

OCTOBER 2021

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

# Endocrine news

INTERNATIONAL

## *Handling* Health Disparities

Reaching out to vulnerable  
populations one patient  
at a time

- **MEXICAN REVELATIONS:** The startling discrepancy among Hispanic populations impacted by fatty liver disease
- **FOUND IN TRANSLATION:** How easy-to-read diabetes technology guides are knocking down language barriers while increasing access in underserved communities

### **CALLING THE SHOT:**

Could a hormonal approach be key to treating obesity?

### **MAKING AN IMPACT:**

New journal editors look to the future

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*Hormone Science to Health*

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**22 | Found in Translation:**  
**New Diabetes Guides Increase Accessibility for All**  
 As high-tech innovations improve diabetes management, patients in underserved communities can often lag behind. Addressing the need for more education, Anne Peters, MD, spearheaded a new project that has created easy-to-read guides that make diabetes education easily understood by underserved populations.  
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### The Health Disparities of Fatty Liver Disease in Hispanics

Hepatic steatosis — more commonly known as fatty liver disease — appears to have a disproportional effect on Hispanic Americans, with Mexican Americans at an even higher risk. A better understanding of these risk factors is crucial to creating better individualized care protocols for these patients.

**BY DEREK BAGLEY**

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As Ashley Grossman MD, FRCP, and Zeynep Madak-Erdogan, PhD, prepare to become the next editors-in-chief of *Endocrine Reviews*, and the *Journal of the Endocrine Society*, respectively, they spoke with *Endocrine News* about their goals for the future of these prestigious journals.

**BY DEREK BAGLEY**

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### Could a Hormonal Approach Be a Key to Treating Obesity?

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**BY ERIC SEABORG**

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## Making Educational Upgrades in a Digital World

One of the priorities identified in the Society's most recent Strategic Plan, SP4, was to focus on expanding our online programming. This could not have come at a more crucial time as the COVID-19 pandemic impacted our professional and personal lives, forcing us into a primarily digital lifestyle.

As the Society shifted all in-person events online, staff were also hard at work defining the long-term plan for online education. An important first step was reevaluating the way in which the Society delivers these important activities to its members and the endocrine community. The existing Center for Learning platform was in need of an upgrade to remain current with trends in online education, and there was a heavy

reliance on narrated PowerPoint for content delivery. It was clear that we needed to start with the exploration and selection of a new platform to host the Center for Learning.

As part of the selection process, several priorities remained top of mind:

- ▶ The need for a central education "hub" that the community could regularly explore for new content
- ▶ Intuitive navigation from course selection to credit claiming
- ▶ An eye to mobile: what can learning look like on the go?
- ▶ Diversity in available activity types
- ▶ Differentiating public and members-only activities as we increase our member exclusive content portfolio

After months of design conversations, content, and user progress migration, we are pleased to offer the new Center for Learning, officially launched on August 16.

The next stage of the Society's online education roll-out is a calendar of regularly scheduled members-only webinars and the implementation of new activity types and learning modalities.

### ELECTION LAUNCHES NEXT MONTH

**The election for our President-Elect candidates will launch in November. We have two outstanding candidates on the ballot, and I encourage all our voting members to participate in this very important activity. To facilitate the voting process, a link to the electronic ballot will be available on the Society's website. Please remember to cast your vote and remind your colleagues as well. This is your Society, and *your* participation in the election is important!**




Members currently have exclusive access to such content as the successful Endocrine Feedback Loop podcast and timely webinars hosted by our Special Interest Groups (SIGs), as well as our journals and magazine. Our focus is to continue that trend with more programming that represents all our member groups, both clinical and scientific. This will follow an annual gap analysis where staff and member volunteers will carefully review the current portfolio, evaluation feedback, and performance outcomes to design and produce programs that meet the education needs of the endocrine community.

“

**The next stage of the Society's online education roll-out is a calendar of regularly scheduled members-only webinars and the implementation of new activity types and learning modalities.**

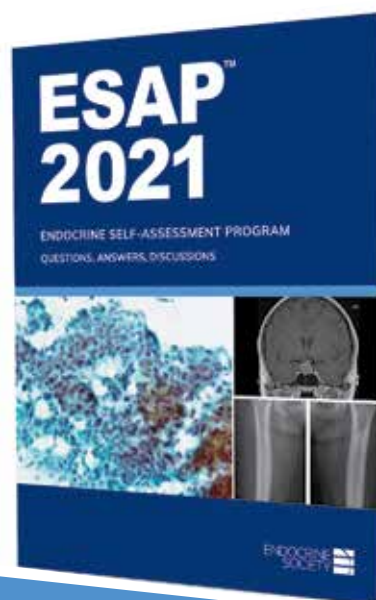
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Speaking of new programs, the Society will introduce a new diabetes-focused certificate program in 2022, developed in partnership with the American College of Osteopathic Family Physicians. This product will include new and engaging learning modalities and an enhanced assessment experience in the new Center for Learning. The Fellows Training Series, a staple in the in-training community, is also receiving a significant upgrade to both better meet the content needs of today's fellows while providing a mobile-first learning experience for improved accessibility.

The Endocrine Society has remained nimble during this trying time, and these are just some of the innovations planned for the coming years. 

Carol H. Wysham, MD  
President, Endocrine Society

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FROM THE **EDITOR**

## Handling Health Disparities One Patient at a Time

**T**his month, *Endocrine News* takes a closer look at health disparities and some of the hurdles that clinicians face when treating these underserved populations. One of the biggest hurdles — whether in urban or rural areas — is the language barrier. When clinicians can't adequately communicate with their patients, much-needed information can literally get lost in translation or, more accurately, does not get translated at all.

To address these language barriers, Anne Peters, MD, professor of medicine, Keck School of Medicine of USC; director, USC Clinical Diabetes Programs, Los Angeles, Calif., and her team at the USC Westside Center for Diabetes worked with the Clear Language Group to create a series of low-literacy English and Spanish language educational guides designed to aid patients from underserved populations. On page 22, Eric Seaborg writes about these guides ("Found in Translation: New Diabetes Guides Increase Accessibility for All") spearheaded by the Specialized Technology Education for Pumps & Pens in Underserved Populations with Diabetes (STEPP-UP) Project and the Specialized Technology Education for Patients and Providers — Tools for Continuous Glucose Monitoring (STEPP To CGM).

Rather than simply creating brochures, Peters and her team created detailed, multi-page booklets on diabetes self-care and dealing with new technology, which feature images that more closely resemble the very population to which these guides are targeted. "The historical issue is that everybody has always been white in all the guides," Peters says. "I went on a campaign a number of years ago to try to increase the diversity quotients of what the companies were doing, and now if you look at the Dexcom, Medtronic, and Tandem [information], they actually have people of color using the devices, which is a good step, but the information is still at a much higher level."

Peters tells Seaborg that these guides have made a difference in the lives of these patients because they helped reduce diabetes stress and depression while increasing knowledge. "We did a whole bunch of really good things in terms of making people feel better," she says. "But even in conjunction with a really good diabetes educator, these tools didn't improve patients' hemoglobin A1c levels, time in range, or episodes

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of hypoglycemia. They did reduce diabetic ketoacidosis admissions into the hospital or emergency department. So, we did really help.”

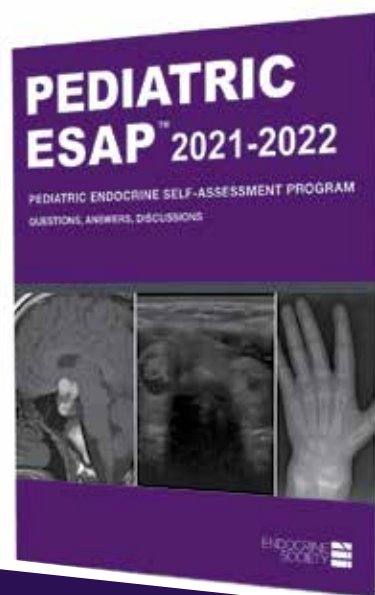
Senior editor Derek Bagley looks at another health disparity phenomenon that might have come as somewhat of a surprise to researchers studying the effects of fatty liver disease on Hispanic populations. While the rates of this condition have been known to be higher in the overall Hispanic population for a number of years, new research shows that it is disproportionately higher in people of Mexican descent. In “Mexican Revelation: The Health Disparities of Fatty Liver Disease in Hispanics” on page 26, Bagley speaks with Theodore Friedman, MD, PhD, chief of the Division of Endocrinology, Metabolism, and Molecular Medicine at Charles R. Drew University of Medicine and Science in Los Angeles, Calif., who, along with his team of researchers, authored a paper in *Hepatology Communications* that found that hepatic steatosis is higher in Mexican Americans, but not in non-Mexican American Hispanics, a conclusion the researchers hope not only helps bring awareness to clinician endocrinologists who see Hispanic patients but also might lead to understanding the exact factors that cause fatty liver disease. “This is an important finding as it shows that Hispanics are not a monolith,” Friedman says, “and that conditions like hepatic steatosis are more common in specific subgroups of Hispanics, such as Mexican Americans and not in other Hispanics.”

Understanding both from a basic and sincere interpersonal perspective as well as from a larger, big picture view is key to treating various, often multi-faceted populations. Such a comprehensive understanding of underlying factors is an important first step to offering the best care possible one patient at a time.

If you would like to share your own stories of how you’ve dealt with treating underserved populations or if you’ve come across solutions to addressing the ongoing issue of health disparities, please feel free to share your experiences with us. Don’t hesitate to contact me at: [mnewman@endocrine.org](mailto:mnewman@endocrine.org). 

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

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## Announcing the Endocrine Society's 2022 Laureate Award Recipients

**T**he Endocrine Society has chosen 13 leading endocrinologists as winners of its prestigious 2022 Laureate Awards, the top honors in the field.

Established in 1944, the Society's Laureate Awards recognize the highest achievements in the endocrinology field, including groundbreaking research and innovations in clinical care. The Endocrine Society will present the awards to the winners at **ENDO 2022**, the Society's annual meeting.

**The Endocrine Society's 2022 Laureate Award winners are:**



**Henry M. Kronenberg, MD**  
**FRED CONRAD KOCH LIFETIME ACHIEVEMENT AWARD**

The Society's highest honor, this annual award recognizes lifetime achievements and exceptional contributions to the field of endocrinology. Kronenberg has been chief of the Endocrine Unit at Massachusetts General Hospital in Boston, Mass., for over 32 years and is a professor of medicine at Harvard Medical School in Boston, Mass. His research group studies the actions of parathyroid hormone and parathyroid hormone-related protein, with a particular emphasis on bone development, bone biology, calcium homeostasis, and the roles of osteoblast-lineage cells in hematopoiesis. His biggest accomplishment is bringing molecular biology to the bone and mineral field with the cloning of the parathyroid hormone. Kronenberg's laboratory in recent years has used several genetically altered strains of mice to establish the role of signaling by the PTH/PTHrP receptor in bone. Kronenberg was president of the Endocrine Society in 2016–2017 and has served on many other Society Committees over the years, most notably as vice president, Basic Science and as the Endocrine Society's representative on the Federation of American Societies for Experimental Biology (FASEB) Board of Directors.



**Terry J. Smith, MD**  
**GERALD D. AURBACH AWARD FOR OUTSTANDING TRANSLATIONAL RESEARCH**

This annual award recognizes outstanding contributions to research that accelerate the transition of scientific discoveries into clinical applications. Smith is the Frederick G.L. Huetwell Professor in Ophthalmology and Visual Sciences and professor of internal medicine at the University of Michigan Medical School in Ann Arbor, Mich. He's studied Graves' disease, its ocular manifestations, and related autoimmune diseases for over 35 years. His laboratory group was the first to describe the unique molecular attributes of tissue surrounding the eye that make the orbit susceptible to immune activation and inflammation in Graves' disease. He and his colleagues have mapped the mechanisms involved in tissue remodeling occurring in thyroid-associated ophthalmopathy (TAO), a disfiguring and potentially blinding disease. They identified the insulin-like growth factor-I receptor as a therapeutic target for TAO, and their work has culminated in the creation of teprotumumab — the first FDA-approved drug to treat thyroid eye disease.



**Lourdes Ibáñez, MD, PhD**  
**INTERNATIONAL EXCELLENCE IN ENDOCRINOLOGY AWARD**

This award is presented to an endocrinologist who has made exceptional contributions to the field in geographic areas with underdeveloped resources for hormone health research, education, clinical practice, or administration. Ibáñez is a pediatric endocrinologist at Sant Joan de Déu Barcelona Hospital and chairman of Pediatrics, chair of Clinical Research in Endocrinology at the University of Barcelona in Barcelona, Spain. She's a worldwide leader in the field of PCOS who pioneered the use of combined, low-dose insulin sensitization for the treatment of the disease — a novel therapeutic approach directed to the pathophysiology of the

disorder. Ibáñez started the Fellowship Program in Pediatric Endocrinology & Diabetes at the University of Barcelona in 2002 and has mentored 22 fellows from Latin America.



**Karel Pacak, MD, PhD, DSc**  
**OUTSTANDING CLINICAL INVESTIGATOR AWARD**

This annual award honors an internationally recognized clinical investigator who has contributed significantly to understanding the pathogenesis and therapy of endocrine and metabolic diseases. Pacak is chief of

the Section on Medical Neuroendocrinology and head of the Developmental Endocrinology, Metabolism, Genetics, and Endocrine Oncology Affinity Group of the Eunice Kennedy Shriver National Institute of Child Health and Human Development of the Intramural NIH Research Program in Bethesda, Md. His translational research has provided novel understanding of and treatments for patients with neuroendocrine tumors, especially pheochromocytoma and paraganglioma. Pacak established the International Symposia on Pheochromocytoma, the most internationally recognized meeting in this field. He was part of the Endocrine Society's 2014 Pheochromocytoma Task Force and currently serves as a member of *The Journal of Clinical Endocrinology & Metabolism's* Editorial Board.



**David W. Harris, MD**  
**VIGERSKY OUTSTANDING CLINICAL PRACTITIONER AWARD**

This annual award recognizes extraordinary contributions by a practicing endocrinologist to the endocrine and/or medical community.

Harris is a full-time practicing endocrinologist at the Warren Clinic Diabetes Center in Tulsa, Okla., where he's provided exemplary care for over 30 years. He's a tireless advocate for equal access to care and affordable

diabetes medications. He led the glycemic management committee at Saint Francis Hospital to ensure consistent treatment protocols for hospitalized patients. Harris has been instrumental in providing scholarships for medical and high school students in need. He's a member of the Endocrine Society's Hormone Health Network Committee and previously served on the Scientific and Educational Programs Core Committee.



