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eyes NEWS

The newsletter of the ESE Young Endocrinologists and Scientists

Sex vs gender

Crossing the borders

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Top tips in publishing

Get ready for ECE 2023!



European Society
of Endocrinology





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Editorial



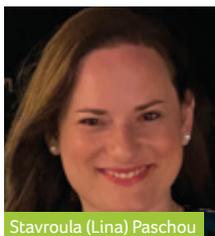
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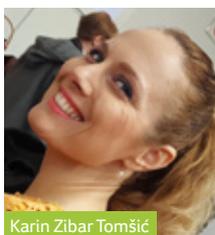
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With great enthusiasm and the constant will to develop and enhance the contents of *EYES News*, change is underway on your newsletter's Editorial Board. Having been a member of the Board for several years, it's a huge honour for me to take over the leading role from Antoan Stefan Šojat. My goal is to promote innovative themes and to make all readers happy with our content.

In this issue, we take an overview of gender incongruence. This represents a major challenge in modern endocrinology from clinical, surgical and social perspectives. Reading the articles we have collected, you'll have the chance to hear from some of the foremost experts in this field and to learn about the journey that patients go through and the medical challenges that are undertaken to meet all their needs.

We are also excited to bring you some valuable insights from the world of science publishing from Professors Dimitros Goulis and Adrian Clark. Meanwhile, we investigate the amazing career of Professor Mirjam Christ-Crain, ESE Education Committee Chair. Read our interview with her to find out about her pathway to professional success. You also have the chance to get to know more about early career colleagues in Belgium and Turkey, as we 'meet the societies'. Last, but not least, we tell you all about EYES and ESE's recent and future activities and initiatives, along with key dates and opportunities.

Enjoy the read!

Walter Vena Editor
Juan Manuel Jiménez-Vacas Deputy Editor
EYES News

EYES News is also available as a fully digital issue at www.ese-hormones.org/eyesnews





EYES Co-Chair report

Every winter issue of *EYES News* gives us a perfect chance to look back at our activities in the past year. 2022 has indeed been an incredibly significant year, which brought a lot of joy, success, reunions and stories to tell. This year ignited the flame within us that keeps us working harder than ever to bring new opportunities to our early career investigators everywhere. So, what's new?

First of all, our team is stronger, thanks to our new committee member, Alessandro Prete. He currently works at the Institute of Metabolism and Systems Research in Birmingham, UK, and has been involved in many EYES activities, especially organisation of EYES 2021 online, which was hosted in his current 'home' city of Birmingham.

Now is the time of year to be ready to make your applications to a new round of the EYES Observership Programmes. Look out for the new and expanded list of host centres, mentors and projects, tailored perfectly for your personal and professional excellence. In this issue, two recent participants, Theo and Nino, share their Observership Programme experiences. Find out what they learned as they tell us about their month abroad on page 10.

This issue of our beloved *EYES News* brings new energy, as Walter Vena steps up to be our new Editor, with Juan Manuel Jiménez-Vacas as Deputy Editor. We will keep bringing you the freshest and the latest news, features and articles, and remain your window into the world of endocrinology.

We also know the location of our fantastic 10th EYES meeting in 2023: Würzburg it is! This lovely German city is perfectly geographically situated to give everyone easy access. It will be new, exciting, ground-breaking and a true celebration of European endocrinology. The EYES Committee is hard at work with the Local Organising Committee to make this an unforgettable experience.



Würzburg, Germany, location of the 10th EYES Annual Meeting in 2023

Finally, don't forget that registration for ECE 2023 is open. We remind you to submit your abstracts by 23 January. Make sure you participate in the ECE programme and reach out to us. See you soon and happy reading!

Lina Paschou
Antoan Stefan Šojat
EYES Co-Chairs

Key dates for your diary

See www.es-e-hormones.org/events-deadlines and watch your inbox for emails with details, Early Bird rates, free places and grant information!

10–12 January 2023

ESE Clinical Update on Obesity and Female Reproduction 2023
Online

23 January 2023

DEADLINE: Abstract submission for ECE 2023

9 February 2023

ESE Spotlight on Science
Online

14 February 2023

ESE Talks... Rare Diseases
Online

28 February 2023

DEADLINE: Applications for EYES Observership Programmes

March 2023 (date to be confirmed)

2nd COST Harmonis@tion Masterclass
Online

17–19 March 2023

3rd Regional Symposium of Croatian Young Endocrinologists
Osijek, Croatia

20 March 2023

DEADLINE: Super Early Bird registration for ECE 2023

20–21 March 2023

3rd International Conference on Diabetes, Endocrinology and Obesity
Berlin, Germany

14–18 April 2023

European Calcified Tissue Society and Bone Research Society Congress
Liverpool, UK

18 April 2023

DEADLINE: Early Bird registration for ECE 2023

20 April 2023

ESE Spotlight on Science
Online

29 April–1 May 2023

American Association of Endocrine Surgeons Annual Meeting
Birmingham, AL, USA

13–16 May 2023



ECE 2023

25th European Congress of Endocrinology

Istanbul, Turkey

15 May 2023

European Hormone Day

1 June 2023

ESE Spotlight on Science
Online

15–18 June 2023

ENDO 2023
Chicago, IL, USA

18–21 June 2023

ESE Summer School 2023
Innsbruck, Austria

8–10 September 2023

EYES Annual Meeting 2023
Würzburg, Germany

19–22 November 2023

EuroPit 2023
Annecy, France



Amazing careers: Meet Mirjam Christ-Crain

Professor Mirjam Christ-Crain is Deputy Head of the Endocrine Clinic at the University Hospital, and Head of the Department of Clinical Research at the University of Basel, Switzerland. She is Chair of the ESE Education Committee and received the *European Journal of Endocrinology* Award in 2019. Her research focuses on vasopressin-dependent disorders of fluid homeostasis, such as diabetes insipidus and hyponatraemia. Here, she talks to Walter Vena, Editor of *EYES News*.

What led you to choose endocrinology?

I was already fascinated by the field of endocrinology during medical school. Endocrinology is not limited to one organ, but includes the whole body. It is a logical and 'intellectual' subject, where a diagnosis is made on the basis of various laboratory values and the medical history. This is exciting! And, as a minor point, it's good that manual skills are not so much in the foreground, because that's not really my thing!

How did your journey begin?

In Switzerland, before starting to specialise in endocrinology, you must do internal medicine. I did this in Basel, first in a small hospital and then in the University Hospital. I liked the clinical work very much, but I also realised that, with pure clinical work, I miss research. When I then got the chance to start at a research position in endocrinology, it was fantastic for me!

What key moments have there been in your career?

One, as I mentioned above, was the chance to enter research in endocrinology at an early stage in my career. I realised that combining clinical work and clinical research is my goal. I had a great mentor at that point, who encouraged and challenged me and kept me motivated to do endocrine research. Another key moment was my stay in London at St Bartholomew's Hospital, in the lab of Márta Korbonits and Ashley Grossman. There I learned a lot about the pituitary gland, and it became clear to me that I wanted to do my research in this field.

What has been your greatest achievement so far?

