

JANUARY 2026

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

Minimizing Risk, Maximizing Choice

New Directions in Thyroid Care

Recent studies from Endocrine Society journals further demonstrate how endocrine science is benefiting thyroid patients around the world.

- ▶ How is radioiodine therapy for Graves' disease affecting cancer occurrence?
- ▶ A new study shows metformin as a promising agent for reducing benign thyroid nodules.
- ▶ Patients give rave reviews to percutaneous laser ablation to reduce thyroid nodule volume.
- ▶ *JCEM Case Reports* examines some surprising links between cardiac events and both the thyroid and parathyroid.

NEW RESEARCH PORTAL:

Discussing dkNET with Ronald Margolis, PhD

IN MEMORIAM:

Remembering Endocrine Society Past-President Bert W. O'Malley, MD

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Hormone Science to Health

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From how radioiodine therapy for Graves' disease impacts cancer occurrence and the potential usefulness of pharmacologic treatment for benign thyroid nodules to how a minimally invasive procedure could be the preferred treatment option, recent studies from *The Journal of Clinical Endocrinology & Metabolism* further demonstrate how endocrine science is benefiting patients around the world. BY KELLY HORVATH

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When Endocrine Society Past-President Bert W. O'Malley, MD, passed away, all corners of the world of endocrinology mourned. Past student and longtime friend Donald P. McDonnell, PhD, looks back on the life and career of a true endocrinology legend.

BY DONALD P. MCDONNELL, PHD



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NEW RESEARCH CONNECTIONS

A NEW SITE ALLOWS UNFETTERED ACCESS TO THE RESEARCH INFORMATION SUPERHIGHWAY.

Emeritus Endocrine Society member Ronald Margolis, PhD, talks to *Endocrine News* about dkNET, a research portal established by the National Institute of Diabetes and Digestive and Kidney Diseases, which provides both researchers and clinicians with unfettered cross-disciplinary access to critical new information from around the world.

BY DEREK BAGLEY

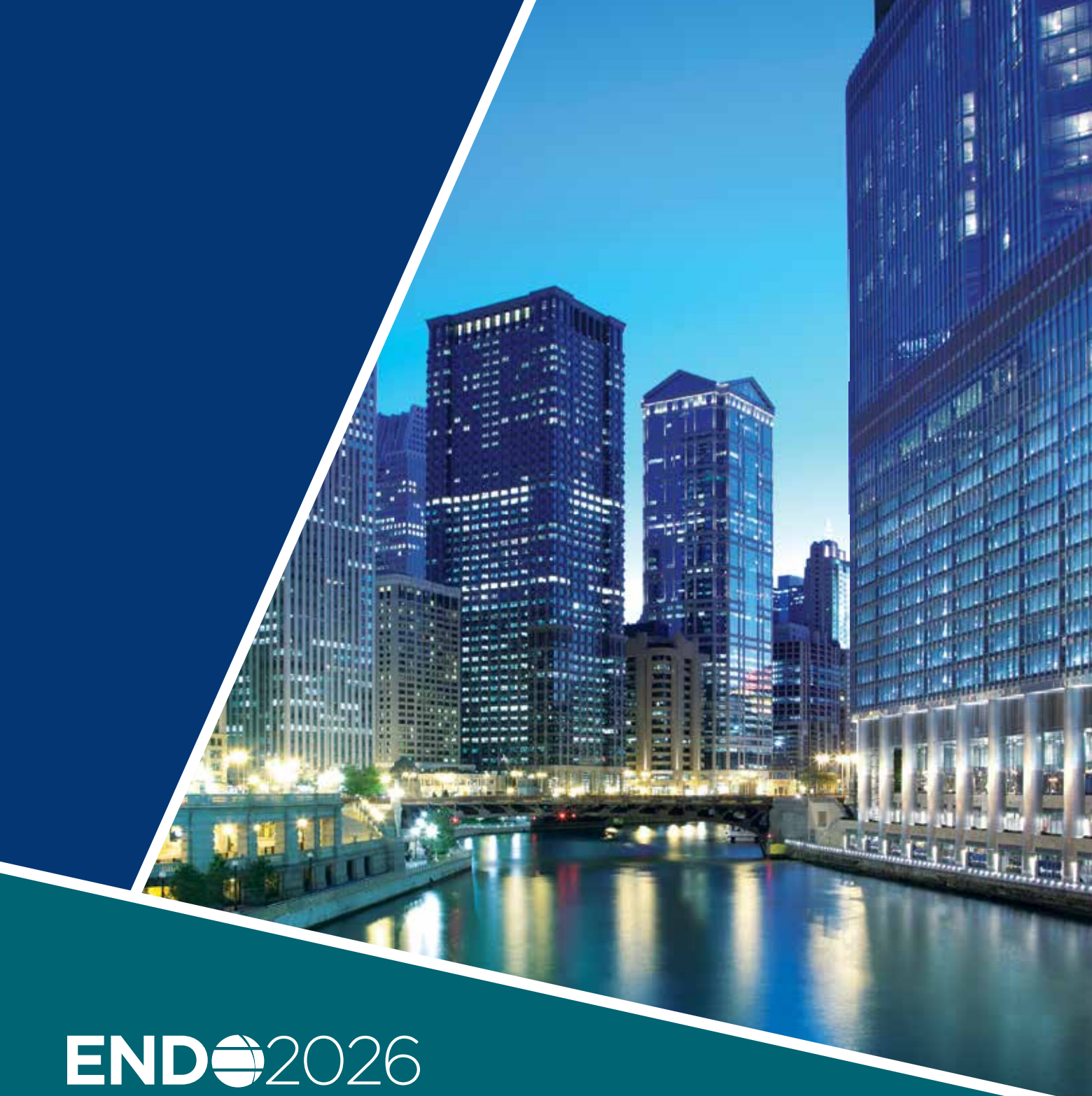
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ENDO  2026

JUNE 13–16, 2026 CHICAGO, IL

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Find New Ways to Contribute to the Society This Year

With the start of a new calendar year, we can take a moment to reflect on our careers and future professional growth. The Society offers many resources and opportunities to showcase your leadership skills and help you build your network. As we embark on a new year, make a resolution to engage with the Society to advance your career.

Our members can serve as mentors to help develop the next generation of endocrine clinicians and scientists. We have many opportunities to advise early-career professionals as part of programs such as the Research Experiences for Graduate and Medical Students (REGMS), Future Leaders Advancing Research in Endocrinology (FLARE), and Excellence in Clinical Endocrinology Leadership (ExCEL). Members can share their insights with participants at our Endocrine Mentor Day (eMD) during **ENDO 2026**. The hard work of our volunteers makes these professional development programs valuable for the participants, and the mentoring experience is rewarding for those looking to advance their leadership skills.

To participate, visit the volunteer resources section of our website where you can find all the information you need to get started. Simply fill out our online form to express interest in the programs and initiatives that interest you most.

Our Medical School Engagement Program (MSEP) offers another way to support promising professionals entering our field. Currently, 21 medical schools have started Society-supported programs to educate students about endocrinology careers. We are always looking for additional medical schools to join the program and grow the endocrine pipeline. Program leaders and our staff have compiled many resources to make it easy to plan

events and engage students at your institution. Fill out our interest form online to learn more about starting your own Endocrinology Interest Group and to be informed when the next application cycle opens.

Another way to make your voice heard and help shape our field is to take part in our advocacy

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programs. Our grassroots advocacy program makes it easy for United States–based members to reach their members of Congress. It only takes two minutes to send an email supporting funding for the National Institutes of Health or access to telehealth services using our online platform.

If you want to meet with your congressional office, our staff can help you arrange an in-person visit or a video call. Our team also organizes Hill Days where members represent the endocrine field on Capitol Hill. Get in touch with the staff to share the issues that you want to advocate for.

For those who are just starting their careers, let this be the year you join us for **ENDO 2026**, the world's leading meeting for endocrine research and clinical care. **ENDO** offers a chance to present your research and meet luminaries in the field. This year's meeting takes place from


June 13 to 16 in Chicago, Ill. We offer several travel awards designed to help early-career professionals and trainees gain exposure, present their work, and build networks that will last a lifetime. The deadlines are approaching on February 2, so be sure to submit your application soon.

Committees are the foundation of our Society's work. Serving here is often the first rung on the leadership ladder, giving you a chance to influence initiatives, gain visibility, and prepare for future leadership roles. As a committee member, your voice helps guide the Society's initiatives and ensures we continue to advance science, clinical care, and education.

Long-time members who want to be more involved in the Society's future direction can apply to join our Nominating Committee. This committee determines the slate of board of directors candidates and plays a key role in shaping the Society for years to come. We currently are looking for candidates to fill several slots on this important committee. Nominate yourself or a colleague by January 30 to be considered.

Whenever you have a few minutes available, use that time for your professional development. You can reach out to the global endocrine community on our digital platform EndoForum, which gives you a place to communicate with your peers. Whether you want to share an interesting research paper or ask a question about a challenging case, this is the place to start online conversations with your peers. With the revamped platform we launched in October, interacting with your peers is easier than ever.

EndoForum includes discussion spaces for our 12 member-led Special Interest Groups (SIGs), which connect you to others who share your passion for specific endocrine topics. We just launched a new SIG focused on men's health last month, and we continue to introduce more topics. Our SIGs hosted 18 webinars last year, offering great opportunities to get involved. Whether your interests lie in endocrine-disrupting chemicals, endocrine cancers, or entrepreneurship, join our SIGs to interact with peers and expand your network.