**Kathryn A. Martin, MD**  
**OUTSTANDING EDUCATOR AWARD**

This annual award recognizes exceptional achievement as an educator in the discipline of endocrinology and metabolism. Martin, an assistant professor of medicine at Harvard Medical School, has been a faculty member

and practicing clinician in the Reproductive Endocrine Unit at Massachusetts General Hospital in Boston, Mass., since 1989. In addition to her clinical practice, she has an active teaching role and is involved in the training and supervision of junior faculty members and endocrine fellows. Martin is an internationally recognized authority in women's health who's contributed significantly to the field's current status as a data-driven medical science. She's contributed to several Endocrine Society Clinical Practice Guidelines and Scientific Statements on women's health.



**John Wass, MD, MA, FRCP**  
**OUTSTANDING LEADERSHIP IN ENDOCRINOLOGY AWARD**

This annual award recognizes outstanding leadership in fundamental or clinical endocrinology. Wass is a clinical researcher and educator at Oxford University in Oxford, England, whose contributions have had a

significant effect on patients with pituitary disease. His early observations about the importance of single-surgeon expertise



for acromegaly outcomes paved the way many years later for adoption of criteria for pituitary centers of excellence, while his early recognition of the need to minimize neurological sequelae in pituitary apoplexy paved the way for ongoing studies to establish best practices for this difficult-to-manage disorder. In these areas, as well as in PCOS, Addison's disease, and obesity, Wass's leadership has enabled endocrinologists to adopt new approaches to improve patient outcomes. Wass has trained multiple endocrinologists who are well recognized globally for their own leading contributions to endocrinology research and practice.



**Jane E.B. Reusch, MD**  
**OUTSTANDING MENTOR AWARD**

This annual award recognizes a career commitment to mentoring and a significant positive impact on mentees' education and career. Reusch is a professor of medicine and biochemistry at the University of Colorado, Denver and Denver VAMC, and associate director

of the Center for Women's Health Research in Denver. Her professional mission has been to extend her experience and expertise to train the next generation of diabetes researchers. Reusch has mentored 77 trainees through her research program, ranging from students to senior faculty. At the University of Colorado, Reusch continues to actively mentor pre- and post-doctoral fellows and directs the University of Colorado Pilot and Feasibility Program to fund diabetes researchers. She's a leader in the university's Women in Medicine and Science Leadership Training Program and Center for Women's Health Research career development series. Reusch represented the Endocrine Society as chair of the FASEB Science Policy Clinical Research subcommittee focused on career development.



**Rita Rastogi Kalyani, MD, MHS**  
**OUTSTANDING PUBLIC SERVICE AWARD**

This annual award is presented to an individual who best demonstrates dedication to public awareness or public service in support of the field of endocrinology and the patients who suffer from endocrine disorders.

Kalyani is an associate professor of medicine in the Division of Endocrinology, Diabetes, and Metabolism at Johns Hopkins University School of Medicine in Baltimore, Md. She's an active clinician and sees patients regularly in the Johns Hopkins Comprehensive Diabetes Center. She directs the Diabetes Management Service for Johns Hopkins' Total Pancreatectomy Islet Auto Transplant Program and served on the Board of Directors for Diabetes Sisters, a national organization working to improve the quality of life of women with diabetes. She's participated in Endocrine Society Hill Days and served as a Society spokesperson on insulin affordability. She currently serves on five Endocrine Society committees, including the Clinical Practice Guideline Task Force and the EndoCares Steering Team. She was previously a member of the Society's Research Affairs Core Committee.



**Ken K.Y. Ho, MD, FRACP, FRCP, FAHMS**  
**OUTSTANDING SCHOLARLY PHYSICIAN AWARD**

This annual award recognizes outstanding contributions to the practice of clinical endocrinology in academic settings. Professor Ho is emeritus professor at the Garvan Institute,

University of New South Wales, and honorary consultant endocrinologist, St. Vincent's Hospital in Sydney, Australia. As a globally recognized pituitary medicine expert and a leader in academic clinical endocrinology, he's developed therapeutic guidelines and advocated for regulatory agency decisions geared toward improving patient outcomes. He established

a gold-standard diagnostic test for growth hormone (GH) deficiency and developed standards for use of GH replacement therapy in adults. He's published over 250 peer-reviewed studies that directly impact clinical practice. He currently serves as associate editor for the *Journal of the Endocrine Society* and as a member of the Society's Nominating Committee.



**Shingo Kajimura, PhD**  
**RICHARD E. WEITZMAN**  
**OUTSTANDING EARLY-CAREER**  
**INVESTIGATOR AWARD**

This annual award recognizes an exceptionally promising young clinical or basic investigator. As an investigator at Beth Israel Deaconess Medical Center in Boston Mass., Kajimura has made pioneering contributions to the field of endocrinology and metabolism by identifying the key determinants of adipose tissue development and function. Kajimura's work transformed our fundamental understandings of how brown/beige fat controls energy homeostasis in physiology and disease, and further provides a blueprint for rewiring adaptive pathways to improve metabolic health. His studies led to the new but now well-appreciated notion that the role of brown/beige fat is far beyond thermogenesis. His discoveries have the potential to influence new therapies for diseases including obesity, NASH, and type 2 diabetes. He's currently a member of the Endocrine Society's Basic Science Strategy Advisory Group.



**Michael W. Schwartz, MD**  
**ROY O. GREEP AWARD FOR**  
**OUTSTANDING RESEARCH**

This annual award recognizes meritorious contributions to research in endocrinology. Schwartz holds the Robert H. Williams Chair in Medicine at the University of Washington in Seattle where he has been on faculty since 1996. He's published over 260 peer-reviewed studies that have shaped our understanding of how the brain regulates energy balance

and glucose homeostasis. His work investigating the central actions of leptin on energy balance and glucose metabolism over the last two decades has provided a novel avenue for developing weight-loss therapeutics. His lab currently focuses on the anti-diabetic effects of members of the FGF family, including FGF19, FGF21 and FGF1. A key long-term goal of these studies is to translate the findings into novel approaches for treating type 2 diabetes.



**Simon J. Rhodes, PhD**  
**SIDNEY H. INGBAR**  
**DISTINGUISHED SERVICE AWARD**

This award recognizes distinguished service to the Endocrine Society and the field of endocrinology. Rhodes was appointed as the provost and vice president for academic affairs at the University of North Florida in Jacksonville, in 2019. Over the last 15 years, Rhodes has reached trainees and early-career investigators around the world and given special attention to diversity, equity, and inclusion. He's been engaged in the Endocrine Society's Future Leaders Advancing Research in Endocrinology (FLARE) program since its inception and served as a program presenter and mentor for eight years. He was also co-chair of the Endocrine Society's Trainee and Career Development Core Committee and a member of the Minority Affairs Committee. He currently serves on the Society's Finance and Audit Committee and the Global Leadership Academy Planning and Advisory Task Force.

*Nominations are being accepted for the 2023 awards cycle until December 31, 2021. Any submissions received after December 31 will be considered for the following year.*

## Rodneikka Scott Named Endocrine Society's Chief Membership & Diversity Programs Officer



**A**s part of the Endocrine Society's commitment to diversity, equity, and inclusion (DEI), it has established a new executive-level role to focus on member value, engagement, and its DEI strategy.

The Society has hired Rodneikka Scott, MSc, CAE, as its first Chief Membership & Diversity Programs Officer. Scott previously served as our Director, Membership & Engagement.

In her new role, Scott will concentrate on innovative membership strategies to produce stronger member value proposition with expanded global reach, build brand awareness, and encourage engagement that is aligned with the Society's DEI strategy. As a member of the executive team, Scott will develop and implement a modern and forward-looking comprehensive membership strategy and work on the expansion of diversity programs.

**“It is truly an honor to champion the work of our members as they research and treat complex, chronic health conditions, including diabetes, obesity, thyroid conditions, and osteoporosis. We embrace inclusiveness, and everyone in our global community has a valued role in advancing public health.”**

— RODNEIKKA SCOTT, MSC, CAE,  
CHIEF MEMBERSHIP & DIVERSITY PROGRAMS OFFICER, ENDOCRINE SOCIETY

The Society is prioritizing the development of a DEI strategy aligned with its strategic plan. The strategy will be integrated across the organization.

“As an organization, we are dedicated to nurturing the careers of our 18,000 members across the globe,” says Endocrine Society CEO Kate Fryer. “We are thrilled to have a seasoned association professional of Rodneikka Scott's caliber to develop and execute our membership and DEI strategy.”

Scott has over 17 years of diverse experience in the membership, marketing, communications, volunteer relations, and education sectors. Before joining the Endocrine Society, she was the senior director of membership and communications for the Association for Information Science and Technology, and a senior manager of membership for the American Academy of Otolaryngology-Head and Neck Surgery and the Association for Government Accountants. She recently earned the 2021 Diversity, Equity, and Inclusion in the Workplace Certificate.

“It is truly an honor to champion the work of our members as they research and treat complex, chronic health conditions, including diabetes, obesity, thyroid conditions, and osteoporosis,” Scott says. “We embrace inclusiveness, and everyone in our global community has a valued role in advancing public health.”



# Endocrine Society Celebrates UK Court of Appeal Decision to Preserve Access to Gender-Affirming Care

**T**he Endocrine Society applauded the UK Court of Appeal's ruling that transgender and gender diverse teenagers are competent to give consent to treatment to delay puberty.

The decision overturns the court's December 2020 ruling in *Bell v Tavistock and Portman NHS Health Foundation*. The ruling preserves access to medical treatment for transgender and gender diverse teenagers and protects the ability of physicians, not the courts, to determine the capacity of a person under 16 to consent to medical treatment.



The Endocrine Society and a coalition of LGBTQ+ youth and reproductive health organizations argued in a joint submission to the Court of Appeal of England and Wales that transgender teenagers should be able to give informed consent to treatment the same way teenagers with other medical conditions can.

"We are pleased the court agreed that the rules governing consent must be applied the same way to transgender and gender diverse adolescents as they are to other adolescents who are making decisions about medical care," says Sabine Hannema, MD, PhD, a paediatric endocrinologist at Amsterdam UMC in the Netherlands, a co-author of the Society's Clinical Practice Guideline on Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons and a co-author of the World Professional Association for Transgender Health statement responding to the *Bell v Tavistock* ruling.

"We hope this ruling will set a precedent protecting access to care for transgender teenagers in the United Kingdom and in other countries," Hannema says.

The interveners in the case included Gendered Intelligence, a community interest group for trans youth, and youth sexual


health organization Brook, as well as the Endocrine Society. The intervention was supported by the Good Law Project's Legal Defence Fund for Transgender Lives.

Leading international medical organizations — including the Endocrine Society, the World Professional Association for Transgender Health, the European Society of Endocrinology, the European Society for Pediatric Endocrinology, and the Pediatric Endocrine Society — agree on the appropriate care for transgender people. Scientific studies support the concept that biological factors, in addition to environmental ones, contribute to the development of gender identity. The Court referred to the Endocrine Society's clinical practice guidelines on gender dysphoria/gender incongruence as the relevant national and international guidelines on which *Tavistock* relied.

Gender-affirming care, as part of a multidisciplinary approach, is widely accepted as standard practice for transgender and gender diverse teenagers. Prior to puberty, transgender children are encouraged to explore their gender identity. A mental health professional can provide support in this process. After transgender and gender diverse minors start puberty, prescribing hormones to delay puberty is the recommended strategy after careful screening, if it is desired by the patient and if diagnostic and treatment criteria are met.

Scientific research shows that delaying puberty and providing teens with access to gender-affirming hormone therapy, when administered by a trained professional following a thorough assessment, improves psychological functioning and is potentially lifesaving. A June 2020 study published in the *Journal of Adolescent Health* found that transgender and gender diverse youth who had started treatment to delay puberty had lower suicidality and improved psychological functioning, comparable to the general population, while those who had not yet begun treatment were found to have higher psychological problem scores and increased rates of suicidality.

The treatment to delay puberty in a reversible manner gives adolescents more time to explore their options.

More information is available in the Society's transgender health position statement and fact sheet on health care for transgender minors. 



**BY DEREK BAGLEY**  
Senior Editor

# Employer-Based Weight Management Programs Result in Greater Weight Loss



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Based on our study results, access to anti-obesity medications combined with a multidisciplinary weight management program provides a more effective treatment compared to a weight management program without access to these medications.

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A Cleveland Clinic study demonstrates that adults with obesity lost significantly more weight when they had access to medications for chronic weight management in conjunction with their employer-based weight management program, compared to adults who did not have access to the medications. The study was published in *JAMA Network Open*.

The U.S. Food and Drug Administration (FDA) has approved several prescription medications for weight loss and chronic weight management, also called anti-obesity medications. However, they have limited health insurance coverage.

The objective of this study was to determine the effect of combining anti-obesity medications with a multidisciplinary employer-based weight management program. The one-year, single-center, pragmatic clinical trial was conducted in the real-world setting of a workplace health plan. The study included 200 adults with obesity (body mass index of 30 or greater) who were enrolled in the Cleveland Clinic Employee Health Plan between January 2019 and May 2020. As part of the health plan, participants had access to a comprehensive weight management program.

Eligible participants were randomized 1:1 to either a weight management program with FDA-approved anti-obesity medications or a weight management program alone. The weight management program was administered through monthly shared medical appointments (SMAs) that offered a multidisciplinary approach, including nutrition education.

The 100 study participants, randomized to the weight management program combined with access to the medications, received their prescriptions at the time of their monthly SMAs, based on recommended clinical practice.

Patients were prescribed one of five FDA-approved medications for chronic weight management — orlistat, lorcaserin, phentermine/topiramate, naltrexone/bupropion, or liraglutide 3.0 mg. The medication selected for each patient was at the discretion of the treating provider and was determined after a thorough assessment and discussion with the participants. (Lorcaserin was withdrawn from the market in February 2020. The eight patients taking lorcaserin at the time were notified immediately and either switched medications or discontinued medication due to proximity to the end of the study.)

Research results showed that the participants who had access to the anti-obesity medications averaged significantly greater weight loss at 12 months (-7.7%), compared to the participants who were in the weight management program alone (-4.2%). In the group who had access to the medications, 62.5% of the participants lost at least 5% of their weight, compared to 44.8% of the participants in the group with the weight management program alone. SMA attendance was higher among the participants who had access to the weight loss medications.

“Many patients see improvement in their health when they lose 5% of their weight,” says Kevin M. Pantalone, DO, first author of the study and an endocrinologist at Cleveland Clinic. “Based on our study results, access to anti-obesity medications combined with a multidisciplinary weight management program provides a more effective treatment compared to a weight management program without access to these medications.”

More long-term research is needed in real-world, employer-based settings to evaluate the costs and benefits of anti-obesity medications and their use in conjunction with workplace wellness plans.

# Stress from Rising Population Numbers May Cause a Decline in Human Fertility

A predicted population drop at the end of the century could be explained by stress from meaningless social interactions, according to a review article published in *Endocrinology*.

