

Issue 43 Autumn 2020

ESE News

The newsletter of the European Society of Endocrinology

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The virus that made us go virtual

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Also in this issue

Highlights from e-ECE 2020

Steroid abuse: a role for endocrinologists



European Society
of Endocrinology



In this issue

Society News

- 03 e-ECE 2020: the highlights
- 04 Raising awareness: COVID and endocrinology, New guideline agreement, plus From the ESE Office
- 05 Andrea Giustina welcomes the ESE Foundation
- 06 New ESE Focus Areas, and other news

ESE Committees

- 07 ESE Talks: survival skills for researchers, and Guideline session at e-ECE 2020
- 08 New Clinical Observership Programme

Features

- 09 Rising to the COVID-19 challenge: EuRRECa
- 10 Endocrinology across the globe
- 13 COVID, coffee and loss of the unexpected
- 14 Clinical endocrinologists face COVID-19
- 16 Conferences: the future post-COVID

Editors' Selection

- 17 A role for endocrinologists in steroid abuse

At the Back...

- 18 COVID-19: patients' perspectives
- 20 Winners at e-ECE 2020, plus diary dates

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Editorial



In years to come, we will look back at 2020 as a pivotal moment. Suddenly, daily life changed fundamentally, and perhaps forever. Technology that we might have embraced gradually, over several years, became commonplace within weeks. People found new ways of living and working, many of which are likely to remain after COVID-19 has faded from memory.

Without this technology, life in lockdown would, of course, have been far harder. For practical reasons and for our mental fortitude, the ability to see friends and colleagues, even if only on screen, has proved positive and done much to reduce the sense of isolation. As scientists and clinicians, it enables us to communicate with one another and with our patients. We are surely fortunate that it was available when COVID struck.

e-ECE 2020 was remarkable in many ways. It stretched the capabilities of the pre-existing technology and so brought us the best possible approximation to a 'real' conference. It saw unanticipated benefits, such as increasing ECE's reach to colleagues who would have been unable to attend a physical event in Europe. Most importantly, it brought our community together, at a time when we have felt apart for too long. On page 3, the organisers of e-ECE 2020 reflect on its many highlights and, on page 20, we congratulate this year's award winners.

In this issue, we look at the pandemic's impact on us, on endocrinology and on our use of technology, now and into the future. We talk to international representatives from other societies (pages 10–12), and hear the experiences of colleagues on the COVID-19 frontline (pages 14–15). We ask endocrine patients how they have fared (pages 18–19). We look at how scientific meetings have evolved and will continue to evolve (page 16), and reflect on the limitations of meeting virtually, such as the absence of chance encounters in the 'coffee corner' (page 13).

ESE is working to alert policymakers to links between our field and COVID-19 (see page 4) and has supported webinars for the online education of early career colleagues (page 7). Endocrinologists have resourcefully adapted tools, such as EuRRECa (the European Registries for Rare Endocrine Conditions), to collect COVID-19 data (page 9).

Your Society continues to plan for the world 'beyond COVID'. e-ECE 2020 saw the launch of the exciting European Hormone and Metabolism Foundation, establishing a firm base for ESE as the home of endocrinology in Europe (see page 5). The ESE Focus Areas have also been reviewed (page 6), so that we continue to address the full breadth of our field. On page 17, we highlight a recent paper in *Endocrine Connections*, calling for endocrinologists to play a role in addressing steroid abuse.

I hope you find this issue stimulating and interesting. Once again, I wish you all good health, as we continue to address the pandemic, together.

Justo P Castaño
Editor, *ESE News*



e-ECE 2020: a memorable meeting

5–9 September 2020

ESE's latest Congress will be long-remembered for being the Society's first large-scale virtual event. After a year spent organising and then reorganising ECE 2020, Attila Balázs Patócs and Jens Otto Lunde Jørgensen (Programme Organising Committee (POC) Co-Chairs) and Riccarda Granata (ESE Congress Committee Chair) reflect on what was an overwhelmingly positive experience.



Organising e-ECE 2020 was a big challenge, as everything was almost ready for the face-to-face Congress, scheduled for May 2020 in Prague, Czech Republic, when the pandemic broke out. After meetings with ESE staff and ESE Executive Committee and POC members, we chose to proceed, with great commitment and enthusiasm, to reorganise the Congress as an 'electronic' event, named e-ECE 2020.

In this way, ECE 2020 not only survived but was revitalised. In these extraordinary circumstances, using a new platform, the online Congress could gather participants from around the world more easily than anticipated. Resetting the programme to fit a new timeframe held challenges, but our extraordinary colleagues from ESE made our Congress unforgettable.

Our aim was, as always, to keep the scientific level as high as possible. Our final basic science programme included outstanding presentations by leading scientists and young endocrine researchers from across the world.

'It was both an honour and a challenge to participate in the making of e-ECE 2020'

Technical advantages meant we could invite colleagues from the Americas, Asia and Australia: their lectures inspired many young researchers and students.

Some basic science lectures should be mentioned directly. Several covered areas which overlapped endocrinology and other disciplines. For example, the plenary lecture by Carol Lange (USA), entitled 'Glucocorticoids in cancer: a new paradigm', demonstrated the glucocorticoid receptor's involvement in the malignant behaviour of breast cells.

The Young Investigator Awards session was also impressive. It illustrated that endocrine research is still active at many European centres, and we could feel a breath of fresh air, even through the webcam. Amongst these abstracts, technical perfection and the use of novel techniques were very common.

The symposium on 'Adrenocortical carcinoma', with three world-leading scientists, was an exceptional experience. Garry Hammer (USA; the current Endocrine Society President), Hironobu Sasano (Japan) and Peter Igaz (Hungary) covered this most aggressive endocrine cancer, demonstrating that novel discoveries might help in fighting this serious disorder, and that endocrine science spans national and continental borders.

'Unveiling signatures in pituitary neuroendocrine

tumours' was another important symposium. The three lecturers showed important novel mechanisms in pituitary tumorigenesis through genetic and epigenetic studies. The questions and answers were extremely useful for young attendees, especial those in training.

The plenary lecture by Stefan Pöhlmann (Germany) was of particular relevance: in a very comprehensible manner, he explained the mechanisms of SARS-CoV-2 entry into cells and the possible ways of inhibition. We also covered COVID-19 elsewhere in the programme, enabling colleagues to share their experience with this terrible virus.

Importantly, we all had the chance to attend the Meet the Expert session led by Alan Harris (USA), who brightly talked about the 'Radioligand therapy of endocrine cancers', now approved for the treatment of prostate, neuroendocrine and other cancers.

Coverage of the ESE Focus Areas included the newly defined areas of Adrenal and Cardiovascular Endocrinology and Endocrine-Related Cancer, and we presented a large number of oral communications and posters from young colleagues. The interactivity of the different

programme features worked surprisingly well.

It was both an honour and a challenge to participate in the making of e-ECE 2020. Any initial concerns or slight scepticism were swept away by the expertise and professionalism of the organisers; their support and good spirits were outstanding and inspiring. Thanks to them, e-ECE 2020 was a success and an exceptional event. There was strong interest and participation from both the speakers and the attendees.

There is little doubt that the future will see more virtual meetings, including hybrid formats. Although we all hope soon to see each other, to exchange ideas, and meet friends and colleagues at a 'normal' meeting, e-ECE 2020 has been an instructive and constructive experience that reinforced our desire to spread knowledge and science. ESE is grateful for all the help received from Bioscientifica, M-Events (who provided technical support), and all the members of the POC and Executive Committee, for being so supportive.

**Attila Balázs Patócs,
Jens Otto Lunde Jørgensen and
Riccarda Granata**

You can log in to revisit the content of e-ECE 2020 at

www.eseondemand.org



Raising awareness: links between endocrinology and COVID-19

During the initial COVID-19 outbreak, ESE swiftly developed a position paper addressing the links between endocrinology and COVID-19. It was based on clinical data published in *European Journal of Endocrinology* and gathered in our ESE Talks series from endocrinologists across Europe.

The position paper aims to raise awareness among policymakers of the links between endocrinology and COVID-19 throughout all stages of the disease: from prevention and treatment to long term quality of life following infection.

Underscoring the relationship between the virus and several endocrine and metabolic diseases, the position paper looks at prevalent conditions such as diabetes, obesity, autoimmune thyroid disease and vitamin D deficiency. It addresses the structural factors and underlying conditions that exacerbate pandemics such as COVID-19; it highlights clear 'policy asks' to address these issues.

The importance of prevention and research around these topics cannot be overstated. The paper asks policymakers for concrete actions that the European institutions and EU member states can undertake to improve treatment and long term health outcomes. They include the



development of new and effective models of patient management and an urgent increase in research funding.

The paper was shared with key policymakers in the European Commission and Parliament. It has already led to constructive discussions around the need for further research funding, surveillance and outcomes monitoring, and a review of the EU's health research infrastructure.

Moving forward, we will continue to make the most of emerging research to call for EU policymakers to respond to the long-lasting and wide-reaching consequences of COVID-19 for EU health, as well as the broader goal of tackling conditions such as obesity, diabetes and other chronic diseases.

You can read the position paper at www.es-e-hormones.org/advocacy/covid-19-and-endocrine-disease.

ESE signs guideline agreement

ESE President Andrea Giustina and Endocrine Society President Gary Hammer signed a historic agreement live at e-ECE 2020. It will lead to the joint development of clinical practice guidelines by the two societies, to provide evidence-based recommendations for clinical care and practice.

Each society will take the lead on alternate guidelines, with a co-chair from the other society. Guideline working group membership will be split between ESE and the Endocrine Society.

