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eyes NEWS

The newsletter of the ESE Young Endocrinologists and Scientists

Neuroendocrine tumours: hormonal chaos



European Society
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Editor:
Juan Manuel Jiménez Vacas, UK

Deputy Editor:
Walter Vena, Italy

Editorial Board:
Settimio D'Andrea, Italy
Dorota Filipowicz, Poland
Shamini Ramkumar Thirumalasetty, Germany
Victoria Withy, UK
Karin Zibar Tomšić, Croatia

Sub-editor:
Caroline Brewer

Design:
Qube Design Associates

Website: www.e-se-hormones.org

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Editorial



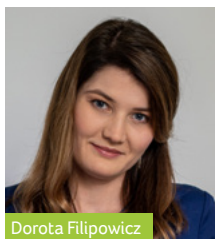
Juan Manuel Jiménez Vacas



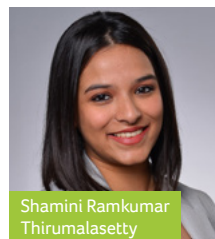
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Settimio D'Andrea



Dorota Filipowicz



Shamini Ramkumar Thirumalasetty



Victoria Withy



Karin Zibar Tomšić

eyes

ESE young endocrinologists and scientists looking forward

As spring unfolds, so does a fresh issue of our beloved *EYES News* ... the very one you're reading! This time, we dive into a crucial topic: **neuroendocrine tumours (NETs)** [🔗](#). These rare and complex tumours can arise from different cells within the neuroendocrine system, affecting multiple tissues and presenting unique biological characteristics and clinical challenges. We have covered many aspects in these pages, and I strongly encourage you to explore them.

You should also explore the issue to stay updated on upcoming ESE events, including many supporting the EYES community. You can find out about exciting activities at the imminent **Joint Congress** [🔗](#) of ESPE (the European Society for Paediatric Endocrinology) and ESE, as well as the **ESE Summer School** [🔗](#), and, of course, our much-anticipated **EYES Annual Meeting** [🔗](#) in Milan, Italy, this September... We can't wait!

Beyond science and events, this issue also brings you an exclusive **interview with Professor Ashley Grossman** [🔗](#), a spotlight on the **Lebanese Society of Endocrinology, Diabetes and Lipids** [🔗](#), and much more.

Before I wrap up, I want to extend my deepest gratitude to Karin Zibar Tomšić and Settimio D'Andrea, two incredible members of the *EYES News* team whose terms have now come to an end. Their dedication and hard work have been invaluable, and we will truly miss them. But with endings come new beginnings, and fresh faces will soon join our team. We're excited to keep our *EYES News* family growing!

With that, I'll leave you to enjoy this issue, full of knowledge, updates and a touch of entertainment for these chaotic times.

Happy reading!

Juan Manuel Jiménez Vacas
Editor, *EYES News*



You can flick through past and present issues of *EYES News* at www.e-se-hormones.org/eyesnews



From your EYES Co-Chairs

Exciting times are ahead for our family of early-career endocrinologists and scientists! Plenty of opportunities are on the horizon, and we're here to make sure you don't miss a thing.

We can't wait for the **Joint Congress of ESPE and ESE** in Copenhagen, which is fast approaching! ESPE is the European Society for Paediatric Endocrinology, and the Congress will be a great opportunity to make new collaborations and links with paediatric colleagues. Be sure to join us there at the joint symposium of EYES and YES (Young ESPE), where early-career researchers will share their groundbreaking basic, translational and clinical research with us. This will also be where we announce the 2025/2026 recipients of the **EYES Observership Programme**, so stay tuned! As well as science, we'll be networking, having fun, and making lifelong connections.

And don't miss the EYES-YES social evening, where we promise an unforgettable night of music, dancing, and good vibes. It's the perfect chance to unwind, make friends and share experiences with fellow endocrinologists from around the globe. You can find out more about early-career activities at the Joint Congress on **page 8**.

Of course, the excitement doesn't stop in Copenhagen! Our **EYES Annual Meeting** is just around the corner and, this year, it's happening in none other than Milan, the Italian heart of fashion, culture and great food! On 26–28 September 2025, we'll gather at the Humanitas Congress Centre for an event packed with cutting-edge science, networking and career-boosting opportunities. You can read more and register your interest on **page 9**.



Copenhagen, location of the ESPE–ESE Joint Congress

There's so much more to come, so be sure to stay connected with us on social media for the latest news and opportunities. Details of the EYES social media channels are on **page 2**. Your EYES Committee is always here, working hard to support you and to bring even more exciting initiatives your way.

See you soon in Copenhagen and Milan!

Juan Manuel Jiménez Vacas, UK
Walter Vena, Italy
 EYES Committee Co-Chairs

Key dates for your diary

Keep up to date with the latest **ESE activities** and watch your inbox for emails with details, Early Bird rates and grant information!