I am proud to have advanced the field of diabetes insipidus and hyponatraemia. Particularly in the area of diabetes insipidus, not much had happened in research for decades. With our studies on copeptin as a surrogate marker for vasopressin, we were able to significantly simplify and improve diagnostic algorithms. In this way, we were also able to help patients a great deal.

What are the greatest challenges you have encountered?

There are many challenges in an academic career! One certainly was combining my career with my family and three children. When I had to write many grant applications and papers, or when I was very involved in clinical work, it was sometimes difficult to please everyone, both colleagues in the hospital and my family. Today, my children are a bit older, and it is getting easier as they are more independent.

Another challenge is to support and take good care of my young fellows. That is one of the nicest tasks, but it can also be quite difficult if you want to do it well! I try my best to discuss the projects with each of my PhD students weekly, and always have an open door for their questions and concerns in between.

Finally, research is the greatest thing to do. However, there are not only successes, but (unfortunately) also many failures. One challenge is certainly not to get demotivated, to remain resilient, and to focus more on the 'ups' than the 'downs'.

Have the obstacles facing early career endocrinologists changed?

I think they are the same challenges that I had: balancing career and family, and keeping motivated for research and for clinical work. With COVID-19, there has certainly been an additional challenge, which has made networking and travelling massively more difficult. Let's hope this changes now!

With the increased availability of Zoom/Teams etc., it is easier to sometimes work from home (at least for research), which is good for career and family balance. However, this also has its disadvantages, especially in terms of networking. Networking is possibly a bigger challenge today.



Mirjam Christ-Crain

Which endocrinologists have most inspired you?

At the beginning of my career, Beat Müller (my mentor at the time) inspired me, as he interpreted endocrinology very broadly and extended it to areas such as infectious disease and neurology. In London, both Ashley Grossman and Márta Korbonits motivated me with their great enthusiasm for research, especially in the field of the pituitary and neuroendocrinology. Márta enthused me with her tenacity and perseverance.

Many other endocrinologists have inspired me since. AJ van der Lely and Martin Reincke, both ESE Presidents, are very uplifting, with their endlessly optimistic and enthusiastic manner, always caring for their younger colleagues. There are many other colleagues who inspire in one way or another, not least because I can always have motivating conversations with them and look forward to meeting them somewhere in the world. Endocrinology is just like a big family!

What advice would you give to people starting their career today?

Train broadly in endocrinology first, and then see which area excites you the most. Networking in this field is then important: write to colleagues and experts, meet them via Zoom or at congresses, work together on a project.

Where can EYES make the biggest and most useful impact?

EYES is doing a super job! What is important is to enable early career members to connect, to meet, to form a community of interest. There are already many initiatives to facilitate exchange, and they are important. In my opinion, exchanges in other clinical or research centres, even if only for a few weeks or months, bring a lot of benefits and should be encouraged.



Sex vs gender: crossing the borders

In this issue, our contributors look at various aspects of gender incongruence and transgender medicine, taking into account the perspectives both of healthcare professionals and of the people seeking our support.

Clinical management of adolescents with gender incongruence

Transgender individuals transiently or persistently identify with a gender that differs from the gender assigned at birth. When this gender incongruence (GI) is associated with clinically significant distress,¹ the person experiences gender dysphoria (GD).²

Most transgender people recall feelings of GI since before puberty. This stage may be experienced as a 'natural disaster' by youths with GI, as the surge of sexual steroids changes their bodies in an unwanted direction, promoting the development of secondary sexual characteristics. Indeed, gender diversity in adolescents is often associated with poor psychological functioning: most studies report high rates of depression, anxiety, and suicidal and self-harming behaviours in this population.^{2,3}

Support and counselling

For these reasons, international guidelines recommend professional support for youths seeking care for gender variant feelings and behaviours.^{1,2,4} According to the 'Dutch protocol', prepubertal children and their families should receive support and counselling by experienced mental health professionals, without any medical intervention.

Eligibility for puberty suppression

If GI persists after the onset of puberty, the adolescent may be eligible for puberty suppression. In particular, the criteria for puberty suppression in adolescents with GD can be summarised as follows:

1. The DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*, 5th edition) criteria for GD in adolescence are satisfied.
2. GD worsened with the onset of puberty.
3. Any co-existing psychological, medical or social problem that could interfere with treatment has been addressed.
4. The adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment, and has been informed of the effects and side effects of treatment (including potential impact on fertility and options to preserve fertility). The parents or other caretakers have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
5. Puberty has started (as documented by Tanner stage \geq G2/B2), and there are no medical contraindications to treatment.

Managing puberty suppression

GnRH analogues (GnRHa) are the preferred treatment for puberty suppression. GnRHa provide a fully reversible treatment which gives adolescents time to explore their gender identity, since the approach immediately reduces the adolescents' distress regarding the body's pubertal development. Moreover, the treatment reduces the number and complexity of future gender-affirming interventions by stopping the development of undesired secondary sexual characteristics.

In adolescents assigned female at birth (AFAB), menses usually stop and breast tissue may become atrophic. In those assigned male at birth (AMAB), testicular volume may decrease. Individuals of both genders may also experience mood alterations, hot flashes and fatigue as a result of the withdrawal of sex steroids.

When triptorelin is not available or not suitable for the client (e.g. for needle phobia), depot and oral progestin preparations are effective alternatives for adolescents in late puberty (such as lynestrenol or medroxyprogesterone acetate in individuals who were AFAB, and cyproterone acetate in individuals who were AMAB).

Impact on health

Following puberty suppression, several studies report an improvement of psychological and global functioning in adolescents with GI, and a reduction in depressive symptoms. Even though data about physical outcomes and safety of GnRHa treatment in children with precocious puberty are widely available, only few studies have evaluated this medical therapy in adolescents with GD.

The main concerns may be related to bone health: a recent study described a decrease in bone turnover markers and bone mineral density (BMD) Z score at dual-energy X-ray absorptiometry scan in adolescents treated with GnRHa, as an effect of sex steroid withdrawal.⁵ The BMD Z scores were restored to normal values after 24 months of gender-affirming hormonal treatment following puberty suppression, even though the catch up was incomplete.



Moreover, a few case studies report an impact of GnRHa treatment on blood pressure in individuals who were AFAB, possibly leading to hypertension. On the other hand, the available data showed no impact of such treatment on liver or renal function, or on body mass index.

In any case, current guidelines recommend close clinical and laboratory monitoring of gender variant adolescents on triptorelin treatment (see Table 7 in Hembree *et al.* 2017⁴), including bone densitometry.

Regarding the effects of GnRHa on brain development, a single cross-sectional study demonstrated no compromise of executive function, but the evidence is very limited.

Final notes

If GI persists during the extended evaluation phase, once the adolescent is considered able to give informed consent (usually at 16 years of age, or earlier, according to the clinical evaluation) sex steroids can be introduced, in order to induce the development of secondary sex characteristics congruent with the person's gender identity (see Table 8 in Hembree *et al.* 2017⁴).

Puberty suppression is a promising and widely used intervention for adolescents with GI who request medical treatment. The clients and their families should be informed that long term follow up studies are still needed to provide strong evidence about its efficacy and safety.