The first guidelines will be 'Management of corticosteroid therapy' (led by ESE) and 'Diabetes in pregnancy' (led by the Endocrine Society). They will be jointly published in ESE's *European Journal of Endocrinology* and the Endocrine Society's journal, *Journal of Clinical Endocrinology & Metabolism*.

Find out more at www.es-e-hormones.org/media/2815/2020-september-joint-global-cpg-press-release-hm.pdf.

From the ESE Office

I am writing this hot on the heels of e-ECE 2020, our Congress which took place on 5-9 September. If you did not attend then ... why not?! Nothing can replicate the face-to-face environment, but the spirit of e-ECE 2020 came a close second.

The Programme Organising Committee, led by Riccarda Granata (ESE Congress Committee Chair) and Attila Balázs Patócs and Jens Otto Jørgensen (Programme Organising Committee Co-Chairs), prepared a fantastic programme, which was perfectly delivered by an outstanding

international faculty. Delegates came from over 110 countries to participate.

The virtual environment even showed a greater strength than the physical meeting in its ability to accommodate responses to more questions. They came fast and furious, with speakers able to respond both during and following the sessions. e-ECE 2020 incorporated the classical plenaries, symposia and meet the expert sessions, had live opening and closing ceremonies, retained all of the traditional awards, and enjoyed a social element with a New Members' Welcome and the first EYES (ESE Young

Endocrinologists and Scientists) Quiz. We hope it had something for everyone!

We are very proud to have supported our community in delivering the best of endocrine science through this virtual Congress, even extending our reach substantially beyond a 'normal' ECE. We were also very pleased to deliver the Congress on a complimentary basis this year for our members, as a clear sign of support during the pandemic. The numbers who signed up as new members as a result does demonstrate how much this was appreciated.

As ever, I welcome your

feedback, thoughts and ideas. I hope everyone is keeping safe and well. Please contact me at helen.gregson@ese-hormones.org.

Helen Gregson
Chief Executive Officer, ESE





From your President

Dear Friends

I hope you are all keeping well. Still, we find ourselves in the grip of coronavirus with, I fully expect, many challenges to come over the winter months.

I know many of you will have participated in e-ECE 2020, the recent virtual Congress. My personal reflection is that it was a great success, which symbolised the very best about our community, and my personal belief and philosophy that inclusion is the strength of our Society. As one delegate expressed it, 'e-ECE 2020 is like a light in the darkness of these pandemic days'. To be your President during these times filled me with pride. I hope ESE has contributed in a small way to supporting endocrinologists worldwide through our virtual

Congress and other activities, and in making a big step towards the building of a strong global endocrine community.

We had enormous support from a huge number of global and national societies in delivering the Congress – too many to mention here. The growth in these partnerships has been an important positive outcome from this situation. During the opening ceremony of e-ECE 2020 (which broke every previous record for the number of viewers), I was very proud to sign an agreement with my friend Gary Hammer, President of the Endocrine Society, to deliver joint clinical guidelines. Also, it was a great pleasure to hear from Stefano Del Prato, President of the European Association for the Study of Diabetes, at the opening ceremony.

It was, in addition, a wonderful moment to announce that ESE has launched a Foundation in Brussels – the European *Hormone and Metabolism* Foundation – which establishes a firm base for us, as the *home* of endocrinology, at the political centre of Europe. The Foundation will have many important advocacy initiatives, with the improvement of patient care as its central purpose. I am sure it will quickly become the home of all endocrinologists and of all the friends of endocrinology.

I would like to extend my personal thanks, and I am sure those of all of us, to our industry supporters who have firmly stood beside us in true partnership throughout. Let me also recognise the enormous effort of the entire ESE team, led by our CEO Helen Gregson, without whom not only



e-ECE 2020, but also the full broad spectrum of our activities, would have been impossible!

Finally, I look forward to a time when I can see you in person very soon. Ciao!

Andrea Giustina
President of ESE
Follow me on Twitter:
@EsePresident

'ESE has launched a Foundation in Brussels – the European Hormone and Metabolism Foundation – which establishes a firm base for us at the political centre of Europe. I am sure it will quickly become the home of all endocrinologists and of all the friends of endocrinology'

New European Hormone and Metabolism Foundation

September 2020 saw the launch of an exciting new initiative: the European Hormone and Metabolism Foundation – Foundation of the European Society of Endocrinology (the ESE Foundation).

The ESE Foundation has been created for the public benefit. Endocrine patients will be central to its objectives, namely:

- promoting endocrine health
- addressing endocrine disease and
- improving patient care.

It will promote ESE's work in areas such as:

- raising and distributing funds with a particular aim to improve research and clinical outcomes for patients across all endocrine disciplines
- interacting with the EU institutions to support the policy and advocacy needs of the endocrine community across Europe
- raising the profile of endocrinology in Europe and internationally, with a focus on public engagement.

The ESE Foundation is a separate legal entity to ESE, with its own financial accounts. Although the

ESE Foundation will have its own decision-making powers, they must align to ESE's own strategy. You can find out more at www.ese-hormones.org/about-us/ese-foundation.

'Endocrine patients will be central to its objectives, namely promoting endocrine health, addressing endocrine disease and improving patient care'

Meet the Board

ESE Immediate-Past President **AJ van der Lely** will chair the ESE Foundation's Board of Directors, comprised of:

ESE Past-Past President: **Philippe Bouchard**

Current ESE President: **Andrea Giustina**

ESE Treasurer: **Djuro Macut**

ESE Council of Affiliated Societies (ECAS) representative: **Anton Luger**

ESE Chief Executive Officer: **Helen Gregson**

ESE Director of Strategic Partnerships: **Dirk De Rijdt**



New Focus Areas for ESE

The ESE Focus Areas ensure that the Society covers the full spectrum of topics and needs within endocrinology.

After extensive review by the ESE Executive Committee, taking both learning and feedback into account, the Focus Areas have recently been updated.

New Focus Area leads have been identified and have begun their terms in a staggered approach with the current leads (whose term ended in May 2020), to ensure continuity.

You can learn more at www.ese-hormones.org/focus-areas.

Previous	New	Leads
Adrenal and Neuroendocrine Tumours	Adrenal and Cardiovascular Endocrinology	Darko Kastelan Maria-Christina Zennaro
Calcium and Bone	Calcium and Bone	Lars Rejnmark Martina Rauner
Diabetes, Obesity and Metabolism	Diabetes, Obesity, Metabolism and Nutrition	Uberto Pagotto Liesbeth van Rossum
–	Endocrine-Related Cancer	Raul Luque Jason Carroll
Environment, Society and Governance	Environmental Endocrinology	Josef Köhrle Anna-Maria Andersson
Pituitary and Neuroendocrinology	Pituitary and Neuroendocrinology	Niki Karavitaki Marily Theodoropoulou
Reproductive Endocrinology	Reproductive and Developmental Endocrinology	Bulent Yildiz Jenny Visser
Thyroid	Thyroid	Rossella Elisei Clara Alvarez

ESE COVID-19 Grant

The ESE COVID-19 Research Grant has been developed to provide financial support for individuals to address scientific questions in COVID-19 research that relate to endocrinology and metabolism.

We congratulate Giulia Brigante (Italy), the recipient of the ESE COVID-19 Grant for the project 'Subacute thyroiditis in the SARS-CoV-2 era: a prospective multicenter study'.

You can find out more about this grant at www.ese-hormones.org/covid-19researchgrant.



Giulia Brigante



Matthew Ringel

New Editor-in-Chief

Matthew Ringel is the new Editor-in-Chief of *Endocrine-Related Cancer*. He is the Ralph W Kurtz Professor of Medicine at Ohio State University, Columbus, OH, USA. His research focuses on basic and translational thyroid cancer, including cell signalling, genetics and cancer metastasis. He will officially take over from Charis Eng on 1 January 2021. You can find a video interview with Matthew at <https://erc.bioscientifica.com/page/neweditorinchief>.

'Endocrine-Related Cancer is in a really good spot: the reach and scope of the journal are outstanding. We now have important opportunities, which relate to the societies involved with the journal, to taking advantage of social and visual media, and to using the journal as a vehicle to support career development through the Editorial Board'



Anton Luger becomes ECAS rep



Anton Luger

Members of the ESE Council of Affiliated Societies (ECAS) have voted Anton Luger (Austria) to be their new representative. Anton thanked the members for their votes. He added, 'I will pursue the strong efforts of ECAS to strengthen the collaboration between the national societies and ESE, to further harmonise training in endocrinology and spread scientific knowledge as broadly as possible, in order to guarantee that patients with endocrine diseases receive

medical care of the highest standard throughout Europe.' We thank Djuro Macut for his dedication and commitment to ECAS during his term of office.

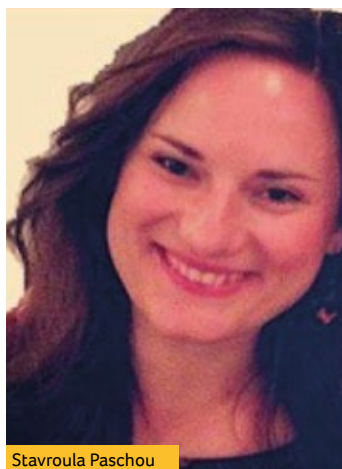
You can find out more about ECAS at www.ese-hormones.org/ecas.





ESE Talks: survival skills

ESE has recognised the hard work and dedication of all endocrinologists, worldwide, when faced by challenges of the COVID-19 pandemic. Together, we strived to continue our research, support our patients and develop new care pathways.



