

Issue 50 Winter 2022/23

# Endocrine Views

Opinion and news from the European Society of Endocrinology

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**Where east  
meets west:  
ECE 2023 in Istanbul**



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ESE stands with Ukraine

Obesity: sensitively speaking the scientific truth



European Society  
of Endocrinology



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# Editorial



As a new year begins, this issue reminds us that the 25th European Congress of Endocrinology is just 4 months away. Find out about the exciting, packed programme on pages 8–10, and discover the wonders of Istanbul and the history of our field in Turkey on page 3. Submit your abstracts now!

You will find news of many other opportunities in these pages. Nominate yourself or a colleague for an ESE Award (page 4), and watch out for details of vacancies on ESE committees (page 5). To find out about taking the European Board Exam, or applying for a Clinical or Research Observership, see page 6. On page 5, our President, Martin Reincke, explores the huge range of educational activities that ESE is offering in 2023, including the new ESE academy. And, if you feel you could be the next Editor-in-Chief of *Endocrine Connections*, turn to page 4.

Your Society has assisted our colleagues in Ukraine, and their patients, throughout that country's destructive invasion by Russia. Our interview with Boris Mankovsky, President of the Ukrainian Diabetology Association, gives his insightful perspective on current events (page 12).

Obesity was highlighted as a priority area in ESE's 2021 White Paper. On page 11, you can read about ESE's close collaboration with the European Association for the Study of Obesity, which aims to bring about change in the management of the disease amongst healthcare providers and policymakers.

Maria Chiara Zatelli became ESE Secretary in 2022 and, on page 7, she tells us about her career and shares her perspective on our field and its future. Then, on pages 14 and 15, we gain insights into two topical areas: issues related to transgender endocrinology, and the late effects of cancer therapy, brought to you from ESE journals.

This is the 50th issue of your membership magazine, a fact we mark on page 16. I am sad to say it is almost my last issue as Editor – a role I have hugely enjoyed. If you would like the enviable task of working with friendly colleagues to select interesting topics for lively debate and discussion, then please look out for the opportunity to apply to be my successor!

**Justo P Castaño**  
Editor, *Endocrine Views*

### Areas of interest in this issue:



Adrenal and Cardiovascular Endocrinology



Endocrine-related Cancer



Reproductive and Developmental Endocrinology



Awards



Events



Diabetes, Obesity, Metabolism and Nutrition



Publications



13–16 May 2023

Istanbul, Turkey

[www.es-e-hormones.org/ece2023](http://www.es-e-hormones.org/ece2023)25<sup>th</sup>  
CONGRESS

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# Welcome to Istanbul

It is a great pleasure to welcome ECE to Istanbul, Turkey, for the first time since 2009. We are very happy to host this great Congress again.

Istanbul, the largest city in Turkey, is a metropolis where Europe and Asia meet. Healthcare is accessible and quite advanced in Istanbul, with numerous hospitals owned by universities and public and private institutions serving domestic and international patients. Medical schools and government hospitals affiliated with universities provide training programmes in endocrinology.

Istanbul is the only city to sit on two continents, and the only one that served as a capital to two consecutive empires: Byzantine and Ottoman. It remains the commercial, financial, historical and cultural centre of Turkey, and its beauty lies in its ability to embrace its contradictions. Asia and Europe, ancient and modern, religious and secular, mystical and earthly, all co-exist in Istanbul. Here, you can recognise a modern western life combined with a traditional eastern life.

The serene beauty of the Bosphorus, Prince Islands and parks brings a touch of peace to the otherwise chaotic metropolis. The ancient mosques, palaces, museums and bazaars reflect its diverse history. Taksim district, the heart of the city, glimmers with life and entertainment.

With the Black Sea in the north, the Marmara Sea in the south and the Bosphorus running, in all its glory, through the middle of the city, you will witness the unique combination of the Mediterranean and Black Sea climates. The city's biggest attraction is its historic peninsula, partially listed as a UNESCO World Heritage Site. Istanbul was the European Capital of Culture in 2010.

Turkish cuisine encompasses countless different flavours. It has evolved over centuries, influenced by the rich history of lands that have hosted two empires. Istanbul showcases the most delicious

foods from different regions of the country.

The venue for ECE 2023, Haliç Congress Center, lies in the centre of the city, on the shores of Golden Horn. It has hosted diverse events and is appreciated for its architecture, location, capacity, spacious halls and experience.

On behalf of the Turkish endocrinologists, we are delighted to welcome you for this great feast of endocrinology. We are planning social events to complement the

scientific programme, which will support networking between international endocrinologists and enable you to enjoy wonderful evenings in Istanbul.

#### Aysegul Atmaca

Local Organising Committee Chair, ECE 2023

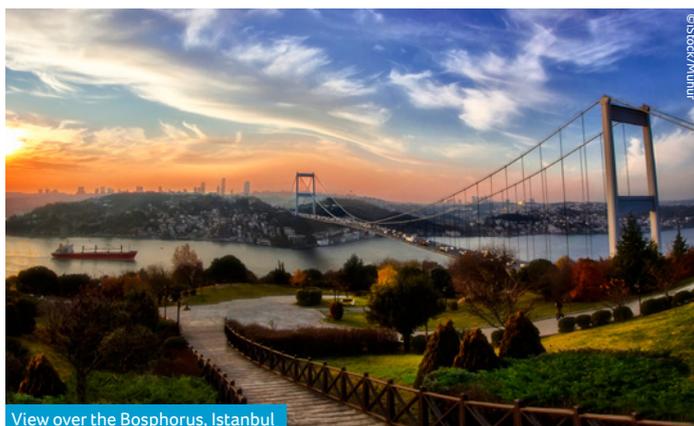
President, Society of Endocrinology and Metabolism of Turkey

## Endocrinology in Turkey

In 1861, Dr Ahmet Ali presented a case of diabetes insipidus in *Gazette Médicale d'Orient* and discussed the differential diagnosis from diabetes mellitus with urinalysis. Professor Cemil Topuzlu presented publications to Sultan Abdulhamid, including a case series of seven thyroidectomies. From these beginnings, our discipline has grown. The first official society was established in 1964, subsequently becoming part of the modern Society of Endocrinology and Metabolism of Turkey (SEMT), which formed in 1995 and now has 815 members.

SEMT's aims are to support development of the field, encouraging networking and communication between members, as well as training, including an education programme and national board exam. The Society represents Turkey internationally and collaborates with other organisations. As well as holding a national congress and a postgraduate training course annually, SEMT organises a national thyroid congress every 2 years. Along with other international societies, SEMT supports EndoBridge, which takes places annually in Antalya. The Society's official journal is the *Turkish Journal of Endocrinology & Metabolism*.

Nine study groups within SEMT span adrenal and gonadal diseases, diabetes, pituitary, obesity–dyslipidaemia–hypertension, osteoporosis and other metabolic bone diseases, rare metabolic diseases, neuroendocrine tumours, medical nutrition and exercise metabolism, and the thyroid. These groups organise local meetings, publish clinical practice guidelines and collect national data from multicentre cohort studies. SEMT also has a group for early career colleagues.



View over the Bosphorus, Istanbul



# 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](http://www.europeanhormoneday.org)).

The event will again focus on the four key themes of ESE's 2021 White Paper: endocrine-disrupting chemicals (EDCs), cancer, obesity and rare endocrine diseases.

Organised by ESE and the European Hormone and Metabolism Foundation (ESE Foundation), European Hormone Day seeks to raise awareness of the role of hormones in preventing and treating disease. In this way, our aim is that European and national policymakers will pay more attention to hormones when drafting policies, to improve endocrine health and address the challenges caused by endocrine-related diseases.

So, please mark the date in your diary now, and get involved in activities planned by your national society or ESE. Help spread the word by using the hashtags #EuropeanHormoneDay and #BecauseHormonesMatter on social media.

Watch out for further information in the ESE monthly news alerts and social media channels and the EARS (ESE Advocacy Representation Scheme) newsletters.