I hope you'll consider sharing your talents and engaging with the Society in new ways this year. Volunteering benefits your own professional growth as well as our global community. 

Carol A. Lange, PhD
President, Endocrine Society

ENDO2026

JUNE 13–16, 2026 CHICAGO, IL
[ENDOCRINE.ORG/ABSTRACTS](https://endocrine.org/abstracts)

SHOWCASE YOUR RESEARCH

SUBMIT YOUR ABSTRACT BY
THURSDAY, JANUARY 15, 2026



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FROM THE **EDITOR**

JANUARY 2026

Endocrine news

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Executive Editor: **Mark A. Newman**
mnewman@endocrine.org

Senior Editor: **Derek Bagley**
dbagley@endocrine.org

Art Director/Production: **Anthony S. Picco**
aspicco.wixsite.com/graphicdesigner

Designer: **Petra Domingo**

Prepress & Printing: **The Sheridan Group**
www.sheridan.com

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President: **Carol A. Lange, PhD**
president@endocrine.org

President-Elect: **Nanette Santoro, MD**
glicktoro@aol.com

Past-President: **John Newell-Price, MD, PhD, FRCP**
j.newellprice@sheffield.ac.uk

Secretary-Treasurer: **Kristy Brown, PhD**
kbrown46@kumc.edu

Chief Communications Officer: **Aaron Lohr**
alohr@endocrine.org

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And Just Like That, It's 2026!

As we leave 2025 behind and look forward to the new year ahead, what better way to kick off 2026 than with a multipage tribute to the latest class of Endocrine Society Laureate Award winners?

In “Meet the 2026 Laureates” on page 16, we feature this year’s stellar array of legends of endocrinology from around the world. This year, Neal Learner asked them for their advice to younger endocrinologists just starting out as well as the impact the Endocrine Society has had on their own careers. When asked what advice she would give to early-career endocrinologists, 2026 Outstanding Mentor Award recipient Patricia Lee Brubaker, PhD, stresses how you need to trust your trainees because “they will keep the lab going while you are gaining all the other skills you need to be successful

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The National Institutes of Health’s National Institute of Diabetes and Digestive and Kidney Diseases has created a new research portal that promises to be a boon for endocrine scientists.

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(i.e., grant writing, teaching),” she says. “But you also need to ensure that they have the opportunity to present their work at conferences such as the Endocrine Society Annual Meeting, where they will grow in confidence and build the networks essential to their own careers.” Attending ENDO is always good advice no matter what stage of your career you find yourself!

To commemorate Thyroid Awareness Month, we turn to page 34 where Kelly Horvath has looked at some recent studies from *The Journal of Clinical Endocrinology & Metabolism* that give even more evidence of how endocrine science is continually impacting and improving how patients are receiving

care. “**New Directions in Thyroid Care: Minimizing Risk, Maximizing Choice**” examines how radioiodine therapy for Graves’ disease can impact cancer occurrence and the potential usefulness of pharmacologic treatments for benign thyroid nodules to how percutaneous laser ablation for thyroid nodules could be a minimally invasive treatment option. Regarding the latter procedure, Giovanni Gambelunghe, MD, PhD, from the Endocrine Unit at Clinica Liotti in Perugia, Italy, says that the study he authored confirms that the procedure is not only safe and effective in the short term, but in the long term as well. “What impressed me most, however, was that the overwhelming majority of patients reported they would willingly undergo the procedure again,” he says, adding that in itself is “strong evidence of the technique’s truly minimally invasive nature. Clinicians should feel confident in adopting this technique as part of their therapeutic armamentarium.”

The National Institutes of Health’s National Institute of Diabetes and Digestive and Kidney Diseases has created a new research portal that promises to be a boon for endocrine scientists around the world. On page 46, Senior Editor Derek Bagley speaks to emeritus Endocrine Society member and

longtime researcher Ronald Margolis, PhD, about how this new avenue will improve scientists’ ability to reach fellow researchers from all corners of the globe. In “**New Research Connections**,” we delve into the details of dkNET, which will give researchers and clinicians cross-disciplinary access to critical new information. Margolis says that he hopes researchers will be energized by the knowledge that there is a portal with real and relevant content that can help them in their efforts to maximize their investigations. “dkNET provides a single-entry point to a wealth of information, data, services, and community-wide knowledge with pathways to enhance connectivity to colleagues and others interested in their work,” he says.

Again, if you have any story ideas you think Endocrine Society members would be interested in, feel free to reach out to me at mnewman@endocrine.org. You’d be surprised at the number of story ideas that come from people just like you! Happy New Year to you and yours!

— **Mark A. Newman**, Executive Editor, *Endocrine News*

2027 LAUREATE AWARDS CALL FOR NOMINATIONS

DEADLINE: TUESDAY, JANUARY 20, 2026

NOMINATE TODAY!

Our Laureate Awards are the highest honors bestowed in recognition of the paramount achievements in the endocrinology field including, but not limited to, seminal research, clinical investigation, translational research, mentorship, and non-traditional activities to support developing countries.

Nominate on your own schedule—nominations for the 2027 awards cycle are now being accepted until Tuesday, January 20, 2026.

Get started now by visiting endocrine.org/laureate.
Questions? Contact us at laureate@endocrine.org.

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The guidance is particularly pointed for high-risk patients: Women with a history of migraine aura are already at a higher baseline risk for stroke. For this group, the ESE strongly suggests transdermal estrogen due to its proven superior cardiovascular safety profile compared to oral forms.

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ESE Releases New Menopause Treatment Guidelines

Millions of European women navigating menopause may soon see a shift in their treatment plans. The European Society of Endocrinology (ESE) has released a major new clinical practice guideline, urging doctors across the continent to adopt a “holistic approach” to midlife health and, critically, to reconsider the way they prescribe hormone therapy to reduce the risk of stroke and breast cancer associated with menopausal hormone therapy (MHT), while recommending safer alternatives for high-risk patients.

The comprehensive guideline, “**European Society of Endocrinology clinical practice guideline for evaluation and management of menopause and the perimenopause,**” published recently in the *European Journal of Endocrinology*, emphasizes that while MHT is highly effective for severe symptoms like hot flashes and night sweats, the method of delivery is key to patient safety. The ESE analysis found that standard oral hormone treatments — the traditional pills — carry an increased risk of ischemic stroke. The guideline now clearly advises that for women who are appropriate candidates for MHT, low-to-standard dose transdermal oestradiol (delivered via a patch or gel on the skin) is the preferred method, as it demonstrated a neutral effect on stroke risk.

“This is a crucial distinction,” says Mary Ann Lumsden, an endocrinology specialist at the University of Glasgow and one of the guideline authors. “We know MHT works, but now the consensus is moving away from oral pills toward transdermal patches to safeguard the cardiovascular health of patients, especially as they age.”

The guidance is particularly pointed for high-risk patients: Women with a history of migraine aura are already at a higher baseline risk for stroke. For this group, the ESE strongly suggests transdermal

estrogen due to its proven superior cardiovascular safety profile compared to oral forms.

The guidelines stress that treatment is not just about hormones. The ESE called for a fundamental shift toward a holistic approach, recommending that clinicians address diet, exercise, and mental health rather than focusing solely on hormone replacement therapy.

The guidelines recommend that Premature Ovarian Insufficiency (POI) should be considered for any woman younger than the age of 40 experiencing irregular periods, subfertility, or classic menopausal symptoms. Biochemical testing is recommended for this younger group. Furthermore, the experts urge immediate referral of women with POI to a specialized menopause expert or multidisciplinary team. This is particularly important for those who have complex medical histories, such as a high risk of hormone-dependent cancers.

Finally, the guideline mandates clear communication on cancer risk. Doctors are instructed to ensure that all women initiating MHT are informed about the increased risk for breast cancer. With the lifetime risk of breast cancer in Western women exceeding 10%, according to the ESE, American Cancer Society, and the U.S. National Cancer Institute, the ESE emphasized that transparency and informed consent are non-negotiable parts of the prescribing process.

The comprehensive document ultimately serves as a call to action for healthcare professionals, ensuring they possess the fundamental knowledge to evaluate, counsel, and optimally manage women through the perimenopausal and postmenopausal phases of life, navigating the balance between symptom relief and long-term health risks.

— Jackie Oberst

COVID-19 Infection Linked to Relapse of Rare Endocrine Disorder After 19 Years

Arare case study published in *JCEM Case Reports* details the first known instance of a decades-dormant hormonal disorder, cyclic Cushing's syndrome (CS), relapsing after a patient contracted COVID-19 and received standard glucocorticoid treatment. The relapse occurred after a remarkable 19-year period of remission, leading researchers to suggest that the stress of the infection and the administered steroids may have triggered a rare "positive feedback" loop, reigniting the life-threatening condition. The case highlights the critical need for long-term patient follow-up and caution when administering steroids to individuals with a history of the disorder.

The patient, a 49-year-old man, had initially been diagnosed with adrenocorticotropic hormone (ACTH)-dependent CS at age 30 but achieved spontaneous remission after initial treatment with steroidogenesis inhibitors (trilostane and mitotane). A subtype of Cushing's syndrome, patients with CS have phases of cortisol excess — hypercortisolemia — alternating with phases of normal and low cortisol. Each of these phases can vary from days to even months or years. For nearly two decades, this patient's condition remained stable, with no cushingoid symptoms or abnormal hormone levels noted during annual checkups.

