

Issue 10 | Winter 2021

eyes NEWS

The Newsletter of the ESE Young Endocrinologists and Scientists

**Patient advocacy groups:
Talking to our patients**

EYES, EYRC, YARE

Creating opportunities



European Society
of Endocrinology



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This document is available on the ESE website:
www.e-se-hormones.org
 and also  [fb.com/groups/eyes.endo](https://www.facebook.com/groups/eyes.endo) and
 [@EYEScientists](https://twitter.com/EYEScientists)

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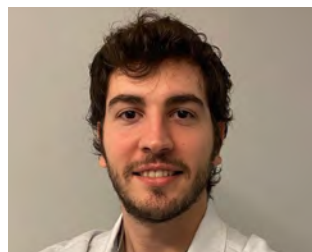
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Cover page: Photo by Tim Mossholder
<https://unsplash.com/photos/zs-PAgqgenQ>
Page 3: Photo by Annie Spratt
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EDITORIAL



For this Issue of the EYES Newsletter we wanted to hear how our patients are dealing with the Covid-19 pandemic so we asked them to share their views, feelings and also expectations from the scientific community. We have insights from The Spanish Group of Patients with Cancer (GEPAC), page 5, Hellenic Diabetes Federation, page 6, Nascere Klinefelter Onlus Patient Group, page 7, Dutch Pituitary Foundation, page 10 and Melbourne Osteoporosis Support Group, page 11.

Find out who the new EYES committee members are on page 3. Meet the amazing Vassiliki Bravis on page 8 and on page 13 the Early Career Special Interest Group of the Endocrine Society. We present the fruitful collaboration with EYRC and YARE on pages 14 and 15.

The ESE Focus Area - Calcium and Bone - news is on page 12 and if you are interested in joining the EYES Newsletter Editorial Board see page 13.

Last but not least, read the latest hot topics in research selection on page 16.

We hope you enjoy this Newsletter!

Ljiljana Marina, Serbia

eyes 
 ESE young endocrinologists
 and scientists
 looking forward

EYES news

I am very pleased to announce the three new EYES Committee members who were recently elected. Dr Walter Vena (Italy), Dr Luba Matchekhina (Russia) and Dr Juan Manuel Jiménez Vacas (Spain/UK, Basic Science Representative) will join us from 2021, for next four years.



for scientists who aren't physicians to also have the opportunity for an exchange with another group who are experts in a particular area. We can't tell you too much as this is still being developed, so watch this space!

Due to the pandemic, we haven't been able to interact as much. We really miss the face-to-face interactions, the little chats between sessions at conferences / meetings, and the networking opportunities for collaborations. And so we are also planning to have virtual catch-ups next year

with particular themes to avoid missing out on these interactions and potential collaboration opportunities.

I'd like to thank everyone who submitted an application, it was a highly competitive process and so I'd encourage you all to submit again in the future when the time comes to elect new Committee members.

Another great way to be involved with EYES is to join our Editorial Board. We are now accepting applications for two positions on the Editorial Board. Please see page 13 for further details.

We have been working hard on developing a new initiative for 2021 where we are planning to have a scheme

Ayse Zengin,
EYES Co-chair

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Key dates

Feb 2021

International Prader-Willy Society (IPSWO) HEALTH ECHO Online

18 - 20 March 2021

Philippine Society of Endocrinology, Diabetes and Metabolism Annual Scientific Convention *Virtual*

22 - 26 May 2021

23rd European Congress of Endocrinology (eECE - 2021) Online

24 - 25 May 2021

Plenareno Diabetes, Obesity and Cholesterol Metabolism *Belgrade, Serbia*

3 - 5 Sept 2021

EYES Annual Meeting

6 - 9 Oct 2021

45 Symposium on hormones and cell regulation Sex and signaling: The molecular basis of sex and gender medicine *Mont Ste Odile, France*

9 - 11 Dec 2021

7th ENEA Workshop *Dubrovnik, Croatia*



Talking to our patients

We wanted to hear how are patients are dealing with Covid-19 pandemic so we asked them to share their views, feelings and also expectations from the scientific community. We have insights from The Spanish Group of Patients with Cancer (GEPAC), Hellenic Diabetes Federation, Nascere Klinefelter Onlus Patient Group, Dutch Pituitary Foundation and Melbourne Osteoporosis Support Group.

We have learned that our patients share pride in being able to tackle their disease in an active way, by forming patient groups and having open discussions, workshops and get legal advice while trying to expand contact with their doctors. Some patient groups maintain close contacts with their endocrine national societies while others are only aware of their existence. We notice that the Covid-19 pandemic has influenced the quality of medical care for these groups and that patients tend to follow the technological path suggesting telemedicine and online consultations.

The patients in these groups are also very informed about the future perspectives and achievements in treating their disease and wish to contribute even more towards a better dialogue and more efficient inclusion within the community. We are very thankful to them for sharing their thoughts, as it will help us to better understand the needs of our patients.

Telemedicine : new future of medicine



During the challenging period of the COVID-19 pandemic, physicians all around the globe strive to continue their clinical practice, support their patients, and develop new care pathways. As people avoid hospitals and doctors' offices to slow the spread of coronavirus, the use of telemedicine has been increasing. Telemedicine or telehealth or digital health, represents the virtual connection of patients with medical professionals via mobile devices or computers.