Alessia Romani and Alessandra Fisher
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Gender-affirming hormonal treatment

Some people with gender dysphoria (GD) ask to change their bodies according to their experienced sex. This requires careful and supportive clinical management.

For people assigned female at birth

Before gender-affirming hormonal treatment (GAHT), it is important to know the individual's goal. Not all people with GD want a full transition. Some only want partial treatment, because they experience themselves as a non-binary person.¹

In the scientific literature, people with GD are referred to as 'assigned female at birth' (AFAB) or 'assigned male at birth' (AMAB). The GAHT gold standard for people who were AFAB is the administration of testosterone, both transdermal and parenteral forms. Some masculinisation effects appear very shortly (from 3 to 6 months, maximum 1 year), such as cessation of menses, deepening of the voice, and increasing libido. This partial masculinisation has been found to reduce the distress and increase the well-being of people who were AFAB. Other effects of GAHT require a longer time, such as fat redistribution, hair scalp loss, increasing muscle mass/strength, clitoral enlargement, and facial/body hair growth (from 3 to 12 months, maximum 2–5 years).

Before starting GAHT in people who were AFAB, it is mandatory to evaluate the presence of erythrocytosis (absolute contraindication),

hypertension, recent cardiovascular disease (less than 12 months) and breast/uterine cancer (relative contraindications). Side effects did not differ from testosterone replacement therapy in hypogonadal cis-males.² Moreover, GAHT in individuals who were AFAB did not present greater side effects compared with testosterone replacement therapy in cis-male hypogonadism.

In people who were AFAB and are requesting full masculinisation, regimens of testosterone treatment follow the general principle of testosterone replacement treatment in male hypogonadism, leading to testosterone values in the normal male range. However, in individuals who were AFAB and want partial virilisation, it may be possible to adjust the dose of testosterone or to add other hormonal preparations to model the effects of androgens on the body.

In conclusion, GAHT in individuals who were AFAB requires detailed counselling to tailor the therapy to individuals' needs.³

Settimio D'Andrea
Italy

'Before gender-affirming hormonal treatment, it is important to know the individual's goal. Not all people with GD want a full transition. Some only want partial treatment, because they experience themselves as a non-binary person.'

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For people assigned male at birth

Transgender women were assigned the male gender at birth but identify as females. The goal of gender-affirming hormonal treatment (GAHT) in transgender women is minimisation of secondary male characteristics and facilitation of the development of feminising features. With hormonal treatment, we aim to suppress the pituitary–gonadal axis to reduce masculinisation. This is achieved by concurrent treatment with anti-androgens as well as oestrogen.

Oestradiol is a first-line medication for GAHT in transgender women. It is administered orally, transdermally or intramuscularly. With transdermal and intramuscular application, we avoid first-pass metabolism, thus reducing the likelihood of cardiometabolic side effects.¹

Transdermal formulations might be favoured as first-line treatment for transgender women over 40 years old.^{2,3} Ethinyl oestradiol has been considered obsolete for GAHT since 2003 because of its pro-coagulant effects.³

The commonly prescribed anti-androgens are cyproterone acetate (CPA), gonadotrophin-releasing hormone agonists (GnRHa) and spironolactone. GnRHa suppress the hypothalamic–pituitary–gonadal axis, spironolactone is an androgen receptor antagonist, and CPA, with its progesterone-like effects, works by both mechanisms. GnRHa are not commonly prescribed for adult transgender women but rather for transgender adolescents as a puberty blocker.³

The use of 5 α -reductase inhibitors and progesterone as part of GAHT is controversial. Flutamide is also not recommended for GAHT because of possible hepatotoxicity.³ Before initiating GAHT, fertility preservation should be discussed, as testicular atrophy and azoospermia can evolve within months of starting anti-androgen therapy.⁴

Despite achieving hormonal levels in the same range as cisgender women, many transgender women are not content with the extent of feminisation achieved with hormonal therapy. Many seek additional treatments, such as mammoplasty, tracheal shave, voice training, vocal cord surgery, laser treatment of hirsutism and feminising facial surgery.

After orchidectomy or gender-affirming surgery, anti-androgens can be stopped, and transgender women continue with oestrogens. The optimal and safe duration of oestrogen therapy is unclear as data are scarce regarding GAHT in transgender women at older ages.⁵

Katarina Mlekuš Kozamernik and Tina Krokter Kogoj
Slovenia

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Cardiovascular health in transgender people

Growing research demonstrates that transgender populations may be at disproportionate risk of poor cardiovascular outcomes.

Multivariable analyses have revealed that transgender men show greater than twofold and fourfold increased prevalence of myocardial infarction, when compared with cisgender men and cisgender women respectively.¹ Transgender women have a greater than twofold increase in prevalence of myocardial infarction compared with cisgender women, but not when compared with men.²

Effects of hormone therapy

Data suggest higher risk for venous thromboembolism among transgender populations receiving oestrogen-based therapy. In a retrospective cohort study, transgender women receiving feminising therapy had a higher incidence of venous thromboembolism, with 2- and 8-year risk differences of 4.1 and 16.7 per 1000 people relative to cisgender men and 3.4 and 13.7 compared with cisgender women.

Impact of lifestyle

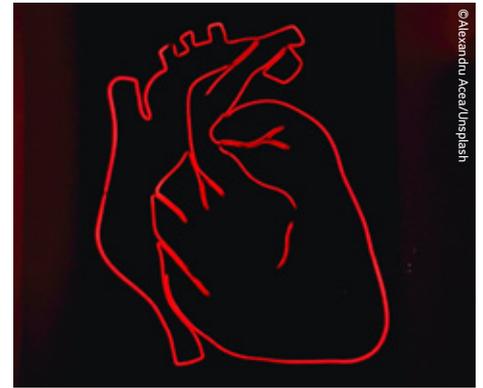
The literature has characterised disparities in cardiovascular morbidity and mortality as a result of higher prevalence of traditional risky

lifestyle behaviours, such as tobacco use, reduced physical activity and unhealthy nutrition.

The US Transgender Survey, conducted among 28,000 transgender people, found that 23.6% of respondents currently smoked cigarettes (higher than 17.6% in the general US population). Interestingly, participants who believed they were visually gender non-conforming had increased odds of cigarette smoking, vaping and dual use than those who reported they were visually gender conforming.³

Other data suggest that transgender adolescents are less likely than cisgender peers to participate in regular physical activity, physical education classes, school athletics or extracurricular activities. This lack of participation has been attributed to a tendency to feel unsafe or uncomfortable in school environments, especially those segregated by gender. Similarly, transgender adults report participating in less physical activity than cisgender peers.⁴

Research data have revealed a significantly higher prevalence of self-reported body mass index >25kg/m² among transgender adults compared with other adults of the same age (72.4% versus 65.5%). Moreover, alterations across lipid profiles, glucose metabolism and blood pressure are also common in transgender adults, mainly attributable to gender-affirming hormone therapy.⁵



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However, such factors at the individual level probably do not fully explain the observed excess cardiovascular morbidity and mortality, which is hypothesised to also be partly driven by psychosocial stressors across the lifespan, at multiple levels. A great effort is surely needed to integrate best practices into research, health promotion and cardiovascular care for the transgender population.

