Society for Endocrinology

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# THE ENDOCRINOLOGIST

THE MAGAZINE OF THE SOCIETY FOR ENDOCRINOLOGY

## Your Society CELEBRATING 80 YEARS

Special features
**PAGES 5–12**

# A word from THE EDITOR...

This issue celebrates 80 years of the Society for Endocrinology and, while reading it, I've found myself reflecting on just how much the Society has shaped my own career and sense of community.

I have been a member of the Society for nearly 15 years, and have made many connections and friends along the way. From joining the Early Career Steering Group as a junior researcher, to becoming a Leadership and Development Awardee, and now serving on the Science Committee and as Editor of this magazine, the Society has been a constant source of support, opportunity and inspiration throughout my professional life.

As expected, there are so many excellent contributions in this issue, including from very well-known endocrinologists, who have very much shaped the research and clinical practice we see today. Two articles particularly stood out to me. **The article on the Society's Real-World Studies programme** beautifully captures how endocrinology is becoming increasingly data-driven, collaborative and patient-centred. The scale and ambition of these studies are hugely exciting and demonstrate the impact our community can have when we work together.

I was also fascinated by the **Emerging Researcher Prize article from Madeleine Cowie**. Her article exploring what zebrafish can teach us about obesity and the brain highlights the innovation and interdisciplinary thinking coming from the next generation of endocrine researchers. Also, as this was based on the Basic Science Prize she was awarded at the SfE BES conference, it reminded me of the importance of early-career endocrinologists attending these meetings and the opportunities they offer.

This issue also reminded me why our community continues to thrive: it is built not only on scientific excellence, but also on mentorship, collaboration and shared enthusiasm for endocrinology. I hope you enjoy reading it as much as I did.

KATE LINES



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## Become a contributor... Contact the Editorial office at endocrinologist@endocrinology.org

The Society welcomes news items, contributions, article suggestions and letters to the Editor. We would also like to hear your feedback on this issue of the magazine.

Deadline for articles for the AUTUMN 2026 issue: **6 July 2026**.

Front cover image: ©Shutterstock

# HOT TOPICS

Hot Topics is written by Victoria Chatzimavridou Grigoriadou, Cecilia Dunsterville, Zin Htut, Aqfan Jamaluddin, Edouard Mills, Debbie Papadopoulou, Bhavna Sharma and Sharmilee Vetrivel

## SOCIETY FOR ENDOCRINOLOGY OFFICIAL JOURNALS

Society members have free access to the current content of *Journal of Endocrinology*, *Journal of Molecular Endocrinology*, *Endocrine-Related Cancer* and *Clinical Endocrinology* via the **Members' Area of the Society website**. *Endocrine Connections*, *Endocrine Oncology* and *Endocrinology, Diabetes & Metabolism Case Reports* are open access and free to all. Publishing in *Endocrine Oncology* is currently free.


## JOURNAL OF ENDOCRINOLOGY

### TFF3: a novel lipotoxicity regulator in male mice with diabetic kidney disease

Diabetes severely affects kidney function, with 40% of patients developing diabetic kidney disease (DKD), and diabetes being a major contributor to end-stage renal disease. Renal lipotoxicity is increasingly relevant as DKD progresses, triggering kidney injury through inflammation and oxidative stress. The AMPK/ACC and SCAP/SREBP signalling pathways are heavily involved in glycolipid metabolism and lipid deposition homeostasis, and their modulation exacerbates DKD through inflammation, mitochondrial damage and dysregulation of cholesterol homeostasis.

The peptide trefoil factor 3 (TFF3) is secreted by epithelial cells and plays a role in glucolipid metabolic regulation within the endocrine organs. TFF3 deficiency reduces lipid accumulation in the liver after a prolonged high-fat diet in mice, and urinary TFF3 increases with the onset and development of DKD in humans.

Zhang, Lai and coworkers hypothesised that TFF3 had a regulatory role in renal lipotoxicity in DKD through the AMPK/ACC and SCAP/SREBP signalling pathways. They found that TFF3 knockout in the DKD mouse model caused exacerbated renal lipid deposition and injury compared with controls. Western blot analysis of kidney samples found reduced levels of AMPK and ACC alongside dramatically elevated levels of SCAP and SREBP in the DKD mouse model compared with the wild-type controls. This suggests that TFF3 plays an important role in modulating the AMPK/ACC/SCAP/SREBP signalling pathways and has the potential to provide a therapeutic target for DKD.

Read the full article in *Journal of Endocrinology*
https://doi.org/10.1530/JOE-25-0303

## JOURNAL OF MOLECULAR ENDOCRINOLOGY

### Melatonin may hold key to stronger bones

Osteoporosis remains a major global health challenge, particularly in postmenopausal women. Current therapies are limited by cost, side effects and incomplete efficacy. As a result, there is growing interest in safe, repurposable molecules such as melatonin, a hormone known for regulating circadian rhythms and shown in emerging studies to influence bone metabolism.

Guo *et al.* investigated the mechanisms underlying melatonin's effects on bone formation using both MC3T3-E1 osteoblast precursor cells and an ovariectomised mouse model of osteoporosis. They combined functional assays, gene manipulation and *in vivo* analyses to explore the role of cathepsin D (CTSD).

The authors report that melatonin enhances osteoblast differentiation and mineralisation, increases bone strength and suppresses osteoclast activity. Mechanistically, these effects are mediated through upregulation of CTSD and modulation of key signalling pathways, including RANKL/OPG and Wnt/β-catenin. CTSD knockdown abolishes these benefits, supporting a causal role.

Overall, this study provides important mechanistic insight, and highlights melatonin as a promising, accessible candidate for osteoporosis therapy, making it of interest to researchers in bone biology and translational medicine.

Read the full article in *Journal of Molecular Endocrinology*
https://doi.org/10.1530/JME-25-0220

## ENDOCRINE-RELATED CANCER

### Avian embryo models: a cost-effective, vascularised platform for NET research

The development of sustainable preclinical models for neuroendocrine tumours (NETs) has long been hampered by the slow growth rates of these tumours and the high costs and logistical hurdles associated with using traditional murine xenografts. Understanding tumour biology and identifying personalised therapies requires a more efficient, vascularised platform that can keep pace with clinical timelines.

In this study, Kulathunga *et al.* utilised the avian embryo *ex ovo* model to engraft fresh surgical tumour fragments from patients with pancreatic and small-intestine NETs. The study had an 18-day timeline, initiating incubation at day 0, transferring embryos to an *ex ovo* setting at day 4 (ED04), and engrafting either human neuroendocrine neoplasm (NEN) cell lines or fresh patient tumour fragments onto the chorioallantoic membrane at day 8 (ED08). Initial validation with various NEN cell lines showed a success rate of over 90%, while patient-derived fragments achieved engraftment rates exceeding 80%.

Using high-frequency ultrasound and immunostaining, the researchers confirmed the xenografts were functionally vascularised and preserved original histological features and critical biomarkers such as somatostatin receptor 2, the primary target for radioligand therapy. This feasible, vascularised system offers a rapid alternative *ex ovo* system for modelling patient-derived xenografts and personalised treatment strategies.

Read the full article in *Endocrine-Related Cancer*
https://doi.org/10.1530/ERC-25-0377

## CLINICAL ENDOCRINOLOGY

### Unilateral adrenalectomy versus medical therapy for mental health in primary aldosteronism

Primary aldosteronism (PA) is the most common secondary cause of hypertension. In addition to increased morbidity and mortality, patients with PA may experience impaired quality-of-life (QoL) and mental health.

Fuld *et al.* compared health-related QoL and prevalence of depressive and anxiety symptoms in patients with unilateral and non-lateralised PA versus hypertensive patients without PA, to identify PA-specific effects. They also evaluated effects of medical and surgical therapy on these parameters among patients with PA. In their prospective, multicentre, international cohort (Australia, Germany and Switzerland) of 925 hypertensive patients tested for PA, those with PA had reduced QoL and higher anxiety levels, but findings were comparable to patients without PA. Improvements in mental and physical QoL and anxiety occurred within 3–6 months after adrenalectomy, whereas no improvements were seen with mineralocorticoid receptor antagonist (MRA) therapy.

These findings suggest unilateral adrenalectomy for unilateral PA improves QoL and anxiety, whereas MRA treatment does not. This indicates potential benefits not only for somatic morbidity and mortality prognosis but also in enhancing patient-reported outcomes.

Read the full article in *Clinical Endocrinology*
https://doi.org/10.1111/cen.70106


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## ENDOCRINOLOGY, DIABETES & METABOLISM CASE REPORTS

### Osilodrostat and PRRT in refractory ectopic Cushing's syndrome

Ectopic Cushing's syndrome remains one of the most challenging paraneoplastic syndromes to manage, particularly when driven by aggressive neuroendocrine neoplasms (NENs), where both tumour control and rapid cortisol reduction are critical. Achieving sustained biochemical control is often difficult, and evidence – especially for newer agents and combination strategies – remains limited.