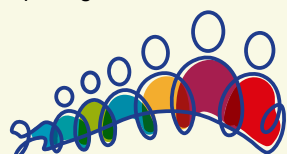
24 April 2025
Joint Congress of ESPE and ESE 2025
 Standard registration deadline

24 April 2025
World Hormone Day

24 April 2025
ESE Spotlight on Science: Hormones as potential tools in precision medicine
 Online

28 April 2025
EuroPit 2025
 Application deadline

10–13 May 2025
Joint Congress of ESPE and ESE 2025
 Copenhagen, Denmark



**Connecting Endocrinology
 Across the Life Course**

14–16 May 2025
15th European Congress on Menopause and Andropause
 Valencia, Spain

20 May 2025
ESE Summer School 2025
 Early Bird registration deadline

27 May 2025
ESE Talks... L'hypophyse – du déficit à l'hypersécrétion with the Tunisian and French societies
 Online (in French)

13 June 2025
ETA eConference: Differentiated thyroid cancer – what's new in the field?
 Online

18–22 June 2025
17th International Thyroid Congress
 Rio de Janeiro, Brazil

19 June 2025
ESE Spotlight on Science: Advances in the Aetiopathology of PCOS
 Online

22–25 June 2025
ESE Summer School 2025
 Innsbruck, Austria

9–12 July 2025
World Congress on Thyroid Cancer
 Boston, MA, USA

8–12 September 2025
36th Postgraduate Course in Clinical Endocrinology, Diabetes and Metabolism
 Online

26–28 September 2025
12th ESE Young Endocrinologists and Scientists (EYES) Meeting
 Milan, Italy



The EYES community will meet in Milan

24–26 November 2025
EuroPit 2025
 Annecy, France



Amazing careers: Meet Ashley Grossman

Ashley Grossman is Emeritus Professor of Endocrinology and a Fellow of Green-Templeton College at the University of Oxford, UK, Professor of Neuroendocrinology at Barts and the London School of Medicine, and Consultant NET Endocrinologist at the Royal Free Hospital, London. He is also the 2025 recipient of the Transatlantic Alliance Award. EYES News Editorial Board member Shamini Ramkumar Thirumalasetty talked to him about his life in endocrinology.



Ashley Grossman

How did your journey in medicine begin?

My journey has not been a straight line! As a child, I really wanted to do medicine but, as an undergraduate, I chose subjects ranging from natural sciences to psychology and social anthropology, followed by a plan to do a PhD in psycholinguistics.

Because I was a bit of a hypochondriac, I went to see Professor Sir John Nabarro (a very strict man). I said 'I think I've got thyroid disease.' He just looked at me and said 'No, you haven't. Read medicine. Goodbye!' and threw me out. Now, medicine had always been in the back of my mind. But the thing that changed me at that stage was being angry!

I began my medical degree at University College Hospital. I also did an extra degree in neuroscience, which I adored, run by a very famous professor of anatomy. I was asked to stay on for PhD, but needed to finish my medical degree. Three months later, in clinical medicine, everything just fell into place and I realised, 'This is what I want to do all my life.'

Who inspired you to become an endocrinologist?

In those days you chose your own house jobs. I thought, there's this chap called Michael Besser doing neuroendocrinology at Barts, so maybe I'll do that for six months. Around this time, Guillemin and Schally won the Nobel Prize for neuropeptides and hypothalamus, so a whole new world was opening up. I applied for a grant and wrote down 'future career: neurology'. Professor Besser struck it out and put down 'endocrinology'. So that was it, really; I never looked back.

Can you share a significant moment from your career?

Academic doctors can, even with a single patient, make a difference. An 18-year-old boy had been diagnosed with cortisol deficiency when he was 5 – as had his sister, but not his brother. His renin–aldosterone axis was normal, so it was just cortisol that was dysfunctional, and it looked like an autosomal recessive gene.

Roger Cone had just sequenced the ACTH receptor. So I thought, 'What if there was a mutation?' I wasn't really a molecular biologist, but my friend Adrian Clark said, 'Yeah, we can look into that.' In those days, we did Sanger sequencing and had big X-ray sheets, which we examined one nucleotide at a time! We found a predictive mutation in the boy and his sister, but not his brother. The parents were heterozygotes. So the whole thing fell into place. That's the excitement of having an idea: 99% of your ideas fail – but when one works, it's wonderful.

What else are you particularly proud of?

After the fall of the Soviet Union in the 1990s, the Royal Society in London had a scheme to help scientists. I got a call asking me to support two endocrinologists from Uzbekistan. They joined us for six months, to learn techniques. I was invited back to Tashkent, where things were pretty grim at that time. To obtain thyroid hormone, they would grind up thyroid extract from cadavers, and to test for thyroid function, they would give radioiodine and put a Geiger counter over your neck.

I saw incredible patients, and gave advice but, for pituitary disease, you need a really good surgeon, so I took a friend of mine. He began operating there, and trained one of their surgeons in transsphenoidal surgery. Then, suddenly, they had a very good pituitary tumour service. It's been a joy to see.

How could someone early in their career aim to make the greatest impact?

It's difficult when people say, 'Tell me what to do,' because I can't. I say four things:

- 1) Choose something that triggers your enthusiasm.
- 2) Look for a big problem: you may fail, but it doesn't matter, because it will excite you and you might get there. If you look for a small problem, you get a small answer.
- 3) Find a mentor: somebody you admire, whom you want to work with.
- 4) Particularly if you're not in a big Western country, look for something specific where you are – a population or disease. It's hard to make an impact in an overcrowded field, so find your own path.

Who have been your role models?

Despite being one of the most famous biologists in the world, the professor when I did my degree in neuroscience spent time looking after me. He'd read my essays in detail and made me feel that I was an important individual.

Then Mike Besser made me realise I wasn't a very good clinician and taught me medicine! If you were working with him he supported you. If you went to a meeting, he went through your slides and took you apart – so you knew that when you were presenting, nobody could be as horrible to you as he was!

Lesley Rees, Professor of Chemical Endocrinology at Barts, was the first very senior, female academic I met who didn't apologise for being female. She also had a great outside life, for example as a member of the Press Complaints Commission. External interests feed your enthusiasm for life and doing things.