Researchers predict a peak in population numbers in 2064 followed by a 50% drop by the end of the century from changes in human reproductive behavior and function. There has been a 50% decrease in sperm counts over the past 50 years. People are stressed out from more frequent but less quality social interactions, and stress can suppress sperm count, ovulation, and sexual activity.

“Rising population numbers contribute to less meaningful social interactions, social withdrawal and chronic stress, which subsequently suppresses reproduction,” says the manuscript’s author Alexander Suvorov, PhD, of the University of Massachusetts, Amherst in Amherst. “Changes in reproductive behavior that contribute to the population drop include more young couples choosing to be ‘child-free,’ people

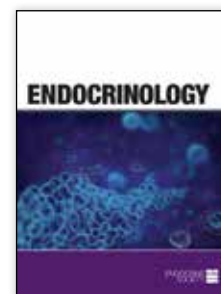
having fewer children and couples waiting longer to start families.”

Suvorov found a connection among population numbers, stress, and reproduction by reviewing several studies and asking the following questions:

- ▶ Why do people refuse to have children when access to all vital resources is becoming better than humankind ever had?
- ▶ Why has there been a 50% decrease in sperm counts over the past 50 years?
- ▶ Why are different forms of social withdrawal on the rise?

He hypothesizes declining reproduction may be due to stress from less quality social interactions and changes in reproductive behavior such as an increase in “child-free” couples and delayed parenthood.

“Numerous wildlife and laboratory studies demonstrated that population peaks are always followed by increased stress and suppressed reproduction,” Suvorov says. “This review provides evidence from multiple disciplines that the same mechanisms previously observed in wildlife species may work in humans as well.”



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While the human and mouse brainstems share common features, the major limitation of the study for its immediate translation to humans is that it was performed on nocturnal animals (rats).

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## High-Fat Diet Impairs Circadian Rhythms in Rats

A high-fat diet disturbs the body clock in rat brains that normally controls satiety, leading to overeating and obesity, according to new research published in *The Journal of Physiology*.

This new research may be a cornerstone for future clinical studies that could restore the proper functioning of the body clock in the brain, to avoid overeating. Historically, it was believed that the master body clock was only located in a part of the brain called the hypothalamus. However, further research over the years has clarified that some control of our body's daily rhythms (hormone levels, appetite, etc.) lies in several other parts of the brain and body, including a group of neurons in the evolutionary ancient brainstem, called the dorsal vagal complex (DVC).

Specifically, the DVC has been shown to control food intake by inducing satiety. Research has also shown that in obesity, daily rhythms in food intake and the release of hormones related to eating are blunted or eliminated. However, it has not been clear if the malfunctioning of brain centers controlling appetite is a cause or the result of obesity.

This new research conducted at the Jagiellonian University in Krakow in collaboration with the University of Bristol found that high-fat diet fed rats, before they started to gain weight, showed changes in the DVC's daily neuronal rhythms and the response of these neurons to appetite hormones. Thus, the researchers propose that disturbance in the DVC's timekeeping leads to obesity, rather than being the result of excessive body weight.

The research was performed on two groups of rats: those fed a well-balanced control diet (10% kcal from fat) and a high-fat diet (70% kcal from fat). To mimic the impact of unhealthy diet on humans, the

researchers introduced the new diet to adolescent rats (four-week-old) and monitored their food intake across 24 hours for four consecutive weeks. Electrophysiological recordings were performed to measure how DVC neuronal activity changes across 24 hours. The use of multi-electrode arrays allowed for simultaneous monitoring of around a hundred DVC neurons from each brainstem slice. This enabled the researchers to assess circadian changes of neuronal activity as well as neuronal responses to metabolically relevant hormones in each of the diet groups.

While the human and mouse brainstems share common features, the major limitation of the study for its immediate translation to humans is that it was performed on nocturnal animals (rats). The peak of the DVC activity was observed at the end of day, which is the rest phase for rodents, but an active phase for people. Thus, it remains to be established if the phase of the brainstem clock is set to day and night or whether it depends on patterns of rest and activity. This study opens new research opportunities for trying to establish the strategy on how to restore body clock function of the DVC, and therefore help tackle obesity.



# Impact of Menopause Symptoms on Weight Gain

**A**fter three nights of disturbed sleep, as well as after estrogen suppression with normal or disturbed sleep, women burned significantly less fat, which could explain why menopausal women have increased rates of obesity, according to a study presented in March at ENDO 2021.

Leilah Grant, PhD, of Brigham and Women's Hospital in Boston, Mass., spoke on the effects of sleep fragmentation and estradiol withdrawal on metabolism in menopausal women. "Although weight tends to increase with age in both men and women," she says, "in women specifically we see a marked increase in obesity prevalence around the age of menopause. One of the factors thought to contribute to this is the withdrawal of the female hormone estradiol."

However, the withdrawal of estradiol is universal in menopausal women, yet only about half of women tend to gain weight, so these researchers sought to find other potentially contributing factors. Knowing that significant sleep fragmentation caused by hot flashes is highly prevalent in the menopausal population, the team examined both estradiol withdrawal and sleep disturbance on changes in metabolism that might be underlying body fat gain associated with menopause. They conducted two study visits on 21 healthy premenopausal women, one in a high-estradiol state (during a part of the menstrual cycle when levels are naturally high) and the other in a low-estradiol state achieved naturally as well as through suppression with leuprolide, a gonadotropin-releasing hormone agonist, in a subset of participants.


During each of the visits, participants had two nights of normal unfragmented sleep followed by three nights of fragmented sleep, a protocol that mimics the type of sleep disruption seen in menopause — an increase in nocturnal nighttime awakenings but no overall change in sleep duration.

"In terms of the results, when we fragmented sleep, we saw an increase in the respiratory quotient,

which means there was a greater reliance by the body on the breakdown of carbohydrates for energy," explained Grant. "To put the respiratory quotient into context, if you are eating a mixed diet of carbohydrates, fats, and proteins, we would expect your respiratory quotient to fall somewhere in the range of 0.8 to 0.85, which was true for the women after they had normal sleep." With fragmented sleep, the respiratory quotient increased outside of the healthy range. In addition, they also saw a change in the rate of oxidation of fats, meaning that participants were burning less fat, which ultimately would lead to greater fat storage. Estradiol suppression alone induced the same response.

"When we combined the two interventions of sleep fragmentation and hypo-estradiol state, the same outcomes were observed, but I will point out that under these circumstances, we didn't see an additive effect, so the combination of the interventions was no worse than either intervention on its own," says Grant.

Thus, their menopausal model of sleep fragmentation and estradiol suppression led to changes in nutrient utilization that might ultimately lead to weight gain in someone maintaining the same diet (i.e., not reducing intake). "Importantly, our sleep fragmentation protocol shows that healthy sleep cannot just be defined by sleep duration since we see the negative effects on metabolism in sleep fragmentation even when we maintain sleep duration."

These results suggest that some of the metabolic responses seen in menopause are independent of age since they can be replicated with estradiol suppression in young, healthy women. From a clinical perspective, these results show that sleep may be a modifiable risk factor we can target therapeutically to try to reduce the risk of weight gain and associated health problems like diabetes and cardiovascular disease in menopausal women. 

– Kelly Horvath



“

When we combined the two interventions of sleep fragmentation and hypo-estradiol state, the same outcomes were observed, but I will point out that under these circumstances, we didn't see an additive effect, so the combination of the interventions was no worse than either intervention on its own.

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## Connect with Us at Neuroscience 2021

*Your Endocrine Society colleagues can't wait to see you again!*



### Virtual:

**November 8 – 11, 2021**  
**Booth 2052**

### In-Person:

**November 13 – 16, 2021**  
**Chicago, Illinois – Booth 1953**

### Endocrine Society Reception:

The reception is tentatively being scheduled for Sunday, November 14, 2021, 7 p.m. – 9 p.m. in the Shedd AB Meeting Room at the Marriott Marquis.

The Endocrine Society is excited to connect with our members at Neuroscience 2021 as we further our commitment to the importance of scientific research to the future of endocrinology as we emphasize the vital connection between neuroscience and endocrine science.

The Society for Neuroscience (SfN) announces details for Neuroscience 2021, with opportunities to participate online and in person. SfN's Annual Meeting Focus Group has reimagined the digital experience, specifically virtual poster sessions to celebrate SfN's 50th anniversary meeting with neuroscientists around the world at its most inclusive experience to date. Join the nearly half a million neuroscientists who have propelled their careers by presenting an abstract at an SfN annual meeting – the premier global neuroscience event.

[www.sfn.org/meetings/neuroscience-2021](http://www.sfn.org/meetings/neuroscience-2021)



## 10th Annual Diabetes Symposium: New Advances and Trends

**October 15, 2021**

The 10th Annual Diabetes Symposium emphasizes the interprofessional team approach needed to improve diabetes care and prevent complications. Expert faculty will guide participants in applying the new knowledge and clinical guidelines into their practices.

<https://cme.jefferson.edu/content/diabetes2021>



## ObesityWeek® 2021

**November 1 – 5, 2021**

Human diversity is a beautiful part of our world, which includes the patient

population. All people deserve to be treated equally, especially when it comes to their health. ObesityWeek® 2021 programming has been designed specifically to include diverse patient and scientist voices, and topics related to health inequities in obesity research. The conference addresses diversity and inclusivity in obesity care and treatment, and ways in which we must move forward to ensure equal access and treatment to ALL individuals with obesity.

<https://obesityweek.org/>

## Diabetes and Its Complications

**November 4 – 6, 2021 (Livestream)**

This program provides comprehensive updates, practice recommendations, and the newest evidence-based strategies for the treatment and care of the person with or at risk for diabetes. In addition to state-of-the-art approaches to diabetes management,

this course provides comprehensive updates for the prevention, diagnosis, and treatment of diabetes comorbidities and complications.

<https://hmsdiabetescourse.com>

## Pulmonary Meet 2021: 9th Annual Congress on Pulmonary and Critical Care

**November 22 – 23, 2021 (Webinar)**

The 9th Annual Congress on Pulmonary and Critical Care is scheduled to take place virtually November 22 – 23, 2021. Based on the overall theme of "Advanced Treatment in Pulmonology," the goal of this year's conference is to learn and share innovative ideas and developments on current research by gathering leading international researchers, industry researchers, scholars, decision makers, and other professionals in pulmonology and critical care.

<https://pulmonary-criticalcare.global-summit.com/>



## 19th Annual World Congress Insulin Resistance Diabetes and Cardiovascular Disease

Los Angeles, California (Virtual Event)  
December 2 – 4, 2021

The World Congress on Insulin Resistance, Diabetes & Cardiovascular Disease (WCIRDC) is a unique and exciting multidisciplinary CME conference. Since its inception, the Congress has become the premiere global meeting dedicated to diabetes, obesity, lipids, cardiovascular disease, metabolism, and energy balance. It provides an exclusive opportunity for practicing professionals, clinical and basic scientists, researchers, and other clinicians to collaborate on emerging scientific principles and management strategies. The WCIRDC faculty consists of distinguished global experts who link research to clinical practice in a bench-to bedside approach that is unique to this state-of-the-art program.

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

## BPS 2022: 66th Biophysical Society Annual Meeting

San Francisco, California  
February 19 – 22, 2022

The Biophysical Society annual meetings are the largest annual gathering of biophysicists around the world. The meetings include symposia, workshops, 15 subgroup programs, over 500 platform speakers selected from submitted abstracts, the Biophysical Society Lecture, more than 4,000 packed poster presentations, as well as educational exhibits, exhibitor presentations, and career development sessions.

[www.biophysics.org/2022meeting#/](http://www.biophysics.org/2022meeting#/)

## ENDO 2022

June 11 – 14, 2022

Atlanta, Georgia and Virtual Event

**ENDO 2022**, taking place June 11 – 14, will be the Society's inaugural hybrid meeting; attendees can participate in Atlanta, online, or both! This increased flexibility will foster expanded connectivity, community, and knowledge sharing among the diverse, international endocrine community. Each format has intrinsic benefits and when the time comes, attendees will have the option to select the best format that suits their desires and needs when June 2022 rolls around. Attendees can expect top-flight education at **ENDO 2022**, as well as a new vibrancy and contemporary conference experience with expanded networking. **ENDO 2022** attendees will have the opportunity to tailor their learning experience to fit their precise professional and personal development needs.

[www.endocrine.org/endo2022](http://www.endocrine.org/endo2022)

## INTERNATIONAL ITINERARY

### EndoBridge 2021

Antalya, Turkey

October 21 – 24, 2021

EndoBridge® is a unique initiative with the vision of bridging the world of endocrinology. EndoBridge® is co-hosted by the Endocrine Society and the European Society of Endocrinology in collaboration with the Society of Endocrinology and Metabolism of Turkey. The meetings are 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](http://www.endobridge.org)

### 2021 World Endocrine & Obesity Conference

Bangkok, Thailand

November 19 – 20, 2021

Designed as a hybrid conference with both virtual and in-person platforms, the 2021 WEOC will address the complex nature of critical care cases, including their unique physiology, array of procedures, and potential complications. The latest management strategies for challenging clinical problems will be presented and current controversies will be discussed utilizing a variety of educational methodologies.

<https://endocrine.episirus.org>

### ESA SRB ANZBMS Annual Scientific Meeting

Melbourne, Australia

November 21 – 24, 2021

The ESA/SRB/ANZBMS Annual Scientific Meeting will cover the most recent state-of-the-art advances in the fields of endocrinology, reproduction, and bone and mineral research including awards sessions, oral presentations, and poster abstracts. This is a face-to-face meeting, with virtual/online components and options and a contingency plan to shift online in the event of disruption due to COVID-19.

[www.esa-srb-anzbms.org/](http://www.esa-srb-anzbms.org/)

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These guides made people really feel a lot better, but translating this to improvements in hemoglobin A1c remains the hardest part. **That is really complicated because it has to do with the environment in which these people live. The social determinants of health are [the strongest influence] when you have type 1 diabetes.”**

— Anne Peters, MD, professor of medicine, Keck School of Medicine of USC; director, USC Clinical Diabetes Programs, Los Angeles, Calif., discussing the new easy-to-read guides she helped create that are aimed at underserved populations dealing with diabetes in “**Found in Translation: New Diabetes Guides Increase Accessibility for All,**” on page 22.

39%

Children who were prenatally exposed to diabetes had a 39% increased risk for developing high refractive error in the eyes by age 25.



— SOURCE: MEDPAGE TODAY

CLASSIC CAH OCCURS IN  
**ONE IN EVERY**  
**~15,000 BIRTHS**

— SOURCE: HORMONE HEALTH NETWORK

## MEMBER SPOTLIGHT

## Dequina Nicholas, PhD



Dequina Nicholas, PhD, began her role as assistant professor at the University of California, Irvine in the Department of Molecular Biology and Biochemistry in July 2021. Her work focuses on how the immune system and cellular metabolism impacts endocrine

diseases, particularly type 2 diabetes and polycystic ovary syndrome.

