

EASD 2026: every abstract, every reaction

All 1,309 abstracts and the week's public reactions, mapped by country, topic, molecule, tone and announcement. And what they mean on Monday, when the field team is back at work and the questions start: in a reimbursed market and in a self-pay market.

● Final edition · data cut-off 02 October 2026, 12:28 UTC

1,309

abstracts analysed in full

59

countries of first authors

46.8%

of abstracts come from five countries

5.8%

come from Central and Eastern Europe and the CIS together

DATA CUT-OFF **Abstracts** congress programme as published, retrieved 30 Sep 2026

Social listening posts on X 26 to 02 October 2026, 12:28 UTC

Field brief sessions held up to and including 30 Sep 2026

READ AS A COMPANY Interactive version with filters, company focus and live updates: docs.mdwrt.app/infographics/easd-2026-congress-intelligence

EVIDENCE MAP

Who produced the evidence, and what kind

Pick a topic, a molecule or a study type. Every number and chart below recalculates, and the abstract list follows. Click a country or a region to narrow further.

Data as of 30 Sep 2026 · 1,309 abstracts

1,309

abstracts in this view
100% of all abstracts

244

report a randomised design
19% of this view

474

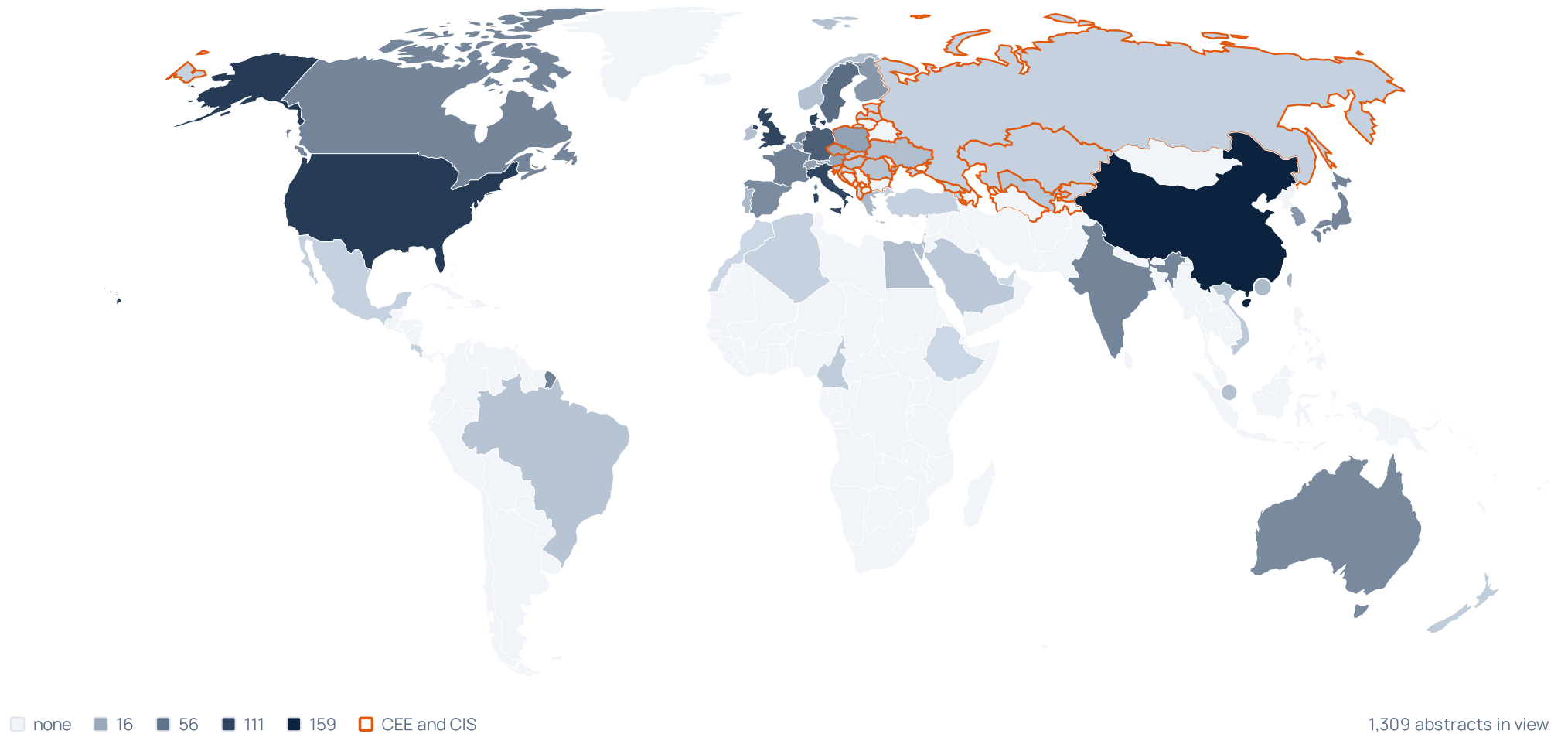
use real-world or registry data
36% of this view

154

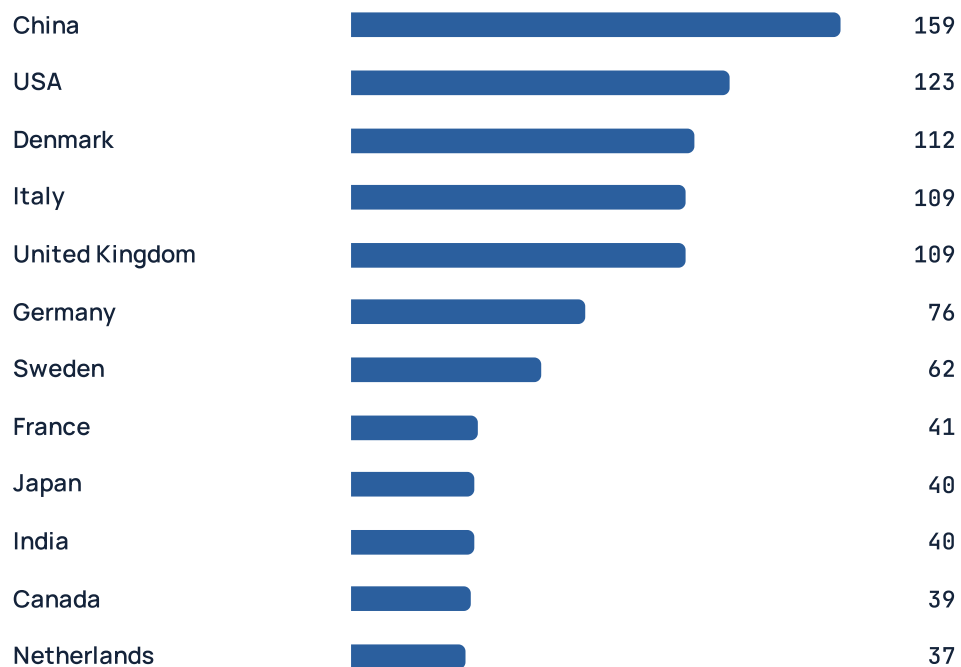
have company-affiliated authors
12% of this view

Where the evidence comes from

Abstracts by country of first author in the current view. Darker is more. Central and Eastern Europe and the CIS are outlined. Click a country to filter.



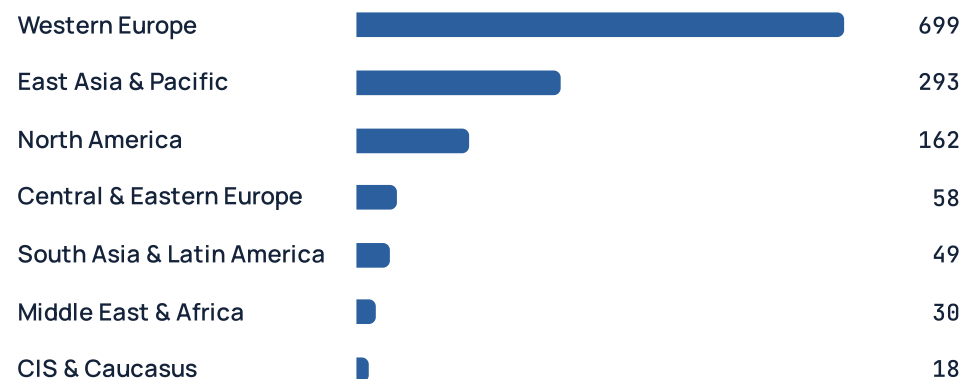
Abstracts by country of first author



Top 12 in the current view. Click a bar to filter.

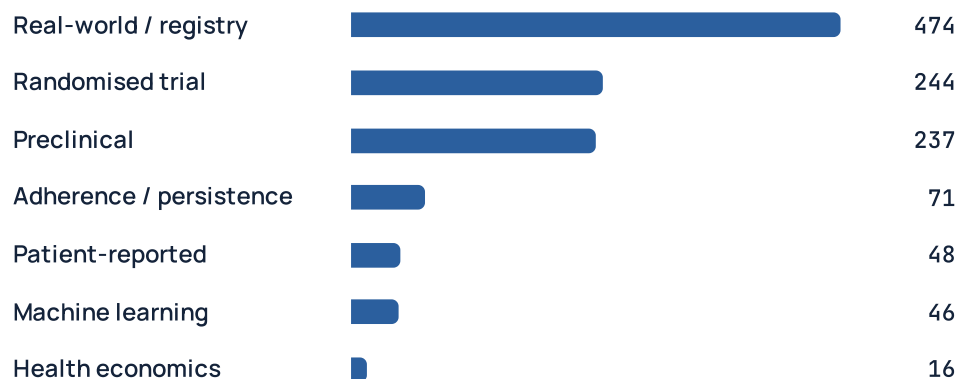
China leads the count. Special feature: China's incretin pipeline, seen from EASD 2026 →

Abstracts by region



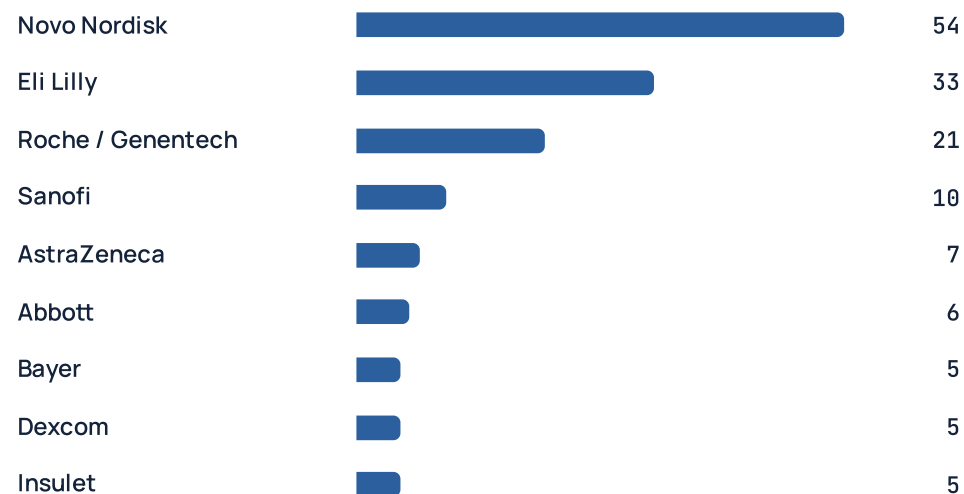
Click a region to filter.