## Apply to host EYES 2024



Would you enjoy hosting endocrinology's finest early career investigators, at the 11th Annual Meeting of ESE Young Endocrinologists & Scientists, in 2024? Submit your applications by 7 April 2023. Find out more at [www.es-hormones.org/eyes-meeting-bids-2024](http://www.es-hormones.org/eyes-meeting-bids-2024).

## ESE Awards 2024

Nominations are open for ESE's prestigious Awards!

The ESE Awards recognise success across our discipline. You might be a clinician or a researcher, an early career investigator or head of department – in any case, there could be an award here for you.

It is easier than ever to apply through our simple online form. You can self-nominate or select a colleague. The deadline is 28 February 2023.

Find all the details relating to submission of nominations at [www.es-hormones.org](http://www.es-hormones.org).

## Endocrine Connections seeks Editor-in-Chief

Adrian Clark, current Editor-in-Chief of *Endocrine Connections*, will stand down from the role at the end of 2023. We have hugely valued Adrian's experience as Editor and look forward to working with him for the coming year.

*Endocrine Connections* is an open-access journal, jointly owned between ESE and the Society for Endocrinology. It publishes basic, translational and clinical research and reviews in endocrinology, including studies of non-classical tissues as sources or targets of hormones, and papers on endocrine topics that intersect with other disciplines.

**A call for applications will be distributed in the coming weeks.**

- Do you consider yourself a possible candidate for this fulfilling role?
- Could you further develop our successful journal?

**If so, please look out for the call and apply.**



## From the ESE Office

I hope everyone had a great festive period. In the ESE Office, we are looking forward to a packed and exciting year ahead. Throughout this interesting, diverse issue of *Endocrine Views*, you will find information about ECE 2023 in Istanbul, Turkey, on 13–16 May. A truly outstanding programme is in development. Remember to submit your abstract by 23 January; we look forward to receiving everyone's abstracts and to your participation in the Congress.

The planning for events throughout the year is in full swing, with a multitude of educational

opportunities for researchers and clinicians – keep an eye on the calendar at [www.es-hormones.org/events-deadlines](http://www.es-hormones.org/events-deadlines) for more details. Please also make a note of the date of the relaunched European Board Examination in Endocrinology, Diabetes and Metabolism, which we run with UEMS (the European Union of Medical Specialists). This will be held online on 8 November, and remote invigilation will mean you can take the exam without leaving home! Details will be released soon.

As well as making all these activities happen, in the ESE Office we are working on a 'digital transformation' to bring all our

information together within one system. This is a major investment for ESE, which will stand us in good stead for the future. It will enable us to support you even better, alerting you to opportunities that will be of interest to you in a very targeted way.

All in all, it looks like a busy and exciting year ahead, with our wonderful community. I look forward to seeing as many of you as possible in Istanbul!

**Helen Gregson**  
Chief Executive Officer, ESE  
[helen.gregson@ese-hormones.org](mailto:helen.gregson@ese-hormones.org)



Helen Gregson

### Keep up to date with ESE on social media



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# 2023: a year of opportunity

At the start of a new year, Martin Reincke introduces the exciting new ESE leadership academy, and reminds us of the host of educational opportunities that ESE will provide for members in 2023.

I hope you had a very happy festive period! As we greet a new year, it is an ideal time to update you on the plans that ESE has for 2023, to support you as members.

A major priority for us is, of course, education. As an unexpected positive consequence of the pandemic, due to the introduction of online activities, our portfolio in this area has grown. We have not only brought back our face-to-face meetings, we are also maintaining a wide range of virtual events, so that we can continue to maximise the opportunities presented by the development of online platforms.

As a result, we are planning to provide more than 15 educational events this year. There will be a huge range, from our highly successful and free-to-access virtual 'Spotlight on Science' series, our online Clinical Update sessions on focused topics, our face-to-face events for the early career endocrinologists and scientists on both clinical and

research topics, to our postgraduate educational courses (both online and in person).

We are also delighted to be working collaboratively with the European Society for Paediatric Endocrinology and Endo-ERN on a series of webinars focused on rare diseases. The next one will take place on 14 February. In addition, we are pleased to relaunch our European Board Examination in Endocrinology, Diabetes and Metabolism (EBEEDM) which will be held online on 8 November 2023.

Please keep an eye on the education section of our website at [www.ese-hormones.org/education](http://www.ese-hormones.org/education) for further information. You can also keep up to date with our full events schedule at [www.ese-hormones.org/events-deadlines](http://www.ese-hormones.org/events-deadlines), as dates are confirmed.

In 2023, we will be introducing our exciting new ESE leadership academy. This programme will foster future leaders in endocrinology. It

will equip mid-career endocrine clinicians, scientists, nurses and allied health professionals with skills in leadership, general governance of a society, development of strategy, the work of committees, and profile and network building. Could you benefit from this exciting new initiative? Watch this space to find out how to apply.

Of course, our biggest, hugely treasured event is the European Congress of Endocrinology. ECE 2023 will take place on 13–16 May in Istanbul, Turkey. It will be a special celebration as the Congress has reached its 25th year!

Join us in Istanbul to see your friends and colleagues, and to hear about the latest in endocrine science. Note some important deadlines for your diaries: submit your abstract by 23 January, and make the most of the advantageous Super Early Bird registration fees, which are available until 20 March.

The registration fees are unchanged from ECE 2022, despite the rises in costs to produce the meeting. We want to make the Congress as accessible as possible to all. If you are unable to travel to Istanbul, you can also access the Congress online through



Martin Reincke

ECE@Home – with a mixture of live-streamed and on demand content.

Finally, we are working intensively on plans for European Hormone Day 2023, which will be held on 15 May, during ECE. Please engage with us in the run up, during and after 15 May to raise the profile of our beloved discipline! See [www.europeanhormoneday.org](http://www.europeanhormoneday.org).

I look forward to seeing you in Istanbul, if not before.

**Martin Reincke**  
ESE President  
@EsePresident

## Call for committee members

Look out for a call for new members of the ESE committees in early 2023. This is your chance to help ESE's mission to unite, support and represent the endocrine community.

All ESE members can apply to join a committee or nominate colleagues. Please note the specific committee requirements when making your application or nomination.

ESE aims to achieve a balanced membership on all committees in terms of gender, ethnicity, geographical location and representation of different areas of interest within endocrinology. You will find ESE's Equality, Diversity and Inclusion Policy at [www.ese-hormones.org/equality-diversity-inclusion](http://www.ese-hormones.org/equality-diversity-inclusion).

Full details of committee vacancies will be publicised in early 2023, including a vacancy for Editor of *Endocrine Views* (see below). You will find out more in ESE's monthly email alerts and social media channels, and at [www.ese-hormones.org/about-us/governance/join-an-ese-committee](http://www.ese-hormones.org/about-us/governance/join-an-ese-committee).

## Open letter addresses REACH delay

ESE, together with the Endocrine Society, the European Society for Paediatric Endocrinology and the European Thyroid Association, has sent an open letter to the European Commission, to express concern over a proposed delay to revision of the REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) legislation.

REACH lies at the centre of EU legislation around chemicals, including endocrine disruptors. A proposed delay to its revision until the end of 2023 will adversely impact the EU population's health, and undermines the EU's ambition to create a toxic-free environment by 2050.

Read the letter at [www.ese-hormones.org/edc](http://www.ese-hormones.org/edc).

## Could you be our next Editor?

Justo Castaño, Editor of *Endocrine Views*, completes his term of office in 2023. His Editorship has seen radical transformation of ESE's membership magazine, embracing discussion and debate.

Could you take *Endocrine Views* to the next stage in its evolution? Supported by a lively and engaged Editorial Board, and an experienced and creative Production Team, the role of Editor offers an opportunity to someone who is excited about communicating news and ideas in endocrinology, and in getting people talking.

Further details will accompany the call for committee members, early in 2023 (see above). **Nomination deadline**





## 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.



Candidates can sit the EBEEDM next on 8 November 2023. Remote invigilation means you can take it from the comfort of your own home. Enrolment will open in due course. Meanwhile, register your interest at [www.es-e-hormones.org/education/european-board-examination](http://www.es-e-hormones.org/education/european-board-examination).