Nicholas received her PhD in biochemistry from Loma Linda University and pursued additional postdoctoral training in the laboratory of Barbara Nikolajczyk, PhD, at Boston University, studying the metabolism of immune cells from patients with type 2 diabetes.

During her time as a postdoctoral fellow at the University of California, San Diego, Nicholas investigated the impact of inflammation and metabolism on reproduction and is excited to build her “ImmunoEndocrine” lab and train the next generation of scientists.

She has a passion for fitness and enjoys mentoring, especially first-generation students like herself on their scientific journey.

Read more about outstanding Endocrine Society's members at: [www.endocrine.org/member-spotlight](http://www.endocrine.org/member-spotlight).

53%

The percentage of people with type 1 diabetes who were found to have diabetes-related distress (DRD) in a study performed using baseline and follow-up data from the Association of British Clinical Diabetologists

— SOURCE: DIABETES, OBESITY & METABOLISM



35

The age at which overweight adults should start being screened for type 2 diabetes, five years earlier than currently advised, experts recommended. This means more than 40% of the adult population in the U.S. should now be screened, according to one estimate.

— SOURCE: NEW YORK TIMES

18.4

The average number of hours per week endocrinologists spent on paperwork.

— SOURCE: MEDSCAPE PHYSICIAN COMPENSATION REPORT 2021



1,000,000

Almost a million women in the UK have left their jobs because of menopausal symptoms.

— SOURCE: THE GUARDIAN



# CLINICAL ENDOCRINOLOGY UPDATE 2021 SESSION RECORDINGS

DISCOVER THE LATEST CLINICAL ADVANCES IN ENDOCRINOLOGY

## **ENHANCE YOUR CLINICAL PRACTICE WITH THE LATEST TREATMENT RECOMMENDATIONS**

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## Is the Insulin Pen Right for Me?

This Guide Tells You about the Insulin Pen and Helps You Decide If the Pen is Right for You.



I do not know about the pen... Does it hurt more than syringe needles? Can it really help me?

I think the pen is less painful than syringe needles. The pen is also simpler to use. That helped me control my diabetes better.



I like the pen because I do not want my co-workers to know I have diabetes. No one notices my pen. It does not have to be refrigerated and is easy to carry. I can also inject through my clothes if I have to.



## ¿La pluma de insulina es adecuada para mí?

Esta guía le dará toda la información necesaria acerca de la pluma de insulina. Le ayudará a decidir si es adecuada para usted.



No conozco la pluma. ¿Dónde más que las agujas? ¿Me podría ayudar de verdad?

Creo que la pluma duele menos que las agujas de las jeringas. La pluma es más fácil de usar. Por eso me ayudó a controlar mejor mi diabetes.



Me gusta la pluma porque no quiero que mis colegas del trabajo sepan que tengo diabetes. Nadie se fije en mi pluma. Es fácil de cargar y no requiere refrigeración. Puedo inyectarme por encima de mi ropa.



BY ERIC SEABORG

# Found in Translation

## New Diabetes Guides Increase Accessibility for All

As high-tech innovations improve diabetes management, patients in underserved communities can often lag behind. Addressing the need for more education, Anne Peters, MD, spearheaded a new project that has created easy-to-read guides that make diabetes education easily understood by underserved populations.

Type 1 diabetes is a challenging condition for any patient to manage, but it is especially difficult for members of underserved communities. In one more example of the disparities in the American healthcare system, well-educated patients have much greater success in controlling their blood sugar through high-tech devices such as insulin pumps and continuous glucose monitors.

To begin with, the user guides are written at an 11th-grade level that is not easily understood by patients at lower literacy levels. A pair of programs funded by grants from the Leona M. and Harry B. Helmsley Charitable Trust are designed to address this issue. The Specialized Technology Education for Pumps & Pens in Underserved Populations with Diabetes (STEPP-UP) Project and the Specialized Technology Education for Patients and Providers — Tools for Continuous Glucose Monitoring (STEPP To CGM) have developed low-literacy English and Spanish language educational guides designed to aid patients from underserved populations.





Anne Peters, MD

“ These guides made people really feel a lot better, but translating this to improvements in hemoglobin A1c remains the hardest part. That is really complicated because it has to do with the environment in which these people live. **The social determinants of health are [the strongest influence] when you have type 1 diabetes.**”

— ANNE PETERS, MD, PROFESSOR OF MEDICINE, KECK SCHOOL OF MEDICINE OF USC;  
DIRECTOR, USC CLINICAL DIABETES PROGRAMS, LOS ANGELES, CALIF.

The guides are the brainchild of Anne Peters, MD, and her team at the University of Southern California Westside Center for Diabetes. They worked with the Clear Language Group, a nationally known consortium that has helped create simpler patient teaching tools and information for agencies like the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Institutes of Health. The Clear Language Group describes itself as “four independent, women-owned businesses that specialize in health literacy, plain language, and cross-cultural communications.”

## Image Conscious

Peters says that the process began with focus groups made up of type 1 diabetes patients from underserved communities: “My basic presumption is that I can’t tell what a learner from a different environment would want to see. Interestingly, they really like people’s images and bubbles, like those thought bubbles, but these are spoken bubbles.”

The images of the people featured also look like the population they seek to educate. “The historical issue is that everybody has always been white in all the guides,” Peters says. “I went on a campaign a number of years ago to try to increase the diversity quotients of what the companies were doing, and now if you look at the Dexcom, Medtronic, and Tandem [information], they actually have people of color using the devices, which is a good step, but the information is still at a much higher level.”

“The Clear Language Group could get it down to about a fifth-grade level. You can’t get it lower than that because of the technical terms. Some of those terms you just can’t simplify,” Peters explains.

Rather than simply create brochures, the goal was to have comprehensive, multi-page booklets with a wealth of information. Written in Spanish, the booklets also feature people who more closely resembled the population they seek to educate.



Managing diabetes can be especially challenging in underserved communities where English is not the primary language. Many of these patients have sick family members they are caring for or have jobs where they can't test with fingersticks during the day.



The aim was not to create simple brochures but comprehensive, multi-page booklets with a wealth of information. For example, the guide on “How Do I Use an Insulin Pump?” includes multi-page sections on:

- ▶ **How Do I Put on the Pump?**
- ▶ **What Do I Need to Know about Insulin and the Pump?**
- ▶ **How Can I Stay Safe When I Am Using the Pump?**
- ▶ **What Are the Common Pump Problems?**

Although tailored for type 1 diabetes patients, the guides could conceivably be useful to any patient who uses insulin.

## Success and Limitations

“The educational guides really help people feel better,” Peters says. “We reduced diabetes distress. We increased diabetes knowledge. We reduced depression. We did a whole bunch of really good things in terms of making people feel better. But even in conjunction with a really good diabetes educator, these tools didn’t improve patients’ hemoglobin A1c levels, time in range, or episodes of hypoglycemia. They did reduce diabetic ketoacidosis admissions into the hospital or emergency department. So we did really help.”

“These guides made people really feel a lot better, but translating this to improvements in hemoglobin A1c remains the hardest part,” Peters says. “That is really complicated because it has to

do with the environment in which these people live. The social determinants of health are [the strongest influence] when you have type 1 diabetes.” The guides have enabled some individuals to make great strides in their glycemic control but not enough to drive the numbers in a study.

“A lot of these patients have jobs that are really tough. They don’t have any protections. They have sick family members that they

## RESOURCES

Several guides are available in PDF format from [www.uscdiabetes.com/simple-guides](http://www.uscdiabetes.com/simple-guides). The public domain guides that can be printed or emailed to patients include:

- ▶ **How Can I Manage My Type 1 Diabetes Better?**
- ▶ **Is the Insulin Pen Right for Me?**
- ▶ **Is the Insulin Pump Right for Me?**
- ▶ **How Do I Use an Insulin Pump?**

have to take care of. They have food insecurity. They don't have the time" to give adequate attention to their own diabetes, Peters says.

"A lot have jobs where they can't test with fingersticks during the day. They are so afraid of hypoglycemia that they tend to overreact and underreact. If they see that they are high, they may not give insulin, but eventually when they do, they often give too much. Then they go too low. So how to get people's hemoglobin A1cs better remains more elusive, but we have achieved how to use the devices and how to feel good about using the devices," Peters says.

“ We did a whole bunch of really good things in terms of making people feel better. But even in conjunction with a really good diabetes educator, these tools didn't improve patients' hemoglobin A1c levels, time in range, or episodes of hypoglycemia. **They did reduce diabetic ketoacidosis admissions into the hospital or emergency department. So, we did really help.**”

— ANNE PETERS, MD, PROFESSOR OF MEDICINE, KECK SCHOOL OF MEDICINE OF USC;  
DIRECTOR, USC CLINICAL DIABETES PROGRAMS, LOS ANGELES, CALIF.

## Accessibility

The guides are not copyrighted, so anyone can access them on a USC website, print them out, and distribute them to their patients. They required several years to develop through focus groups, work with illustrators and language specialists, and many levels of review.

In recognition of these efforts and more, Peters received the 2021 Outstanding Public Service Laureate Award from the Endocrine Society at the recent annual meeting “for decades-long service to the care of underprivileged populations, through her professional activities as a physician, her writings, educational activities, and as a volunteer.”

She has been active in creating the Endocrine Society's guidelines for implementing the new technology that has improved the management of diabetes — and recognized that technology is only as good as the user's ability to understand it and put it to use. <sup>EN</sup>

— SEABORG IS A FREELANCE WRITER BASED IN CHARLOTTESVILLE, VA. IN THE SEPTEMBER ISSUE, HE WROTE ABOUT HOW MACHINE LEARNING TECHNOLOGY CAN PREDICT HYPOGLYCEMIC EVENTS IN HOSPITALIZED PATIENTS WITH DIABETES.



## AT A GLANCE

- ▶ High-tech innovations have improved management of diabetes, but patients in underserved communities continue to lag in their ability to make the most of technologies such as insulin pumps and continuous glucose monitors.
- ▶ New guides are available that address many aspects of diabetes management at a much lower reading level than standard user guides.
- ▶ The guides have improved patients' understanding and reduced distress, but lowering hemoglobin A1c levels remains a challenge.





# Mexican

## THE HEALTH DISPARITIES OF FATTY LIVER DISEASE IN HISPANICS

# *revelation*

BY DEREK BAGLEY

**I**n 2018, the National Institute of Minority Health and Health Disparities announced a funding opportunity to study health disparities as they relate to liver disease. In 2009, researchers at Charles R. Drew University of Medicine and Science in Los Angeles, Calif.; Heritage College of Osteopathic Medicine, Ohio University in Athens, Ohio; and University of Florida College of Medicine in Gainesville, Fla., were funded to examine who is at a higher risk of developing hepatic steatosis, as well as the mechanisms that drive this disease.

Previous studies and literature had shown hepatic steatosis is a growing problem worldwide, and health disparities around the disease are coming into sharper focus. Hispanics carry a higher risk of getting fatty liver disease, while African Americans have a lower risk, but it's been unclear why — a common thread when it comes to understanding this relatively new disease. While medical journals cover fatty liver as much as anything else, the disease that may soon be the main reason for a liver transplant doesn't always show up on providers' radars.

"In general, it's this huge disease that we don't really understand, that we have limited treatments for," says Theodore Friedman, MD, PhD, chief of the Division of Endocrinology,



Metabolism and Molecular Medicine at Charles R. Drew University of Medicine and Science in Los Angeles, Calif., who is leading the Charles R. Drew University investigators. “We have this grant on a fairly small part of fatty liver disease on why Hispanics have a higher rate, but I think it will answer some of the other questions, like what causes the disease.”

And they may be on to something. This past summer, Friedman and his team published a paper entitled “Reassessment of the Hispanic Disparity: Hepatic Steatosis is More Prevalent in Mexican Americans than Other Hispanics” in *Hepatology Communications* that challenges the previous paradigm that hepatic steatosis is higher in Hispanics overall. The researchers found that hepatic steatosis is higher in Mexican Americans but not in non-Mexican American Hispanics, a conclusion the researchers hope not only helps bring awareness to clinician endocrinologists who see Hispanic patients but also might lead to understanding the exact factors that cause fatty liver disease.

## Answers Leading to More Questions

For this study, Friedman and his team used the National Health and Nutrition Examination Survey (NHANES) 2017 – 2018 to analyze data of 5,492 individuals ages 12 years and older diagnosed with hepatic steatosis with with FibroScan, a liver-scanning ultrasound used specifically to measure fibrosis and steatosis, using controlled attenuation parameter (CAP) values. Friedman points out that this updated NHANES database broke down Hispanics into Mexican Americans and other Hispanics, which made his group able to look at the question of Mexican Americans versus other Hispanics. Until recently, the databases had lumped all Hispanics together.

“One of the things we were concerned about is: Hispanics are different types; is it really all Hispanics versus one type or another?” Friedman says. “Most of the articles have been vague about that. Most of the articles coming from Southwest United States, a lot of work with them in San Antonio, Texas. Most of [the participants] were Mexican Americans. If you looked at work done in Florida, for example, it might be much more Central Americans or Cubans and Puerto Ricans. We were interested in that.”

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“ You have to look at people. They’re not all the same. They have different risk factors. You think Hispanics would be similar but they’re not. And understanding some of the mechanisms of why, how much of this is genetic versus what they eat, or other lifestyle factors. I think that’s a crucial issue, and it’s one we’re trying to get at.”

— THEODORE FRIEDMAN, MD, PHD, CHIEF,  
DIVISION OF ENDOCRINOLOGY, METABOLISM AND MOLECULAR MEDICINE,  
CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE,  
LOS ANGELES, CALIF.

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Patients should be encouraged to lose weight and exercise more (the first line for treatment of fatty liver disease).

The researchers found that the prevalence of severe steatosis was highest among Mexican Americans (42.8%), 27.6% in other Hispanics, 30.6 % in non-Hispanic whites, and lowest among non-Hispanic African Americans (21.6%). Mexican Americans were about two times more likely than whites to have moderate-to-severe hepatic steatosis, while other Hispanics showed no difference from whites.

“This is an important finding as it shows that Hispanics are not a monolith, and that conditions like hepatic steatosis are more common in specific subgroups of Hispanics, such as Mexican Americans and not in other Hispanics,” Friedman says.

An important finding indeed, and one that speaks further to personalized, tailored care. This finding means a clinician who sees Mexican Americans, as well as Central Americans or Cuban Americans, should carefully consider that the Mexican American patient has a higher risk for fatty liver disease. “I think we need culturally and linguistically adapted interventions that involve community and providers to increase awareness and screening for hepatic steatosis especially among Mexican Americans for early detection and prevention of organ damage,” says Magda Shaheen, PhD, MPH, MS, FACE, the first author of the paper, associate professor at Charles Drew University, and director of the AXIS Research Methods and Biostatistics Unit.