Study type



Keyword-based; one abstract can fall into several types. Click a type to filter.

Company-affiliated authorship



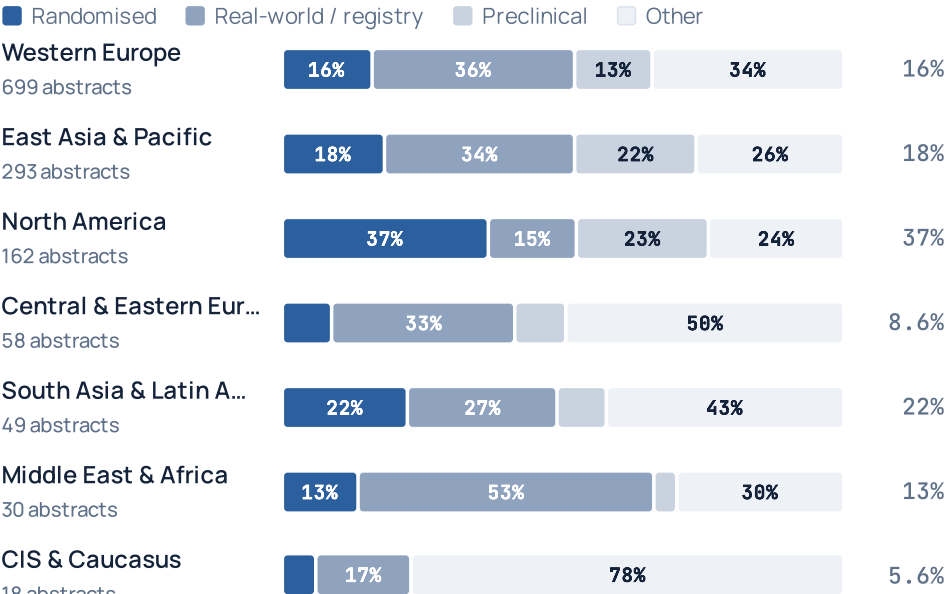
Abstracts with at least one author employed by the company, counted under the first author's country. Click a company to filter.

Abstracts by congress day



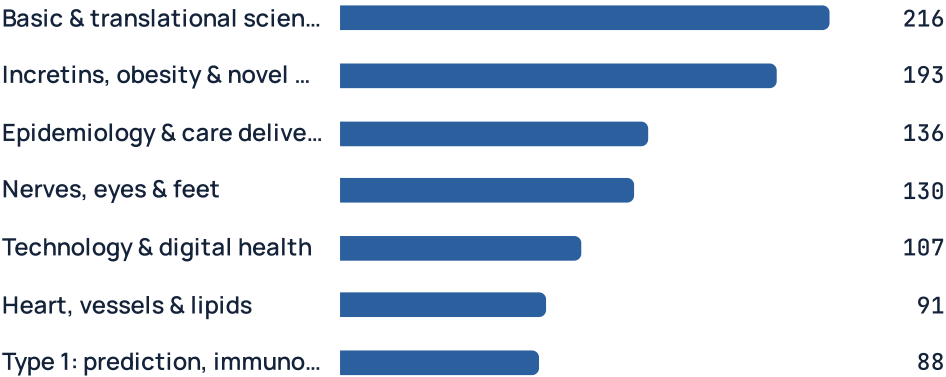
Day of the session in which the abstract is presented. Click a day to filter. Friday is a half day.

What kind of evidence each region brings



Share of abstracts by first study-type flag per region; keyword-based. Follows the filters except region and country.

What each day is about



Top topics on the selected day, or across all days when none is selected.

ABSTRACT EXPLORER

Find the abstracts behind each number

The list follows the filters above. Search adds a free-text match on the title, or an exact abstract number such as LBA 44 or 827. The number opens the abstract on the congress platform; the full text there needs a congress login.

The PDF lists the first page of the explorer only; the full searchable list of 1,309 abstracts is on the interactive page.

NO.	TITLE	COUNTRY	FORMAT	TOPIC
1 ➤	Developing type 2 diabetes despite low predicted risk identifies a subgroup with increased insulin requirement, complication risk, and mortality: a matched UK cohort study Real-world / registry	United Kingdom	Oral presentation	Epidemiology & care delivery
2 ➤	Longitudinal trajectories and predictive value of insulin resistance and sensitivity indices for type 2 diabetes across adiposity phenotypes Real-world / registryAstraZeneca authors	Sweden	Oral presentation	Epidemiology & care delivery

NO.	TITLE	COUNTRY	FORMAT	TOPIC
3 ➤	Circadian coherence between behavioural and wearable-derived wrist-temperature rhythms as a predictor of type 2 diabetes Real-world / registry	China	Oral presentation	Epidemiology & care delivery
4 ➤	Elevated 1-hour postload glucose is a risk factor of incident type 2 diabetes in adults with normal glucose regulation: a pooled analysis of individual participant's data from six prospective studies	Spain	Oral presentation	Epidemiology & care delivery
5 ➤	Immune endotypes define risk and trajectories in type 2 diabetes Real-world / registry	France	Oral presentation	Epidemiology & care delivery
6 ➤	Long-term effectiveness of a reminder system to stimulate postpartum screening for glucose intolerance in women with gestational diabetes: the "Sweet Pregnancy" Project	Belgium	Oral presentation	Epidemiology & care delivery
7 ➤	Pharmacodynamic properties of novel once-daily insulin GZR33 in people with type 1 diabetes Randomised trial	Germany	Oral presentation	SGLT2, insulin & oral therapies
8 ➤	Superior glycaemic control with once-weekly insulin GZR4 versus once-daily insulin degludec in adults with basal insulin-treated type 2 diabetes: SUPER-2 Randomised trial Adherence / persistence	China	Oral presentation	SGLT2, insulin & oral therapies
9 ➤	Use of ultra-long acting insulin analogue, Icodec, in solid organ-transplanted recipients (SOTRs) with post-transplant diabetes (PTDM) Real-world / registry	Italy	Oral presentation	SGLT2, insulin & oral therapies
10 ➤	Superior glycaemic control with once-weekly insulin GZR4 versus once-daily insulin glargine U100 in insulin-naïve type 2 diabetes: SUPER-1 Randomised trial	China	Oral presentation	SGLT2, insulin & oral therapies
11 ➤	Hepatic-directed insulin lispro reduces hypoglycaemia risk in adults with type 1 diabetes compared to insulin lispro (OPTI-2 study) Randomised trial	USA	Oral presentation	SGLT2, insulin & oral therapies
12 ➤	Ultra-rapid THBD0206 injection (BioChaperone Lispro, BCLIS) improves postprandial and daily glucose control vs lispro (LIS) in Chinese patients with type 2 diabetes Randomised trial	France	Oral presentation	SGLT2, insulin & oral therapies

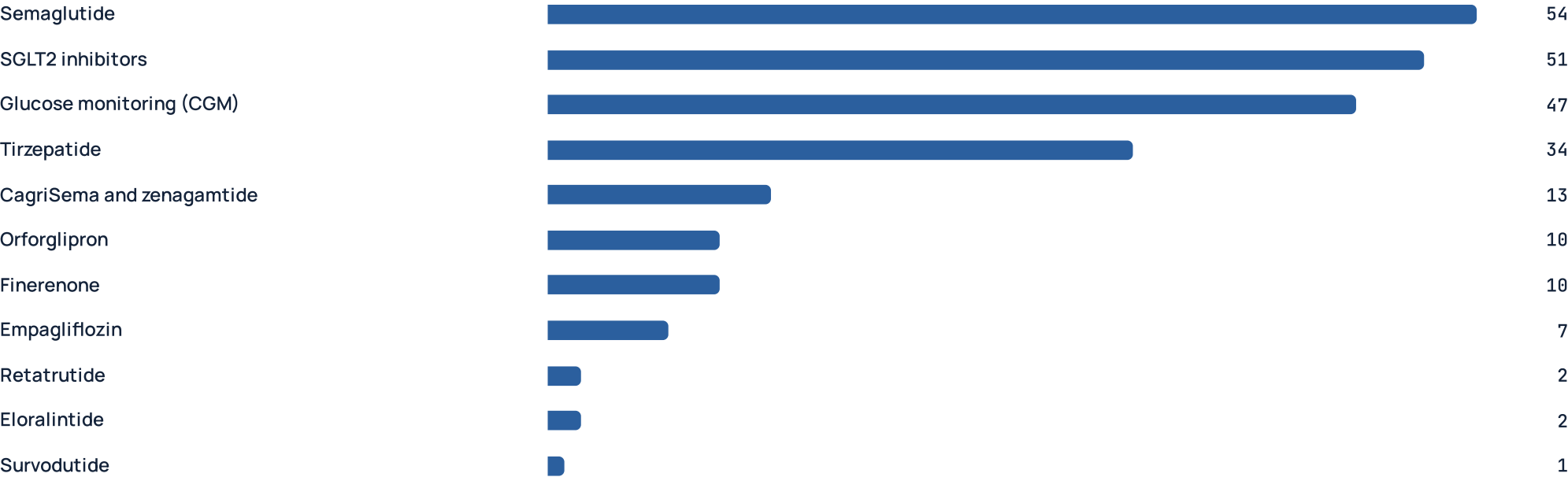
What the congress presented and what people talked about

The same products, measured three ways: abstracts at the congress, posts on X during 26 to 30 September, and views of those posts.