Lina Paschou
Greece

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Prostate cancer in transgender women

A lack of continuity of care may be one factor leading to an increased risk of several diseases unrelated to gender identity among transgender people, including cancers related to hormones or to gender-at-birth.

Transgender people can struggle to experience continuity of care for various reasons. These may include moving to a different location, social and/or mental health issues and, in some cases, even denied access to the healthcare system.¹

Prostate cancer, one of the most commonly diagnosed tumours worldwide, is an example of one such disease. Transgender women who are not on gender-affirming hormone therapy (GAHT) or who have not had gender-affirming surgery (GAS) have a similar chance of developing prostate cancer as the cis-male population. On the other hand, prostate cancer risk in transgender women on GAHT or after GAS is lower compared with that in cis-men, probably due to their low circulating levels of testosterone.²

Management of the disease

The management of prostate cancer in transgender women who have not had GAS is the same as that in cisgender men, including radical prostatectomy, radiotherapy, androgen-deprivation therapy, etc. However, prostate cancer treatment is much more challenging for transgender women who have undergone GAS, mainly due to the several side-effects associated

with radical prostatectomy in this specific subset of patients.³

Focal therapy might be the most appropriate therapeutic strategy for these patients, since the recurrence risk and the need for further treatment are similar to other standardised strategies, and it may have the advantage of reduced side-effects when compared with radical prostatectomy.^{4,5} In metastatic prostate cancer, the options need to be adjusted, based on each patient's oncological stage.

Long term GAHT could potentially have selected castration-resistant prostate cancer cells in patients, which should be eradicated using different therapeutic strategies, such as chemotherapy or targeted therapies.

Finally, we all should be aware that a key part of treatment is having a supportive network of healthcare providers, to make these patients feel understood and cared for. This will give them more energy to devote to their treatment.

Juan Manuel Jiménez-Vacas
UK



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How to review a scientific article

Peer review is the evaluation of a paper (or abstract) by qualified individuals ('peers') to assess if it is worthy of being published in a journal or presented at a scientific event.

The key word is 'peer': a paper must be judged by a human, a fellow scientist, who will comment on its content, methodologic validity, and structure. Despite its obvious subjective nature, peer review remains the best way to evaluate a paper.

The peer review process constitutes both an obligation and a pleasure. Without accepting invitations to act as a reviewer, you cannot expect that your submitted manuscript will find its way to publication. On the other hand, it is very entertaining to be the first to read a paper, critically appraise its quality and even manage to improve it.

Scientists have rights and obligations to accept when it comes to acting as a reviewer, which I will discuss here. I will not cover the steps of the peer review procedure and the structure of an editorial board: if you would find these topics interesting, we can discuss them in the future!

Accepting a peer review invitation

The invitation will usually come because of your publishing performance. Your papers, affiliation and the topics you are dealing with will define you as a possible reviewer. Before accepting an invitation, some important issues must be considered (see Table). In all cases, act swiftly: think and decide quickly whether you will accept the invitation or not. If you decide to proceed, commit yourself to a high quality review within the time provided (usually 1–2 weeks).

Performing a peer review

As there is no single way of writing a paper, there is no single way of performing a peer review. Most experienced reviewers will read the paper quickly, to get oriented with its basic components: research question, methodology applied, main results and conclusion. The following sections will concentrate on the details of content and structure: introduction, discussion, tables and figures, appendices and references.

Even if you have the time, do not finish the review in one day. 'Sleep on it' and read it again the following day. You will often realise that your initial impression was too kind or tough.

Reviewer 'pearls of wisdom'

Before accepting an invitation to review

- Which is the journal and its editorial board?
- Is it my area of expertise?
- Do I have any conflicts of interest?
- Do I have the time?

Writing a report

- If you intend to reject a paper, state it clearly from the first round of the peer review
- Number (enumerate) all major and minor suggestions and ask for the authors to answer them one-by-one
- Maintain your anonymity (except in the case of 'open' peer review)
- Follow the specific 'guidelines to reviewers' provided by each journal
- Make use of the journal's electronic aids (e.g. plagiarism check, access to databases)
- Meet the specified deadline

General tips

- Your language should always be very polite towards the authors and the journal editors: avoid anything that may be considered offensive
- As a reviewer, provide the report you would like to receive as an author: be concise, accurate and constructive

Writing a report

Your evaluation will be expressed through a report. This will typically have three parts: overall evaluation, comments to the authors and comments to the editor.

Overall evaluation

The journal will ask for a clear recommendation:

- Acceptance
- Revision (major or minor), or
- Rejection

One difficult consideration for a decent paper is 'if it is good enough for the specific journal to which it was submitted'.

Comments to the authors

Start your report by stating the study type (e.g. cross-sectional, case-control, cohort, randomised controlled trial, systematic review), the main research question and the main conclusion.

Proceed with the major suggestions. Consider the following issues (indicatively, not exclusively):

- Is there a clear research question or questions? Is it relevant to the journal scope? Is it interesting?
- Is the topic original? What does it add to the area?
- Is the paper's structure clear?
- How solid is the applied methodology? Were the methods described adequately? Was the statistical analysis appropriate?
- Do the presented data support the conclusions? Do they address the research question(s)?

Finally, provide minor suggestions. Here the following issues should be considered (again indicatively, not exclusively):

- Does the abstract have appropriate content and structure?
- Does the introduction summarise recent research and spot gaps in current knowledge?
- If the paper includes tables or figures, do they aid its understanding? Are they of appropriate quality and format?
- Are there any (English) language issues, including grammar, syntax, typos and punctuation?
- Were all abbreviations defined at their first appearance in the text?
- Were the references appropriate, updated and correctly presented according to the journal's style?

The *Equator Network* is an excellent information source that proposes specific reporting guidelines to be followed by both authors and reviewers according to the study type.

Comments to the editor

The editor will read your 'Comments to the authors', so there is no need to repeat them in this section. Important issues for the editor are the rationale for your overall evaluation (why do you suggest acceptance or rejection) and possible ethical considerations (duplication, plagiarism, data falsification, 'salami' slicing, ghost/guest authors, conflicts of interest, study registration, ethical committee approval, informed consent forms).

Conclusions

Peer review provides a structured learning process for scientists of any experience, especially the younger ones, to appraise and provide feedback to each other on their research. It helps them immensely in developing lifelong skills, including self-assessment and improvement of their own work.

So, do not miss the opportunity to accept a review invitation from a respectable journal, especially if it's one of ESE's!

Dimitrios G Goulis

Professor in Reproductive Endocrinology, Aristotle University of Thessaloniki, Greece



The challenge presented by fake science

Journals are relied upon to ensure that the articles they publish report good science, which can be relied upon by their readers. But, in recent years, journal editors and publishers have faced a flood of fraudulent article submissions that threaten the integrity of the scientific record. Professor Adrian Clark, Editor-in-Chief of *Endocrine Connections*, and Olivia Davies and Simon Buckmaster of the *Endocrine Connections* publishing team explain.

