to any occasion. She will be sorely missed. 

“

Obesity impacts health. As we know, there are more than 230 conditions associated with obesity. Treating these conditions poses a high economic burden. It is entirely short-sighted not to cover these medications that are likely to facilitate remission of other conditions, saving the insurance from downstream costs. **These changes occur quickly so it's not a long-time horizon to realize these benefits (from a sheer cost perspective).”**

— Amy E. Rothberg, MD, clinical professor, University of Michigan, Ann Arbor, Mich., in the article “The Agonists and the Ecstasy” on page 16.



Compared with adults who did not exercise, the risk of diabetes was reduced by:

49% in the vigorous exercise group

53% in the moderate exercise group

according to 10-year follow-up of a randomized trial from China.

— SOURCE: JAMA INTERNAL MEDICINE

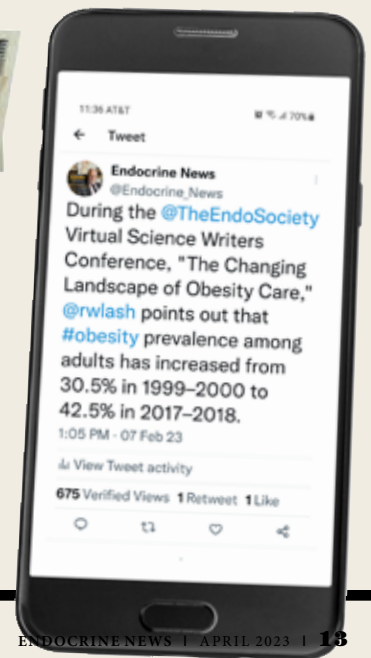


The percentage of endocrinologists who report feeling burnout, placing them in the upper range of all specialties. Two-thirds of female endocrinologists report feeling burned out versus one-third of their male counterparts. — SOURCE: MEDSCAPE ENDOCRINOLOGIST LIFESTYLE, BURNOUT, AND HAPPINESS REPORT 2022



The out-of-pocket cost of insulin for seniors on Medicare. In his State of the Union address on February 7, President Joe Biden stated that he wants that cap to be applied to everyone, regardless of age.

— SOURCE: 2023 STATE OF THE UNION ADDRESS BY PRESIDENT JOE BIDEN



ENDO 2023

June 15 – 18, 2023 • Chicago, Illinois

We hope to see you at **ENDO 2023**, taking place June 15 – 18, 2023, in Chicago, Ill. With more than 7,000 attendees, nearly 2,000 abstracts, and more than 200 other sessions, **ENDO** is the top global meeting on endocrinology research and clinical care. **ENDO** provides the opportunity to collaborate with an unparalleled list of endocrinologists, healthcare practitioners, and leading scientists from around the world. Through sharing our experience, advice on patient care, and new advances in research, we move the needle forward in hormone health and science. Our outstanding slate of world-renowned speakers will showcase the most cutting-edge advances in research and medicine, with presentations spanning the spectrum of science, clinical care, and social implications.

www.endocrine.org/endo2023



43rd American Association of Endocrine Surgeons Annual Meeting

Birmingham, Alabama
April 29 – May 3, 2023

The 2023 AAES Annual Meeting will be an in-person event in Birmingham, Ala. All presentations (podium and poster) will be given in person. New for #AAES2023 is an entire Scientific Session dedicated to health equity. Examples include but are not limited to healthcare workforce disparities; differences in patient access

based on social and cultural determinants of health; population-level factors, such as socioeconomic determinants and disparities in healthcare coverage; and more.

<https://www.endocrinesurgery.org/2023-annual-meeting>

Obesity Research Conference

Los Angeles, California/Virtual
May 1 – 3, 2023

The main objective of this conference is to bring researchers together to share

their ideas and provide a critical review of the present state of the field. It is designed in such a way that it provides an opportunity to meet up with people from both industry and academia and establish a scientific network between them. The 7th annual meeting (ORC-2023) will feature the same high-quality lectures as in past years, discussing the current trends in treatment options for obesity, chronic diseases associated with obesity, the epidemic of childhood obesity, the prevention methods, and the care and



Endocrine Society Webinars

The Endocrine Society holds webinars throughout the year on many topics, from clinical practice and basic research to career development, advocacy, and more. Check below for information on upcoming webinars and links to previous events. Visit our Center for Learning for a full list of Society educational offerings.

Past webinars have included The Complexities of Cushing's Syndrome: Diagnosing and Managing Patients; Utilizing Nurse Practitioners and Physician Assistants to Optimize Patient Care: How to Build Effective Teams; Genetics in Pituitary Disease; Facts and Controversies of Testosterone Replacement Therapy in Male Hypogonadism; and so much more! Most of the webinars are free for Endocrine Society members, but some do require a small registration fee.

<https://education.endocrine.org/Public/Catalog/Main.aspx>

management of obese patients. This three-day event will provide a dedicated platform to share cutting-edge scientific findings, medical practices, and caregiver initiatives related to obesity and various chronic diseases associated with it. It is dedicated to creating a stage for exchanging the latest research results and advanced research methods.

<https://obesity.unitedscientificgroup.org/>

18th International Pituitary Congress

Chicago, Illinois
June 12 – 14, 2023

The 18th International Pituitary Congress will present an exciting group of speakers expert in normal and disordered pituitary function. Our faculty includes distinguished clinicians and investigators, fellows in training, and basic scientists. As usual, we will present cutting-edge in-depth topics that will permit our attendees to become familiar with the latest trends in pituitary endocrinology. The plenary format of the meeting is intended to facilitate maximum interaction and free exchange of ideas among participants and speakers.

<https://www.pituitarysociety.org/events>

ADA 83rd Scientific Sessions

San Diego, California/Hybrid
June 23 – 26, 2023

The Scientific Sessions offers researchers and healthcare professionals the unique opportunity to share ideas and learn about the significant advances and breakthroughs in diabetes. Participants will receive exclusive access to more than 190 sessions and 2,000 original research presentations, take part in provocative and engaging exchanges with leading diabetes experts, expand their professional networks, and so much more.

<https://professional.diabetes.org/scientific-sessions>

INTERNATIONAL ITINERARY

50th European Calcified Tissue Society Congress

Liverpool, UK
April 14 – 18, 2023

The European Calcified Tissue Society (ECTS) and Bone Research Society (BRS) join forces to provide a unique platform for sharing the most relevant and cutting-edge science and innovation in calcium, bone, and mineral metabolism in Europe. We aim to provide excellent learning and networking opportunities to basic, translational and clinical scientists, specialists, trainees, and allied health professionals.

<https://www.ects2023.org/>

WCO-IOF-ESCEO 2023

Barcelona, Spain
May 4 – 7, 2023

After more than two years of virtual editions, the World Congress on Osteoporosis, Osteoarthritis, and Musculoskeletal Diseases will take place from May 4 – May 7, 2023, in Barcelona, Spain. The members of the Committee of Scientific Advisors of the International Osteoporosis Foundation (IOF) and the European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO) are developing a scientific program that will bring together the world's best in the field of musculoskeletal health and disease. It is hoped that this Congress will move the field one step forward on all fronts, from new understanding of bone metabolism and pathology to new strategies and options in prevention, diagnosis, and treatment.

<https://www.wco-iof-esceo.org/>

5th World Congress on Diabetes and Endocrinology

Paris, France
July 12 – 13, 2023

The Fifth World Congress on Diabetes and Endocrinology will be organized around the theme of “novel therapeutic approaches for prevention of diabetes and exploring the diabetic complications.” Diabetes congress 2023 will be an amalgamation of academia and industry as it involves every aspect of empirical and conceptual thinking in exploring new dimensions in this field, and is open to all types of research methodologies both from academia and industry.