Friedman breaks it down even further: “We’re finding it much more common in male than female Mexican Americans. So, if you have a Mexican American male, your doctor should especially search out fatty liver disease.”

He recommends ordering ultrasounds or FibroScan for these patients, with a low threshold. These patients should be

encouraged to lose weight and exercise more (the first line of treatment of fatty liver disease). Friedman also notes there are several medications available that work, but not as well as clinicians and patients might like. “Pioglitazone I think is probably the best medicine for treating this right now,” he says.

But with any important finding, the answers often lead to more questions, ones that Friedman and his team are eager to investigate.

## Paving New Avenues of Exploration

In the Discussion section of the *Hepatic Communications* paper, Shaheen, et al., write that few studies have identified risk factors for hepatic steatosis in general, since most researchers tend to focus on specific forms of liver disease. For Friedman and this team, the finding that Mexican Americans have a higher prevalence of fatty liver disease compared to people from other backgrounds like Cuban, Dominican, or Puerto Rican, has begun to pave some new avenues to explore.

The researchers point to possible genetic factors: the PNPLA3 G allele, which is associated with greater severity of non-alcoholic fatty liver disease (NAFLD), might be varied in Mexican Americans, a variation that could contribute to this disparity. However, that investigation could take some time.

“It’s a long, involved process with the CDC to get access to genetic information available in NHANES,” Friedman says. “They have to test a lot of the security issues. And then with COVID-19, this was put on hold. We are going to, in the next year, start looking at a bunch of genes that seem to be correlated. But we’re going to specifically look, are these

“ People think that pre-diabetes is just ‘pre,’ that it doesn’t have any detrimental effects. And it really seems like the people with pre-diabetes are at much higher risk for this and you should intervene on them also.”


— THEODORE FRIEDMAN, MD, PHD, CHIEF, DIVISION OF ENDOCRINOLOGY, METABOLISM AND MOLECULAR MEDICINE, CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE, LOS ANGELES, CALIF.

genes involved in the cause of why the Mexican Americans have this higher rate of hepatic steatosis?”

Then there are possible non-genetic factors. Soda consumption may be a risk factor, high-carb diets another. But Friedman points to pre-diabetes and diabetes as clear risk factors, and ones that should sound the alarm for possible fatty liver disease, especially for a Mexican American patient. “People think that pre-diabetes is just ‘pre,’ that it doesn’t have any detrimental effects. And it really seems like the people with pre-diabetes are at much higher risk for this and you should intervene on them also.”

Researchers at the University of Florida College of Medicine are using parts of the National Institute of Minority Health and Health Disparities grant to take liver samples from people undergoing gastric bypass and looking at the genes in the liver, even breaking it down to different genes in Hispanics versus Caucasians who undergo a liver biopsy. The group at Heritage College of Osteopathic Medicine is looking at cell cultures.

Friedman’s team’s work with the NHANES database may have uncovered some of the pathways to fatty liver disease. The disease is twice as common now than it was 30 years ago, and since it’s a metabolic disease, it will be up to endocrinologists to help curb that trend. (There is the question of whether the medical community just has better ways to detect fatty liver disease now; Friedman tells *Endocrine News* he thinks it really is twice as common.)

For now, at least, this finding speaks again to caring for each patient as an individual. Mexican American patients in Texas live different lives than Cuban American patients in Florida. “You have to look at people,” Friedman says. “They’re not all the same. They have different risk factors. You think Hispanics would be similar, but they’re not. And understanding some of the mechanisms of why, how much of this is genetic versus what they eat, or other lifestyle factors. I think that’s a crucial issue, and it’s one we’re trying to get at.” 



## AT A GLANCE

- ▶ Hepatic steatosis is a growing problem worldwide, and many health disparities surround this disease.
- ▶ Until recently, researchers thought that Hispanic Americans overall had a higher rate of hepatic steatosis, but a new study shows Mexican Americans have a much higher risk for developing the disease than other Hispanics.
- ▶ The finding not only speaks to personalized medicine but may shed some light onto what causes hepatic steatosis.

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. HE WROTE THE SEPTEMBER COVER STORY ON STANLEY ANDRISSE, PHD, MBA, AND HIS REMARKABLE TRANSFORMATION FROM TROUBLED YOUTH TO RENOWNED RESEARCHER.

As we highlight the Endocrine Society's Special Interest Groups, we talk to Michelle Cordoba Kissee, MD, from the Transgender Research and Medicine SIG, who discusses the prevalence of obesity in this patient population.



Michelle Cordoba Kissee, MD

# obesity *and* gender incongruence

**I**n 2019, the Endocrine Society launched its Special Interest Groups (SIGs), so members with a similar interest could come together and collaborate both within and outside the SIG.

These member-led communities give members a means to expand their professional networks, identify potential collaborators, and explore innovations in research and care. Presently, there are four different SIGs: Adrenal and Pituitary, Early Career, Entrepreneurship, and Transgender Research and Medicine.

SIGs have formal Steering Groups composed of three or more members who are responsible for ensuring the online

community is active by encouraging post discussions, scheduling quarterly webinars or live chats, and planning in-person networking opportunities at **ENDO** and/or CEU. Through annual workplans, steering groups are tasked with engaging the SIG membership to create a workplan that ensures the SIG's activities are relevant to the community.

In conjunction with the Transgender SIG, Michelle Cordoba Kissee, MD, an endocrinologist at DHR Health: Bariatric and Metabolic Institute in Edinburg, Texas, answers some questions regarding gender incongruence and obesity, why transgender people are at a higher risk for obesity, various treatment options, and more.



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While weight gain after starting gender affirming hormone therapy has been reported, hormone therapy may also have a positive effect on obesity. **Some of my patients who were previously on medications for diabetes had their diabetes go into remission after starting hormone therapy and losing weight.”**

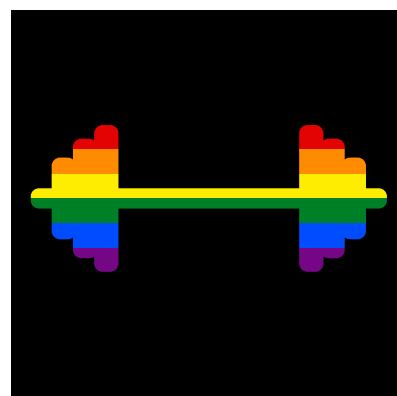
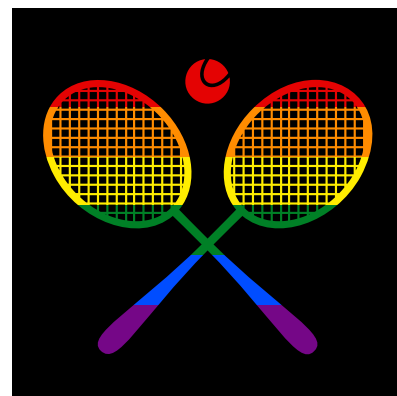
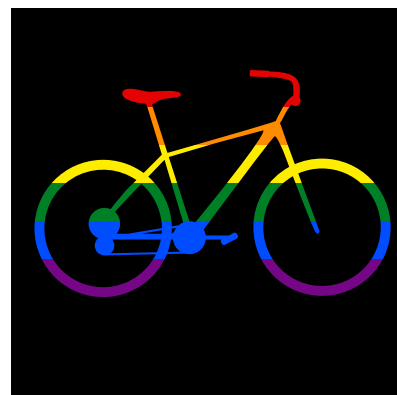
**Endocrine News:** Why are transgender people at risk for obesity?

**Michelle Cordoba Kisse:** Transgender people have higher rates of poverty and lower rates of accessing healthcare. In addition, some people experience unemployment, exclusion from parental insurance, or change in marital status as a result of their gender affirming transition, all of which can negatively impact patients’ access to care.

Barriers also exist for transgender people who participate in sports. Studies have demonstrated that obesity and gender incongruence individually are diagnoses that put people at risk for bias from medical providers. Patients with both are especially vulnerable to experiencing trauma when seeking medical care, and they may also experience chronically high levels of stress — known as minority stress — as members of a stigmatized minority group. Endocrinologists who provide gender affirming hormone therapy may be the first medical providers patients see in years, which could be an opportunity to discuss other health issues such as obesity.

**EN:** How does gender affirming hormone therapy affect obesity?

**MCK:** While weight gain after starting gender affirming hormone therapy has been reported, hormone therapy may also have a positive effect on obesity. Some of my patients who were previously on medications for diabetes had their diabetes go into remission after starting hormone therapy and losing weight. They are more comfortable in public places such as gyms and parks. They report feeling less isolated and more motivated and have been able to avoid unhealthy food choices because they feel better about themselves. Additionally, while weight and BMI may increase after starting hormone therapy, research needs to evaluate how lean body mass, percent body fat, and other metabolic parameters change.



“The best approach regarding hormone therapy around the time of metabolic surgery is an individualized discussion of the risks and benefits. **Recently, more guidance has been published to discourage unnecessarily suspending hormone therapy with surgeries in general.**”

**EN:** Can obesity affect gender expression?

**MCK:** Obesity can affect how a person might be perceived as masculine or feminine. For example, excess adipose tissue contributes to the aromatization of testosterone to estrogen, and the resulting gynecomastia may be a desired change for transgender females with obesity. Female patients have told me they are happy with their excessive weight gain because they want to appear “curvy.” Male patients who were designated as female at birth may also welcome the oligomenorrhea and hirsutism that can occur with weight gain. Having increased abdominal girth might also make chest tissue less noticeable as well. Clinicians should be mindful of potential underlying body dysphoria when they consider discussing obesity with their patients.

**EN:** What are some considerations for gender affirming hormone therapy in patients seeking metabolic (bariatric) surgery?

**MCK:** The best approach regarding hormone therapy around the time of metabolic surgery is an individualized discussion of the risks and benefits. Recently, more guidance has been published to discourage unnecessarily suspending hormone therapy with surgeries in general. However, obesity itself is associated with an increased venous thromboembolic risk, and after metabolic surgery, many patients routinely receive anticoagulation therapy to avoid thromboembolic events.

Continuing testosterone replacement at the time of many surgeries is likely safe. However, suspending testosterone in someone with a uterus could result in unwanted vaginal bleeding, which could be devastating for someone who is recovering from surgery. For transgender patients undergoing metabolic surgery at our center, I have recommended continuation of gender affirming testosterone therapy with careful monitoring to ensure our patients maintain their testosterone in a physiologic male range.

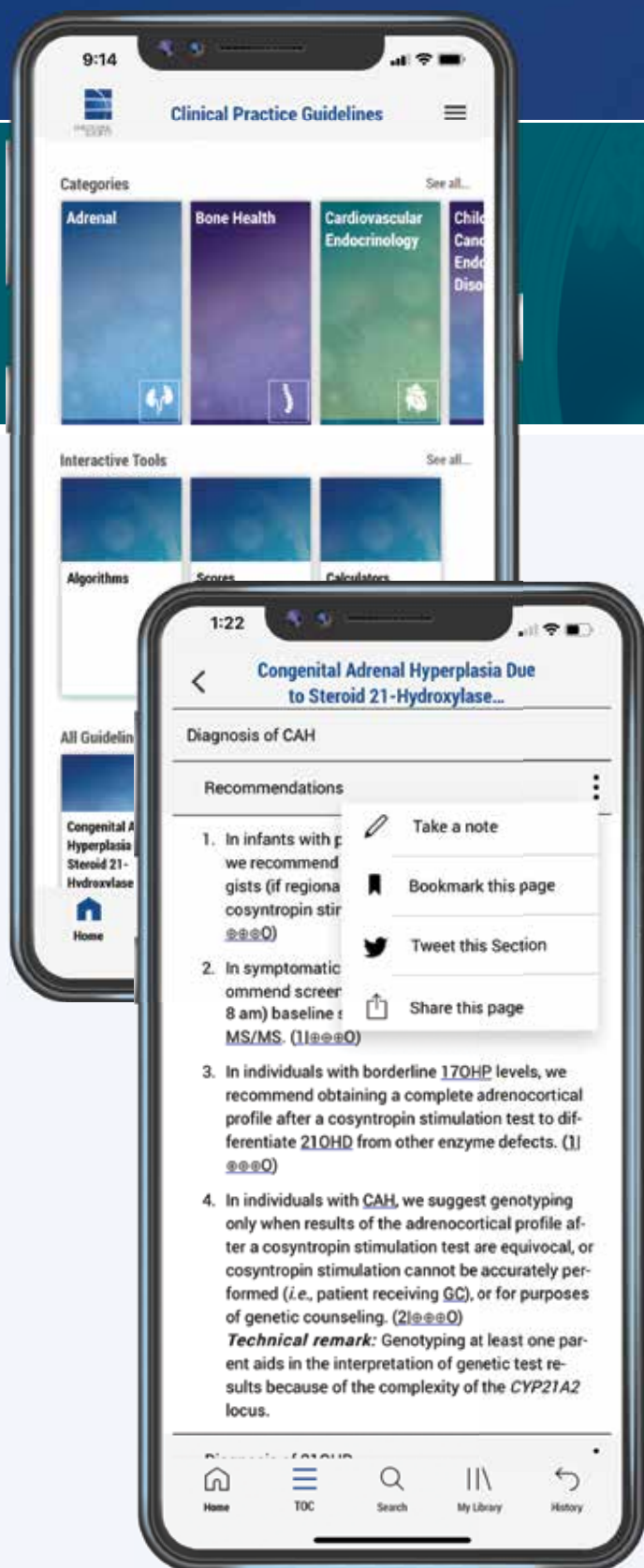
The American Society for Metabolic and Bariatric Surgery, in conjunction with other organizations, has recommended that estrogen be discontinued three to four weeks prior to metabolic surgery, although this is based on expert opinion. More research is needed to address the perioperative hormone therapy recommendations in the specific setting of metabolic surgery. While one might argue that the risk of thromboembolism in someone with obesity is sufficiently concerning to discuss holding estrogen, the mental health of the patient needs to be strongly considered. Transgender people have alarmingly high rates of suicidality, and patients who undergo metabolic surgery should be assessed for mood disorders as the risk of suicide can also increase postoperatively.

**EN:** What questions remain regarding obesity and gender incongruence?

**MCK:** Potential areas of study include whether different routes of hormone administration, such as oral versus injected, have varied efficacy in the setting of obesity. Another question would be how hormone regimens and levels may change after metabolic surgery, potentially due to altered absorption of oral medications. As endocrinologists who evaluate and treat patients with both gender incongruence as well as obesity, it is important to understand challenges that transgender people with obesity may face and how these conditions may affect each other. **EN**

*Michelle Cordoba Kisee, MD (she/her) is an endocrinologist at DHR Health Bariatric and Metabolic Institute in Edinburg, Texas, where she specializes in obesity medicine. She is the program director for the endocrinology, diabetes, and metabolism fellowship at the University of Texas Rio Grande Valley-Doctors Hospital at Renaissance, and she also provides gender affirming hormone therapy at her gender care clinic.*

For more information about the Transgender Research and Medicine SIG and other SIGs, please go to: <https://www.endocrine.org/our-community/special-interest-groups>.