What would you like to be remembered for?

A wonderful Professor, nearing the end of his life, said he was most proud that 50 of his students were now professors, and were his life's achievement. I thought, well, if I aim for that, I'll be a very happy person.

Watch the full interview [👉](#) and our other **Amazing Scientist interviews** [👉](#)



The chaotic world of NETs

We take a look at these rare and complex tumours, which affect multiple tissues and present unique biological characteristics and clinical challenges.

Time to embrace complexity

We need to advance research into endocrine neoplasms by embracing their complex heterogeneity, as an opportunity for personalised medicine.

Neuroendocrine neoplasms (NENs) comprise a diverse group of tumours that arise from cells of the diffuse neuroendocrine system. Consequently, they are widely distributed throughout the body, although they most frequently appear in the lung and gastroenteropancreatic tract.

NEN heterogeneity has long been an obstacle to advancing their study, imposing major challenges not only to improving their clinical management but also to deciphering their underlying biology.¹ In fact, regardless of their anatomical location, the term NEN already integrates two quite distinct types of neoplasms: the well differentiated neuroendocrine tumours (NETs), and the more aggressive neuroendocrine carcinomas (NECs), which differ as much in prognosis as in key molecular features.

Understanding NEN heterogeneity

Heterogeneity in NENs is the ultimate result of a multilayered cascade of intertwined features that pervade these neoplasms, from their unique molecular alterations to their cellular origin and anatomical location. From a research perspective, this intrinsic heterogenous nature, coupled with their rarity, has hindered high-throughput investigative approaches that have been successfully applied in more common cancers, limiting information on their molecular architecture.

Fortunately, recent developments employing more sophisticated 'omic' tools (often through international collaborative consortia) are yielding a surge of studies delineating the precise genomic, transcriptomic and, in fact, integrative multiomic landscapes of many different NEN types. Yet, a full understanding of the biological implications of this information, and its effective translation, are still lagging. For instance, we are far from achieving unified NEN classifications based on clinico-morpho-molecular grounds and, most importantly, the capability to provide clinically useful, predictive and prognostic information. This is something a candid researcher should expect from a detailed molecular understanding of tumours.

Spearheading therapies

Despite its slower development, NEN research has spearheaded successful therapeutic approaches that are now in place. Over the last two decades, translational research has generated significant advances. These include the use of somatostatin analogues (initially to

inhibit hormone secretion and subsequently to control tumour growth), and also mTOR inhibitors and anti-angiogenic drugs.

However, the quest for targeted treatments has been especially successful in developing a powerful set of modified somatostatin analogues, enabling peptide receptor radioligand therapy. This heralded a paradigm shift in the therapeutic approach to NENs, and paved the way for development of similar approaches in other tumours, such as prostate cancer.

Interpreting the data

The pace at which new information on multiomic landscapes of all kinds of NENs is being accumulated is overwhelming, as are the volume and complexity of such information. However, if we stand back from 'individual trees', it may be possible to see 'the forest', and realise that there are common patterns in the discoveries offered by these new studies.

So, for example, as the cumulative number of tumours analysed rises from tens to hundreds and then thousands, it becomes clear that there are no standout gene mutations that can uniquely and transversally depict all NENs or their distinct subtypes. Certainly, there are marked differences between the more frequent and typical gene mutations in NETs versus NECs, regardless of their anatomical location, but it is increasingly evident that genomic alterations alone cannot satisfactorily explain the oncogenesis and progression of NENs. Therefore, there must be other molecular, and perhaps functional, interconnected layers that contribute relevantly to NEN tumour development and behaviour.²

An example of such a layer would be the specific epigenomic and transcriptomic landscapes of tumours, and their modulation through superimposed processes (i.e. splicing and other RNA regulation systems: nonsense RNA decay, m6A methylation epitranscriptomics),³ and also by the functional networks established within and among those individual layers. Thus, while integrative multiomics reveals that heterogeneity exists at every molecular layer, systematic analysis, probably using artificial intelligence approaches, will shed light and provide new classifications with improved clinical value.²

A second type of layer would be 'supracellular', in that the tumour tissue, rather than cancer cells alone, may hold the secrets of tumour behaviour and evolution. Single cell and spatial transcriptomic approaches are differentiating not just individual cells but separate populations of cells with critically distinct features, while, most importantly, unravelling their functional relationships. This informs us about the complex



The authors with their team

interplay among cancer cells, immune cells and cancer-associated fibroblasts (CAFs), and how these cells dynamically influence each other. The emerging, important, TIME (tumour immune microenvironment) has arrived for NENs.

Naturally, these novel discoveries increase the complexity of the picture we had already developed of NENs. They also illuminate a series of common patterns where specific cell populations (which, like CAFs, were previously considered structural/stromal bystanders) are now shown to be critically important in defining the comportment and evolution of cancer cells and their response to treatments.

Looking to the future

Challenges lying ahead for basic research into NENs are as fascinating and as complex.⁴ Attaining tumour classifications with a higher clinically useful value is mandatory, but so is finding tools to improve the efficacy of immunotherapies, or disentangling the uncertain, probably plural, NET-NEC relationship. Solving these questions will ultimately lead to enhancing the therapeutic arsenal to tackle these difficult diseases. In this scenario, while recent advances confirm the multidimensional, complex nature of NEN heterogeneity, we believe that understanding this heterogeneity and embracing its complexity may provide the key to developing individual, personalised treatments for patients with NENs in the future.