In this instructive case report, Majumder and colleagues describe a 43-year-old man with recurrent thymic NEN, presenting eight years after initial diagnosis with severe ectopic Cushing's syndrome. Despite multiple lines of therapy, including surgery, radiotherapy and conventional steroidogenesis inhibitors, hypercortisolism remained uncontrolled. Transition to osilodrostat resulted in biochemical improvement. Following confirmation of somatostatin receptor avidity via DOTATATE imaging, subsequent peptide receptor radionuclide therapy (PRRT) led to normalisation of cortisol levels over 12 months, alongside clear clinical recovery.

This case highlights a complementary therapeutic approach: osilodrostat providing relatively rapid biochemical control, while PRRT addresses tumour burden. Although based on a single case, it illustrates a pragmatic and increasingly relevant strategy for refractory ectopic Cushing's syndrome in complex NENs, and is therefore a valuable addition to the emerging evidence base.

Read the full article in *Endocrinology, Diabetes & Metabolism Case Reports*
https://doi.org/10.1530/EDM-25-0138

## ENDOCRINE CONNECTIONS

### Factors affecting the quality of life of adults living with CAH

This study by James *et al.* gives an interesting perspective from lived experience of adults with congenital adrenal hyperplasia (CAH). Whilst CAH is a 'rare disease', the results can easily be extrapolated to other similar endocrine conditions with overlapping features.

The authors found a profound physical, psychological and psychosocial impact on male and female adults with CAH. The psychological well-being of women was negatively impacted by trauma of childhood medical examinations and lack of autonomy in treatment decisions. They found further issues of poor self-esteem, shame and negative body image impairing female social functioning. Female sexual dysfunction from genital malformation/surgery and psychosexual issues also negatively impacted intimate relationships.

Fertility and reproductive choices were a concern to both males and females. Complex family dynamics with dependent relationships were concerning.

The article draws attention to the impact of psychology of similar conditions, in particular transitional endocrine disorders. It would be useful to all stakeholders working with these conditions.

Read the full article in *Endocrine Connections*
https://doi.org/10.1530/EC-26-0033

## ENDOCRINE ONCOLOGY

### Differential expression of POMC-processing genes in corticotroph tumours

Lamback *et al.* explored how genes involved in pro-opiomelanocortin C (POMC) processing differ between non-functioning corticotroph tumours and functioning corticotroph tumours, particularly those carrying *USP8* mutations. The authors found that non-functioning tumours expressed lower levels of *TBX19, POMC, PCSK1* and *PAX6*, suggesting these tumours are less differentiated and less capable of producing and processing adrenocorticotrophin (ACTH). Interestingly, *PCSK1N*, which inhibits ACTH processing, remained similarly expressed across tumour types, potentially contributing to the reduced hormonal activity seen in non-functioning tumours.

Among functioning tumours, *USP8*-mutated and wild-type tumours showed similar *POMC* expression, challenging the idea that *USP8* mutations simply increase ACTH production through epidermal growth factor receptor-driven *POMC* transcription. Instead, *USP8*-mutated tumours demonstrated higher *PCSK1* and lower *PCSK1N* expression, changes that may enhance the conversion of POMC into ACTH and explain their higher secretory activity. In fact, *PCSK1N* was the only gene significantly associated with secretion index, showing that lower *PCSK1N* expression correlated with greater ACTH secretion.

Overall, the findings suggest that altered downstream POMC processing, rather than *POMC* expression itself, may play a key role in determining corticotroph tumour behaviour. The study also identifies *PCSK1N* as a potential new regulator of ACTH secretion and a possible future therapeutic target in Cushing's disease.

Read the full article in *Endocrine Oncology*
https://doi.org/10.1530/EO-26-0003

# ENDOCRINE HIGHLIGHTS

A summary of papers from around the endocrine community that have got you talking.

### New hope for kidney disease in type 1 diabetes

People with type 1 diabetes have a high renal and cardiovascular risk, yet the current standard of care remains limited to glycaemic optimisation and renin–angiotensin system inhibition. Research into disease-modifying therapies for chronic kidney disease (CKD) has largely focused on type 2 diabetes, leaving a treatment gap. Overactivation of the mineralocorticoid receptor and excess aldosterone promotes inflammation, fibrosis and albuminuria in both diabetes populations.

Heerspink *et al.* conducted a phase 3 study of finerenone in adults with type 1 diabetes, CKD and albuminuria. This drug has previously been shown to improve renal and cardiovascular outcomes in type 2 diabetes with CKD. The authors demonstrated a 25% greater reduction in urinary albumin–creatinine ratio compared with placebo over six months, while maintaining a favourable safety profile. Median urinary albumin–creatinine ratio fell from 574.6 to 373.5 in the finerenone group, while only a modest decline occurred with placebo. Benefits were consistent across multiple patient subgroups, including those at high renal risk. Hyperkalaemia occurred more frequently with finerenone but rarely required treatment discontinuation.

This well-designed randomised trial effectively targeted the underlying pathophysiology of renal complications in people with type 1 diabetes. Finerenone significantly improved albuminuria, suggesting potential kidney-protective benefits and supporting further long-term investigation.

Read the full article in *New England Journal of Medicine*
https:// doi.org/10.1056/NEJMoa2512854

# MY TIME AS PRESIDENT OF THE SOCIETY FOR ENDOCRINOLOGY

WRITTEN BY MÁRTA KORBONITS

I will always remember my first poster presentation at the 13th BES Meeting in Bournemouth in March 1994. Realising I was interested in all the posters, and wanting to catch all the talks, I happily darted from one room to another, puzzling at how I could listen to two talks at the same time. I felt excited, inspired, entertained and very much at home there – a feeling that has stayed with me ever since, at all the BES Meetings (now known as SfE BES conferences) over the last 32 years.

At the time, when I eagerly asked my supervisor (now mentor and friend) Ashley Grossman what he thought of the novel data in a talk, he sometimes replied he hadn't in fact actually seen it, given that he spent most of his time in these meetings talking to people, rather than at the talks. I didn't fully get it at the time, but I do now. Meeting people – from long-established leaders in a field to enthusiastic trainees at the beginning of their journeys – is one of the most rewarding aspects of our membership of the Society. Discussing data, new results, trends, ideas or simply good old gossip is what brings us together, and we are grateful to the Society for providing an ample forum for that. Equally meaningful has been our engagement with patient associations, whose insights remind us daily that our work has real and lasting impact on people's lives.

Our annual meetings were indeed a highlight of my presidency, which I began in November 2022. From the vibrant gatherings in Glasgow and the inspiring joint meeting in Belfast with our Irish Society colleagues to the well-known and well-loved Harrogate events, each meeting embodied the spirit of endocrinology at its finest: open exchange, collaboration and shared curiosity. These meetings reaffirmed how vital our community is: not only for scientific progress but for the friendships and mentorships that sustain it.

My outstanding predecessor as President, Raj Thakker, introduced the Presidential Lectures, inviting outstanding scientists from a wider field.

Márta (right) cutting the SfE 80th Anniversary cake with Kristien Boelaert.

During my term, we welcomed Mark Caulfield, whose work on genomic medicine and data-driven healthcare highlighted emerging clinical applications; Sarah Teichmann, who explored cellular networks and systems biology; and György Buzsáki, whose research on neural circuits offered insights into memory and neuroendocrine regulation. Each brought a valuable external perspective to endocrinology.

Over the last three years, the Society has undergone significant transitions. Following the Governance Review led superbly by Karen Chapman, we introduced several notable changes. Amongst the most important of these is how the Society's membership, leadership positions and awards are distributed. Individuals can now apply for opportunities directly themselves (in addition to being suggested by a proposer) and equal access to each role and award provides a wider reach and more leadership opportunities for everybody. We also restructured the grants portfolio and established a new Grants Committee to improve how funding is allocated. A review of awards and prizes, led by former President Julia Buckingham, resulted in updated criteria to recognise excellence across a broader range of members at more varied career stages.

In 2023 we introduced the Society's first formal strategy establishing **our vision, mission and four key goals**. Following external changes, we moved the SfE BES conference back to the more suitable March period. As part of the governance changes – to be more robust and reflective of a modern Society and to better match our financial reporting – the Annual General Meeting is becoming a virtual meeting from September 2026: I hope to see you there on 16 September at 13.00–14.00.

We certainly did not lack challenges during my presidency. Although the pandemic was over, a change in the Chief Executive and global financial turbulence tested our stability and adaptability. I am immensely proud of how we faced these challenges together, turning a budgetary crisis into an opportunity for renewal, transparency and long-term improvement.