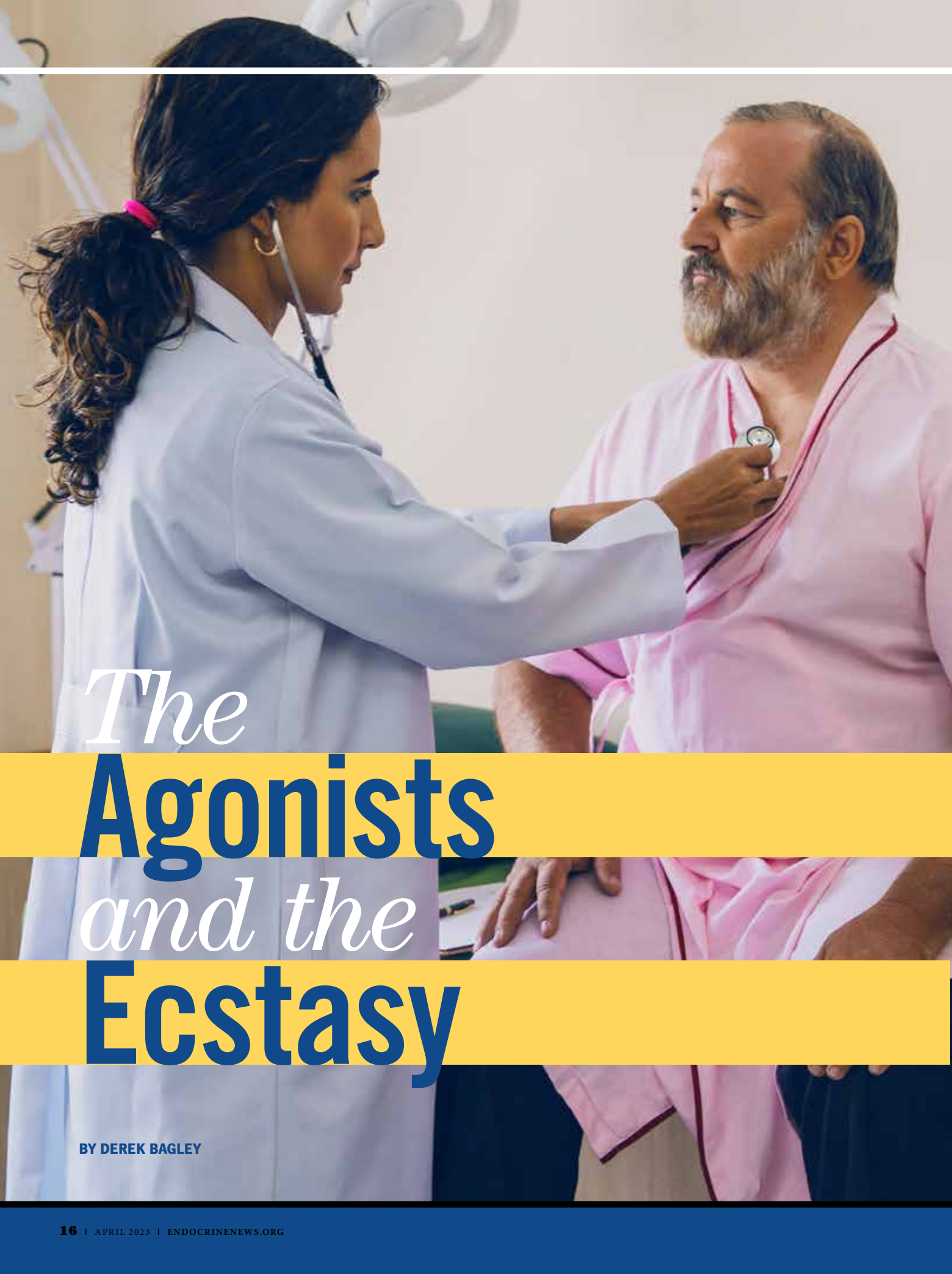
<https://diabetes.inovineconferences.com/>

EndoBridge 2023

Antalya, Turkey
October 19 – 22, 2023

Co-hosted by the Endocrine Society and the European Society of Endocrinology in collaboration with the Society of Endocrinology and Metabolism of Turkey, EndoBridge will be held in English with simultaneous translation into Russian, Arabic, and Turkish. Accredited by the European Accreditation Council for Continuing Medical Education (EACCME), this three-day scientific program includes state-of-the-art lectures delivered by world-renowned faculty and interactive sessions covering all aspects of endocrinology. EndoBridge® provides a great opportunity for physicians and scientists from around the world to interact with each other, share their experience and perspectives, and participate in discussions with global leaders of endocrinology.

www.endobridge.org



The
Agonists
and the
Ecstasy

BY DEREK BAGLEY

The use of GLP-1 agonists to treat obesity has been skyrocketing in recent months, leading to both shortages and price increases. However, as more patients make their voices heard and doctors begin to prescribe these medications, obesity could become easier to treat or even cure.

T

hanksgiving is a time for family, fellowship, and food. But for many struggling with obesity, the holiday can bring on another association: fear. For some, the obsession over how much to eat or not eat can take over, and what's supposed to be a joyous and celebratory occasion is overshadowed by anxiety and shame.

Fatima Cody Stanford, MD, MPH, MPA, MBA, associate professor of medicine and pediatrics at Harvard Medical School and an obesity medicine physician at Massachusetts General Hospital, treats a 64-year-old woman with obesity whose Thanksgiving experiences had been like that all her life, her mind on that day spent consumed with how much she could eat and what activities she could do, until just recently. Stanford prescribed the woman a glucagon-like peptide 1 (GLP-1) agonist, and the woman was happy to report back that this past Thanksgiving was the first time she didn't fear Thanksgiving dinner.

"She said, 'This is the first Thanksgiving I've been to where I wasn't obsessed about, okay I can't eat this much, or I can't do this. I knew my body would do what it was supposed to do. I could still enjoy dinner, and then move on the next day,'" Stanford says. "And she had so much joy emanating from her to tell that story."

GLP-1 agonists have been around for a while. Still, they've been in the spotlight again of late, especially with recent headlines about Ozempic and Wegovy (semaglutide), as gossip swirls about which celebrities have been taking semaglutide to slim down to fit into dresses or look thinner in photoshoots. And GLP-1 agonists have shown to be effective: Liraglutide, with its daily injections, could result in about 6% total body weight loss. But semaglutide is a weekly injection, and Stanford says people are seeing total body weight loss of 15% to 16%. "It's kind of like a no-brainer," she says. "Which one would you want?"



Fatima Cody Stanford, MD, MPH, MPA

“We have to be willing to listen to the patient and treat them with dignity, respect, and let their voice be heard and elevated, and put ourselves aside. We’re not the most important person in the room. They are. If a patient comes in who weighs 500 pounds, and we never say anything other than, ‘Oh yeah, just eat less, exercise more; it’s totally fine.’ It’s not fine, and so we have to be willing to recognize that we’ve been at fault, and we can do better if we’re only willing to.”

— FATIMA CODY STANFORD, MD, MPH, MPA, ASSOCIATE PROFESSOR OF MEDICINE AND PEDIATRICS, HARVARD MEDICAL SCHOOL; OBESITY MEDICINE PHYSICIAN, MASSACHUSETTS GENERAL HOSPITAL, BOSTON, MASS.

“Obesity is a complex pathophysiologic disease and under both homeostatic and hedonic control,” says Amy E. Rothberg, MD, a clinical professor at the University of Michigan, specializing in treating overweight and obesity. “What’s novel about current medications is that they address more than one target or pathway in both these systems, working well to reduce hunger, enhance satiety, and facilitate lower intake leading to weight reduction. They also have an excellent safety profile and lead to benefits independent of weight loss.”

Rocio Pereira, MD, chief of endocrinology at the safety-net hospital system Denver Health and an associate professor of medicine at the University of Colorado, says that many of her patients report that semaglutide helps them eat less and that it has become easier for them to eat healthy foods and avoid junk food since starting on the medication. “I had anticipated that many patients would not want to start an injectable medication, but this has not been a barrier for most of my patients, and the availability of a medication that can be injected once weekly has made it possible for more patients to agree to try,” she says.

As the buzz on these medications, especially semaglutide, grows louder, people are flocking to doctors or the black market to get their hands on them, even people who don’t have obesity or diabetes. But with that influx comes headaches for the patients seeking the drugs, and the physicians who prescribe them.

Pereira says that medication shortages impacted her patients, who had to switch to less effective drugs, which is especially concerning for patients with diabetes who need the medications to keep their blood glucose in a safe range. “It is also an issue affecting patients who had started losing weight but then are not able to continue taking the medication and start to gain weight again,” she says.

Compounding the problem is the fact that insurance companies are reluctant to cover these anti-obesity medications, since they’re considered by many to be “vanity drugs,” even though overwhelming evidence suggests obesity is linked directly to multiple comorbidities.

“Obesity impacts health,” Rothberg says. “As we know, there are more than 230 conditions associated with obesity. Treating these conditions poses a high economic burden. It is entirely short-sighted not to cover these medications that are likely to facilitate remission of other conditions, saving the insurance from downstream costs. These changes occur quickly so it’s not a long-time horizon to realize these benefits (from a sheer cost perspective).”

Obesity: A Dynamic Endocrine Issue

In June 2013, the American Medical Association acknowledged obesity as a disease, writing in its resolution, “The suggestion that obesity is not a disease but rather a

consequence of a chosen lifestyle exemplified by overeating and/or inactivity is equivalent to suggesting that lung cancer is not a disease because it was brought about by individual choice to smoke cigarettes.”

Ten years later, and there’s much more work to do. Obesity is still considered a “cosmetic disease” or a lack of willpower. Here’s an example of just how long the road ahead is: Stanford tells *Endocrine News* that she was recently interviewed by a reporter from a large, national publication, who asked her, “You’re talking about medications? Don’t you need to tell them to exercise or something?”

“I said, ‘That’s a very biased response,’” Stanford says. “I said, ‘The patient I saw yesterday has completed 30 triathlons. How many have you completed?’ The assumption, if you saw this person come in and you didn’t know anything, you would presume, ‘Oh, they’re not active. Oh, they’re not doing this.’ But if you take the time to listen to what they’re telling you, they’re telling you what their life has been.”

Stanford says that the medical community has not treated obesity as a disease until now. She points out that less than 3% of the population has been getting therapy beyond lifestyle modification. “We would lose our medical license if a patient came in with diabetes and we said, ‘I know you’re here admitted in the hospital and you have diabetes ketoacidosis, and I think you should eat less sugar. Can you do that? Okay, all right, so I’m going to give you some water, and you really should exercise and eat less sugar, and everything will be okay.’”

Rothberg says there’s an undue stigma associated with obesity that permeates all aspects of our society and healthcare systems, much like the stigma surrounding patients with HIV and AIDs in the 1980s. “Many blamed the victim,” she says. “Because of the stigma, individuals living with obesity are reluctant to ask for help and do not access resources that could help them. They, themselves, may feel that their obesity is a matter of personal failure and are unaware that it is a condition that has a biological basis and for which there are therapies.”

And the reason for that reluctance is causing actual harm. Only about 3.6% of people with obesity seek medical care from a doctor, even though about 90% of people with obesity want to lose weight. “Traditionally, we’ve been the worst place to go because we were going to say exactly what I just said: ‘All right, but are you sure you’re really eating well? I don’t know. Tell me what you really did,’” Stanford says. “If that were what you got from your doctor, would you want to bring it up? I wouldn’t.”