Stavroula Paschou

It was in this context, and after discussion with the ESE Science Committee, EYES (ESE Young Endocrinologists and Scientists) Committee and EYES community, that ESE provided a series of three webinars in July 2020. The primary aim was to support the online education of early career endocrinologists.

The webinars covered:

- a) 'How to read and review a paper'** considered how to approach papers with the right degree of scepticism to be an effective reviewer and also a good reader (led by Olaf Dekkers, chaired by Monica Marazuela)
- b) 'How to write a paper'** included setting the structure

and aims, and ensuring it is as simple and concise as possible (led by Dimitrios Goulis, chaired by Josef Köhrle)

c) 'Grant proposal writing' looked at best practice, including tips and pitfalls (led by Chris McCabe and Gareth Lavery).

The webinars were really successful, and reached almost 400 participants from 67 countries. The interaction was wonderful: a fruitful discussion took place during all three events, with many questions answered.

Feedback from the EYES community was extremely positive. Early career researchers felt that their opinions were valuable and really mattered,

as ESE responded promptly to their needs, even during such a challenging period. Although primarily aimed at junior researchers, the webinars proved useful for all academics. It was broadly acknowledged that the speakers, the Chairs and the content of the webinars were all brilliant.

You can watch the webinars on demand at www.eese-hormones.org/survivingthesystem.

Stavroula A Paschou
ESE Science Committee
EYES Committee

e-ECE 2020 welcomes new guideline

ESE's first virtual Congress was a really exciting meeting, with more than 4500 participants from over 110 countries. Although it was unfortunate that we were not able to meet in person, I really enjoyed the good science, as well as the possibilities for scientific interaction during the different sessions with many excellent lectures.

As the Chair of the Clinical Committee, I was particularly interested in the Guideline Session, in which the new ESE clinical practice guideline on pituitary adenomas in pregnancy was presented. Optimal treatment of patients with endocrine disorders has been one of the major responsibilities of the Clinical Committee for many years, and this guideline will absolutely contribute to that goal by filling an important knowledge

gap and contributing to a more harmonised approach in the treatment of patients with this condition.

The Chairs, Anton Luger and Olaf Dekkers, began by giving an overview of the general recommendations and important methodological aspects of the guideline process. They demonstrated that the quality of the scientific evidence regarding optimal treatment of patients with a pituitary adenoma is (very

low, according to the GRADE methodology. Citing Vigersky *et al.* 2013 (*Journal of Clinical Endocrinology & Metabolism* **98** 3174–3177), they illustrated the point that careful synthesis of low quality evidence and expert opinion can still appropriately guide clinical practice and result in high quality clinical practice guidelines.

Subsequently, different speakers from the Guideline Working Group explained the rationale behind the recommendations for non-functioning adenomas (Gesthimani Mintziori), prolactinomas (Nienke Biermasz), acromegaly (Philippe Chanson) and Cushing's disease (Susan Webb). It is impossible to

summarise their nuanced lectures and recommendations in a few sentences, and for that reason I encourage everyone to have a look at the session on ESE On Demand (www.eeondemand.org), including the Q&A session at the end, in which the speakers respond to very pragmatic and practical online questions.

Robin Peeters
Chair, ESE Clinical Committee



Robin Peeters

'The new ESE clinical practice guideline on pituitary adenomas in pregnancy was presented. Optimal treatment of patients with endocrine disorders has been one of the major responsibilities of the Clinical Committee for many years, and this guideline will absolutely contribute to that goal'



Erasing borders and shaping the future

2020 has pushed us all out of our comfort zones, bringing tremendous challenges, sacrifices and insecurity to all aspects of life. We have witnessed medical professionals around the world fighting the COVID-19 pandemic within their own countries, with many physical borders shutting down completely.

In poetic contrast to this, we – as a community – are now showing that no obstacle or boundary can prevent the spread of knowledge, communication and inclusion in endocrinology. Individual achievements in healthcare have become only as significant as their reach within the international community. The ways we process information and ideas are also changing drastically. Creativity and the ‘quest for more’ in the medical field are shaping a new generation of doctors and scientists. They explore the possibility of expanding science and connectivity beyond any physical or nominal limit and strive for equality. And this is indeed necessary, since medicine was, and still is, a bastion of hope, freedom and truth.

Introducing the EYES COP

One initiative that embodies all these values is the new EYES (ESE Young Endocrinologists and Scientists) Clinical Observership Programme (COP). The EYES Committee provided the connections between the programme’s pioneers from countries across Europe. This allowed a much-needed conversation about imperfections and differences within various educational systems and clinical work.

Thanks to the proposal by the former EYES Co-Chair Ljiljana Marina (Serbia) and a joint effort from Helen Gregson and the ESE Executive, Clinical and EYES Committee members, we have created a platform that symbolises unification between European medical educational systems and clinical and scientific workers, in an attempt to gradually erase the differences in endocrine education.

The COP allows early career investigators (ECIs) from Europe to grow and learn during a short, 1-month, stay in various European endocrine centres of expertise. Due to different European laws, the time spent at the host centre is defined as an ‘observership’. The programme’s duration is tailored carefully so that the ECIs can maintain their necessary presence and work in their own clinic, but also gain crucial experience, motivation and contacts abroad.

Looking to the future

For 2020, we have ten centres of expertise that will host ECIs. Expanding this number is one of the primary goals for evolution of the project. As the number of centres grows, the possibility of bilateral co-operation between centres of expertise could generate new opportunities. At some point, the initiative could

become an established part of a European endocrine education programme, validated in the countries and centres of origin.

The EYES Research Observership Program (ROP) will also be defined in the coming months, appropriate for young scientists and research labs throughout Europe – since there are no clinicians without scientists, or vice versa.

Together with the ESE Council of Affiliated Societies (ECAS) we plan to work hard and create a solid, interactive platform for the future.

Celebrating success

There is clearly a real aspiration for mobility amongst ECIs, demonstrated by the number of high quality applicants, whose details kept arriving as the deadline approached. This was despite the COVID-19 pandemic and the shift in all important

dates, meetings and courses.

Of course, this year (unlike ever before), we were far away from one another, but together at the epicentre of elite science, as we all tuned into the first-ever online ECE. As we ‘raised a glass’ to endocrinology from our homes, offices, COVID-19 infirmaries, balconies or summerhouses, we announced the first three COP grant winners (see panel), as well as seven more self-funded applicants, all of whom were awarded a centre of expertise.

Let us – through EYES COP and in other ways – show time and time again that inclusion, knowledge and evolution form the true spirit of ESE.

Antoan Stefan Šojat

EYES Committee Member
EYES COP Project Lead

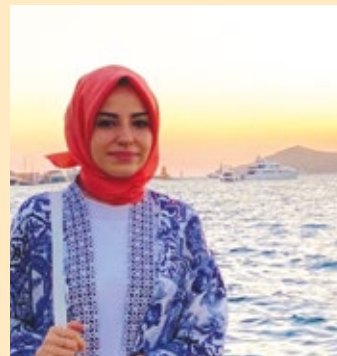
For further information on the EYES COP visit www.ese-hormones.org/eyes and follow the link to the Clinical Observership Programme.

EYES COP winners 2020

We congratulate the following, who received €1000 towards travel expenses. They and seven other high-scoring applicants were awarded a centre of expertise:



SANJA MEDENICA
(Clinical Center of Montenegro) will attend the Centre of Expertise in Diabetes, Rome, Italy
Mentor: Pontecorvi Alfredo



SEDA TURGUT
(Dr Sadi Konuk Training and Research Hospital, Istanbul, Turkey) will attend the Centre of Expertise in Pituitary Diseases, Novara, Italy
Mentor: Flavia Prodam



VADUVA MADALINA
(Rennes University Hospital, France) will attend the Centre of Expertise in the Diabetic Foot, London, UK
Mentor: Vasiliki Bravis



EuRRECa: mapping COVID-19-related morbidity

When the European Registries for Rare Endocrine Conditions project (EuRRECa) was launched in 2018, no-one anticipated the challenges that COVID-19 would present. But, thankfully, EuRRECa was on hand to support endocrinologists in the face of the pandemic.

By creating a secure, virtual environment for multi-centre collaboration, registries allow pooling of data for research. They are particularly useful for studying conditions that are rare or have low prevalence. The endocrine community has a long record of using rare disease registries, and a recent mapping exercise performed by Endo-ERN showed that a cross-border rare disease registry existed in Europe for about 75% of rare endocrine conditions covered by this network.¹

Within the environment created by the current pandemic, registry-based projects are assuming a greater level of importance, as they allow clinicians and scientists to continue engaging in research and surveillance. Within this context, EuRRECa has been perfectly placed to support endocrinology in quantifying the burden of COVID-19 on people with chronic endocrine conditions.

EuRRECa

EuRRECa (www.eurreca.net) is funded by the EU's 3rd Health Programme. It was launched in 2018, with the primary aim of maximising the opportunity for patients, healthcare professionals and researchers to participate in and use high quality registries. The project includes a platform for e-Reporting of Rare Conditions (e-REC) and a Core Registry that collects a common dataset and clinician- and patient-reported outcomes.

EuRRECa works closely with Endo-ERN, ESE and the European Society for Paediatric Endocrinology (ESPE). The platforms it has developed have also been adopted by ERN BOND (the ERN on Rare Bone Diseases; www.ernbond.eu) and its related registry, EuRR-Bone (www.eurr-bone.com).

e-REC

e-REC is an electronic reporting platform that has been designed to allow a better understanding of the occurrence of a wide range of rare endocrine conditions. The platform is open to all centres that work within a clinical or research network. With approximately 5000 new encounters reported by 50 centres from 20 countries since July 2018, the e-REC platform is quickly showing its acceptability within its current user community. For selected conditions, e-REC notification can also be followed by a short secondary survey (www.eurreca.net/secondary-surveys) that collects clinical data for quality assurance and to understand the clinical presentation of the reported condition.