In countries where telemedicine already exists, for example in the USA, several large telehealth companies have reported more than double the typical number of calls and virtual visits. Due to growing consumer demand, insurers were required to cover medically necessary telemedicine visits in some States, such as Massachusetts.

I live and work as an endocrinologist in Athens, Greece, where telemedicine is not usual and the "face-to-face" doctor-patient relationship is considered essential. Striving to help my patients and provide excellent care during this period, I used telemedicine myself. Even simple digital communication tools, such as Skype or Viber, helped me to evaluate, treat and follow-up patients effectively. The interaction, especially with ones that are already accustomed to technology, is really impressive. Results of few published studies on telehealth in endocrinology and diabetes have also shown improved outcomes.

Telemedicine has surged during the COVID-19 pandemic. I am wondering -and I am not the only one- if this is just the beginning of a whole new kind of doctor-patient relationship, that may totally transform health care systems forever. During this new era, physicians should be educated on the new technology tools and on how to select the appropriate patients for telehealth. Moreover, governments should recognize the need and quickly provide the proper legal and insurance context for telemedicine.

Stavroula A. Paschou, Greece



The Spanish Group of Patients with Cancer

The Spanish Group of Patients with Cancer (GEPAC) is a non-profit organisation whose main objective is to represent the interests of patients with cancer and their families. GEPAC includes 70 associations of patients, 22 corporate members, and 10 sections. Also, GEPAC provides information and advice to patients and their families through numerous initiatives and awareness campaigns. We have talked to Begoña Barragán, the President of GEPAC.



How did you find out about this patient support group? And how did you join/participate in the activities?

In 2010, while running the Spanish Association of People Affected by Lymphoma, Myeloma and Leukaemia, I promoted (in partnership with five other associations) the creation of a new organization whose ultimate goal would be to defend the rights of cancer patients in Spain, by joining forces and sharing existing resources during that time of the economic crisis (2008). As a result, GEPAC was set up on 1 September, 2010, and I was honoured to be elected as President, a position that I still occupy. From our own experiences as cancer patients, we present our requirements to the social agents that are linked to cancer care and we actively work to make cancer more visible to society.

Has your quality of life improved after joining this patient support group?

Associations of cancer patients, including GEPAC, allow patients and families to learn more about this disease, as well as to receive psychological care, legal advice, to attend physical activity workshops, and even to meet other patients in the same situation. In other words, patients' associations try their best to improve quality of life and they indeed become a very important source of support during the process.

Do you know about the National Society for your disease? If yes, do you feel supported by the Society? If no, would you like to get involved with the Society?

GEPAC maintains a close relationship with the Spanish Society of Medical Oncology (SEOM). In fact, we assiduously collaborate with SEOM in different initiatives and projects.

How has your access to your physician been in the past few months?

The results from the study "Problems and needs of cancer patients against COVID-19", which has been carried out by GEPAC, showed that 43.33% of cancer patients have stopped going to the doctor due to the fear of getting

infected. In the same line, some patients (21.67%) declared they are afraid of going to oncology consultations or having diagnostic tests, while others (17.62%) stated that their fear has acutely risen compared to previous occasions. It is important to analyse the impact of this new reality when it comes to healthcare and how the pandemic has affected cancer patients so that the organisations will be able to understand better the patients' needs and meet their requirements.

How would you assess the preventive and therapeutic approach of tumor-related pathologies in Spain?

In Spain, we have great healthcare and outstanding specialists in medical oncology. We have great specialists who know perfectly how to deal with any type of cancer. On the other hand, enhanced equity in access to diagnostic tests and treatments would be necessary since there are currently significant differences among different regions or even different hospitals within the same community or city. This is a great challenge for us, and we will work tirelessly to reach it.

Does GEPAC support cancer research?

GEPAC supports research indeed, provided that investigation is the only way to improve the diagnosis and treatment of cancer patients. Furthermore, we want to identify the needs of cancer patients and their families in order to work on them and properly develop our projects. Furthermore, GEPAC carries out several social research projects to unveil the needs of cancer patients and their families so they can be solved. Some examples are 1) report on cancer in Spain, 2) report on the needs of cancer survivors, 3) studies on quality of life in patients with bone metastases, etc. These studies also help us implement and develop programs for patients and families aimed at improving their quality of life.

Juan Manuel Jimenez Vacas, Spain



Hellenic Diabetes Federation Communications

We talked to Dimitris Kaperdanakis, Hellenic Diabetes Federation Communications Manager, International Diabetes Federation (IDF) Young Leader in Diabetes, living with Type 1 Diabetes since 2003



How did you find out about this patient support group?

And how did you join/ participate in the activities? Please, shortly describe the activities.

I have been aware of the Hellenic Diabetes Federation's (HDF) activities for many years, but have been more actively engaged after attending the organization's 11th National Diabetes Congress in 2017. Since then, I have been involved in the national patient advocacy strategy and many of the diabetes awareness initiatives undertaken by HDF. From 2017, I have represented Greece and the Hellenic Diabetes Federation in the IDF's Young Leaders in Diabetes Program, which gave me the chance to travel abroad and meet people with diabetes from all across the globe.