Attention and evidence volume do not move together. The most viewed posts are listed below with links.

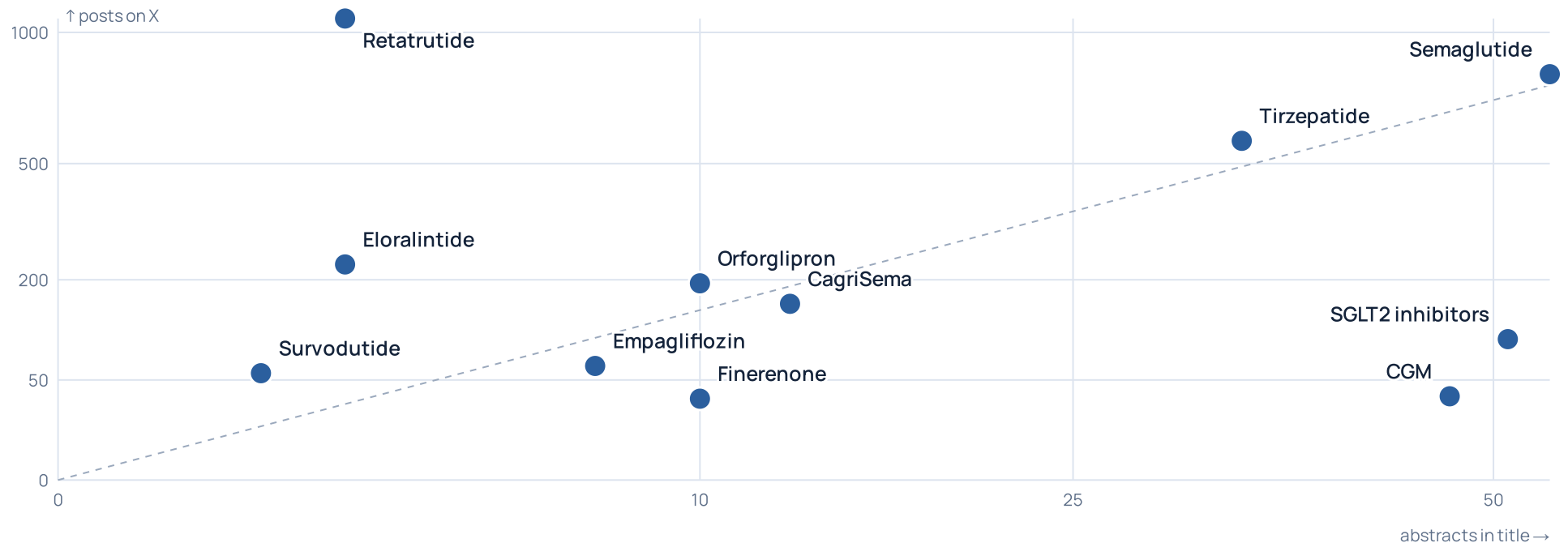
Abstracts as of 30 Sep 2026 · posts on X 26-02 Oct 2026, 12:28 UTC · 5,968 posts collected, 2,460 name a product

Abstracts naming the product in the title



Counted across all 1,309 abstracts.

Attention against evidence



Each dot is a product: abstracts naming it in the title against posts on X naming it. Both axes square-root scaled; the dashed line is equal attention per abstract.

Reading the gap

Retatrutide is named in 2 abstract titles and 678 posts with 2.1 million views, helped by a journal publication on the same day. **SGLT2 inhibitors** are named in 51 titles and 23 posts. **Glucose monitoring** has 47 titles and 22 posts.

Half of the posts on CagriSema and two fifths of those on eloralintide carry a stock ticker. The conversation about pipeline products is written largely for investors, and physicians meet those framings before they meet the data. Retatrutide is the exception: only 13% of its posts carry a ticker, and media, clinicians and patients share the conversation, including people comparing doses and side effects of grey-market product.

For a medical team this sets the agenda for the first week after the congress: the questions that arrive are the ones that travelled, which are often different from the ones the data answer.

Day by day on X

PRODUCT	TREND	SAT 26	SUN 27	MON 28 industry day	TUE 29 day 1	WED 30 day 2	THU 01 day 3	FRI 02 day 4, to 12:28 UTC	TOTAL
Retatrutide		71	66	92	185	365	223	61	1,063
Semaglutide		76	85	112	201	147	151	50	822
Tirzepatide		29	45	53	122	198	95	32	574
Eloralintide		2	5	5	15	131	60	14	232
Orforglipron		13	14	16	47	37	55	11	193
CagriSema and zenagamtide		13	9	12	24	62	27	8	155
SGLT2 inhibitors		18	21	13	12	12	14	9	99
Empagliflozin		11	17	9	9	9	8	2	65
Survodutide		2	2	1	5	3	32	12	57
Glucose monitoring (CGM)		2	1	6	9	10	5	2	35
Finerenone		7	6	6	3	5	2	4	33

Shading is relative to the largest cell. Click a cell to see the most viewed posts behind it. Friday 02 October is a partial day: collection stopped at 12:28 UTC.

Most viewed posts of congress week

VIEWS	POST	ACCOUNT	LANGUAGE
1,193,680	Bold claim: retatrutide 97% effective, average weight loss over 25%. Analyst / investor30 Sep · 3,616 likes	@ItsPeptime 9,132 followers	en Open on X
370,477	Commentary thread on the retatrutide phase 3 results; the most viewed post of the week Analyst / investor29 Sep · 2,136 likes	@cremieuxrecueil 338,403 followers	English Open on X

VIEWS	POST	ACCOUNT	LANGUAGE	
358,490	Retatrutide produced very high weight-loss rates, exceeding existing obesity drugs Analyst / investor 30 Sep · 2,517 likes	@igoreckert 20,066 followers	pt	Open on X
339,958	Predicts retatrutide FDA submission in 2027 and notes gray market availability. Analyst / investor 30 Sep · 245 likes	@akincnr 489 followers	tr	Open on X
255,492	Asking why a small subset are resistant to GLP-1 weight loss effects. Analyst / investor 30 Sep · 620 likes	@cremieuxrecueil 339,847 followers	en	Open on X
247,645	TRIUMPH-1 publication: retatrutide in obesity, released with the congress presentation Journal 29 Sep · 746 likes	@NEJM 1,039,106 followers	English	Open on X
219,056	Lifestyle tips including retatrutide as an inexpensive monthly option for looks. Analyst / investor 29 Sep · 640 likes	@TMTLongShort 60,639 followers	en	Open on X
217,488	Announcement: retatrutide enabled up to 23% weight loss in late-stage diabetes trial. Analyst / investor 30 Sep · 1,826 likes	@Polymarket 1,998,213 followers	en	Open on X
160,910	Mechanistic trial shows semaglutide reduces inflammation and prevents kidney fibrosis. Clinician 01 Oct · 394 likes	@EricTopol 827,243 followers	en	Open on X
118,547	Announces oral GLP-1 orforglipron (Foundayo) will offer pill alternative to injections. Analyst / investor 01 Oct · 1,206 likes	@qujunil 54,770 followers	tr	Open on X
109,437	Brazilian regulator investigates 13 reports of optic neuropathy in users of GLP-1 drugs News feed 27 Sep · 702 likes	@g1 14,058,782 followers	Portuguese	Open on X
101,516	NEJM article announcing retatrutide phase 3 TRIUMPH-1 results for obesity. News feed 30 Sep · 215 likes	@NEJM 1,039,617 followers	en	Open on X
101,138	Eloralintide combined with tirzepatide: 23.3% average weight loss, phase 2 News feed 30 Sep · 164 likes	@Deltaone 1,947,630 followers	English	Open on X
93,655	Biotech bull market pick list highlighting GLP-1 leaders and pipelines. Analyst / investor 27 Sep · 458 likes	@web3annie 69,535 followers	zh	Open on X
90,088	Personal endorsement: retatrutide produces large weight loss, reports strong individual effects. Analyst / investor 01 Oct · 281 likes	@Trpeptit 3,098 followers	tr	Open on X

VIEWS	POST	ACCOUNT	LANGUAGE	
78,686	Article claims a new weight loss drug beat Mounjaro with dramatic results. News feed 01 Oct · 4 likes	@ladbible 3,551,506 followers	en	Open on X
71,517	Headline: powerful weight-loss drug linked to an unexpected side effect. News feed 30 Sep · 5 likes	@ladbible 3,551,506 followers	en	Open on X
67,298	TRIUMPH-1: retatrutide produced large sustained weight loss and metabolic improvements. Analyst / investor 01 Oct · 204 likes	@Trpeptit 3,098 followers	tr	Open on X
65,850	Clinician praising empagliflozin benefits for type 2 diabetes management. Clinician 29 Sep · 577 likes	@dr_hojele 12,658 followers	ar	Open on X
51,441	Comparison claims tirzepatide has less lean mass loss and fewer side effects Company 26 Sep · 137 likes	@anagenxyz 9,692 followers	en	Open on X

Public posts on X, ranked by views reported by the platform at the data cut-off. Links open on X. Views on X are a reach measure and change over time.

One phase 3 publication outweighed the whole congress

The retatrutide phase 3 paper and its congress presentation landed on the same evening. A single [commentary thread](#) ^[1] reached 448,000 views, the [journal post](#) ^[2] 394,000. Within a day the discussion had moved to [non-responders](#) ^[3] and to grey-market use.

A safety story ran in parallel, outside the congress

A Brazilian regulator [opened an investigation](#) ^[4] into reports of optic neuropathy on GLP-1 drugs, and a [US network report](#) ^[5] on related lawsuits reached 10 million plays on TikTok. Neither mentions the congress; both shape what patients ask this month.