Justo P Castaño, Alejandro Ibáñez-Costa, Sergio Pedraza-Arevalo and Ricardo Blázquez-Encinas, Spain

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NETs and bone health

The skeletal health of patients with neuroendocrine tumours (NETs) needs better understanding.

The importance of bone health in oncological disease has become a topic of growing interest over recent decades. In several clinical settings, such as prostate or breast cancer, a thorough evaluation of bone health is part of standard clinical practice. It has been clearly established that these patients (especially those under hormone deprivation therapy) might face an increased risk of fragility fractures. Preventing bone fragility is crucial clinically, since major fractures, such as vertebral or hip fractures, can seriously affect patients' quality of life and potentially shorten life expectancy.

The literature shows no extensive explorations of bone health in NETs. However, a few studies suggest that patients with NETs may present an increased risk of osteopenia and osteoporosis when compared with the general population.^{1,2}

Several factors may, theoretically, contribute to an impairment of bone health in NETs.

For instance, patients may develop secondary osteoporosis as a result of hormone hypersecretion (as in ectopic Cushing's syndrome). Additionally, 4–12% of patients present with bone metastases, which can result

in pathological fractures and other skeletal-related events, including chronic pain, spinal cord compression and hypercalcemia.³

Moreover, patients might suffer from chronic malnutrition or malabsorption for several reasons, including medical or surgical treatment, tumour mass effects, or chronic diarrhoea related to carcinoid syndrome.⁴ Notably, selective deficiency of nutrients – including vitamin D – is frequently found in NETs, and sarcopenia may occur in these patients, irrespective of significant variations in body mass index.⁴

Unfortunately, bone health in NETs is still largely unexplored from either a clinical or research perspective, so it is difficult to estimate the actual fracture risk in the population with NETs. Furthermore, the specific contribution to bone fragility of each of the factors mentioned is not clearly defined. This makes it challenging to select the patients who would benefit from further investigations, such as bone densitometry or a complete osteometabolic profile assessment.

While we await further studies to explore bone status in NETs, a reasonable clinical approach could be to systemically investigate aspects that are often neglected in common clinical practice, such as nutritional status, vitamin D deficiency, and fragility fractures.



Patients with NETs, especially those with low-grade disease, generally enjoy a good quality of life and life expectancy, so preventing fragility fractures could be a valuable way of preserving these positive aspects.

Alessandro Brunetti, Italy

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The role of nutrition in NETs

Patients with neuroendocrine tumours (NETs) will benefit from a personalised nutritional care plan as part of a multidisciplinary approach.

Nutrition plays a critical role in the management of patients with NETs, influencing clinical outcomes, treatment response and quality of life. The tumour itself, systemic therapies and surgical treatments may have an impact on patient nutrition.¹

Malnutrition and sarcopenia (muscle loss) are common issues in patients with NETs and are often driven by metabolic disturbances arising from tumour-related ectopic hormone secretion and adverse events of systemic therapies, such as somatostatin analogues and chemotherapy.² Malnutrition can lead to weight loss and nutrient deficiencies.

In particular, vitamin D deficiency is frequently observed in patients with NETs and is linked to poorer survival and disease progression.³ Similarly, niacin deficiency is prevalent in patients with carcinoid syndrome due to serotonin overproduction, while deficiencies in vitamin B12 and folic acid can further compromise health and treatment response.¹ On the other hand, obesity and metabolic syndrome have been associated with tumour aggressiveness and metastases.⁴

Dietary patterns have been shown to influence NET progression. A high-fat Western diet, rich in processed foods and saturated fats, has been associated with increased tumour growth and inflammation, whereas the



Mediterranean diet, rich in fruits, vegetables, wholegrains and lean proteins, may offer protective benefits by reducing oxidative stress and improving metabolic health.⁵ Emerging dietary strategies, such as the ketogenic diet and intermittent fasting, are also being explored for their potential therapeutic value in other cancer types. However, evidence is currently lacking in patients with NETs.

Food–drug interactions are also important in NET management. Grapefruit and other food that inhibits cytochrome P450 3A4 could interfere with the metabolism of tyrosine kinases, including everolimus and sunitinib, potentially affecting their efficacy.¹

A personalised nutritional care plan should be part of a multidisciplinary approach to the management of patients with NETs.¹ Regular nutritional assessments, including bioelectrical

impedance analysis and dual-energy X-ray absorptiometry, can help to assess body composition and muscle health. Personalised dietary plans addressing specific deficiencies, tumour types and treatment side effects should be integrated into oncology care to improve clinical outcomes and quality of life.

Barbara Altieri, Germany
Antongilio Faggiano, Italy

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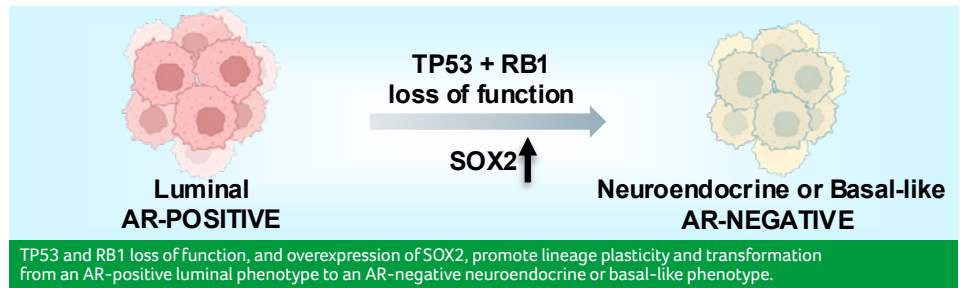
Neuroendocrine prostate cancer

Recent decades have seen huge progress in understanding this rare form of prostate cancer.