Has your quality of life improved after joining this patient support group?

My involvement in HDF's activities have enriched my life experiences and helped me broaden my diabetes connections by letting me meet fellow patients and members of their support groups from all over Greece. Diabetes conferences and workshops have also been a valuable source of education on how to better understand and manage my diabetes. As part of the group, I now feel more empowered and keen to work harder towards my personal therapeutic goals.

Do you know about the National Society for your disease?

If yes, do you feel supported by the society? If no, would you like to get involved with the Society?

In Greece, both the Hellenic Diabetes Association and the Hellenic Endocrine Society serve as top scientific organizations for diabetes. Thanks to their prestigious leadership in the diabetes field, patients with diabetes can benefit from up-to-date annual diabetes guidelines and continuous scientific research. Healthcare professionals

can benefit from Societies' distance learning courses and peer-to-peer training on the most recent developments on diabetes care and therefore provide higher quality services to the patients.

How has your access to your physician been in the past few months during the COVID-19 pandemic?

I believe that COVID-19 is kind of a turning point for e-health. Healthcare services such as drugs and medical equipment prescriptions for chronic diseases have turned digital in my country. During the first phase of the pandemic, I had two appointments with my physician, both of them through a webcam. It was a whole new experience for me, but in the end it worked as good as our face-to-face meetings. Technology makes our lives much easier nowadays as healthcare professionals can access and evaluate our health data at any time.

How do you see the future of treatment on type 1 diabetes? What are your expectations / needs?

In my mind it feels like the next decade will bring huge progress in diabetes care and especially diabetes self-management. Integrated glucose monitoring and smart insulin delivery systems are meant to become the next ultimate breakthrough with promising outcomes for patients. Looping is also a new favorite among the diabetes community and it's really great to hear conversations about it even at scientific meetings. As I get older, stability in my diabetes control becomes my main priority and all I need is the right kind of technology to help me navigate safely in the long-term.

Stavroula A. Paschou, Greece



Nascere Klinefelter Onlus



Nascere Klinefelter Onlus is one of the patients groups active in Italy and dedicated to Klinefelter patients and their family members. This non-profit association based in Rimini was founded in 2015, now has more than 300 members spread all across the country. We talked to Massimo Cresti, Co-founder and President of Nascere Klinefelter Onlus

How did you find out about this patient support group? And how did you join/participate in the activities?

The encounter with the group didn't happen until a long time after I received my Klinefelter Syndrome (KS) diagnosis. I found out about it through the internet and I later joined the group, taking an active part in the group activities (internal and medical conventions), willing to know everything about my "extra X". A few years later I decided to fund "Nascere Klinefelter"

Has your quality of life improved after joining this patient support group?

Yes, it definitely improved after learning more and interacting with other KS patients. During a referral to future parents of a KS fetus, a geneticist I once knew said: a doctor can only make a "product description" but only those who live with the condition, can make a critical recension.

Do you know about the National Society for your disease? If yes, do you feel supported by the Society? If no, would you like to get involved with the Society?

As president of this patient group, I know about many of them; however, as a patient, I don't actually feel like I'm supported. Only few of them are cooperating with patient's groups, and this is a pity, because they may receive immediate feedback on 47XXY aneuploidy, for which there are very little updates.

How has your access to your physician been in the past few months?

Unfortunately, due to the Covid-19 emergency, the access was limited in the past several months. Nowadays, our group has over 300 members, ranging from children to adults, but we are all a bit stuck due to lockdown security policies across Italian regions.

Which one do you consider the aspect of Klinefelter's management that needs to be improved the most?

First of all, the doctor-patient communication; often I hear them speaking about "psychological aspects" for the patient, but real life practice seems to be so far away, although it is acknowledged as a crucial aspect. Interactive activities in our group offer moral and psychological support, trying to guide the individual through the "shame" of the diagnosis.

What are your expectations from the scientific community in the years to come?

I hope there will be a major collaboration to update medical books. In our country, important knowledge about practical management of our condition is lacking among the healthcare services employees. Only some specialized centers of northern Italy recognize dedicated protocols for KS patents as a chronic condition, while others struggle to retrieve funds. So, this is my suggestion for the scientific community: be up to date!

Walter Vena, Italy



Amazing careers: Meet Vassiliki Bravis

Dr Bravis graduated from the University of Cambridge, UK with a Master of Arts (Honours) degree in Medical Sciences in 2000. She then completed her clinical training at Imperial College London, where she obtained her MBBS degree in 2003. Her postgraduate training was based in teaching hospitals and district general hospitals in North West London. In 2008 she was awarded a National Institute of Health Research (NIHR) academic clinical fellowship in Diabetes and Endocrinology, based at Imperial College. In 2011, she completed a fellowship in postgraduate medical education with the London deanery and in 2012 she obtained her MRes in Translational Medicine from Imperial College. Her clinical research was based at Imperial College between the Department of Investigative Sciences at Hammersmith Hospital and the Department of Metabolic Medicine at St Mary's Hospital. Dr Bravis has been a Consultant at St Mary's Hospital, London since April 2015, where she practises clinical medicine and carries out translational research. She is currently the Head of Specialty for Diabetes at Imperial College Healthcare NHS Trust.