The resilience, professionalism and dedication of our staff were instrumental in navigating this period, and I remain profoundly grateful for their commitment. I would especially like to thank my colleagues in the executive team: Mark Gurnell as Finance Officer, Ruth Andrew and Aled Rees in the role of General Secretary, and Rob Semple and Kevin Murphy as Programme Secretary. My gratitude also goes to the Society Leadership Team, Laura Udakis, Jessica Davies, Laura Dudley, Alex Renahan and David Mills, and all their colleagues, for their continued dedication. Their work behind the scenes ensures everything runs smoothly. A key partner for the President is the Chief Executive. Following the hard work of Ian Russell, I had the good fortune to work with Kate Sargent, whose leadership steered the Society out of these challenging times. I am extremely grateful to her for this and wish her all the success she deserves as our CEO.

As I look back on my three and a half years as President of the Society for Endocrinology, I hope I contributed in some small way to providing the supporting and nurturing environment to other colleagues that I so enjoyed and benefited from over the years. I am filled with a deep sense of pride and gratitude that I was given the privilege to serve this outstanding community at such a dynamic and, at times, challenging period in its 80-year history. As I pass the baton to the very capable hands of Kristien Boelaert, I do so with confidence in the Society's future and immense appreciation for every member who contributes to its mission.

MÁRTA KORBONITS
Society for Endocrinology President 2022–2026

# AN EVOLVING CULTURE TO MEET MEMBERS' NEEDS

WRITTEN BY KAREN CHAPMAN

Former General Secretary Karen Chapman reminds us how the Society keeps developing to reflect and serve our members.

My first Society for Endocrinology talk was at the November meeting (when there was a Society meeting in the autumn and SfE BES in spring) in 1992. That's 34 years ago, when the Society was a mere youngster at just 46 years old.

I was pregnant with my first child at the time, so I was wearing a maternity dress. I remember being struck by the predominance of attendees wearing blue blazers with gold buttons, which I (jokingly) took to be the endocrinologists' uniform. There are far fewer blue blazers in evidence nowadays at the SfE BES conference or, indeed, at any of the Society's other events. This is one of the more trivial changes I have seen in my association with the Society over more than three decades.

The Society for Endocrinology has long been my professional 'family'. I first encountered it via the Hormone Group, which was then a joint committee between the Society and the Biochemical Society. I later switched my allegiance from the Biochemical Society to the Society for Endocrinology, and have been privileged over the years to play a part in its activities through serving on various bodies, including Council, the Science Committee (three times!), the Programme Organising Committee and the Publications Committee. I was privileged to be General Secretary from 2015 to 2018.

I was part of a working group that led to the merger of the Editorial Boards of the flagship journals, *Journal of Endocrinology* and *Journal of Molecular Endocrinology*. The merger ensured that both journals continued to thrive, generating income that underpins much of what the Society continues to do.

## UNDERSTANDING OUR MEMBERS

More recently, I was honoured to lead the 2020–2021 Governance Review of the Society. This was a wonderful opportunity to learn who and what the Society is. The Governance Review was also an excellent vehicle for the Society to find out what its members wanted from it.

One of the outcomes has been a greater focus on the needs of all of the membership, which contrasts with the previous perception that the Society primarily catered to a small group within the membership. Greater transparency, more reporting back to the membership and open calls to the membership for vacancies on committees and on Council have greatly increased the breadth of experience on these bodies.

## INCREASING DIVERSITY

The increase in diversity is probably the most obvious change I have seen over 30 years. It took more than 60 years for the Society to elect its first female President, Dame Julia Buckingham, who was in the role from 2009 to 2012. It was another decade before the Society elected its second female President, Márta Korbonits, in 2022. Remarkably, in March 2026, Márta handed the baton to the third female President, Kristien Boelaert.

I remember being quite intimidated when I first attended a Council meeting. Council is much more diverse and welcoming now, with more in the way of induction and management of expectations. Now, committees are more likely to include clinicians from district general hospitals as well as scientists working in universities without an associated medical school.

Although nurse members have long been active in the Society, for many years they had little recognition within the organisation and no formal seat on Council. Over the last decade, the nurse group has grown and thrived,


Karen receiving her Outstanding Contribution Medal at SfE BES 2026.

and has offered a few lessons to the rest of us in how to innovate, particularly with online training. They are now formally represented on Council and have their own dedicated award, in recognition of excellence in endocrine nursing.

## TRAINING AND CAREER SUPPORT

A greater diversity of training and career support is on offer, and to far more members than previously. The Society has moved away from its original provision of career support to perhaps just one or two individuals (through generous fellowships or grants), and now supports many more members through a variety of schemes, such as the Leadership and Development Awards Programme, mentoring, and career development workshops.

The rapid transition of events to be online, necessitated by the COVID-19 pandemic in 2020–2021, was an opportunity to open up new avenues for training and conferences, including to international members. Any of the regular membership newsletter emails from the Society will illustrate how successful that has been.

Some things, of course, never change. I don't know when the tradition of holding the SfE BES in Harrogate started, and I don't remember when I first visited Harrogate in spring for the conference, but I was certainly there in March this year. It was wonderful to catch up with my 'family' and to be reminded of how important some Society traditions remain.

**KAREN CHAPMAN**
2026 Outstanding Contribution Medallist

# THE FUTURE OF ENDOCRINOLOGY IS VERY BRIGHT INDEED

WRITTEN BY JOHN WASS

In the last few years, there have been simply enormous changes in endocrinology and our ability to help people with endocrine diseases.

Glucagon-like peptide-1 and double or triple incretin therapies result in 15–25% weight loss. They improve cardiovascular risk, renal function and possibly neurodegenerative disease. The recognition of obesity as a long-term chronic disease is important and not universally accepted in the UK – but this is essential. We need to push for the more rapid rollout of these treatments.

Precision endocrinology is increasingly important. Wiebke Arlt has spearheaded metabolomics in the adrenal field and Niki Karavitaki is doing the same in the field of pituitary disease. For example, Wiebke's work enables the prediction of adrenal cancer in adrenal incidentaloma with high accuracy. This has hugely important implications for the future of early diagnosis of these tumours.

## EXAMPLES OF NEW AND FUTURE DEVELOPMENTS

The following are just a fraction of the recent and forthcoming likely improvements in endocrine science, and in our ability to manage patients with endocrine conditions in a more sophisticated and science-based manner. All these areas are benefiting from rapid progress.

### Oncology

In endocrine oncology, we can more accurately predict disease behaviour in thyroid cancer and in neuroendocrine tumours, improving the outlook in these diseases significantly.

### Reproduction

Reproductive endocrinology has seen significant improvement in our understanding of polycystic ovary syndrome (now polyendocrine metabolic ovarian syndrome, see **page 17**), genetics and the importance of these.

The fields of fertility and the menopause will see further great advances and have already seen some. For example, there is the possibility of patients with premature ovarian failure being able to hold a pregnancy to term, through ovum donation and oestrogen replacement in the first trimester.

### Adrenal

The treatment of Cushing's syndrome with osilodrostat is very effective in reducing cortisol levels. In the UK in particular, we need to make progress in getting acceptance of these treatments, which are unfortunately expensive. Otherwise, we risk lagging behind other countries.

Mild adrenal hypersecretion of cortisol, as seen in mild autonomous cortisol secretion, is increasingly diagnosed. The better delineation of this disease in the future will undoubtedly improve the outlook for these patients.

We have improved ways of replacing steroids in patients with adrenal insufficiency. These are much better than thrice-daily hydrocortisone, but unfortunately are also expensive.

Also in the adrenal field, we now know that far more patients with hypertension have primary aldosteronism, so we need better screening for people with this curable form of hypertension. In phaeochromocytoma, we now understand that 30–40% of cases are genetic, and better screening for these is important as we move forward.

**'Being a pathological optimist helps in life, but optimism is entirely justified when it comes to the future of endocrinology…'**

### Pituitary

We can also predict, in some instances, which pituitary tumours will recur. For example, genetic analysis of pituitary tumours causing Cushing's disease shows an increased risk of the *USP8* genotype, which has a higher risk of occurrence. Importantly, this will enable hugely improved surveillance of patients with Cushing's disease.

In the pituitary field, Mirjam Crist-Crain has also described oxytocin deficiency as a concomitant of some posterior pituitary pathologies. Diagnosis and treatment in this area will become more established. We know, for example, that oxytocin deficiency has a number of effects adversely and psychologically, and improvements in our understanding over the next few years will be very exciting.

Our understanding of the mechanisms behind immune checkpoint inhibitor-induced hypophysitis and adrenalitis will probably also give us better understanding of other forms of pituitary and adrenal disease.

More generally, our growing knowledge of endocrine-disrupting chemicals will be of increasing importance going forward, including with plastics, pesticides and industrial chemicals. Meanwhile, artificial intelligence will doubtless give us better interpretation of pituitary and pancreatic radiology.

Being a pathological optimist helps in life, but optimism is entirely justified when it comes to the future of endocrinology and in particular the future of British endocrinology. Our discipline has an increasing number of world leaders, contributing to the advancement of our knowledge of endocrine disease.

From left to right: Wiebke Arlt (London), Niki Karavitaki (Birmingham) and Mirjam Christ-Crain (Basel): three endocrinologists who are pushing the field forward in 2026.

