

# PES Endocrine Monthly Round-Up

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March 2026



## Editor's Perspective

March brings a diverse set of updates across endocrine practice, including a major UK consensus statement on thyroid nodule evaluation, new data on oral incretin therapies, and emerging renal-protective strategies in type 1 diabetes. The review on TBI-related pituitary dysfunction also highlights the importance of structured endocrine follow-up in neurological injury. Together, these studies reinforce the value of multidisciplinary, mechanism-based care in modern endocrinology.

## Research Highlights

### 1. Evaluation and Management of Thyroid Nodules — BTA/BAETS Joint Consensus Statement

**Guideline Focus:** Updated UK consensus on thyroid nodule assessment, integrating radiology, pathology, endocrine, and surgical input.

#### Key Messages:

- Ultrasound-based U-classification remains the foundation of risk stratification.
- Selective FNA recommended based on ultrasound category and nodule size.
- Clearer pathways for indeterminate cytology, including molecular testing where available.
- Emphasis on multidisciplinary review and shared decision-making for surgery vs surveillance.

**Clinical Takeaway:** A structured, ultrasound-driven approach supports consistent, evidence-based management across endocrine and surgical teams.

### 2. Orforglipron vs Oral Semaglutide in Type 2 Diabetes — ACHIEVE-3 Trial

**Study Focus:** Phase 3 non-inferiority trial comparing once-daily oral orforglipron with oral semaglutide in adults with T2DM.

#### Key Findings:

- Orforglipron achieved non-inferior HbA1c reduction compared with oral semaglutide.
- Comparable weight loss across treatment groups.
- Safety profile consistent with GLP-1RA class, with gastrointestinal events most common.

**Clinical Takeaway:** Orforglipron provides an effective oral GLP-1RA option with glycaemic and weight benefits similar to oral semaglutide.

### 3. Finerenone in Type 1 Diabetes and CKD — FINE-ONE Trial

**Study Focus:** Evaluation of finerenone in adults with type 1 diabetes and chronic kidney disease.

**Key Findings:**

- Improvements in albuminuria and renal biomarkers, suggesting potential renoprotective benefit.
- Safety profile aligned with previous finerenone studies; hyperkalaemia remains the key adverse event.
- Provides early evidence supporting mineralocorticoid receptor antagonism in T1D-associated CKD.

**Clinical Takeaway:** Finerenone may offer future renal protection in T1D, pending further confirmatory trials.

### Review Article of the Month

#### Approach to the Patient With Traumatic Brain Injury — Induced Pituitary Dysfunction

**Key Insights:**

- Hypopituitarism is common after TBI, with GH deficiency most frequent.
- Mechanisms include direct pituitary/stalk injury, vascular compromise, inflammation, and secondary insults such as hypoxia or raised ICP.
- Acute phase priorities: identify ACTH deficiency and diabetes insipidus; full hormonal evaluation recommended at 3–6 months in moderate–severe TBI.
- Pituitary deficits may evolve, requiring periodic reassessment.

**Clinical Takeaway:** TBI-related pituitary dysfunction is under-recognised; structured screening and targeted hormone replacement can improve rehabilitation and long-term outcomes.

### For Further Reading

BTABAETS Thyroid Nodule Consensus Statement: <https://doi.org/10.1111/cen.70116>

ACHIEVE-3 Trial: Orforglipron vs Oral Semaglutide: [https://doi.org/10.1016/S0140-6736\(26\)00202-3](https://doi.org/10.1016/S0140-6736(26)00202-3)

FINE-ONE Trial: Finerenone in T1D and CKD: <https://doi.org/10.1056/NEJMoa2512854>

Review: TBI-Induced Pituitary Dysfunction: <https://doi.org/10.1210/clinem/dgag090>

### Closing Note

This month's updates highlight the rapid evolution of endocrine therapeutics and the importance of coordinated care across specialties. As evidence continues to expand, structured evaluation and personalised treatment remain central to improving patient outcomes.

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