# HAVE YOU SEEN THE NEW CLINICAL PRACTICE GUIDELINES APP?

## POINT-OF-CARE TOOLS TO IMPROVE YOUR PRACTICE

Our updated mobile app makes our guidelines, decision aids, and point-of-care tools more accessible for those that need them the most.

### UPDATED FEATURES:

- New design with improved user interface
- Upgraded navigation and search
- Ability to share guidelines and guideline chapters

### FEATURED GUIDELINES:

- Pharmacological Management of Osteoporosis in Postmenopausal Women
- Testosterone Therapy in Men With Hypogonadism: An Endocrine Society Clinical Practice Guideline
- Lipid Management in Patients with Endocrine Disorders
- The Management of Primary Aldosteronism: Case Detection, Diagnosis, and Treatment



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# making an IMPACT

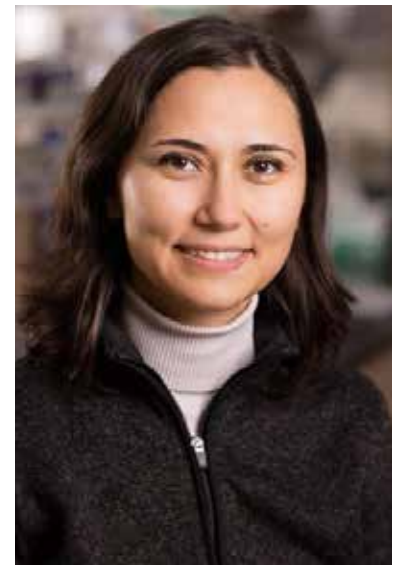
## New Journal Editors Look to the Future

As Ashley Grossman MD, FRCP, and Zeynep Madak-Erdogan, PhD, prepare to become the next editors-in-chief of *Endocrine Reviews*, and the *Journal of the Endocrine Society*, respectively, they spoke with *Endocrine News* about their goals for the future of these prestigious journals.

BY DEREK BAGLEY



Ashley Grossman MD, FRCP



Zeynep Madak-Erdogan, PhD

Toward the beginning of summer, the Endocrine Society appointed two new editors-in-chief of its journals: Ashley Grossman, MD, FRCP, of Barts and the London School of Medicine in London, U.K., has been named the next editor-in-chief of *Endocrine Reviews*, and Zeynep Madak-Erdogan, PhD, of the University of Illinois at Urbana-Champaign in Urbana, Ill., has been named editor-in-chief of the *Journal of the Endocrine Society* (JES).

“This is a very exciting time for our Society as we introduce two new editors-in-chief who are more than qualified to carry our journals forward in impact and growth,” says Endocrine Society President Carol Wysham, MD, of the Rockwood/MultiCare Health Systems in Spokane, Wash. “Drs. Grossman and Madak-Erdogan both have extensive journal experience and have brought forward great energy and creative ideas for advancing our journals.”

*Journal of the Endocrine Society* is an Open Access journal providing rapid publication of clinical research, clinical practice information, and basic research in all areas of endocrinology. Mini-reviews, commentaries, perspectives, case reports, and articles about images, databases, and methods are also featured. Articles undergo a streamlined peer review and are provided with article-level metrics.





*Endocrine Reviews* publishes authoritative review articles spanning experimental and clinical endocrinology. The editors of *Endocrine Reviews* will consider topics on emerging and established clinical research as well as advances in endocrine science emanating from studies of cell biology, immunology, pharmacology, genetics, molecular biology, neuroscience, reproductive medicine, and pediatric endocrinology.

*Endocrine News* caught up with both new editors of these prestigious journals to find out what attracted them to these new roles, what sets these journals apart, and their visions for the future.

## An Eye for the Big Picture

Madak-Erdogan is director of the Women's Health and Metabolism lab at the University of Illinois, Urbana-Champaign. Her lab focuses on understanding how hormones and metabolism affect women's health. Her research centers around using animal and 3D-engineered models, with advanced statistical and computational analysis, to understand how nutrients, environmental toxicant exposures, and hormones impact metabolic health and hormone-dependent cancer outcomes. She won the Endocrine Society Early Investigator Laureate Award in 2015, she was an NIH Health Disparities Research Institute Scholar in 2018, and she received the Paul Funk Award for Faculty Excellence in Research in 2019.

"As editor-in-chief, I will advance JES's reputation as an Open Access publication and maintain the journal's scientific and literary quality," Madak-Erdogan says. "We will reach even more clinicians and basic scientists worldwide with the journal's innovative research in all areas of endocrinology."

Madak-Erdogan's path to endocrinology started in Benita Katzenellenbogen's laboratory at the University of Illinois. There, Madak-Erdogan was involved with projects related to steroid receptor action, hormone-positive breast cancers, and regulation of systemic metabolism by estrogens.

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“ My vision for *Endocrine Reviews* is for all articles to reflect the most exciting and novel aspects of basic medical science and to be intertwined with their impact on clinical medicine and patient care. **The fusion of basic knowledge with an understanding of its clinical relevance is one of the most intriguing and challenging areas of medicine. *Endocrine Reviews* is ideally situated to respond to that challenge and be in the forefront of translational medicine.**”

— ASHLEY GROSSMAN, MD, FRCP, BARTS AND  
THE LONDON SCHOOL OF MEDICINE, LONDON, U.K.;  
INCOMING EDITOR-IN-CHIEF, *ENDOCRINE REVIEWS*

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As editor-in-chief, I will advance JES's reputation as an Open Access publication and maintain the journal's scientific and literary quality. **We will reach even more clinicians and basic scientists worldwide with the journal's innovative research in all areas of endocrinology."**

— ZEYNEP MADAK-ERDOGAN, PHD, DIRECTOR, WOMEN'S HEALTH AND METABOLISM LAB, UNIVERSITY OF ILLINOIS, URBANA-CHAMPAIGN, CHAMPAIGN, ILL.;  
INCOMING EDITOR-IN-CHIEF, *JOURNAL OF THE ENDOCRINE SOCIETY*

Before her role as editor-in-chief of JES, Madak-Erdogan was coeditor-in-chief of *Endocrine and Metabolic Science*. "When the call for [editor-in-chief of JES] came up, I felt like it was my time to serve the Endocrine Society," she says. "Working with such an established group is so rewarding, and also enables you to enhance all sorts of issues associated with journal performance that benefit authors and readers alike — attracting and publishing top-quality articles that are widely read and cited, worldwide, free for viewing online.

"I am thrilled to have the opportunity to work with Dr. Madak-Erdogan," says Stephen R. Hammes, MD, PhD, chief of the Division of Endocrinology and Metabolism at the University of Rochester School of Medicine and Dentistry in Rochester, N.Y., and recently appointed deputy editor of JES. "I have known her for years and have always respected her brilliance, enthusiasm, and eye for the big picture. I am confident that she will bring JES to the next level, and I am happy to be along for the ride."

Madak-Erdogan definitely has her eye on the big picture, and she's determined to take the relatively new JES to the next level. "I envision JES to be the premier Open Access journal for the field, where high-quality clinical, translational, and basic science articles are published," she says. "We welcome articles spanning a diverse array of topics in endocrinology."

She should have everything she needs to get there. Madak-Erdogan tells *Endocrine News* that there are many advantages to JES being a Society journal. "For example," she says, "I expect higher-quality submissions from high-quality labs that would otherwise hesitate submitting their articles to newer/lesser known journals."

And she already has plans to use JES's rapid publishing schedule to stay on the cutting edge of endocrinology research and clinical practice information, especially as the world so rapidly changes

around us. "Together with the editorial team," Madak-Erdogan says, "we are planning several special issues that will bring articles on endocrinology issues that are relevant to our changing medical and social landscape."

## Forefront of Translational Medicine

Grossman is an emeritus professor of endocrinology at the University of Oxford and professor of neuroendocrinology at the University of London in the U.K. who has trained many leading endocrinologists. He won a 2020 Laureate Award from the Society for his outstanding mentorship. His research focus is the pathogenesis of endocrine tumors, including adrenal, pituitary, and neuroendocrine tumors, and he's published more than 530 peer-reviewed research papers and 420 chapters and reviews.

"It's a huge honor and quite intimidating," Grossman says, noting that he's served as editor, sub-editor, and deputy editor for various journals, "but this is the big one with a massive impact."

Grossman says that the real challenge when taking over the helm of an already-excellent journal is to make it even better, and he's got some views on how to make that happen. For one, he's surrounded himself with a dynamic editorial board, editors from around the world, not to mention a deputy editor whose name Endocrine Society members may have heard before.

"It is a tremendous privilege to be working closely with Dr. Grossman, a distinguished endocrinologist of international stature, as a deputy editor of *Endocrine Reviews*," says Society past-president E. Dale Abel, MD, PhD, chair of the Department of Internal Medicine; director, Fraternal Order of Eagles Diabetes Research Center; and professor of medicine, biochemistry, and biomedical engineering at the University of Iowa, Carver College of Medicine, in Iowa City. "I believe that our respective backgrounds will bring a broad perspective that will direct the

content of our flagship journal. I was honored and humbled when Ashley reached out to me to consider partnering with him in this important role. In all of our interactions to date, it is very clear to me that Dr. Grossman intends to be inclusive in his approach to managing the journal and will be rigorous but fair. We seek to partner with global experts in endocrinology to provide authoritative articles that will cover the breadth of our discipline and will be of broad interest to the field. I believe that together, we will advance the mission of *Endocrine Reviews* and see its influence rise.”

Grossman says he’s also pleased to see that the Society is investing in more illustrations, figures, and diagrams, which he says will improve a journal like *Endocrine Reviews*, where the reviews can be long and complex. “Figures and diagrams are absolutely vital to keep pieces interesting and summarize what’s going on,” he says. “I think that, between the editorial boards and the deputy editor and Endocrine Society’s inputs, it will be quite exciting times.”

And while *Endocrine Reviews* is renowned for its longer articles, Grossman sees a place for shorter, more cutting-edge pieces that will be highly read. “I’d also like it to have some of the reviews where people would sit down with a cup of coffee or a glass of wine and simply read it, even if it’s not their own area, saying, ‘Well, I wonder what’s happening in this area?’”

Going forward, Grossman sees a blend of commissioned articles and articles that were submitted as suggestions from Endocrine Society members, and an editorial board that will be open to all recommendations. “If it’s a really interesting area and they really feel our readership will appreciate it, please send it in,” he says. “We’ll be absolutely fair, and if we really think it’s going to be something which will affect our readership, then we’ll push it ahead.”

“My vision for *Endocrine Reviews* is for all articles to reflect the most exciting and novel aspects of basic medical science and to be intertwined with their impact on clinical medicine and patient care,” Grossman continues. “The fusion of basic knowledge with an understanding of its clinical relevance is one of the most intriguing and challenging areas of medicine. *Endocrine Reviews* is ideally situated to respond to that challenge and be in the forefront of translational medicine.”

Grossman and Madak-Erdogan will each serve three-year terms starting January 1, 2022. <sup>EN</sup>

– BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. HE WROTE THE SEPTEMBER COVER STORY ON STANLEY ANDRISSE, PHD, MBA, AND HIS REMARKABLE TRANSFORMATION FROM TROUBLED YOUTH TO RENOWNED RESEARCHER.



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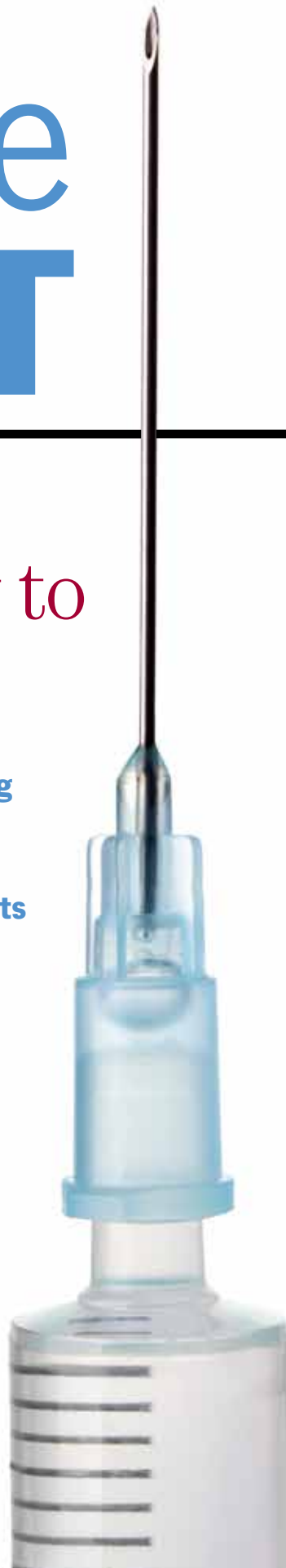
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# Calling the SHOT

## Could a Hormonal Approach Be a Key to Treating Obesity?

**A higher dose of a well-known diabetes drug has led to twice the weight loss seen with previous medications. While endocrinologists are hopeful about this new treatment, the drug may not be widely adopted since most insurers will not cover such therapies.**

**BY ERIC SEABORG**





**A** *JAMA* news article called the new formulation of semaglutide a potential “new dawn for obesity treatment.” But it could take years for that sun to rise high enough to shine on many patients who could benefit.

The drug represents an exciting breakthrough in using hormonal pathways to treat an intractable condition, obesity specialists tell *Endocrine News*, but is too expensive to see widespread adoption soon.

In June, the U.S. Food and Drug Administration approved semaglutide under the brand name Wegovy as a once-a-week, 2.4-mg injection for chronic weight management in adults with obesity or with overweight accompanied by at least one weight-related condition, such as high blood pressure, type 2 diabetes, or hyperlipidemia. The drug should be used in addition to a healthy lifestyle regimen of a reduced-calorie diet and increased physical activity.

## STEP Up the Performance

The approval came on the heels of the publication earlier this year of the first four STEP (Semaglutide Treatment Effect in People with obesity) clinical trials. The 68-week STEP 1 trial tested 2.4-mg semaglutide versus placebo in patients with overweight or obesity but not type 2 diabetes (along with healthy diet and lifestyle intervention in both groups). The participants who received the drug lost 15% of their body weight on average, compared with 2.4% in the placebo group. But even better, about a third of the patients lost 20% or more of their body weight, with 10% achieving a 30% weight loss, approaching the range of bariatric surgery.

The results are exciting because of the long-sought double-digit percentage of lost body weight that should get the attention of patients, physicians, and decision makers, according to Robert Kushner, MD, a professor at the Northwestern University Feinberg School of Medicine, in Chicago, Ill., who worked on the STEP 1 and STEP 2 trials, and is a consultant to the drug’s manufacturer, Novo Nordisk. He also served on the committee that created the Endocrine Society scientific statement, “The Science of Obesity Management.”