“It’s so pervasive in the medical community that we’re not willing to listen to the most important person in the room,” she continues, “and that is not us, however many degrees we have. It is the patient.”



Photo: myskin/Shutterstock.com

AT A GLANCE

- ▶ **Obesity is not a “cosmetic disease,” but a complex condition that requires intervention.**
- ▶ **GLP-1 agonists are in the spotlight again, not only as celebrities turn to them for weight loss, but studies are showing their safety and efficacy at treating patients with obesity.**
- ▶ **There are barriers for patients getting access to these medications, like costs and shortages, but that may start to change as more patients ask for these medications and more physicians are willing to prescribe them.**



Amy E. Rothberg, MD

“**Look at the scientific evidence. Look at the sheer number of people affected. This is not an isolated problem. People are NOT choosing to have obesity. We must not consider fat to be anything other than what it is: a dynamic endocrine tissue that has interplay with other organs/tissues and poses risk to health.**”

— AMY E. ROTHBERG, MD, CLINICAL PROFESSOR, UNIVERSITY OF MICHIGAN, ANN ARBOR, MICH.

“Look at the scientific evidence,” Rothberg says. “Look at the sheer number of people affected. This is not an isolated problem. People are NOT choosing to have obesity. We must not consider fat to be anything other than what it is: a dynamic endocrine tissue that has interplay with other organs/tissues and poses risk to health.”

Raising the Patient’s Voice

No one is arguing diet and exercise shouldn’t be included in regimens for people with obesity. But these current anti-obesity medications may start turning things around, as more physicians are willing to prescribe them, and more patients are eager to ask for them. And for patients with obesity, these medications can be lifesaving.

Rothberg has a patient who was struggling with weight and poor glycemic control, who was taking around 100 units of insulin, oral anti-diabetic medications, and anti-hypertensive medications. “We were MANAGING her disease,” Rothberg says. “She was perpetually discouraged by her inability to make meaningful lifestyle changes that translated to changes in weight and therefore, any medication reduction or improvement in outcomes. Weight affected almost every aspect of her health and her quality of life. She is now taking a GLP1RA that has made transformative difference in her weight (she lost 20 pounds over two months) and metabolic control. She was able to reduce her insulin to 10 units and may likely discontinue it as she loses more weight and discontinued her oral anti-diabetic medications in the same interval. She is ecstatic and her vitality/energy/mood and outlook on life have all improved.”

Stanford sees similar results in her clinic, with patients able to reduce insulin or come off anti-hypertensive drugs altogether. She’s able to delete diagnoses off their charts, often showing patients just how much they improved over a year, letting them view lab results side by side, where they can see improvements in liver function, cholesterol values, and blood sugar. “This is not just about looking cute in a bikini somewhere,” she says. “Unfortunately, there are people that are using it in that way, but let’s look at the bigger issue, which is changing lives, changing health status, changing health risk, decreasing the risk of heart attack and stroke, admission for heart failure, kidney numbers. We can keep going on and on. This is what all the trials are showing us.”


But barriers to accessing these medications remain. Pereira points to the disparities that contaminate the issue, and the irony that those who need these medications the most won’t be able to take them. Individuals with lower socioeconomic status and those from under-served and minority communities are more likely to have obesity and obesity-related complications than those from higher socioeconomic status or those from privileged and/or majority groups. “Inequities in access is also an issue,” she says. “For patients with diabetes, there have been studies showing that medical providers are less

likely to prescribe certain medications to commercially insured patients who are Black, than they are to those who are white. These practices may be due to medical providers having biases about which patients will be able to afford certain medications, or about the effectiveness of medications in different patient groups.”

And again, not all insurance companies will cover them, and even if they do, co-pays and out-of-pocket costs can be prohibitive. “There are also prescribing limits,” Rothberg says. “Further, there were shortages of these medications that created access problems including no new starts and for those who had been on medications, not being able to get their medications in a timely manner. Many were out of their medications for weeks to months, which compromised their care.”

But Stanford says patient voice is again key here. At one point, in Massachusetts, only two private insurance companies covered anti-obesity medications, until patients started leaving their respective insurers and shifting to the two that paid for the medications they wanted. Now all private insurers in Massachusetts cover these medications. “Patient voice is much more important than any of us that are clinicians or experts in the field,” she says. “We may think very highly of ourselves, but the patient voice is way more important in terms of what happens in reality.”

Both Rothberg and Stanford agree that the first step toward treating patients struggling with obesity is to listen to their stories, to hear what they’re telling you, to treat them with empathy. “They are often your family member, your neighbor, your work colleague or even your healthcare provider,” Rothberg says. “For those who do interact with patients, remember to be sensitive to your patients with obesity as they have many challenges beyond just those for which they may be consulting you. They are faced with all sorts of discrimination. Your thoughtful communication can go a long way in forging a connection and helping them lose weight.”

Obesity is a chronic, relapsing, remitting, multifactorial disease, for which different therapies may be effective for other patients. “We have to be willing to listen to the patient and treat them with dignity, and respect, and let their voice be heard and elevated, and put ourselves aside,” Stanford says. “We’re not the most important person in the room. They are. If a patient comes in who weighs 500 pounds, and we never say anything other than, ‘Oh yeah, just eat less, exercise more; it’s totally fine.’ It’s not fine, so we have to be willing to recognize that we’ve been at fault, and we can do better if we’re only willing to.” 



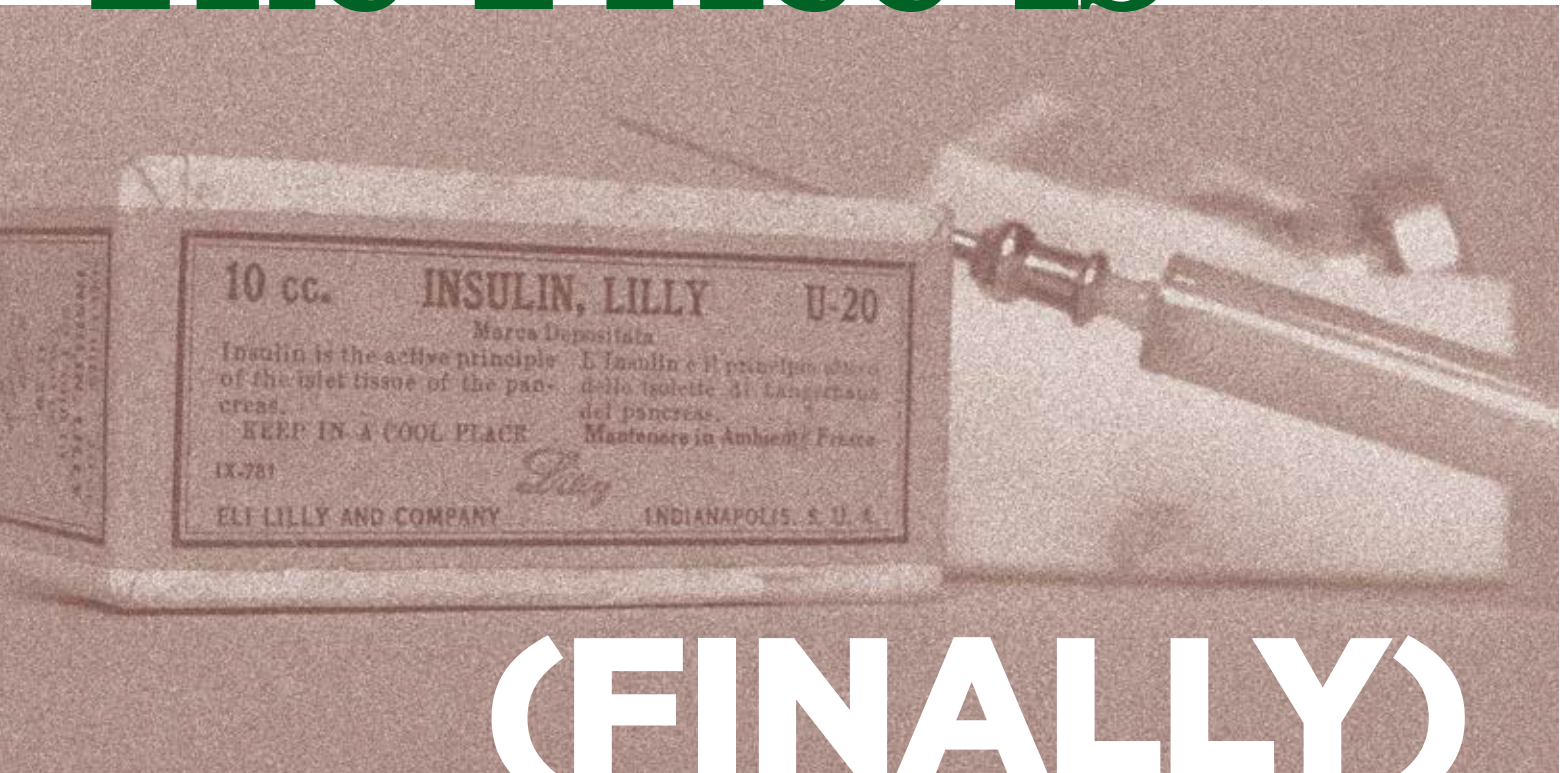
Rocio Pereira, MD

“ **For patients with diabetes, there have been studies showing that medical providers are less likely to prescribe certain medications to commercially insured patients who are Black, than they are to those who are white.** These practices may be due to medical providers having biases about which patients will be able to afford certain medications, or about the effectiveness of medications in different patient groups.”