As e-REC and its related secondary surveys do not collect any personally identifiable information, the ethics and information governance approvals granted to this platform allow users to participate without obtaining patient consent. All data that are collected by e-REC are only shared with investigators following approval by EuRRECa's Data Access Committee (DAC) (www.eurreca.net/data-access-committee).

Core Registry

The EuRRECa Core Registry has been operational since June 2019. It is approved for the collection of data that are gathered during routine clinical care and may be shared with approved users to perform or develop new studies.



'EuRRECa has been perfectly placed to support endocrinology in quantifying the burden of COVID-19 on people with chronic endocrine conditions'

The Core Registry does not collect names, addresses or local hospital numbers but does collect date of birth. Patients also have the option to alter their preferences, including consent. They can access their own information and can complete generic or condition-specific outcomes.

Given the potential to collect a greater amount of information, including that which is personally identifiable, participation in the EuRRECa Core Registry requires patient consent. Patient consent also allows the transfer of data to other disease registries that are approved and recognised as affiliates by EuRRECa. Like the e-REC platform, EuRRECa's Core Registry is available to be used by any endocrine centre and data supply for research requires approval by the DAC.

COVID-19

A number of e-REC users, amongst others, approached the EuRRECa team in March 2020 to enquire whether the platform could be used to capture the occurrence of COVID-19 infection in people with chronic conditions. Given the flexible design of the platform, an additional section was immediately added to gather this information in patients with an existing endocrine or bone condition.

In April 2020, EuRRECa joined forces with Endo-ERN and ESE's recently formed Rare Disease Committee (www.eese-hormones.org/rare-disease-committee) so that the COVID-19/e-REC surveillance project could be disseminated widely. To maximise the use of the data generated through this exciting new initiative, the Rare Disease Committee has created condition-specific study groups that are developing dedicated secondary surveys to capture further condition-specific information.

To date, of the 11 centres that are using e-REC for notification of new cases of COVID-19 infection in patients with an existing endocrine condition, 8 have reported a total of 21 adults and children. All endocrine centres are now invited to participate in this initiative. For further details, visit www.eurreca.net/covid-19-captured-in-e-rec.

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Endocrinology across the Globe

eECE 2020

22nd European Congress of Endocrinology

5–9 September 2020

www.ece2020.org

e-ECE 2020, ESE's first ever online Congress, brought together a record number of endocrinologists from around the world. We took the opportunity to ask the leaders of national and international endocrine societies for their perspectives, and their choice of three words to describe our field's future. At a time when we are physically separated by borders, we are clearly more united than ever by our passion to advance endocrinology.



ARGENTINA

Endocrinology excites me because it is a highly dynamic and evolving specialty, with a deep physiological basis and clinical impact, diagnostic challenges, and constant therapeutic innovation.

It's always challenging us! We now face adaptation of clinical practice to telehealth services, economic recognition, the enormous and growing prevalence of obesity and diabetes, and keeping up with new insights.

Being connected provides the opportunity to stay up to date, and to share concerns and work situations between different groups. Virtual meetings are a way of building a strong global endocrinological community and avoid isolation, even during the pandemic.

The future? Molecular biology, Genetics and Precision medicine

Diego Schwarzstein

Past President, Federación Argentina de Sociedades de Endocrinología
www.fasen.org.ar



BRAZIL

Among all clinical specialties, endocrinology is probably the most complex. While other specialists usually study a single organ and its diseases, endocrinologists deal with a heterogeneous group of diseases affecting several different glands in the human body.

It is important to come together, because our specialty is changing at immeasurable speed.

It seems that new hormones are being described every day and we need to be constantly updated to understand the interactions among all hormonal systems. For a physician who works all day with patients, the only way to receive reliable information is through meetings and events, even in a virtual environment.

The future? Challenging, Complex, Unpredictable

Rodrigo de Oliveira Moreira

President, Sociedade Brasileira de Endocrinologia e Metabologia
www.endocrino.org.br



BRAZIL

Endocrinology provides a unique opportunity to combine knowledge and scientific advances in biochemistry, cell biology, genetics, epidemiology, physiology and pharmacology and apply them directly to patient care. The biggest challenge we currently face is to keep endocrinology and metabolism

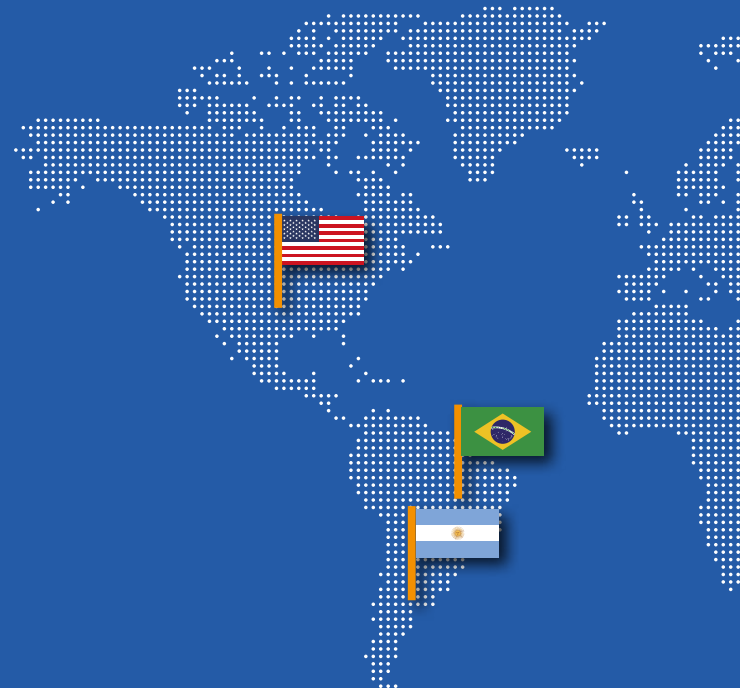
with endocrinologists, preventing other specialties (and even non-medical professionals) from encroaching on our areas of expertise.

We need to come together, either face-to-face or virtually, because sharing knowledge and collaboration is critical to scientific advances that ultimately improve people's health and lives.

The future? Inspirational, Innovative, Revolutionary

Cesar Boguszewski

Vice-President, Sociedade Brasileira de Endocrinologia e Metabologia
www.endocrino.org.br



UNITED STATES OF AMERICA

I am drawn by the very basic questions as to WHY and HOW endocrine cells/tissues/systems work and fail, and by applying what we learn about WHY and HOW to our knowledge and treatment of disease.

Endocrinology faces possible dilution or usurpation of parts of our field by other disciplines, and the challenging pandemics of obesity and diabetes. Genetic and regenerative therapies for congenital and age-related organ failure offer intriguing opportunities, as do artificial intelligence/big data.

We always need to connect, whether in person or virtually; like hormonal systems, we work best at the intersection, collaborating and sharing knowledge and best practice.

Gary Hammer

President, Endocrine Society
www.endocrine.org



NEPAL

Everything about endocrinology is exciting but, for now, the most exciting part is that it is still in its adolescence in my country. There is so much to do and so much one can do.

The biggest challenge in Nepal is the lack of public awareness, government support and insurance. People are locked down in their houses with complications and a lack of

prescriptions. There is little or no telemedicine. Too many patients face an emergency, not because of COVID-19, but because of their primary disease, especially amongst the elderly or pregnant.

Staying updated and connected remains paramount. The new state of the world needs us to be more vigilant and informed. The virtual environment is the best of what we have, and we need to make the most of it.

The future? Big, Bigger, Biggest

Dina Shrestha

President, Diabetes and Endocrinology Association of Nepal
www.dean.com.np



SOUTH KOREA

The biggest challenges we face are the ageing of the population, lifestyle changes and increasing environmental pollution. Addressing these will require more effort from endocrinologists.

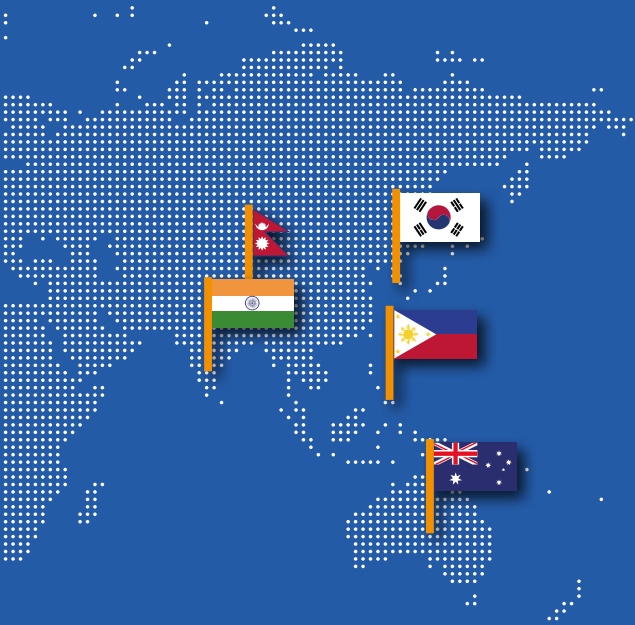
The purpose of virtual meetings is no different from off-line meetings. We need to continue communication with others. We just need a new way of connection, not disconnection.

The future?