**JOHN WASS**
Professor of Endocrinology,
University of Oxford

# ACORNS TO GREAT OAKS
# GROWTH IN ENDOCRINE NURSING

WRITTEN BY LOUISE BREEN

There have been significant advancements in the field of endocrine nursing. The Society for Endocrinology and the Society's Nurse Committee have played a key role in the growth and development of endocrine nursing in the UK, with a mutually beneficial relationship spanning four decades that has gone on to bear fruit.

## GERMINATION

The 1990s marked the initial growth phase for endocrine specialist nursing. The demand for endocrine specialist nurses was in part driven by new roles in areas such as adult growth hormone deficiency, where nurses became involved in the education, training and monitoring of patients with this disease.

In 1997, the Society for Endocrinology supported the inception of the Nurse Sub-committee (now the Nurse Committee), under the leadership of Chair Mavis Harris. It consisted of a mixture of adult and paediatric nurses, alongside a representative from the Society's Council. The primary aims were to enhance endocrine nurse education and advance the role of the endocrine specialist nurse. This led to the introduction of the annual Endocrine Nurse Training Course in 1998 (now Endocrine Nurse Update) and the first dedicated nurse session at the BES meeting in 1999.

## SEEDLINGS

In 2000, **The NHS Plan** outlined ten key roles for nursing, which supported the role of the clinical nurse specialist, with nurse-led care and independent nurse prescribing. This further supported the development of nurse-led services within endocrinology.

During the first decade of the 21st century, the Nurse Committee went to great lengths to raise the profile of endocrine nurses through improved communication, training and access to funding. This was achieved by the launch of *Endocrine Nursing News* in 2002, updates in *The Endocrinologist*, the introduction of the Society's Certificate for Endocrine Nursing in 2003, a nurse page on the Society website in 2004, and access for nurses to Society travel grants in 2006. The decade saw international endocrine nursing relationships strengthened and, to this day, they remain steadfast.

## SAPLINGS

The 2010s welcomed many notable firsts. In 2010, Dr Sofia Llahana was the first UK Endocrine Nurse Consultant. In 2011, the 'nursing practice' abstract category and award were launched at the SfE BES conference, recognising the valuable contribution of nurses within endocrinology. **The Competency Framework for Adult Endocrine Nursing** was first published in 2013, followed by the second edition in *Endocrine Connections* in 2015, under the leadership of former Nurse Committee Chair Nikki Kieffer. It remains a widely utilised and referenced tool in clinical practice, both nationally and internationally.

The establishment of the European Endocrine Nurse Committee (2013) and the Federation for International Nurses in Endocrinology (2014) created further opportunities for global collaboration. In 2016, the Endocrine Nurse Award was introduced to recognise excellence in endocrine nursing, with Nikki Kieffer the inaugural recipient. This was followed by the introduction of the Endocrine Nurse Grant, first awarded to Julie Lynch in 2018.

In 2019, the first endocrine nurse textbook was published, containing contributions from UK nurses, and entitled ***Advanced Practice in Endocrinology Nursing***.

The Nikki Kieffer Medal, designed by Lisa Shepherd.

**'During the first decade of the 21st century, the Nurse Committee went to great lengths to raise the profile of endocrine nurses through improved communication, training and access to funding.'**

## YOUNG TREES

In 2020, under the leadership of Anne Marland, the **Oxford Brookes Masters-level module in endocrine nursing** was introduced, replacing the Certificate for Endocrine Nursing. To date, 28 nurses have completed the module.

In 2021 the Endocrine Nurse Award was renamed the **Nikki Kieffer Medal** (pictured) in honour of Nikki's significant contribution to endocrine nursing.

The benefits of endocrine nurse services were highlighted in two key publications. First, the ***GIRFT Programme National Specialty Report on Endocrinology*** (2021) showcased examples of effective nurse-led practice and highlighted the need for an increase in endocrine nurse provision in 76 out of 126 centres reviewed. Then, ***Defining the Future of Endocrinology*** (2022) emphasised the importance of structured training, career progression and mentorship for endocrine nurses.

In response to these recommendations, the Society for Endocrinology supported the development of additional Regional Endocrine Nurse


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Networks in 2023 (see Table below), utilising the model of the Wessex group. Resources for endocrine nurses continued to expand, including the 'Endocrine nursing practice' section in the fourth edition of the ***Oxford Handbook of Endocrinology and Diabetes*** (2022).

In 2025, the *Endocrine Nurse Newsletter* was relaunched to provide endocrine nurse-specific communications. The third edition of the **Competency Framework for Adult Endocrine Nursing** and the Online Learning Platform were launched to further support mentorship, networking, training, education and career progression of endocrine nurses (see ***The Endocrinologist* issue 159**). The updated Competency Framework for Adult Endocrine Nursing included competencies for nursing support nurses working in endocrinology, leading to the formation of the Society for Endocrinology Nursing Support Workers Network.

In the last three years, there has been a significant increase in nurse representation within national/European guideline groups, as well as within the Society for Endocrinology. Achievements include Sherwin Criseno being the first nurse elected as a Society Council trustee (2023), Cosmina Schiteanu becoming the first nurse on the Editorial Board of *The Endocrinologist* (2024), Aldons Chua being the first nurse recipient of a Leadership and Development Award (2024), and Dr Sofia Llahana's appointment as the first Chair of the Society's Corporate Liaison Committee (2025).

| Regional Network Endocrine Nursing Group | Network Lead(s) |
|---|---|
| North East England | Jane Craig |
| North West England | Chloe Clayton, Joanne Brown |
| Wessex | Sirbrina Ramharack |
| East of England | August Palma |
| London and South East England | Sylvia Michael, Aldons Chua |
| English Midlands | Sherwin Criseno, Lisa Shepherd |
| South West England/South Wales | TBC |
| Scotland | Claire Stirling |

**'Endocrine nurses have shared their clinical practice and research both nationally and internationally. Supporting nurse-led research remains a priority for the Society for Endocrinology, alongside ongoing training and development of endocrine nurses at all stages of their career pathways.'**

## MATURITY

Endocrine nurses have shared their clinical practice and research both nationally and internationally. Supporting nurse-led research remains a priority for the Society for Endocrinology, alongside ongoing training and development of endocrine nurses at all stages of their career pathways. As the well-known proverb aptly states 'great oaks from little acorns grow', a sentiment that reflects the evolution and strength of endocrine nursing.

**LOUISE BREEN**
Past Chair, Society for Endocrinology Nurse Committee and Advanced Nurse Practitioner – Endocrine, Guy's and St Thomas' NHS Foundation Trust, London


J. Atherton

# FROM FIRST STEPS TO FUTURE FRONTIERS
# A CONVERSATION IN ENDOCRINOLOGY

FEATURING WALJIT DHILLO AND KANYADA KOYSOMBAT

As part of the Society's 80th anniversary celebrations, we caught a conversation at this year's SfE BES between Professor Waljit Dhillo and Dr Kanyada Koysombat, both from Imperial College London. Waljit is a Professor in Endocrinology and Metabolism, Consultant Endocrinologist and an NIHR Senior Investigator. Kanyada is a Clinical Research Fellow in the Department of Metabolism, Digestion and Reproduction – Faculty of Medicine. You can watch their full conversation **here**.

**Kanyada:** What drew you to the field of endocrinology?

**Waljit:** I trained at St Bartholomew's Hospital, a very specialist endocrine centre. As an undergraduate, I encountered people like Mike Besser, John Wass, Ashley Grossman. Early exposure to endocrinologists naturally led me to the subject. What about you?

**Kanyada:** There was very good teaching in endocrinology at Imperial, and it was instilled into us how interesting the field is from the start of medical school. I was fascinated by the intricate balance between hormones, the feedback loops and the activation of hormonal cascades.

What have you found to be the biggest challenges?

**Waljit:** Google and phones have caused patient expectations and knowledge to go up. We're getting more and more referrals, and there's a need to screen out people who should be seen in secondary care and get early diagnosis and treatment. There's also a lot of misinformation out there and some of the symptoms are quite non-specific. A lot of patients say they've got all the symptoms, but their hormone levels are normal. I think that's a challenge.

**Kanyada:** What do you think have been the greatest positive changes?

**Waljit:** The speed of new discoveries compared to when I started is impressive. For instance, 10% of patients with a condition called idiopathic hypogonadotrophic hypogonadism were supposed to have a genetic cause. It's now called congenital hypogonadotrophic hypogonadism because we know it's all genetic, and up to about 60% of patients now have a genetic diagnosis. This is really exciting in terms of the research that's driving new innovation and discovery.

**Kanyada:** What is important for researchers/registrars just starting out?

Waljit (left) and Kanyada in conversation at SfE BES 2026. Click on the image to watch their full conversation.


**'There's a lot of misinformation out there… A lot of patients say they've got all the symptoms, but their hormone levels are normal. I think that's a challenge.'**

**Waljit:** You need a research grounding and an understanding. We must maintain the scientific basis and rigour, so people have the skill set to make future discoveries.

