

# 2026 ANNUAL MEETING



**Poster 26:** A cohort study assessing the utilization trend of glucagon-like peptide-1 receptor agonist on patients diagnosed with endometrial intraepithelial neoplasia and low-grade endometrial cancer

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Topic

Endometrial

Objectives

To characterize temporal trends in the utilization of glucagon-like peptide-1 receptor agonists (GLP-1 RA) among patients diagnosed with endometrial intraepithelial neoplasia (EIN) and low-grade endometrial cancer (EMCA) at a publicly funded tertiary care center. Secondary objective includes indication for starting GLP-1 RA, specifically diabetes (DM) or weight loss (WT).

Methods

This is a single-institution retrospective cohort study of patients with biopsy-proven EIN or grade 1 EMCA treated between January 1, 2022 and December 31, 2025. Demographic and clinical data were abstracted from the electronic medical record. Descriptive statistics were used to summarize patient characteristics.

Results

A total of 160 patients with EIN or grade 1 EMCA were included during the study period, of whom 116 (72.5%) had EIN and 44 (27.5%) had EMCA. GLP-1 RAs were initiated in 35 patients with EIN (30.2%) and 15 patients with EMCA (34.1%). Mean age was  $39.5 \pm 8.2$  years old, 131 (81.9%) patients were Hispanic and 29 (18.1%) were non-Hispanic ethnicity. Utilization increased over time, with 1 patient (2.0%) prescribed a GLP-1 RA in 2022, 11 (22.4%) in 2023, 19 (38.8%) in 2024, and 17 (34.7%) in 2025. Indications for initiation varied by year: in 2022, all prescriptions were for weight loss [0% DM vs 1(100%) WT]; in 2023, 4 (57.1%) prescriptions were for DM and 2 (42.9%) for WT; in 2024 1 (9.1%) was for DM and 10 (90.9%) for WT; and in 2025 3 (21.4%) were for DM and 11(78.6%) for WT.[]

Conclusions

There has been a clear uptick in prescription of GLP-1 RA in recent years. Additionally, WT indications for GLP-1 RA prescription have become increasingly more prevalent, with a peak in 2024. Changes in public insurance coverage for WT as an indication may explain the decrease in prescription for WT in 2025.

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Abstract Table or Graph

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