Meet Tracy Ann Williams, our 2026 Clinical Endocrinology Journal Foundation Awardee

Dr Tracy Ann Williams, from Munich, Germany, is our 2026 Clinical Endocrinology Journal Foundation Awardee. She will deliver her Award Lecture in Prague at ECE 2026. Read on to learn more about her career in endocrinology, her advice for future endocrinologists, and what you can look forward to hearing her talk about at the Congress.

Please tell us about your current role

I am a Senior Scientist at the Ludwig-Maximilians-Universität München (LMU-Munich), where I lead a research group focused on the pathophysiology of primary aldosteronism. In this role, I combine translational research, international collaboration, and supervision of early-career scientists.

How were you inspired to work in endocrinology?

My career path reflects my deep roots in European science. I began with a BSc and PhD in the biochemistry of angiotensin-converting enzyme at the University of Leeds, UK. I then pursued post-doctoral research on the renin-angiotensin-aldosterone system at the Collège de France in Paris, France, on a Royal Society of Great Britain fellowship, followed by an EMBO fellowship in Turin, Italy, where I developed my interest in aldosterone pathophysiology. This foundation led me, in 2015, to the LMU-Munich, where I had the privilege of working closely with former ESE President Martin Reincke, to continue my research on primary aldosteronism.

What will you discuss in your Award Lecture at ECE 2026?

I will discuss how international Delphi consensus processes have advanced the diagnosis and management of primary aldosteronism. I will present the PASO (primary aldosteronism surgical outcome) criteria, the first Delphi consensus in adrenal disease, which standardised surgical outcome assessment after adrenalectomy for unilateral primary aldosteronism. They are now widely used as the standard for reporting and comparing results across centres.

I will also discuss the HISTALDO (histopathology of primary aldosteronism) consensus, which helped to harmonise adrenal histopathology nomenclature and emphasised the importance of aldosterone synthase immunohistochemistry to identify functional aldosterone-producing lesions. Many subsequent studies, including those from my group, have linked these histopathologic features to postsurgical outcomes, helping to identify patients who are more likely to experience persistent or recurrent aldosteronism after adrenalectomy.

Finally, I will highlight my group's recent tissue multi-omics work, showing how integration of molecular data with histopathology reveals genotype-related differences, their influence on the developmental trajectory of aldosterone-producing adenomas, and the role of the tumour microenvironment from a pathophysiological perspective.

What are you most proud of in your career, and in life in general?

I have had the great fortune of supervising excellent PhD students and post-doctoral researchers, and I am most proud of their achievements, including those who have gone on to establish their own adrenal research groups. It is particularly rewarding to see them apply and further develop the concepts and methods that they first encountered in my team, within their own centres. More broadly, I take pride in building long-standing collaborative relationships internationally, where scientific partnerships have often grown into enduring professional friendships.

What is likely to be the next breakthrough in your area of interest?

Recent breakthroughs, such as positron emission tomography–computed tomography imaging and aldosterone synthase inhibitors, have transformed the translational landscape of primary aldosteronism. The next major advance will integrate high-resolution molecular profiling, through tissue multi-omics and circulating liquid biopsy biomarkers, with detailed adrenal morphology and machine learning, to streamline diagnosis and refine subtype stratification.

What are the biggest challenges in your field right now?

A major challenge is the persistent underdiagnosis of primary aldosteronism, and the variability in diagnostic and treatment pathways across centres, despite the availability of primary aldosteronism-specific targeted therapies. Another key challenge is translating complex molecular and imaging advances into decision-support tools that can be implemented in clinical practice.

What is the most enjoyable aspect of your work?

I particularly enjoy witnessing multidisciplinary and international teams collaborating to address complex clinical questions in primary aldosteronism that no single centre could solve alone. The most enjoyable aspect of my work, however, is guiding young researchers as they cultivate their own ideas and independence. Seeing them build their own research programmes brings the highest fulfilment.

What are you most looking forward to at ECE 2026?

My entire research group will be coming to ECE 2026! We are all very much looking forward to the Prague Congress as an opportunity to meet in-person with so many colleagues, discuss new data and, hopefully for my team, present their latest research.

Why should people join ESE?

Joining ESE connects clinicians and scientists in a vibrant European network that fosters multidisciplinary and international collaborations. It offers unparallelled opportunities to shape guidelines through consensus efforts, to mentor the next generation and to translate cutting-edge science (such as in primary aldosteronism) into international standards.

What words of wisdom do you have for aspiring endocrinologists?

Stay curious and cultivate strong methodological skills, as endocrinology sits at the crossroads of many disciplines. Seek out supportive supervisors, embrace collaboration and do not fear tackling questions that demand long-term, co-ordinated effort!

Is there anything else you would like to add?

Primary aldosteronism has evolved from quite a niche interest to a central topic in hypertension and cardiovascular risk, with much still to discover through collaborative

efforts and advanced multi-omics approaches, combined with machine-learning technologies. It is an exciting time to be in endocrinology, and the next generation of researchers across Europe will drive the new wave of patient-focused advances.