The real-world switching comparison was the most viewed company story

A claims analysis of cardiovascular events after switching between two incretins reached about 31,000 views from a [single news feed](#) ^[6] and 37,000 from a [market feed](#) ^[7]. Within hours it was [challenged](#) ^[8] on one point: the decision to switch was not random.

The headline travelled, the limitation did not

Two sponsor-run indirect comparisons, [in obesity](#) ^[9] and [in type 2 diabetes](#) ^[10], were [reposted as head-to-head results](#) ^[11]. The word “indirect” appeared in most reposts; the authors' warning about cross-trial confounding appeared in 2 of 23 and 1 of 16. For the switching analysis, 5 of 19 posts said it was observational.

The finer conversation was not about the congress

Posts centred on [heart failure data](#) ^[12], a [new indication](#) ^[13] in type 1 diabetes with kidney disease, and a [reimbursement refusal in Spain](#) ^[14]. High-reach [educational threads](#) ^[15] were in Arabic.

Devices were almost silent

The [one visible thread](#) ^[16] on glucose sensors and mortality walked through absolute numbers and stressed that the finding is an association from a sponsor-funded analysis.

How the tone moved, day by day

Every relevant post on X is read and labelled: who wrote it, what it is about and how it sounds. Not one product, the whole conversation. Pick an audience or a topic to see its own curve. At the end of the section, the same week on LinkedIn, side by side.

5,968 posts read · 3,547 relevant to diabetes, obesity or the congress · Sat 26 to Fri 02

3,547

relevant posts in this view
100% of relevant posts

9.3%

negative in tone
331 posts

31%

positive in tone
1,111 posts

Efficacy

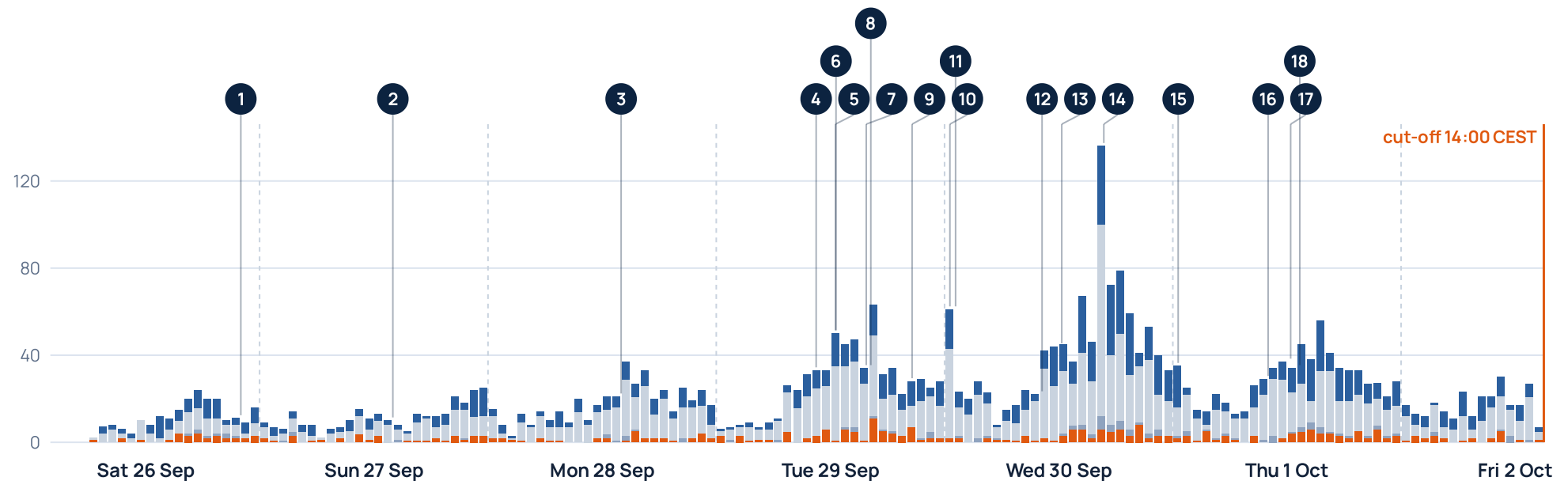
largest topic
22% of this view



The week, hour by hour

Times in CEST, congress local time. Hover a bar for the hour; click a numbered marker to open its source.

■ Positive ■ Neutral ■ Mixed ■ Negative ● Event, numbered below



- 1 Reaction to the Novo Nordisk capital markets day
26 Sep, 21:31 CEST · [Post on X](#)
- 2 Brazilian regulator investigates optic neuropathy reports on GLP-1 drugs
27 Sep, 13:30 CEST · [g1 \(Globo\) on X](#)
- 3 Boehringer Ingelheim industry symposium: beyond weight loss, a biology-driven approach to metabolic health
28 Sep, 13:30 CEST · [Programme, Warsaw Hall 13:30 CEST](#)
- 4 SURPASS-EARLY two-year results, oral session OP 03
29 Sep, 10:00 CEST · [Abstract 13](#)
- 5 Lilly press release: orforglipron versus oral semaglutide, indirect comparison
29 Sep, 12:02 CEST · [Post on X with the release](#)
- 6 Novo Nordisk press release: COMPETE SWITCH cardiovascular analysis
29 Sep, 12:05 CEST · [Company post on X](#)
- 7 Indirect comparison tirzepatide vs semaglutide 7.2 mg, slides shared
29 Sep, 15:16 CEST · [Post on X](#)
- 8 REIMAGINE 1: CagriSema in early type 2 diabetes, late-breaking session
29 Sep, 15:45 CEST · [Abstract LBA 11](#)
- 9 TRIUMPH-1 published in NEJM
29 Sep, 20:05 CEST · [NEJM on X](#)
- 10 TRIUMPH-2 published in The Lancet
30 Sep, 00:04 CEST · [The Lancet on X](#)
- 11 ZUPREME 1: petrelintide phase 2 published in The Lancet
30 Sep, 00:40 CEST · [The Lancet on X](#)
- 12 Zenagamtide phase 2 in type 2 diabetes, oral 73
30 Sep, 09:45 CEST · [Abstract 73](#)

- 13

OCTANE real-world data: switching to oral semaglutide
30 Sep, 11:49 CEST · [CNBC on X](#)
- 14

Lilly: eloralintide plus tirzepatide phase 2 results
30 Sep, 16:15 CEST · [News feed on X](#)
- 15

ACHIEVE-4: orforglipron cardiovascular outcomes, published in The Lancet
1 Oct, 00:04 CEST · [The Lancet on X](#)
- 16

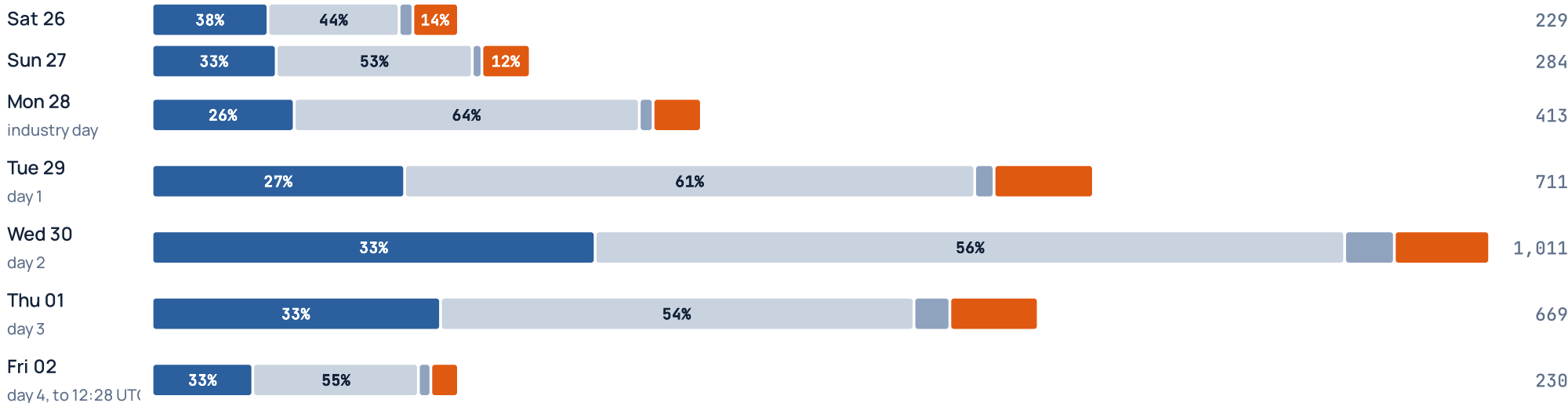
Glucagon receptor / GLP-1 receptor dual agonism (survodutide) symposium, Dublin Hall
1 Oct, 09:31 CEST · [Programme, Dublin Hall 09:31 CEST](#)
- 17

SURPASS-CVOT kidney analysis: tirzepatide vs dulaglutide, Lancet Diabetes & Endocrinology
1 Oct, 11:53 CEST · [The Lancet D&E on X](#)
- 18

Novo Nordisk press release: STEP UP liver-fat analysis of semaglutide 7.2 mg
1 Oct, 12:51 CEST · [News feed on X](#)