Vassiliki Bravis

Meet Vassiliki Bravis.

What motivated you to choose endocrinology?

I became interested in endocrinology in the second year of my postgraduate journey in medicine, whilst studying for my Membership of the Royal Colleges of Physicians (MRCP) exams, when I started realizing the huge overlap between endocrinology and mathematics. Hormone rhythms are ubiquitous and required for normal physiological functions. I soon discovered that all experimental approaches utilized to develop the science of endocrine medicine are underpinned by mathematical modeling. Those have shown hormonal rhythms to result from regulatory processes occurring at multiple levels of "organization" and require continuous dynamic equilibrium, particularly in response to stimuli. The potential of understanding such structures and functions, in the process of caring for my patients, and contributing to diagnostics that require a mathematical level of accuracy, intellect and scientific approach fascinated me and quickly sparked my absolute commitment to the speciality

How did your journey begin?

My career in endocrinology started with my appointment as NIHR Academic Clinical Fellow, which gave me research opportunities at Imperial College, where I completed my Masters in Research in Translational Endocrinology. My clinical appointment in what was viewed as the "elite" North West Thames training rotation, allowed me to study the speciality next to the great minds of endocrinology at hospitals like Hammersmith, St Mary's and Charing Cross, where I enjoyed the challenges and satisfaction of critical appraisal of evidence in caring for my patients with empathy and attention.

What do you see as a key moment of your career?

In 2015 I was appointed as Consultant in Endocrinology & Diabetes at Imperial College Trust. A year later I engaged the "Flow Coaching Academy" programme, which aims to improve patient care and experience and supported to build a national movement harnessing the energy and ideas of staff at all levels to create positive change in care.

My passion is currently aimed at improving diabetes care, through addressing human factors and digital transformation to produce accurate data that drives transformation in clinical diabetes care. In 2019, I became Head of Speciality for Diabetes at Imperial College Healthcare NHS Trust, fulfilling a role that supports good quality of care at a population level, continuous education for our trainees, and on-going research that supports our practise.

What were the greatest challenges you have encountered?

Remaining resilient in a field of medicine that is extremely demanding and competitive, and staying motivated despite perceived failures, such as unsuccessful grant applications. Both of those helped me achieve my goals and learning through continuous effort towards improvement.

What do you think are the greatest challenges facing early-career endocrinologists now?

Early career endocrinologists face challenges in learning despite robust training programmes, challenges in maintaining a holistic approach to care, which, for our cohorts that may be multi-morbid and complicated, includes both focus but also lateral thinking, and challenges in designing a career journey that truly 'tells the story' of transitioning to 'medical adulthood' within the speciality. Currently, the Covid-19 pandemic should not be under-estimated for the ways it is challenging young endocrinologists in their ability to enjoy their trade and pursue career opportunities. EYES is exemplary for its encouragement of early career endocrinologists to become actively involved and invested in their learning, identify their training needs and find ways of training that suit those needs.

How do these compare with when you were starting out in your career? Has there been any progress?

My career in endocrinology started officially in 2008. At the time, training was more directed with pathways designed for us by our mentors and trainers, whom we had to trust. Currently, young endocrinologists have the opportunity to find their talents, interests and niche by directing training and actively pursuing many opportunities themselves. Technology has improved the way we communicate in the scientific world, access to resources is vast and opportunities to network great. I think there is definite progress.

In which areas do you think EYES can have the greatest and most useful impact in the future?

EYES has the potential to act as a navigator that signposts young endocrinologists and those interested in engaging. EYES can centralise training curriculums across country borders, and be a facilitator and influencer with regards to the way career planning, training, academia and patient care provision interact within the field. It can thus contribute to a generation of practitioners that communicate, collaborate and exchange ideas, resources and skills freely and fearlessly towards headway.

Which endocrinologists did you find most inspirational when you were starting out, and why? Which have inspired you most since?

Three people have particularly influenced the 'making' of me as an endocrinologist; Professor Karim Meeran for being the best teacher, who deciphered the most complicated endocrine pathophysiology for us all, for being a brave and simultaneously safe practitioner, for always providing individualized, patient-centered care and for teaching me to love education. Professor Stephen Robinson for having the most critical mind when standing in front of evidence and for being the greatest advocate for truly evidence-based practice, in serving his patients. Professor Desmond Johnston (my research supervisor at Imperial College) for supporting research that serves society at population level, for mentoring me by his side and for enriching my experience in research even at the most challenging of times.

What advice would you give people setting out in endocrinology today?

Find a mentor that inspires you. Find a coach that helps you mold your career as you want it. Find purpose in what you do and do not compromise on your pursuits of clinical work, research, academia, and healthcare improvement. Make sure you have a passion for endocrinology, not just a 'fancy' for it. Always be reminded that your career path must reflect your efforts towards improving healthcare provision in our field, with equality, love for science and selfless investment. Any career in medicine has to reflect a journey that serves the health of the people whose lives we are trying to improve.