The EBEEDM is endorsed by ESE and UEMS (the European Union of Medical Specialists).

## New ESE academy for 2023

Could you benefit from ESE's new leadership skills training programme?

You will soon be able to apply to be amongst the first group of six participants in the new ESE leadership academy. This is a pilot 2-year programme to equip mid-career endocrine clinicians, scientists, nurses and allied health professionals with skills in leadership, general governance of a society, development of strategy, committee work, and profile and network building. The academy aims to develop and support future leaders in endocrinology.

The academy will be open to current ESE members only:

- researchers must be  $\geq 5$  years post-PhD
- clinicians must be  $\geq 7$  years post-MD and have specialised in endocrinology, internal medicine, or a related area
- nurses must have been an ESE member for  $\geq 5$  years
- allied health professionals must have worked in an allied field for  $\geq 5$  years.

Watch out for further information in the coming months.

## 10 years of EndoBridge

EndoBridge celebrated its 10th anniversary at its meeting in Antalya, Turkey, on 20–23 October 2022.

Over 400 delegates from 36 countries attended the European Council-accredited event, which welcomed the American Thyroid Association and Brazilian Society of Endocrinology as programme partners. The 11th EndoBridge meeting will take place on 19–22 October 2023 in Antalya. Find out more at [www.endobridge.org](http://www.endobridge.org).



## Early Career Clinical Endocrinologists

The 6th Early Career Clinical Endocrinologists (ECCE) Meeting took place on 20 October 2022, during EndoBridge in Antalya, Turkey.

Discussion centred on 'Training and continuous education for endocrinologists in medical nutrition therapy and physical exercise'. Hermann Toplak (Austria) and Konstantina Dipla (Greece) gave keynote lectures, which were enjoyed by the 23 early career participants, who came

from 17 countries. Analysis of the current situation identified various areas for potential improvement, which you can read in full at [www.es-e-hormones.org/6th-ecce-meeting](http://www.es-e-hormones.org/6th-ecce-meeting). The topic for next year's meeting will be 'Challenges for endocrinologists in the hormone laboratory'.



## EYES COP and ROP

The new application round for the EYES Clinical and Research Observership Programmes is now open. This is an opportunity for early career investigators to apply for a place on a 1-month observership in the finest medical and research facilities in Europe. Find out more and apply at [www.es-e-hormones.org/eyes-cop-and-rop](http://www.es-e-hormones.org/eyes-cop-and-rop). Deadline 28 February 2023.

**eyes**  
ESE young endocrinologists  
and scientists  
looking forward

## 100 years of insulin

2022 was the centenary of the first use of insulin to treat diabetes mellitus.

We began the year with an article by Wouter de Herder, giving us an insight into insulin's story (*Endocrine Views* issue 47, page 11). A recent editorial by Antea DeMarsilis and Christos S Mantzoros (USA) gives more information about insulin's discovery and the development of insulin therapy. You can find it at *Metabolism - Clinical & Experimental* **135** 155251 <https://doi.org/10.1016/j.metabol.2022.155251>.





# An interview with Maria Chiara Zatelli

Maria Chiara Zatelli is Professor of Endocrinology at the University of Ferrara and Head of the Endocrine Unit at the University Hospital in Ferrara, Italy. She has been Secretary of ESE since May 2022. Here, she tells us more about herself and her vision for the future of endocrinology.

## Who inspired you to become interested in endocrinology?

It was at medical school that I became interested in endocrinology because of my mentor, Professor Ettore degli Uberti. He is a great teacher, delivering passionate explanations on how the endocrine system works and all the consequences of its malfunctioning. Endocrinology also fascinated me because I had the feeling that, by becoming an endocrinologist, I could really cure patients, improving the quality and quantity of their lives.

## What might you have studied if not medicine?

I think I would have studied chemistry or biochemistry. But, most of all, I would have followed my musical dream to become an opera singer – or at least to sing in a choir. I am actually doing that now: I enrolled in the university choir and I have a lot of fun!

## What areas of the field are you most interested in?

I became most interested in endocrine oncology, due to the

translational path I followed during the first years of my career. Now I have shifted to more clinical studies, but always with an eye on the translational side of endocrinology, mostly on predictors of therapeutic response.

## Which achievements are you most proud of?

As a woman, being the mother of an energetic, smart, 'rocker' 15-year-old girl makes me very proud. In addition, I am proud of the position I have achieved, which carries many responsibilities.

## What is most rewarding about being ESE Secretary?

I am, of course, also very proud of having been elected to the Executive Committee of ESE, with the support of so many colleagues around Europe. Again, many responsibilities come with the role of Secretary. I always try to think of the issues we discussed when I was an ESE member, before becoming Secretary, to reduce the distance between governance of the Society and daily life. I try to be useful for ESE members.

## What are the greatest current challenges for endocrinology?

The field of endocrinology is expanding in terms of basic and clinical knowledge. The greatest challenge has always been to translate the knowledge we gather over the years into clinical practice and health assistance. Support for basic and translational research is crucial, to preserve the investigative soul of endocrinology and to improve our understanding, keeping in mind that patient care is the final goal.

## How can ESE best support its members?

ESE is already promoting many initiatives to support its members: discounted access to scientific publications, grants to attend meetings (at all levels), coordination of initiatives, links with other societies, guidelines. The Research Roadmap, in addition, aims to promote collaboration and European funding. Turning the tables, ESE members can do a lot for the Society, by telling us their needs and suggesting new strategies to better achieve the Society's goals.

## How can we achieve equality and diversity in endocrinology?

This is a very challenging goal for any discipline. The European Council may play an important role in influencing national stakeholders towards addressing these aims, since national regulations profoundly influence the way we act with patients and colleagues. This is one reason why ESE is developing new strategies (such as



With a nurse colleague



With my family

the Research Roadmap), to reach European lawmakers and increase their awareness of our discipline and the issues related to equality and diversity.

## What is your advice to early career endocrinologists?

I would tell them to follow their passion, to keep working despite difficulties, to find a good mentor and to promote collaboration. Never give up!

## Where are we most likely to find you if you have a day off?

You would find me with my family. My time does not belong to me anymore; I have many commitments and not enough time to spend with my dearest ones. You would find me with them, no matter where or doing what. With them.

## Do you have anything to add?

I am a very simple person, a hard worker. I would have never (ever!) imagined becoming the Secretary of ESE. If I can achieve it, anyone (with passion and resilience) can do so!



Clinical grand rounds



With my group

**'I had the feeling that, by becoming an endocrinologist, I could really cure patients, improving the quality and quantity of their lives.'**



# ECE 2023

## Insights from behind the scenes

It's time to submit your abstracts and take advantage of the Early Bird registration rates for ECE 2023! Here, the Programme Organising Committee (POC) Leads and the ESE Congress Committee Chair preview what you can look forward to at this year's event.

ECE is the major event in ESE's year, and this year's Congress will cover all the diverse interests of our community. You will hear top speakers and new perspectives, ensuring that all the key topics are discussed. We have aimed for a balanced programme, to showcase the most exciting clinical and scientific advances in endocrinology, not forgetting translational endocrinology – the meeting ground between the two.

Programme Organising Committee members showed huge enthusiasm as they put the sessions together. All their suggestions were considered and we thank them for wholeheartedly accepting the invitation to participate. The POC brought together more than 25 experts in endocrinology, which has truly enriched the range and depth of content available to you as delegates.

As well as our predominant focus on scientific excellence and diverse content, we have been determined to achieve a balance between genders and countries among our speakers, and given younger voices the chance to present.

### What's new for 2023?

The programme should feel new and exciting for every ESE Focus Area. We have ensured that you can learn about paediatric topics, especially relating to the transition of adolescent patients into adulthood, as well as important issues in environmental endocrinology. You will find a diversity of topical debates on developments in endocrine practice, while plenary lectures address the translation of basic research in novel areas.

We have put environmental considerations into action, by pursuing a more ecological meeting, with no printed paper programme, and the chance for people to attend live-streamed sessions. From a practical perspective, we have tweaked the programme to ensure that attendees have more time and opportunity to meet with each other and with patient advocate groups and industrial sponsors, and that there is sufficient time to get from one session to the next!