— ROCIO PEREIRA, MD, CHIEF OF ENDOCRINOLOGY, DENVER HEALTH; ASSOCIATE PROFESSOR OF MEDICINE, UNIVERSITY OF COLORADO, AURORA, COLO.

– BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE MARCH ISSUE, HE WROTE ABOUT THE REMARKABLE LIFE AND CAREER OF NOBEL LAUREATE ROSALYN YALOW, PHD, THE FIRST WOMAN PRESIDENT OF THE ENDOCRINE SOCIETY.

The Price is



(FINALLY)

Recent insulin price cuts are a dose of good news.

BY DEREK BAGLEY

Right

In March, Eli Lilly lowered the price on its most popular insulins, with Novo Nordisk and Sanofi following suit shortly thereafter, but only after the \$35 monthly price cap for people on Medicare that was mandated by the Inflation Reduction Act. Is this the wave of the future or just the first small “step on the journey”?

On March 1, Eli Lilly and Company (Lilly) announced it was cutting the prices for its most commonly prescribed insulin by 70% and expanding its Insulin Value Program, which caps patient out-of-pocket costs at \$35 or less per month. (The announcement kicked off a movement in the industry; Novo Nordisk and Sanofi followed suit soon after, as pressure mounts on companies to lower insulin prices. More on that below.)

The move follows the Biden administration's Inflation Reduction Act, which capped insulin prices for seniors on Medicare at \$35 a month, and Biden himself urging everyone to come together to help ease the financial burden on patients with diabetes who need insulin.

Both the Endocrine Society and the Biden administration applauded the move from Lilly, with the Society saying that it commends Eli Lilly and Company for taking steps to reduce insulin prices and make insulin affordable for more people with diabetes, and the White House saying in a statement that they were glad to see Lilly answering the call to get this lifesaving drug into the hands of everyone who needs it.

"This action, driven by the momentum from the Inflation Reduction Act, could benefit millions of Americans with diabetes in all fifty states and U.S. territories," the White House continues. "The President continues to call on Congress to finish the job and cap costs at \$35 for all Americans."

A Catalyst for Positive Change?

The March 1 announcement builds on years of efforts to close the gaps in the healthcare system to ensure everyone with diabetes has access to insulin. In a statement to *Endocrine News*, Lilly says their priority has always been to ensure that everyone can access Lilly insulin affordably at the pharmacy counter and has worked for years with various stakeholders in the system to find new ways to lower out-of-pocket costs without disrupting patient access.

The changes include:

- ▶ Lilly is cutting the list price of its non-branded insulin, Insulin Lispro Injection 100 units/mL, to \$25 a vial. Effective May 1, 2023, it will be the lowest list-price mealtime insulin available.
- ▶ Effective in Q4 2023, Lilly will cut the list price of Humalog® (insulin lispro injection) 100 units/mL, Lilly's most commonly prescribed insulin, and Humulin® (insulin human) injection 100 units/mL by 70%.
- ▶ Effective April 1, 2023, Lilly will launch Rezvoglar™ (insulin glargine-aglr) injection, a basal insulin that is biosimilar to, and interchangeable with, Lantus® (insulin glargine) injection, for \$92 per five pack of KwikPens, a 78% discount to Lantus®.



Rita Kalyani, MD

“ We have definitely moved in the right direction over the past few years, and this shift is no doubt encouraging. However, it is important that all persons with diabetes who take insulin can benefit from a reduction in insulin costs, regardless of which type of insulin they take and who manufactures it.”

— RITA KALYANI, MD, ASSOCIATE PROFESSOR AND CLINICAL RESEARCHER, DIVISION OF ENDOCRINOLOGY, DIABETES, AND METABOLISM, JOHNS HOPKINS SCHOOL OF MEDICINE, BALTIMORE, MD.



Robert Vigersky, MD

“ [Reduced insulin pricing] has been something the Endocrine Society and all the other professional organizations have been advocating for. It’s a major step forward, but it’s still a step on the journey.”

— ROBERT VIGERSKY, MD, CHIEF MEDICAL OFFICER, MEDTRONIC; DIRECTOR EMERITUS, DIABETES INSTITUTE AT WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA, MD.

In addition to cutting prices, Lilly is also making changes that will make it easier for more people with diabetes to access affordable Lilly insulin including:

- ▶ Lilly will automatically cap out-of-pockets costs at \$35 at participating retail pharmacies for people with commercial insurance using Lilly insulin.
- ▶ People who don’t have insurance can continue to go to **InsulinAffordability.com** and immediately download the Lilly Insulin Value Program savings card to receive Lilly insulins for \$35 per month.

“As an endocrinologist and person with diabetes, I know first-hand how vital insulin is to managing this chronic condition,” says Leonard C. Glass, MD, senior vice president of Lilly Diabetes and Obesity and Global Medical Affairs for Eli Lilly and Company. “No one with diabetes should have to make tradeoffs when it comes to their health. Today’s announcement builds on years of efforts to close gaps in the U.S. healthcare system to help ensure everyone who needs insulin for the treatment of diabetes may be able to obtain it affordably. We hope these changes are a catalyst for positive change.”

Increasing Accessibility

As reported by *Endocrine News* in November 2021, a paper had appeared in *Mayo Clinic Proceedings* the previous year, which detailed the account of a patient in his mid-20s with type 1 diabetes who worked as a restaurant manager in Minnesota. He couldn’t afford the deductible and monthly premiums of his insurance, and he couldn’t afford to pay for his insulin with cash, so he tried to ration his insulin. He was found dead in his apartment from diabetic ketoacidosis.

“Insulin pricing is complex, and there are many stakeholders in the supply chain,” Rita Kalyani, MD, associate professor and clinical researcher in the Division of Endocrinology, Diabetes, and Metabolism at Johns Hopkins School of Medicine in Baltimore, said at the time. “It will require all parties involved including manufacturers, pharmacy benefit managers, healthcare providers, pharmacies, administrators, and employers to come together to address this problem.”

During a press conference announcing the price cuts, David A. Ricks, Lilly’s chair and CEO, called on those stakeholders to come together to not only make insulin affordable, but accessible, and to help patients navigate the complex U.S. healthcare system. “The aggressive price cuts we’re announcing today should make a real difference for Americans with diabetes,” Ricks says. “We are driving for change in repricing older insulins, but we know that seven out of 10 Americans don’t use Lilly insulin. We are calling on policymakers, employers, and others to join us in making insulin more affordable.”

“It is exciting news to see the recent developments in insulin pricing, including caps on out-of-pocket insulin costs that are included in the Inflation Reduction Act (IRA) and also offered by Lilly,” Kalyani says. “Hopefully, these reductions in costs will make insulin more affordable to many Americans and facilitate greater accessibility to insulin for those who need it the most.”

Vials Versus Pens

And while this is a major step in the right direction and will go a long way to mitigate some dangerous patient behaviors due to the high cost of insulin — like rationing — which can cause irreversible harm and even death, Robert Vigersky, MD, chief medical officer at Medtronic, director emeritus of Diabetes Institute at Walter Reed National Military Medical Center in Bethesda, Md., and past-president of the Endocrine Society, says there is still work to be done. “This is great, but it’s not a complete solution,” he says. “There are gaps here.”

Vigersky points to the fact that Humalog is only provided in a vial, which is not the preference for most patients. “Prefilled pens make taking insulin easier,” he says. “Dialing a dose is easier, it’s more convenient, it’s a little bit more discreet. And overall, it enhances adherence to the recommended prescription for dosing.”

Until now, there has been an issue of accessibility. For instance, a patient could go to a Walmart, which has been selling inexpensive options of vials of human insulin, which isn’t as good as analog insulin, but it’s better than nothing. “The good news is that now, you have access to Lilly’s Humalog at any pharmacy,” Vigersky says.

“Just a Step on the Journey”

Still, this is welcome news for patients with diabetes who need insulin, as well as the physicians who prescribe it. “We have definitely moved in the right direction over the past few years, and this shift is no doubt encouraging,” Kalyani says. “However, it is important that all persons with diabetes who take insulin can benefit from a reduction in insulin costs, regardless of their insurance and what type of insulin they take. It is important for the momentum to continue and that we all work together to ensure this happens.”

At the time of this interview, Vigersky said he thinks other insulin manufacturers will move to match this announcement. “The rest of the industry has to come along, and they will, because ultimately there’s going to be competition among these pharma companies to provide the lowest price for the payers,” he says.

Indeed, right before this story went to print, on March 14, Novo Nordisk announced it is lowering the U.S. list prices of several insulin products by up to



AT A GLANCE

- ▶ Eli Lilly last month announced price reductions of 70% for its most commonly prescribed insulins and an expansion of its Insulin Value Program that caps patient out-of-pocket costs at \$35 or less per month. Novo Nordisk and Sanofi followed suit soon after.
- ▶ The move follows a \$35/month cap on insulin for people with Medicare that was included in the Inflation Reduction Act.
- ▶ While this is great news for people who depend on diabetes, some gaps remain.


75% for people living with type 1 and type 2 diabetes. Products include both pre-filled pens and vials of basal, bolus, and pre-mix insulins, specifically Levemir®, Novolin®, NovoLog®, and NovoLog® Mix 70/30. Novo Nordisk is also reducing the list price of unbranded biologics to match the lowered price of each respective branded insulin. The changes will go into effect on January 1, 2024.

Then, on March 16, Sanofi announced that it will cut the list price of Lantus (insulin glargine injection) 100 units/mL, its most widely prescribed insulin in the U.S., by 78%. The company will also establish a \$35 cap on out-of-pocket costs for Lantus for all patients with commercial insurance.