Antoan Stefan Sojat, Serbia



Dutch Pituitary Foundation

Patients perspective from Sonja and Petra, two Dutch patients that are part of the patient group of the Dutch Pituitary Foundation and are living with acromegaly.



How did you find out about the Dutch Pituitary Foundation? And how did you participate in the activities?

S&P: We have been aware of the Dutch Pituitary Foundation since we were first diagnosed. During the first outpatient clinic visit our Specialist made us aware of the Dutch Pituitary Foundation and its activities. We both receive the quarterly magazine from the Dutch Pituitary Foundation, which includes patient perspectives and updates about pituitary research.

P: I was planning to join the congress hosted by the Dutch Pituitary Foundation at the acromegaly patient day, but unfortunately this event was canceled due to Covid-19. This congress, organized for patients with acromegaly, has been a valuable source of education and to share thoughts with other patients.

Has your quality of life improved after joining this patient support group?

S&P: We are both down-to-earth women and believe that a patient support group cannot really affect our quality of life.

Do you know about the Dutch Society of Endocrinology? If yes, do you feel supported by the Society? If no, would you like to get involved with the Society?

S&P: We are aware of the Dutch Society of Endocrinology, and have read online articles about acromegaly from them but have no other form of contact.

How has your access to your physician been in the past few months?

S: During the pandemic I had two appointments with my physician. Both meetings were face-to-face meetings and it was a surprise to see that it wasn't possible to reschedule this to a virtual meeting.

P: I have maintained close contact with my endocrinologist since I was diagnosed with acromegaly recently. During the pandemic, I had four appointments, two including an ultrasound and a colonoscopy. I didn't feel completely safe to go into the hospital, as it was busy and a lot of patients weren't wearing a face mask.

Do you feel that you need to be careful during Covid-19 since you are a patient with acromegaly?

S&P: We both believe that we should be extra careful during covid-19.

S: My reason for this is that I also have type 2 diabetes, and I am aware that there is higher risk of worse outcomes with covid-19 in patients with diabetes.

S&P: We are both unaware of the disease-specific risks of Covid-19 and would like to receive more information from our endocrinologists or from the Dutch Pituitary Foundation.

Do you have ideas to improve the healthcare for patients with acromegaly during this pandemic?

S&P: We both appreciate face-to-face meetings with our endocrinologists, but in these times we would prefer a virtual meeting. In addition, we would prefer a virtual meeting with a webcam over a phone consultation since a webcam can include non-verbal communication. In addition, we would appreciate it if the Dutch Pituitary Foundation can host webinars for patients with an endocrinologist, covering an acromegaly-related topic.

Eva Coopmans, the Netherlands



Melbourne Osteoporosis Support Group (MOSG)

The MOSG has 106 members scattered around Melbourne and regional Victoria (state) and one in regional New South Wales (state). There is a website and a Facebook Page. One of the current projects of the MOSG is, by petition, to convince the State government of the benefits of Fracture Liaison Services (FLS) in our hospitals as they are very successful in over 40 other countries around the



**MELBOURNE
OSTEOPOROSIS
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Est. 1996

world. There are very few in Australia and only one fully functioning in Melbourne at Western Health Hospital. St Vincent's Hospital are in the early stages of developing one. This is the Capture the Fracture project of the International Osteoporosis Foundation where the FLS are accredited at various standards. We talked to Beryl Logie, President.

How did you find out about the MOSG? And how did you join/participate in the activities?

I started the MOSG in 1996 after my mother was diagnosed with osteoporosis, having suffered several spontaneous spinal fractures. I was looking after her at the time and when our general practitioner (GP) diagnosed her, I researched all the information I could find on the subject to take care of her and learned it was hereditary. I asked my GP for a DXA scan and found I was in the osteoporotic range but hadn't reached the fracture threshold where my mother was. I wanted to learn more about it and attended an Osteoporosis Prevention & Self-Management Course. As there was not a Support Group, those of us upon finishing the course decided to form a Support Group and I became its President and have been ever since except for last year when Leonie held the position for one year. I stood as Vice-President then but have since returned to the President's role.

Has your quality of life improved after joining MOSG?

My quality of life has improved in that I go to Kieser Strength Training who have a particular interest in osteoporosis, twice a week and have done for the past eight years.

How has your access to your physician been in the past few months?

I have maintained contact with my GPs etc. throughout the pandemic.

Do you know about Osteoporosis Australia or the Australia and NZ Bone and Mineral Society? If yes, do you feel supported by the Society? If no, would you like to get involved with the Society?

I work closely with Osteoporosis Australia and have heard of the Australia and New Zealand Bone and Mineral Society (ANZBMS), and have read articles from them but have no other form of contact.

Since joining MOSG, has your knowledge regarding osteoporosis improved?

My knowledge about osteoporosis has grown because I do our bi-monthly newsletter and get information for that from the International Osteoporosis Federation, Musculoskeletal Australia, National Osteoporosis Society, Royal Osteoporosis Society and Canada Osteoporosis Society and any other reputable sources I find.

Would you recommend osteoporosis sufferers to join MOSG?

I recommend the Support Group whenever and wherever I can, when appropriate. We have flyers which I and our members circulate to medical rooms etc. to promote the Group and attend community events with an information table from time to time.