### What are the highlights?

The particularly exciting sessions at ECE 2023 include our superb Meet the Expert events (both clinical and basic), as well as the New Scientific Approaches, featuring truly cutting-edge science. We have invited a lot of emerging leaders, and there are some particularly hot topics, e.g. the renaming of diabetes insipidus. Of course, the lectures by ESE Award winners and plenary speakers will be fantastic (see pages 9–10



Lamps at the Grand Bazaar, Istanbul

Abstract deadline:

**23 January 2023**

Super Early Bird registration:

**20 March 2023**

Early Bird registration:

**18 April 2023**



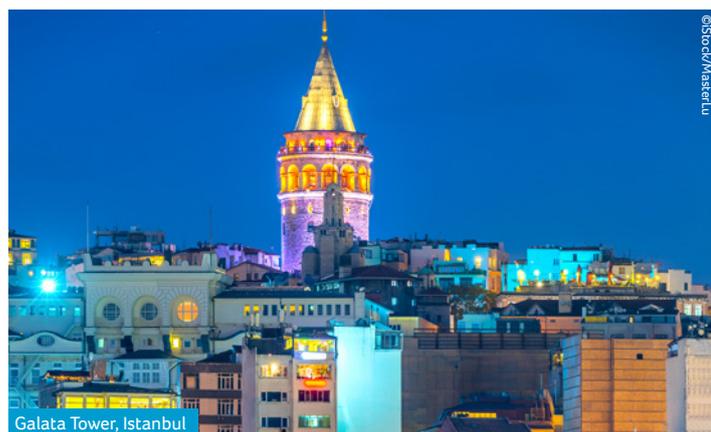
# ECE 2023

## 25<sup>th</sup> European Congress of Endocrinology

and the panel on this page respectively). The lecturers are all great figures in their fields, renowned for their work in endocrinology.

Too many of the symposia appear to be unmissable, so it may be a struggle to choose between concurrent sessions. Just a few examples are 'Presenting the future of prostate cancer', 'How to make the thyroid gland and its hormones' and 'The role of ambient temperature in human physiology'. One particularly topical and exciting area is the endocrinology of exercise and the role of muscle.

Nurses can look forward to an exciting, educational programme, with multidisciplinary sessions on 'Causes, consequences, consensus and controversies' in each of acromegaly and male hypogonadism. A clinical management workshop considers testosterone replacement therapy in men, and we eagerly anticipate the first European Endocrine Nurse Award Lecture. Last but not least, the oral and rapid communications are sure to be full of true gems from the best emerging research.



Galata Tower, Istanbul

## 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)*



### What's good for early career members?

The ESE Award and plenary lectures are not to be missed! The Meet the Expert sessions have also been designed with early career members in mind and are strongly recommended. All these sessions enable you to learn from outstanding experts in their fields.

You should also attend this year's topical EYES (ESE Young Endocrinologists and Scientists) Symposium. Entitled 'Feeding the endocrine-related cancers: weight matters', it looks at the relationship between obesity and hormone-related cancers. EYES will also provide excellent networking opportunities for early career members.

Otherwise, try a balanced mixture to take you, as an early career investigator, out of your comfort zone. This always enhances learning and can diversify interests and directions. For instance, it can be eye-opening for basic early career attendees to attend relevant clinical symposia, Meet the Expert sessions and debates, while clinical early career attendees can learn a lot about disease mechanisms and scientific

advances in their areas from the basic/translational talks. This year's top quality New Scientific Approaches will address technological advances such as organoids, single cell omics or circulating DNA studies.

### Don't forget to network

Of course, endocrinologists at all career stages benefit from networking, and the whole Congress is a networking opportunity. Early career members should make sure they take part in the social events, where they will have the chance to introduce themselves and talk about their work to more established members. Future jobs and collaborations are often initiated by networking at conferences!

The Welcome Reception on Saturday will be the first opportunity to catch up with old and new friends, so it will be particularly exciting. Other highlights include the New Members Welcome on Sunday as well as the European Women in Endocrinology gathering right after that, the first one since the group's launch at ECE 2022. We will also be marking European Hormone Day 2023 on Monday 15 May ([www.europeanhormoneday.org](http://www.europeanhormoneday.org); see page 4).

With so much to see and do, we are sure you will have a fantastic time at ECE 2023. We encourage you to submit your abstracts before 23 January and to take advantage of Super Early Bird registration by 20 March. You can find out more about the Congress at [www.es-e-hormones.org/ece2023](http://www.es-e-hormones.org/ece2023).

We look forward to welcoming you all to ECE 2023!

**Cynthia Andoniadau** ESE Congress Committee Chair

**Judith Favier** Basic Lead, POC

**George Mastorakos** Clinical Lead, POC

**'With so much to see and do, we are sure you will have a fantastic time at ECE 2023.'**



# Award Lecturers at ECE 2023

ESE's Awards recognise important achievements in our field. We congratulate the recipients, all of whom will be speaking at ECE 2023. Here, they preview their lecture topics.



**Manuel Tena-Sempere**  
Geoffrey Harris Award

## At the crossroads of reproduction and metabolism

My research group is interested in dissecting the key pathways whereby our brain controls reproduction and energy balance, and how it decodes nutritional/metabolic information to precisely integrate these fundamental bodily functions. Our focus is primarily basic research. In this domain, my team has actively analysed the roles of kisspeptins and related neuropeptide systems in the control of puberty and fertility, and their interplay with metabolic signals and energy sensors, explaining the impact of conditions such as obesity or subnutrition on reproductive health.

Despite our strong drive for basic research, my team has recently embraced more translational projects, aiming to exploit the potential applicability of our basic findings. This is illustrated by multiple avenues of research in my group, including the identification of novel molecular markers of metabolic health in pubertal children, and the search for new mechanisms and targets for intervention in common reproductive-metabolic disorders, such as polycystic ovary syndrome and obesity-induced hypogonadism.

My presentation at ECE 2023 will give a brief overview of these lines of investigation. We will see how they show the value of translational neuroendocrinology (at the intersection between reproduction and metabolism) in addressing prevalent conditions, from obesity to pubertal disorders and infertility.



**Henriette Uhlenhaut**  
European Journal of Endocrinology Award

## Understanding glucocorticoid-regulated transcription

Glucocorticoids, such as cortisol, are adrenal steroids secreted with a prominent diurnal pattern and in response to stress, like fasting or fear. They are powerful physiological regulators of metabolism, behaviour, cellular differentiation and immune responses, as well as the most widely used anti-inflammatory and immunomodulatory drugs. Synthetic glucocorticoids (e.g. prednisone or dexamethasone) have turned out to be life savers during the COVID-19 pandemic, but their clinical use is limited by severe adverse effects and their molecular mechanisms of action remain mysterious.

My lab focuses on understanding the transcriptional events underlying the regulation of metabolic, circadian and inflammatory gene expression by the glucocorticoid receptor. We are applying genome-wide approaches such as ChIP- and RNA-seq, together with bioinformatics, proteomics and metabolomics, in preclinical models, in order to characterise the transcriptional complexes assembled by the glucocorticoid receptor on target gene promoters and enhancers. For example, we found that the crosstalk with nearby transcription factors, such as E47, STAT5, IRF3 or NF-kappaB, on chromatin determines cell-type specific glucocorticoid responses. These responses are further subdivided into gene clusters that depend on locus-specific recruitment of distinct co-regulator complexes.

Ultimately, we aim to mine these glucocorticoid-controlled networks for the discovery of novel, improved therapeutic approaches for immunometabolic disorders.



**Maria Luisa Brandi**  
European Hormone  
Medal

## The never-ending parathyroid hormone saga

Just before the turn of the 20th century, a series of connected events led to our understanding of the biology and pharmacological use of parathyroid hormone (PTH) for the next 120 years. Thanks to scientists like Fuller Albright, Gerald D Aurbach, John T Potts, Karen K Winer, Thomas J Gardella and others, biotechnological advances have hugely increased medical knowledge regarding PTH.