These moves go into effect January 1, 2024, and come after the June 2022 launch of an unbranded Lantus biologic at -60% versus Lantus list price, and a cap on out-of-pocket costs on insulin to \$35 for all people without insurance. “With all those decisions, now Sanofi’s suite of savings programs ensures that no patient will pay more than \$35 for a monthly supply of Lantus,” the company said in a statement.

Sanofi will also cut the list price of its short-acting Apidra (insulin glulisine injection) 100 units/mL by 70%.

“It is exciting that other manufacturers have also announced they will cut prices for multiple insulin products beginning in 2024,” Kalyani says. “People with diabetes who use these insulin products will now also benefit from cost reductions in the near future.”

And again, there’s still a road ahead, but it’s getting easier to travel. Lilly, Novo Nordisk, and Sanofi are the three main insulin manufacturers in the U.S., so these changes will impact a wide swath of the 7 million people who depend on insulin. “This has been something the Endocrine Society and all the other professional organizations have been advocating for,” Vigersky says. “It’s a major step forward, but it’s still a step on the journey.” 

Endocrine Society Applauds Eli Lilly’s Efforts to Lower Insulin Costs

Monthly price caps should be available to everyone who depends on insulin.

When Eli Lilly and Company announced the recent insulin discounts, the Endocrine Society was among the first to commend the company for making insulin affordable for more people with diabetes.

“Lilly’s move to apply a \$35/month cap for people with private insurance will be a significant improvement for adults and children with diabetes who use Lilly’s products,” says Endocrine Society Chief Medical Officer Robert Lash, MD. “We encourage all insulin manufacturers to join in the effort to reduce out-of-pocket costs for people who need insulin.”

Novo Nordisk was next, with a 75% price decrease on a variety of insulin products used by people with both type 1 and type 2 diabetes.

For many years, the Endocrine Society has championed measures to improve insulin access and was pleased that a \$35/month cap on insulin for people with Medicare was

included in the Inflation Reduction Act, which was implemented January 1. That being said, the Endocrine Society will continue to call on Congress to pass an insulin price cap for all people with private insurance.

While insulin was discovered more than 100 years ago, the price of insulin nearly tripled between 2002 and 2013, and the trend upward has continued over the past decade. In 2021 alone, nearly one in five American adults with diabetes — about 1.3 million people — rationed their insulin to save money, according to a study.

Even though these new price-cutting initiatives are progress, the Endocrine Society will continue to work to improve insulin access for all who need it.

“Our patients who rely on insulin have waited long enough. The time to act is now,” Lash adds.

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE MARCH ISSUE, HE WROTE ABOUT THE REMARKABLE LIFE AND CAREER OF NOBEL LAUREATE ROSALYN YALOW, PHD, THE FIRST WOMAN PRESIDENT OF THE ENDOCRINE SOCIETY.



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A vibrant night scene in Chicago featuring a large Ferris wheel illuminated in blue on the left, a brick building with lit windows on the right, and a large black tent in the foreground. The sky is filled with colorful fireworks in shades of purple, red, and orange.

TAKE ME BACK TO Chicago

BY COURTNEY CARSON



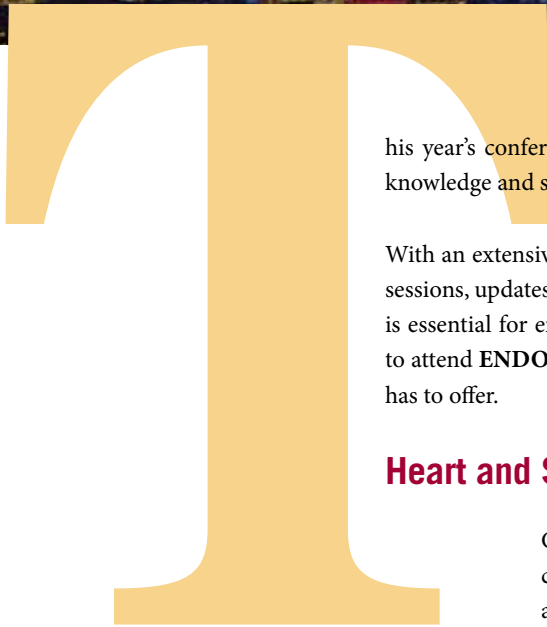
END 2023

returns to the
Windy City. Have
you made your
reservations?

*Celebration at Navy Pier. Image courtesy of
Choose Chicago/Abel Arciniega; tequila graphics.*



Chicago skyline. Image courtesy of Choose Chicago/Abel Arciniega; tequila graphics.



Discover the latest advances in hormone research and clinical endocrinology at ENDO 2023.

his year's conference, taking place in Chicago, Ill., June 15 – 18, 2023, is designed to enhance your knowledge and skills in endocrinology with a mix of programs for both the clinician and researcher.

With an extensive program covering a broad array of topics, various networking opportunities, poster sessions, updates on new products and technologies at the ENDOExpo, and more, attendance at ENDO is essential for enhancing your professional development and building your reputation. Register now to attend ENDO 2023 in Chicago, and come early or stay late (or both!) to explore all The Windy City has to offer.

Heart and Soul

Chicago is bursting with world-class, big city culture. But at its heart, it's a Midwestern city — which means a warm welcome and genuine hospitality. No matter who you are or what you love, you'll fit right in exploring famed restaurants, world-renowned museums, a jaw-dropping waterfront, Tony Award-winning theatres, iconic architecture designed by legendary architects, and 77 vibrant, ethnically diverse neighborhoods that are the heart and soul of Chicago. Whatever your travel style, Chicago has something just for you.

New Kid on The Block

If you've never been to Chicago, there are a few rites of passage every first-timer absolutely must experience. You've undoubtedly seen pictures of Cloud Gate but may not know this monumental work of art by its official name. Better known as "The Bean," Cloud Gate is one of the world's largest outdoor public art installations. This sculpture, located in Millennium Park, reflects the Chicago skyline and the surrounding greenspace. While you're in Millennium Park, make sure to visit Chicago's "secret garden."

Day by Day

No doubt your days will be packed while you're at Chicago's McCormick Center, weaving through the crowds as you make your way to various sessions and presentations at ENDO 2023. Here are just a few highlights — among hundreds — that might appeal to you.



Thursday June 15

Plenary: Global Challenges: Health Impacts of Climate Change, 8:00 a.m.

While there is general awareness of the public health impact of climate change and of many of the causative factors, less is known about the endocrine consequences. In addition, common practices in the healthcare setting and in the laboratory directly contribute to environmental pollution. This plenary will feature two internationally recognized experts on the health impacts of climate change.

Advances in Thyroid Eye Disease, 4:30 p.m.

This symposium will highlight recent translational and clinical advances in thyroid eye disease from the development of novel mouse models through new therapeutic options. In addition, current guidelines on how to manage patients with Graves' orbitopathy will be discussed. Topics include "Targeting TSH and IGF-1 for Thyroid Eye Disease;" "Developing Targeted Therapies for TED;" and "Highlights of the New Guidelines for the Treatment of TED."

Friday June 16

Plenary: The Endocrinology of Chronic Stress and Burnout, 8:00 a.m.

Chronic stress and burnout have long been of interest to the medical and scientific endocrine community, and the global pandemic has placed a spotlight on the deep existential relevance of these problems. This plenary will feature two world experts on the endocrinology of stress: Winner of the 2023 Transatlantic Alliance Award, George Chrousos, PhD; and Sonia Lupien, PhD, director of the Centre for Studies on Human Stress (Montreal, Canada).

Testosterone and COVID-19, 3:45 p.m.

Men are at greater risk of poor outcomes from COVID-19 compared to women, and differences in sex hormones have been postulated as an explanation. This symposium reviews mechanistic pathways by which testosterone affects SARS-CoV-2 entry into cells; the relationship between testosterone and severity of COVID-19; and the consequences of COVID-19 on male reproductive function.

Saturday June 17

Obesity and Fractures, 8:00 a.m.

For many years, it was believed that obesity protected from fractures. Nevertheless, this belief has been challenged by the results of new research. This session will address obesity and fractures in men and women, DXA use in obese people, and the impact of weight loss on fracture risk. Topics covered include "Intervening to Mitigate Weight Loss Associated Bone Loss;" "Obesity and Fracture Risk;" and "Bone Imaging in Obesity."

Endocrine Disrupting Chemicals: Effects on Reproduction, 3:30 p.m.

Both male and female fertility have been impacted by exposures of the population to environmental factors, including industrial chemicals. This symposium will present multidisciplinary and public health experts to address the impact of the environment on fertility, the risk for urogenital anomalies, and adverse effects on pregnancy outcomes. These findings will support risk assessment of the population and efforts to mitigate the untoward effects of chemical exposures.

Sunday June 18

Fasting Models to Disrupt Metabolic Diseases and Aging, 8:00 a.m.

A growing body of evidence has demonstrated that fasting displays extensive beneficial effects on health, favoring several cellular processes that are critical for regeneration and antioxidant activity. In recent years, fasting-mimicking diets have gained great interest for the management of patients with metabolic dysfunctions. This session will highlight the recent evidence supporting the metabolic benefits of fasting and fasting-mimicking diets, in addition to their interactions with circadian rhythms.

Endocrine Effects of Childhood Cancer, 11:30 a.m.

