



# ESE News

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THE NEWSLETTER OF THE EUROPEAN SOCIETY OF ENDOCRINOLOGY –  
THE EUROPEAN HORMONE SOCIETY

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## Editorial

It is with great pleasure that I find myself looking forward to seeing you all in Lisbon, Portugal, in May! This issue of *ESE News* updates us on the many highlights of endocrinology that you and I will enjoy at ECE 2017.

On page 7, Chair of the Programme Organising Committee, Bulent Yildiz, explains the breadth and depth of the topics that will be covered, and you can enjoy tasters from the talks of our prize lecturers. Meanwhile, on page 2, our colleagues from the Portuguese Society of Endocrinology, Diabetes and Metabolism, João Jácome de Castro (our Local Organising Committee Chair) and Francisco Carrilho, reflect on endocrinology in Portugal, and provide us with the warmest of welcomes.

Elsewhere in the issue, we find the European Young Endocrine Scientists (EYES) keenly packing their bags as they prepare for Lisbon (page 5). Then, on page 11, Deborah Power, a comparative endocrinologist in the Algarve, makes us just a little jealous as she describes taking samples not in a lab, but in a lagoon system populated by flamingos.

### From the ESE office

The last few months have been productive for the ESE office, working closely with the ESE Executive Committee. We have finalised the programme for ECE 2017, which you can find at [www.ece2017.org](http://www.ece2017.org). Abstract submission is open, and we look forward to receiving your latest research by the deadline: 31 January 2017.

The Executive Committee has maintained the registration fees at 2016 rates. This means that registration across all categories still costs the same as it did for ECE 2010, or has actually decreased. Making the Congress really accessible is one of our main aims, and providing affordable registration is an important part of this. Grants are available to help you attend the meeting (see [www.es-e-hormones.org/prizes](http://www.es-e-hormones.org/prizes)) – make sure you apply without delay!

We have also been working hard on our educational offering. The ESE Council



This issue is richly packed with important news, from an update on the European Reference Network on Rare Endocrine Conditions (page 6), to plans for a new curriculum for clinical endocrinology and a summary of funding available to ESE's basic scientist members (page 8).

In addition, there's a new nomenclature for 'the disorders previously known as pseudohypoparathyroidism' from Agnès Linglart of the EuroPHP Network (page 9). I am also delighted to bring you an insight into the development of ESE's brand and visual identity (page 10), and I thank the many of you who have been involved in this work.

Finally, I must remind you all to submit your abstracts for ECE 2017 by 31 January, and to benefit from early bird registration by 31 March, to ensure that our Congress truly represents the interests of each and every ESE member!

**AJ van der Lely**  
ESE President  
Co-Editor of *ESE News*

of Affiliated Societies (ECAS) has been reviewing ESE's new Recommended Curriculum (see page 8). We aim to link this to an ESE Certification in Endocrinology and Diabetes, which is also currently under discussion.

The combination of these two educational elements, plus our face-to-face postgraduate, clinical update and basic science courses and meetings across Europe, will provide the best possible support to endocrinologists. Our strong foundation in educational activities is crucial if we are to achieve our ambition of shaping endocrinology to improve science, knowledge and health.

Please email me if you would like to discuss any aspect of our activities. We are always delighted to hear from you.

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

ECE 2017

20 - 23 May 2017

LISBON, PORTUGAL

19th EUROPEAN CONGRESS OF ENDOCRINOLOGY



## A welcome from the Portuguese Society

The Portuguese Society of Endocrinology, Diabetes and Metabolism (SPEDM) was founded in 1949 by a group of Portuguese physicians and scientists with a great interest in diseases related to the pituitary, adrenal and thyroid, as well as diabetes, nutrition and metabolism.

Over the last 67 years, SPEDM has grown to have 538 members, including most Portuguese endocrinologists, as well as doctors from family medicine, internal medicine, surgery, nuclear medicine, nutrition and cardiology, and basic researchers with an interest in endocrinology.

SPEDM was a member of the European Federation of Endocrine Societies (EFES) and is now a National Affiliated Society of ESE.

### SPEDM's activities

The Society has been important in the development of endocrinology in Portugal: stimulating investigation and good endocrine clinical practice, organising an annual congress, arranging courses across the country, and providing a focal point in the education of generations of Portuguese endocrinologists and doctors.

Study groups in specific areas of endocrinology and diabetes produce guidance on the diagnosis and treatment of endocrine pathologies, and promote co-operative research between national and international centres, publishing in national and international medical journals.

SPEDM publishes its official journal, *Portuguese Journal of Endocrinology, Diabetes and Metabolism* (RPEDM), twice annually, and the Society has also organised many international meetings in Lisbon, such as the 12th International Congress of Endocrinology (2004), the 34th Annual Meeting of the European Thyroid Association (2009) and the 47th Annual Meeting of the European Association for the Study of Diabetes (2011).

We welcome you to Portugal for ECE 2017!

**Francisco Carrilho**  
President, SPEDM ([www.spedm.org](http://www.spedm.org))

## ECE 2017 in Lisbon

### Enjoying a great tradition of science

Lisbon, capital of Portugal, sits on the large estuary of the River Tagus. It was the port of departure for many historic discoveries of the 15th century. In this modern, vibrant city which is full of history, you can find beautiful monuments and museums, a rich cultural life and excellent food and wine.