Since 2002, the revolutionary pharmacological application of periodic administration of the PTH analogue teriparatide in osteoporosis has opened up

development of PTH peptides as drugs for use in bone and mineral disorders. After this success story, a synthetic version of human PTH-related protein, abaloparatide, was approved for osteoporosis treatment.

In 1994, before its development for osteoporosis, the first systematic investigation of synthetic human PTH(1-34) (teriparatide) replacement therapy in hypoparathyroidism began. It was only in 2015 that human intact PTH was approved as the first hormone replacement therapy to treat hypoparathyroidism. The challenges ahead for medicinal chemists are to design compounds that affect the PTH receptor in a tissue-selective manner. Such developments seem predictable, based on new advances in parathyroid research.

The saga of PTH will continue in the biotechnology of its analogues and the interest of pharmaceutical firms in this field's potential.



**Richard Ross**  
Clinical Endocrinology  
Trust Award

## Chronotherapy: restoring healthy rhythms for life

Disruption of homeostatic mechanisms leads to disease, and effective therapy must re-establish normal physiology. The sun imposes a 24-hour periodicity that regulates human behaviour. Circadian rhythms have evolved to maintain homeostasis through the 24-hour day/night cycle.

In humans, a central clock in the brain controls the diurnal sleep/wakefulness cycle which, metabolically, is a fast/feed cycle. The clock maintains homeostasis by synchronising metabolism to time of feeding: for example, regulating the hormones that maintain

glucose homeostasis, such as insulin and cortisol. Loss of synchrony between the clock and hormones results in loss of homeostasis, as evidenced by obesity, depression and diabetes in shift workers. In disorders such as adrenal insufficiency, replicating the hormonal rhythms is essential to restore normal physiology.

Hormones are secreted with specific but varied rhythms, bound to multiple binding proteins, and cleared through enzymatic pathways in multiple organs. To replicate a hormone's rhythm, you must understand its physiology and devise a formulation to reproduce it. We have developed a modified-release formulation of hydrocortisone that replicates the cortisol circadian rhythm and, through clinical trials, demonstrated improved disease control for patients with congenital adrenal hyperplasia. Future work will examine the application of chronotherapy to all hormonal replacement therapy.



**Cecilia Follin**  
European Endocrine  
Nurse Award

## Raising the profile of endocrine nurses

My interest in collaborative working, networking and raising the profile of endocrine nurses has improved role development in endocrine nursing across Europe. The first endocrine nursing programme at ECE 2011 in Rotterdam, The Netherlands, was the initial step towards organising a scientific programme for nurses. Over the coming years, we further developed the ESE Nurses' Working Group (now the ESE Nurse Committee). My work chairing the network for Nordic endocrine nurses resulted in very strong collaboration with the

ESE nurses' network. Nordic nurses continue to have a significant presence at ECE, as delegates, invited speakers and members of the ESE Nurse Committee.

*Advanced Practice in Endocrinology Nursing*, published in 2019, was the first textbook in endocrine nursing. It was the largest collaborative project for endocrine nurses, physicians and other healthcare professionals, and is now the reference manual for most training and academic curriculums in endocrinology nursing internationally.

I hope I can inspire my nurse colleagues to develop and work at an advanced level of practice, combining evidence-based clinical practice, research and leadership expertise.



**George Chrousos**  
Transatlantic Alliance  
Award

## The endocrine basis and implications of stress and its management

My main interest is in the neuroscience of stress, the impact of the latter on human health, and its involvement in the genesis of the chronic, complex, non-communicable diseases.

I have pioneered key studies and introduced novel, transformative concepts that have helped elucidate the effects of the stress system and its mediators on the organism. These have included fundamental studies on the glucocorticoid signalling system. My work led to introduction of the concept of glucocorticoid resistance and hypersensitivity causing major human disease, because of

generalised and/or target tissue-specific alterations. I have shown that chronic stress is broadly pathogenic, causing anxiety, depression, obesity, metabolic syndrome, hypertension, diabetes, osteopenia and osteoporosis, etc. Interaction of the biological clock with the glucocorticoid receptor increases tissue sensitivity to evening cortisol elevations, as they occur in chronic stress, major depression, Cushing's syndrome, night shift work or travelling across time zones, causing major deterioration of brain, cardiometabolic and immune functions. My studies were the first to demonstrate the involvement of a long non-coding RNA in glucocorticoid action, with its major function being the protection of tissues from the catabolic actions of glucocorticoids.

In my lecture, I will present the pivotal roles of endocrine mechanisms, both in the detrimental effects of chronic stress on the organism and in the salutary effects of its management.



# Obesity: moving beyond simplistic solutions

Acceptance of obesity as a disease must lead to a proactive change in the approach to its management, by both policymakers and health providers. ESE and EASO (the European Association for the Study of Obesity) are collaborating to bring about that change.

In May 2021, ESE published the Society's first policy White Paper, entitled 'Hormones in European Health Policies: How endocrinologists can contribute towards a healthier Europe'.<sup>1</sup> This focuses on ESE's strategic pathological priorities, including obesity. The chapter on obesity was driven by the Society's Diabetes, Obesity, Metabolism and Nutrition (DOMN) Focus Area, for very good reason.

Obesity has been classified as a metabolic disease in the World Health Organization (WHO)'s International Classification of Diseases since edition 6 (ICD-6) in 1948.<sup>2,3</sup> However, it wasn't until 2013 that healthcare professionals definitively reached a consensus, aligned with the official WHO definition, that obesity is 'abnormal and or excessive fat accumulation that may impair health'. Reaching scientific consensus at this time has had advantages and disadvantages from policy to practice.

## Exposing a myth

According to Volkan Yumuk, President-Elect of EASO and a member of the ESE DOMN Focus Area Expert Panel, 'It is a never-ending circle. From a clinical practice perspective, health professionals and people living with the various obesity phenotypes have been subject to the negative consequences of the myth that the disease of obesity is singularly about weight, and that the solution is to "eat less and move more".'

EASO and ESE are working together to provide obesity training and teaching courses in obesity medicine to endocrinologists. The aim is to overcome barriers to diagnosis, treatment and follow-up, and to keep them up to date. This necessarily includes health professional training on weight stigma and weight bias for patients who present with advanced stage obesity, where visible signs of disease progression are clear.

Ximena Ramos-Salas is EASO's Research and Education Consultant. She is an expert on the impact of weight bias and weight stigma on access to equitable assessment, diagnosis and treatment for people living with obesity in larger bodies. In her words, 'Patients living with obesity perceive biased treatment in healthcare settings and report receiving simplistic advice to ... eat less and move more ... to manage their disease.'<sup>4</sup>

She continues, 'The lack of understanding of the pathophysiology of obesity can lead to reduced assessment, diagnosis and treatment of the disease, causing increasing population level prevalence and severity and increased obesity-related complications.'<sup>5</sup> This very often leads to systemic bias (not least manifested through weight stigma and weight bias) towards people living with obesity or with known gateway diseases, such as numerous endocrine disorders.'

## Influencing policy and practice

But does this go far enough? EASO's Head of Policy, Jacqueline Bowman-Busato, comments, 'The collaboration between ESE and EASO has high potential for changing policy and practice paradigms alike. We can work

**'Endocrinologists have a responsibility to recognise obesity as a disease and to help patients receive appropriate treatment.'**



© Shutterstock/Janson George

together to build on the ESE White Paper as well as key policy dossiers at European and national levels. Our goal is to embed early diagnosis and screening, treatment and long term management of obesity into existing policy and service delivery frameworks, in the same way as for other major policy-prioritised, non-communicable diseases.'

Jacqueline Bowman-Busato adds, 'We have a very precise window of opportunity. The UN General Assembly's high level meeting on non-communicable diseases in 2025 is our opportunity to see the policy framework extended to include obesity in its own right, with related performance-monitoring frameworks.'

## Enhanced education and training

Collaborating with one voice from policy to practice holds nothing but advantages. At EASO and in the broader health practitioner community, we are aware that a lack of systematised postgraduate education on the treatment and management of obesity leads to less than optimal treatment pathways and long term health outcomes.