The clinical picture changed drastically when he was infected with COVID-19. Following the infection, and after receiving a month-long regimen of high-dose glucocorticoid treatment (including methylprednisolone and prednisolone) to manage the viral symptoms, the patient developed classic signs of Cushing's syndrome relapse. These symptoms included general fatigue, 11 kg of weight gain, "moon face," and dangerously high blood pressure, leading to his readmission to the hospital.


Researchers at the University of Osaka noted that the mechanism of relapse appeared to be highly unusual. Cyclic CS, characterized by fluctuating

hypercortisolemia, typically operates under a negative feedback system. However, in this case, the introduction of exogenous glucocorticoids (the COVID-19 treatment) seemed to have paradoxically driven a positive feedback mechanism, stimulating the body to produce even more ACTH and cortisol. The authors hypothesize that this rare mechanism made the patient susceptible to a relapse when faced with the combined stress of the infection and the administered steroid therapy.

The relapse was confirmed by severely elevated plasma ACTH and hypercortisolism. Initially, diagnostic tests suggested Cushing's disease (a pituitary cause), but subsequent imaging failed to detect a pituitary tumor. Further investigative scans ultimately revealed an 8-mm tumor in the anterior mediastinum. This led to a diagnosis of an ACTH-secreting thymic typical carcinoid tumor, a form of ectopic CS, which was confirmed when partial thymectomy resulted in the patient's third remission. This fluctuation in hormone levels also complicated the diagnostic process, underscoring the challenge of accurately diagnosing CS during its natural "trough phase."

The report, "**Relapse of Cyclic Cushing Syndrome With a 19-Year Remission: Potential Involvement of COVID-19 in the Relapse,**" concludes that the stress from a severe infection, such as COVID-19, coupled with the administration of glucocorticoids, can potentially act as a trigger for relapses in uncured cyclic CS patients who harbor this rare positive feedback mechanism.

The case serves as a vital learning point for physicians globally. The authors urge clinicians to "pay attention to the development of cushingoid symptoms after infection stress and glucocorticoid treatment," emphasizing that long-term, careful follow-up is essential for patients with uncured cyclic CS, even after years of apparent remission.

— Jackie Oberst 



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The authors urge clinicians to 'pay attention to the development of cushingoid symptoms after infection stress and glucocorticoid treatment,' emphasizing that long-term, careful follow-up is essential for patients with uncured cyclic CS, even after years of apparent remission.

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John Newell-Price
MD, PhD, FRCP

John Newell-Price, MD, PhD, FRCP, Named Clinical Research Director at Sheffield Teaching Hospitals NHS Foundation Trust

John Newell-Price, MD, PhD, FRCP, Professor of Endocrinology at the University of Sheffield, Honorary Consultant Physician at Sheffield Teaching Hospitals NHS Foundation Trust, and Past-President of the Endocrine Society, has been appointed as the new Clinical Research Director at Sheffield Teaching Hospitals NHS Foundation Trust.

Newell-Price's clinical expertise includes pituitary and adrenal disorders, genetic endocrine disease, and neuroendocrine tumors and cancer. His research group focuses on glucocorticoid excess and deficiency, with discoveries that have resulted in new paradigms of diagnosis and treatment.


Together with colleagues, Newell-Price has developed Sheffield into a world-leading patient-centered clinical endocrine service where clinical and translational research and innovation is embedded, being funded by UK Research and Innovation (UKRI), industry, and charities.

He has led nationally with NHS England and the Royal College of Physicians to set standards of care in his field, and internationally on numerous evidence-based clinical practice guidelines. In addition to his extensive leadership, Newell-Price has a longstanding commitment to developing, championing, and training medical students and researchers in the early stages of their careers, as well as a long track record of working closely with patient groups.

Newell-Price will be part of the team that drives forward the Trust's new research and innovation strategy that also supports the 10 Year Health Plan for England, aiming to create a future-ready NHS using new technologies, medicines, and innovations to support prevention and treatment of clinical conditions. He will also be responsible for co-leading the Clinical Research and Innovation Office (CRIO).

"I am honored to take on the role of Clinical Research Director at Sheffield Teaching Hospitals NHS Foundation Trust," Newell-Price says. "Our research and innovation, led by our senior research and innovation leadership and talented CRIO team, is built on a foundation of clinically excellent collaboration and innovation."

Newell-Price succeeds Simon Heller, MD, professor of clinical diabetes at the University of Sheffield, who served in that position for 19 years. "I am indebted to him for his invaluable leadership and the significant strides he has made in advancing clinical research and innovation at Sheffield Teaching Hospitals."

"I look forward to working with everyone including patients, staff, public, industry, universities, charities, and stakeholders to ensure our research and innovation continues to make a real difference to patients' lives in the region and beyond," Newell-Price says. 



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ELIGIBILITY:

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LEARN MORE AT
[ENDOCRINE.ORG/REGMS](https://www.endocrine.org/regms)



ENDO 2026

Chicago, Ill. • June 13 – 16, 2026



We hope to see you at **ENDO 2026**, taking place June 13 – 16, 2026, in Chicago, Ill. With more than 7,000 attendees, nearly 2,000 abstracts, and more than 200 other sessions, **ENDO** is the top global meeting on endocrinology research

and clinical care. **ENDO** provides the opportunity to collaborate with an unparalleled list of endocrinologists, healthcare practitioners, and leading scientists from around the world. Through sharing our experience, advice on patient care, and new advances in research, we move the needle forward in hormone health and science. Our outstanding slate of world-renowned speakers will showcase the most cutting-edge advances in research and medicine, with presentations spanning the spectrum of science, clinical care, and social implications.

<https://www.endocrine.org/meetings-and-events/endo-2026-save-the-date>

Obesity Therapeutics: Unlocking Benefits and Minimizing Side Effects

**Keystone, Colorado
January 26 – 29, 2026**

This meeting will integrate current knowledge with the latest discoveries on obesity drug mechanisms, exploring benefits beyond weight loss. Topics integrate biological insights into glucagon, amylin, and enteroendocrine cell secretion, with translational advances in drug discovery, combination therapies and strategies to minimize side effects and preserving muscle mass. Held jointly with the Keystone Symposium on “Cardiometabolism in Health and Disease,” this conference will foster cross-disciplinary insights and collaborations to enable better understanding of the intersection of these diseases, and their treatments, accelerating progress in both fields.

<https://www.keystonesymposia.org/conferences/conference-listing/meeting/J52026>

Glucagon Physiology for the 21st Century

**February 9 – 10, 2026
Bethesda, Maryland**

At the end of the workshop, participants will identify gaps and opportunities for future research on: glucagon signaling and regulation of glucagon secretion; the physiological role of glucagon across tissues, including emerging insights into its actions beyond hepatic glucose regulation; and the contribution of glucagon dysregulation to metabolic diseases and glucagon-based therapies.

www.niddk.nih.gov/news/meetings-workshops/2026/glucagon-physiology-21st-century

BPS2026

**San Francisco, California
February 21 – 22, 2026**

BPS2026 will showcase the exciting advances in science and technology brought forth by big data and AI. This year’s program offers a strikingly

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diverse and forward-looking slate of symposia that captures the dynamic, multiscale nature of our field. From the controlled chaos of intrinsically disordered proteins to the emergent properties of life's assemblies, our sessions illuminate the physical organizing principles underlying biology. Symposia revisit new perspectives in classics like membrane transport and calcium signaling, while also spotlighting new frontiers such as the biophysics of immunity, cancer, and protein design. <https://www.biophysics.org/2026meeting/>



NASIT 2026 **Portland, Oregon** **March 6 – 7, 2026**

The North American Society for Interventional Thyroidology (NASIT) is the largest, multidisciplinary group in the United States dedicated to the field of interventional thyroidology. The society was created to promote safe integration of ablative thyroid technologies into clinical practice and a collaborative environment that supports education and research efforts in interventional thyroidology. NASIT holds an annual meeting that includes one and a half days of expert panel sessions, scientific presentations, and the most up-to-date information on innovative technologies in the field. <https://www.nasit.org/Annual-Meeting>

INTERNATIONAL ITINERARY

World Endocrine, Diabetes & Cardiovascular Conference (EDCC26)

Bangkok, Thailand
March 6 – 7, 2026

The World Endocrine, Diabetes & Cardiovascular Conference 2026 (EDCC26) will be organized around the theme of “Interdisciplinary Approaches to Endocrine Health.” The program includes local and international speakers with inspiring insights to share on advancing endocrinology, diabetes, cardiovascular health, and metabolism quality improvement through patient and family experiences. EDCC26 will feature leading experts, researchers, and healthcare professionals from around the globe and will serve as a platform for the exchange of knowledge, ideas, and insights in the fields of endocrinology, diabetes, obesity, and more. <https://endocrine.episirus.org/bangkok/>

ATTD 2026 **Barcelona, Spain** **March 11 – 14, 2026**

The landscape of diabetes care is evolving fast and the 19th International Conference on Advanced Technologies & Treatments for Diabetes (ATTD) 2026 is where technology, innovation, and research converge to shape the next era of treatment. From AI-driven solutions to the latest in digital health, smart devices, and groundbreaking therapies, this is the conference that defines what's next in diabetes management. Connect with global experts, industry leaders, and visionaries pushing the boundaries of what's possible. <https://attd.kenes.com/>