The Congress Centre of Lisbon (CCL) – venue for ECE 2017 – is located near the River Tagus. It is recognised nationally and internationally, and offers flexibility, efficiency and comfort, alongside the latest technology.

### A history of learning

As long ago as the 13th century, Lisbon was recognised as a centre of knowledge, with the creation of the first Portuguese university, confirmed by a bull issued by Pope Nicholas IV. Entitled 'De Statu Regni Portugaliae' and dated 9 August 1290, it authorised the creation of faculties of arts, canon law, civil law and medicine.

Today, in addition to its two large state universities which both teach medicine (the Faculty of Medicine at Lisbon University, and the NOVA Medical School), Lisbon offers a wide range of private and public institutions for higher education, which are recognised internationally for their excellence.

Lisbon's hospitals offer patients the best clinical practice. Most have

under- and postgraduate training, underpinned by excellent science.

### Endocrinology in Portugal

Portuguese endocrinology began to be formalised in 1949, but it was only in 1956 that it was recognised as an independent medical specialty by the Portuguese Medical Association.

The first endocrinology clinic was created in 1952 in Lisbon. Currently there are 27 endocrine departments and units in Portugal. Their main activity is clinical assistance, although most are also involved in teaching and research.

There is also a strong tradition in the study of diabetes in Portugal. In 1926, Ernesto Roma founded the Portuguese Diabetes Association in Lisbon. The first such organisation in the world, its purpose was education and medical and social assistance to poor diabetic patients.

It is with great pleasure that we welcome the 19th European Congress of Endocrinology to Lisbon in 2017. We look forward to an excellent meeting with our fellow endocrinologists from around the world, and hope you all enjoy everything that Lisbon has to offer.

**João Jácome de Castro**  
Chair, ECE 2017 Local  
Organising Committee

## World Obesity Day 2016

The World Obesity Federation holds World Obesity Day annually on 11 October, to promote practical solutions to end the global obesity crisis. ESE was one of many organisations supporting the 2016 event.

This year's theme, ending childhood obesity, was chosen due to increasing concern about this issue. Some 223 million children will suffer from excess weight by 2025 if no action is taken (*Pediatric Obesity* 2016 11 321–325).

World Obesity Day provided a platform to draw the issue to the attention of governments. It was a great success, achieving a social reach of over 6.5 million through our Thunderclap 'crowd-speaking' campaign, where people rally to support messages on social media. The hashtag was used in over 14 000 tweets and 80 news stories were published.

Resources at [www.worldobesity.org](http://www.worldobesity.org) include a call-to-action factsheet, country-specific infographics and a template letter for Health Ministers. All are free to use, in order to help stimulate change and create a better, healthier world.

## Outstanding women in cancer research

The November issue of *Endocrine-Related Cancer* contains a special collection of profiles and reviews by mid-career female oncologists, guest-edited by Deborah Marsh (Sydney, Australia) and Charis Eng (Cleveland, OH, USA). Its creation followed a call for nominations of outstanding women in cancer research. Their stories give readers glimpses into the challenges, decision-making processes and roads they have travelled on their paths to achieving their professional goals.

You can read the issue free of charge at <http://erc.endocrinology-journals.org/content/23/11.toc>.

## Through translational research to clinical application

Nafplion, Greece, 27 September–2 October 2016

This 5-day seminar, organised by Christos Mantzoros of Harvard University (Boston, MA, USA), was entitled 'From the idea through translational research to clinical application: focus on diabetes, obesity and metabolic diseases'. It was held in the Harvard Centre of Hellenic Studies in Nafplion, and featured lectures by faculty members gathered from Thessaloniki and Athens (Greece) as well as Boston.

It provided early career medical doctors with guidance on thinking critically and conducting and publishing clinical research in an ever-changing environment. The 30 selected attendees were either considering or enrolled in endocrinology fellowships. The seminar enabled them to interact, discuss their ideas and develop their aspirations for the future. They also enjoyed an excellent social programme. All costs were covered by the organisers, maximising the course's accessibility.

## Remember to renew!

You should have received your ESE membership renewal notice in December. Remember to renew now, to carry on receiving the many benefits of being an ESE member.

## ESE prizes

Make your nominations by **28 February 2017** for the recipients of the following ESE prizes for 2018:

- **Geoffrey Harris Prize**
- **European Journal of Endocrinology Prize**
- **Clinical Endocrinology Trust Award**

See [www.e-se-hormones.org/prizes](http://www.e-se-hormones.org/prizes) for details.



## EndoBridge 2016 | Antalya, Turkey, 20–23 October 2016

The 4th EndoBridge Meeting was co-hosted by the Society of Endocrinology and Metabolism of Turkey, ESE and the Endocrine Society. It brought together world-leading endocrinologists and 420 delegates from 29 countries, and was held in English with simultaneous translation into Russian, Arabic and Turkish.

The 3-day programme included 24 state-of-the-art lectures, 16 interactive case discussion sessions, and poster case presentations covering the full spectrum of endocrinology.

Bulent Yildiz (Ankara, Turkey), founding President of EndoBridge,

noted some highlights, remarking, 'We held lectures on osteoporosis and other bone disorders to mark World Osteoporosis Day on 20 October. In total, more than 60 interesting clinical cases were presented at the meeting.'

The 5th EndoBridge Meeting will be in Antalya, Turkey, on 19–22 October 2017 (see [www.endobridge.org](http://www.endobridge.org)).