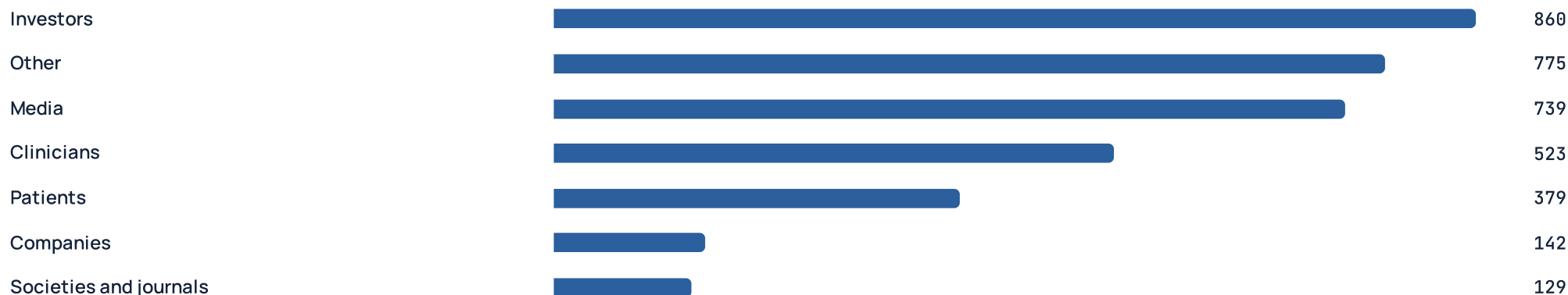
Tone by day

■ Positive
 ■ Neutral
 ■ Mixed
 ■ Negative

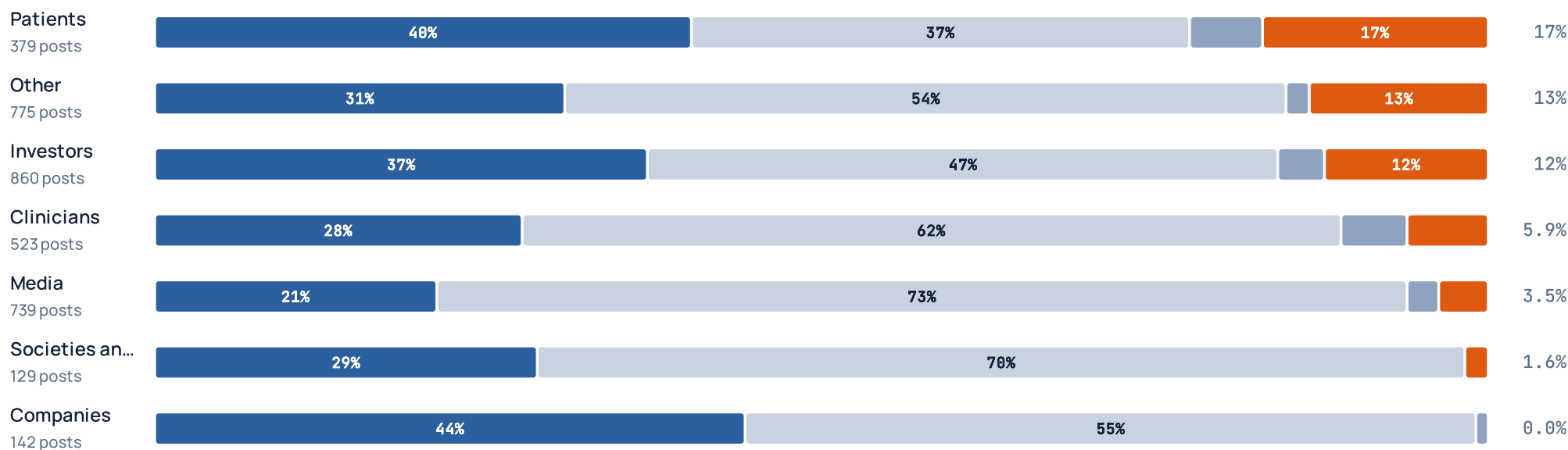


Share of posts per day. Bar width is the day's share of all posts in the view, so a busy day reads wider.

Who is talking, and how



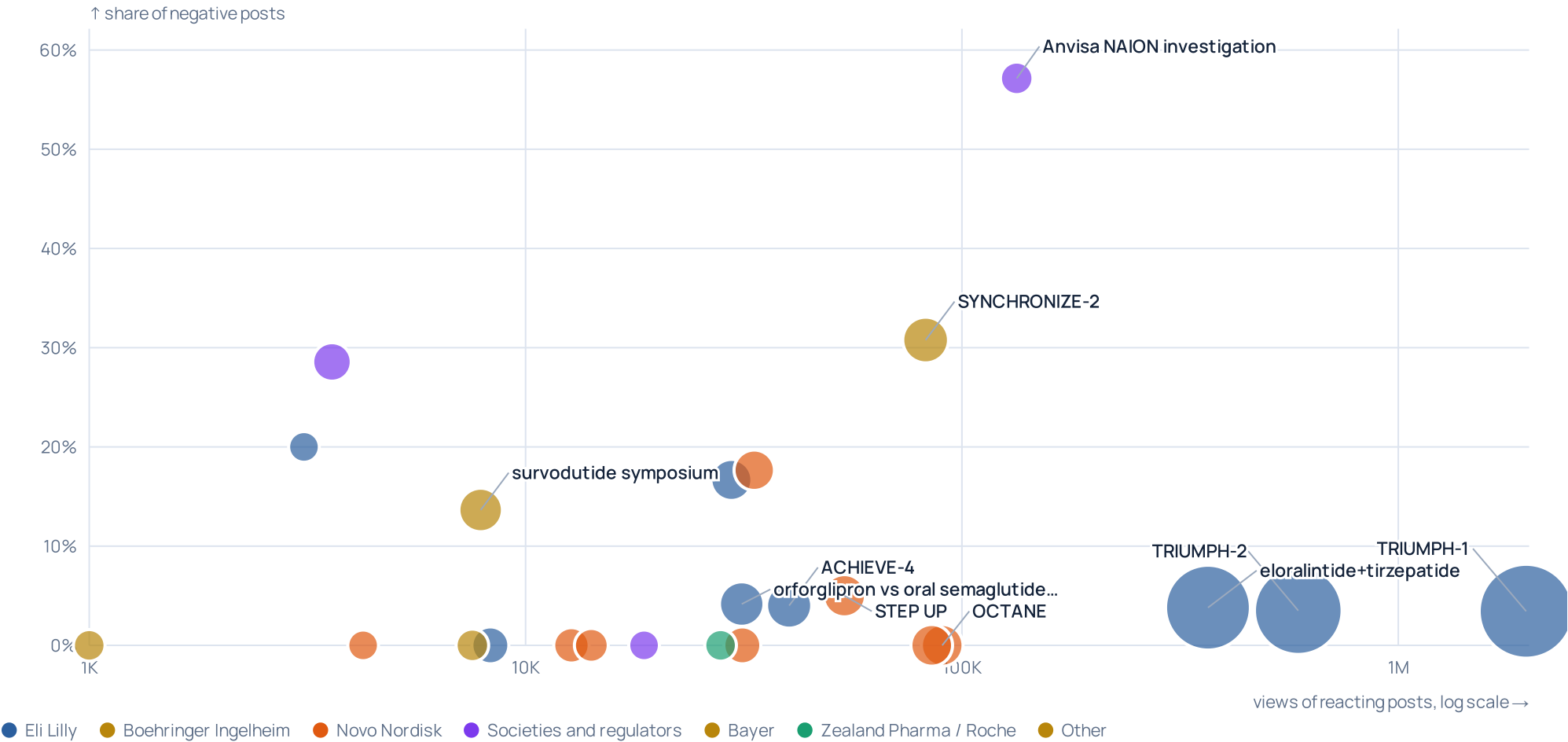
■ Positive ■ Neutral ■ Mixed ■ Negative



Posts per audience in the view (click to filter), then the tone mix of each audience.

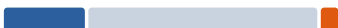
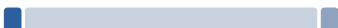
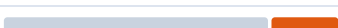
What each announcement earned

Posts that react to a named study, publication or announcement, with the tone and the audience they drew.
Reactions per abstract is the closest thing to a return on a congress presentation. Everything here follows the audience and topic filters above.



Bubble size: number of posts. Click a bubble or a row for the posts behind it.

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
TRIUMPH-1	Eli Lilly	204	2.0M		Clinicians 37%, Media 27%	Wed 30 (98)
TRIUMPH-2	Eli Lilly	171	590K		Media 40%, Clinicians 23%	Wed 30 (88)
eloralintide+tirzepatide	Eli Lilly	158	366K		Investors 30%, Media 28%	Wed 30 (118)

STUDY OR ANNOUNCEMENT	COMPANY	POSTS	VIEWS	TONE	MAIN AUDIENCES	PEAK DAY
SYNCHRONIZE-2	Boehringer Ingelheim	26	83K		Media 42%, Investors 27%	Thu 01 (17)
ACHIEVE-4	Eli Lilly	25	40K		Investors 44%, Media 24%	Thu 01 (13)
orforglipron vs oral semaglutide ITC	Eli Lilly	24	31K		Investors 42%, Media 29%	Tue 29 (17)
survodutide symposium	Boehringer Ingelheim	22	8K		Media 50%, Investors 23%	Thu 01 (14)
STEP UP	Novo Nordisk	20	54K		Investors 55%, Media 25%	Thu 01 (19)
OCTANE	Novo Nordisk	19	90K		Media 42%, Investors 37%	Wed 30 (13)
COMPETE SWITCH	Novo Nordisk	19	85K		Investors 47%, Media 37%	Tue 29 (18)
tirzepatide vs semaglutide 7.2 ITC	Eli Lilly	18	30K		Investors 33%, Media 33%	Tue 29 (14)
Novo Hengrui deal	Novo Nordisk	17	33K		Investors 65%, Media 24%	Tue 29 (12)
GLP-1 vision lawsuits	Societies and regulators	14	4K		Other 50%, Media 29%	Mon 28 (11)
SURMOUNT-5	Eli Lilly	12	8K		Investors 42%, Clinicians 17%	Tue 29 (8)
REIMAGINE 1	Novo Nordisk	12	31K		Media 42%, Other 25%	Wed 30 (10)
Wegovy pill launch	Novo Nordisk	10	13K		Investors 60%, Media 20%	Thu 01 (3)
REDEFINE	Novo Nordisk	8	14K		Clinicians 50%, Investors 25%	Thu 01 (4)
Anvisa NAION investigation	Societies and regulators	7	134K		Media 43%, Clinicians 29%	Sun 27 (2)
FINEARTS-HF	Bayer	7	8K		Clinicians 71%, Media 14%	Wed 30 (2)
ZUPREME 1	Zealand Pharma / Roche	6	28K		Media 67%, Clinicians 33%	Wed 30 (4)
elorolintide+tirzepatide	Other	6	460		Investors 33%, Media 33%	Thu 01 (6)
SURMOUNT-1	Eli Lilly	5	3K		Clinicians 60%, Media 40%	Wed 30 (2)
EASL-EASD-EASO MASH guidance	Societies and regulators	5	19K		Societies and journals 60%, Media 20%	Tue 29 (3)
REIMAGINE 5	Novo Nordisk	5	4K		Investors 40%, Media 40%	Mon 28 (2)

Only announcements with at least five reacting posts are listed. Posts that comment on a product in general, without a named study, are not attributed.

