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Clinical Infectious Diseases

SUPPLEMENT ARTICLE

Selected Industry Highlights From IDWeek 2025

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This supplement presents scientific reports from industry-sponsored IDWeek 2025 symposia, highlighting selected advances in infectious diseases and HIV care through clinical case scenarios. One article explores therapeutic approaches to metabolic complications in people with HIV, emphasizing treatment strategies and the clinical reasoning that supports individualized management of excess adiposity. The second examines the clinical integration of metagenomic next-generation sequencing for diagnosing central nervous system infections, outlining both its opportunities and limitations within current diagnostic pathways.

Keywords. obesity; PWH; CNS infection; diagnostic.

IDWeek has long served as a forum where clinical practice, translational science, and therapeutic innovation interact. Increasingly, some of the most clinically relevant discussions occur within industry-sponsored symposia, settings that can accelerate dissemination of emerging diagnostics and therapeutics, but that also raise legitimate concerns about balance, framing, and independence. More than 3 decades ago, analyses of industry-sponsored symposium publications in major medical journals [1] highlighted the risk of promotional orientation, single-product emphasis, and uneven peer-review. Those observations remain instructive today. Financial support for scientific meetings is neither inherently problematic nor inherently virtuous. Transparency, explicit disclosure, and rigorous peer review are safeguards that preserve the trust of clinicians.

In this context *Clinical Infectious Diseases* (CID), the official journal of the Infectious Diseases Society of America, introduces the IDWeek Industry Highlights supplement. The objective is to provide fair, balanced, and didactic syntheses of selected industry-sponsored symposia presented at IDWeek 2025, while subjecting them to the same editorial standards as any other CID contribution. Sponsorship is fully disclosed and editorial control resides entirely with the journal, not guest editors. This approach reflects a practical reality. Innovation in infectious diseases, whether in molecular diagnostics or long-term metabolic complications among people with HIV, often emerges from industry. The responsibility of a scientific journal is to contextualize them rigorously. The 2 articles that follow reflect this commitment.

Beach and colleagues [2] report on the treatment options for excess visceral adiposity and generalized obesity among people living with HIV (PWH). Glucagon-like peptide-1 (GLP-1)'s, which suppress appetite and delay gastric emptying, were developed as a strategy for weight management. In contrast, tesamorelin, a growth hormone (GH)-releasing hormone analog is a targeted physiologic strategy to augment endogenous GH secretion and reduce excess visceral adiposity among PWH [3]. GLP-1's reduce visceral and subcutaneous adipose tissue along with muscle whereas tesamorelin is weight neutral, reducing visceral fat, while sparing subcutaneous fat, and building lean mass. Both tesamorelin and GLP-1's reduce hepatic steatosis [4].

Excess adiposity, as measured by body mass index (BMI), is associated with significant medical comorbidities. However, BMI does not provide information on adipose distribution. Recent obesity guidelines support the use of anthropometric or other measures of adipose distribution, in addition to overall weight, in defining obesity [5]. These new guidelines have important implications for PWH, as individuals with "anthropometric only obesity"—increased waist circumference in the context of normal BMI—demonstrate significant excess mortality, cardiovascular disease, and diabetes [6].

Taken together, these data suggest that tesamorelin alone is appropriate for the patient in Case 1 characterized by normal weight and increased waist circumference. Although the long-term effects of tesamorelin on cardiovascular events remain unknown, reduction in visceral fat would be expected to be beneficial over time. Importantly, tesamorelin increases GH levels in the physiologic range, and has not been associated with diabetes or other conditions related to excess GH. Combined use of GLP-1 and tesamorelin has not been studied but may be useful for PWH with excess weight and concomitant abdominal adiposity, as in Case 2. Combined use of GLP-1 and tesamorelin

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may augment effects on visceral fat and spare loss of lean mass anticipated with GLP-1 alone. Visceral fat increases to pretreatment levels with discontinuation of tesamorelin, like weight rebound with discontinuation of GLP-1. Promotion of healthy lifestyle should accompany use of these potent medications, and long-term monitoring for continued efficacy, ongoing need, and adverse events is necessary. Further research into the combined use of GLP-1 and tesamorelin among PWH will be critical.