**Kanyada:** And practise evidence-based medicine on the wards as well. Valuable data can be collected from colleagues in clinical medicine, supplemented by academic centres. I think the two complement each other.

**Waljit:** As we move forward, data will become more and more important, with artificial intelligence. If we can use data across centres in different patient groups, that will advance the field further.

**Kanyada:** How have you benefited from having mentors, and how can people find them?

**Waljit:** I think most research leaders have been inspired by mentors. Two people who have been instrumental in my career are Professor Karim Meeran, who still runs our training programme, and Professor Stephen Bloom, who was my PhD supervisor and is now an investigator in the department I lead: we've come full circle. As early-career researchers, put yourself forward and say, 'I'm interested in this space'. Most people have benefited from mentoring and are happy to mentor the next generation. So go for it!

**Kanyada:** I've been lucky to have be mentored by yourself, Professor Meeran, Dr Ali Abbara and Professor Alexander Comninos. I agree mentors are indispensable in shaping how we develop as future aspiring leaders. Everyone's always happy to have a chat, and SfE BES is a great arena for those discussions.

**Waljit:** How hard is it currently, as a potential leader early in your career, to find networking opportunities?

**Kanyada:** The Society provides good opportunities. You can mingle with new people at the poster sessions at SfE BES, and everyone is happy to talk. You can also get involved through public engagement, schools, or through **'You and Your Hormones'**, where we look at scientific content for the public. There are different interest groups; for example, I'm part of the Metabolism, Obesity and Diabetes Endocrine Network and there are other **Endocrine Networks** for different areas. What do you think are good forums to meet people?

**Waljit:** As your career progresses you need to find the best people to work with internationally. As you get more established, you realise most people in your area are happy to collaborate. Perhaps 20 years ago, you could just be in your lab and do your own thing, but now, to make breakthroughs that will change practice, it has to be a multidisciplinary, with several teams working together. This is more interesting – and fun!

# THE FUTURE OF ENDOCRINOLOGY THROUGH REAL-WORLD STUDIES

As the Society celebrates its 80th anniversary, it does so not only by reflecting on a proud history of scientific discovery, but by embracing a future defined by innovation, collaboration and real-world impact. Few initiatives capture this spirit more clearly than the Society's Real-World Studies (RWS) programme. This ambitious, community-driven effort is reshaping how endocrine research is conducted and how patient care is delivered.

> "PROMMIS will provide an innovative and unprecedented approach to scrutinising the efficacy and safety of several women's health and menopause treatments, particularly relating to women from demographics underrepresented in formal clinical trials. The information collected has the potential to identify and guide tailored strategies and treatments that improve and optimise bespoke personalised menopause care and patient outcomes and ultimately improve postmenopausal health across demographics.
> **DR ANNICE MUKHERJEE**, PROMMIS Lead

Born from a strategic commitment to better understand real-life treatment and care pathways, the RWS programme represents a step change in endocrinology. By capturing data from routine clinical practice and directly from patients themselves, it is transforming everyday healthcare experiences into meaningful, actionable evidence. This aligns powerfully with the Society's mission to 'bring together the global endocrine community to share ideas and advance scientific and clinical education and research'.

As Jessica Davis, the Society's Director of Clinical Programmes, reflects, 'Since launching our Real-World Studies, the programme has gone from strength to strength. We are now recruiting to three studies with over 800 participants, with two more launching this year and others in development. Our ambition to capture data across all endocrine networks is well within reach, supported by 57 sites across the UK and Ireland – and growing every week.'

> "UKI-SAT is the first national longitudinal registry of its kind in the UK dedicated to malignant adrenal tumours. This systematic collection of data will help identify the greatest unmet clinical needs for these patients and will facilitate coordinated clinical research efforts and collaboration at a national and international level.
> **DR RUTH CASEY**, UKI-SAT Lead and Clinical Committee Chair

As of May 2026, the total number of patients recruited to studies:

- 399 **PROMMIS**
- 320 **UKI-SAT**
- 225 **CORE**

## A COLLECTIVE COMMITMENT

This rapid progress reflects not only a strong vision, but the collective commitment of the endocrine community across the UK and Ireland. Clinicians, researchers and patients are coming together to build something far greater than the sum of its parts: a shared infrastructure that will underpin the next generation of endocrine discovery and care.

At the heart of the RWS programme is a bold and distinctive vision, to provide rich, robust, patient-centric data that advance science, improve outcomes and strengthen the Society's position as a global leader. What sets this work apart is not simply its scale, but its depth.

As Society President Kristien Boelaert explains, 'The Real-World Studies represent the future of endocrinology, where collaboration, data and patient experience come together to drive cutting-edge science and better care. By harnessing the power of real-world evidence at scale, we are not only advancing our understanding of endocrine conditions but positioning our community to lead globally in delivering more personalised, effective and equitable care.'

> **'The future of endocrinology will be data-driven, patient-centred and globally connected…'**

## BRIDGING A GAP

This ability to bridge the gap between controlled clinical trials and real-world experience is one of the programme's defining strengths. Traditional trials, while essential, cannot always capture the full complexity of patient journeys, particularly across diverse populations and healthcare settings. The RWS programme addresses this gap directly, creating a more complete and inclusive evidence base. Crucially, it does so through an innovative combination of datasets.

This integration of clinical insight with patient-reported experience is transformative. It enables a deeper understanding not only of how treatments perform, but of how they are experienced, unlocking new opportunities for personalised, patient-centred care.

## A GROWING PORTFOLIO

The programme's ambition is already being realised through a growing portfolio of national studies, each addressing critical areas of endocrine health:

- Clinical Observations and Research on Engagement in Weight Management Services (CORE)
- National (UK and Ireland) Study of Adrenal Tumours (UKI-SAT/NSAT)
- Patient-reported outcomes for menopause management intervention study (PROMMIS)
- The Hyperthyroidism Research and Outcomes Information Database (THYROID)
- Pituitary Tumours, including the UK Acromegaly Register
- UK Natural History Study of Hypoparathyroidism (UK NHS HypoPT)


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‘Treatment approaches for hyperthyroidism vary, but their long-term impact on patients is significant. By capturing real-world data through a national register, we can better understand outcomes, monitor emerging therapies, and support more confident, informed decisions, ultimately improving care and long-term health.’

**PROFESSOR ONYEBUCHI OKOSIEME**, THYROID Lead

Together, these studies reflect a strategic, condition-focused approach, with the long-term goal of building a comprehensive registry ecosystem spanning more than 30 endocrine conditions. This breadth ensures that the RWS programme will not only generate deep insights within individual disease areas but also enable a system-wide understanding of endocrine care.

The impact of this work is already being felt. By integrating patient-generated data with clinical records, the registries are creating one of the richest datasets in endocrinology. This empowers clinicians to make more informed decisions, supports researchers in identifying new patterns and trends, and ultimately helps ensure that patients receive the right care at the right time.

## INCLUSIVE AND COLLABORATIVE

The emphasis on inclusivity is central to the RWS philosophy. By capturing data from populations that are often underrepresented in traditional research, the programme is helping to ensure that advances in endocrinology are equitable and relevant to all.

Beyond its scientific and clinical contributions, the RWS programme is also strengthening the Society’s sustainability and partnerships. By generating high-quality, ethically governed data, it creates opportunities for collaboration with industry and other stakeholders, while ensuring that any commercial returns are reinvested into the Society’s charitable aims.

## PREPARING FOR THE FUTURE

Looking ahead, the potential for growth is substantial. The methodologies developed through the RWS programme are highly replicable, opening the door to expansion across additional endocrine conditions and even into other areas of biomedical science.

The Society is uniquely positioned to lead this evolution, sharing its expertise, building new partnerships and extending its influence on a global scale.

As the Society for Endocrinology marks 80 years of progress, the RWS programme stands as a defining initiative of its future. It represents a shift from knowledge generation alone to knowledge in action, where data inform decisions, collaboration drives innovation, and research translates directly into better patient outcomes.

In this way, the RWS programme is more than a collection of studies. It is a statement of intent: that the future of endocrinology will be data-driven, patient-centred and globally connected, and that the Society will be at the forefront of making that future a reality.

‘The RWS programme is a powerful example of the Society delivering on its charitable purpose: improving patient care, advancing research, supporting professional practice and shaping the future of endocrinology. By turning everyday clinical care into high-quality evidence, we are giving our members and industry partners the tools to answer the questions that trials can’t. What makes our programme world-leading is its ability to combine robust clinical data with rich, individually reported patient data, giving a uniquely comprehensive picture of disease, treatment and outcomes. No other endocrine registries are doing this at scale, and it places our members at the forefront of global endocrinology, while creating a sustainable asset that reinvests commercial revenues back into the Society.’