Topics by day

TOPIC	SAT 26	SUN 27	MON 28	TUE 29	WED 30	THU 01	FRI 02	TOTAL
Efficacy	24	37	42	114	319	182	58	776
Markets	41	81	91	105	147	60	21	546
Science and guidance	37	36	62	107	143	115	37	537
Pipeline	23	16	24	101	92	52	23	331
Access and price	27	29	42	57	55	60	28	298
Safety	25	29	44	45	78	59	17	297
Congress	12	20	44	70	69	56	23	294
Other	29	19	44	44	55	54	19	264
Competition	11	17	20	68	53	31	4	204

Number of posts per topic and day; shading relative to the largest cell. Negative share per topic in the tooltip.

Same week, two networks

Public LinkedIn posts found through the same product, trial and congress searches, read and labelled with the same scheme as X. LinkedIn shows likes, comments and shares but not views, so the two networks are compared on counts and shares, not on reach. Whole week, no filters.

3,294 LinkedIn posts read · 2,729 relevant · 21 Sep to 02 Oct · cut-off 02 Oct 2026, 12:08 UTC

2,729

relevant LinkedIn posts
against 3,547 on X, same searches

28%

written by clinicians
15% on X

2.7%

negative in tone
9.3% on X

REIMAGINE 5

most discussed announcement
108 posts, 4,149 likes · on X:
TRIUMPH-1

X LinkedIn

Who is talking



15%
28%

Tone

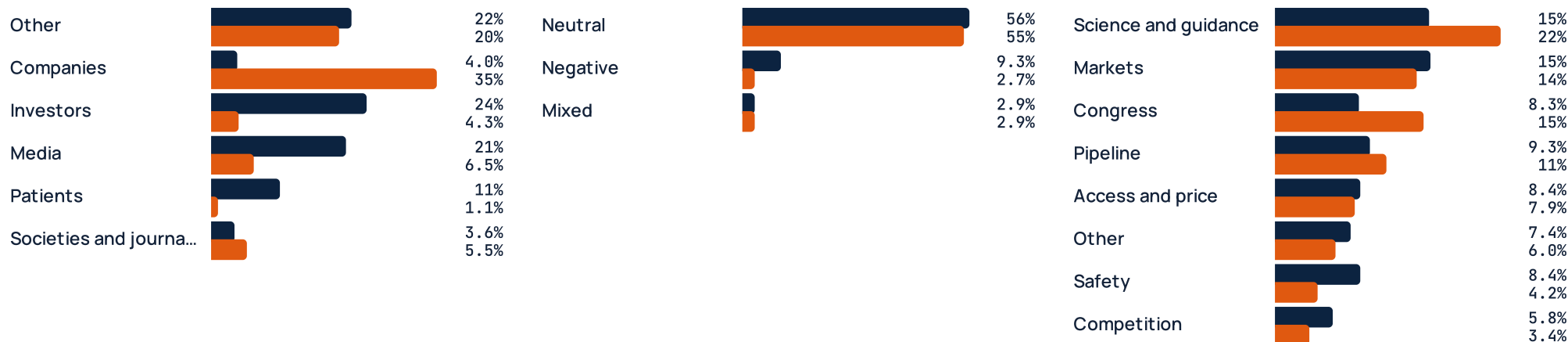


31%
39%

Topic



22%
17%



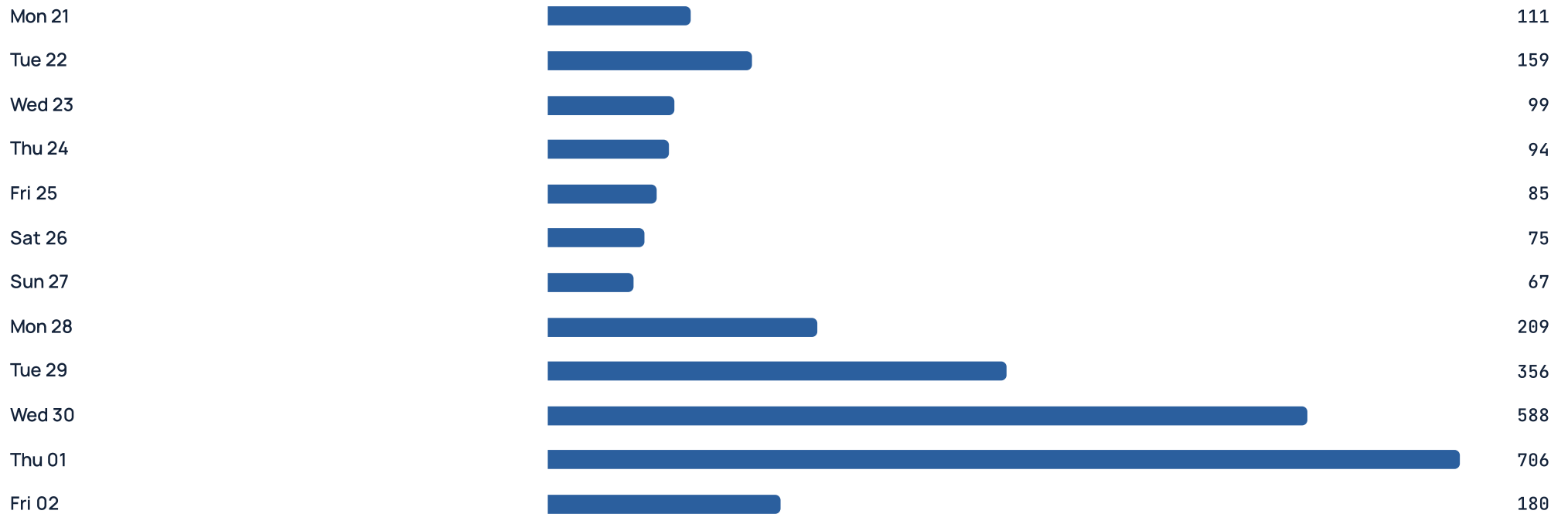
What each announcement earned on LinkedIn

STUDY OR ANNOUNCEMENT	POSTS	LIKES	COMMENTS	CLINICIANS	TONE	MOST LIKED POST
REIMAGINE 5	108	4,149	131	26%		CagriSema showed 12.4% weight loss in T2D and non-inferior HbA1c reduction. Japneet Kaur · 805 likes
TRIUMPH-1	84	743	67	52%		Summarises EASD obesity highlights, including TRIUMPH 80-week retatrutide results. Joseph Zucchi, PA-C, MPAS · 304 likes
TRIUMPH-2	82	814	30	34%		Conference schedule listing TRIUMPH-2 presentation and other obesity sessions at EASD. Arya M. Sharma, MD, DSc (hon), FRCPC, FCAHS · 202 likes
eloralintide+tirzepatide	61	560	38	21%		Reports eloralintide plus tirzepatide produced substantial weight and HbA1c reductions. Kh Mahfuz Ullah · 102 likes
ACHIEVE-4	30	425	5	30%		Shared Novo data and reflections after networking and presenting at EASD 2026. Fahad Nadeem Khan · 143 likes
Novo Hengrui deal	30	139	8	3.3%		Announcement of Novo's global license for Hengrui oral GLP-1/GIP agonist outside Greater China. WinAlly · 29 likes
SYNCHRONIZE-2	29	133	3	34%		NEJM publishes survodutide data showing weight loss and glycaemic improvement, discussing trade-offs. Fatty Liver Alliance · 19 likes
QWINT	23	383	9	57%		Executive search highlights FDA approval of Onswik based on Phase 3 QWINT programme. Archie Reaney · 147 likes
finerenone T1D approval	22	137	11	50%		Announcement and context of FDA approval of finerenone for CKD in Type 1 diabetes. Bhalchandra Kawkdikar · 41 likes

STUDY OR ANNOUNCEMENT	POSTS	LIKES	COMMENTS	CLINICIANS	TONE	MOST LIKED POST
SMARTEST	17	82	9	35%		SMARTEST found dapagliflozin not superior to metformin for composite outcomes. Mario Manunta · 32 likes
SYNCHRONIZE-1	11	146	9	55%		Hospital contributed to the international SYNCHRONIZE-1 phase 3 survodutide trial. AZ Delta · 69 likes
OCTANE	11	33	1	27%		Real-world OCTANE: switching to oral semaglutide led to 4.1% weight loss in three months. Zahra Mahmoudabadi · 10 likes
FINEARTS-HF	11	44	2	73%		Highlights JAMA Cardiology findings: high undiagnosed chronic kidney disease in HFrEF. ahmed BENNIS · 18 likes
ACHIEVE-2/3	10	140	7	40%		Presented PBPK modeling predicting orforglipron exposure in children and adolescents with obesity. Barbara Abraham Vieira · 72 likes
GLP-1 vision lawsuits	10	0	0	0.0%		Law firm advertising free evaluations for Zepbound NAION-related lawsuits. Timothy L. Miles · 0 likes
EASL-EASD-EASO MASH guidance	9	150	1	33%		New guidance: consider resmetirom or semaglutide 2.4 mg for MASH with F2-F3 fibrosis. Fatty Liver Alliance · 47 likes
REDEFINE	9	422	25	56%		CagriSema produced ~22.7% weight loss and significant T2D improvements, promising therapy. Yousef Al Zahib, MD · 317 likes
Novo capital markets day	9	123	6	11%		Novo CEO refocused company on diabetes and obesity, merged R&D divisions. SILVINA LAYANI · 55 likes
ATTAIN	8	126	6	50%		ATTAIN-1 post-hoc: oral obesity medicine reduced predicted T2D and cardiovascular risk. Eli Lilly and Company · 70 likes
COMPETE SWITCH	8	31	1	0.0%		COMPETE SWITCH real-world CV analysis comparing semaglutide escalation versus switch to tirzepatide. Awanish Pandey, PhD · 12 likes
orforglipron vs oral semaglutide ITC	6	14	0	33%		Explains ITC showing Foundayo greater weight and A1C reductions at 52 weeks. Anamika Koshti · 11 likes
CGM mortality analysis	6	38	1	17%		EASD report: CGM use associated with substantially lower mortality and macrovascular events. Awanish Pandey, PhD · 24 likes
tirzepatide vs semaglutide 7.2 ITC	5	190	1	0.0%		Company announces indirect comparison of tirzepatide versus semaglutide 7.2. Eli Lilly and Company · 179 likes

Announcements with at least five reacting LinkedIn posts. Likes and comments as shown by LinkedIn at the cut-off. Click a post to open it on LinkedIn.