More than 90% of primary prostate malignancies are adenocarcinomas. These cancers are predominantly driven by androgens and androgen receptor (AR) signalling. Rarer subtypes encompass those with androgen independence, including small-cell or neuroendocrine prostate cancers (NEPC).

NEPC rarely arises *de novo* (<1% of primary prostate cancer). Instead, it more commonly occurs due to lineage plasticity, whereby cancer cells adopt alternative lineage programmes to escape intense therapeutic pressure; this is termed treatment-emergent NEPC.¹ As adenocarcinomas switch to NEPC histology, they lose their dependency on AR signalling, manifested by the downregulation of the AR and prostate-specific antigen (PSA). An alternative mechanism is the competitive outgrowth of neuroendocrine subclones within a primary prostate adenocarcinoma. NEPC has become more prevalent following the widespread introduction of potent AR signalling inhibitors (e.g. abiraterone and enzalutamide).²

Preclinical studies, and genomic analysis of biopsies, suggest that loss of the tumour suppressors TP53 and RB1 are key drivers of tumour plasticity (Figure). Oncogene activation and epigenetic modifications (e.g. overexpression of EZH2) trigger transcription



factors such as SOX2 and ASCL1, driving neuronal and neuroendocrine lineage pathways and fuelling NEPC progression.^{1,3}

NEPCs respond poorly to conventional therapies and are associated with poor prognosis. Clinically, these cancers commonly present with visceral metastases, lytic bone disease, a low PSA relative to tumour burden, elevated lactate dehydrogenase and carcinoembryonic antigen, and resistance to AR signalling inhibition. Extrapolating from the management of small-cell lung cancer, platinum-based chemotherapy is often used to treat NEPC. However, although transient anti-tumour responses are observed, prognosis remains extremely poor.⁴

Over the last 15 years, an increased understanding of NEPC biology has led to the evaluation of numerous therapies within clinical trials, including EZH2, poly(ADP-ribose) polymerase, Aurora kinase A and immune-checkpoint inhibitors. In addition, the

transmembrane protein DLL3 is overexpressed in NEPC and is under investigation as a target for T-cell engagers.⁴ Another approach is to trigger the intrinsic apoptotic machinery. The anti-apoptotic protein BCL2 is upregulated in NEPC and the BH3-mimetic venetoclax induces apoptosis in some NEPC preclinical models.⁵

Despite recent progress, the development of novel, effective therapeutic strategies to eradicate AR-independent prostate cancer, including NEPC, remains a priority.

Daniel Westaby, UK

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Metabolism of pancreatic NETs

Alterations in metabolic pathways offer potential for diagnosis and monitoring of these tumours.

Neuroendocrine tumours (NETs) are rare cancers, but their incidence is rising.¹ Pancreatic NETs (pNETs) are a subtype of NETs. They are often metastatic at diagnosis, requiring treatments such as chemotherapy or targeted therapies.¹ While genetic research on these tumours is well-established, their metabolism is less understood.² However, studying their metabolism is crucial for developing early diagnostic biomarkers and improving monitoring of treatment.

Recent metabolomic studies have focused on the metabolism of NETs. This work has involved large-scale quantification of metabolites, the end-products of cellular metabolism. These tumours show elevated levels of oxidised lysoglycerophospholipids in

the plasma, indicating significant oxidative stress.³ Additionally, metabolomic analyses of NETs reveal increased bile acids, sugars and oxidised lipids, and decreased carnitine levels. These metabolic alterations affect key pathways, including the tricarboxylic acid cycle and methionine, porphyrin and tryptophan metabolism. The disruption of these pathways has been linked to NET prognosis.

pNETs have a distinct metabolic profile compared with other NETs. Recent studies identified a unique plasma metabolomic signature in patients with pNETs, distinguishing them from non-cancerous controls. This signature could help detect residual disease after surgery, improving follow-up and treatment strategies.

Key metabolic changes in pNETs include alterations in lipid metabolism, fatty acid oxidation, and one-carbon and glutathione metabolism. Patients exhibit an enrichment of complex lipids (glycerophospholipids and

sphingolipids) and lower acylcarnitine levels in their plasma compared with non-cancerous individuals. These metabolic features warrant further exploration. In pNETs associated with the *MEN1* mutation, disruptions in amino acid metabolism are observed, particularly in one-carbon, tryptophan and glutathione pathways, as well as the sphingolipid pathway. A plasma polyamine signature has been identified that could be used to monitor patients with multiple endocrine neoplasia type 1 for aggressive disease.⁴ This metabolic profiling could aid in monitoring and managing such patients.

In conclusion, multiple alterations in metabolic pathways can be found in pNETs (summarised in Jannin et al.² Figure 6). These findings highlight the potential of metabolic profiling as a tool for diagnosis and monitoring of pNETs, paving the way for personalised treatment strategies. Further research is needed to validate these discoveries in tumour models.

Arnaud Jannin, France

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'Recent studies identified a unique plasma metabolomic signature in patients with pNETs, distinguishing them from non-cancerous controls.'



Count down to Copenhagen!

This year, something big is happening in the European endocrine community – make sure you don't miss it.

The Joint Congress of ESE and ESPE (the European Society for Paediatric Endocrinology) is happening on 10–13 May in the charming Danish capital, Copenhagen. It will create an extraordinary opportunity for exchange of knowledge among specialties within adult and paediatric endocrinology.