In early 2021, we noticed that we were reviewing two manuscripts from clinical departments – one ophthalmology, one nephrology – in two geographically distant cities in China. Each research group had used an almost identical protocol to study the responses of a specific cell line to high glucose, and both papers had made the same error in the calculation. Both papers were well written and used very sophisticated analytical techniques, but none of the authors appeared to have published PubMed-listed research previously. We realised that this was a sophisticated research fraud perpetrated by a paper mill.

What is a paper mill?

'Paper mill' is the term used to describe a commercial organisation which produces articles reporting fraudulent studies with faked data. Paper mills then sell the authorship to customers who need a journal publication.¹ One significant market for paper mills are physicians in China, where publication record is directly linked to career progression. However, a busy physician may lack either the time or the resources to conduct genuine research studies.² However, paper mills have been identified operating within many countries, including within the EU, and paper mill submissions to journals have been reported with corresponding authors in over 70 countries.¹

The existence of such organisations was brought to light in 2013,³ but the problem was believed to be small scale. In recent years, journals have identified a much higher number of suspect submissions, although it is unknown how much this represents an increase in the output of paper mills, rather than journals becoming better at detection. Certainly, journals have been helped by increased information sharing between publishers, facilitated by the Committee on Publication Ethics (COPE; www.publicationethics.org) and the STM Association (www.stm-assoc.org), as well as the development of new software tools, and the work of independent research integrity experts like Elisabeth Bik.

To date, *Endocrine Connections* has identified approximately 50 submissions that are believed to have come from paper mills. In these suspect cases, the journal always follows COPE guidelines, and authors are asked to provide original data and for an explanation to address our concerns. To date, no satisfactory response to these enquiries has been given and, in many cases, the authors simply withdraw the paper.

Identifying trustworthy publications

It would seem that the obvious question is 'How exactly do I trust a journal to provide high scientific integrity?' Some may look to the Journal Impact Factor™ (JIF), which is usually used as a proxy for a journal's quality. However, if published articles with faked data are being cited, this helps to increase a journal's JIF, but says nothing of the journal's general publishing integrity. In fact, journals with a higher JIFs may be targeted more readily, as authors receive a proportionally greater benefit for higher impact publications.⁴ Journal metrics such as the JIF only tell part of the story when we ask how to trust a journal.

'Paper mills sell the authorship to customers who need a journal publication.'



Authors may know of some journals that are much easier to publish in than others, or have a sense of publishers that take a lighter touch with peer review than is usual. This can be convenient for an author with a good paper to publish quickly, but it could also indicate poor integrity standards and an increased risk that fraudulent papers may have been published in these journals.

We can, therefore, deduce that a general indicator of a journal's integrity could lie within its approach to peer review and, furthermore, the transparency of its peer review policies. *Endocrine Connections* has been transparent about its work to prevent the publication of paper mill submissions⁵ to preserve the integrity of science. Journal readers may wish to look for evidence of a journal having clear and robust ethical policies for removing suspicious manuscripts.

Finally, although robust ethical policies indicate strong integrity within journals and publishers, it is imperative that a journal's editorial board consists of reliable and knowledgeable members of the community in which the journal sits. Editors should be trusted and relied upon to spot suspicious manuscripts, and to question what they see within the data. As false submissions to journals are on the rise, it is more important than ever to cast this crucial critical eye on manuscripts of all types.

Adrian Clark Editor-in-Chief, *Endocrine Connections*
Olivia Davies Publishing Assistant, *Endocrine Connections*
Simon Buckmaster Senior Publisher, Bioscientifica Ltd

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EYES COP and ROP

Calling all early career investigators!

The new application round for the EYES Clinical and Research Observership Programmes is now open. Don't miss your chance: apply for your place on a 1-month observership in the finest medical and research facilities in Europe.

Check out our expanded list of centres, projects, and opportunities online. Find out more and submit your application at www.ese-hormones.org/eyes-cop-and-rop. Deadline: 28 February 2023.



Current Observership Programme Centres of Special Interest: COP, green; ROP, blue; COP & ROP, red

Observership Programme success stories



'This experience exceeded all my expectations. I had the chance to observe the approach to cases ranging from male infertility, sexual dysfunction and testicular disorders to gender incongruence.'

I am an endocrinology resident physician in Bucharest, Romania, and I've had the privilege of completing the first round of the EYES Clinical Observership Programme. Because I am interested in the field of andrology, I chose the Andrology, Female Endocrinology and Gender Incongruence Centre in Florence, Italy.

This experience exceeded all my expectations. I was greeted by an amazing team run by Professor Linda Vignozzi. I had the chance to observe the approach to cases ranging from male infertility, sexual dysfunction and testicular disorders to gender incongruence. It was very valuable to see testicular and transrectal ultrasounds performed. I was very interested to see that all the investigations are undertaken in an outpatient setting, which I feel suits this field, as well as the help that the Italian health system offers to couples with infertility.

I express my gratitude and appreciation to Professor Vignozzi's team, especially Elisa Maseroli, Francesco Lotti, Francesca Frizza, Sarah Cipriani and Csilla Krausz. They went above and beyond to make sure I was included in their daily practice and were kind enough to translate when I had trouble understanding the language. In addition, they happily answered all of my questions, sent me relevant articles from their field of work and made me feel like a part of the team. It was a joy working with them and seeing their way of interacting with the patients.

I also thank EYES for offering me this amazing experience and I encourage my young colleagues to apply for the next Clinical Observership Programme without hesitation. A month in one of the most beautiful cities in the world doesn't sound bad, right?

Grazie mille!

Theodor Mustata

Resident, Elias University Emergency Hospital, Bucharest, Romania



'I learned how to use diabetes technologies, pumps and sensors that I have not yet encountered. In the outpatient clinic for thyroid cancer, I had the chance to practise ultrasound of the neck and to learn how to treat these patients.'

I completed my observership during September 2022 at the Department of Endocrinology and Diabetology in Novara, Italy. I found accommodation in a student residence near the hospital.

When I arrived at the hospital on my first day, I met my mentor, Flavia Prodam, who introduced me to other colleagues in the department and explained how the department works. She also explained to me the different types of outpatient clinics for endocrine diseases.

I had a weekly schedule. I worked with my mentor in the paediatric outpatient clinic or in the daily outpatient clinic for patients with diabetes or thyroid diseases on Mondays. In contrast, Tuesdays were spent with patients who had bone diseases, such as osteoporosis or disorders of calcium metabolism.

Wednesdays saw a full day caring for patients with pituitary or adrenal diseases. On Thursdays, I worked in the outpatient clinic with patients with type 1 diabetes. Here, I learned how to use diabetes technologies, pumps and sensors that I have not yet encountered in my country. Fridays were spent in the outpatient clinic for thyroid cancer, where I had the chance to practise ultrasound of the neck and to learn how to treat these patients.

All my colleagues were very helpful and explained every medical problem with the patients, showing me their medical history, so I could see previous visits, their medications and laboratory results. I also improved my Italian.

I was very impressed by the knowledge of my colleagues and how they were really motivated to help me improve my medical knowledge. During my observership, I made connections with other specialists and residents that open up new possibilities for collaboration in the future.