LinkedIn posts per day



Relevant posts per day, UTC; the share written by clinicians in the tooltip. Dates before the congress capture the embargo-free press releases and pre-congress commentary.

Three more channels, tested on a small sample

Before recommending a channel we sample it. A pilot on 30 September, under one dollar of data costs, was enough to rank TikTok, Instagram and Facebook for a congress week.

Sample collected 30 Sep 2026, 15:00 UTC · 120 TikTok videos, 143 Instagram posts, 44 Facebook posts

WORTH IT, NARROWLY

Instagram

50 of 143 posts were about the congress, from 47 different accounts: physicians in Latin America, Turkey and Russian-speaking countries explaining TRIUMPH-2, CagriSema and REIMAGINE to their patients on the day of the presentation. Engagement is small, the audience is exactly the regional medical community. Examples are linked in the table below.

A DIFFERENT PRODUCT

TikTok

Only 5 of 120 videos mentioned the congress, and four of those came from the organiser's charity run and a medical media agency. What the platform serves instead is class reputation: [litigation over vision loss on GLP-1 drugs](#) ^[5] (10 million plays in a week), side-effect diaries, Russian-language explainers. Valuable for safety and reputation monitoring, not for congress coverage.

NOT RECOMMENDED

Facebook

Only official pages are reachable; closed groups are not. Company posts repeat press releases, and three of eight pages returned nothing. A charity post on the emotional toll of diabetes outperformed every congress post.

Examples from the pilot

CHANNEL	POST	ACCOUNT	REACH	
TikTok	News report on lawsuits claiming vision loss on GLP-1 drugs, 21 Sep SafetyEnglish	@abcnews	10.1M plays · 7,398 comments	Open
TikTok	Endocrinologist's series reviewing type 2 diabetes drugs, semaglutide episode, 27 Sep ClinicianRussian	@alexey_zhito	135K plays · 245 comments	Open

CHANNEL	POST	ACCOUNT	REACH	
TikTok	Patient blogger on a smaller glucose sensor shown at the congress, 29 Sep Patient Portuguese	@umdiabeticooficial	3,251 plays	Open
Instagram	TRIUMPH-2 explained for patients on the day of the presentation, 30 Sep Clinician Spanish	@dra.lorena.lequi	21 likes	Open
Instagram	REIMAGINE 5 summarised for Turkish clinicians, 26 Sep Medical education Turkish	@ichastaliklariakademi	10 likes	Open
Instagram	Where to inject semaglutide for best effect, a physician's practical post, 25 Sep Clinician Russian	@doctor_kamilla	42 likes	Open
Instagram	CagriSema data reviewed for a German GLP-1 community, 24 Sep Patient community German	@glp1forum	7 likes	Open
Facebook	Live post from the TRIUMPH-2 session, 30 Sep Congress English	EASD	71 likes · 4 shares	Open
Facebook	Company post for HCPs on the indirect comparison of oral agents, 29 Sep Company English	Eli Lilly	62 likes	Open
Facebook	Charity post on the emotional toll of diabetes, the most engaged post in the sample, 26 Sep Patient organisation English	Diabetes UK	143 likes · 54 comments	Open

Reach figures as reported by each platform at collection time. TikTok search returns popular videos regardless of date, so the sample mixes congress week with older content; Instagram and Facebook samples are from 24 to 30 September 2026.

The same result, three different Mondays

Headquarters, a market with stepwise reimbursement and a market where the patient pays do not need the same message. Each lens says what the result means for that reader and what should be prepared before the question arrives. Choose a lens to see how each result reads.

NEW DATA

CagriSema in early type 2 diabetes

REIMAGINE 1: body weight fell by 14.3% on the higher dose and 11.2% on the lower dose, against 2.8% with placebo. Of those reaching HbA1c of 6.5% or lower on the higher dose, 61.1% also lost at least 10% of body weight.

Abstract [LBA 11](#) ↗, [LBA 12](#) ↗

GLOBAL HEADQUARTERS

The dual endpoint, a glycaemic target reached together with 10% weight loss in six of ten responders, is the claim the launch will be built on: one agent, two goals, in early disease. The competitive frame is the tirzepatide programme, which already owns early intensive treatment, so the differentiating argument will have to rest on body composition and tolerability rather than on magnitude. Phase 3 in established diabetes and the outcome programme decide the label; the comparison with tirzepatide should be written before the first affiliate asks for it.

REIMBURSED MARKET

Physicians read this as a product two to three years away and will ask about it this month. The affiliate needs a one-page statement now, covering investigational status, what was shown and expected timing, so that enquiries do not land on the sales force. For the payer file the early-disease population is the point: criteria written around BMI and HbA1c thresholds after metformin failure will not fit a product designed for early use, and the health-economic case will need a disease-modification argument the current data do not yet carry. Local epidemiology of newly diagnosed diabetes with obesity is worth collecting from now.

SELF-PAY MARKET

Patients paying monthly for semaglutide or tirzepatide will ask whether to wait. The answer that protects persistence is factual: the product is not registered, the comparison with current therapy is indirect, and stopping now costs weight regain. For the medical team this is background; for patient-facing material it is a question to pre-empt rather than to answer after the fact.

NEW DATA

Retatrutide as monotherapy in type 2 diabetes

TRANSCEND-T2D-1, 537 participants: HbA1c fell by 1.7 to 2.0 percentage points against 0.8 with placebo, and body weight by 11.5% to 16.8% against 2.5%. Triglycerides fell by 28% to 40%.

Abstract [Oral 15](#) ↗

GLOBAL HEADQUARTERS

The triglyceride reduction is the strategic signal. It extends the comparison from weight and HbA1c to the cardiometabolic profile, which is where the outcome trial will be judged. For owners of single-agonist franchises the question is where the efficacy ceiling settles and what residual benefit a less potent agent can claim: tolerability, oral administration, price. The competitive response should assume a label that carries weight, glycaemic and lipid claims together.

REIMBURSED MARKET

Nothing is prescribable, but the payer conversation changes. A triple agonist with this effect size will arrive priced above tirzepatide, and the assessment body will ask for comparator data against the cheapest effective incretin, not against placebo. The year before submission is the time to establish local outcome data for the current class, which will become the comparator baseline. For physicians, a short statement on investigational status is enough.

SELF-PAY MARKET

Demand driven by social media will precede registration, and grey-market supply of research-grade peptide is already visible in this week's posts. The medical team needs a position on unregistered sourcing framed as a safety matter, and physicians need a plain answer on what is known about titration and tolerability. The trial numbers matter less here than the warning that accompanies them.

NEW DATA

Tirzepatide started early, two-year results

SURPASS-EARLY: HbA1c fell by 2.24 percentage points against 1.45 with intensified conventional care, body weight by 15.8 kg against 6.5 kg, and 69% against 27% reached normoglycaemia at week 104.

Abstract [Oral 13](#) ↗

GLOBAL HEADQUARTERS

Two years of normoglycaemia in seven of ten patients is the strongest evidence so far for an early-intensive strategy and will be cited in guideline revisions. The strategic decision is whether to pursue a remission or disease-modification claim, which requires durability after withdrawal and outcome data this trial does not provide. Positioning should stop short of the word remission until that evidence exists; guideline committees will notice if it does not.

REIMBURSED MARKET

The result describes a strategy the local protocol does not allow: incretins after metformin and often after a second agent. It is the central exhibit for the next protocol revision, and the argument has to be economic, the cost of two years of therapy against the deferred cost of complications at local tariffs. The clinical argument is made; the budget-impact model is the work that remains.

SELF-PAY MARKET

Early use is possible where the patient can pay, so the question becomes selection: which newly diagnosed patient benefits enough to justify two years of out-of-pocket cost. The 69% figure will be quoted; physicians need the caveat that the comparator was intensified conventional care in a trial setting and that persistence in routine care is shorter. A stopping rule agreed at 12 months protects the patient and the credibility of the recommendation.

QUESTIONS FROM THE FLOOR

Switching incretins and cardiovascular events

Among 636,525 adults on semaglutide 1.0 mg in US claims data, switching to tirzepatide was associated with a higher risk of major cardiovascular events than escalating to semaglutide 2.0 mg (HR 1.06, 95% CI 1.04 to 1.08). About 31% of those who switched reached 10 mg or more.

Abstract [LBA 44](#) ↗

GLOBAL HEADQUARTERS

A hazard ratio of 1.06 in claims data is a signal, not an effect. The limitation is in the design: patients who switch differ from those who stay, and seven in ten switchers never reached the dose being compared. Both companies need a written position, the sponsor on what the analysis supports, the competitor on why it does not establish harm. The response should not dismiss observational evidence as such, since the same companies rely on it elsewhere.

REIMBURSED MARKET

Where only one of the two products is reimbursed the switch in question rarely happens, and the relevant question is dose escalation within the product that is available. The analysis becomes a payer argument only in combination with persistence and outcome data from local registries. The headline will reach payers through news feeds before the method does; a one-page methodological note for the market-access team is inexpensive insurance.

SELF-PAY MARKET

Switching is common and driven by price and supply rather than by medical judgement, so the question of whether it is safe will come from patients and pharmacists. The answer has three parts: the association is small, the design cannot establish cause, and a switch with proper titration differs from the abrupt switches seen in practice. Field teams need that answer in writing, not on a slide.