There is an opportunity for ESE and EASO to jointly call for upskilling of the health workforce to be able to treat and manage obesity in a multidisciplinary setting. Furthermore, we must work together to ensure that health systems align with the treatment and management needs of people living with the chronic disease of obesity.

Volkan Yumuk emphasises, 'Endocrinologists have a responsibility to recognise obesity as a disease and to help patients with obesity to receive appropriate treatment. They have a unique role in proactively starting the obesity dialogue, performing the initial assessment and referring patients to the most appropriate services.'

He continues, 'Using the people-first language, ensuring a patient-centric approach, empowering patients to take responsibility for their own health, asking for permission to assess their weight, actively monitoring changes in behaviour and health, congratulating them on positive outcomes, are crucial tasks for an endocrinologist.'<sup>6</sup>

In conclusion, ESE has already made great strides in advocating for and treating obesity as the chronic relapsing disease it is. Our next joint steps are to advocate for and provide evidence that policymakers can use to inform policies that can be meaningful for accurate, precise, non-discriminatory early diagnosis and screening, treatment and long term management of obesity along the life course.

**Jacqueline Bowman-Busato** EASO Head of Policy  
**Ximena Ramos-Salas** EASO Research & Education Consultant  
**Volkan Demirhan Yumuk** ESE DOMN Focus Area Expert Panel, EASO President-Elect

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# An endocrinologist in Ukraine

Boris Mankovsky is President of the Ukrainian Diabetology Association and Professor at the Shupyk National Medical Academy of Postgraduate Education, Kyiv, Ukraine. ESE has been pleased to work closely with him to support Ukrainian endocrinologists during the ongoing conflict. Here, he tells us about the situation in his country.

## What was endocrinology in Ukraine like before the conflict?

In Ukraine, endocrinologists take care of all patients with endocrine diseases as, officially, there are no subspecialties within this specialty. There were around 1000 endocrinologists working in Ukraine before the war erupted.

There are a few clinical and research centres for endocrinology, which are located mainly in Kyiv and Kharkiv. However, almost every medical university has a separate department of endocrinology or a special teaching course for endocrinology. These departments in universities also carry out clinical and research activities. Medical universities are located in the major Ukrainian cities in the different parts of the country.

## What were the immediate priorities after the invasion?

At that time, we were facing a shortage of medications, including life-saving ones such as insulin, as well as many others. Furthermore, approximately one in four people in the country had to leave their homes. This, of course, led to the significant redistribution of patients with endocrine disorders and the workload of physicians in the different regions of the country, with an increase mainly towards western Ukraine.

## Who did you turn to first, and why?

We tried to approach many international organisations for assistance. I would like to especially

point out that ESE offered support and help immediately.

Help started to arrive within the first few weeks after the invasion. I think it flowed from almost everywhere, from governmental and non-governmental organisations, from international societies and from international pharmaceutical companies. Needless to say, we are very grateful for such overwhelming support.

## What was most useful to endocrinologists and their patients?

Of course, from an endocrinology point of view, the most important support was the delivery of insulin and levothyroxine, which came from many different countries. At that time, our government had abolished the requirement for mandatory approval of medications in the country, which allowed us to use medications which were, for various reasons, not provided for registration before.

## How have the challenges for healthcare changed in recent months?

They have changed from focusing on just urgent care (as was the case in the first weeks of the invasion) to more-or-less regular healthcare, especially in the less affected areas of the country, such as central and western Ukraine.

Of course, life in Kyiv and the west of Ukraine is not normal yet. There is still a curfew and some other restrictions, but I believe that the medical services are almost fully available in these

**‘Approximately 25% of the population had to move out of their homes. Around 6 million people had to leave the country.’**



Boris Mankovsky

**‘There are still sirens for possible air attacks sounding a few times a day, a curfew in place and some other restrictions, which affect the regular lives of everyone.’**

regions, and patients are able to get the necessary care and required medications now. However, in the regions where heavy fighting continues (the east and south-east), life in general and healthcare are still significantly disturbed.

As I mentioned, approximately 25% of the population had to move out of their homes. Around 6 million people had to leave the country. Of course, out of that number there are many healthcare providers and patients. However, we still do not know the exact numbers and the exact impact of such immigration on healthcare in the country.

## What do you know of the situation for colleagues and patients in the areas near the conflict?

I am afraid that it is very difficult even to imagine all the hardship which all people, including healthcare providers and patients, are experiencing now in the areas close to the fighting. It is really the constant threat of death, wounds, lack of resources. We do hope it will come to an end.

## How does your typical workday differ from before?

My work schedule is similar to how it was before the war. Our hospital and clinics fully operate with the flow of patients. Many people returned to Kyiv. However, there are still sirens for possible air attacks sounding a few times a day, a curfew in place and some other restrictions, which affect the regular lives of everyone. There is no-fly zone in the country, so there is no way to fly anywhere. Nevertheless, life goes on.

## What is Ukraine’s most urgent need now, in terms of support for medicine?

I do not think that we have such urgent needs in the support for medicine anymore. Having said so, I would like to express my sincere gratitude once again to all friends and colleagues who helped us at the beginning of the war.

Many, many, many thanks for all your support. We fully realise that without such support, we would not have been able to withstand such terrible, unprovoked aggression by a country which is stronger and bigger than we are.



# ESE's response to the crisis in Ukraine

From the earliest days after the Russian invasion of Ukraine in February 2022, ESE has sought to support our colleagues and their patients in Ukraine. Over time, the priorities and needs have changed. Our support will continue to evolve as necessary, to provide the most appropriate help.

## Formation of a Task Force

Shortly after the start of the conflict, ESE worked with the **Ukrainian Diabetology Association** and the **Association of Endocrinologists in Ukraine** to form the **ESE Task Force Ukraine**. This focused on the healthcare crisis, to support Ukrainian colleagues in the care of their patients.

The Task Force is chaired by ESE President Martin Reincke and has the essential, invaluable input of Boris Mankovsky (President of the Ukrainian Diabetology Association) and Oksana Khyzhnyak (Vice-President of the Ukrainian Association of Paediatric Endocrinology), who provide updates on the situation 'on-the-ground' in Ukraine. It continues to meet regularly.

## Addressing early priorities

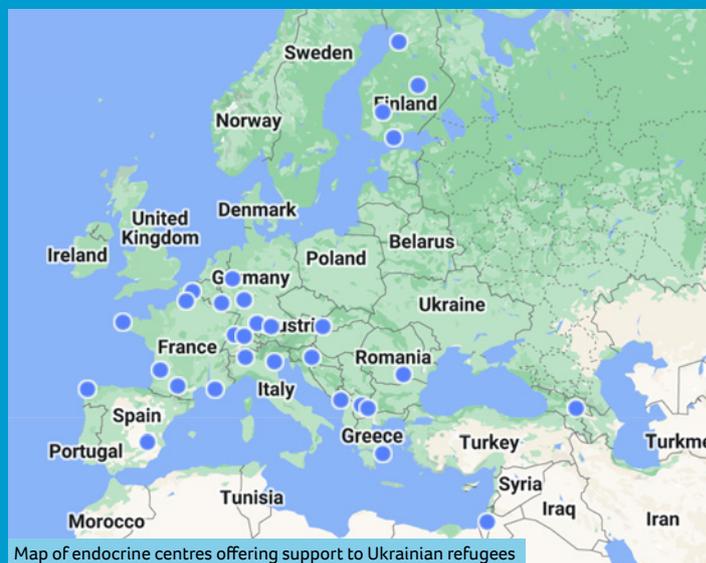
The Task Force produced a statement highlighting shortages of **essential and life-critical endocrine drugs**, which was shared with Médecins Sans Frontières (MSF) and the World Health Organization (WHO). This emphasised the urgent need for insulin as well as hydrocortisone, levothyroxine and desmopressin. Alerting MSF and WHO allowed these organisations to take necessary action.

Another priority was the need for **care of refugee patients** who left Ukraine for other European countries. The Task Force addressed this by co-ordinating the provision of patient information in Ukrainian and Russian languages and the mapping of endocrine specialist centres to support patient care.