AAES 2026 **Lexington, Kentucky** **April 18 – 20, 2026**

The American Association of Endocrine Surgeons 46th Annual Meeting centers around the theme “Strengthening Connections” — reflecting our commitment to deepening professional relationships, fostering interdisciplinary collaboration, and building a stronger, more inclusive endocrine surgery community. The highly rated breakout sessions return with immersive, expert-led content, designed to spark dialogue and collaboration among attendees. The AAES Annual Meeting is dedicated to advancing the science and art of endocrine surgery through knowledge exchange, collaboration, and community, and promises innovative programming, networking opportunities, and scholarly enrichment — all designed to strengthen the connections that make the field thrive. <https://www.endocrinesurgery.org/2026-annual-meeting-home>

2026 Lab Manager Leadership Summit **Phoenix, Arizona** **April 20 – 22, 2026**

The 2026 Lab Manager Leadership Summit is an exclusive event for laboratory leaders and decision makers across clinical, forensic, environmental, food and beverage, pharmaceutical, and life science fields. The Summit offers interactive sessions, hands-on workshops, and insightful presentations designed to elevate your leadership skills. Discover the latest advancements from technology and service providers showcasing innovative lab solutions, connect with industry peers, gain actionable insights, and bring transformative ideas back to your organization. Don't miss this chance to drive your lab forward with confidence and vision! <https://summit.labmanager.com/leadership/home>



The
Endocrine
Society

2026

Laureate
Award

WINNERS

BY NEAL LEARNER

For more than 80 years, the Endocrine Society has recognized the achievements of endocrinologists worldwide.

The Endocrine Society is proud of its many distinguished members who lead the global endocrine community by advancing scientific knowledge, providing exemplary care, teaching the next generation of endocrinologists, and improving human health worldwide.

For more than 80 years, the Society has recognized the achievements of its members with the annual Laureate Awards. Established in 1944, the awards recognize the field's highest accomplishments in areas of research, service, leadership, mentorship, innovation, international contributions, education, translation of bench to bedside, and lifetime achievement.

Laureate winners represent all stages of the profession, from those at the pinnacle of their field to young endocrinologists just starting their careers.

In the following pages, you can learn about our 2026 Laureates. We've also asked them to describe how the Endocrine Society has helped shape their careers as well as what advice they have for those aspiring, early-career endocrinologists.

The winners will be recognized at **ENDO 2026** in Chicago, Ill., June 13 – 16, 2026.



Robert M. Carey, MD, MACP

Fred Conrad Koch Lifetime Achievement Award

Robert M. Carey, MD, MACP, is Professor of Medicine and Dean Emeritus at the University of Virginia School of Medicine in Charlottesville, Va.

A world-renowned clinical endocrinologist and leader in cardiovascular endocrinology, Carey received the Endocrine Society's highest honor this year in recognition of his leadership in clinical hypertension, which includes a long career treating patients, conducting groundbreaking research, and enhancing our understanding of hormonal control of blood pressure.

Among his many contributions and accomplishments to the field, he has co-authored two Endocrine Society clinical practice guidelines on primary aldosteronism, served as vice chair of the 2017 American College of Cardiology (ACC)/American Heart Association (AHA) hypertension guideline writing committee, and chair of the 2018 AHA scientific statement on resistant hypertension.

Carey was Dean of the University of Virginia School of Medicine from 1986 to 2002. At the conclusion of his 16-year deanship, he received the Thomas Jefferson Award, the highest honor at the University of Virginia, for transforming academic medicine at the university.

An active and long-time member of the Endocrine Society, Carey has served on many committees and task forces. He was president of the Society in 2008 and is a past recipient of the Distinguished Physician Award and the Outstanding Leadership Award. He is currently a member of the Society's Primary Aldosteronism Guideline Development Panel.

ABOUT THE AWARD

The Society's highest honor, this annual award recognizes lifetime achievements and exceptional contributions to the field of endocrinology.

From Nominations

"Bob Carey is a leader in the hormonal control of blood pressure (BP) and hypertension; he has made major contributions to our understanding of the renin-angiotensin system (RAS), the renal dopaminergic system, and mechanisms of pressure-natriuresis. His studies encompass a combination of cellular and molecular approaches, in vivo animal experiments, and patient-oriented clinical investigation. ...

"Bob has devoted his life to biomedical research in the hormonal control of blood pressure and service to academic medicine. His contributions to the hormonal control of BP and hypertension are widely recognized. He is most deserving of the Fred Conrad Koch Award."

— **WILLIAM F. YOUNG, JR., MD, MSC**, TYSON FAMILY ENDOCRINOLOGY CLINICAL PROFESSOR; PROFESSOR OF MEDICINE, MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE; DIVISION OF ENDOCRINOLOGY, DIABETES, METABOLISM AND NUTRITION



Christopher Kevin Glass, MD, PhD

Edwin B. Astwood Award for Outstanding Research in Basic Science



Christopher Kevin Glass, MD, PhD, is Professor of Cellular and Molecular Medicine, and Professor of Medicine at the University of California, San Diego.

Glass is recognized for his novel research that uncovered how nuclear hormone receptors and other signal-dependent transcription factors regulate the development and functions of macrophages, which play key roles in immune responses and are major contributors to nearly all chronic diseases.

His findings provided evidence that therapeutic targeting of macrophages could inhibit the development of atherosclerosis independent of changes in circulating cholesterol levels.

Glass has received many honors and awards, including the Endocrine Society's Ernst Oppenheimer Award, the NIH Director's Transformative R01 Award, and the Grand Prix Scientifique, Fondation LefoulonDelalande, Institute de France.

As a longtime member of the Endocrine Society, Glass served as chair of the NIH Endocrinology Study Section (2002 – 2004) and as a member and chair (2022) of the Endocrine Society Laureate Award Committee. Glass also is an elected member of the American Society for Clinical Investigation, the Association of American Physicians, the National Academy of Medicine, and the National Academy of Sciences.

ABOUT THE AWARD

Originally awarded from 1967 and renamed to honor the scientific contributions of the late Dr. Edwin B. Astwood, this award recognizes individuals who have made significant contributions to the field of endocrinology via their outstanding basic science research.

From Nominations

“Dr. Glass is an endocrinologist and physician-scientist who has discovered transcriptional mechanisms that specify macrophage identities and regulate inflammation in endocrine, metabolic, and neurodegenerative diseases. His work has established diverse anti-inflammatory actions of nuclear hormone receptors, explained how broadly expressed transcription factors exert cell-specific functions, and revealed how different tissue environments induce distinct macrophage phenotypes. ...

“In summary, Chris Glass is a global leader in the fields of nuclear hormone receptors, lipid metabolism, and inflammation, and a truly outstanding candidate for the 2026 Edwin B. Astwood Award for Outstanding Research in Basic Science.”

— MITCHELL A. LAZAR, MD, PHD, WILLARD AND RHODA WARE PROFESSOR IN DIABETES AND METABOLIC DISEASES; DIRECTOR, INSTITUTE FOR DIABETES, OBESITY, AND METABOLISM, UNIVERSITY OF PENNSYLVANIA PERELMAN SCHOOL OF MEDICINE

How has the Endocrine Society supported your professional development/career journey?

The Endocrine Society and the NIDDK were the two intertwined organizations that gave me critical boosts both at the very beginning and at mid-career. I benefitted tremendously from leadership of the Endocrine Society for career guidance. If I were to single out one individual who exemplified the values of the Endocrine Society and made the biggest difference to me beyond my individual PhD and post-doctoral mentors, it would be Bert O'Malley. Bert gave me “tough love” at key points and was a constant supporter. I was greatly saddened to learn of his passing this year and he will be in my thoughts when I receive the Astwood Award at the 2026 meeting.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

My advice to people just starting independent careers is to first define the set of significant biological problems that they could be passionate about and that have the potential to be solved in a five-to-10-year time frame. Second, intersect that set of problems with areas of unmet medical need. Third, intersect this overlapping set of problems with plausible sources of funding. You can't do science without funding, and picking significant biological problems that link to unmet medical need is the best chance to get funding in the current climate.



Rebecca Reynolds, MD, PhD

International Excellence in Endocrinology Award

Rebecca Reynolds, MD, PhD, is Personal Chair of Metabolic Medicine and Dean International at the College of Medicine and Veterinary Medicine, University of Edinburgh in Edinburgh, United Kingdom.

Reynolds' research focuses on women's health in pregnancy, as well as the health of next and future generations, with a particular focus on low- and middle-income countries (LMICs).

As a physician-scientist, her research has given key insights into endocrine pathways linking women's health in pregnancy and child health, and quantified cardiometabolic risks to mother and child of obesity in pregnancy. She has converted these insights into clinical trials and recommendations for pregnancy therapies, including those that directly impacted pregnancy outcomes.

Her research has contributed directly to the discovery of new interventions to improve pregnancy outcomes, and her work has had wide-reaching impact. Among these, her research outcomes have been translated into policies and guidelines, including RCOG Green Top Guideline 2018 Management of Obese Pregnancy; the Scottish Diabetes Prevention Programme 2020; and the Obstetric Ultrasound Guideline, Malawi 2021.

In addition, Reynolds has fostered partnerships between her university and LMICs and leads a teaching program with numerous international students.

ABOUT THE AWARD

This award is presented to an endocrinologist who has made exceptional contributions to the field in geographic areas with underdeveloped resources for hormone health research, education, clinical practice, or administration.