QUESTIONS FROM THE FLOOR

Indirect comparison: tirzepatide and high-dose semaglutide

Tirzepatide 15 mg was associated with 4.51 percentage points greater weight reduction than semaglutide 7.2 mg (95% CI 2.80 to 6.31). Only two trials were available, and the authors note that residual cross-trial confounding cannot be excluded.

Abstract [827](#) ↗

GLOBAL HEADQUARTERS

The medical response is about method: two trials, aggregate-level adjustment, no direct comparison, and the authors themselves name residual confounding. Arguing the number would be the error; the defensible position states what a head-to-head trial would require and whether one is planned. The reposts this week show that the word indirect travels while its meaning does not, so the limitation belongs in the first sentence of any material, not in a footnote.

REIMBURSED MARKET

If the 7.2 mg dose is not yet available locally, the comparison concerns a product physicians cannot prescribe, and the assessment body will not accept a two-trial indirect comparison as comparative evidence. One paragraph for the medical information service is enough now; the longer document is the comparative-effectiveness dossier for the dose when it is filed.

SELF-PAY MARKET

Patients decide on results per unit of money, and 4.5 percentage points of weight is a number they will use. Field teams should express the difference with its uncertainty, the interval runs from 2.8 to 6.3, and translate it into cost per kilogram lost, which is the calculation patients make. What is unknown, long-term outcomes at the highest doses, belongs in the same sentence.

QUESTIONS FROM THE FLOOR

Indirect comparison: two oral agents

Orforglipron 17.2 mg was associated with 1.46% greater weight reduction and 0.31 percentage points greater HbA1c reduction than oral semaglutide 25 mg at week 52. The authors state that clinical meaningfulness is not established.

Abstract [LBA 46](#) ↗

GLOBAL HEADQUARTERS

The opening exchange of the oral segment, with differences the authors themselves call unproven in clinical terms. Positioning will rest on administration, tolerability, titration and price rather than on efficacy, so the medical plan should move effort from efficacy comparisons to persistence in routine care, where oral agents have historically lost ground. The indirect comparison is a placeholder until a head-to-head trial reports.

REIMBURSED MARKET

Tablets reset the reimbursement conversation: budget-impact models built for injectables do not carry over, the eligible population widens and payers will anticipate volume. The model should be ready before either product is listed, and it should define the population in which an oral agent is cost-effective rather than merely cheaper per month. Pharmacy questions on dispensing and substitution rules arrive earlier than they do for injectables.

SELF-PAY MARKET

An oral option lowers the barrier to starting and makes stopping easier, so persistence support matters more than in the injectable segment. The small efficacy difference will be outweighed by price and by dosing conditions, and pharmacists will become the main information channel. Materials should be written for them first.

PIPELINE SIGNAL

Amylin alone, with tolerability close to placebo

ZUPREME 1, 485 adults: petrelintide reduced body weight by up to 10.7% at week 42 against 1.7% with placebo. Gastrointestinal adverse events led to discontinuation in 1.5% of participants.

Abstract [Oral 113](#) ↗

GLOBAL HEADQUARTERS

Amylin is becoming a class, and a discontinuation rate of 1.5% for gastrointestinal events is the benchmark other agents will now be measured against. Tolerability rather than magnitude is the differentiator to plan around, in combination with GLP-1 and in maintenance after incretin-induced weight loss. The question for incretin franchises is whether to generate tolerability evidence of their own or to seek a combination partner.

REIMBURSED MARKET

A future option for patients who stop incretins because of side effects, a group that currently costs the system a failed course of therapy. The payer argument will be made on persistence and on maintenance at lower cost; today the result is only an answer to the question of what comes next, and the local data worth collecting are discontinuation rates by reason.

SELF-PAY MARKET

Discontinuation for tolerability is a financial loss when the patient has paid for the first months, and a better-tolerated class will be asked for by name once it is approved. Until then the practical lever is titration support in the first eight weeks of the incretin the patient is already taking.

PIPELINE SIGNAL

A semaglutide follow-on product in China

HDM1702 met equivalence against reference semaglutide in 462 participants with obesity: body weight change of 15.24% against 16.27% at week 44 (difference 1.03 points, 95% CI -0.26 to 2.32).

Abstract [594](#) ↗

GLOBAL HEADQUARTERS

Follow-on products with phase 3 equivalence data are arriving before patent expiry in the main markets, and the first registrations will come in China and in markets without data-exclusivity barriers. Lifecycle planning has to assume them: the originator's differentiation moves to device, dose range, outcome data and supply reliability. Whether a peptide follow-on is treated as a generic or as a biosimilar will be decided differently by market, and that map should exist before the first filing.

REIMBURSED MARKET

Payers will use follow-on pricing as a reference in negotiations well before such a product is registered locally; the originator's case becomes outcome data and persistence in the local population. The comparison the payer will make, equivalent weight loss against a different evidence base, can be prepared now, together with a decision on which of the two the company intends to contest.

SELF-PAY MARKET

Lower-priced versions are already on sale in several self-pay markets, some of them unregistered. Physicians ask whether equivalence has been shown and for which product; the useful answer separates registered follow-ons with phase 3 data from compounded or imported products with none. A one-page decision aid for physicians does more than any comparative efficacy slide.

ACCESS AND PERSISTENCE

Reimbursement moves uptake more than data

In Danish registry data, second-line use of subcutaneous semaglutide rose to 29.4% of patients in 2023 and fell to 10.5% in 2024 after a change in reimbursement criteria.

Abstract [815](#) ↗

GLOBAL HEADQUARTERS

Uptake curves are policy curves: one criteria change cut second-line use by two-thirds within a year. Forecasts that treat demand as a function of evidence and promotion will miss this. They need country-level reimbursement assumptions and a scenario for criteria tightening, which is the likely payer response to class growth in every market.

REIMBURSED MARKET

The most directly relevant result of the week for an affiliate: it quantifies what a criteria change does within one year, in a market with complete registries. It works in two directions, as an argument against abrupt criteria changes, because patients lose therapy mid-course, and as a template for local analysis. Where registries do not exist, prescription audit data approximate the same curve.

SELF-PAY MARKET

The equivalent shock is a price change or a supply interruption, and the same analysis can be run on local sales and pharmacy data. The practical question is what patients did after losing access, whether they stopped, switched or moved to unregistered supply, because that determines the risk the next shock creates.

ACCESS AND PERSISTENCE

Early discontinuation in routine care

In UK primary care, 29.9% of patients starting a weekly GLP-1 receptor agonist discontinued early. Among them the advantage of one agent over another was no longer significant.

Abstract [785](#) ↗

GLOBAL HEADQUARTERS

Persistence is usually treated as a behavioural problem to be solved with education and digital support. The finding that the advantage of one agent over another disappears among early discontinuers says something sharper: comparative efficacy is irrelevant to a third of patients. Persistence deserves the same evidence standard as efficacy, and head-to-head persistence data in routine care would differentiate more than another indirect comparison.

REIMBURSED MARKET

Patients often stop when eligibility ends or when the procured product changes; the cause sits in the system and appears in reports as poor adherence. Before an adherence programme is launched, the two should be separated: a discontinuation audit by reason, from local pharmacy data, costs little and changes what the programme should do.

SELF-PAY MARKET

Patients stop because of cost and supply gaps, and education addresses neither. What does: predictable pricing over the first six months, titration support that reduces early side effects, and a plan for supply interruptions. Thirty per cent is a reasonable planning assumption for self-pay markets as well, and probably an underestimate.

WHAT A CLIENT RECEIVES

Built around one product and one market

This page shows the method on public data. A commissioned report is narrower and deeper: your molecule, your competitors, your countries.

Before the congress Preview and agenda Every abstract and session that touches your product and its competitors, ranked by relevance, with a day-by-day plan.	Within 48 hours Field brief New data, the questions physicians will raise and suggested answers, written for the local label and reimbursement rules.	Within one week Slide kit and summary report Referenced slides for medical teams and a 10 to 15 page report: endpoints, methods, results, implications.	During and after Social listening What clinicians, patients and investors say about your product, by language and country.	After the congress Debrief session A 45-minute walkthrough for regional medical teams, with local experts where needed.
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Next: ESMO 2026, Madrid, 23 October

Tell us the product and the markets. The preview goes out a week before the congress opens.

SOURCES

Everything cited on this page, in one list

Numbered in the order they appear. Abstract numbers open the abstract in the explorer above, and from there on the congress platform; posts open on the platform where they were published. All figures were read at the data cut-off and can have changed since.

- [1] [commentary thread](#) — cited in “One phase 3 publication outweighed the whole congress” x.com · accessed 02 Oct 2026
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METHOD AND LIMITATIONS

- Base: 1,309 abstracts accepted for oral, short oral and late-breaking presentation at EASD 2026. Country is the first affiliation of the first author.
- Study types and molecules are assigned by keyword rules applied to abstract text and titles. Categories overlap, and counts are indicative.
- Company-affiliated authorship counts abstracts where an author lists the company as an affiliation. Funding without company authors is not captured, so industry involvement is understated.
- Social data: 5,968 unique public posts on X, 26 to 02 October 2026, 12:28 UTC, collected through congress, product, pipeline, hashtag and stock-ticker searches; 2,460 of them name at least one of the products shown. Keyword search does not return every post. Investor share is the proportion of posts that contain a stock ticker. LinkedIn: 3,294 unique public posts, 21 Sep to 02 Oct, found through congress, product and trial searches without logging in (public posts only, no views exposed, search caps mean a sample rather than a census); 2,729 were relevant and labelled with the same scheme. TikTok, Instagram and Facebook were sampled once on 30 September 2026 (120, 143 and 44 items) through keyword, hashtag and page searches.
- Results quoted in the field brief come from published abstracts presented on or before 30 September 2026 and have not been checked against the presentations. Indirect and observational comparisons are reported as such.

- Several products mentioned are investigational and not approved. This page is an independent analysis for medical and scientific audiences. It is not promotional material and not medical advice. Medical Adviser's Group is not affiliated with EASD.

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