# Walking on sunshine!

## EYES at ECE 2017



We are delighted to invite you to the 5th EYES Symposium during ECE 2017 in Lisbon, Portugal, on Sunday 21 May at 10.30.

Entitled 'Turn your face to the sunshine', it will include outstanding presentations by leading young endocrine researchers from across Europe. Liubov Matchekhina, who gave the Best Oral Presentation at the 2016 EYES Meeting in Moscow, Russia, will discuss the latest research on carbohydrate metabolism in patients with Cushing's disease.

The friendly EYES community provides a great platform for potential collaborations between early career researchers. This symposium will give you the chance to immerse yourself in a stimulating scientific environment, and will promote communication between subspecialties within endocrinology in a relaxed setting.



EYES is on Facebook



[www.facebook.com/groups/eyes.endo](http://www.facebook.com/groups/eyes.endo)

There will also be an informal opportunity for networking at the now traditional EYES social event, the details of which will be announced at the symposium.

We look forward to seeing you in Lisbon!

**Ayse Zengin & Luís Cardoso**  
Chairs, 5th EYES Symposium

## A time for innovation: the 4th EYES Meeting

### Moscow, Russia, 22–24 September 2016

A total of 250 young endocrine scientists from 25 countries gathered in Moscow's Endocrinology Research Center in September, to listen to 70 exciting young scientists as they presented their research. For more than half the participants, this was their first EYES Meeting.

Once again, young endocrinologists enjoyed meeting in a setting which was inspiring and professional, but also extremely friendly. Thanks to close collaboration between the EYES Board and the Russian Young Endocrinologists' Society (RYES), the event saw several innovations, including the first poster session and sessions on paediatric endocrinology and gestational diabetes. In addition, an abstract book was published in the Russian journal *Problems of Endocrinology*, a regular journal which is indexed in Scopus!

Attendees had a chance to meet and listen to two revered speakers: Arie Nouwen (London, UK) and Edward Jude (Ashton under Lyne, UK). In addition,



two young (yet already distinguished) endocrinologists – Liliya Rostomyan (Liège, Belgium) and Maximilian Bielohuby (Frankfurt, Germany) – shared their research ideas and advice for early career scientists.

As well as the traditional EYES ESE Award, this year saw two further awards, organised by the RYES, for the best oral and poster presentations.

The 5th EYES Meeting will take place on 8–10 September 2017 in Porto, a fascinating and vibrant city on the north coast of Portugal. Further information will be available at [www.eyes2017.org](http://www.eyes2017.org). We look forward to seeing you there!

**Ekaterina Sorkina**  
EYES Ambassador

## ERN: progress to date

### Update from your Clinical Committee

The European Commission's call for European Reference Networks (ERNs) in March 2016 has been a great success, probably beyond initial expectations. More than 24 applications for large ERNs covering many aspects of rare diseases have been submitted. More than 1000 specialised units from 370 hospitals across Europe have applied.

The overall shape of each candidate ERN is close to the initial expectations of the European Commission, which suggested very large networks covering various diseases of a given organ or system, or rare cancers. Considering the multiplicity of rare diseases, this demonstrates the huge efforts made by all participants to merge projects and work in a constructive and co-ordinated fashion at the European level.

An independent assessment body (the 'Agencia de Calidad Sanitaria de Andalucía') has analysed the overall eligibility of each network and its constituent healthcare providers. In the field of rare endocrine conditions, the Endo-ERN application, supported jointly by ESE and the European Society for Paediatric Endocrinology (ESPE), is chaired by Alberto Pereira (The

Netherlands) and Olaf Hiort (Germany). This very well structured application, with an impressive list of 72 healthcare providers from 19 countries, successfully passed this first step.

Like the other candidates, the Endo-ERN's healthcare providers will now be assessed on the basis of the initial application and, for selected providers, elements of proof provided on request, or on-site audits.

The final results of the call are expected in early 2017, so that the selected ERNs will be formally established in March 2017. We are very optimistic that the Endo-ERN will succeed, taking into consideration the quality of work undertaken by its co-ordinators and the active participation of many expert European centres covering various aspects of rare endocrine diseases.

Because this ambitious project is a great opportunity to improve patient care across Europe, ESE's Clinical Committee is actively working to support this initiative.

**Jérôme Bertherat**  
Clinical Committee Chair

## Prize winners' lectures at ECE 2017

### Towards hormone-based precision medicines for metabolic diseases

After decades of research unravelling complex metabolic control networks, medicines capable of safely reversing morbid human obesity and type 2 diabetes are still not available.

Historically, complex diseases have repeatedly been found to defy the best monotherapeutic approaches. Several combination therapies have largely overcome such challenges, notably in treating severe hypertension and tuberculosis.

Obesity and its consequences, such as type 2 diabetes, have proved to be equally resistant to therapeutic approaches based on single medicines. Appropriate management of type 2 diabetes often requires adjunctive medications, and the recent registration of a few compound mixtures has set the precedent for combinatorial treatment of obesity. However, double or triple therapeutic combinations are more difficult to advance to regulatory approval.

Following an improved understanding of the molecular basis of metabolic benefits following bariatric surgery, several classes of novel unimolecular or independent combination therapeutics have been discovered. These new classes of drug candidates are based on gastrointestinal hormones, offer efficacy superior to that of currently prescribed options and seem to have the potential to fully reverse human obesity and type 2 diabetes. Moreover, gut peptide-based cell-specific targeted delivery of small molecules offers additional potential for novel metabolic precision medicines and reduced systemic side effects.