Ayse Zengin, Australia



ESE Focus Area: Calcium and Bone

In this focus area, we aim to increase awareness and highlight the importance of basic and clinical aspects of calcium and bone disorders for members of the ESE. It is well-known that many ESE members have a genuine interest in calcium homeostasis and bone metabolism. This also includes those who mainly work within other areas of endocrinology but find it important to also stay updated on new discoveries and treatments of calcium and bone disorders.

By being led by both a basic and clinical chair, we hope to be able to cover the entire spectrum from bench to bedside of these fascinating disorders. Prof. Martina Rauner just

been appointed as the basic lead of our focus area, whereas Prof. Lars Rejnmark has been the lead of the clinical part for several years and in spring 2021, he will be replaced by Prof. Peter Kamenicky (France).

On a continuous basis, we aim to provide members highlights of new findings by emphasizing recently published important papers. We also contribute to the yearly congress of endocrinology (ECE), by providing suggestions to the program organizing committee on topics we consider of specific interest, including suggestions for symposia, meet the expert sessions, and plenary sessions. We find it important to include common diseases (for example osteoporosis) – but also the spectrum of rare diseases and the pathogenesis of the different diseases. In addition to the basic and clinical lead, the focus area is supported by 6-8 ESE members with great interest in the area. At least once a year, a meeting is held for the entire group to exchange suggestions on topics of specific interest, including suggestions for the next congress of endocrinology.

In recent (and upcoming) years, our focus area has paid specific attention to diseases involving the parathyroid glands through the PARAT program, which aims to address unmet needs in the treatment of parathyroid conditions. Two workshops have been held (year 2018 and 2019) as two 24 hours meetings with more than 50 experts within the field who have been discussing intensively primary hyperparathyroidism, hypoparathyroidism and parathyroid cancers. Due to the COVID-19, the program has been set on hold in 2020, but is supposed to continue in 2021.

As for early career endocrinologists and scientists, we warmly welcome you to contact us, if you have suggestions for specific topic of interest, including challenges which you think should be addressed within our very interesting area of calcium and bone disorders.



Lars Rejnmark & Martina Rauner



Bioscientifica Trust's COVID response fund extended

The Bioscientifica Trust (www.bioscientificatrust.org) is pleased to announce that its COVID response fund, which offers grants of up to £5,000 / €5,000, will remain open for applications until 31 December 2020.

The COVID response fund was launched to provide assistance for early career scientists and clinicians for whom a small grant could help ease the negative impact of COVID-19. In the last funding round, 50% of applications to the fund were successful. More information is on the website (<http://www.bioscientificatrust.org/grants>).

The Trust also offers 'Standard' and 'Scientific Meeting' grants, again aimed to benefit early career endocrinologists, and more than 80% of grant applications are funded.



Early Career Special Interest Group (SIG) of The Endocrine Society



Eva Coopmans & Oksana Hamidi

Connect with your early career peers year-round by joining the new Early Career Special Interest Group (SIG). This Endocrine Society members-only community is for early career clinicians and researchers who have recently completed their formal training and want to network and connect with other researchers and clinicians from around the world.

On Community Connect (<https://community.endocrine.org/>), our informal online community group, we share resources, create posts, and upload articles such as “crafting your CV and cover letter” and “Getting to ‘no’: Five strategies for gracefully turning down a request”. We would like to ask you to share with us your challenges, resources, and ideas as you grow your career!

In August last year, we launched our first webinar called “Expert Negotiations: Career Tips for Clinicians and Scientists”. This webinar, hosted by the Early Career SIG, aimed to share the necessary steps and elements of a successful negotiation and how to apply these techniques. This webinar is recorded and still available on Community Connect, so please check it out yourself!

One of our upcoming events include the webinar “Demystifying Controversial Topics: Communication Skills for Busy Physicians and Scientists” on Wednesday 16th December at 7-8pm CET. This is a webinar on communication skills and controversial conversations. The webinar will feature Dr. Mike Tuttle, who will discuss difficult conversations with patients, and Dr. Deborah Kurrasch, who will dive into navigating controversial topics for basic scientists. We are also planning a webinar at the ENDO 2021 session about “Giving your Elevator Pitch: Top Tips in Sharing your Work”. In the near future we hope to include an annual networking session at ENDO to our SIG activities as well.

We would like to encourage all early career members to share resources and website links that support discussions and networking in this group. And please participate in our Early Career SIG by attending upcoming webinars.

Eva C. Coopmans, member of the Early Career SIG,
Oksana Hamidi (co-chair), Garima Narayen (co-chair), Lisa Arendt (member), Maigen Bethea (member)
Katie Guttenberg (member), Daniel S. Olsson (member), Rokshana Thanadar (member)

Join the EYES Newsletter Editorial Board!