## An Amount that Counts

“A 20% weight loss is likely to improve patients’ overall health, functional ability, quality of life, and whatever associated medical problems they may

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**“** We used to think that bariatric surgery’s effect was simply based on creating a small stomach. But it turns out it is probably regulating changes at the level of the hypothalamus in those appetite and satiety centers. **That complexity is important. I think we diminish it by saying that these are appetite suppressants. This is much more complex than that.”**

— JENNIFER L. KIRBY, MD, PHD, ASSOCIATE PROFESSOR,  
DIVISION OF ENDOCRINOLOGY AND METABOLISM,  
UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VA

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“ Some of the other medications that are used have a lot of off-target effects because they are small molecules. If they work well in the brain for one thing, you can bet they are also doing something else that you don’t want them to do. This is a lot more specific, and I think the specificity is really helpful.”

— MICHAEL D. JENSEN, MD, PROFESSOR OF MEDICINE, MAYO CLINIC, ROCHESTER, MINN.

Approved last June by the FDA, Wegovy is a once-a-week, 2.4-mg injection for chronic weight management in adults with obesity.



have, like type 2 diabetes, hypertension, arthritis of the knees, reflux disease, and overall disease burden,” Kushner says.

Michael D. Jensen, MD, professor of medicine at the Mayo Clinic in Rochester, Minn., who also worked on the Endocrine Society scientific statement on obesity management, agrees: “Now we are talking about amounts that not just physicians find interesting, but patients find interesting.” Physicians may be impressed with the improvements in blood tests that a 10% weight loss brings, but patients aren’t impressed until they start feeling the results. “That really gets their attention, so now you’ve got buy in from the patient,” he says.

Another significant aspect was the durability of the weight loss compared with older drugs, says Jennifer L. Kirby, MD, PhD, associate professor in the Division of Endocrinology and Metabolism at the University of Virginia in Charlottesville: “The weight loss continued beyond the one-year mark, so that is impressive.” She adds that another important benefit of that level of weight loss is that it gets patients “to a place where they can really be physically active.”

## New Paths to Treatment

These endocrinologists were just as excited by the relatively new treatment approach the drug represents. “My hope is that this is the first in a series of medicines that can make a significant difference in treating patients with obesity,” Kirby says.

Semaglutide is already familiar to endocrinologists under the brand name Ozempic, a glucagon-like peptide-1 (GLP-1) receptor agonist given in a 1-mg weekly dose to treat diabetes. GLP-1 agonists increase insulin secretion, help regulate appetite, and are associated with weight loss. Kushner says that this use of an incretin hormone illustrates “the new direction that we are going in obesity treatment, treating it more as an endocrine disease, treating it hormonally,” even though the exact pathways are not clear.

He says that imaging studies in animals appear to show a deeper penetration into different receptors in the brain than previous drugs, with semaglutide hitting more areas that regulate appetite.

Jensen says that because it is a peptide, it is not likely to affect as many off-target pathways as other drugs. “Some of the other medications that are used have a lot of off-target effects because they are small molecules,” he says. “If they work well in the brain for one thing, you can bet they are also doing something else that you don’t want them to do. This is a lot more specific, and I think the specificity is really helpful.”

Kirby says that it may take some time to understand exactly how the drug is working, just as the understanding of bariatric surgery has evolved: “We used to think that bariatric surgery’s effect was simply based on creating a small stomach. But it turns out it is probably regulating changes at the level of the hypothalamus in those appetite and satiety centers. That complexity is important. I think we diminish it by saying that these are appetite suppressants. This is much more complex than that.”

In the STEP 4 trial, all participants were given 2.4-mg semaglutide for 20 weeks, and they lost an average of 11% of their body weight. Some participants were then randomly and blindly switched off the drug and onto placebo. Those on the drug lost an additional 8%, whereas those on placebo regained 7% of their weight. Kushner says these results show the peril of the belief that weight loss is simply a matter of willpower.

“Everyone who entered the trial wanted to lose weight and did so over the first 20 weeks,” Kushner says. “But when the drug was replaced with a placebo injection, they regained their weight. That really demonstrates the biological power of this drug very nicely. It is not just the will of wanting to lose weight or the effect of continuing to see a registered dietitian every week. It really was the medication.”

## Not for Everyone

But as with other weight-loss and obesity drugs, there was a very large amount of patient-to-patient variation. In the STEP 1 trial, 13% of participants failed to achieve even a 5% weight loss. And in contrast to STEP 1, the STEP 2 trial tested semaglutide in patients with diabetes. Participants in this trial lost considerably less weight — averaging about 10% — than in the STEP 1 trial, and more than 30% of patients with diabetes lost less than 5%.

“All of our obesity medications have a fairly large nonresponder group, and that is when you just say, OK, looks like this is not working for you,” Jensen says.

“It is similar to any other chronic disease,” Kushner says. “No drug works in every patient. We have to pick a drug that we think is the most useful.”



## AT A GLANCE

- ▶ The FDA approved a new formulation of semaglutide for obesity treatment that led to much greater weight loss than previous drugs. A third of patients in one clinical trial lost 20% or more of their body weight.
- ▶ Endocrinologists find the new drug exciting because it takes a hormonal approach and is likely the first in a new wave of medications treating obesity via new, better-targeted pathways.
- ▶ The drug faces large hurdles to widespread adoption because Medicare and many health insurers do not cover weight-loss drugs, and semaglutide is very expensive.



“Everyone who entered the trial wanted to lose weight and did so over the first 20 weeks. But when the drug was replaced with a placebo injection, they regained their weight. That really demonstrates the biological power of this drug very nicely. It is not just the will of wanting to lose weight or the effect of continuing to see a registered dietitian every week. It really was the medication.”

— ROBERT KUSHNER, MD, PROFESSOR, NORTHWESTERN UNIVERSITY  
FEINBERG SCHOOL OF MEDICINE, CHICAGO, ILL.

There are more obesity medications in the pipeline in various stages of clinical trials, including combinations of GLP-1 receptor agonists with glucose-dependent insulintropic polypeptide (GIP) or an amylin analogue. As more options become available, obesity treatment could become more like treatment of hypertension as clinicians try different medications in a hunt to see what works.

And as with hypertension and other chronic conditions, if a medication works, patients should expect to continue on it indefinitely.

## Questions of Access

But getting semaglutide into the arms of patients faces a huge cost barrier. GLP-1 agents for diabetes are expensive, and a web search for Wegovy prices found an average retail price of almost \$1,400 for a monthly supply. And weight-loss drugs are currently not covered by Medicare and many insurance plans.

“I am hoping it will get the attention of insurers to see that, by treating underlying obesity, you have an effect on multiple other co-morbid conditions, with the ability to get people off some of these other medications, increase productivity, and reduce absence from work,” Kushner says.

But Jensen says that, unless there is some breakthrough to make it cheaper, “there is no possible health benefit you’re going to get that is going to save enough money to pay for this by cutting other drugs and co-morbidities. I checked with our pharmacist, and he said we are just not going to make it available. It’s just too expensive. Basically they are telling people on our health insurance plan that if you want it, you are pretty much going to pay for it yourself, because they can’t justify the cost. If you had to pay full price, you would be better off financially having bariatric surgery, because you could practically pay for it with a couple of years of treatment.”

Regardless of the financial obstacle, semaglutide is advertised heavily on TV as a diabetes drug, so when patients Google it, they also learn about Wegovy. “There has been a lot of interest from patients about it,” Jensen says.

— SEABORG IS A FREELANCE WRITER BASED IN CHARLOTTESVILLE, VA. IN THE SEPTEMBER ISSUE, HE WROTE ABOUT HOW MACHINE LEARNING TECHNOLOGY CAN PREDICT HYPOGLYCEMIC EVENTS IN HOSPITALIZED PATIENTS WITH DIABETES.





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BY GLENDA FAUNTLEROY SHAW

October is National Disability Employment Awareness Month, with this year's theme as "America's Recovery: Powered by Inclusion." In observance of this year's theme, *Endocrine News* looks at simple ways you can make your lab accessible to all.

# Easy Access

## Creating an All-Inclusive Research Space



**N**arrow aisles. High work benches. Fume hoods that sit high off the ground. These are all common situations found in many of today's research laboratories, and all represent steep challenges for laboratory workers living with disabilities.

Employers are required by law to make workplaces accessible for anyone who requires special accommodations. For scientists in a lab, making the space accommodating for all may require a few design adjustments and new furnishings to meet what's required by law and to be inclusive to all.

## Inclusive Accommodations

According to the Centers for Disease Control and Prevention (CDC), 61 million adults in the U.S. live with a disability. That is equal to one in four, or 26% of adults. Of that number, 13.7% have a mobility disability with serious difficulty walking or climbing stairs, which many have acquired over the course of their lifetimes. Movement disorders, such as Parkinson's, or brain and spinal injuries can result in a dependence on wheelchair or other mobility aides later in a scientist's life.

The Americans with Disabilities Act (ADA) of 1990 addressed discrimination in the workplace and identified a disabled person as an individual "who has a physical or mental impairment that substantially limits one or more major life activities." This includes problems walking or standing for long periods of time. The ADA thus requires employers to make reasonable accommodations for the disabled person to perform the essential functions of the job.

In a laboratory, this means wider and uncluttered aisles may be needed for better wheelchair access. And workbenches may also need an upgrade. Take the normal workbench, for instance. A normal bench is 37 inches high — too high for many people in a wheelchair. The Guide to the ADA Standards sets the height of an accessible desk at no more than 34 inches and no less than



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“ Acquiring accessible products are easier than you think and should be part of the common goal of laboratory management: **keeping brilliant minds in the lab where they are needed most.**”

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28 inches above the floor, with at least 27 inches of knee clearance underneath (see box on next page).

There are many elements to consider when accommodating the lab space for workers with disabilities. Finding a laboratory design company with knowledge of ADA standards is a good beginning.

## Accessible Furnishings

At OnePointe Solutions, based in Elgin, Texas, half of the laboratories the company has designed have been ADA-compliant, says Sydney Cross, marketing specialist. As one of the country's leading manufacturers of custom laboratory

An example of an ADA-compliant lab sink and workstation, which provides enough knee-to-toe clearance for a researcher in a wheelchair to easily access. *Photo courtesy of OnePointe Solutions.*



## Ways to An Accessible Lab

Following these tips can ensure the lab space meets ADA requirements and disabled employees have the tools to function at their highest capacity:

**Make sure aisles have proper width.** Lab workers need to access multiple areas in the space. For those in a wheelchair, being able to make wide, circular turns is essential to allow them to be able to pull in and out of their workstation. The current Guide to the ADA Standards states aisle width should be up to 60 inches to enable a wheelchair to turn around.

**Provide enough knee-to-toe clearance.** This refers to the depth of space for a person's legs from the knee down so they can safely pull a wheelchair under a fixed work surface. The Guide sets the height of an accessible desk at no more than 34 inches and no less than 28 inches above the floor, with at least 27 inches of knee clearance underneath.

**Change to flexible height workstations.** Consider commercial benches that come in different lengths and can be raised or lowered by each individual user depending on their own height requirements. The depth of a workstation is also important since a person with a disability who is sitting on a stool or in a wheelchair will need to be able to comfortably reach controls such as gas controls, water faucets, and electric outlets.

**Pay attention to furniture placement.** Is furniture blocking access to equipment or making it difficult to enter or exit the space for disabled staffers? Safety equipment should be located near accessible routes but can't block exits. Making wise placement choices can ensure lab safety and ensure that people with limited mobility or other disabilities can access what they need.

Source: The Harvard T.H. Chan School of Public Health, Harvard University; *Guide to the ADA Standards*

furniture and industrial workbenches, Cross says accessibility for workers with disabilities is often a part of OnePointe's early design discussions with new clients.

"Regarding design elements, we have ADA-compliant products that are part of our standard offerings," she says. "We offer ADA-compliant cabinets, sinks, and can make sit/stand and [adjustable] hydraulic desks that can accommodate disabled scientists in wheelchairs."

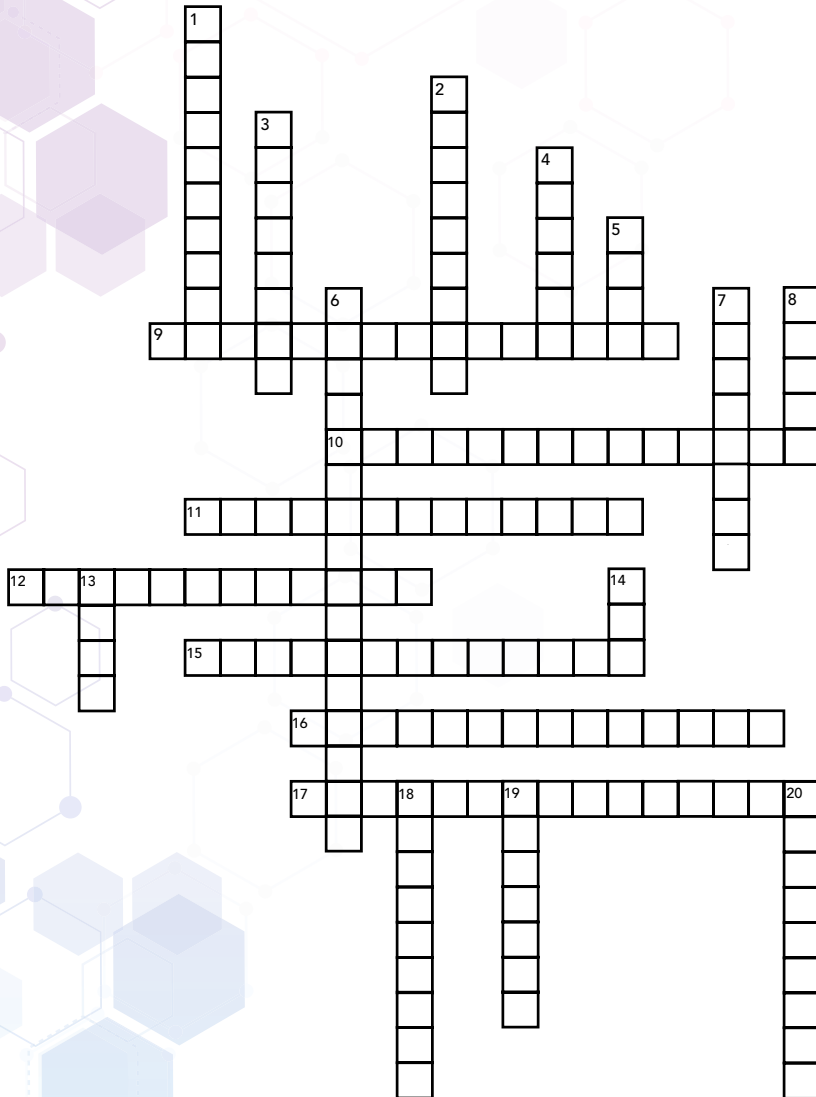
"We even have a vendor that can provide custom fume hoods to make it more accessible for persons in wheelchairs, such as walk-in fume hoods from the ground up."