My presentation will summarise the discovery, preclinical validation and first clinical test of peptide hormone polyagonist drug candidates, and of combinatorial single molecule therapeutic candidates. It will include previously unpublished observations.

**Matthias Tschöp** (Munich, Germany)  
Geoffrey Harris Prize Lecturer

## National Affiliate Membership

If you are a member of one of ESE's National Affiliated Societies, remember you can benefit from discounted ESE membership under our new National Affiliate Membership category.

The fees for National Affiliate Membership are as follows:

- **Ordinary €55** instead of €80
- **Reduced rate (incl. nurses) €20** instead of €35
- **In-training €10** instead of €20

For more information see [www.ese-hormones.org/membership](http://www.ese-hormones.org/membership)

 **European Society of Endocrinology**  
the European hormone society

## New andrology course at ECE 2017

An exciting new collaboration between the European Academy of Andrology (EAA) and ESE will see practical courses in clinical andrology for endocrinologists and joint symposia. The courses will be held just before ECE, with the joint symposia taking place at ECE and the European Congress of Andrology.

The EAA is made up of scientists and clinicians interested in andrology. A non-profit-making organisation, it promotes research and raises public awareness of male reproductive health.

The first course is on 20 May 2017 before ECE 2017 in Lisbon. It will be interactive and accredited by the EAA with two educational credits for the 'EAA Clinical Andrologist' exam. Further information will follow at [www.ece2017.org](http://www.ece2017.org).

# ECE 2017 in Lisbon:

## Where science and innovation meet best clinical practice

*'We must feature the best science!'* This, the motto of the ECE 2017 Programme Organising Committee (POC), will ensure a Congress with world-leading endocrinology for both clinicians and basic scientists.

ECE 2017 will provide you with a truly comprehensive and dynamic programme spanning the full spectrum of current research and practice in endocrinology, including the best science in all eight of ESE's newly defined focus areas:

- diabetes, obesity and metabolism
- pituitary and neuroendocrinology
- adrenal and neuroendocrine tumours
- thyroid
- reproductive endocrinology
- calcium and bone
- environment, society and governance, and
- interdisciplinary endocrinology.

Eleven prize and plenary lectures by world-renowned experts will highlight the major scientific and clinical breakthroughs in our field, including a special plenary entitled 'The fantastical world of hormones' by John Wass, on the first day of the Congress.

You can look forward to 30 symposia, 19 Meet the Expert and Meet the Basic Scientist sessions, 6 New Scientific Approaches sessions, and symposia dedicated to the European Young Endocrine Scientists (EYES) and endocrine nurses, each of which has been tailored to ensure the interests of all our participants are covered.

Six clinical debates will critically examine the hottest topics in endocrinology. Numerous oral and poster communications will present cutting-edge research, along with two new ESE Guideline sessions on Turner syndrome and aggressive pituitary tumours that you won't want to miss.

Another highlight is a joint session on obesity co-ordinated by ESE, the Endocrine Society and the International Society for Endocrinology (ISE).

The programme is carefully balanced to include the latest clinical achievements as well as 'state of the art' basic science. For example, you can learn about new therapeutic strategies to treat obesity, and development of human thyroid cells from fibroblasts. Topics are covered not only within the New Scientific Approaches sessions but also in symposia and Meet the Basic Scientist sessions, providing an excellent overview from basic to clinical science, with a special emphasis on translational research.

### Hypothalamic AMPK: a golden target against obesity?

AMP-activated protein kinase (AMPK) is activated in conditions of low energy, increasing energy production and decreasing energy wasting. At a central level, the AMPK pathway is a canonical route regulating energy homeostasis by integrating peripheral signals, such as hormones and metabolites, with neuronal networks.

Evidence links hypothalamic AMPK with feeding, brown adipose tissue thermogenesis and browning of white adipose tissue, as well as muscle metabolism, hepatic function and glucose homeostasis.

These data are interesting therapeutically, since several agents in clinical use with potential anti-obesity and/or anti-diabetic effects, such as nicotine, metformin and liraglutide, act through AMPK, at a peripheral or central level. Furthermore, the orexigenic and weight-gain effect of anti-psychotic drugs, like olanzapine, are also mediated by hypothalamic AMPK.

This makes hypothalamic AMPK signalling an interesting target for drug development, as it would allow both sides of the energy balance equation to be controlled, namely feeding and energy expenditure, as well as metabolism.

**Miguel López**  
(Santiago de Compostela, Spain)  
EJE Prize Lecturer



Lisbon, which provides the outstanding venue for this year's Congress, is one of the most fascinating and captivating cities in Europe, conveniently accessible from around the world.

If you are curious, if you want to discover all the best science in a single meeting, then attend ECE 2017! We look forward to welcoming you in Lisbon.

**Bulent Yildiz** (Turkey)  
Chair, POC

**Guillaume Assié** (France)  
Clinical Science Joint co-Chair, POC

**Riccarda Granata** (Italy)  
Basic Science Joint co-Chair, POC

### Appreciating diversity within PCOS

Polycystic ovary syndrome (PCOS) is the most common hyperandrogenic disorder, with a high prevalence of metabolic co-morbidities, including obesity, insulin resistance and the metabolic syndrome.