After the success of our EYES Newsletter, we are looking for 2 early career investigators (ECIs) from the EYES community to join the editorial team. We publish 3 issues per year, that are printed and distributed to all ECIs of the ESE. We are very proud of our newsletter showcasing outstanding ECIs within the EYES community. Please note, these 2 roles are for the editorial team only and NOT the EYES Committee. Please see the details below:

Selection criteria:

- available to join video conference calls for discussions about the newsletter layout.
- have a sound knowledge of the English language
- attention to detail
- creative writing skills
- meet short deadlines

Application process:

- in 300 words or less, please write an opinion piece on a scientific relevant topic.
 - in 200 words or less, please describe the skills you have that would contribute to the newsletter editorial team (e.g. technical skills, formatting etc), and/or any previous experience you've had in a similar role.
- Please send your application in ONE file to eyesnewsletter@gmail.com by March 20, 2021. Applications will be reviewed and assessed according to the selection criteria outlined. The two highest scoring applicants will be invited to join the editorial team for the next two years; all applicants will be within a few weeks of the submission deadline.



When EYES meets EYRC



ENEA 2020 MEETING - EYRC ACTIVITIES



Saturday 28/11
PORTO ROOM

10.10-11.10 H EYRC SYMPOSIUM

*From the top to the bottom:
hormonal control of metabolism*

Chairs: **Manuel D Gahete** - Spain;
Eva Coopmans - The Netherlands

11.10-12.00 H EYRC NETWORKING

*Opportunity to networking with
other young attendees and senior
scientists.*

Manuel D Gahete - Spain
Eva Coopmans - The Netherlands
Maria Chiara Zatelli - Italy
Raul M Luque - Spain

14.30-15.30 H ORAL COMMUNICATIONS

Chairs: **Maria Chiara Zatelli** - Italy
Patimat Khandaeva - Russia

POSTER COMPETITION

Early Career Endocrinologists and Scientists are the present future of the field and deserve to be supported, nurtured and assisted. Young branches of the most relevant European Societies (including ESE and ENEA) have emerged to give response to these needs and expectations.

In an attempt to boost and expand the capacity to promote, foster and disseminate the activities of early career, EYES and EYRC (ENEA Young Researchers Committee) are delineating a novel collaborative scenario that has recently crystalized in different activities. During the last ENEA meeting held virtually in Porto (Portugal), wherein the EYRC was closely implicated, we invited EYES, represented by Eva Coopmans, to participate in different EYRC-led activities. In particular, as EYRC coordinator, I had the honor to co-chair with Eva the EYRC symposium entitled "From the top to the bottom: hormonal control of metabolism", in which three early career and very talented researchers presented their latest contributions to the endocrinology field. Antonio C. Fuentes-Fayos (Spain) showed compelling evidence demonstrating the close reciprocal relationship between growth hormone and metabolism, Mesut Savas (The Netherlands) elegantly illustrated the role of endogenous and exogenous corticosteroids as putative causes underlying obesity development, and Ashley Castellanos-Jankiewicz (France) brilliantly presented how bile acids can signal at the hypothalamic level to regulate energy balance. After this demonstration of scientific and communicative excellence by early career investigators, Eva and myself had the opportunity, during the EYRC virtual networking event, to present the EYES and EYRC missions to the young attendees, where attendees had the opportunity to interact with each other and with senior, well-renowned clinicians and researchers, such as Drs Maria C. Zatelli (Italy) and Raul M. Luque (Spain). We all think that this is the exciting beginning of a fruitful collaboration between EYES and EYRC aimed to help endocrinologists to successfully develop the early steps of their careers.

Manuel D. Gahete, Spain

Jan 29th
9am - 7pm 2021
virtual
conference
free of
charge

22nd ANNUAL MEETING
eYARE
 YOUNG ACTIVE RESEARCH
 IN ENDOCRINOLOGY

live from Frankfurt
 streamedUP!



We are very pleased to invite all EYES members to this year's online eYARE conference. YARE is the young society of the German Society of Endocrinology and holds an annual congress for young scientists and clinicians in the field of endocrinology.

This year, our congress will take place on the 29 January, 2021 from 9 am till 7 pm online on the streaming website Streamed-up. You can expect 8 sessions from the broad range of topics in endocrinology with lectures from young ambitious German and European speakers.

An access link and the final programme will be published soon. For further information please visit yare-endo.de or send a message to yare@yare-endo.de.

We are looking forward to your participation!

Your Team YARE from Germany

PROGRAM

09:00	Welcome and Opening
09:15	Session 1: ADRENALS Georgiana Constantinescu (Dresden) Frederik Vogel/German Rubinstein (Munich)
10:00	Session 2: EXPERIMENTAL ENDOCRINOLOGY Mariana Astsz (Lübeck) tbd
11:15	Break
11:30	Session 3: DIABETES & LIPIDS Antonio Di Mauro (Rome) tbd
12:15	Session 4: PITUITARY & NEUROENDOCRINOLOGY Sabrina Giese (Tübingen) Eva Coopmans (Rotterdam)
13:00	INTRODUCING EYES Eva Coopmans (Rotterdam)
13:15	Break
14:15	Session 5: THYROID Rebekka Spellerberg (Munich) Plieter Vancamp (Paris)
15:00	Session 6: CALCIUM & BONE METABOLISM Leah Braun (Munich) tbd
15:45	Break