From Nominations

"Rebecca excels in training and mentorship. As Dean International, she has catalysed partnerships between University of Edinburgh and LMICs. She leads an endocrinology and diabetes teaching program. Her research group hosts numerous students from LMICs, including Malaysia and Pakistan. She champions public engagement with science, e.g., Chairing Diabetes UK Clinical Studies Group, improving information for pregnant women (with Tommy's charity). ...

"In summary, Rebecca's work has significant impact for women and children's healthcare, particularly benefiting those living with poor healthcare infrastructure and challenging socioeconomic circumstances. She is thus a highly suitable candidate for the international award."

— RUTH ANDREW, PROFESSOR, CHAIR OF PHARMACEUTICAL ENDOCRINOLOGY AND DIRECTOR EDINBURGH CRF MS CORE; GENERAL SECRETARY, SOCIETY FOR ENDOCRINOLOGY

How has the Endocrine Society supported your professional development/career journey?

My main experience with the Endocrine Society is attending the fantastic annual conference where you not only have the opportunity to present your own data from your research but can also hear about the latest breakthroughs in endocrine basic science and clinical research.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

My main advice is to be inquisitive. If you are a clinician, your patients will drive this curiosity. Also be prepared that many of your grant applications will be rejected. Be willing to take on board reviewer comments to improve your applications. Also be willing to be flexible and adaptable in your research — you may well have skills that can be used to address a new problem you had not previously considered, and this may lead to new avenues of research.

Samuel Klein, MD

Outstanding Clinical Investigator Award



Samuel Klein, MD, is the William H. Danforth Professor of Medicine at the Washington University School of Medicine in St. Louis, Mo.

Klein's research is focused on understanding the cellular and multi-organ system physiological mechanisms responsible for the heterogeneity in metabolic dysfunction associated with obesity, prediabetes, diabetes, and the therapeutic effects of weight loss.

He has conducted groundbreaking clinical trials that evaluated the efficacy and metabolic effects of weight reduction therapies. He conducted the first randomized controlled trial to evaluate the efficacy of a low-carbohydrate (CHO) diet for obesity, which demonstrated that a low-CHO diet produces greater short-term (six-month) but not longer-term (12-month) weight loss than a conventional low-fat diet.

Klein's work has applied a combination of sophisticated basic and clinical science research techniques to address clinically relevant questions in human subjects, which are ultimately directed to improving health and patient care.

His research has been highly cited over the years (H Index 129), and his articles have appeared in many high-impact journals, including the *New England Journal of Medicine*, *Science*, *Nature*, *Nature Medicine*, *Nature Metabolism*, *Cell Metabolism*, *Annals of Internal Medicine*, and the *Journal of Clinical Investigation*.

ABOUT THE AWARD

This annual award honors an internationally recognized clinical investigator who has contributed significantly to understanding the pathogenesis and therapy of endocrine and metabolic diseases.

From Nominations

"Dr. Klein is one of the pre-eminent clinical investigators in the world. His research is focused on understanding the mechanisms responsible for the heterogeneity in metabolic dysfunction associated with obesity and the therapeutic effects of weight loss. His research is characterized by the use of sophisticated research tools to test clinically relevant hypotheses in human subjects; he has successfully integrated the use of stable isotope tracers, abdominal vein catheterization, microdialysis probes, multiomics, and cellular analyses of tissue samples to simultaneously study cellular, regional, and whole-body metabolic function. ...

"Samuel Klein, MD, is an outstanding candidate for the Endocrine Society's Outstanding Clinical Investigator Award. He is a unique physician-scientist who conducts studies in human subjects that are directed at understanding the pathogenesis and pathophysiology of obesity and diabetes in an effort to ultimately improve health and clinical care. I support his nomination with the highest enthusiasm."

— **REXFORD S. AHIMA, MD, PHD**, PROFESSOR OF MEDICINE, PUBLIC HEALTH, AND NURSING; BLOOMBERG DISTINGUISHED PROFESSOR OF DIABETES; DIRECTOR, DIVISION OF ENDOCRINOLOGY, DIABETES, AND METABOLISM; DIRECTOR, OSLER MEDICAL RESIDENCY PHYSICIAN-SCIENTIST PATHWAY

How has the Endocrine Society supported your professional development/career journey?

The Endocrine Society has provided direction and leadership for promoting scientific advances and interactions in endocrinology, metabolism, and clinical care. The ability to present our own work at the Annual Meeting and publish in the Endocrine Society journals has led to opportunities for rewarding feedback and research collaborations.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

For young investigators pursuing a research career, it is important to follow the data and not become personally invested in a particular hypothesis. Research is an exploration to find the truth — there is nothing wrong in being wrong.



Lisa B. Nachtigall, MD

Vigersky Outstanding Clinical Practitioner Award

Lisa B. Nachtigall, MD, is the Clinical Director of the Neuroendocrine Clinical Center at Massachusetts General Hospital (MGH) and an Associate Professor of Medicine at Harvard Medical School in Boston, Mass. She also is Director of MGH International Education Programs for the MGB/MGH Endocrine Division, and of the MGH/Harvard Medical School advanced clerkship in clinical neuroendocrinology.

Nachtigall has extensive clinical experience in all pituitary disorders, particularly acromegaly. She is an internationally recognized clinical expert who speaks nationally and internationally and has published extensively in the field of pituitary care. She co-founded and directs a visiting scholars program encouraging a pipeline of students and trainees in endocrinology. She has been an impactful advocate for patients with rare disorders, including organizing educational programs for patients with acromegaly.

Nachtigall is recognized as a scientific expert in both neuroendocrinology and bone metabolism. She receives consults from around the country and the world and serves on external scientific advisory boards and on data safety monitoring committees. Her depth of clinical and research expertise is broad, including pituitary tumors, acromegaly, Cushing's syndrome, bone metabolism, and Turner's Syndrome. She also has served on multiple Endocrine Society committees and task forces.

ABOUT THE AWARD

This annual award recognizes extraordinary contributions by a practicing endocrinologist to the endocrine and/or medical community.

From Nominations

"What is special about Lisa as a clinician is that she combines an unusually impressive bedside manner with top-level scientific expertise. Patients comment on how well she listens and how well she explains very complex procedures so that they feel fully able to make difficult care choices. She does this not as an academician who rarely sees patients, but as one who has an extremely heavy clinical load. ..."

"Finally, she has made significant contributions to teaching at the local, national, and international levels, from medical students to faculty, including supporting the careers of several trainees. She has recognized the urgent need to encourage minority students to seek a career in healthcare, and has volunteered her time as a mentor. This is a remarkable number of contributions on top of her very active clinical practice, demonstrating her dedication and commitment to clinical care improvement."

— ANN E. TAYLOR, MD, CHAIR, WOMEN IN ENDOCRINOLOGY NOMINATING COMMITTEE

How has the Endocrine Society supported your professional development/career journey?

The Endocrine Society has provided me with unique opportunities as a speaker, advocate, clinical educator, and learner. In my first oral presentation, at the 1996 annual meeting, I learned from the challenges of an early-career presenter to an audience of global experts. As 2025 CEU faculty, presenting "Pituitary: Year-in-Review," I experienced the challenge of making my narrow area applicable and accessible to all. Committees enabled networking and collaborations and offered me a novel role in advocacy via "Hill Day" meetings with congressional staff. I am grateful for the Society's outstanding educational content through annual meetings, review courses, and superior journals. The Endocrine Society sets the bar high, and this is motivating.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

Stay open-minded in the path you choose. Find a balance within research, practice, education, or administration. For example, if you're an investigator, consider honing clinical skills to fall back on if funding becomes limited. If you're a clinician, consider finding additional support as an educator or a collaborator in investigation, to increase your satisfaction and prevent burn out.

One of the best parts of being in endocrine practice is learning from your patients, following them over time, and understanding their individual needs. Guidelines and algorithms are helpful but for optimal care, adjust these for the person and their context.

Bradley David Anawalt, MD

Outstanding Educator Award



Bradley David Anawalt, MD, is Professor and Vice Chair in the Department of Medicine at the University of Washington School of Medicine in Seattle, Wash.

Anawalt's long tenure at the University of Washington is marked by regular citations for excellence in teaching, and he has received most of the major awards that his institution gives for medical education. He has been a leader in the Endocrinology Fellowship program at the UW as well as Endocrine Days, an outstanding quarterly meeting of endocrinologists in the Pacific Northwest that has been held for nearly 40 years.

He is a world expert in andrology and the diagnosis and treatment of male hypogonadism. He also is a dedicated teacher, known for his ability to convey not only factual material but a sense of collegiality and joy in learning among his students.

He has held numerous service positions with the Endocrine Society and currently is a member of its Endocrine Self-Assessment Program (ESAP™) Faculty Group and CoDI. He's also a regular presenter at **ENDO** where he has contributed scientific presentations, plenary lectures, work as a session chair, and meeting planning.

ABOUT THE AWARD

This annual award recognizes exceptional achievement as an educator in the discipline of endocrinology and metabolism.

From Nominations

"It is difficult for me to name another society member who has dedicated more energy and spirit to teaching and learning endocrinology at our meetings than Brad Anawalt. Besides the international audience who learn from Brad at ENDO meetings, his well-deserved reputation has come with invitations to speak around the world, such as Canada, Vietnam, India, Australia, China, Russia. ..."