Central nervous system (CNS) infections pose major diagnostic challenges for infectious disease specialists. After more than a decade of exploration and early adoption, is the time finally ripe for implementing metagenomic next-generation sequencing (mNGS) into routine workups of CNS infections? The answer is not an unequivocal "yes." Rather, an emerging consensus supports cautious, context-aware integration—grounded in a clear understanding of the technology's technical, analytical, and operational limitations. Waldrop and Reddy [7] thoughtfully outline the full spectrum of considerations that inform appropriate use, including anatomical, host, temporal, therapeutic, and pathogen-related factors. As with most transformative technologies, opinion surrounding mNGS has been polarized: proponents may overstate its promise, whereas skeptics often emphasize its challenges. In reality, mNGS is neither a "silver bullet" nor a premature innovation, it is a meaningfully useful addition to the diagnostic "toolbox" when applied judiciously [8–10]. Its clinical utility in CNS infections has been demonstrated in specific contexts, including the detection of unusual or unexpected pathogens, cases with broad differential diagnoses where multiple targeted assays are impractical or cost-prohibitive, and scenarios involving emerging pathogens or outbreak investigations [11, 12]. The utility of mNGS lies not solely in its technological capability, but in the expertise with which its results are contextualized. Meaningful application requires not only multidisciplinary collaboration but also rigorous clinical correlation and critical review, as highlighted by the 3 case studies in this article. A practical question remains: should mNGS be ordered early in the diagnostic course, or reserved for situations in which conventional testing yields negative results? To date, no study has definitively established which strategy confers superior clinical outcomes. In the absence of such evidence, institutions may reasonably develop local guidelines tailored to their patient populations, diagnostic stewardship frameworks, laboratory infrastructure, and clinical practice patterns, while awaiting more definitive data.

Industry-sponsored symposia occupy a delicate intersection of innovation and influence; without transparency and rigorous peer review, this balance may undermine trust. With clear disclosure, independent editorial control, and methodological rigor, it can instead serve clinicians well. The IDWeek Industry Highlights initiative reflects CID's commitment to maintaining that balance: ensuring that important advances are presented not as marketing, but as critically appraised contributions to patient care.

Notes

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All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

Reference

1. Bero LA, Galbraith A, Rennie D. The publication of sponsored symposiums in medical journals. N Engl J Med **1992**; 327:1135–40.
2. Beach R, Tims-Cook Z, Mcgary CS, Thote T. Differing presentations of excess Visceral Abdominal Fat (EVAF) in people living with hiv: two clinical cases highlighting distinct therapeutic pathways with tesamorelin and GLP-1 receptor agonists. Clin Infect Dis **2026**; 82:S87–91.
3. Falutz J, Allas S, Blot K, et al. Metabolic effects of a growth hormone-releasing factor in patients with HIV. N Engl J Med **2007**; 357:2359–70.
4. Stanley TL, Fourman LT, Feldpausch MN, et al. Effects of tesamorelin on nonalcoholic fatty liver disease in HIV: a randomised, double-blind, multicentre trial. Lancet HIV **2019**; 6:e821–30.
5. Rubino F, Cummings DE, Eckel RH, et al. Definition and diagnostic criteria of clinical obesity. Lancet Diabetes Endocrinol **2025**; 13:221–62.
6. Fourman LT, Awwad A, Gutiérrez-Sacristán A, et al. Implications of a new obesity definition among the all of us cohort. JAMA Netw Open **2025**; 8:e2537619.
7. Waldrop G, Reddy S. Metagenomic next-generation sequencing in CNS Infections: clinical strategies, evidence, and best practices. Clin Infect Dis **2026**; 82:S92–9.
8. Wilson MR, Sample HA, Zorn KC, et al. Clinical metagenomic sequencing for diagnosis of meningitis and encephalitis. N Engl J Med **2019**; 380:2327–40.
9. Su LD, Chiu CY, Gaston D, et al. Clinical metagenomic next-generation sequencing for diagnosis of central nervous system infections: advances and challenges. Mol Diagn Ther **2024**; 28:513–23.
10. Kaur I, Shaw B, Multani A, et al. Real-world clinical impact of plasma cell-free DNA metagenomic next-generation sequencing assay. Infect Control Hosp Epidemiol **2025**; 46:1–8.
11. Chiu CY, Servellita V, de Lorenzi-Tognon M, et al. Metagenomic identification of Fusarium solani strain as cause of US fungal meningitis outbreak associated with surgical procedures in Mexico, 2023. Emerg Infect Dis **2025**; 31:948–57.
12. Alvarez Mulett S, Molina Garcia S, Abu Saleh O, et al. Metagenomic next-generation sequencing of cerebrospinal fluid: first year experience at a Tertiary Referral Hospital [manuscript published online ahead of print 16 July 2025]. Clin Infect Dis **2025**:ciaf390.

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