16:00	Session 7: REPRODUCTIVE ENDOCRINOLOGY Benjamin Hollis (Cambridge) tbd
16:45	Session 8: ENDOCRINE MALIGNANCIES Svenja Nötliag (Munich) tbd
17:30	"YARE Best Speaker Award"
18:00	INNOVATIONS & CAREER PROSPECTS -beyond academia Sponsors: Lilly, Pfizer, Amedes
18:45	Closing Remarks/Farewell

GENERAL INFORMATION

Livestream free of charge on streamed-up.com

Pro-Sponsoring
 Amedes GmbH, Lilly Deutschland GmbH, Pfizer GmbH
Sponsoring
 Ipsen Pharma GmbH, Takeda, Sunofi Deutschland, Novo Nordisk, Synlab, Carl Roth GmbH, Microsynth AG, Hexal

www.yare-endo.de



Latest research

Association between frailty and risk of fall in diabetic patients

A number of studies have previously looked at the risk factors for falls. This study sought to identify the association between frailty and fall risk in diabetic patients aged 45 and older. The team modelled the relationship between frailty (assessed by the frailty index) and falls in 2,049 diabetic patients and various subgroups. Frailty was associated with falls across the population (OR of 1.89 [95% CI: 1.5, 2.38] per SD change in frailty index score). Specific groups, such as women, the elderly, people living in rural areas, and people with poor balance were at even greater risk. For example, in older individuals, each SD increase on the frailty index corresponded with an OR of 2.46 [95% CI: 1.68, 3.62]. This study demonstrates the link between frailty and falls risk in diabetic patients and highlights the extra attention that should be given to vulnerable groups.

Wang, X., Chen, Z., Li, Z., Chen, Bo., Qi, Y., Li, G., Adachi, J. (2020). Association between frailty and risk of fall among diabetic patients, *Endocrine Connections*, EC-20-0405.

Evaluation of an individualised education program in pituitary diseases: a pilot study

Albarel and associates aimed to assess the effectiveness of an educational programme for patients with pituitary diseases aimed at improving their quality of life, satisfaction, and goal attainment. Between 2012 and 2016, 53 pituitary disease patients attended at least 3 out of a possible 8 educational sessions on a range of topics, including disease management and psychological issues. At follow-up, the programme was deemed a success in this population. Mean overall satisfaction score was 3.75/4, patients reported improvements in self-management of their disease 3.6/5, and improvements in self-efficacy 3.8/5. The team then recommended that – based on the success of this personalised approach to educating pituitary disease patients – expanding the programme to other endocrine diseases could be extremely beneficial.

Albarel, F., Pellegrini, I., Rahabi, H., Baccou, C., Gonin, L., Rochette, C., Vermalle, M., Cuny, T., Castenetti, F., Brue, T. (2020). Evaluation of an individualised education program in pituitary diseases: a pilot study, *European Journal of Endocrinology*, 183(6), 551-559.

Effects of oral contraceptives on metabolic parameters in adult premenopausal women: a meta-analysis

The main objective of this meta-analysis was to investigate the effects of oral contraceptives on parameters of lipid and carbohydrate metabolism. The analysis looked at 82 clinical trials with premenopausal women aged 18 or over who were taking oral contraceptives containing different progestins for at least 3 months. Only Dienogest did not increase plasma triglycerides (others ranged from a 21.1 mg/dl increase for Levonorgestrel to a 35 mg/dl increase for Chlormadinone). Effect on HDLc ranged from Chlormadinone leading to a 9.6 mg/dl increase, to Levonorgestrel leading to a 4.4 mg/dl decrease. Norgestimate increased LDLc by 11.5 mg/dl, whereas Dienogest decreased it by 7.7 mg/dl. Only Cyproterone slightly reduced plasma glucose, and none of the progestins had a significant impact on BMI or HOMA-IR. Overall, Dienogest and Cyproterone appeared to be associated with the most favourable metabolic profile, and Levonorgestrel the worst.

Silva-Bermudez, L., Toloza, F., Perez-Matos, M., de Souza, R., Banfield, L., Vargas-Villanueva, A., Mendivil, C. (2020). Effects of oral contraceptives on metabolic parameters in adult premenopausal women: a meta-analysis, *Endocrine Connections*, 9(10), 978-998.

Cannabis alleviates neuropathic pain and reverses weight loss in diabetic neuropathic cachexia in a previous heroin abuser

This case report looks at a previous heroin abuser (10 years post-withdrawal) with diabetes who suffered from intractable pain and severe muscular emaciation. Anti-neuropathic medications had failed to address the issues and evaluation for weight loss aetiologies failed to reveal answers. Medical cannabis was prescribed with the aim of alleviating neuropathic pain, aiding in the regain of muscular mass, and strengthening legs to enable upright standing and normal walking. The use of medical cannabis was able to alleviate severe diabetic neuropathic pain, help to increase appetite and reverse muscular emaciation, and decrease chronic pain and its catabolic consequences. This study highlights that previous history of heroin abuse may not be an absolute contradiction to medical cannabis use.

Naccache, D. (2020). Cannabis alleviates neuropathic pain and reverses weight loss in diabetic neuropathic cachexia in a previous heroin abuser, *Endocrinology, Diabetes & Metabolism Case Reports*, 2020, 20-0108.

Philip McBride, UK