"For those who have attended a Brad Anawalt event, the combination of enthusiasm, goodwill, objectivity, and intellectual rigor is unmistakable. His passion and curiosity are contagious, and his presentations convey not only factual material but a sense of collegiality and joy in learning. Dr. Anawalt is a world expert in andrology and the diagnosis and treatment of male hypogonadism, but his interests are broad and he is an engaging, compelling speaker on a wide range of topics in our specialty. ..."

"Overall, Dr. Anawalt is arguably as fine a representative of the Endocrine Society as I can name, but he certainly represents the core values of education and learning that are central to Endocrinology at the highest level."

— **DAVID A. D'ALESSIO, MD**, JAMES B. WYNGAARDEN DISTINGUISHED PROFESSOR OF MEDICINE; CHIEF, DIVISION OF ENDOCRINOLOGY AND METABOLISM; DUKE UNIVERSITY MEDICAL CENTER





Patricia Lee Brubaker, PhD

Outstanding Mentor Award

Patricia Lee Brubaker, PhD, is Professor Emerita in the Departments of Physiology and Medicine at the University of Toronto in Ontario, Canada.

Since 1985, Brubaker has mentored hundreds of post-doctoral fellows and graduate and undergraduate research students. Under her mentorship, she provides her students with a roadmap for success in their chosen careers, and her students have gone on to publish papers in high-impact journals.

She has received numerous awards for her mentorship activities, several of which required nomination by her own trainees, including: Excellence in Graduate Student Mentorship (2009); Linking Undergraduate Teaching and Research in Life Sciences Award (2012); Sustained Excellence in Graduate Teaching and Mentorship (2016).

Many of her undergraduate trainees remain in her laboratory over extended terms, and she has continued to mentor many of them for years post-graduation. She currently is Chair of the Endocrine Society's Publications Core Committee and was the Associate Editor of *Endocrinology*, the Society's basic science journal.

ABOUT THE AWARD

This annual award recognizes a career commitment to mentoring and a significant positive impact on mentees' education and career.

From Nominations

"Brubaker's goals in mentoring are to provide all of her trainees with the necessary skills to fulfil their ambitions. She takes great pleasure in working individually with each trainee to uncover their strengths as well as any areas that need reinforcement, on topics ranging from experimental design, statistical analyses and ethics to written and oral communication. ..."

"Her goal is to provide them with a roadmap for success in their chosen careers, which include academia, education, industry, law, medicine, and related disciplines. As one measure of her dedication, she has continued to mentor many of her trainees for years post-graduation."

— DENISE D. BELSHAM, PHD, TIER 1 CRC, PROFESSOR OF PHYSIOLOGY, MEDICINE, OB/GYN; DANIEL DRUCKER MD, FRS, PROFESSOR OF MEDICINE IN THE DIVISION OF ENDOCRINOLOGY AT THE LUNENFELD TANENBAUM RESEARCH INSTITUTE OF MT. SINAI HOSPITAL AND THE UNIVERSITY OF TORONTO IN TORONTO, CANADA.

How has the Endocrine Society supported your professional development/career journey?

As a graduate student, the Endocrine Society Annual Meeting was the first conference I attended where I could "see" myself in my fellow participants: a female basic scientist. Throughout my career, the Society has offered me a forum for collegial interactions as well as opportunities to publish our research findings in prestigious journals. I have also been privileged to give back to the endocrine community through service as a journal reviewer, as Associate Editor of *Endocrinology* and, most recently, as Chair of the Publications Core Committee.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

The greatest joy of my career was working with my trainees, recognizing that "Knowledge is like a candle. When you light your candle from mine, my light is not diminished. It is enhanced and a larger room is enlightened as a consequence." (Thomas Jefferson). You need to trust your trainees — they will keep the lab going while you are gaining all the other skills you need to be successful (i.e., grant writing, teaching). But you also need to ensure that they have the opportunity to present their work at conferences such as the Endocrine Society Annual Meeting, where they will grow in confidence and build the networks essential to their own careers.

Martin Reincke, MD

Outstanding Scholarly Physician Award



Martin Reincke, MD, is Professor of Endocrinology and Chair of Medical Department IV at the Ludwig-Maximilians University Hospital in Munich, Germany – one of the leading institutions in German academic medicine.

Reincke is an internationally recognized leader in the diagnosis and management of adrenal and pituitary disorders who played a key role in building a large-scale international research consortia to address major therapeutic challenges in patients with primary aldosteronism and Cushing's syndrome.

He was a founding member of the European Network for the Study of Adrenal Tumors (ENSAT) in 2001. This network has become an international benchmark for successful translational research, created a seminal basis for continuous collaboration and clinically relevant discoveries, leading to outstanding publications and highly recognized guidelines (jointly with the European Society of Endocrinology).

Reincke has served the global endocrine community in multiple roles, including his presidencies of the German Society of Endocrinology (2014 – 2017) and the European Society of Endocrinology (2021 – 2023). He previously served on the Editorial Board of *The Journal of Clinical Endocrinology & Metabolism*.

ABOUT THE AWARD

This annual award recognizes outstanding contributions to the practice of clinical endocrinology in academic settings.

From Nominations

“Prof. Reincke is renowned for his initiative to build national disease-specific registries and biobanks for primary aldosteronism and Cushing’s syndrome, connecting major German centers as translational research hubs. Based on hypothesis-driven design and deep clinical and biochemical phenotyping, he and his team made major scientific discoveries in pathophysiology, diagnosis, subtyping, and treatment resulting in more than 310 publications. ...

“He is well known for his integral personality, sharp mind, clear words, and close interaction with team members, colleagues, students and patients. He is a role model par excellence for aspiring early-career clinical and translational endocrinologists.”

— MÁRTA KORBONITS MD, PHD, PROFESSOR OF ENDOCRINOLOGY AND METABOLISM, QUEEN MARY UNIVERSITY OF LONDON, U.K.

How has the Endocrine Society supported your professional development/career journey?

I joined the Endocrine Society as a young medical doctor in training in 1989 and was thrilled to become a member. I was even more excited to attend my first ENDO meeting, where I presented our work on incidentally detected pituitary masses — at the time, a relatively new topic. During my poster session, I was surprised to see so many distinguished colleagues and professors, whom I had only known from the literature, come by to discuss my data. Even more remarkably, I later found a business card pinned to my poster from a subeditor of *JAMA*, suggesting I submit the manuscript to the journal. To my astonishment, it was eventually accepted and published! This experience remains impactful even 30 years later. The Endocrine Society has continuously supported me at every stage of my career, being the lighthouse of endocrine excellence.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

Be ambitious and focus on significant topics! In the early stages of my scientific journey, I prioritized publishing in top journals. During my mid-career years, my focus shifted to securing large-scale funding and grants. Nowadays, I find that being an inventor and entrepreneur is paramount, as this role transforms knowledge and science into life-saving therapies. Mentorship is key when starting a scientific career. I was fortunate to have the late Bruno Allolio in Cologne and Würzburg, and George Chrousos at the NIH as lifelong mentors. They sharpened my intellect and offered unwavering support.

Having trustworthy collaborators or even better friends in biomedical science, such as Wiebke Arlt, Martin Fassnacht, Felix Beuschlein, Nicole Reisch, and many others, has been invaluable in tackling seemingly insurmountable challenges, especially in the realm of rare diseases.



Katrin J. Svensson, PhD

Richard E. Weitzman

Outstanding Early-Career Investigator Award

Katrin J. Svensson, PhD, is Associate Professor in the Department of Pathology at Stanford University, and the Metabolic Core Director and Affinity Group Leader at the Stanford Diabetes Research Center in Palo Alto, Calif.

Svensson's research focuses on understanding intercellular communication to maintain metabolic homeostasis, with a particular emphasis on secreted signaling molecules and peptides.

Her laboratory discovered Isthmin, a secreted protein that regulates insulin independent glucose uptake and lipid homeostasis. Additionally, her group developed computational methods to predict new peptides and ligand-receptor pairs, advancing the discovery of novel endocrine pathways. Since 2018, she has published 15 papers as a senior author, in addition to the discovery of Isthmin.

Beyond publishing, Svensson's laboratory also has a track record of patenting its discoveries for potential future commercialization. Since 2018, seven patents have been filed and/or are in the process of being filed from her laboratory, two of which are already licensed to Merrifield Therapeutics, a biotech startup company co-founded by Svensson focused on translating biological endocrinology findings into therapeutic targets for obesity and diabetes.

Her commitment to advancing endocrinology is further reflected in her ongoing service on the NIH Pathophysiology of Obesity and Metabolic Disease (POMD) study section and her work as a reviewer for leading journals, including *Nature*, *Cell Metabolism*, and *Nature Metabolism*.

ABOUT THE AWARD

This annual award recognizes an exceptionally promising young clinical or basic investigator.

From Nominations

"Katrin's influence extends beyond research through her dedicated service to the scientific community, particularly within the Endocrine Society, where she has served as an associate editor for Endocrine Reviews for the past four years. In this role, she works closely with the editor-in-chief and other associate editors to manage submissions, oversee peer review, and uphold the journal's high standards. These prestigious roles highlight her standing as a trusted and established leader in the field. ..."

"Besides her scientific traits, Katrin's defining personal characteristics include an openness and unbounded enthusiasm for new ideas as well as a deep affection for her peers and colleagues. Katrin has emerged as a leader amongst her colleagues. In her first years, she initiated efforts to foster communication and community within Stanford by establishing the first Metabolic Core facility. As one of the Affinity Group Leaders at the Diabetes Center at Stanford, she promotes cohesiveness and communication between faculty with interests in diabetes, obesity, and metabolism."