**KATE SARGENT**, CEO, Society for Endocrinology

If you would like to learn more or sign up to the studies, **find out more** or contact **research@endocrinology.org**

# SfE BES 2026 HIGHLIGHTS OF HARROGATE


**In March, over 1000 of you joined us in Harrogate for three days of shared learning, networking across disciplines and celebrating inspiring achievements. We thank everyone who attended for their energy, curiosity and enthusiasm to make it another year to remember.**

The conference marked the beginning of a special year for the Society – our 80th anniversary!

## SOMETHING FOR EVERYONE

Made up of over 150 sessions across three days, SfE BES 2026 offered something for everyone in the endocrine community.

- We heard from endocrine legends, including György Buzsáki, Graham Russell and Eystein Husebye.
- We had our questions answered in 'Meet the Expert' and 'How do I...?' sessions.
- We heard about new discoveries and work undertaken by the community.

SfE BES also gave an opportunity for **Endocrine Networks** to meet and discuss new projects and progress in their specialisms. And, as always, SfE BES included a full day of sessions for nurses, giving our endocrine nurse community a chance to connect with others around the country.

## FAREWELLS AND CELEBRATIONS

Retiring Society President Márta Korbonits passed the torch to Kristien Boelaert at the Society's Annual General Meeting. We commemorated the occasion as part of the Conference Dinner, cutting a cake before an evening of food and dancing.

As well as being an opportunity to celebrate our endocrine community through a range of **awards and prizes**, the SfE BES conference invited schools from the local area to learn more about what endocrinology is and why we love it. Once again, we extend huge congratulations to all our prize and award winners: your work in endocrinology continues to inspire us all.

You can access the **SfE BES 2026 Photo Album on Facebook**.


**SAVE THE DATE for SfE BES 2027**, which will take place in Harrogate on 8–10 March 2027. **Register your interest for SfE BES 2027**

**Disclaimer:** Pharmaceutical companies' sponsorship covers the exhibition space at Society for Endocrinology meetings, with no influence over the agenda or arrangements. This excludes the sponsored symposia sessions, where the programme is developed and speakers identified by the sponsor. **Find out more**.

# Inspired by SfE BES 2026
# A NURSE'S PERSPECTIVE

Endocrine Nurse Specialist Emma Bremner shares her experience of an action-packed three days at SfE BES 2026 in Harrogate.


As I write this, I'm just back from an eventful SfE BES in lovely sunny Harrogate. This year saw a great mix of science-based lectures, physiology and case studies.

My SfE BES experience kicked off early with a special meeting on the Sunday. Sherwin Criseno was, as always, top class and really helped me achieve a much better understanding of the mechanism of action of parathyroid hormone, and the importance of vitamin D in this process. Cosmina Schiteanu then brought this to life with some excellent case studies.

Monday morning saw a glorious blue sky over the North Yorkshire town, and the true start of SfE BES 2026. The 'How do I?' session was very informative, with excellent speakers and presentations. These included management of obesity in menopausal women (a cohort of women we all see in clinic), information on abnormal metanephrines, and patients with severe insulin resistance. Robert Murray gave a useful update on patients with acromegaly and Anna Mitchell was very enthusiastic about genetic testing. The industry-sponsored symposium on using metyrapone in Cushing's was, as always when chaired by John Wass (pictured above right), informative and useful.

Monday evening's quiz and curry was fun and a great chance to spend time with colleagues from around the country.




Tuesday was Nurses Day. It started brilliantly with the lovely Louise Breen rightfully receiving the Nikki Kieffer Award (pictured below left). The rest of the day's sessions had been put together excellently, with a good mix of anatomy and physiology and understanding the patient's journey. Caz Brown particularly spoke from the heart about her journey with Cushing's and how lucky she had been throughout. I doubt there was a dry eye in the house.

The Conference Dinner later that evening was everything I hoped it would be: food, wine and a good boogie.

I spent some time on Wednesday morning in the Exhibition Hall, where I found an excellent poster by Lisa Shepherd and colleagues on the new Adrenal Insufficiency Action Plan (see **page 18**). This is something I am now hoping to introduce here in Leicester. I also had a good chat with a number of the patient support groups and managed to take home several nice pens for the rest of my team!

It was then time to grab my lunch bag and jump on the train back down to the Midlands. I thoroughly enjoyed SfE BES this year; it really was a great mix of fun and information. Many thanks, Society for Endocrinology.

**EMMA BREMNER**
Senior Nurse Specialist, University Hospitals of Leicester NHS Trust

# Fresh takes on SfE BES
# ATTENDEES SHARE THEIR VIEWS

SfE BES is a great place for students and new endocrinologists to get a sense of our broad field and meet new friends and collaborators. Here, some first-time delegates and early-career attendees tell us what they got from the conference.

Coming to SfE BES 2026 for the first time was such a great experience. It was really exciting to hear about new research, meet other people at a similar stage in their careers, and feel part of the endocrinology community. I left feeling inspired and much more confident to get involved in research and explore new areas of interest in the field.

**RAJEEV MEHTA**

It's so interesting to see all the different sides to endocrinology, talk to various endocrinologists and gain their advice about future careers. I've learnt so much in the short amount of time I've been here.

**SARA ALI**

SfE BES 2026 was a fantastic experience – it left me feeling genuinely inspired, more confident in my direction, and far more connected to the endocrine community. The conference really highlighted how early-career endocrinologists can contribute to innovation. Despite how daunting it can be to initially engage, everyone is so welcoming and open to sharing ideas, discussing cases and providing advice. Having these captivating conversations helps me to improve the care we provide at our local hospital.

**COSMINA SCHITEANU**

SfE BES 2026 was an invaluable experience as an early-career researcher, offering both inspiration and reassurance about the challenges of progressing to independence. The early career sessions and networking opportunities provided practical insights and a real sense of community, while standout talks reinforced the importance of patient-centred care and collaborative research.

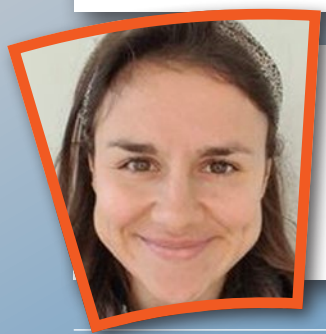
**ANNIE DE BRAY**

Attending SfE BES 2026 as an early career researcher was incredibly inspiring – especially the Meet the Editor session, which gave me real insight into academic publishing. The highlight for me was 'The Endocrine Dilemma' session, tackling misinformation and its impact on patient decisions. It really broadened my perspective on how we communicate research beyond academia.

**HAOLAN TU**

I'm quite interested in endocrinology, but I've never had a placement in it, so it's a good opportunity to chat to people who are in the profession already and see the current state-of-the-art in the profession. This conference has been so insightful and has given me a good window into endocrinology.

**PANIZ DOGAHEH**



SfE BES 2026 was a truly thought provoking and inspiring experience, with sessions like 'The Endocrine Dilemma' capturing the real challenges we face in clinical practice. The plenary talks and neuroendocrinology sessions have already influenced my future research ideas, and despite the challenges facing early-career clinicians, the strong sense of collaboration and networking left me motivated and optimistic for the future.

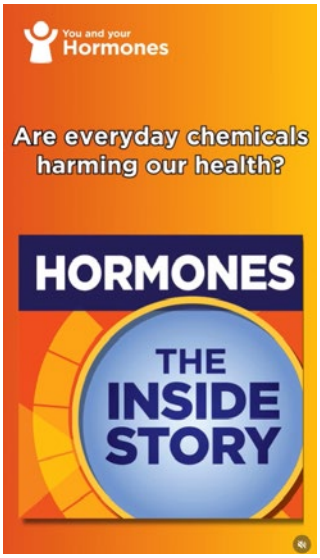
**AMY COULDEN**

# Raising awareness on **WORLD HORMONE DAY**


On 24 April 2026, the Society for Endocrinology marked **World Hormone Day** highlighting the importance of hormones in health and well-being through collaboration and public education.

This included collaborative work with **CHEM Trust** to raise awareness of hormones and environmental influences, supporting shared aims around understanding hormone health. We took a deep dive into endocrine-disrupting chemicals (EDCs) and how they have been linked to a range of health outcomes, including impacts on metabolism, development and hormone-related conditions. You can view the collaborative work on the 'You and Your Hormones' **Instagram channel**.

We also promoted trusted educational resources from **'You and Your Hormones'**, including our award-winning podcast, 'Hormones: The Inside Story', featuring expert discussions that explain hormone science in an accessible way. This focused on the episode looking at how EDCs have been linked with a number of health problems, as well as where these chemicals are found and whether we should be worried. You can **find the video on Instagram**.




Together, these activities helped reinforce the Society's commitment to improving public understanding and making reliable information on hormones easy to access.