- In an ageing society, the prevalence of endocrine diseases is expected to increase steadily. So endocrinology will EXPAND.
- Standardised treatment may be replaced by artificial intelligence (AI), but endocrine treatment is an ART, and we will provide personalised art that AI cannot cover.
- Endocrinology will give you ENDLESS possibilities for academic achievement through in-depth research.

Chul Sik Kim

Secretary General, Korean Endocrine Society
<http://old.endocrinology.or.kr/eng>



THE PHILIPPINES

Endocrinology is a dynamic specialty. We are constantly learning and adapting to the challenges of hormonal disorders.

Access to medicine is the biggest current challenge. Advancements in treatment only benefit a small percentage of patients, who can afford these medications. We should strive to make newer medications available to more people.

The digital platform gives us the opportunity to get more people involved globally. Now, more than ever, we value the ability to learn from each other.

The future? Relevant, Dynamic, Resilient

Jeremy F Robles

President, Philippine Society of Endocrinology, Diabetes and Metabolism
www.endo-society.org.ph



INDIA

The word 'hormone' itself means 'to excite'! Without endocrinology, there can be no life. Its infinite canvas, coupled with its attention to minute details, really excites me.

Our biggest challenge is to explain the relevance of our discipline to our colleagues and the community at large. We have to demonstrate, by action and not only by words,

that we are best placed to offer optimal endocrine and metabolic care.

'Share, strengthen and shine' is the 2020 motto of the Endocrine Society of India. I am reminded of a modification of Kleiber's law, which states that when we come together, we generate more ideas. Being together helps stimulate the brain, and contributes to the growth of our science.

The future? Bright, Brighter, Brightest

Sanjay Kalra

President, Endocrine Society of India
www.endocrinesocietyindia.org



AUSTRALIA

e-ECE 2020 provided state-of-the-art presentations on a wide range of clinical and discovery research from world leaders in their specific fields.

The Endocrine Society of Australia was delighted to support e-ECE 2020 and encourage all members and endocrine researchers worldwide to join with ESE for this exciting event.

Tim Cole

President, Endocrine Society of Australia
www.endocrinesociety.org.au

You can find out more about Affiliated Society Membership and Associate Membership of ESE at
www.ese-hormones.org/membership



Endocrinology across the Globe *continued*



EUROPEAN NETWORK FOR THE STUDY OF ADRENAL TUMOURS

In my experience, translational and clinical studies are just better if they are done in a collaborative setting. To initiate such studies, we have to exchange ideas. And collaborators can become friends, then meetings like (e-)ECE are even more fun...

Martin Fassnacht

President, European Network for the Study of Adrenal Tumours
www.ensat.org



EUROPEAN NEUROENDOCRINE ASSOCIATION

The biggest challenge that endocrinologists currently face may be maintaining the unity of the field. As a discipline that somehow touches all others, it must remain proud of its individuality.

Be it face-to-face or through virtual meetings, it remains critically important to come together, to exchange ideas, new concepts, and to foster collaborative endeavours.

The future of endocrinology is likely to reconcile metabolic and neuroendocrine aspects, to remain based on molecular and genetic backgrounds, and to combine human- and computer-based science.

Thierry Brue

President, European Neuroendocrine Association
<https://eneassoc.org>



EUROPEAN SOCIETY FOR PAEDIATRIC ENDOCRINOLOGY

Endocrine networks are complex and greatly involved in the functioning and regulation of our entire body. New insights are exciting, but it is even more exciting when these can be translated into better care for children (and adults) with endocrine diseases.

Worldwide, there is a gap between the fields of paediatric and adult endocrinology. We need to solve this by organising adequate transitional care for our patients and to share our knowledge. Another challenge is to get more insight into the effects of endocrine disruptors, which might lead to endocrine diseases, starting at conception, and into adulthood.

It is important to come together, even if only virtually, to share our knowledge, discuss collaborative projects and, of course, to see our friends.

The future? 'Stronger through collaboration'

Anita Hokken-Koelega

Secretary General, European Society for Paediatric Endocrinology
www.eurospe.org



EUROPEAN THYROID ASSOCIATION

Endocrinology teaches us a way of thinking, all bodily functions and organs in a dynamic environment of constant ebb and flow.

Today, our biggest challenge is how to help our patients who are most susceptible to SARS-Cov-2. This problem is magnified because of the challenge of decreasing

funding. Another challenge is that COVID-19 has resulted in a huge spike in plastic waste, meaning an ever greater burden on the endocrine system, and a heightened need for endocrinologists to resolve these issues.

By utilising the new technologies of metabolomics and epigenetics as well as endocrinologists' knowledge concerning drug design, high standards of precision medicine can be achieved, so enhancing disease prevention and management, while also lengthening lifespans and preserving quality of life, particularly in the elderly.

Leonidas Duntas

Secretary, European Thyroid Association
www.eurothyroid.com



INTERNATIONAL SOCIETY OF ENDOCRINOLOGY

I am most excited by the recent exponential progress in identifying molecular pathophysiology, undertaking targeted investigations and developing personalised therapeutic strategies for diverse endocrine pathologies.

Despite universally available electronic knowledge, a wide gap exists between countries and healthcare systems worldwide to allow all patients and endocrinologists access to the best investigations and therapies for endocrine diseases.

We must continue to come together, even if only virtually, because recent progress in understanding and treating endocrine pathologies has resulted from multicentre and multinational collaborative efforts.

The future? Stimulating, Exciting, Rewarding

André Lacroix

Chairperson, International Society of Endocrinology
www.isendo.org

These perspectives featured in the presentation 'Endocrinology across the Globe' from the e-ECE 2020 opening ceremony. You can view it at www.youtube.com/watch?v=3UN65Nylut4



COVID, coffee and loss of the unexpected

COVID-19 has shaped our lives considerably. Our work as medical professionals was affected hugely: directly, as we had to care for COVID-19 patients and, indirectly, as we had to reshape or even reinvent care for the other (endocrine) patients. Outside patient care, for example in (pre)clinical research or in management, we had to completely transform the way we used to work. In a way that we could not have imagined a year ago, our professional life is now bound to the digital space. Besides this, we have gone through a period where a virus impacted almost all aspects of our personal and social life.

For most colleagues, professional life consists of many meetings, from larger international collaborations to smaller meetings with, for example, PhD students. Many of these meetings are now held in an online environment. And yes, it works. Where some might have had some hesitations initially, almost all seem to have mastered the technical hurdles. Indeed, we now sometimes have days which are filled with 9 hours of digital meetings. Sometimes exhausting, but again, it works.

No doubt, such forced digital reshaping of our lives has provided opportunities to keep the positive. And most would agree that flying to another continent for a 3-hour meeting can, in future, be replaced by a digital meeting: no jetlag, happy climate and happy family. As I am writing, ECE has held its first digital Congress. Congratulations are due to the organising committee for its flexibility in reshaping the Congress, while keeping a scientifically interesting programme.

Everything has been settled digitally, so why should we complain?

Well, there are two things: the socially and scientifically unexpected. Let me try to explain.

Arguably, there is no such thing as a digital substitute for the coffee corner (even if you don't drink coffee). The coffee corner has a crucial function: it serves as a platform for an unexpected meeting and for

an unexpected exchange of ideas. Someone is there with whom you didn't plan to meet but, along with the coffee, you start talking, sharing thoughts and ideas. My guess is that all researchers have conceptualised a new study in the coffee corner. (By the way, there is indeed another function of the coffee corner: providing coffee.)

But there is also the targeted approach related to coffee corners, where you really want to ask a specific person a question. The expected unexpected so to speak. I remember that the coffee corner played an important part in my career. After an inspiring lecture by a professor I did not know personally, I slowly moved my way into the coffee corner to meet this person. The question I asked him may have been stupid, it may have been tea and not coffee, but it was the start of a long-standing collaboration.

Think of a world where all meetings remain virtual. Even if there is a coffee break, the walk to get your coffee would be a mostly solo performance. No social or scientific interaction will substantially reduce our abilities to unexpectedly meet inspiring people, to share ideas or even to start careers.

So, although we are seemingly doing fine in the COVID-19 reshaped world, it seems that the coffee corner cannot be replaced virtually. Solutions are thus needed. In particular, solutions more creative than 'vaccine' are welcome, as our professional lives will probably remain digital to a certain extent, even if a vaccine masters COVID-19.

Olaf M Dekkers

Professor of Internal Medicine,
Leiden University MC, The Netherlands

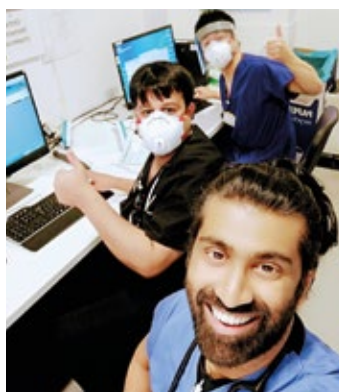
'The coffee corner has a crucial function: it serves as a platform for an unexpected meeting and for an unexpected exchange of ideas'





Clinical endocrinologists in the face of COVID-19

The COVID-19 pandemic exposed healthcare systems to unforeseen stress and consequences that remain impossible to quantify. The effects are being felt worldwide, with different magnitudes and outcomes. Here, we report the experiences of four clinical endocrinologists at different career stages. Their testimony reflects the daily lives of many of us over recent months: directly involved in fighting the pandemic, while maintaining the best possible clinical care of patients with endocrine disease.



Punith Kempegowda

Punith is a Wellcome Trust Clinical Research Fellow and Specialist Registrar in Endocrinology, Diabetes and General Internal Medicine at the University of Birmingham, UK.