Acquiring accessible products is easier than you think and should be part of the common goal of laboratory management: keeping brilliant minds in the lab where they are needed most. **EN**

— FAUNTLEROY SHAW IS A FREELANCE WRITER BASED IN CARMEL, IND. SHE IS A REGULAR CONTRIBUTOR TO *ENDOCRINE NEWS*.



# TEST YOUR KNOWLEDGE ON HORMONE HEALTH



## Across:

9. When the pituitary gland doesn't make enough of certain hormones, you may have \_\_\_\_\_ (also called pituitary insufficiency).
10. Kidneys produce this hormone to stimulate production and maintenance of red blood cells.
11. This autoimmune condition can occur at any age with any gender, and is the most common cause of hyperthyroidism.
12. The part of the brain that produces gonadotropin during puberty.
15. The fats in the blood that are an important source of energy.
16. The largest endocrine-related organ system in the body.
17. Physical and mental change that result in having too much cortisol in the blood for a long period of time is known as \_\_\_\_\_.

## Down:

1. Too much production of growth hormone in the blood can lead to \_\_\_\_\_.
2. Surgery that can limit how much calories and nutrients the body can absorb.
3. A steroid hormone produced in the adrenal glands that is linked to stress.
4. An enlarged thyroid gland, most common in women often showing no symptoms.
5. Substances in the environment, food, and personal care products that can interfere with normal function of the endocrine system.
6. A common disease resulting from the body's inability to use blood glucose for energy.
7. The most common type of cancer among men that grows very slowly, requiring regular surveillance.
8. This gender is most commonly diagnosed with osteoporosis?
13. A common hormonal disorder affecting 7-10% of women during reproductive age.
14. This rare disease prevents the body from breaking down fats and is typically a genetic disorder passed down from parents.
18. An excessive growth of "male" pattern hair on a woman's body.
19. This hormone stimulates the release of gastric acid, which breaks down the proteins in the food you eat.
20. A hormone that promotes feminine physical changes in transgender patients.

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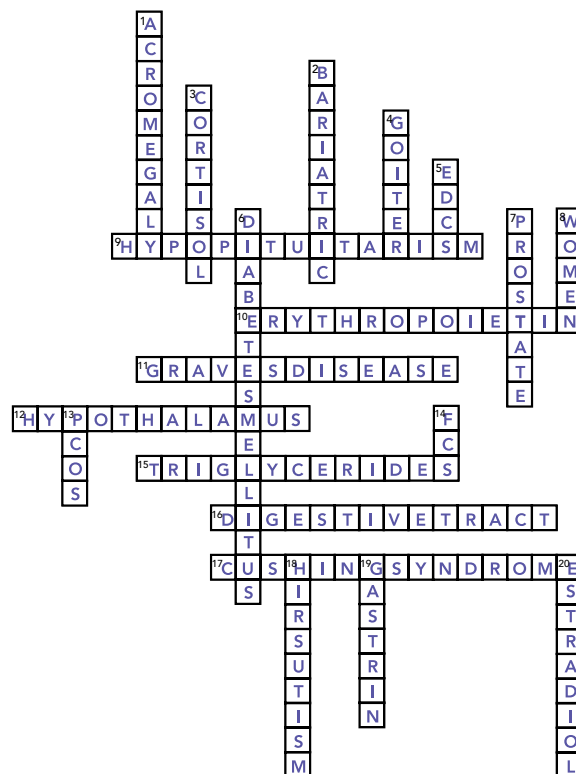
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## Crossword Puzzle Answer

### Across:

9. Hypopituitarism
10. Erythropoietin
11. Graves' Disease
12. Hypothalamus
15. Triglycerides
16. Digestive Tract
17. Cushing Syndrome

### Down:

1. Acromegaly
2. Bariatric
3. Cortisol
4. Goiter
5. EDCs
6. Diabetes Mellitus
7. Prostate
8. Women
13. PCOS
14. FCS
18. Hirsutism
19. Gastrin
20. Estradiol

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## Endocrine Society Celebrates UK Court of Appeal Decision to Preserve Access to Gender-Affirming Care

**O**n September 17, the Court of Appeal in the United Kingdom ruled that transgender and gender diverse teenagers are competent to give consent to treatment to delay puberty. The decision overturns the divisional court's December 2020 ruling in *Bell v Tavistock*. The ruling preserves access to medical treatment for transgender and gender diverse teenagers and protects the ability of physicians, not the courts, to determine the capacity of a person younger than age 16 to consent to medical treatment.

The Endocrine Society and a coalition of LGBTQ+ youth and reproductive health organizations argued in a joint submission to the Court of Appeal of England and Wales that transgender teenagers should be able to give informed consent to treatment the same way teenagers with other medical conditions can. The Endocrine Society intervened to share with the Court the science on the appropriate care for transgender people supported by our Society, the World Professional Association for Transgender Health, the European Society for Endocrinology, the European Society for Pediatric Endocrinology, and the Pediatric Endocrine Society. The Court of Appeal cited the Endocrine Society's clinical practice guidelines on gender dysphoria/gender incongruence as the relevant national and international guidelines on which the Tavistock clinic relied. The intervention was supported by the Good Law Project's Legal Defence Fund for Transgender Lives.

More information about the Endocrine Society's position is available on the Society's website ([endocrine.org](https://endocrine.org)), including the Society's clinical practice guidelines on gender dysphoria/gender incongruence, the Society's position statement on transgender care, and a fact sheet on healthcare for transgender minors.



## House Announces New Caucus Focused on Social Determinants of Health

include diversity, equity, and inclusion in our advocacy efforts, we responded to the RFI to highlight a variety of ways the caucus can work within Congress to address social determinants of health.

The Society's letter highlighted ways in which the COVID-19 pandemic has exacerbated social determinants of health and pointed to how technology like telehealth can help bridge healthcare divides, particularly for rural and tribal communities. We also highlighted how endocrine-disrupting chemicals (EDCs) can impact already vulnerable populations due to environmental factors often out of their control, and the importance of sustained funding for research and interventions for chronic diseases like diabetes and obesity, which also disproportionately affect minority populations in the U.S.

We are pleased that the SDOH Caucus is focusing on how to address these social determinants and improve the health of all Americans and hope to work with the caucus to help advance its goals.

The House of Representatives announced the formation of a new Social Determinants of Health (SDOH) Caucus. The Caucus will explore opportunities to improve the impact of current services delivered to address social determinants with the support of federal funding and maximize existing and future federal investments in health, food, housing, transportation, and other important drivers of health. The co-chairs of the caucus include Reps. Cheri Bustos (D-IL 17), Tom Cole (R-OK 4), G.K. Butterfield (D-NC 1), and Markwayne Mullin (R-OK 2).

As one of its first official activities, the caucus released a Request for Information (RFI) seeking feedback on challenges and opportunities related to social determinants of health. In a continuation of our efforts to prioritize and

## Outlook for Drug Pricing Legislation Uncertain

As this issue of *Endocrine News* went to press, the outlook for legislation to address access to affordable prescription medication was uncertain.

In September, the Democrats' controversial drug pricing proposal, which would allow Medicare to negotiate prices for some drugs, including insulin, made it into the chamber's \$3.5 trillion reconciliation package, but just barely. Moderate Democrats on the Energy and Commerce Committee shot down the proposal with a dramatic walk-out and joined Republicans in voting against the language. But the Ways and Means Committee

advanced a similar drug pricing policy in its mark-up. The House of Representatives planned to vote on its final package by September 27, which will be a close vote by the full chamber. Meanwhile, the Senate had not yet completed its proposed package, and the likelihood of passage of drug price negotiation in the more conservative Senate was far less likely. We will keep members apprised of the latest developments through legislative alerts and the website.

Meanwhile, the Endocrine Society continues to be a leading advocate for addressing the high cost of prescription



medications including insulin. In addition to sharing our legislative recommendations, we also shared with the House and Senate stories collected from our members around the country about people with diabetes struggling with access to affordable insulin. Many congressional offices responded that this effort “put a face on the issue.” We hope Endocrine Society members will join our advocacy efforts and share our message that Congress needs to address the high cost of insulin and other prescription medications. Please visit <https://www.endocrine.org/takeaction> for additional information.

## Society Advocates to Medicare about Physician Payment and Telehealth

**T**he Endocrine Society continues to advocate for physician payment and telehealth policies important to Society members.

In September, the Society submitted comments on the Medicare Physician Fee Schedule (MPFS) proposed rule for calendar year 2022. This annual rule updates payment policies and payment rates for Part B services furnished under the MPFS. In our letter, we provided comments on a wide range of policies proposed under the rule including the need for expanded access to telehealth services. We urged the Centers for Medicare and Medicaid Services (CMS) to work toward making coverage of audio-only services permanent by releasing the utilization data that has been gathered on audio-only during the public health emergency (PHE). Releasing this data will help the Society work with CMS to address fraud and abuse concerns that have prevented expansion of audio-only telehealth.

In addition to telehealth, we also urged CMS to re-evaluate their proposed changes to practice expense (PE) values, which will impact a wide range of services commonly billed by endocrinologists. The changes proposed under the rule could result in decreases to services such as traditional continuous glucose monitoring and fine needle aspiration. Society staff worked closely with the Clinical Affairs Core Committee (CACC) in drafting our comments.

The proposed rule is expected to be finalized later this year, and we will share an update with you when the final rule is published. In the meantime, if you're interested in reading our comment letter, please visit the Society Letters page on our website at: [www.endocrine.org/advocacy/society-letters](https://www.endocrine.org/advocacy/society-letters).

## *Tune in to Special CEU 2021 Session*

For more information about the proposed Medicare Physician Fee Schedule (MPFS), we also invite you to view the recording of the special session the Society's Government and Public Affairs team hosted entitled *Legislation & Regulations Affecting Endocrinologists* during the Endocrine Society's Clinical Endocrinology Update 2021 last month. The session focused on drug pricing, telehealth, and physician payment.

Erika Miller, senior vice president and counsel at CRD Associates, provided a comprehensive overview of the legislative and regulatory landscape impacting these three areas. Miller spoke

about efforts to pass drug pricing legislation in Congress, opportunities to expand access to telehealth services, and the MPFS proposed rule released by CMS.

Joshua Joseph, MD, assistant professor of medicine at the Ohio State University Wexner Medical Center, in Columbus, Ohio, and chair of the Clinical Affairs Core Committee (CACC), moderated the session and discussed the many ways that Endocrine Society members can become involved in our advocacy efforts. If you're interested in viewing this session, please visit the Society's website at: <https://www.endocrine.org>, and click on the advocacy page.

**O**n September 21, the United Nations (UN) Special Rapporteur on toxics and human rights, Marcos A. Orellana, PhD, presented a thematic report to the UN Human Rights Council on the right to science in the context of toxic substances. The report studies how the human right to benefit from scientific knowledge relates to emerging knowledge of the risks and harms associated with hazardous substances and waste and examines how the science-policy interface affects the diffusion of scientific information and scientific progress in general.

Earlier this year, the Endocrine Society provided recommendations and comments to inform the thematic report. Our comments focused on some of the barriers to the effective translation of scientific knowledge into regulatory action, identified where outdated assumptions have negatively impacted the science-policy interface, and proposed activities that the UN could support to enable all communities to benefit from new scientific information on endocrine-disrupting chemicals (EDCs). We noted how independent and community groups often face barriers due to insufficient resources, particularly when unequal exposures disproportionately impact these same communities. We also expressed concern about rules that prevent consumers from receiving accurate information about the chemicals in the products that they use.

The final report is consistent in many respects with our suggestions. For example, in his report Orellana highlighted outdated assumptions that no longer apply to chemicals such as EDCs, including that safe thresholds exist, or that males and females should be expected to respond in the same way following exposure. The report further recommended that governments support investigator-initiated research and “create processes for meaningful public participation, including impacted communities, in policymaking processes concerning hazardous substances.”

The Endocrine Society is pleased that the thematic report included our recommendations, and we are encouraged by opportunities to improve the science-policy interface to accelerate the translation of scientific research, provide more access to information for consumers, and deliver better health-protective measures by regulatory agencies. We look forward to partnering with international agencies to build on the recommendations illustrated in the report and advance the implementation of policies that will minimize harms due to EDC exposures. <sup>EN</sup>

## UN Report Includes Endocrine Society Recommendations Concerning EDCs

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The Endocrine Society is pleased that the thematic report included our recommendations, and we are encouraged by opportunities to improve the science-policy interface to accelerate the translation of scientific research, provide more access to information for consumers, and deliver better health-protective measures by regulatory agencies.

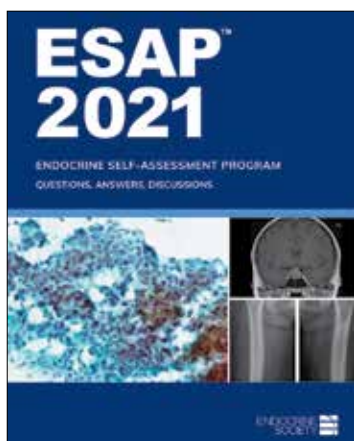
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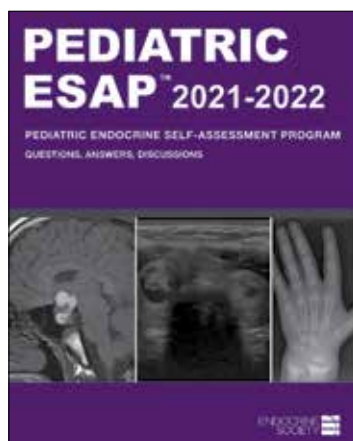
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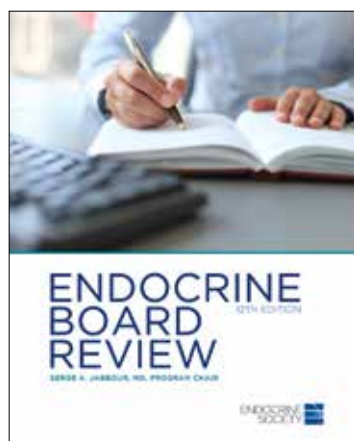
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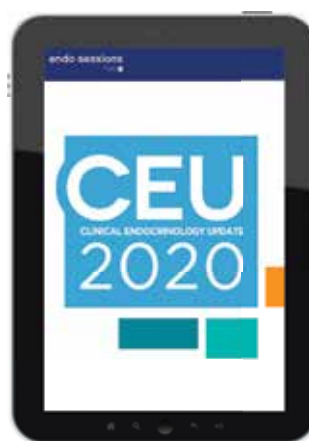
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