We need to change our perspective in defining PCOS. Thanks to advances in measuring blood androgen levels by LC-MS/MS, it is clear that almost all typical cases of PCOS have a variable pattern of androgen excess which, in turn, is likely to play an important role in determining associated metabolic abnormalities.

Arguments also support the idea that a secondary form of PCOS related to obesity may exist in many patients, particularly when it develops during adolescence. Additional mild phenotypes may have different pathophysiological mechanisms.

As with other endocrine syndromes, we should consider that PCOS (precisely because it is a 'syndrome') may include many different phenotypes, ranging from classic forms to milder ones and that, in addition, a secondary PCOS may occur.

**Renato Pasquali** (Bologna, Italy)  
Clinical Endocrinology Trust Prize Lecturer

# New ESE Recommended Curriculum

## From the Education Committee

Across Europe, there is considerable variation in the education of clinical endocrinologists.

The fact that specialisation in clinical endocrinology requires different levels of experience, knowledge and understanding is concerning, especially when clinicians are working in countries other than those in which they qualified.

At ESE, we have identified this lack of harmony in education as a key issue we want to address.

Through our interactions with members, education providers and the national endocrine societies of Europe, we recognise the need to define the expected level, depth and range of knowledge that a clinical endocrinologist should possess, to enable them to have confidence

in their ability to treat endocrine patients throughout Europe to a recognised, appropriate standard.

To establish a measure by which competence in clinical endocrinology can be evaluated, we have collated curricula in use throughout Europe, analysed their content and created the first draft of the 'ESE Recommended Curriculum of Specialisation in Clinical Endocrinology, Diabetes and Metabolism'. This aims to provide an overview of the areas in which a clinical endocrinologist should have sufficient knowledge, skills and experience. It should serve as an aide to the educational pathway, not a syllabus providing individual knowledge requirements.

Importantly, this draft will have been thoroughly reviewed before it is made available. This includes collating comments from each of

ESE's Affiliated National Societies, as well as the European Union of Medical Specialists (UEMS).

Once complete, we aim to integrate the curriculum into the ESE Postgraduate Courses in Clinical Endocrinology, Diabetes and Metabolism, so ensuring they offer a comprehensive education. It will also provide a framework for ESE to develop European certification.

By creating the ESE Recommended Curriculum, we will provide a resource of use to students in assessing their training and to education providers in developing content, as well as establishing a standard for education in clinical endocrinology across Europe.

**Jens Bollerslev, Karim Meeran, Michal Kršek and Misa Pfeifer**  
ESE Curriculum Working Group

## Science Committee update

# Fancy some funding?

A huge range of funding opportunities is available to ESE's scientist members. Make sure you are aware of all the sources of funding that you could apply for. For full details, see [www.e-se-hormones.org/prizes](http://www.e-se-hormones.org/prizes).

**Márta Korbonits**  
Science Committee Chair



Win  
awards  
for your  
work

**12** ESE Young  
Investigator Awards  
**€1500 each**  
for high quality abstracts at ECE

**8** ESE Poster Prizes  
**€250 each**  
for the best posters at ECE



Build  
your  
science  
career

ESE Short-Term Fellowships  
up to **€2500 each**  
for research visits by early-career members

ESE International Endocrine  
Scholars Programme

- ECE attendance
- ESE membership
- €3000 travel bursary

for career development of young endocrinologists



Travel to  
meetings

**100** ESE Meeting  
Grants  
up to **€400 each**  
to attend an ESE meeting

**100** ESE Basic Science  
Meeting Grants  
up to **€450 each**  
for basic scientists to attend ECE

**10** Journal of  
Endocrinology  
Travel Grants  
**€300 each**  
for young scientists who submit  
an abstract and attend ECE

Hold a meeting

ESE Small Meeting Grant  
up to **€2500 each**  
to organise an ESE-endorsed meeting



# Moving forward!

## From pseudohypoparathyroidism to a novel classification

Disorders caused by impairments in the parathyroid hormone (PTH) signalling pathway have historically been termed 'pseudohypoparathyroidism' (PHP). A new position statement, published in *European Journal of Endocrinology*, aims to set the record straight in the way they are classified.<sup>1</sup>

The current classification of the PHP subtypes originated in 1942, when Fuller Albright first described a patient affected by hypocalcaemia and hyperphosphataemia, unresponsive to injection of bovine PTH extract and presenting physical features such as a round face, short digits and a stocky build.

The precise clinical observations of our predecessors led to the development of a classification based on the presence/absence of these physical features (PHP1A vs PHP1B), the presence/absence of PTH resistance (PHP vs pseudoPHP) and the presence/absence of a phosphaturic response to PTH infusion (PHP1 vs PHP2).

### Identifying shortcomings

The era of genetics and epigenetics in the late 20th century 'blew up' the classification. For instance, we learned that at least two genetic defects and three epigenetic insults can cause the unique phenotype of PHP1B. We also understood that the same patient could be differentially diagnosed if the diagnosis was based on clinical aspects (PHP1A with epigenetic defect) or molecular defects (PHP1B with mild Albright hereditary osteodystrophy).

In addition, disorders like acrodysostosis or brachydactyly type E were not included

in the classic classification, even though they share exactly the same clinical and biochemical characteristics as PHP.