— **ASHLEY GROSSMAN, BA, BSC, MD, PHD, FRCP, FMEDSCI**, EMERITUS PROFESSOR, OXFORD CENTRE FOR DIABETES, ENDOCRINOLOGY AND METABOLISM, GREEN TEMPLETON COLLEGE, UNIVERSITY OF OXFORD, UNITED KINGDOM; **ANNA L GLOYN, DPHIL**, PROFESSOR OF PEDIATRICS, ASSOCIATE CHAIR OF BASIC RESEARCH, STANFORD UNIVERSITY, SCHOOL OF MEDICINE; AND **JOY WU, MD, PHD**, GERALD M. REAVEN, MD PROFESSOR OF ENDOCRINOLOGY; CHIEF, DIVISION OF ENDOCRINOLOGY, STANFORD UNIVERSITY, SCHOOL OF MEDICINE

How has the Endocrine Society supported your professional development/career journey?

The Endocrine Society has given me a community where I could talk openly about ideas and get early feedback. Serving as an associate editor for *Endocrine Reviews* has also connected me with colleagues whose perspectives have shaped my own thinking.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

Early in my career, I pursued secreted peptides that nobody knew existed yet, and that willingness to explore the unknown has defined my work ever since. These molecules were simply undiscovered, but the scientific environment made it feel natural to follow ideas outside established categories. I try to pass that mindset to my trainees. Early in your career, curiosity is your greatest advantage.

Alvin C. Powers, MD

Roy O. Greep Award for Outstanding Research



Alvin C. Powers, MD, is the Joe C. Davis Chair in Biologic Science, Professor of Medicine and Molecular Physiology and Biophysics, and Director of the Vanderbilt Diabetes Center at Vanderbilt University Medical Center in Nashville, Tenn.

Powers is a physician-scientist who has made fundamental research discoveries revealing how alterations in islet biology are linked to the pathogenesis of type 1 and type 2 diabetes, cystic fibrosis-related diabetes, monogenic diabetes, and post-transplant diabetes.

The work of his research group, especially the emphasis on translating research on human islet biology into advancing human diabetes research, has redefined our understanding of islet structure and function and its role in glucose homeostasis and diabetes.

Using a range of complementary experimental approaches, Powers' research group has defined the morphology, cell composition, gene expression, innervation, vascularization, and stimulated-hormone secretion of the pancreatic islet. These findings have promoted the concept of the islet as a "mini-organ" with interactions of islet endocrine cells, endothelial cells, immune cells, and the extracellular matrix being critical for islet function and development.

His group showed how the islet becomes highly vascularized and highly innervated through a coordinated series of cellular interactions and paracrine signals that begin at the earliest stages of islet development and continue in the adult islet. These interactions are crucial for normal islet mass and function and by modifying the islet microenvironment Powers showed that islet cell function or proliferation could be enhanced.

Powers has served on various Endocrine Society committees and task forces and is an author of the Society's recent Scientific Statement on type 1 diabetes.

ABOUT THE AWARD

This annual award recognizes meritorious contributions to research in endocrinology.

From Nominations

"Powers has been a leader in discoveries that show important similarities and differences in human islets and islets from rodent models. His work has greatly influenced the field as he has advocated for translational approaches involving both human islets and model systems. ...

"Recognizing the difficulty, but also the importance, of integrating studies of both the pancreas and isolated islets from the same individual in combination with clinical history and phenotype, Powers and his group established over the past decade new infrastructure and approaches to study the pancreas and islets in donors with various forms of diabetes and appropriate controls. ...

"Working with organ procurement organizations across the US and with organizations that match human tissue with researchers, Al and his group have collected and studied in new ways the pancreas and islets from more than 300 individuals, leading to a new understanding of human diabetes. ..."

— DANIEL DRUCKER MD, FRS, PROFESSOR OF MEDICINE IN THE DIVISION OF ENDOCRINOLOGY AT THE LUNENFELD TANENBAUM RESEARCH INSTITUTE OF MT. SINAI HOSPITAL AND THE UNIVERSITY OF TORONTO IN TORONTO, CANADA.





R. Paul Robertson, MD

Sidney H. Ingbar Distinguished Service Award

R. Paul Robertson, MD, is Professor Emeritus at the University of Washington School of Medicine in Seattle, Wash.

Robertson has made numerous scientific contributions to endocrinology over the course of his career with research that improves our understanding of pancreatic islet function in humans, animals, and clonal cell lines.

He's served in numerous leadership roles, including at the National Institutes of Health and the American Diabetes Association (ADA), where he served as the ADA's President for Medicine and Science.

At the Endocrine Society, he's served as Editor-in-Chief of *The Journal of Clinical Endocrinology & Metabolism* and *Endocrine Reviews*, and as a member of the Society's Publications Core Committee. He also has been Editor-in-Chief of *Diabetes* and was the founding Editor-in-Chief of *Translational Endocrinology & Metabolism*. Since 2019, he has served as Editor-in-Chief of *De Groot's Endocrinology*, a leading textbook in the field of endocrinology.

ABOUT THE AWARD

This award recognizes distinguished service to the Endocrine Society and the field of endocrinology.

From Nominations

"Paul is unequivocally one of the most discerning, prolific, creative, and impactful editors in our field. He has been a member of the Endocrine Society's Journals Operating Committee and currently serves on the Endocrine Press Editorial Advisory Board.

"I want to highlight his leadership as an Editor of Endocrine Reviews and JCEM — the flagship journals of the Endocrine Society. Both of these journals flourished under his leadership, and he mentored a next generation of associate editors. ...

"Perhaps less obvious, he has helped to strategically integrate the academic communities that publish in fields of diabetes and obesity into journals of the Endocrine Society. Dissemination of knowledge is a primary mission of the Endocrine Society."

— J. LARRY JAMESON, MD, PHD, DEAN, PERELMAN SCHOOL OF MEDICINE, UNIVERSITY OF PENNSYLVANIA; AND JERROLD M. OLEFSKY, MD, PROFESSOR OF MEDICINE, ASSOCIATE DEAN FOR SCIENTIFIC AFFAIRS, UNIVERSITY OF CALIFORNIA, SAN DIEGO, SCHOOL OF MEDICINE

How has the Endocrine Society supported your professional development/career journey?

A major part of my academic life has been to support the publication of scientific information. The results of experiments and the careers of young scientists do not come to fruition if their data do not leave notebooks and transform into information on pages of journals and textbooks. The Endocrine Society enabled my ambition by selecting me to be editor-in-chief of two major journals (*Endocrine Reviews* and JCEM). Working with scientists and shepherding their work through the review process, both as authors and reviewers, taught me a great deal about endocrine science and nurturing many friendships.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

Becoming an endocrinologist and treating patients with endocrine diseases is a never-ending and fascinating journey of a lifetime. Embrace it, and you will discover amazing medical facts as well as the opportunity to treat a huge spectrum of important medical diseases that affect people of all ages.

Ismaa Sadaf Farooqi, MD, PhD

Gerald D. Aurbach Award for Outstanding Translational Research



Ismaa Sadaf Farooqi, MD, PhD, is a Clinician Scientist at the Institute of Metabolic Science at the University of Cambridge in Cambridge, United Kingdom

Farooqi is being honored for her discoveries of fundamental mechanisms that control human energy homeostasis. With colleagues, she discovered the first genes whose disruption causes severe obesity. In pioneering clinical studies, she established that the principal driver of human obesity is a failure of the central control of appetite and that the leptin-melanocortin pathway regulates food intake, macronutrient preference, food reward, and body weight.

In children with congenital leptin deficiency treated with recombinant leptin, she showed that leptin reduced hyperphagia, permitted the onset of puberty at an appropriate developmental stage, and reversed T cell mediated immune dysfunction.

This work has shaped our understanding of how physiological states are characterized by a fall in leptin levels (starvation, the weight-reduced state) and pathological states characterized by low leptin levels (anorexia nervosa, lipodystrophies) impact on reproduction and immunity.

Her work is an exemplar of how understanding disease mechanisms can change diagnostic practice, inform the development of mechanism-based therapies, and improve the lives of patients. Genetic investigation is now part of the diagnostic evaluation of severe childhood-onset obesity, recommended in clinical guidelines globally.

ABOUT THE AWARD

This annual award recognizes outstanding contributions to research that accelerates the transition of scientific discoveries into clinical applications.

From Nominations

“Sadaf has played a leading role in the design and conduct of clinical trials of medicines which enhance signaling through the leptin-melanocortin pathway. As a result, subgroups of children with severe, life-threatening obesity can now be treated effectively with therapies which have been licensed. ...

“By demonstrating that severe childhood obesity can represent a medical disorder, her work has prevented children from being taken away from their families and placed into social care due to concerns about parental neglect. Alongside her scientific contributions, Sadaf has been actively involved in public engagement and advocacy, leveraging the knowledge derived from her translational research to encourage a more sympathetic understanding of the challenges faced by people with severe obesity.”

