PES Endocrine Monthly Round-Up

February 2026

Editor's Perspective

February's literature highlights evolving strategies across endocrine practice, from targeted therapies in Cushing's syndrome to the cardiovascular implications of mild cortisol excess. Emerging evidence supporting adrenalectomy in selected patients, alongside updated diabetes management guidance and growing recognition of metabolic liver disease, reinforces a shift toward integrated cardiometabolic care and mechanism-driven interventions.

Research Highlights

1. Relacorilant for Cushing's Syndrome GRACE Trial
Study Focus: Phase 3 randomised-withdrawal evaluation of relacorilant, a selective glucocorticoid receptor modulator.

Key Findings:
- Improvements in hypertension and hyperglycaemia in endogenous Cushing's syndrome.
- Randomised withdrawal confirmed sustained metabolic benefit vs placebo.

Clinical Takeaway: A targeted therapy option when surgery is not feasible.

2. Adrenalectomy vs Surveillance in Mild Cortisol Excess ITACA Study
Study Focus: Prospective comparison of adrenalectomy versus conservative surveillance.

Key Findings:
- At 5 years, adrenalectomy improved cardiac structure and function.
- Suggests long-term cardiovascular benefit in selected patients.

Clinical Takeaway: Surgery may benefit carefully selected individuals with mild autonomous cortisol secretion.

3. NICE Guideline Update: Type 2 Diabetes in Adults (NG28)
Update Summary: The February 2026 update emphasises cardiorenal protection as a central pillar of diabetes management.

Key Messages:
- Prioritise cardiovascular and renal risk reduction alongside glycaemic control.
- Earlier use of SGLT2 inhibitors in those with cardiorenal risk.
- Incretin-based therapies remain important in obesity or inadequate control.
- Continued emphasis on structured lifestyle and weight management.

Clinical Takeaway: Therapy selection is increasingly guided by cardiorenal benefit and weight-centred outcomes.

Review Article of the Month

Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD) and Type 2 Diabetes

Key Insights:
- MASLD and T2DM share insulin resistance, inflammation, and lipotoxicity.
- Non-invasive fibrosis assessment (FIB-4, elastography) is essential.
- Incretin-based therapies show emerging hepatic benefits.

Clinical Takeaway: Screen individuals with T2DM for MASLD and consider therapies with dual metabolic and hepatic benefit.

For Further Reading

Relacorilant for Cushing's Syndrome GRACE Trial: https://doi.org/10.1016/S2213-8587(25)00362-6
Adrenalectomy vs Surveillance ITACA Study: https://doi.org/10.1093/ejendo/lvag018
NICE NG28: Type 2 Diabetes in Adults: https://www.nice.org.uk/guidance/ng28
MASLD & Type 2 Diabetes Review Article: https://doi.org/10.4239/wjd.v17.i2.113149

Closing Note

Endocrinology continues to move toward integrated cardiometabolic care and precision therapeutics. The studies highlighted this month emphasise the importance of early targeted intervention and multidisciplinary collaboration.

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