The goal of this symposium is to review the endocrine effects of childhood cancer, especially relating to hypothalamic-pituitary function, gonadal function, and bone health. Novel treatment regimens (e.g., immune-checkpoint inhibitors) will also be discussed. Topics include "Hypothalamic-pituitary Dysfunction after Childhood Cancer Treatment;" "Gonadal Late Effects of Childhood Cancer Treatments;" and "Adverse Bone Effects of Childhood Cancer Therapies."

These sessions are just a tiny fraction of the dozens of options available to attendees that cover a vast range of topics in patient treatment outcomes, basic science, and clinical research.



Catch an outdoor concert at Millennium Park (top) or take a wild ride at Navy Pier (above). Images courtesy of Choose Chicago/Abel Arciniega; tequila graphics.

Lurie Garden blends Chicago's past, present, and future with bold design, dramatic form, and intimate spaces. Even amid a bustling city, birds, bees, and butterflies abound here during the summer months. Millennium Park is also home to Jay Pritzker Pavilion and The Great Lawn, Frank Gehry's one-of-a-kind bandshell. During June, you can catch the Summer Music and Summer Film Series here.

Whether you're a sports fan or not, seeing the Cubs play at Wrigley Field is a Chicago experience everyone will enjoy. Known for its unique traditions and charm, Wrigley Field, which was built in 1914, has been the beloved home of the Chicago Cubs for more than a century. The area around the stadium is known as Wrigleyville, and it offers an atmosphere that won't be found anywhere else. No matter the time of year, this area is always bustling. Locals flock to the area's many bars and restaurants, even when it's not baseball season.

And you can't mention Chicago without acknowledging its iconic food. The origin of the deep dish, Chicago is home to the best pizza joints serving up layer upon layer of gooey cheese, tangy tomato sauce, and sausage, pepperoni (or both) baked atop a thick, salty crust in a cast iron skillet. Lou Malnati's is considered the original when it comes to pizza in Chicago, while other staples like Giordano's and Pequod's serve up their own versions of the city's famous deep dish. And Chicago even has its own hot

dog. The Chicago dog, served throughout the city, features yellow mustard, dark green relish, chopped raw onion, pickle spear, sport peppers, tomato slices, and topped with a dash of celery salt and served in a poppy seed bun. The Vienna Beef Factory was started by two Austrian-Hungarian immigrants, Emil Reichel and Samuel Ladany, who began selling their franks at the World's Fair in Chicago in 1893. Today, Vienna manufactures most of the franks sold across the city. You can still get the original by visiting their own stand located right across the street from the Vienna Beef Factory on North Damen Avenue.

Last but not least, take in the most iconic views of Chicago from more than 100 stories above the city. Willis Tower, formerly known as the Sears Tower, held the title for the world's tallest building for 25 years and remains the highest spot in Chicago and the third tallest building in the Western Hemisphere. Visit the Skydeck, located on the 103rd floor of the 110-floor building. Take in spectacular views spanning up to four states from the Viewing Tower; or if you're a thrill seeker, check out The Ledge, a glass balcony extending four feet outside Willis Tower's 103rd floor. At 1,353 feet in the air, its glass boxes extend out 4.3 feet from the Skydeck, offering unmatched views of the bustling city underneath. No matter how you look at it, the Chicago skyline is breathtaking.



This is definitely the place for a brew and a Chicago dog (above). Or a birds-eye view of the city from the Skydeck of the Willis Tower (top right). Images courtesy of Choose Chicago.

A hub of Mexican culture and home to one of the city's best collections of street art and murals, Pilsen is home to the National Museum of Mexican Art. Immerse yourself in the richness of Mexican art and culture as you explore one of the largest Mexican art collections in the country. In a vibrant corner of funky West Town, you'll discover Intuit: The Center for Intuitive and Outsider Art. This museum displays the work of artists who steer away from mainstream art influences while focusing on their personal, unique visions. The biggest draw here is the Henry Darger Room, an exact replica of the Chicago native artist's Lincoln Park home filled with his personal documents, fixtures, furnishings, and, of course, his art. The International Museum of Surgical Science, McCormick Bridgehouse & Chicago River Museum, and the American Writers Museum are just a few of the other unique museums located across Chicago that are favorites among the locals.

Like a Local

Maybe you've already seen all the attractions the Windy City is known for, or you just prefer to see the city from a different point of view. Instead of spending time taking in Chicago as a tourist, enjoy the city like those who call it home. In a city known for its major museums, the locals suggest a trip outside of downtown to discover the offbeat spots and quirky collections unique to Chicago.

Take a step off the beaten path and head to the Pilsen neighborhood.



Visit the Skydeck, located on the 103rd floor of the 110-floor building. Take in spectacular views spanning up to four states from the Viewing Tower; or if you're a thrill seeker, check out The Ledge, a glass balcony extending four feet outside Willis Tower's 103rd floor. At 1,353 feet in the air, its glass boxes extend out 4.3 feet from the Skydeck, offering unmatched views of the bustling city underneath.



Go for a different view at the Shedd Aquarium or under “The Bean” sculpture in Millennium Park. Images courtesy of Choose Chicago/ Abel Arciniega; tequila graphics.

While Chicago is home to well-known cocktail hotspots and swanky rooftop bars, the city also has its fair share of hidden gems — literally. A green painted door marked the entrance to an undercover speakeasy during prohibition. Today, the Green Door Tavern continues the tradition. Find the nondescript door in the basement that leads to The Drifter, an authentic speakeasy that takes you back to the days of Prohibition. The Coco Club is another spot that takes some searching to find. Uniquely positioned above LaCoco’s Pizza and Sports Club is where you’ll find this late-night speakeasy. Just tell the doorman “I’m with the club,” and you’ll be whisked into a sophisticated and inviting space that draws inspiration from the 1920s and 1930s. Head to Uptown Chicago, home to Green Mill Cocktail Lounge, which is considered one of Chicago’s best bar experiences, and is known for three things — it was Al Capone’s hangout, it’s said to be haunted, and its unspoken rule: Don’t talk when performers are on stage at this Chicago jazz club. It’s the kind of dark, smokey place with music and cocktails that will transport you back in time.

After a night out on the town, you’re going to need a strong cup of coffee. Locals suggest heading to Café Jumping Bean in Chicago’s Lower West Side for reliable coffee, fresh bakery items, and specialty sandwiches like molletes, traditional Mexican open sandwiches topped with refried beans and melted cheese served with salsa (perfect for breakfast or lunch for those who felt the need to sleep in). This quaint spot invites customers in with its brightly colored décor and friendly staff — both guaranteed to brighten your mood at the start of a new day. While you can have an incredible trip to Chicago without leaving downtown, venturing off the beaten path has unmatched perks of its own!

Kids of All Ages

Bring the family along — there’s something for everyone in Chicago. Kids (and kids at heart) will love Maggie Daley Park, one of Chicago’s newer green spaces, which is connected to Millennium Park in the heart of downtown. While one of the park’s most beloved features, the Skating Ribbon, is closed in the summer months, there’s even more to enjoy when it’s warm out. Take it to the next level on the rock climbing and bouldering walls before playing a round of miniature golf. Picnic groves offer the perfect spot to rest and grab a bite to eat before continuing to explore the park. No visit to Maggie Daley Park is complete with a trip to its three-acre Play Garden, the first of its kind in Chicago. Built in the spirit of Alice in Wonderland and Charlie and the Chocolate Factory, the Play Garden integrates landscapes with custom-designed play structures and sculptures. Play and plantings are intentionally different from usual garden and park settings, capturing the imagination, engaging different senses in all seasons of the year.



Undeniably one of Chicago's most popular attractions, Navy Pier is a year-round destination that truly comes to life during the summer. This time of year brings boat cruises, bike tours, fireworks shows that light up the night, and live entertainment throughout the day and night. Here, you will find Centennial Wheel that takes riders nearly 200 feet in the air, offering unmatched views of Chicago. You can even book a VIP Centennial Wheel experience in a glass-bottomed, plush-seated gondola. But that's only the beginning. Thrill seekers of all ages will enjoy Pier Park, home to the Pepsi Wave Swinger, a 1920s-inspired musical carousel, and other nostalgic fairground rides — all with breathtaking skyline and waterfront views. But that's not all — the beloved Chicago Children's Museum and Tony Award-winning Chicago Shakespeare Theater are also located at Navy Pier.

And don't worry about your little ones going hungry. You're in the city known for pizza and hot dogs! Plus, Chicago has an unusual number of themed restaurants that aren't just fun — they're tasty too. At the spy-themed restaurant, SafeHouse Chicago, you'll need a password to enter or else undergo a series of "tests" to prove you're not a spy. There's more than just dessert at Sugar Factory (including an elaborate drink menu for the adults). Created by a team of world-class chefs, the menu selections include everything from pancakes and sweet and savory crepes to salads, burgers, steaks, and shakes, all available throughout the day. Chicago really does have something for everyone!



You won't miss out on your exercise with activities like Lakefront Trail Biking (top), or you can slow things down perusing fine art at the Gallery Guichard. Images courtesy of Choose Chicago/ Abel Arciniega; tequila graphics.



Plus One

Your significant other won't mind that you're traveling for work when you bring them along. Chicago is an ideal romantic getaway with one-of-a-kind date night experiences, exceptional entertainment, and world-class dining. Snuggle up as you take in the views during a sunset cruise — an ideal way to see Chicago's famed architecture. Hop aboard your open-top vessel in the heart of the Magnificent Mile, then cruise along the Chicago River, where your guide will point out architectural highlights. As you head further down the river to Lake Michigan where you'll catch the sunset, watch the skyscrapers light up and the skyline awaken. Another great destination for a date is Chicago Botanic Garden, but not just for walking around taking in the beautiful greenery — though that's not a bad idea.