Nino Matas

Resident, General Hospital, Dubrovnik, Croatia



When EYES met EYRC – again!



The fruitful collaboration between EYES and EYRC (the Young Researchers' Committee of ENEA, the European Neuroendocrine Association) has continued to thrive, since Manuel Gahete last wrote about it in *EYES News*, issue 10.



EYRC and EYES members contemplating future collaborative projects!
L-R: Giampaolo Trivellin, Pedro Marques, Juan Manuel Jiménez-Vacas, Luis G Pérez-Rivas.

Last September, meetings of EYES and ENEA took place just one week apart, in beautiful Zagreb (Croatia) and Lyon (France) respectively. As the newly elected EYRC Co-ordinator, I was delighted to co-Chair the pituitary and neuroendocrinology session at EYES 2022, where I had the pleasure of listening to many talented investigators. Equally important was the opportunity to meet and interact with many young investigators, enriching my scientific and cultural knowledge. I am sure many other attendees can relate to those words!

In exchange, we gladly invited Juan Manuel Jiménez-Vacas, from the EYES Committee, to co-Chair the EYRC oral communications session at ENEA 2022, and hear about young investigators' novel basic and clinical studies in neuroendocrinology. EYRC also organised a symposium on 'Advances in hypopituitarism' and guided poster tours – one for basic and

one for clinical studies. This was followed by a networking cocktail event, allowing early career endocrinologists to informally interact with established scientists. Last but not least, we organised the first ENEA challenge: a morning run that made us start the day full of energy!

The shared mission of EYES and EYRC is, above all, to give early career endocrinologists opportunities and promote their professional growth. To this end, both committees are also developing specific training/observership programmes.

You can find out about EYRC and our upcoming activities on social media (@ENEAssoc and @Enea_Young) and at www.eneassoc.org.

Giampaolo Trivellin
EYRC Co-ordinator, Italy

EYES: working for you

A series of updates from your EYES representatives on ESE Committees.



BARBARA ALTIERI, GERMANY
EYES representative,
ESE Membership Committee

As part of the ESE Membership Committee, I'm involved in multiple tasks. Our committee goals include development of the ESE membership model, to improve the engagement of members with the endocrine community through their respective national societies, and also to increase the number of individual members and to promote widespread involvement across all European countries.

These different layers of activity need to be carefully connected, to optimise efforts and to highlight benefits that meet future members' aims and expectations. Clear-sightedness and strong collaboration with other ESE Committees are vital.

In my view, the presence of a young member in the ESE Membership Committee is crucial to enrich discussions and communicate the needs of our young community. Only by means of an open forum can ESE understand and embrace these needs and strengthen its value at all membership levels.

The challenge is huge and great dedication is required, but it feels wonderful to pursue such valuable aims. I'm really looking forward to making a great contribution and achieving our committee goals.

Georgia hosts ESE Postgraduate Course

The Georgian Association of Endocrinology and Metabolism was pleased to host the 30th ESE Postgraduate Training Course in Clinical Endocrinology, Diabetes and Metabolism on 29 September–2 October in Tbilisi, Georgia.



We had been looking forward to it since 2020, as it had been postponed because of the COVID-19 pandemic. As many as 30 internationally renowned experts shared their knowledge during the 3-day programme, which covered all aspects of clinical endocrinology. There were diverse questions and active discussions between the experts and the audience. Attendees had an opportunity to present and discuss rare and challenging clinical cases; 100 people attended in person from Georgia and 50 from other international locations, with another

100 attendees online. Simultaneous interpretation into Georgian was provided for local physicians.

There is no doubt that clinicians received a lot of valuable information for their everyday clinical practice, as well as excellent networking opportunities.

Natia Vashakmadze
Founder and President, Georgian Association of Endocrinology and Metabolism





Early Career Clinical Endocrinologists

The 6th Early Career Clinical Endocrinologists (ECCE) Meeting took place on 20 October 2022, in Antalya, Turkey. 'Training and continuous education for endocrinologists in medical nutrition therapy and physical exercise', was the main topic, and it was attended by 23 early career participants from 17 countries. They enjoyed keynote lectures from Hermann Toplak (Austria) and Konstantina Dipla (Greece).



6th Early Career Clinical Endocrinologists Meeting

The main conclusions from the meeting were as follows:

- Medical nutrition therapy (MNT): training is suboptimal in many European countries at both pre- and postgraduate levels.
- Physical exercise therapies (PET): the situation is more problematic, as the exercise training is suboptimal.
- Strengths: with their holistic approach, endocrinologists are in a central position to apply MNT and PET. Their background knowledge in physiology and biochemistry and involvement with diabetes mellitus and obesity strengthen their role.
- Weaknesses: as MNT and PET are time-consuming and long term (even lifetime) approaches, endocrinologists must find the necessary time to apply them.

- Proposals:
 - the establishment of interdisciplinary teams in the fields of MNT and PET is an obvious necessity
 - MNT and PET consulting centres should be established, where the members of the aforementioned interdisciplinary teams will collaborate among themselves and with the patients
 - the national health systems must reimburse the prescription of MNT and PET
 - the endocrinology curriculum must be reinforced with regard to the fields of MNT and PET.

The ECCE meeting is organised by the ESE Council of Affiliated Societies (ECAS). This year's event was moderated by Anton Luger

(Austria), Bulent Yildiz (Turkey), Djuro Macut (Serbia), Mirjam Christ-Crain (Switzerland) and Dimitrios G Goulis (Greece).

You can read the full report from the meeting at www.es-e-hormones.org/6th-ecce-meeting.

Dimitrios G Goulis
Greece

The 7th ECCE meeting will take place in October 2023. The main topic will be 'Challenges for endocrinologists in the hormone laboratory'.

Thank you, Antoan

When we met Antoan Stefan Šojat for the first time, little did we imagine what kind of amazing person and great friend we were about to welcome in our professional and personal lives! It didn't take long to notice how lucky we were.

Now Antoan is no longer Editor of *EYES News*, but his mark on the magazine is not something that can be deleted. He has been in the editorial team ever since the project began and, along with Ljiljana Marina, he created this newsletter 'from scratch', always working hard to take care of this (once) little creation, guiding its growth to give the

beautiful and charming magazine that you are now reading.

Under his guidance as Editor, each of us has appreciated his talent as a natural leader, driven by pure 'volcanic' enthusiasm and managed with kindness and elegance. Antoan continuously obtained the best from all available sources and illuminated the newsletter with original and insightful contents.

The whole editorial team is grateful for his incredible efforts and, as we take on his role, we are pleased to feel the thrill of the challenge to match what our friend Antoan achieved. It has been a great honour and a huge pleasure to work with him and we really hope he will stick around with our newsletter for a long time.

Walter Vena & Juan Manuel Jiménez-Vacas
Editor and Deputy Editor, *EYES News*



L-R Walter, Antoan and Juan



Make your mark in ESE

A call for new members of the ESE committees will open in early 2023. This is your chance to join a committee and help fulfil our vision to unite, support and represent the endocrine community.