It is difficult to summarise all the emotions we felt over the last few months in a short article. When we were asked to step into frontline clinical work, away from our specialist work 'comfort zone', there was initial chaos. However, we soon saw more team structure. Also, the greater senior clinical presence was not only good for patients but for junior doctors to better understand the process of decision making.

The pandemic disrupted specialty training, but there was a shift to embrace technology, to continue providing the best possible care. The university shut down and stopped research, but gave us the opportunity to explore other options so research could proceed. This led to several innovative ideas which will soon be implemented to better our research skills. Conferences and meetings ceased, but many moved online and reached those healthcare professionals and parts of the world which were traditionally considered impenetrable.

The whole world's medical fraternity worked together, locking shoulders to brace themselves against the impact. Experts burned the midnight oil to provide the best possible guidelines – showing us light in the midst of pitch-black darkness.

With medical and allied specialty schools shut down, our students stepped up, liaising between patient and doctors, receptionists and healthcare workers. These students showed how much they are like uncut gems: full of potential.

The pandemic is bad, but it has shown us our potential to adapt, our resilience to withstand, and our adaptability to sustain. Many healthcare professionals could not go home for fear they might spread the virus to their loved ones. We ate together, slept together, wept together, and laughed together. There was more camaraderie and support amongst healthcare professionals in the last few months than I have seen in my entire lifetime. Now, I ask myself – did we really need a pandemic to realise our potential to become our better selves?



Mónica Marazuela

Mónica is Professor of Endocrinology at the Universidad Autonoma in Madrid, Spain, and Chief of the Department of Endocrinology and Nutrition.

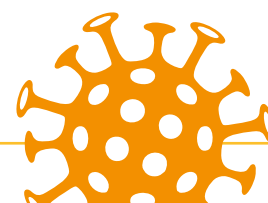
Spain has been hit particularly hard by the pandemic, with the Community of Madrid recording the most cases and deaths in the country. Medical professionals have experienced especially high infection rates. On 2 April, 950 people died from COVID-19 in a 24-hour period: at that time the highest daily rate in the world. The second wave has brought the country's total infections to over 700 000.

COVID-19 hit hard at the Madrid University Hospital of La Princesa too. During the first wave, our hospital almost doubled the number of beds, with patients admitted to open spaces and corridors. The situation was devastating, but everyone contributed their grain of sand and was eager to help. My whole team was directly involved in the care of COVID-19 patients.

From March until May, around two-thirds of the doctors and nurses in the Department of Endocrinology and Nutrition worked hand-in-hand with staff from the Departments of Internal Medicine, Infectious Diseases and Respiratory Diseases to care for coronavirus patients. Some doctors in our department, mostly the younger ones, were allocated to special COVID units, including emergency rooms. The remaining third of our department's staff continued to treat endocrine and nutrition patients. One of the most challenging aspects was dealing with parenteral nutrition, as many coronavirus patients needed respiratory assistance and could not receive oral or enteral nutrition.

We maintained patient appointments, but mostly via telephone or video. Since patients were confined to their homes, we could hold these at different times, enabling us to focus on hospitalised patients during normal working hours. Only thyroid echography was cancelled. After the first COVID-19 wave, our clinical duties returned to normal, but much of the outpatient clinic's work continued via telephone, as patients preferred to avoid hospital.

Unfortunately, we are now facing the second coronavirus wave in Spain. Although it is much more benign than before, members of our team are still fully dedicated to COVID units. We face the additional burden of infected doctors and nurses, leaving us with little capacity in the department. However, we hope that the crisis is better controlled this time and will be less lethal.





Viktoria Koehler

Viktoria is a clinician scientist at Ludwig-Maximilian's University in Munich, one of Germany's virus epicentres.

I was working as an endocrine fellow in a university hospital with just over 2000 beds, with the opportunity to focus on basic research in thyroid oncology. With COVID-19 case numbers increasing, the significant impact on my work began in mid-March. 'From laboratory to hotspot' would best describe my personal change during the COVID-19 wave.

As part of the reorganisation and the shifted work schedule to manage the outbreak and lower the number of contacts, I was allocated to clinical duties. I started working in the emergency department, encompassing the acute care of internal medical conditions. When I completely returned to patient care, there was much uncertainty: about the medical management of critically ill COVID-19 patients, about the availability of ventilators, personal protective equipment and tests, about managing the growing need for healthcare staff and the expansion of intensive care beds, and more. Most of the time, these thoughts suppressed worries about one's own family and safety.

While appointments in the endocrine outpatient clinic were mostly cancelled (except for emergencies and malignancies) or performed as phone calls, the emergency room concentrated on all kinds of patients: those with symptoms of COVID-19, those seeking a SARS-CoV-2 test, and others with smaller and bigger issues. Nevertheless, we asked ourselves, 'Where are all the patients?' Widespread fear kept people away from hospitals, even with life-threatening diseases!

Although my typical day changed considerably during the COVID-19 peak, I feel fortunate, because we were far from reaching the maximum daily capacity for COVID-19 cases, and I was working in a highly motivated team with all the protective equipment we needed. Right after the first COVID-19 wave, I returned to my own research projects.

The end of my funding period coincided with the end of the summer holiday season. I have returned to the emergency department, hopefully not to face a second COVID-19 wave. Looking to the future, I expect the COVID-19 pandemic will have long term consequences for the clinical care of patients with endocrine diseases, mainly regarding telehealth options.



Massimo Terzolo

Massimo is Professor of Internal Medicine at the University of Turin San Luigi Hospital in northern Italy

San Luigi Hospital is an academic hospital in one of the Italian regions more affected by the pandemic. An outbreak of SARS-CoV-2 occurred in northern Italy in late February. In March, Regional Health Authorities asked to rapidly relocate 40% of the available beds to COVID-19-positive patients, and to stop all non-urgent outpatient activities.

The activity of the Endocrinology Division was therefore almost completely shut down, and endocrinologists were redeployed to a ward dedicated to COVID-19 patients in a stable condition (not requiring ventilation). I was appointed to co-ordinate the activity of this ward, in addition to my usual job as Director of the Internal Medicine Division, which remained committed to the care of patients free of SARS-CoV-2 infection. However, due to the insufficient sensitivity of the molecular test, many patients in the supposedly COVID-free ward were eventually found to have active infection and COVID-related problems.

At the peak of the pandemic, my work was devoted mostly to the care of hospitalised patients and to organisational issues concerning use of clinical assets to meet unprecedented medical needs. My teaching sessions became virtual and research was halted: COVID-19 sucked up all time and energy.

Activity of our clinical endocrinologists was disrupted because access to the hospital was strongly discouraged by the health authorities, except for true emergencies. We converted clinics to web- or phone-based calls. If these worked, somehow, for follow-up visits, new visits plummeted because patients were scared of being infected. The missed appointments had severe consequences: some patients with adrenocortical cancer were not treated promptly and the disease progressed even further, complicating management when they did show up. Other patients were not operated on because operating rooms were converted to intensive care units and surgical wards in COVID areas.

We had a few patients with adrenal diseases (Addison's and Cushing's) who got infected. Despite their inherent fragility, they managed to overcome the disease. A patient with active Cushing's syndrome, however, had a severe pneumonia and was intubated. We treated her using metyrapone given through the nasogastric tube and then with i.v. etomidate. We managed to control the cortisol excess, but the patient progressively worsened due to a bacterial infection. She eventually died in intensive care, alone, and had no funeral ceremony: a sad fate shared by many in that period.

Social and working life has greatly improved, but not reverted to normal. We are confident that we are better prepared and would surf a second wave in the autumn. I guess we should exploit this terrible experience to implement telemedicine to follow-up several chronic conditions. We should also pursue development of e-consultation and virtual board activities. However, we should not forget the value of personal interactions, either between patients and doctors or between peers, which form the basis of our lives.



Embracing the brave new world



ESE has not only adapted to new ways of communicating during COVID-19, but also seized the opportunities that it provides.

The last 6 months have been a period of change, rapid learning and upskilling for us all. As association management, education, marketing and event professionals, the ESE Team is tasked with providing top quality, continuous education and training opportunities and resources to you, our members, as well as running ECE, the leading European endocrine congress. The new, rapidly changing, world has seen us continually appraising and reinventing 'what was' to make the most of 'where we are now'.

As a result, you will have noticed the many new approaches that ESE has developed to support you in delivering education and providing a focal point for our community, as the European 'home of endocrinology'. In fact, it is probable that we will never go back completely to 'what was'.

'Live events will have to change in the wake of the 2020 global pandemic. The way we interact with each other will probably be changed forever'

Adopting technology, extending reach

Many of you connected to the two ESE Talks¹ webinar series in May, June and July, and thousands of you joined the global endocrine community online at e-ECE 2020.² We developed and launched both in just a few short months – something which, no doubt, would have taken much longer in the pre-COVID-19 world.

The rapid advances in online meetings technology has enabled our officers and committee members to stay involved, despite their increased clinical and work commitments. Our 2020 Annual General Meeting was held online in May and the interaction was great: another in a long line of digital 'firsts' for ESE.

Being able to connect immediately and hold meetings remotely will continue to grow in importance as technologies continue to advance. Live video conferencing platforms like Zoom and Teams have given us effective and convenient ways to connect during lockdown and will remain valuable tools as normality and stability return.

Our ESE On Demand platform partner rapidly developed their virtual meeting capabilities and offerings, enabling complex congresses like ECE (which became e-ECE 2020) to move online swiftly, to ensure education and learning could continue.

Going virtual gifted us with the opportunity to reach the endocrine community across the globe. People from 84 countries attended the ESE Talks on Endocrine Conditions in the COVID-19 Era.¹ Delegates from more than 110 countries joined e-ECE 2020 in September. We have long term relationships with trusted suppliers who have helped us adapt quickly and effectively already this year.

