

Patient-Centered Outcomes Research Institute (PCORI) Request for Information:
Call for Evidence Needs for Patient-Centered Clinical Effectiveness Research

The Endocrine Society appreciates the opportunity to provide input on PCORI's RFI on Evidence Needs for Patient-Centered Clinical Effectiveness Research. Founded in 1916, the Endocrine Society is the world's oldest, largest, and most active organization devoted to research on hormones and the clinical practice of endocrinology. Our membership consists of over 18,000 basic and clinical scientists, physicians, educators, nurses, and students from more than 120 countries. Our response, below, to this RFI is informed by our Research Affairs Core Committee and Clinical Affairs Core Committee.

If the Endocrine Society can be of further assistance, please contact Sophia Kaska, Ph.D., Manager of Science Policy and Research Affairs at skaska@endocrine.org.

Comparison of long-term vs. discontinued use of incretin mimetics for treatment of obesity

Clinicians and patients have access to limited outcome studies that compare the benefits and risks of long-term vs discontinued use of incretin mimetics (e.g., GLP1 receptor agonists/ dual GLP1-GIP agonists) for the treatment of obesity. More information is needed to help clinicians and patients understand how weight regain will affect a patient's long-term metabolic health and quality of life following the discontinuation of incretin mimetics. Similarly, clinicians and patients need information to understand the potential side effects, e.g., impact on metabolic health of long-term use of incretin mimetics to maintain weight loss. Patients need to consider the cost and treatment burden of the long-term use of these therapies and should be factored into joint decisions for treatment plans. Together, comparison of these two approaches will help inform the development of long-term treatment plans for obesity in partnership between clinicians and their patients and generate evidence that can be used to inform decisions for health care coverage.

Comparison of anabolic vs. antiresorptive therapies in treatment of severe osteoporosis

Anabolic and antiresorptive therapies are used to treat severe osteoporosis, but additional clinical comparisons of these therapies, especially newer therapies, would help better inform patients' treatment plans. While anabolic therapies are effective in



stimulating bone formation, these therapies are expensive and have a high treatment burden for patients. Clinical trials that compare anabolic therapies with different mechanisms of action like romosozumab vs teriparatide or abaloparatide can help clinicians make more informed decisions about which anabolic therapy to prescribe for patients. Similarly, clinical trials comparing the effectiveness of anabolic therapies vs antiresorptive therapies, particularly zoledronate, can increase confidence in the prescription of antiresorptive therapies for severe osteoporosis. Together, comparisons of treatments for severe osteoporosis within and between their drug classes will help inform clinicians about which therapeutic options can most effectively help their patients with osteoporosis.

Comparison of GLP1 receptor agonists vs metformin vs oral contraceptives for treatment of PMOS with obesity

There is a significant need to align therapeutic options, a patient's cardiometabolic phenotype, and treatment outcomes for patients with polyendocrine metabolic ovarian syndrome (PMOS) who are also being treated for obesity. Comparing treatment with GLP-1 receptor agonists (RA) vs. metformin vs. oral contraceptives will help clinicians develop individualized treatment plans for patients with PMOS to achieve weight management, metabolic health, hormonal health, and reproductive health goals. These comparative studies will not only address evidence gaps for treating PMOS, but will help directly compare newer therapies, particularly GLP-1 RAs like semaglutide and dual-agonists like tirzepatide, to traditionally prescribed therapies like metformin or oral contraceptives.

Comparison of efficacy and safety of systemic hormonal therapy vs. non-hormonal options (e.g., fezolinetant and elinzanetant) for treatment of perimenopausal and menopausal symptoms

A clinical comparison of the efficacy and safety of systemic hormonal therapy and non-hormonal therapies (e.g., fezolinetant and elinzanetant) is needed to help patients and healthcare providers make fully informed decisions for the treatment of perimenopausal and menopausal symptoms. Having information about how these treatments work in different patient populations will help all parties better understand how treatment will impact quality of life. The information generated from these studies will provide useful decision-making information for women who prefer not to use hormone therapy for perimenopausal or menopausal symptoms.