The aim is for committees to be balanced in terms of gender, ethnicity and geographical location, and to represent the different areas of interest within endocrinology for clinicians, clinician scientists and scientists. (ESE's Equality, Diversity and Inclusion Policy is at www.eese-hormones.org/equality-diversity-inclusion.)

All ESE members can apply to join or nominate

colleagues. Please keep in mind a committee's specific requirements when making your application or nomination.

You will see full details of vacancies in early 2023, in ESE's monthly email alerts and social media channels, and at www.eese-hormones.org/about-us/governance/join-an-eese-committee.

ESE Awards 2024

Nominations are open for the prestigious ESE Awards!

ESE Awards recognise success across our discipline, amongst clinicians and researchers, and at all career stages (including early career investigators!).

It is easier than ever to apply through the simple online form. You can self-nominate or select a colleague.

The deadline is 28 February 2023. Find out more at www.eese-hormones.org/grants-and-awards/awards.

Your chance to host EYES 2024

Applications to host the 11th Annual Meeting of EYES in 2024 should be submitted by 7 April 2023. Find out more at www.eese-hormones.org/eyes-meeting-bids-2024.

ESE supports European research

The ESE-SEEDER-EU programme exists to help members obtain research funding from major European funding schemes. It can provide you with consultancy support during the grant application writing process, giving individuals and consortia access to an expert in European Research Programmes.

You can find out more at www.eese-hormones.org/grants-and-awards/grants/eese-seeder-eu-programme.

European Board Exam

The European Board Examination in Endocrinology, Diabetes and Metabolism (EBEEDM) enables endocrinologists throughout Europe to gain recognition for their knowledge and competence. Successful candidates receive certification endorsed by both ESE and UEMS (the European Union of Medical Specialists).

Candidates will next be able to sit the EBEEDM on 8 November 2023. Registration will open in due course. Meanwhile, advise us of your interest in the exam at www.eese-hormones.org/education/european-board-examination.



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Educational events 2023

ESE is set to support its members and the endocrine community with an exciting range of virtual and in-person educational events in 2023.

The opportunities you can look forward to include:

- **ESE Summer School**
- **five Spotlight on Science sessions**
- **several Clinical Updates, on topics such as Obesity and Female Reproduction; Thyroid; and Endocrine-related Cancer**
- **three Postgraduate Courses**
- **three webinars in the series ESE Talks... Rare Diseases and much more besides...**

See www.eese-hormones.org/education/educational-courses.

European Hormone Day 2023

The second dedicated European hormone awareness day will take place on 15 May 2023, during ECE 2023 in Istanbul (www.europeanhormoneday.org).



European Hormone Day
Because Hormones Matter
15 May 2023

It aims to improve people's understanding of hormones and their importance for health and well-being. Sharing information and starting conversations will make European and national policymakers aware of the need to consider hormones when drafting policies, so improving endocrine health and addressing the challenges of endocrine disease.

The event will maintain a focus on the four key themes of ESE's 2021 White Paper: Endocrine-disrupting chemicals (EDCs), Cancer, Obesity and Rare endocrine diseases.

European Hormone Day is organised by ESE and the European Hormone and Metabolism Foundation (ESE Foundation).

How can you support European Hormone Day?

- Mark the date in your diary!
- Support your national society's related events
- Take part in the activities planned by ESE
- Use the hashtags **#EuropeanHormoneDay** and **#BecauseHormonesMatter** in your social media
- Watch out for details in the EARS (ESE Advocacy Representation Scheme) newsletters and the ESE monthly news alerts and social media channels.

Open letter addresses REACH delay

ESE, along with other societies representing the world's experts in endocrine disruption, has sent an open letter to the European Commission. In it, the signatories express concern over proposed delay to revision of the REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) legislation of more than a year, to the end of 2023.

REACH lies at the centre of EU legislation around chemicals, including endocrine disruptors. Delay to its revision will adversely impact the health of the EU population and undermines the EU's ambition to create a toxic-free environment by 2050.

Read the letter at www.eese-hormones.org/edc.



Time to meet...

the Belgian Endocrine Society

The Belgian Endocrine Society (BES) brings together academic and community-based endocrinologists and researchers engaged in providing healthcare, education and research within the broad domain of endocrinology in Belgium.



Young Investigator Award winners at the 2022 BES Meeting



BES Lecture Award presentation: (L-R) B Lutyens (Lilly), Brigitte Velkeniers (President, BES), Bruno Lapauw (Award recipient) and V Deschamp (Lilly)

A National Affiliated Society of ESE, the BES is a national advocate for excellence in endocrinology research, education and patient care. Its mandate is to advance the discipline of endocrinology and metabolism in Belgium, while maintaining an awareness of the goals and missions of ESE, in order to align local policies with a European vision of endocrine-related health.

Professor Brigitte Velkeniers, from the University Hospital of Brussels, is the current President of the BES, while leading figures from the major Belgian universities complete the board. There is no young investigator community within Belgium, although this is one of the upcoming projects of the BES.

Promoting national projects and endocrine health

The BES aims to promote nationwide research projects, such as the Belgian Primary Adrenal Insufficiency Registry (PAI-BEL). PAI-BEL is a retrospective data collection to develop a better knowledge of primary adrenal insufficiency in Belgium and subsequent implement a strategy or national programme for acute adrenal crisis prevention or support.

Other multicentre projects are shortlisted for development, focusing on the impact of COVID-19 and related vaccines on *de novo* endocrine disruption, for instance, inflammatory thyroiditis.

Emphasising the importance of endocrine-related matters in public health is a key area of work for the BES. The Society tries to advocate for the improvement of endocrine health through action plans concerning the early detection of diabetes, the management and prevention of obesity and the establishment of a nationwide collaborative network on rare diseases.



‘The Belgian Endocrine Society meeting highlights the work of young scientists, in both clinical and fundamental science.’

Furthermore, the BES aims to align the final competences necessary to become an acknowledged endocrinologist in Belgium with European standards. The Society is also involved in the ongoing revision of the honoraria of Belgian endocrinologists.

BES annual meeting

Our annual 2-day event in Brussels includes communications by young researchers, clinical case reports, grand rounds and symposia. The BES meeting highlights the work of young scientists, in both clinical and fundamental science. This year, the symposia will include highlights from ECE 2022, incretin developments, messages from three emeriti, and an invited lecture on menopause, delivered by carefully selected speakers proposed by the board.

The BES meeting is an ideal place for networking, due to the limited number of attendees and the intimate, relaxing setting of the congress rooms of our venue, Dolce La Hulpe near Brussels. Belgium has two major languages, French and Dutch (actually three when you include German). To overcome this potential barrier, the communications and presentations are in English, so increasing interaction.

Lecture awards, as well as awards for the most impactful Belgian endocrine paper are presented annually during the meeting, including to the young investigators who are selected to give oral presentations. Poster communications support trainees in communicating their findings with their peers.

You can find out more about the BES at www.endocrinesociety.be.

Jonathan Mertens
Belgium



Time to meet...

Early career colleagues in Turkey

The Society of Young Endocrinologists of Turkey (SYET) was founded in 2017 as a subgroup within the Society of Endocrinology and Metabolism of Turkey (SEMT).