Evolving face-to-face events

Live events will have to change in the wake of the 2020 global pandemic. The way we interact with each other will probably be changed forever. Being more aware of others' health and well-being and their personal space, and being more tolerant and understanding

of how other people like to interact, are positive outcomes from this challenging year.

Venues are changing and technology and skill sets will have to keep developing to keep pace with the evolving nature of events and the way we deliver them for you, as we plan for the rest of 2020 and forward to 2021. Our industry partners have also embraced the digital environment, working with us to explore and develop their education and information offerings to fit the online world and the way people interact with them.

Combining digital and face-to-face?

There is no doubt that an online meeting can be efficient, a webinar interesting and a digital congress accessible to all, regardless of location or time zone. However, with a community like ours, a virtual meeting space can never fully replicate the experience of attending a live event – and nor does it claim to. Being in the same place at the same time with like-minded people, seeing friends and making new ones, networking, socialising and sharing knowledge and best practice are key ingredients for learning and growth, which meeting face-to-face gives us.

By building upon the positive developments, upskilling and learning from the last 6 months, we have already:

- reimagined the 2020 Clinical Update on Acromegaly as a series of three, 2-hour webinars with case presentations (October 2020)³
- recast the 2020 Postgraduate Course programme into a week of focused content, supported by live Q&A, attendee case presentations and On Demand content (November 2020)⁴
- begun working on ECE 2021⁵ to ensure that all those who attend have the best learning and networking experience possible.

2021 and beyond

As we plan for the future, the focus is on developing ESE's events to reflect this new world.

It may be that a mixture of live and virtual components, with some of the audience present at a physical location and some attending remotely, could work for a number of events in the longer term. The benefit is that more members will be able to attend without logistical, time or financial constraints. The challenge is ensuring that the experience of all those attending is valuable, exciting and engaging.

Each event we run has its own character. Ensuring that those who attend get the most from it is crucial – whether that be in person, online or a mixture of the two.

We look forward to seeing you in person or online soon.

Victoria Withy

ESE Sales and Marketing Manager

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Steroid abuse: a role for endocrinologists

The authors of a recent review article, published in *Endocrine Connections*,¹ argue that the endocrine community has a pivotal role in both research and treatment of the adverse effects of androgen abuse.



Diederik Smit and Willem de Ronde

Anabolic steroids comprise a group of compounds that are structurally similar to testosterone and have similar actions when administered in an appropriate dose. Administration of androgens at a supraphysiological dose, and combined with an adequate diet and strength training, is very effective in increasing muscle mass and strength in men and women. As a result, androgens are by far the most popular performance and image-enhancing drugs among both elite and amateur athletes.

Over the past 40 years, the use of anabolic steroids has spread from performance enhancement by a relatively small group of elite athletes to widespread use among young men to obtain a more muscular physique. Indeed, androgen abuse has been called 'a hidden epidemic'.

Understanding steroid abuse

In most European countries, anabolic steroids, such as testosterone, can only be obtained via a pharmacy with a doctor's prescription. However, illegal androgens are cheap and easily obtained via the internet or local suppliers. The typical user of anabolic steroids is male, aged between 20 and 40 and engaged in weightlifting, bodybuilding, strongman competitions or martial arts.

Anabolic steroids are mostly used in cycles with a duration of between 6 and 18 weeks at doses of up to 30 times the male substitution dose. Most cycles contain an injectable testosterone ester, generally combined with nandrolone, trenbolone, drostanolone and/or boldenone esters.

Although anabolic steroids are by far the most abused drugs, a variety of other performance- and image-enhancing drugs are commonly used. These include human growth hormone, insulin, human chorionic gonadotrophin, selective oestrogen receptor modulators, aromatase inhibitors and thyroid hormone.



Steroid side effects

All users of anabolic steroids, assuming a significant exposure, have side effects, although the majority of these side effects are mild and transient, and some go unnoticed. An inevitable side effect of steroid abuse in men is suppression of gonadotrophins and subsequent inhibition of gonadal function. Other common signs of androgen abuse are gynaecomastia, acne, suppression of high density lipoprotein cholesterol, suppression of sex hormone-binding globulin, erythrocytosis and thrombocytosis.

Clinical signs of gonadal dysfunction become evident after exogenous androgen levels start to decay following the last injection. Due to the sharp decline of androgen levels, this may result in anhedonia, erectile dysfunction, loss of libido, mood swings and agitation. Although the long term side effects are less well defined, there is ample evidence that links androgen abuse to increased morbidity and mortality.

Nevertheless, almost half of anabolic-androgenic steroid (AAS) users consider themselves to be addicted to AAS, mainly due to the perceived positive effects on mind and body. Almost all users report positive effects when using AAS: more muscle mass, more strength, less fat mass, more energy and enhanced concentration. As a result, the use of illegal androgens remains popular, and simply emphasising the hazards of abuse will not change this.

A role for the scientific community

Knowing the large numbers of users and the potential hazards associated with androgen abuse, it is surprising that this patient group and its problems have been largely neglected by the scientific community.

We realise that the medical management of androgen abuse may be controversial. Some doctors may feel reluctant to help patients who have self-inflicted health issues due to the use of banned substances. Also, most androgen abusers have low expectations concerning a doctor's knowledge of anabolic steroids, and may be reluctant to disclose details about their androgen abuse.

However, we cannot simply ignore this problem. We encourage the endocrine community to fill this gap and to adopt its role at the forefront of scientific research and clinical management. We call upon endocrinologists to diagnose and treat the sequelae of androgen abuse, to design harm-reduction strategies, to issue evidence-based management guidelines and to employ their influence to prevent the availability and abuse of hormonal drugs.

Willem de Ronde and Diederik Smit

Department of Internal Medicine, Spaarne Gasthuis, Haarlem, The Netherlands

REFERENCE

1. de Ronde & Smit 2020 *Endocrine Connections* 9 R102–R111.





COVID-19: endocrine patients' perspectives

Nine endocrine patients share with us their experience of access to medical services during the COVID-19 pandemic. How do phone appointments compare with seeing an endocrinologist? Have they been able to access the services they need? And how have they coped mentally as well as physically? To read their perspectives in full, see www.ese-hormones.org/covid-19-and-endocrine-disease.



Tina Schrøder Kallestrup

Tina lives in Denmark. She has Addison's disease and vitiligo.

This year, I self-isolated from 11 March to 27 May, with no physical contact and keeping 2–3 metres distant. My parents took care of my shopping. No-one came inside my apartment. I still don't do handshaking or hugging, except

for my son (since May). Between March and May I did not touch anyone.

They mailed me and said we could do my April appointment over the phone, and that the blood test should not be done, because of COVID-19. That was also my own thinking. This did not affect my medical care. Since I have been taking Plenadren I am much more stable: Plenadren has been life-changing.

Although I agreed not to go for my appointment, I would like to have it later, to have my blood test and blood pressure taken as usual. Besides that, I also value knowing my endocrinologist as well as he knows me.

It has been confusing to hear different attitudes from different endocrinologists in Denmark, England, Norway and especially their health authorities. So what is the right thing to do?



Gillie O'Flaherty

Gillie has multiple endocrine neoplasia type 2B (MEN2B) and lives in Scotland.

Just before lockdown I transferred from the paediatric endocrine clinic (for ages 3–18) to the adult clinic. I have tests for calcitonin, free thyroxine, thyrotrophin and plasma metanephrines, plus a 24-hour urine test every

6 months, ultrasound scan of my neck and adrenals and an MRI scan every year on request. I take levothyroxine.

My regular clinic in May was cancelled. My parents and I talked to and emailed my endocrinologist and his secretary, as I was having possible pheochromocytoma symptoms and we needed to repeat tests. Due to pressure from my parents, the doctor allowed bloods, an ultrasound of abdominals and MRI.

Transferring from child to adult services just before lockdown complicated things. The relationship, developed over many years with my paediatric consultant, would have eased any recent issues. Lockdown made it harder to contact my adult endocrinologist though, once contacted, he responded promptly and positively. I haven't seen him since December 2019 and I don't know when I will see him next, so I have not received the care that I would normally have received. This has had a psychological effect on prioritising my own needs.



Robert Tyler

Robert, from England, is a patient with advanced adrenocortical cancer.

I see a healthcare professional weekly because I'm receiving chemotherapy. I started a course of chemotherapy in December 2019. I was feeling very poorly after four cycles of EDP (etoposide–doxorubicin–cisplatin), so it was

decided on 25 February that I should stop the treatment. The coronavirus was being talked about then, so I avoided going out. I received a text from the UK Government on 23 March to say that I was classed as extremely vulnerable. I live with my wife who shielded with me.

I continued to attend the hospital for scans and had phone appointments with oncology consultants. I started a different course of chemotherapy in June 2020. I have had a combination of phone calls and appointments where I've worn PPE and socially distanced. The care has basically been the same, but I find face-to-face better than a phone consultation.

I have a hearing impairment and, with everyone sounding muffled with masks on, I sometimes struggle to hear what people are saying. We now have permission for my wife to accompany me. I also get mouth ulcers and gum infection. I don't know what I'd do if I needed a dentist.



Louis Hughes

Louis is 16 years old and has Prader-Willi syndrome. He lives in Ireland with his parents and sister.

Pre-COVID-19, I attended a Prader-Willi syndrome-specific multidisciplinary endocrine clinic every 6 months, an

orthopaedic clinic every 8 months for scoliosis, and an annual orthotics clinic. I had an annual otolaryngology clinic, psychiatry appointments every 2 months, and regular physiotherapy and occupational therapy sessions. I visited my family doctor monthly. In 2019, I attended over 50 medical and health-related appointments.