Spend a carefree night laughing at Second City, the world's premiere comedy theatre offering the best in Chicago-style sketch and improv comedy every night of the week. Since its premiere in 1959, Second City has consistently been a starting point for many comedians, award-winning actors, directors, and other big names in show business. For music connoisseurs, you can't miss Chicago-style blues. The amplified urban blues sound was born in Chicago, and there are plenty of spots here to hear it live. Buddy Guy's Legends is a bucket list stop for blues fans from across

— CARSON IS A BIRMINGHAM, ALA.-BASED FREELANCE WRITER, WHO WROTE ABOUT ATLANTA'S VARIED POINTS OF INTEREST LAST YEAR. SHE WRITES A VARIETY OF ARTICLES AND FEATURES FOR *ENDOCRINE NEWS* INCLUDING ENDOGEAR AND DASHBOARD.

the globe. The legendary Buddy Guy, a Rock and Roll Hall of Fame inductee and a multi-GRAMMY Award winner, is known to take the stage on occasion, but no matter who plays, you're in for a treat. Stop by during lunch and dinner hours for a free acoustic show.

And for the most iconic date night in Chicago, options are endless for a dinner date. Geja's Café is a Chicago spot known for romance. Since 1965, this cafe offers fondue paired with flowing wine in an intimate space. Enjoy Swiss gruyere fondue and sizzling meats for dinner, followed by chocolate for dessert. For a classic Chicago date night, head to Gibson's, an icon that has been satisfying diners — from locals to celebrities — since the 1980s. The classic American steakhouse is the first in the country to be awarded its own USDA certification program, but it also serves up fresh seafood, porkchops, and more. If you're looking for something a little less filling, head to City Winery for wine flights paired with a cheese and charcuterie board or shared plates like parmesan truffle fries and Asian wine glazed wings. Snag a seat on the patio where you'll enjoy scenic views of the Chicago River, the city skyline, and Midwest sunsets. Grab a drink and a light bite at City Winery. You're sure to earn brownie points by extending your trip to ENDO while enjoying all Chicago has to offer alongside that special someone.

See You in Chicago!

In the words of Frank Sinatra, Chicago is "one town that won't let you down. It's my kind of town, Chicago is." And apparently a lot of people agree with him, as Chicago was voted the best big city in the U.S. for the sixth year in a row according to *Condé Nast Traveler*. But don't take our word for it. Come see for yourself! Make your reservations now as ENDO 2023 returns to Chicago for the first time since 2018. We can't wait to see you there! 

Feel the breeze in the Windy City along the Riverwalk (opposite, top), the Chicago Botanic Garden (opposite bottom), or with the Cubs at Wrigley Field (below). *Images opposite top courtesy of Choose Chicago, opposite bottom by elesi/Shutterstock, below by Kent Weakley/Shutterstock.*



Enjoy light fare and a tasting at City Winery (top) or a romantic dinner for two at Geja's Café. *Images courtesy of Choose Chicago.*

ENDO2023
Chicago, Illinois
June 15 – 18,
2023



Data Everywhere, All at Once!

How FASEB's new *Data Management System* Can Help



FASEB's new DataWorks! program gives researchers an easier way to manage and share data generated during routine biological and biomedical research.

Endocrine News presents an overview of the new system and what you need to know to maximize your research data for your own benefit, as well as to the benefit of other scientists working in your area of expertise.



Are you trying to wrap your mind around the new National Institutes of Health (NIH) Data Management and Sharing Policy? Heard the terms “FAIR data,” “research data management,” or “DMP” and wondered what they meant? FASEB DataWorks! is here to help.

DataWorks! is a program of the Federation of American Societies for Experimental Biology (FASEB), a coalition of scientific societies that boasts the Endocrine Society and 26 other organizations representing more than 115,000 scientists as members. Designed to help researchers navigate the field of data management and sharing, DataWorks! brings the biological and biomedical

BY KATHERINE MCNEILL, MS, MBA

research communities together to advance human health through data sharing and reuse.

Endocrine researchers collect a wide array of data types — images, measurements, clinical data, and more. These data are valuable research outputs in their own right, and thoughtful data management practices allow them to be leveraged to answer novel research questions, enhancing the impact of the original research. For example, “New Horizons: the value of UK Biobank to research on endocrine and metabolic disorders,” by Bešević, et al., in the July 2022 *Journal of Clinical Endocrinology & Metabolism*, demonstrates the value of reusing open access data in conducting research on endocrine and metabolic disorders (<https://doi.org/10.1210/clinem/dgac407>).

Maximizing Research Funding’s Impact

Under the recently implemented NIH Data Management and Sharing Policy, new applications for NIH funding require investigators to create, submit, and comply with a data management and sharing plan, describing the data to be collected and how it will be stored and shared. Enabling reuse of data that has already been collected maximizes the impact of research funding and supports research integrity.

Yet, data management, sharing, and reuse is about far more than policy compliance — it serves the research team. Data management involves organizing, describing, and storing your data so that it can be usable to you, your colleagues, and other researchers in the long term. If integrated into the research process, data management can save you time; keep your research team organized and working seamlessly; expand the profile, citation, and impact of your research; ensure your data are FAIR (findable, accessible, interoperable, and reusable); as well as help you comply with funder or journal data policies. An array of resources exists to support researchers, but it can be hard to know where to start — that’s where FASEB



DataWorks! comes in.

DataWorks! links researchers to services and expertise and helps them realize the benefits of these changes through three main components:

DataWorks! Help Desk

DataWorks! Help Desk (<https://www.faseb.org/data-management-and-sharing/dataworks-help-desk>) provides guidance for the biological and biomedical research community to navigate and adopt data sharing and reuse practices. Consult the Help Desk for tips on how most easily to manage data before, during, and after your research projects, as well as to comply with the NIH policy.

DataWorks! Help Desk can connect the Endocrine Society community with key resources on topics such as:

- ▶ Complying with the NIH Data Management and Sharing Policy. For example, tips on writing a data management plan and domain-specific guidance such as from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) (<https://www.niddk.nih.gov/research-funding/research-resources/data-management-sharing>).

- ▶ Managing sensitive, human, or clinical data. For example, Vivli (<https://vivli.org/>), a global platform for sharing and reusing clinical research data.
- ▶ Handling common file formats. For example, the ELIXIR Guide to Bioimaging Data (https://rdmkit.elixir-europe.org/bioimaging_data).
- ▶ Finding data to reuse in endocrine research. For example, the NIDDK Central Repository — Resources for Research (<https://repository.niddk.nih.gov/>).

“Many researchers are uncertain about how to comply with the new NIH Requirement or how to make their data FAIR,” says Diane Robins, PhD, professor of human genetics and research scientist for Reproductive Sciences Program at the University of Michigan Medical School in Ann Arbor, Mich., an Endocrine Society representative on the FASEB board of directors. “FASEB DataWorks!, including its new Help Desk, is a key resource to support our members.” Help Desk features specific resources to serve tailored disciplines such as endocrinology, and FASEB is keen to hear what would be the most valuable to you — email FASEB at: dataworks@faseb.org.

DataWorks! Salon

DataWorks! Salon is a conversation space for the research community to exchange ideas and design effective practices for data sharing and reuse. “The Salon provided practical tools and strategies for teams to manage data as part of existing research processes,” says past Salon event attendee and Endocrine Society member, Benson Akingbemi, PhD,

DATAWORKS! PRIZE

DataWorks! Prize recognizes biological and biomedical research teams that integrate data sharing and reuse to advance human health. Their successes provide models for others to learn from and useful practices to adopt.

DATA MANAGEMENT TIPS

What are some simple steps you can take to manage your research data?

- 1 USE DMPTOOL ([HTTPS://DMPTOOL.ORG/](https://dmptool.org/)) TO HELP CREATE YOUR DATA MANAGEMENT PLAN.
- 2 TAKE ADVANTAGE OF LOCAL SERVICES AT YOUR INSTITUTION — CONTACT YOUR LIBRARY, RESEARCH OFFICE, AND IT DEPARTMENT TO SEE WHAT THEY MAY BE ABLE TO OFFER.
- 3 LEVERAGE RESOURCES TAILORED TO YOUR DISCIPLINE — SUCH AS DATAWORKS! HELP DESK ([HTTPS://WWW.FASEB.ORG/DATA-MANAGEMENT-AND-SHARING/DATAWORKS-HELP-DESK](https://www.faseb.org/data-management-and-sharing/dataworks-help-desk))

FASEB welcomes your ideas for how DataWorks! can best support the endocrine science and research community. Email FASEB at: dataworks@faseb.org.

DVM, professor of anatomy and developmental biology in the Department of Anatomy, Physiology, and Pharmacology, at the Auburn University College of Veterinary Medicine, Auburn, Ala., and who also serves on FASEB’s Science Policy Committee. “It also gave attendees a chance to learn from both other researchers and expert presenters.”

Upcoming Salons will cover a range of valuable topics for Endocrine Society members, with a Fundamentals Series (including Office Hours for researchers submitting NIH Data Management and Sharing Plans) and thematic sessions on topics such as bioimaging data. Sign up at: <https://www.faseb.org/data-management-and-sharing/dataworks-salons>. ^{EN}

— MCNEILL IS THE DATAWORKS! PROGRAM DIRECTOR AT FASEB AND HAS MORE THAN 20 YEARS OF EXPERIENCE IN RESEARCH DATA MANAGEMENT AND OPEN SCIENCE, AMONG RESEARCH INSTITUTIONS, NATIONAL ASSOCIATIONS, AND DATA ARCHIVES.