# PCOS RENAMED
# POLYENDOCRINE METABOLIC OVARIAN SYNDROME

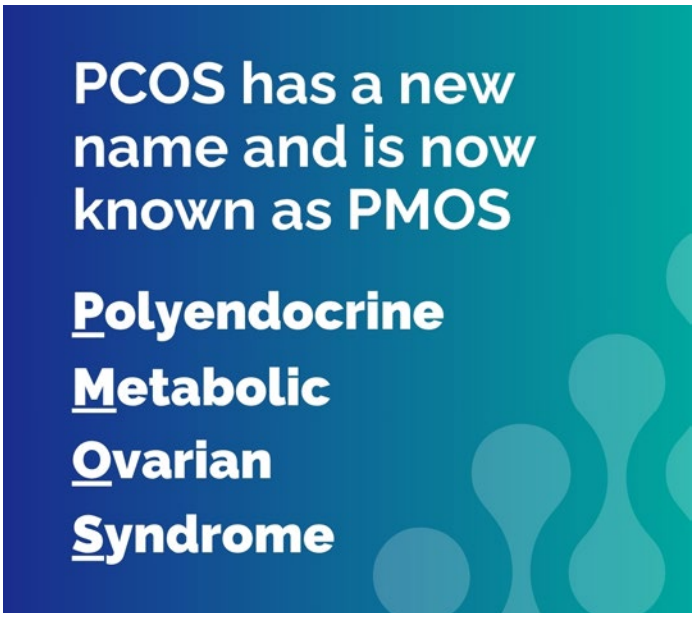
Polyendocrine metabolic ovarian syndrome (PMOS) is the new name for the condition which was previously called polycystic ovary syndrome (PCOS).

The disorder impacts 170 million women worldwide. There was a need to rename it because the term 'polycystic ovary syndrome' narrowed people's perception of what is a complex, long-term endocrine disorder to a misunderstanding about 'cysts' and a focus on ovaries. This contributed to missed diagnoses and inadequate treatment.

The new name resulted from the largest global engagement in a name change process, with 22,000 survey responses and multiple workshops including women with lived experience and health professionals, alongside 56 patient organisations and societies across the world, including the Society for Endocrinology.

The name PMOS will raise awareness, and improve diagnosis and care for the one in eight women who are affected globally.

Read the full article in ***The Lancet*** and access **PMOS resources in multiple languages**.



# HELPING YOUR PATIENTS WITH LONGER PRESCRIPTIONS FOR ESSENTIAL HORMONES

WRITTEN BY AMY SHINGLER

A recent survey showed that most patients with a chronic endocrine condition receive a prescription of less than three months in length. Help your patients access longer-lasting supplies by sharing new information endorsed by the Society.

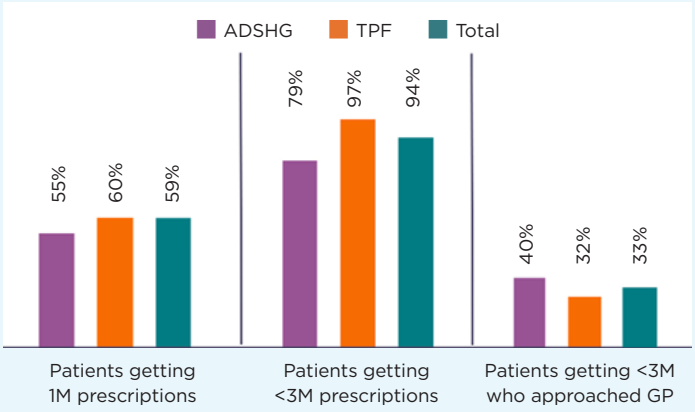
Being able to confidently and optimally manage their medication not only helps patients' health day-to-day, but is essential to prevent life-threatening emergency situations. This is particularly relevant to patients with chronic endocrine conditions, such as adrenal insufficiency or arginine vasopressin deficiency (AVP-D).

For these patients, having an adequate medication supply isn't just helpful, it's life-saving. Having extra to cover loss, damage and increased dosing (for sick day rules) is key to self-management.

For this reason, it's important that prescriptions of essential hormone replacements (glucocorticoids, desmopressin, levothyroxine, oestrogen and testosterone) provide at least a three-month supply. Shorter prescriptions mean more frequent requests to GPs, difficulty accessing sufficient medication for increased dosing, more pharmacy trips and more anxiety around self-management and emergency situations.

## ASSESSING THE CURRENT SITUATION

The Pituitary Foundation (TPF) and the Addison's Disease Self-Help Group (ADSHG) recently collaborated to survey communities about prescription lengths. Of the 1724 people who responded, the vast majority received a supply for less than three months (97% TPF, 78.8% ADSHG), with more than half only receiving only a 28-day supply (60% TPF, 55% ADSHG). The results were presented at SfE BES 2026.[1]

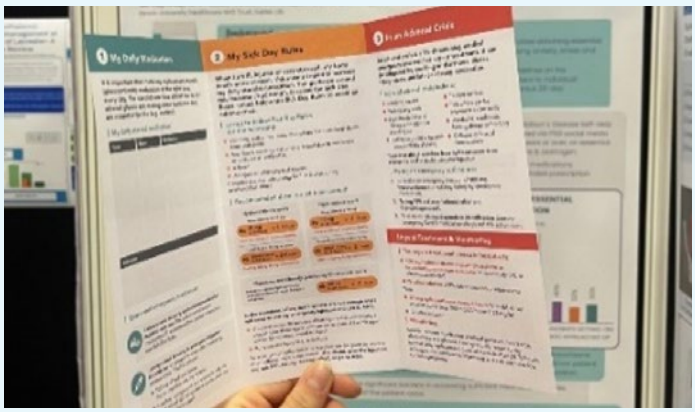



Results of survey of prescription lengths by the Addison's Disease Self-Help Group (ADSHG) and The Pituitary Foundation (TPF).

Among those receiving shorter prescriptions, 33% had previously asked their GP for longer supplies but had been refused. Reasons included concerns about wastage, stockpiling, patient safety and supply chain issues, and local/NHS policy preventing it.

These data reflect not just inconsistent prescription practices, but also a real-life obstacle to patients' ability to confidently and safely manage their condition.

Top The Prescription Frequency Project Team presenting our poster at SfE BES 2026 (L–R) Lisa Shepherd, Cathy Thompson, Antonia Brooke, Emma Cooper and Amy Shingler. Bottom The new Adrenal Insufficiency Action Plan on display at SfE BES 2026.

## ACTION YOU CAN TAKE

To address this situation, template letters have been created for patients to use to request longer prescriptions. These letters are endorsed by the Society for Endocrinology and the expert medical committees of The Pituitary Foundation and the ASDHG. There is also a new self-management and awareness resource: the Adrenal Insufficiency Action Plan.

You can access these resources and find out more about this research online:

**The Pituitary Foundation** **ADSHG**

Please support your patients by:

- sharing these documents with your patients to help them ask for longer prescriptions.
- providing your patients with three-month prescriptions for essential hormones and prompting this on clinic letter outcomes.

**AMY SHINGLER**
Information and Communications Manager, The Pituitary Foundation

## REFERENCES

1. Shepherd *et al.* 2026 *Endocrine Abstracts* https://www.doi.org/10.1530/endoabs.117.P203.

# WHAT ZEBRAFISH CAN TEACH US ABOUT OBESITY AND THE BRAIN

WRITTEN BY MADELEINE COWIE

The Society's Emerging Researcher Prize Lectures help early-career clinicians and scientists have their work recognised across the wider endocrine community. Madeleine Cowie is the recipient of the 2026 Basic Science Prize.

## GENETICS OF OBESITY

Obesity remains one of the most significant public health challenges worldwide. Although its aetiology is multifactorial, genetic influences are substantial, and many obesity-associated variants affect pathways involved in appetite regulation and energy homeostasis. One of the best characterised is the hypothalamic leptin–melanocortin pathway.

The Figure shows how this pathway modulates food intake through leptin signalling in the arcuate nucleus of the hypothalamus. Leptin activates neurones that express pro-opiomelanocortin C (POMC), which project to regions such as the paraventricular nucleus to promote melanocortin peptide release and suppress feeding. Leptin also inhibits neurones that express Agouti-related peptide (AgRP), removing an antagonistic signal and reinforcing satiety.[1]

One potential regulator of this pathway's development is semaphorin (SEMA)–plexin (PLXN) signalling. SEMAs are extracellular signalling proteins that bind PLXN receptors to regulate axon extension and synapse formation.[2] They are fundamental in directing axons to their precise targets during nervous system development and maintaining circuit integrity.[3] Recent research has also shown that one subgroup of receptors, PLXNA, is required for functional satiety circuit development, and disruption of their signalling predisposes to obesity.[4] This receptor family therefore emerged as a particularly interesting candidate for further study.

