PES Endocrine Monthly Round-Up

May 2026

Editor's Perspective

May delivers a particularly rich set of updates across metabolic and endocrine medicine. Highlights include new cardiorenal data on tirzepatide in type 2 diabetes, long-term weight-loss maintenance strategies in obesity, the emergence of oral orforglipron as a post-injectable maintenance option, renewed evidence for fenofibrate in diabetic retinopathy, and a landmark global consensus renaming PCOS as Polyendocrine Metabolic Ovarian Syndrome (PMOS). Together, these studies underscore the shift toward chronic-disease frameworks, organ protection beyond glycaemia, and precision in how we name and classify endocrine conditions.

Research Highlights

1. Tirzepatide vs Dulaglutide: Kidney Outcomes — SURPASS-CVOT

Study Focus: Comparison of tirzepatide and dulaglutide on major kidney outcomes in adults with type 2 diabetes and established ASCVD, including albuminuria, eGFR decline, and composite renal endpoints across CKD risk categories.

Key Findings:

- Tirzepatide reduced the composite kidney outcome by 23% compared with dulaglutide.
- Benefits were consistent across low–moderate and high-risk CKD groups.
- In low–moderate CKD, the benefit was driven by lower incidence of new macroalbuminuria.
- In high-risk CKD, the dominant effect was slower eGFR decline, with a between-group difference of 0.93 mL/min/1.73 m² per year.
- Overall annual eGFR decline was significantly slower with tirzepatide.
- GI adverse events were more frequent but consistent with the incretin class profile.

Clinical Takeaway: Tirzepatide demonstrates meaningful renal protection beyond glycaemic control, reinforcing its role as a cardiorenal-metabolic therapy rather than a glucose-lowering agent alone.

2. Long-Term Weight-Loss Maintenance With Tirzepatide — SURMOUNT-MAINTAIN

Study Focus: Randomised evaluation of whether continuing tirzepatide at maximum tolerated dose (MTD), reducing to 5 mg, or switching to placebo best maintains weight loss achieved during a 60-week open-label tirzepatide phase.

Key Findings:

- Continuing MTD maintained the greatest weight reduction (–21.9%).
- Dose reduction to 5 mg preserved substantial benefit (–16.6%).
- Switching to placebo resulted in significant regain (–9.9%).
- Rescue therapy required in 8% (MTD), 25% (5 mg), and 67% (placebo).
- Cardiometabolic markers remained stable or improved with continued tirzepatide but worsened with placebo.

Clinical Takeaway: Obesity is a chronic disease requiring ongoing pharmacotherapy. Continued tirzepatide is optimal; dose reduction remains a clinically viable compromise where tolerability, cost, or patient preference warrant adjustment.

3. Oral Orforglipron for Weight-Loss Maintenance After Injectables — ATTAIN-MAINTAIN

Study Focus: Evaluation of whether switching from injectable tirzepatide or semaglutide to oral orforglipron can sustain weight loss and cardiometabolic improvements achieved during SURMOUNT-5.

Key Findings:

- In the tirzepatide cohort, 74.7% of weight loss was maintained with orforglipron vs 49.2% with placebo.
- In the semaglutide cohort, 79.3% was maintained vs 37.6% with placebo.
- Cardiometabolic markers (HbA1c, fasting glucose, lipids, BP, waist circumference) remained stable with orforglipron but deteriorated with placebo.
- GI adverse events were the most common, generally mild-to-moderate.

Clinical Takeaway: Orforglipron offers a scalable oral maintenance strategy for patients who prefer to discontinue injectables, expanding long-term obesity management options and potentially improving adherence.

4. Fenofibrate and Diabetic Retinopathy Progression — LENS Trial

Study Focus: Randomised trial assessing whether fenofibrate slows progression of diabetic retinopathy and reduces the need for ophthalmic intervention in adults with diabetes.

Key Findings:

- Fenofibrate reduced retinopathy progression compared with placebo.
- Fewer participants required laser or intravitreal therapy.
- Benefits were most pronounced in those with early or moderate retinopathy.
- Safety profile was consistent with prior fenofibrate studies.

Clinical Takeaway: Fenofibrate remains a valuable adjunct in selected patients with early diabetic retinopathy, complementing glycaemic and blood pressure optimisation.

5. Global Renaming of PCOS: Adoption of “Polyendocrine Metabolic Ovarian Syndrome (PMOS)”

Study Focus: International consensus process to develop a scientifically accurate, culturally appropriate, stigma-reducing, and globally implementable replacement name for PCOS.

Key Findings:

- Over 14,000 patients and clinicians participated across surveys and workshops.
- Strong consensus that “PCOS” is inaccurate, misleading, and contributes to stigma and diagnostic delay.
- Preferred terminology emphasised endocrine, metabolic, and ovarian components.
- Agreed new name: Polyendocrine Metabolic Ovarian Syndrome (PMOS).
- Global implementation strategy underway, including guideline updates, ICD coding changes, and education campaigns.

Clinical Takeaway: PMOS better reflects the condition's multisystem pathophysiology, improves clinician–patient communication, and supports earlier recognition. Progressive adoption across clinical, research, and policy environments is anticipated.

For Further Reading

SURPASS-CVOT Kidney Outcomes: https://doi.org/10.1016/S2213-8587(26)00032-X

SURMOUNT-MAINTAIN: https://doi.org/10.1016/S0140-6736(26)00656-2

ATTAIN-MAINTAIN: https://doi.org/10.1038/s41591-026-04386-7

LENS Trial: https://doi.org/10.3310/AAPH5610

PMOS Global Consensus: https://doi.org/10.1016/S0140-6736(26)00717-8

Closing Note

This month's updates reinforce a recurring theme: endocrine therapeutics are increasingly defined by organ protection, chronic-disease management, and precision in classification. As the evidence base expands, structured evaluation and personalised, mechanism-based care remain central to improving patient outcomes.

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