CMS Finalizes Proposal to Expand Coverage of Continuous Glucose Monitors

We are pleased to report the Centers for Medicare and Medicaid Services (CMS) finalized policy that will expand coverage of Continuous Glucose Monitors (CGM) and incorporated Endocrine Society recommendations. The final local coverage determination (LCD) expands CGM coverage for all people with diabetes with any type or manner of insulin treatment. The policy also will allow CGM coverage for people with diabetes who are not on insulin but have had a history of reoccurring hypoglycemia. Finally, the LCD clarifies that the six-month CGM follow-up visits can be done via telehealth. The finalized proposal will take effect on April 16. Visit <https://go.cms.gov/3JHkcCT> for more information regarding CMS's announcement.

The Endocrine Society provided recommendations on CMS's proposal when it was open for public comment last year. Our comments highlighted many of the positive changes included, particularly the changes for people with diabetes who have "problematic hypoglycemia." We also applauded the agency for expanding access to telehealth visits for people using CGM and asked CMS to consider ways to provide telehealth flexibility for the six-month CGM visit, a change the agency incorporated into the final LCD.

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Society Applauds Efforts by Insulin Manufacturers to Lower Insulin Prices; Continues Initiative to Advance Co-pay Cap

Last month, three of the largest insulin manufacturers announced they would take steps to reduce the price of their insulins.

Eli Lilly and Company first announced it would reduce the list price for certain insulins by 70% and extend the \$35 per month cap on out-of-pocket costs for people with Medicare that was

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The law's passage was the result of years of Endocrine Society advocacy to make insulin more affordable, including Hill Days, grassroots campaigns, educational congressional briefings, and efforts to make this a priority in the White House.

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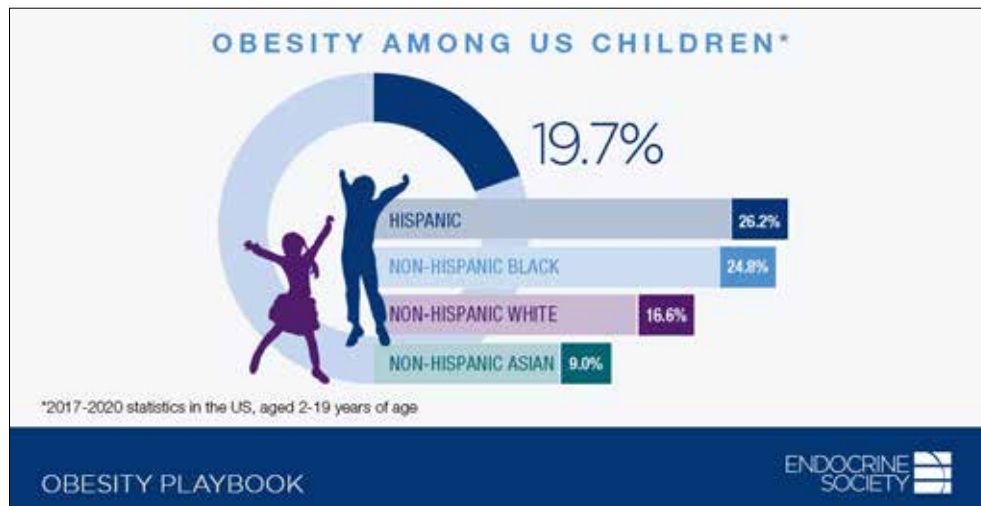
enacted in last year's Inflation Reduction Act to people with commercial insurance. The Endocrine Society commended Eli Lilly for taking steps to make insulin more affordable and called on the other manufacturers to do the same. A week later Novo Nordisk and Sanofi announced that they would reduce some of their insulin prices in the U.S. up to 75% and 70%, respectively, beginning in 2024.

The Society has championed measures to improve insulin access for years. Last year, President Joe Biden signed the Inflation Reduction Act into law, which included several measures to make insulin more affordable. Most notably, the new law caps the cost of insulin at \$35 a month for people on Medicare. The law's passage was the result of years of Endocrine Society advocacy to make insulin more affordable, including Hill Days, grassroots campaigns, educational congressional briefings, and efforts to make this a priority in the White House.

The Endocrine Society will continue to urge Congress to expand insulin co-pay caps for people with commercial insurance and the uninsured. The Society recently met with the White House Domestic Policy Council (DPC) and urged the Biden administration to continue advocating for the \$35 co-pay cap for people in the commercial market. We have also met with the co-chairs of the Congressional Diabetes Caucus to discuss their plans to introduce bipartisan insulin legislation. In addition, we are working to educate congressional staff about diabetes issues.

We recently shared a fact sheet, which included information about the prevalence and impact of diabetes nationwide, with all congressional staff who work on health issues, and we partnered with the Diabetes Leadership Council (DLC) to circulate the fact sheet during a briefing sponsored by the caucus. In April, the Endocrine Society is hosting a Diabetes Hill Day and have many of our members come to Washington, D.C., to meet with their representatives to talk about diabetes research, treatment, and prevention.

Endocrine Society Releases Educational Resource on Obesity for Congress



Obesity is a public health crisis in the United States. As a prevalent and costly disease, it puts adults and children at risk for many comorbid conditions, reduces productivity, and impairs military readiness.

As the 118th Congress gets underway, several congressional leaders and committees are interested in addressing obesity in America. In March, as part of Obesity Care Week, the Endocrine Society shared an educational resource on obesity in America with members of Congress and their staff. The Obesity Playbook provides a “101 education” — exploring the causes, consequences, and interventions and treatments for obesity. We designed the Playbook to provide members of Congress and their staff with a “go-to” resource about obesity with information for where they can learn more. Highlights from the Playbook include:

- ▶ Data on obesity prevalence by state and by race and ethnicity;
- ▶ Connection between food insecurity, nutrition, and obesity;
- ▶ Obesity’s economic cost burden and impact on military readiness;
- ▶ Policy options that will address obesity; and
- ▶ A list of Endocrine Society members who are experts in this field.

The Playbook is a component of our Obesity Education Initiative for Congress. It will be followed by educational briefings, congressional meetings, and a media campaign. Our goal is members of Congress will use the Playbook as they consider legislation related to obesity and other health issues.

To view the Obesity Playbook, visit: <https://www.endocrine.org/advocacy/priorities-and-positions/obesity>.

EPA Incorporates Society Recommendations in Landmark PFAS Regulation

The U.S. Environmental Protection Agency (EPA) issued a landmark regulation to set exposure limits for several per- and polyfluoroalkyl substances (PFAS) substances including PFOS and PFOAS found in drinking water.

The proposed regulation sets an aggressive limit for these PFAS and their mixtures and acknowledges effects at extremely low levels by proposing a health-based Maximum Contaminant Level Goal (MCLG) of zero. This is the first time the government has regulated a new chemical in drinking water in more than 30 years. The Endocrine Society urged the EPA to improve upon its draft rule in 2022 by including other PFAS (beyond PFOA and PFOS) in the final rule and consider low-dose effects by recognizing that there may be no safe level of exposure to these chemicals.




We are encouraged by the new regulation and hopeful that this will lead to safer drinking water for communities in the United States and support for additional research to understand the health impacts of these and other chemicals.

Endocrine Community Makes Progress in Advancing EU EDC Regulations

In recent weeks, organizations around the world have intensified their lobbying efforts for better regulation of endocrine-disrupting chemicals (EDCs) and the Endocrine Society's members continue to play a leading role as the voice of science in high-level discussions.

In the European Union, the Commission is under a tight deadline to deliver reforms to the regulation on Registration, Evaluation, Authorisation, and Restriction of Chemicals (REACH), which governs restrictions on EDCs. To ensure prioritization of this reform, we partnered with the European Society of Endocrinology (ESE) to organize a petition to Commission President Ursula von der Leyen emphasizing the urgent need to deliver a legislative proposal to revise REACH by June 2023. The petition was co-signed by 44 European and international endocrine-focused scientific societies and delivered to members of the European Parliament and other policymakers with an interest in EDCs. The petition generated significant attention and was reported on by *Politico EU* noting our "united front."

Additionally, we signed a letter organized by the European Environment Bureau and supported by 11 other members of a high-level strategic advisory group on chemicals and sustainability to urge the European Commissioner for the Internal Market, Thierry Breton, to support a prompt revision of REACH to ensure harmonized and predictable regulatory approaches to chemicals, including EDCs, across the EU. Reforms to the REACH regulation are necessary to ensure that new regulatory classes that identify hazardous EDCs can be implemented to reduce exposure to these harmful chemicals. 



Got 5 minutes?

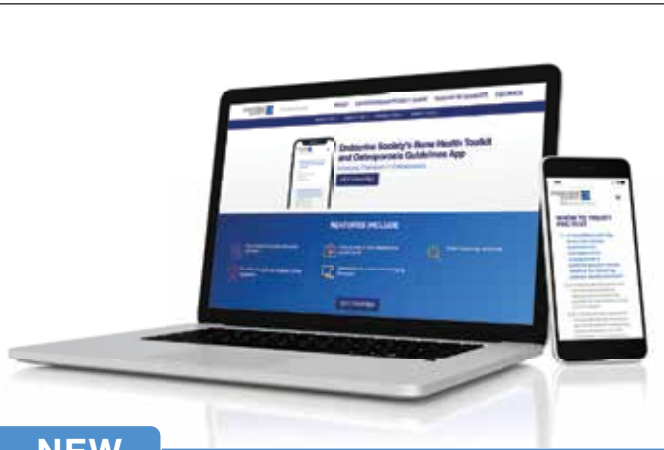
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