## OBESITY AND PSYCHIATRIC DISORDERS: SHARED BIOLOGY?

Obesity commonly coexists with psychiatric disorders, independent of socioeconomic status or other risk factors.[5] Genome-wide association studies suggest that this comorbidity reflects, in part, shared genetic overlap rather than purely behavioural or social factors.[6] Notably, the PLXNA family has been implicated in psychiatric disorders, extending its influence beyond metabolic regulation.[7] Given that neuronal loss has been linked to psychiatric illness, impaired neurogenesis resulting from PLXNA dysfunction could contribute to neuropsychiatric behavioural phenotypes.[8]

In keeping with this, a recent preprint from the Minchin lab at the Institute for Neuroscience and Cardiovascular Research reported that loss-of-function variants in *PLXNA4* were not only associated with body mass index and height, but also a broad range of traits including worry, bipolar disorder, cognitive function and schizophrenia. Indeed, 61% of genome-wide significant associations at the *PLXNA4* locus related to neurological, cognitive or psychiatric traits, suggesting a broader neuropsychiatric role.[9]

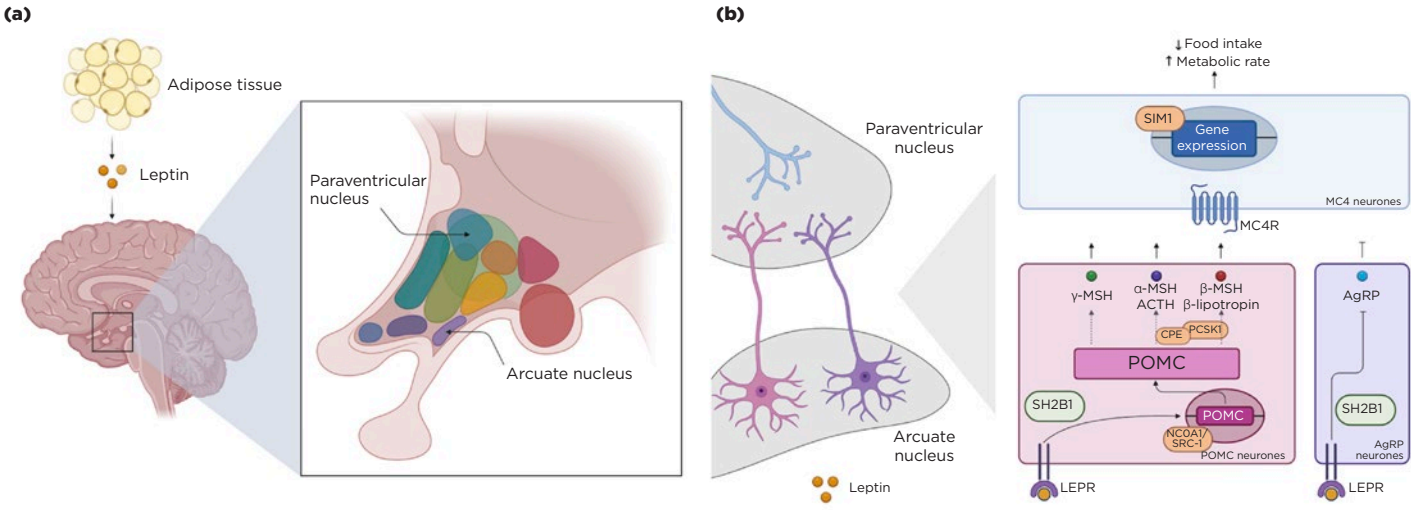
In light of these findings, PLXNA4 became the focus of my undergraduate dissertation within the University of Edinburgh's MBChB programme, embedded within the wider programme of work in the Minchin lab. My project aimed to explore PLXNA4 as a candidate link between obesity genetics and the neuropsychiatric behaviours that characterise psychiatric disorders.

## THE ZEBRAFISH MODEL

Larval zebrafish offer a useful *in vivo* system for investigating this relationship. They are genetically tractable and enable rapid CRISPR-based disruption of candidate genes.[4] They are also a biologically relevant model of obesity; the Minchin lab has shown that loss-of-function *plxna4* zebrafish mutants are shorter than wild-type fish and have excess fat accumulation relative to body size. High-resolution imaging suggested that this reflected hypertrophic subcutaneous adipose tissue, mirroring human obesity.[9]

They have also identified notable behavioural changes. Compared to wild-type fish, *plxna4* mutants consumed more food over a 10-minute period, indicating hyperphagia. Furthermore, when behavioural responses to food were examined, mutants showed greater activity, characterised by higher speed, greater speed variability, and more frequent high-speed burst events. Together, these findings highlight that PLXNA4 may alter both adiposity and behavioural regulation.[9]

The hypothalamic leptin–melanocortin pathway. (a) Leptin and the hypothalamic nuclei. Leptin is produced by adipose tissue and acts on hypothalamic nuclei, such as the arcuate nucleus.[1] (b) A simplified summary of the leptin–melanocortin pathway.[10] ACTH, adrenocorticotrophin; LEPR, leptin receptor; MC4R, melanocortin 4 receptor; MSH, melanocyte-stimulating hormone. Created with BioRender.com.



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**'One of the most valuable aspects of working in this area was gaining exposure to the breadth of approaches used to investigate obesity biology and behaviour.'**

## REFLECTIONS

One of the most valuable aspects of working in this area was gaining exposure to the breadth of approaches used to investigate obesity biology and behaviour. These included human genetic analysis, CRISPR-based zebrafish models and behavioural phenotyping. As part of my project, I gained experience developing locomotion assays using the Zantiks program, which allows real-time video recording and automated tracking of individual zebrafish movement. This offered a scalable and quantitative method of assessing behaviour relevant to psychiatric disorders in zebrafish, providing a useful framework for linking genotype to behaviour.

I was delighted to receive the Emerging Researcher Prize and grateful for the opportunity to discuss my dissertation at the SfE BES conference 2026. Presenting was particularly valuable, both in sharing this area of research and in hearing about the breadth of work taking place across the field. As a year 4 medical student at an early stage in my career, I found it especially inspiring to meet both established and emerging researchers.

The experience strengthened my ambition to incorporate research into my future clinical practice and reinforced the importance of early-career clinicians engaging with academic medicine. I am especially appreciative of the Minchin lab, whose ongoing work provided the conceptual and experimental framework for my project, and whose support and guidance were invaluable throughout my time in the lab and beyond.

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# MARTIN SAVAGE 1941–2026

WRITTEN BY RICHARD ROSS AND ASHLEY GROSSMAN

Martin Savage passed away on 24 February 2026, aged 84 years. He was Emeritus Professor of Paediatric Endocrinology at the William Harvey Research Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London.

Martin will be remembered as a highly gifted and influential clinician, a brilliant teacher and mentor to a generation of young paediatric endocrinologists, and one of the outstanding figures in both national and international paediatric endocrinology.

We recall when he joined us at the Endocrine Department at Barts, as a young paediatric endocrinologist, where he rapidly became a highly significant and influential member of the department. He initiated many clinical lines of research into Cushing's syndrome, growth hormone deficiency, and all forms of growth disorders. Martin's outstanding novel descriptions of, and molecular dissection of, growth hormone resistance were ground-breaking. He was one of the major figures to introduce molecular techniques into paediatric endocrinology, fusing molecular aspects with outstanding clinical care.

In spite of his many highly significant research achievements, he remained a deeply respected and compassionate clinician. He was especially astute at seeing how forming firm clinical and academic relationships with his colleagues in adult endocrinology could lead to greatly improved care for both children and adults.

He nurtured the careers of many people in the UK and internationally. He was passionate about teaching and led many flagship educational activities, including 'Transition Endocrinology', where (with Andrea Isidori in Rome) he initiated the annual, highly-respected 'TALENT' course in this previously neglected area, leading to widespread teaching and publications.

Martin was a gifted writer and, in 2023, he published his memoir entitled *Reflections of an Itinerant Lecturer*.

Martin graduated in medicine from Magdalene College, Cambridge, where he received a 'blue' in skiing. He presented his MD thesis in Cambridge, and was awarded his degree by Sir John Butterfield, who told him that he had made a significant contribution to British science. Martin was a great Europhile and talented linguist. He was Secretary General of the European Society for Paediatric Endocrinology (ESPE) and worked tirelessly for that society between 1997 and 2024.

Martin described his marriage to Elisabeth, whom he met as student while spending some time in France, as a whirlwind romance. He was clearly lucky in love and grew a close, happy, healthy family. The church played an increasing role in Martin and Elisabeth's life, bringing meaning and comfort.

At the end of his memoir, Martin describes himself as an ambitious and serious man. However, we saw him as a humble, thoughtful man who enjoyed life to the full, gave pleasure to many, was dedicated to his family, and trained a generation of paediatric and adult endocrinologists.

His outstanding achievements have been recognised by numerous honours, including the 2025 James Spence Medal of the Royal College of Paediatrics and Child Health, the 2022 James Tanner Award from the British Society for Paediatric Endocrinology and Diabetes, the 2018 American Human Growth Foundation Visionary Award and the 2007 ESPE Andrea Prader Award.

Martin touched many people's lives through his boundless energy and immense kindness, wisdom, generosity, friendship and mentorship. He had a life-long devotion to improving the endocrine care of children. He leaves a lasting legacy in paediatric endocrinology.

**RICHARD ROSS**
Emeritus Professor of Endocrinology, University of Sheffield, UK

**ASHLEY GROSSMAN**
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