ESE has now provided **translations into Ukrainian and Russian for emergency cards** on:

- diabetes insipidus and desmopressin use
- diabetes mellitus
- adrenal insufficiency
- hypoparathyroidism
- hypothyroidism.

We have also identified **40 centres that can provide support for Ukrainian refugees** (see map). Although the initial urgent need to provide life-critical drugs has reduced, ESE continues to assess how we can facilitate their provision to areas of need.



Map of endocrine centres offering support to Ukrainian refugees

## Support for education

Since the summer, the Task Force's focus has turned towards educational activities. As well as providing **free ESE membership to our Ukrainian colleagues**, ESE offers them free access to educational events, either online or in person, and to meeting grants for travel. In addition, they can access ESE's full library of educational content at ESE On Demand.

Recently, access to these benefits has been extended to endocrinologists in Moldova, including free membership of ESE to support them at this time, due to their proximity to Ukraine.

**'ESE worked with the Ukrainian Diabetology Association and the Association of Endocrinologists in Ukraine to form the ESE Task Force Ukraine.'**

## Find out more and get involved

You can find all the relevant information about ESE's response to the conflict at [www.ese-hormones.org/advocacy/support-for-the-ukrainian-endocrine-community](http://www.ese-hormones.org/advocacy/support-for-the-ukrainian-endocrine-community). Here you can download the emergency cards, upload your centre's information onto the map, or find the information that has been collected for the benefit of healthcare professionals.

Importantly, please inform any Ukrainian colleagues about ESE's educational provision.

If you have any questions or suggestions, please email [ese-ukrainian-support@ese-hormones.org](mailto:ese-ukrainian-support@ese-hormones.org).



Monument to independence, Kyiv, Ukraine, July 2021



EJE

# Cardiovascular risk in transgender persons

A recent study supports a hypothesis that cardiovascular risk may increase in transgender persons using gender-affirming hormone treatment.<sup>1</sup>

The term transgender is used to describe individuals whose gender identity differs from the assigned sex at birth. Transgender men are assigned female at birth, but identify as men, and transgender women are assigned male at birth, but identify as women.

## Gender-affirming hormone treatment

Gender-affirming hormone treatment (GAHT) is a cornerstone of gender-affirming treatment for many transgender persons, and non-binary persons may also wish to receive GAHT.

The number of referrals due to gender identity-related diagnoses continues to increase.<sup>2</sup> Long term cardiovascular and metabolic health in transgender study populations has been discussed, and especially the possible impact of GAHT on health outcomes.<sup>3</sup> Changes in sex hormone levels during transition in transgender persons may increase the risk of cardiovascular disease. Testosterone treatment results in unfavourable changes in lipid levels, higher blood pressure and higher haematocrit, which could result in the development of coronary artery plaques. Oestrogen treatment of transgender females may translate into increased risk of venous thromboembolism.

A recent study in patients from the outpatient clinic at the Center of Gender Identity in Amsterdam, The Netherlands, reported higher mortality in a Dutch study cohort ( $n=4568$ ) treated with GAHT.<sup>4</sup> We aimed to use national registers to investigate the risk of diagnosis and treatment of cardiovascular and metabolic outcomes in Danish transgender persons.<sup>1</sup> We hypothesised that cardiovascular risk could be increased in transgender persons and that use of GAHT could be a mediator for cardiovascular risk.

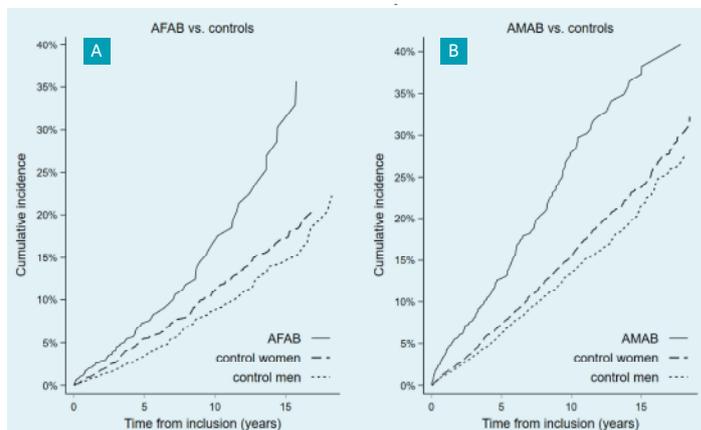
## Cardiovascular outcomes in Danish transgender persons

We conducted a historical register-based cohort study in 2671 Danish transgender persons and 26,710 age-matched controls. We found a significantly higher hazard ratio for cardiovascular outcomes in transgender persons versus controls of the same and other birth sex, with the highest adjusted hazard ratio for transgender persons assigned female at birth versus control men: 2.20 (95% confidence interval 1.64; 2.95),  $P<0.001$ .<sup>1</sup>

## GAHT as a mediator for cardiovascular disease

GAHT explained part of the elevated risk of cardiovascular disease in transgender persons assigned female at birth, whereas GAHT did not contribute to the elevated risk of cardiovascular disease in transgender persons assigned male at birth. Testosterone treatment has been considered safe regarding cardiovascular outcomes,<sup>5</sup> but the present study indicates that more data are needed regarding vascular risk during masculinising hormonal treatment.

Feminising treatment did not mediate any cardiovascular disease in regression analyses. However, genital surgery is not widely available in Denmark, and many transgender women will continue use of cyproterone acetate for several years. Cardiovascular adverse effects of cyproterone acetate on lipid profile and coagulation system are well described.<sup>3</sup> In



Cumulative incidence of cardiovascular outcomes in transgender persons versus controls: (A) AFAB (people assigned female at birth) versus controls; (B) AMAB (people assigned male at birth) versus controls.

recent years, the initial dosage of cyproterone acetate has been reduced from 25–50mg/day to 12.5mg, with further down-titration within the first year,<sup>3</sup> and studies regarding the lowest effective dosage of cyproterone acetate are ongoing. The risk of long term adverse effects of cyproterone acetate should be evaluated during longer follow up.

## Future perspectives on health outcomes

Register-based data did not allow us to investigate the influence of body mass index, family history of cardiovascular disease, minority stress and lifestyle factors (diet, smoking, exercise) on study outcomes.<sup>6</sup> Future studies will be able to bring further knowledge regarding mechanisms for higher cardiovascular risk in transgender persons.

## Dorte Glintborg

Department of Endocrinology, Odense University Hospital, and Institute of Clinical Research, University of Southern Denmark, Odense, Denmark

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## Insights from the Editor

Increasing numbers of people are seeking support and treatment in gender identity clinics for gender incongruence. Recent self-reported rates of gender incongruence lie at around 0.6–1.1% in The Netherlands and Belgium.

As it falls to endocrinologists to advise on safe sex hormone therapy in this setting, a clear understanding of the long term risks of treatment is crucial. Current evidence comes from retrospective studies, albeit fraught with analytic and historic complexity.

The study described here adds to evidence for increased cardiovascular risk in transgender subjects of both birth sexes. The approximately twofold increased risk for those assigned female sex at birth is partly mediated by androgenic therapy. No such effect of feminising hormone therapy could be discerned, and large prospective studies are still required to unpick the roles played by cyproterone acetate, lifestyle and socioeconomic factors and minority stress.

## Robert Semple

Deputy Editor, *European Journal of Endocrinology*

EJE Clinical & translational endocrinology from around the globe



# Late effects of cancer treatment

Claire Higham and Judith Gebauer are the Guest Editors of this new *Endocrine Connections* Special Collection of papers on the endocrine after-effects of cancer therapy.<sup>1</sup>

A rising incidence of cancer diagnoses and significant improvement in cancer survival rates have led to growing numbers of cancer survivors. Latest figures estimate this to be around 43 million people worldwide.<sup>2</sup>

The late consequences of cancer treatments are wide-ranging, but up to 50% of patients will develop endocrine or metabolic problems, requiring expert management. Management is currently very variable across individual centres and countries, and we strongly believe that this inequity needs to be addressed. Even where evidence-based guidance exists (such as the International Late Effects of Childhood Cancer Guideline Harmonization Group (IGHG) initiative; [www.ighg.org](http://www.ighg.org)), implementation is variable, and there are considerable gaps in the evidence base for making strong recommendations.