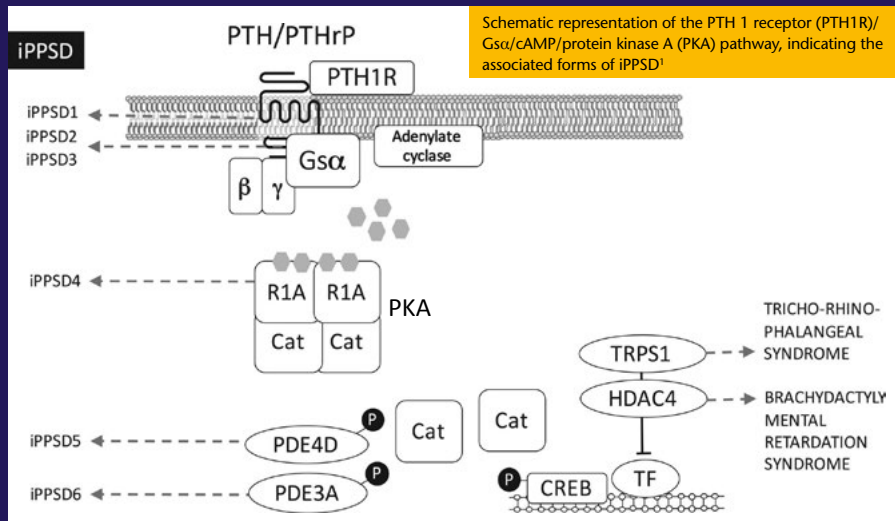
Consequently, many patients are either extremely difficult to classify, or simply excluded from the classification.

For all these reasons, it became increasingly evident that a new classification was needed: on one hand, to identify all the patients and, on the other, to simplify the understanding of the underlying pathophysiology.

### The challenges of a new classification

Even if it was relatively simple to define a common mechanism for all these disorders – the G-protein-coupled receptor/PTH/PTH-related protein (PTHrP)/Gs  $\alpha$ -subunit (G $\alpha$ )/cAMP signalling pathway – we were left with many challenges. We needed to find a clear and simple terminology, to eliminate potential overlaps between diseases, and to take into account both clinical evidence and molecular diagnosis.

To succeed, the European group EuroPHP (associated with the COST action BM1208 on imprinting disorders) met several times, performed a comprehensive review of the literature and worked for 2 years to propose a new classification.



### Inactivating PTH/PTHrP signalling disorders (iPPSD)

To clearly state that all these diseases are characterised by impairments at the level of the PTH and PTHrP pathway, a new terminology and abbreviation were produced. Concomitantly, instructing criteria to stratify patients according to the new classification were needed.

So we identified three major criteria, including subcutaneous ossifications, PTH resistance and brachydactyly, and a long list of additional minor criteria for the diagnosis of iPPSD. Patients would be diagnosed with iPPSD if they presented with at least one of the major criteria and, if brachydactyly was the major criterion, it must be accompanied by at least two of the minor criteria.

This model is similar to that used for maturity onset diabetes of the young (MODY), where the molecule responsible for the disease is – or isn't – added to the disease name (i.e. iPPSD1 (mutation in *PTH1R*) or iPPSD4 (mutation in *PRKR1A*)).

### How should this aid patient care?

This new classification should allow physicians to diagnose iPPSD in an easier way, to increase awareness of the red-flag signs of PTH resistance, ectopic ossifications and brachydactyly and, more importantly, to gather all the patients under a unique umbrella.

Notably, this would facilitate our understanding of the natural history of the diseases, and the identification of patients for future clinical trials.

### Next steps

We still have many challenges to face. A classification makes sense only if it is employed by our peers and proves to be useful. Therefore, we envisage the need for validation, implementation/improvement and dissemination!

**Agnès Linglart, Alessia Usardi, Guiomar Perez de Nanclares and Giovanna Mantovani**  
EuroPHP Network

**Reference**  
1. Thiele et al. 2016 *European Journal of Endocrinology* 175 P1–P17 DOI: 10.1530/EJE-16-0107.

# Communicating ESE's values: the benefits of a new visual identity

Over the last year, ESE has been working to develop its 'brand'. The newly defined brand will encapsulate what the Society is trying to achieve, how it communicates its values and how the wider world views it.

Having a well-defined brand and strategy will put ESE in the best position to support its members and the wider European endocrine community, for the benefit of everyone.

## Using a new visual identity to reflect ESE's brand

Developing ESE's visual identity alongside its new strategic aims and brand means that we can ensure the Society's visual presence reflects its objectives. Clearly defining a visual identity for ESE will ensure that the Society is well-equipped to pursue its strategic direction.

By involving you throughout this development process, we can be confident that everyone has helped determine the shape of ESE for the years to come.

## More than just a new logo

Although a new visual identity for ESE, with a new logo and colour palette, may be the most obvious change to the way the Society presents itself, it is important to realise that it marks an evolution in the underlying way we define and describe the Society – and its aspirations for the future. It's about standing out from the crowds and helping ESE reach the people and organisations we need and want to reach.

'As ESE President, I was impressed that so many members responded to our invitation to give their opinion on the future branding possibilities and visual identities. This indicates, once again, how beneficial it is to include members in this process. It also shows how, with their help, we have been able to narrow down the selection and can be confident that our final identity will be representative of the Society as a whole. Therefore, I am certain that our membership will embrace the outcome of the final decisions we are making, and will support what they will see during 2017.'