From 12 March to 8 May, I did not attend any health-related appointments, and I have attended only six essential appointments since; most others were postponed. I found the lockdown difficult mainly because I couldn't go anywhere. I have autism and greatly missed my regular routine, in particular socialising with my friends in school.

Marguerite Hughes

(Louis' mother and main carer)

Louis was fortunate that lockdown occurred when he was not awaiting any surgical procedure. His treatments continued largely unchanged, with phone support from medical professionals. However, telephone and online appointments cannot adequately replace face-to-face consultations indefinitely.

Louis' complex care needs make him vulnerable, as there are no family members or social care providers who could provide care if his parents became unwell. Providing full-time care with no respite has proved very challenging.



Liz Henderson

Liz lives in England. She has multiple endocrine neoplasia type IIA (MEN2A).

My MEN2A was diagnosed in September 2019. I had a parathyroidectomy in May 2019, and a total thyroidectomy in February 2020. My endocrinology appointments are usually 6-monthly, but I am still under the head and

neck surgeon, so I have had follow up appointments with them.

During the initial COVID-19 outbreak, I did not attend hospital consultations. Two appointments became telephone consultations, and blood tests were organised via my GP. These results have been shared with my medical team. Some changes to my appointments with one of the team had to be made, due to pressure on the clinic. I think I received the same care that I would normally have received at this stage. Both consultants took time, checked on how I was coping with the pandemic, and I didn't feel rushed.

In future, I would be happy to have a mixture of face-to-face and phone appointments, which can be useful for reviews. The better use of local services to support specialist care may require extra resources. Our local hospital had queues of 1–2 hours for blood tests some days, and not all tests are available at local hospitals.



Christiene Groeneveld

Christiene lives in The Netherlands and has Sheehan syndrome.

I suffer from Sheehan syndrome: a lack of growth hormone and adrenal insufficiency. As the thyroid tends to fail in time, my thyroid function is checked every 3 months. Twice a year, I have an appointment in the hospital.

During the pandemic, my medical care was not affected. I take human growth hormone every day and, in case of illness, I need cortisone. All my appointments were changed to follow-ups by phone. Prior to the appointments I sent some information to my doctor as preparation. The doctor was well prepared and had already discussed my questions with her colleagues. The only thing which was more difficult was the approximate time of the call. One test which needed to be performed under day care in hospital was postponed and should be done soon, but that wasn't a high priority. I think in my case I received the same care as I would normally have done.

Maybe more appointments will be changed to telephone follow-ups in future, but as I have had good experience with the latest ones, I have faith in those.



Kevin Hill

Kevin has multiple endocrine neoplasia type 1 (MEN1) and lives in the UK.

My condition is mostly managed by medical means. I did have all four parathyroids removed and a bit placed into my left arm in January 2020. The doctors adjusted my medicines by giving me calcium supplements.

All my appointments were conducted via phone. This changed when I was admitted into hospital twice. The first time my calcium levels were sky high. Then they crashed and I was readmitted. In hospital, I was mostly looked after by nurses and non-endocrine doctors, who did not have a clue about my condition. What they said and did often went against what the endocrine team suggested when I did get to see them. No one was allowed to visit me, including my wife and family.

I still have to have regular blood tests to check on my calcium levels. Booking blood tests online is near impossible, unless you can wait a

month or more. I need to have mine done weekly or sometimes twice a week. The staff are not very understanding about my condition. I have been sent by my consultant but that does nothing. It can be frustrating for the endocrine team as well.



Sue Kozi

Sue lives in Australia. She has type 2 diabetes mellitus with diabetic gastroparesis, treated Cushing's disease, heart disease and sleep apnoea.

Normally I have an endocrine appointment every 3 months for diabetes. My Cushing's disease is monitored annually. I have medications for my diabetes and heart disease, and an oral appliance and sleep tests for apnoea.

Fortunately, no appointment dates occurred during strict lockdown. I was offered a special hospital appointment just before lockdown, after the results of my endocrine blood tests came, but I declined because of the COVID scare. I could not get another appointment till the end of June. I believe the quality of my care was the same as normal, but speaking face-to-face allows you to explore issues with your health professional. Talking over the phone negates this and is very impersonal.

I had a heart attack in June and was in hospital for 6 days. There were restrictions on visitors. On arriving home, my daughter and grandchildren were there to greet me. Instead of embracing, I told her to back off until I had a shower, in case of COVID. So sad, for her and for me. We both sobbed.



Karen Williams

Karen has a genetic pheochromocytoma and paraganglioma syndrome. She lives in the UK.

In 2017, I was diagnosed with a paraganglioma, caused by a mutation in the *SDHC* gene. I had an operation to remove the tumour in April 2019. I also have glaucoma.

I have had my follow-up appointment in the paraganglioma clinic changed three times due to COVID-19, so have not yet actually been seen in the outpatient clinic since I had surgery. Normally I would expect to have been seen at least once. I have not had the opportunity to discuss issues relevant to my ongoing care, or other tests that I would normally have annually, and this has contributed to anxiety.

I have no objection to telephone consultations where appropriate. My concern is that regular testing and examinations should take place and, certainly at the moment, these are not happening. This is a disease that can be very unpredictable and the recommended protocol includes regular testing. Also, I feel that clinicians get a better understanding of a patient when talking with them face-to-face.

It has been publicised that clinicians are urging the public to access their care as normal when they are concerned during COVID. However, accessing care – especially secondary care – is not easy.

ESE thanks all the patients and the following patient advocacy groups for their help in compiling this article:

Addison Association in Denmark www.addison.dk

AMEND (including ACC Support UK and Phaeo

Para Support UK) www.amend.org.uk

Dutch Pituitary Foundation www.hypofyse.nl

International Prader-Willi Syndrome Organisation www.ipwso.org

World Alliance of Pituitary Organizations www.wapo.org



Celebrating success at e-ECE 2020

Honorary Member



Honorary Membership of ESE was awarded to **John Wass (UK)**. John is a former President of the European Federation of Endocrine Societies (the forerunner to ESE), and is Professor of Endocrinology

at the University of Oxford. Honorary Membership is awarded to individuals of special distinction in endocrinology or those who have performed outstanding service to the Society.

Special Recognition Awards



Karim Meeran (UK) and **Manuela Simoni (Italy)** received Special Recognition Awards at e-ECE 2020. Karim was recognised for his services to the ESE Education Committee and in developing the ESE Recommended Curriculum and the European Board Examination. Manuela received the award in recognition of her services to the Society as Secretary between 2014 and 2018.

Award Lecturers



Annamaria Colao (Italy)
Geoffrey Harris Award



Davide Calebiro (UK)
European Journal of Endocrinology Award



Olle Kämpe (Sweden)
European Hormone Medal

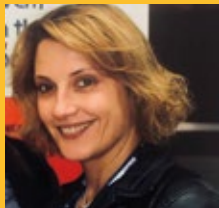


Richard Eastell (UK)
Clinical Endocrinology Trust Award

Also honoured



Nadia Schoenmakers (UK)
Jens Sandahl Christiansen Award



Maria Yavropoulou (Greece)
Jens Sandahl Christiansen Award

Young Investigator Award winners

The 2020 recipients are **Adriana Albani (Germany)**, **Dionysios Chartoumpakis (Greece)**, **Guido Di Dalmazi (Italy)**, **Antonio C Fuentes-Fayos (Spain)**, **Iacopo Gesmundo (Italy)**, **Juan Manuel Jiménez Vacas (Spain)**, **Anne Jouinot (France)**, **Elisa Lazzaroni (Italy)**, **Katarzyna Paczkowska (Poland)**, **Domenico Tricò (Italy)**, **Özlem Vural (Germany)** and **Emad Yuzbashian (Iran)**.

Poster Award winners

The 2020 winning clinical posters were presented by **Anna-Karin Åkerman (Sweden)**, **Hugh Logan Ellis (UK)**, **Gherardo Mazziotti (Italy)** and **Valeria Ramundo (Italy)**. The winning basic science posters were presented by **Roberta Armignacco (France)**, **Opeolu Ojo (UK)**, **Mehdi Pedaran (Germany)** and **Francesca Tozzi (Italy)**.

Save the date

For more information about any ESE event see www.e-se-hormones.org.

26th ESE Postgraduate Training Course on Endocrinology, Diabetes and Metabolism

23–27 November 2020

www.e-se-hormones.org/ESE26PGonline

ECE 2021

23rd European Congress of Endocrinology

22–25 May 2021

Deadlines

30 November 2020

ESE Short-Term Fellowship

Application deadline

28 February 2021

ESE Awards:

- **Geoffrey Harris Award**
- **European Journal of Endocrinology Award**
- **Clinical Endocrinology Trust Award**
- **European Hormone Medal**
- **Jens Sandahl Christiansen Awards**

Nomination deadline

Other winners

e-ECE 2020 Booth Prize

Jelena Todorovic (Serbia) was the winner, receiving free registration for ECE 2021!

Most Viewed ePoster

Dorota Filipowicz (Poland) came first for 'Usefulness of parathormone (PTH) needle washout measurement vs MIBI scintiscan in localization of parathyroid adenoma' (3516 views).

Anastasia Arvaniti (UK) was in second place with 3426 views, while **Ashutosh Kapoor (UK)** was third with 2335 views.

e-ECE 2020 Quiz winners

- 1st place: **Francesco Garifalos (Italy)**
2nd place: **Michael Krebs (Austria)**
3rd place: **Tara McDonnell (Ireland)**