The Congress will also be a unique opportunity for our community of early-career endocrinologists and scientists. A memorable day is planned for Monday 12 May, which will be full of science, networking and fun!

A unique early-career symposium, jointly organised by EYES and YES (Young ESPE) will take place in the morning. This inspiring journey through the latest advances in basic, translational and clinical adrenal research will range from adrenal insufficiencies to adrenal tumours. Emerging top-notch experts from the EYES and YES communities will give a broad overview of intriguing novelties in adrenal health across the whole lifespan.

We are thrilled to welcome our award winner from the 2024 EYES Annual Meeting, Marc Philipp Schauer, who will inspire us with his talk on 'Intratumoural glucocorticoid secretion in adrenocortical carcinoma and its implication for CAR-T cell targeting'.

The EYES–YES Symposium won't just be an engaging time dedicated to high quality science,

Standard registration
deadline:

24 April 2025

[Find out more](#)

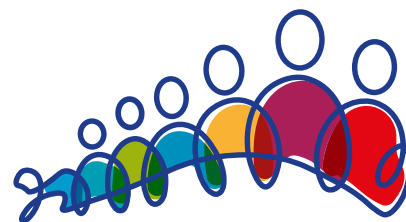


but also a great opportunity to get up to date on all the upcoming activities and projects from EYES and YES. You'd better not miss the session if you want to know the new winners in the EYES Observership Programme!

In the evening, we'll all be ready for the amazing EYES–YES party, which will take place at the Halmtorvet 9 Club. Here, our scientific networking can continue in a relaxed and chilled environment, in the heart of Copenhagen. Enjoying each other's company, live music and a laid-back atmosphere might be the perfect way to share experiences, and even spark some scientific inspiration.

You can be sure that the EYES and YES Committees will delight you, with unforgettable science, networking and good times.

Clara Lazzaretti and Barbara Altieri
EYES Committee



**Connecting Endocrinology
Across the Life Course**

Joint Congress of ESPE and ESE 2025
Copenhagen, Denmark. 10–13 May 2025

**'It will be a unique opportunity
for our early-career community.'**

Get ready for Summer School

Are you excited to join ESE Summer School? The 2025 event takes place in Innsbruck, Austria on 22–25 June.

Once again, we will meet at the TBI-Grillhof, a tranquil venue in the heart of the Alps, where young endocrinologists can network, learn and share their research. Young professionals from around the world will have a unique opportunity to discuss science with other early-career endocrinologists. On top of that, you can learn face-to-face from leading endocrine researchers, either through impactful, interactive lectures or during recreational activities. You might find yourself chatting with your inspiring mentors at dinner or facing them during a volleyball match!

A full and vibrant programme awaits us, under the mentorship of Josef Köhrle and Eleanor

Davies. The main areas of endocrinological interest will be covered: from GPCRs and nuclear receptors to obesity, from the pituitary to endocrine cancers, and much more besides. Topics will be discussed from basic research and clinical points of view, supporting attendees' growth as scientists, by giving a comprehensive overview of the subject.

The EYES Symposium will include a special focus on reproduction, when genetic, hormonal and clinical aspects of reproductive health and fertility will be discussed in depth.

You will also have time to show off your skills! At the end of the daily schedule, attendees can present their studies in engaging guided poster

22–25 June 2025,
Innsbruck, Austria

Early Bird deadline:

20 May 2025

[Register today](#)

sessions. And there are also brainstorming sessions, workshops, and a masterclass with useful publishing tips.

But don't worry, ESE Summer School is not just science. Lake swimming, sports activities, and great evening social events will help you network, have fun, and create wonderful memories.

The Scientific Organising Committee and the EYES Committee team can't wait to see you all in Innsbruck!



Meet with EYES in Milan!


The **12th EYES Annual Meeting**  takes place on 26–28 September 2025 at the Humanitas Congress Centre in Milan, Italy.

This must-attend event is for all early-career researchers and clinicians in endocrinology:

- Dive into hot topics including diabetes, obesity, pituitary, adrenal diseases, thyroid disorders, reproduction and endocrine cancers.
- Take the opportunity to listen to top-notch speakers such as **Guillaume Assié**, **Constantine Stratakis**, **Sadaf Farooqi** and **Roberto Vettor**, who will share their latest insights during the Meeting.
- Showcase your own work in oral and poster sessions and compete for awards.

Kick things off on 26 September with **hands-on workshops** at the Humanitas University Simulation Centre, where you can sharpen your skills in endocrine imaging techniques.

You can network with peers at the **Welcome Reception and Cocktail Dinner** in central Milan and unwind at a chilled-out **Campus Social Night**.

Join us to share ideas, make new connections, receive valuable feedback from leading experts and take your endocrine career to the next level! Register your interest to stay informed .

Walter Vena, Italy



12th EYES Annual Meeting

26–28 September 2025

Milan, Italy

Stay informed 

My EYES Observership journey

Thanks to the EYES Advanced Research Observership grant, I was recently able to spend three months in the research group of Professor Márta Korbonits at the William Harvey Research Institute in London, UK. This experience has been truly transformative, both professionally and personally, and I am immensely grateful for it.

From the very first day, I felt like a valued member of the team. Professor Korbonits and her group welcomed me warmly, creating an inspiring and supportive environment. Their kindness, expertise, and willingness to share knowledge made this an exceptional learning experience, which will undoubtedly shape my future research and clinical work.