**AJ van der Lely**, ESE President

By creating a strong visual identity and clear, consistent messages across all of ESE's activities, we can improve people's recognition of ESE and its wide range of activities.

A new visual identity will enable ESE to clearly present itself as a forward-looking Society that unites, supports and represents the needs of its community. In this way, it will be better able to support you, its members, by working together to develop and share the best knowledge in endocrine science and medicine.

## Keeping you involved

To truly make our new identity representative of all ESE's members, activities and aims we involved as many people as possible throughout the process.

We thank the many of you who took our online survey, and the others who attended focus groups at ECE 2016. We have also gathered feedback from patient support groups, sponsors, and other organisations with which ESE collaborates.

Your suggestions and ideas have enabled us to develop ESE's visual identity in a clear and distinct direction. You can see a summary of the feedback you provided on the right.

## Next steps, and what you can expect

Including your views has been invaluable in ensuring that ESE's new visual identity represents the Society as a whole. With your feedback, we narrowed down the choice of logo to just two (options X and Z).

The Executive Committee has now selected the final design, which will be revealed early in 2017. Work is underway to build a complete brand and communication strategy. The approved logo will work with these so ESE can best communicate its values, aims and vision, as set out in its new strategy.

Throughout 2017 you can expect to see the new logo and accompanying visual identity spread across all of ESE's activities.

## Three concepts

These options were presented for people's views and feedback.

### Option X



- This attracted very positive feedback
- Respondents particularly liked the colours
- It was thought clear and distinctive: a natural evolution of the existing logo
- The blue tones were seen to hint towards Europe
- 'Modern, active, easy to remember'

### Option Y



- This was the least appealing option, but polarised opinions
- It was seen as clear and modern, with an emphasis on science
- People liked the arrow drawing attention to 'endocrinology'
- Seen as distinctive and 'different'

### Option Z



- This was considered positive, simple, and energetic
- Highlighting 'endocrinology' was seen as a positive aspect
- It was described as 'distinctive' and 'warm'
- This had the favourite style of text
- 'Circle suggests inclusivity, community'

# A day in the life of...

## A comparative endocrinologist

**06:30**

The alarm goes off and it's time to leap in the shower and get the day underway.

**07.45**

After a quick drive from Olhao to Faro, I am at my desk with my computer booted up and ready to go. Today I dip into the *General and Comparative Endocrinology* web platform. As Editor-in-Chief, I need to check what has come in and then trigger the next step.

This is a real treat, as we get all kinds of interesting manuscripts about the endocrinology of non-model species from invertebrates to vertebrates. I jot down in my notebook the manuscript numbers and titles to facilitate tracking. It's a bit old fashioned, but this 'belt and braces' approach has saved me on several occasions!

**09.00**

Next, I wade through emails to check what is new. The mail that needs more work will have to wait until the afternoon, as today we are sampling in Ramalhete, our marine station. This sits in the Ria Formosa, an extensive lagoon system in the Algarve.

We have 15–20 minutes' drive to get there. The last section is a sand track, and hard on the car suspension. We prepare carefully, to avoid a repeat trip to collect forgotten items.

It's a stunning day for a drive through the lagoon system. As a large flock of flamingos has taken up residence in one of the salt pans near Ramalhete, I stop for a few minutes to admire them.

**10.00**

Today we will be collecting samples from an experiment that has been running for a month. We drop the water level in the tank and quickly net the juvenile fish we want, anaesthetise them and take a blood sample before we kill them.

Since we have several treatment groups and triplicate tanks, I spend the whole morning in my wellingtons and plastic apron, amidst running water, with the sound of water pumps and bubbling air lines.

**12.55**

Whilst there, I take a look at another experiment I have running with oysters. I talk to the facility manager; he reports no mortality and that all the oysters are open and filtering the algae that are being drip-fed into the tanks. I check the computer that is logging and regulating water conditions during the experiments.



This is part of a project to understand the regulatory processes of shell formation in bivalves. Global climate change is changing the oceans, and we want to know if this will affect the way marine organisms build shells and hard structures, as this will impact ecosystems – and the supply of fresh oysters to the tables of Europe!

**13.20**

Fortunately, we finish the sampling in time to get back to the university for a quick lunch before my afternoon meetings.

**14.00**

My first meeting is with some members of my group, to discuss the progress of a new Marie Skłodowska-Curie RISE (Research, Innovation and Staff Exchange) project. It concerns the use of microalgae for aquaculture and human cosmeceuticals ('Algae4Aquaculture and Beauty'). We discuss the planned experiments and the trips to collaborators and organise the logistics for implementation.

**15.00**

Next I see graduate students who are looking for MSc thesis themes. They want to know about the Erasmus+ mobility scheme, laboratories that could host them, and project opportunities. When they leave, I spend a couple of hours doing correspondence and administration, before working on theses and manuscripts. All too soon it is time to leave.

**18.00**

This is my relaxation time. I visit my horse before I go home. He lives in a small farm at the edge of the Ria Formosa. I need to prepare his stable for the night and feed him, but first I exercise him. He is a cheeky fellow full of fun and wonderful to ride, as he is a brave Lusitano, and never refuses anything you ask him.

**20.00**

Home again. There's time for a snack and then it's back to work on the computer for the night. More manuscripts, outstanding administration, projects to review, society business and the miscellaneous tasks that defy classification.