Developing this evidence base and subsequent guidance for late consequences is challenging because of constantly changing oncology treatments, individualised cancer regimens, and often long durations between the cancer treatments and development of complications.

We are both adult endocrinologists with an interest in the late effects of cancer treatment. It is with pleasure that we take the role of Guest Editors for this Special Collection of articles in *Endocrine Connections* to address current controversies and best practice in late effects of cancer management, entitled 'Late effects of cancer treatment'.

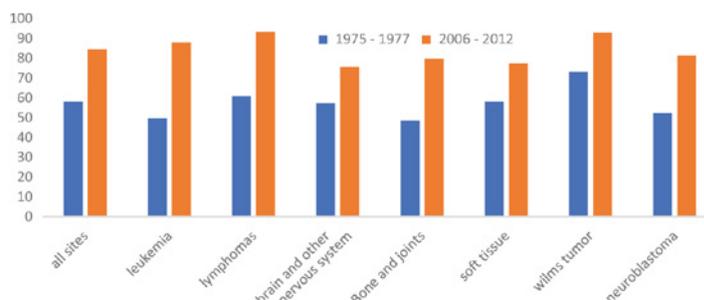
The series starts with a short editorial<sup>3</sup> which accompanies an article<sup>4</sup> with global authorship describing the optimal approach to long term follow-up of childhood cancer survivors as an example of collaborative international working. Subsequent articles will address a range of important areas, including the following topics.

## Strategies for thyroid screening

This paper provides a critique of strategies for thyroid screening in those who have received radiotherapy to fields that include the thyroid gland, such as craniospinal irradiation following medulloblastoma. This tricky problem balances the risks of overdiagnosis with the benefits of early detection by surveillance.<sup>5</sup>

## Bone health in cancer survivors

Authors involved in the recent IGHG guidance for childhood cancer survivors<sup>6</sup> will review bone health in individuals who have received treatment for cancer. They will question whether there really is an



Changes in 5-year relative survival (in %, y-axis) for childhood cancer patients (age 0–14 years) with different cancer entities (x-axis) between 1975 and 2012 (data from Jemal *et al.*<sup>7</sup>). Reproduced under CC BY-NC-ND 4.0 licence (<https://creativecommons.org/licenses/by-nc-nd/4.0>) from Gebauer *et al.*<sup>4</sup> <https://doi.org/10.1530/EC-22-0083> ©2022 The Authors.

increased risk of poor bone health and fracture in childhood and adult survivors, and how we should approach this issue.

## Radiotherapy and the hypothalamic–pituitary axis

An update on radiotherapy's impact on the hypothalamic–pituitary axis will examine how different and evolving radiotherapy techniques may vary in their effects.

## And more...

Further articles will focus on:

- challenges in the diagnosis and treatment of growth hormone deficiency in this complex group of patients
- the development of secondary cancers and the increasing awareness of the impact of genetic predisposition on this risk, including the influence of hormone replacement, and
- cardiotoxicity and cardiovascular risk in this population.

Alongside these invited review articles, we welcome any other related articles for submission, including original research in the field of late effects.

## Claire Higham

Endocrine Consultant, Christie Hospital NHS Foundation Trust, Manchester, and Honorary Senior Lecturer, University of Manchester, UK

## Judith Gebauer

Department of Internal Medicine I, University Hospital Schleswig–Holstein, Lübeck, Germany

## REFERENCES

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2. Sung *et al.* 2021 *CA: A Cancer Journal for Clinicians* **71** 209–249.
3. Gebauer & Higham 2022 *Endocrine Connections* **11** e220261.
4. Gebauer *et al.* 2022 *Endocrine Connections* **11** e220083.
5. Heinzel *et al.* 2022 *Endocrine Connections* doi: 10.1530/EC-22-0092.
6. van Atteveld *et al.* 2021 *Lancet Diabetes & Endocrinology* **9** 622–637.
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## Insights from the Editor

*Endocrine Connections* was originally established to break down the barriers both within endocrinology and between endocrinology and other disciplines, in a fully open access format. The journal has undoubtedly made great progress towards this ambition. There are few better examples of situations in which this aim is desperately needed than this topic. The incredible progress over the last half century in treating cancers has created new, and often unforeseen, late consequences for patients. As we know, these consequences are often of an endocrine nature.

I am delighted that one of our senior editors, Claire Higham, together with her colleague, Judith Gebauer, has taken up the challenge to compile a review series, bringing together the growing expertise in understanding late effects. *Endocrine Connections* will continue to publish good quality research and reviews on late endocrine effects of cancer therapy, and I invite all endocrinologists to read and disseminate these articles.

Adrian Clark

Editor-in-Chief, *Endocrine Connections*

Endocrine  
CONNECTIONS





# Your magazine reaches '50'!

The first issue of *ESE News* was published as ESE was launched, back in 2006. At just four pages long, and only in blue and gold print, it was the starting point of something bigger (just like the Society that it represents). Now, 17 years on, we have reached the 50th issue.



Full colour arrived in 2011, followed by expansion to 12 pages in 2012, under the editorship of Richard Ross. In 2017, the then Editor, Wouter de Herder, oversaw a new design and increase in size to 16 pages.

Justo Castaño joined the Editorial Board in 2011 and became Editor in 2019, since when his vision has seen the publication's evolution into a forum for opinion and debate, reflected by a change of name to *Endocrine Views*. Change is still underway, with further development of the electronic version to enhance its interactivity and integration with ESE's social media presence.



'What I liked most during my term as Editor of *ESE News* was the "cover surprise". I was usually both surprised and excited about the cover the publishing team produced and I have

several favourites, like the cover of issue 36, Summer 2018 [third image, above].

The article I remember best is "Standing up for science", elegantly written by AJ van der Lely and Andrea Giustina (issue 34, Autumn 2017, pages 8-9), not just because regretfully the statements in this article still hold true 5 years later.'

**Wouter de Herder**  
Editor 2013-2018



'I greatly enjoyed working with the team in 2012 when we translated *ESE News* from a news sheet to a magazine style, and introduced some great content including "A Day in the Life of..." and

"Coffee Break". The magazine has developed over the years and provides a great review of what is so inclusive about ESE's shaping of the future of endocrinology.'

**Richard Ross**  
Editor 2011-2013

'*ESE News* gave rise to *Endocrine Views* at a time of change and challenge for the world and our Society. During the COVID-19 pandemic, our magazine became a most important conduit for interaction with and among ESE members. Our hope is that this evolution has given you a more engaging format and content.

Being Editor of *Endocrine Views* is a genuine privilege, which I will always treasure and never forget. Working with the Editorial Board, Managing Editor and Production Team is a true joy!'



**Justo P Castaño**  
Editor 2019-2023

**Could you be our next Editor? Find out more on page 5**



## Save the date

For more information about any ESE event see [www.eese-hormones.org](http://www.eese-hormones.org).

### ESE Clinical Update on Obesity and Female Reproduction 2023

10-12 January 2023

Online

### ESE Spotlight on Science

9 February 2023

Online

### ESE Talks... Rare Diseases

14 February 2023

Online

### ESE Spotlight on Science

20 April 2023

Online



**ECE 2023**

**25<sup>th</sup> European Congress of Endocrinology**

13-16 May 2023

Istanbul, Turkey

### European Hormone Day

15 May 2023

## Deadlines

23 January 2023

### ECE 2023

Abstract submission deadline

28 February 2023

### ESE Awards 2024

[www.eese-hormones.org/grants-and-awards](http://www.eese-hormones.org/grants-and-awards)

Nomination deadline

28 February 2023

### EYES Observership Programmes

Application deadline

1 March 2023

### Small Meeting Grant

Application deadline

10 March 2023

### ECE Travel Grant

Application deadline

20 March 2023

### ECE 2023

Super Early Bird registration deadline

18 April 2023

### ECE 2023

Early Bird registration deadline

31 May 2023

### Short Term Fellowship Grant

Application deadline