I had the perfect mix of clinical and laboratory research during my visit.

On the clinical side, I was involved in several ongoing studies, deepening my understanding of translational research of the genetics of pituitary adenomas. In the lab, I could learn and apply new techniques, actively contributing to ongoing projects.

At the weekly lab and departmental meetings of the William Harvey Research Institute, I engaged with leading experts in endocrinology. Participating in clinical meetings at Barts further expanded my knowledge and provided invaluable insights into real-world clinical applications.

Living in London was an absolute highlight. The city's vibrant atmosphere, cultural diversity, and endless opportunities for exploration made my stay even more enjoyable.

I thank ESE for providing this opportunity. I am also deeply grateful to my mentor, Professor Martin Fassnacht, and to Professor Korbonits and her outstanding team for their support throughout this journey. I look forward to carrying forward everything I learned.

Mario Detomas, Germany




Mario with the team in London


The 2025 recipients of EYES Observership grants will be announced at the EYES Symposium during the Joint Congress in Copenhagen. Watch out for your chance to apply for an **EYES Observership** , later in the year.



Ready for launch!

Early-career investigators share their perspectives on contributing to EndoCompass.

The EndoCompass project  aims to guide future studies, funding programmes and policy decisions at European and national levels by identifying research priorities in endocrinology.

After two years of development, The EndoCompass Research Roadmap – Directions for the Future of Endocrine Science is set for release shortly as a supplement to *European Journal of Endocrinology* and *Hormone Research in Paediatrics*. Key findings will be shared at its official launch at the Joint Congress in Copenhagen .

This output is a clear, evidence-based framework, with recommendations spanning eight endocrine specialties and five overarching areas. EndoCompass was jointly initiated by ESE and ESPE (the European Society for Paediatric Endocrinology). Both societies are hugely grateful to everyone who has contributed!

Below, we hear from some of the early-career investigators who have been involved in the project's development.

GIORGIA SPAGGIARI

I am honoured to have been part of the EndoCompass project, a pioneering European initiative in endocrinology. My contribution to the chapter on reproductive endocrinology and development was very rewarding, as it allowed me to work alongside leading experts from across Europe to advance our understanding of critical hormonal processes. The project's collaborative nature fostered innovative approaches and new perspectives on reproductive health. EndoCompass has undoubtedly provided valuable insights that will shape future treatments and interventions. Being involved in such a forward-thinking project was both professionally and personally fulfilling.



The focus now shifts to ensuring the findings drive real change.

Look out for information to help you use EndoCompass.

Join the journey at www.espe-hormones.org/endocompass.

Finding your way...



JONATHAN MERTENS

This is the first time in my career that I've had the opportunity to be part of such a large-scale scientific endeavour. It's incredible to realise how much work goes into projects of this magnitude, even before the first word of the manuscript is written. Witnessing the expansion of the scientific community across the borders of multiple European countries has been truly inspiring. The EndoCompass project will pave the way for many researchers, especially early-career investigators, by helping them identify current research gaps, interests and opportunities for contribution. While I won't deny the effort this project required, I enjoyed every moment of it.



HELEEN JANSEN

I have been part of the EndoCompass Thyroid Working Group. The project offers a unique opportunity to discuss and learn about current and future research projects in my area of interest, from various countries and perspectives. It has broadened my knowledge regarding research opportunities. It has also been inspiring for me to collaborate with experienced researchers and work together to create a useful research roadmap. I have enjoyed the open and stimulating atmosphere in the Thyroid Working Group, which has provided a platform for me, as a young physician and researcher, to have an impact on future research.



JUAN MANUEL JIMÉNEZ VACAS

I am honoured to have played a part in the EndoCompass project. I believe that the insights from this project will shape future research calls and funding programmes. Specifically, as an EYES representative in the Endocrine-Related Cancer Working Group, I've had the privilege of working alongside leading global experts and learning from them. I hope our efforts will unite the endocrine community, both those researching the biology of endocrine-related tumours and those caring for these patients, around a shared vision of research and clinical priorities, ultimately improving patient care in the long term.



BARBARA ALTIERI

I found it a great privilege and very rewarding to be part of the EndoCompass Project's Adrenal and Cardiovascular Endocrinology Working Group as an early-career researcher. It was truly inspiring to collaborate with leading experts from across Europe and to contribute to a shared vision for advancing research. The group was exceptionally inclusive, and the leaders were highly supportive of my contributions. We focused on identifying the key research priorities in adrenal disease, ranging from adrenal insufficiency to adrenal tumours and secondary hypertension. We sought to address unmet medical needs and uncover opportunities for development, ensuring that future research is directed towards areas with the most significant potential to improve patient outcomes and public health.





Time to meet the... Lebanese Society of Endocrinology, Diabetes and Lipids

The **Lebanese Society of Endocrinology, Diabetes and Lipids (LSEDL)** is a scientific medical society within the Lebanese Order of Physicians, dedicated to advancing endocrine care in Lebanon. As a member of both ESE and the International Society of Endocrinology, LSEDL is actively engaged in global collaborations and knowledge exchange.

Supporting early-career endocrinologists

At its core, LSEDL is committed to education, mentorship, research and collaboration, fostering an environment where knowledge is shared, innovation is nurtured, and patient care is continuously enhanced. The Society actively encourages young professionals to engage in research, contribute to publications, and present their findings via national and international platforms. Additionally, LSEDL collaborates with academic institutions, hospitals and global organisations to provide access to funding and research opportunities.