**23.00**

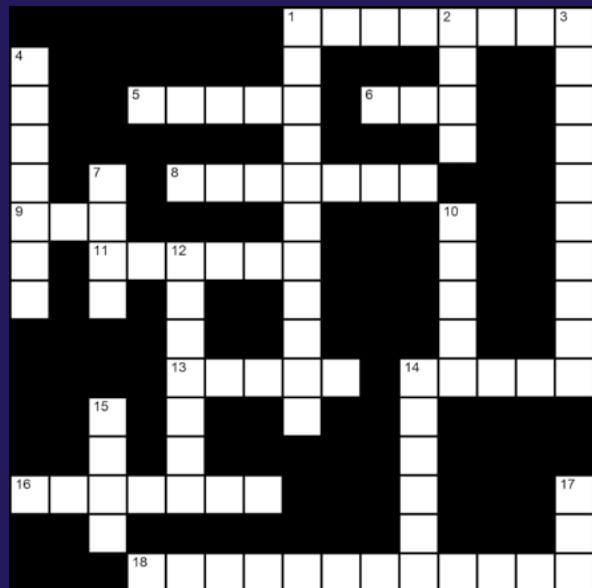
The day finishes when I stop to check the news, read a novel and then fall asleep, to recharge for the next day.

**Deborah Power**

Professor of Biotechnology, CCMAR,  
Universidade do Algarve, Faro, Portugal

**WIN!  
WIN!  
WIN!**

Send us your solutions to this topical puzzle for your chance to win one of three €20 Amazon vouchers! Let us have your answers, along with your name and email address, by emailing them to [info@euro-endo.org](mailto:info@euro-endo.org) or faxing them to 0044 1454 642222.



Congratulations to Jonathan Locke (UK), winner from issue 29.

**Answers to the puzzle in issue 29**

- ACROSS 2. Insulinoma, 5. Cafeteria, 7. Xantho, 11. Cysteine, 14. Oktoberfest, 15. Krebs, 16. Icterus  
DOWN 1. Bavaria, 3. Nephron, 4. IGF1, 6. Incidentaloma, 8. Interferon, 9. Necrosis, 10. Coombs', 12. Sheehan's, 13. Germ

**Endo Prize Puzzle**

**Across**

- 1 Term describing adipose tissue around internal organs (8)
- 5 River upon which Lisbon sits (5)
- 6 United Nations public health agency, established 1948 (abbrev.) (3)
- 8 Salivary gland globulin, causes hypocalcaemia and promotes calcification of dentin (7)
- 9 Prefix from Greek, meaning 'equal' (3)
- 11 Cells in a solid ball: early stage embryo (6)
- 13 Small opening or pore (5)
- 14 Neurotransmitter precursor used to treat Parkinson's disease (5)
- 16 Date of the 'Carnation Revolution': name of a famous Lisbon bridge (2, 5)
- 18 Removal of the pancreatic islets (12)

**Down**

- 1 Portuguese explorer: name of a famous Lisbon bridge (5, 2, 4)
- 2 Part of a gene that is transcribed (4)
- 3 Order of mammals comprising rabbits and hares (10)
- 4 Simplest and most soluble common amino acid (7)
- 7 Prefix from Greek, meaning 'the same' (4)
- 10 New name for pseudohypoparathyroidism (abbrev.) (5)
- 12 Galo de Barcelos, a well known emblem of Portugal (7)
- 14 Brain system concerned with basic emotions (6)
- 15 Pathological cell types in fatty streaks of atherosclerosis (4)
- 17 Juvenile fish (3)

**Did you know?**

**Dr House – again**

In *ESE News*, issue 28, we noted that Dr House of TV fame has an excellent knowledge of endocrine disorders. It has now come to our attention that in season 2, episode 13 (entitled 'Skin Deep'), a female patient is diagnosed with undiscovered complete androgen insensitivity syndrome (CAIS). The patient's cancerous testicle is mistaken for an ovary.



**Shrek and acromegaly**

The French wrestler Maurice Tillet (1903–1954), also known as 'The French Angel', suffered from acromegaly. It is widely accepted that he is the inspiration for the DreamWorks Pictures character 'Shrek'.

**Save the Dates!**

**9th ESE Clinical Update**

**13–14 January 2017**  
Abu Dhabi, UAE

**ESE Basic Course**

**7–10 February 2017**  
Budapest, Hungary

**8th Skeletal & 3rd Translational ESE Bone Course**

**23–24 March 2017**  
Brescia, Italy

**20th ESE Postgraduate Course on Endocrinology, Diabetes and Metabolism**

**20–22 April 2017**  
Moscow, Russia



**19th European Congress of Endocrinology (ECE 2017)**

**20–23 May 2017**  
Lisbon, Portugal

**ESE Summer School**

**30 July–3 August 2017**  
Bregenz, Austria

**20th European Congress of Endocrinology (ECE 2018)**

**19–22 May 2018**  
Barcelona, Spain

**Deadlines:**

**31 January 2017**

**19th European Congress of Endocrinology (ECE 2017)**  
– abstract deadline

**28 February 2017**

**Geoffrey Harris and European Journal of Endocrinology Prizes and Clinical Endocrinology Trust Award**  
– nomination deadline

**31 March 2017**

**19th European Congress of Endocrinology (ECE 2017)**  
– early bird registration

**31 March 2017**

**ESE Small Meeting Grant**  
– application deadline

**31 May 2017**

**ESE Short-Term Fellowship**  
– application deadline