SYET's first activities were to organise short scientific sessions for young endocrinologists during the SEMT annual national congresses. These gave early career endocrinologists an opportunity to present their work during the largest national meeting for endocrinology in Turkey. Evening meetings between the SEMT Executive Committee and members of SYET became a tradition of these congresses, providing a platform to meet each other and discuss current issues and future projects.

The idea of organising multicentric studies emerged during these meetings. With the supervision of leaders in the field, early career endocrinologists working in various clinics all over the country collected the data of hundreds of patients. Two senior early career endocrinologists wrote the manuscripts. Two multicentric studies have been published recently¹² and a third one has been newly submitted.

Online activities in COVID

During the COVID-19 pandemic, SYET continued its activities through online programmes. With the support of Serpil Salman, a leading professor of diabetes, SYET organised a 2-day virtual Diabetes Technology Meeting, during which presentations and case discussions were led both by experts in the field and by early career colleagues.

Interviews with mentors sharing their experiences in the world of science also provided inspiring online events during the pandemic. Professor Bulent Yildiz answered questions on scientific writing during an interactive meeting.

Rare Disease Day in 2021 was an opportunity to organise an interview on lipodystrophy with two experts: Professors Baris Akinci and Elif Oral from the University of Michigan. They shared the fascinating story of leptin therapy and their research experiences abroad.

The pros and cons of being a PhD student in our country were discussed in another online event with Professor Neslihan Bascil Tutuncu, who shared her experiences during her PhD work at Ankara Baskent University.

Improving communication

SYET bridges a gap between early career endocrinologists and the Executive Committee of SEMT. Grants (meeting grants, research grants, etc.) awarded by SEMT have been revised and expanded following requests that came from early career members. Questionnaires prepared by SYET for early career colleagues guided the scientific programmes of conferences organised by SEMT.



Young endocrinologists' session during the 2022 national congress in Antalya, Turkey.



The Executive Committees of SEMT and SYET and early career endocrinologists at Endokurs 2022, an educational course in Adana, Turkey

The sessions for young endocrinologists during the national congresses have provided us with experience and confidence. In 2022, for the first time, SYET organised a half-day face-to-face workshop during the congress. The main topics covered were: strategies for writing a scientific paper, tips for using technology effectively during scientific work, and international networking in science.

Mentoring

Some early career endocrinologists expressed a need for interaction with a mentor. As mentorship programmes have proved efficacious in many settings, we created a mentorship project.

The project has been approved by SEMT and was announced during an educational endocrinology meeting in October to start by January. We hope it motivates young colleagues and provides new perspectives for those looking for an experienced voice.

Growing ever stronger

SYET has kept growing and now has around 200 young members from all over the country. The SYET Executive Committee continues to work on new ideas to support early career endocrinologists. We are aware of the importance of networking and proud of our contribution to support science, which is the most rewarding part of being a member of the SYET community. We thank all members of SYET and the Executive Committee of SEMT and others who have tirelessly supported our work.

We look forward to meeting our colleagues from ESE and EYES during ECE 2023 in Istanbul.

Aysha Hacıoğlu, Adnan Batman, Emre Saygılı and Zafer Pekkolay
SYET Executive Committee

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2. Konca Degertekin et al. 2022 *Calcified Tissue International* **110** 204–214 <https://doi.org/10.1007/s00223-021-00908-2>.



13–16 May 2023

Istanbul, Turkey

www.es-e-hormones.org/ece2023

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Abstract deadline:

23 January 2023

Super Early Bird registration:

20 March 2023

Early Bird registration:

18 April 2023

Get ready – it's ECE 2023!

The clock is ticking; the wait is finally coming to an end. ECE 2023, the most important congress in European endocrinology, is fast approaching. It will take place in Istanbul, Turkey, on 13–16 May.

By the time you read this, I hope that you have already submitted your abstracts. The deadline is 23 January 2023. Registration is also open: don't miss the new 'Super Early Bird' registration deadline of 20 March 2023, which offers you the very best value for your Euros.

We are really looking forward to meeting old friends, making new ones, sharing science and ideas, establishing collaborations, and much more. Bear in mind that Istanbul is known for its rich culture, historical sites and dynamic nightlife, so it is the perfect place to host our beloved Congress!

Don't miss EYES at ECE 2023

I must take this opportunity to invite you to the 2023 EYES Symposium. With the 'catchy' title 'Feeding the endocrine-related cancers: weight matters', it is dedicated to the relationship between obesity and hormone-related cancers. Increasing evidence links obesity to tumour development and progression, especially in tumours related to our field. You will be able to enjoy outstanding basic and clinical research talks on a really hot topic, given by bright young scientists from all over the world.

In addition, we are delighted to welcome James Wilmouth Jr (France) who won first place at the 2022 Annual Meeting of EYES for his abstract

'Ablation of Znr3 and Trp53 induces metastatic adrenocortical carcinoma in mice'. He received free registration for ECE 2023, where we can enjoy a presentation on his work.

Time to network

The science will be followed by your chance to socialise with EYES, which will include some drinks, great food, cool music, even a funny quiz, and much more. I can assure you we will have an amazing time! We are really looking forward to seeing you all at the sessions, in the halls between them, and discussing your posters over a coffee... And watch out for the Young Investigator Awards session and the chance to congratulate colleagues who will receive well-deserved prizes. Could it be your turn this year?

Apply for a grant

Last but not least, if you are coming to Istanbul, please remember that you can apply for an ESE grant to help you with travel and accommodation costs. See www.es-e-hormones.org/grants-and-awards/grants for details of Meeting Grants, Basic Science Meeting Grants and all other grants from ESE.

Find out more

All information about ECE 2023 is available at www.es-e-hormones.org/ece2023. Stay tuned to ESE and EYES on social media for updates on ECE and the EYES activities in the lead up to May.

Juan Manuel Jiménez-Vacas

EYES Representative, ECE 2023 Programme Organising Committee
EYES Symposium Organiser

Award lecturers

Manuel Tena-Sempere, Geoffrey Harris Award
At the crossroads of reproduction and metabolism

Henriette Uhlenhaut, European Journal of Endocrinology Award
Understanding glucocorticoid-regulated transcription

Maria Luisa Brandi, European Hormone Medal
The never-ending parathyroid hormone saga

Richard Ross, Clinical Endocrinology Trust Award
Chronotherapy: restoring healthy rhythms for life

Cecilia Follin, European Endocrine Nurse Award
Raising the profile of endocrine nurses

George Chrousos, Transatlantic Alliance Award
The endocrine basis and implications of stress and its management

Plenary lecturers

Mechanisms and clinical sequelae of hypophysitis

Yutaka Takahashi (Japan)

Pituitary tumours: genes, microenvironment and future prospects

Márta Korbonits (UK)

PCOS: the many faces of a disease in women and men

Bulent Yildiz (Turkey)

Fetal and neonatal thyroid axis deficiency

Juliane Léger (France)

Diagnosis and management of paraganglioma

William F Young (USA)

Care of childhood cancer survivors

Stephen Shalet (UK)