Endocrinology is a rapidly evolving specialty, with frequent updates and groundbreaking research. LSEDL serves as a bridge between generations, ensuring that experience, research insights and best practice are shared. Members are dedicated to transmitting this dynamic spirit to fellows and rising endocrinologists, equipping them with the latest knowledge and skills to remain at the forefront of advancements in the field.

A commitment to education and training

Education is the foundation of LSEDL's mission. By promoting continuous medical education, the Society provides structured learning opportunities that empower fellows, residents and early-career endocrinologists to stay at the cutting edge of healthcare innovations. These include:

- **Academic contributions:** several of LSEDL's members hold key academic roles in Lebanon's eight medical schools, ensuring that medical trainees receive mentorship, hands-on experience and exposure to the latest developments in endocrinology.
- **Regular scientific meetings:** LSEDL is an active Society, hosting a monthly meeting (either in person or online) to discuss emerging topics in endocrinology and share the latest research and clinical updates. These discussions help bridge the gap between theory and real-world clinical practice.



Mireille El Amm, President, LSEDL

- **Annual congress:** the Society's annual congress gathers more than 300 participants, including endocrinologists and experts from other specialties, encouraging interdisciplinary debates. By bringing together experienced specialists and early-career endocrinologists, the Society creates an environment that supports collective growth and the free exchange of knowledge. A special session is dedicated to fellows, allowing them to present their studies and encouraging research engagement from an early stage.
- **Public health advocacy and awareness:** LSEDL plays an essential role in public health advocacy by organising annual awareness initiatives to educate both healthcare professionals and the public:
 - Obesity Day is an annual educational event featuring a public awareness session focused on the prevention, management and treatment of obesity.
 - Diabetes Day takes place yearly, offering educational sessions aimed at increasing public understanding of diabetes prevention and management.
 - Our new Lebanese Hormone Day will be launched this year. It will feature scientific sessions, alongside a special session to highlight the role of endocrinologists and the diseases they treat. These sessions aim to increase public awareness of the specialty, while providing healthcare professionals with the latest insights and advancements in the field.

Embracing innovation and digital outreach

LSEDL is proactive in embracing modern approaches to communication to engage with the next generation of endocrinologists. The Society maintains an active presence on social media to attract young doctors, facilitate knowledge-sharing, and align with evolving scientific and digital trends.

For those passionate about endocrinology, LSEDL provides an invaluable platform for learning, contribution and professional growth. With the dedication of its members, the Society continues to shape the next generation of specialists, ensuring that endocrinology in Lebanon not only thrives but also evolves in line with global advancements.

Mireille El Amm
President, LSEDL



Publish your research in *Obesity and Endocrinology*

As Editor-in-Chief of *Obesity and Endocrinology*, I am delighted to invite you all, as early-career researchers in endocrinology and related fields, to submit your work to our new open access journal.

Obesity and Endocrinology is the official ESE journal that is dedicated to high quality clinical and translational research on all aspects of obesity, including its complexity as an endocrine disease, its biology, diagnostics and treatment, and its connections to other endocrine and non-endocrine conditions.

Why publish with us?

Visibility and scientific impact

In an ESE journal, your research will reach the largest community of endocrinologists in Europe.

Open access, wider reach

Your work will be freely available, maximising its readership and impact.

'As a growing journal, we are committed to supporting young scientists.'

New ESE journal Call for papers

Rapid dissemination

It is ideal for innovative ideas that need swift visibility.

A home for solid science

We welcome not only groundbreaking studies but also robust, replicative research that might be overlooked by high-impact journals.

A platform for emerging scientists

We value fresh perspectives and are committed to amplifying the voices of emerging researchers.

We believe early-career researchers can shape the future of our field. As a growing journal, we are committed to supporting young scientists by providing a platform where their research is valued and recognised. I strongly encourage you to contribute and be part of this exciting journey.

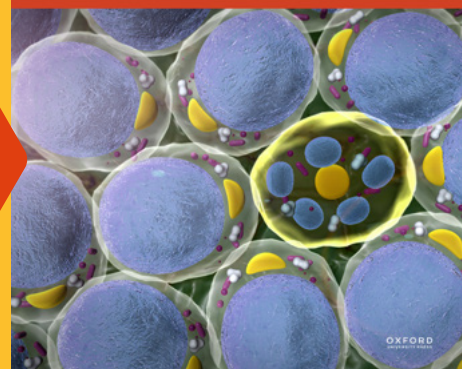
I look forward to receiving your submissions.

Melania Manco

Editor-in-Chief, *Obesity and Endocrinology*

OE Obesity and Endocrinology

Endocrine and interdisciplinary aspects of obesity



OE Obesity and Endocrinology

Thank you, Karin and Settimio

With this issue of *EYES News*, we say goodbye to two long-standing members of our Editorial Board. Karin and Settimio, it has been a true pleasure to have you with us on this journey and to collaborate with you during a period of significant growth for our magazine. You have truly made our work as Editors easier, always being ready with original ideas and elegant contributions to enrich the content, and playing a leading role in the success *EYES News* has achieved.

Your dedication and precision in your work for the newsletter have undoubtedly set an example for those who will collaborate with us in the future. We express our sincere gratitude for everything you have devoted to this project.

Confident that our paths will cross again, we warmly bid you farewell and wish you all the best in your future professional and personal journeys.

With heartfelt thanks,
Walter Vena & Juan Manuel Jiménez Vacas



Karin Zibar Tomšić



Settimio D'Andrea

'You have truly made our work easier, always being ready with original ideas.'