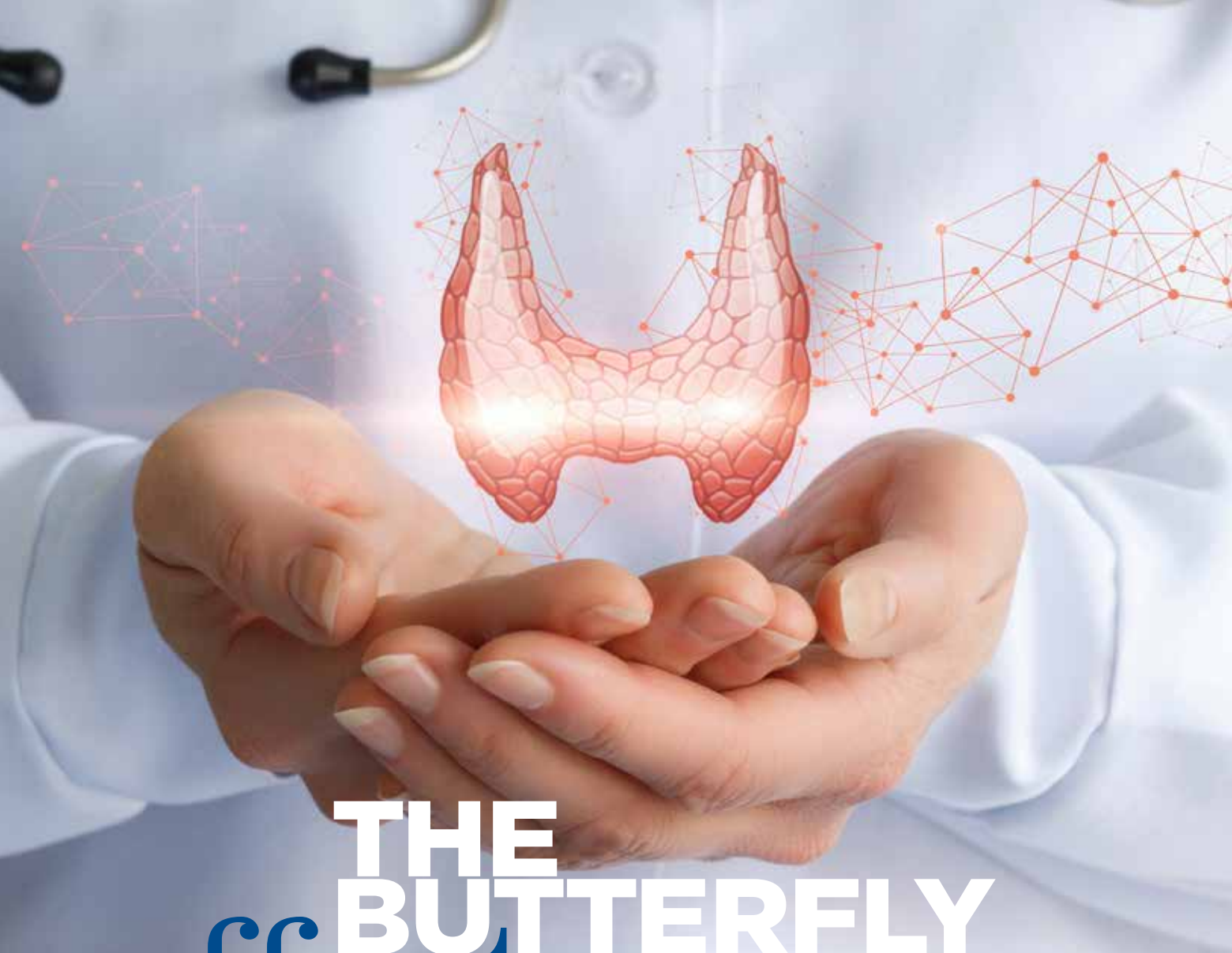
— SIR STEPHEN O’RAHILLY, PROFESSOR, CLINICAL BIOCHEMISTRY AND MEDICINE, WELLCOME-MRC INSTITUTE OF METABOLIC SCIENCE-METABOLIC RESEARCH LABORATORIES AND MEDICAL RESEARCH COUNCIL METABOLIC DISEASES UNIT, UNIVERSITY OF CAMBRIDGE; R.V. THAKKER, FRs, FMedSci, PROFESSOR OF MEDICINE, UNIVERSITY OF OXFORD, U.K.

How has the Endocrine Society supported your professional development/career journey?

Since my early days as a clinical fellow, I have benefited from the training and networking opportunities provided by the Endocrine Society. In particular, the many ways in which the Society connects endocrinologists from around the world has allowed me to establish a global network of friends, colleagues, and collaborators who have benefited my research and my career.

As a Laureate Award recipient, do you have any advice for those just beginning their careers?

We are entering an exciting era for translational research driven by technological advances. The challenge we face is how can we deploy new technologies to advance science and ultimately benefit patients. My advice for those beginning their careers is to be bold, ask questions, seek answers. Listen to patients, keep an open mind and be willing to explore areas outside your comfort zone.



THE BUTTERFLY effect

**JCEMCR
Studies
Connect the
Heart and
the Thyroid**

Nicknamed the “butterfly gland” due to its shape, the thyroid’s impact on the body is far reaching. Usually associated with growth and metabolism, recent studies published in *The Journal of Clinical Endocrinology & Metabolism Case Reports* show how thyroid dysfunction can impact the heart.

BY DEREK BAGLEY

The common phrase “heart in my throat” usually refers to a feeling of anxiety, excitement, expectation, or anticipation. It can even mean that the person undergoing this sensation is experiencing a sudden amount of stress as the carotid vein in the neck is suddenly throbbing.

Recent cases in *JCEM Case Reports* (JCEM CR) actually take this age-old phrase to, well, heart, as they take a closer look at the thyroid — or, in two patients, the parathyroid — in studies that examine how a dysfunction in the “butterfly gland” can have a surprising and sometimes frightening impact on the heart.

Here, we summarize those cases, as endocrinologists should be aware of this connection.

Weathering a Thyroid Storm

In “**Severely Dilated Cardiomyopathy and Cardiogenic Shock in a Patient with Thyroid Storm**,” the authors, Mehdi Amini, MD; Jessica Liebich, MD; and Guoyu Ling, MD, of St. Louis University, present the case of a 39-year-old patient with thyroid storm complicated by cardiogenic shock and severe dilated cardiomyopathy (DCM), an exceedingly rare manifestation of thyroid storm.

The patient was admitted to the hospital after someone witnessed her going into ventricular fibrillation arrest. She has a history of hypothyroidism and asthma. The EMTs got her blood flowing again, but when she was admitted, she was unresponsive, intubated, and in cardiogenic shock. She had acute kidney shock, liver shock, severe metabolic acidosis, and a severely dilated heart. She had a fever of almost 103 degrees Fahrenheit.

The endocrinology team were brought in because there was a concern of thyroid storm. The patient’s family informed the team that the patient had been previously diagnosed with Graves’ disease, but she was not adherent to medical therapy. The patient lived by herself, and the authors write that in the weeks leading up to her admission she had experienced insomnia, heat intolerance, diarrhea, weight loss, and proptosis.

“More recently,” the authors continue, “she developed shortness of breath, orthopnea, and lower-extremity edema. She had no prior history of cardiac disease or arrhythmia. Her mental status was reported to be intact at baseline.”

A thyroid test confirmed Graves’ disease. The patient was started on 20 mg of methimazole every six hours, 100 mg of intravenous hydrocortisone every eight hours, and 4 g of cholestyramine every six

“ Thyrotoxicosis can lead to significant cardiac dysfunction, but timely intervention can reverse myocardial damage and improve outcomes. This report emphasizes the need for individualized treatment approaches, **especially in cases complicated by coexisting conditions such as hepatic dysfunction.**”

— MEHDIA AMINI, MD; JESSICA LIEBICH, MD; AND GUOYU LING, MD, ST. LOUIS UNIVERSITY, ST. LOUIS, MO., IN “**SEVERELY DILATED CARDIOMYOPATHY AND CARDIOGENIC SHOCK IN A PATIENT WITH THYROID STORM**”

“ These cases of parathyroid tumor crises, although rare, highlight the need for rapid intervention with treatments such as dialysis and expediting to parathyroidectomy to prevent life-threatening cardiac complications. With the increasing availability of dialysis and experience to support its use in this context, its prompt utilization should be considered for managing parathyroid crises.”

— QI YANG DAMIEN QI, MD; JOANNA Y. GONG, MBBS; MICHELLE SO, PHD; CHRISTOPHER J. YATES, MBBS, PHD, FRACP; AND SPIROS FOURLANOS, MBBS, FRACP, PHD, ROYAL MELBOURNE HOSPITAL, MELBOURNE, VICTORIA, AUSTRALIA, IN “DIALYSIS FOR PARATHYROID TUMOR CRISES TO COMBAT VENTRICULAR ARRHYTHMIA RISK: A REPORT OF TWO CASES”

hours. The authors note that beta-blockers weren't used as they are contraindicated in cardiogenic shock due to their negative inotropic and chronotropic effects, which can further impair cardiac output and exacerbate hemodynamic instability.

The patient showed significant clinical improvement over the following days. At the time of discharge, however, she showed signs of encephalopathy, but those symptoms had resolved on follow-up.

What makes this case especially complicated was that the DCM was induced by thyrotoxicosis, since thyrotoxicosis exerts profound effects on cardiac function through T3-mediated mechanisms, according to the authors.

“This case highlights the rare occurrence of DCM secondary to thyroid storm, underscoring the importance of early recognition and treatment,” the authors write. “Thyrotoxicosis can lead to significant cardiac dysfunction, but timely intervention can reverse myocardial damage and improve outcomes. This report emphasizes the need for individualized treatment approaches, especially in cases complicated by coexisting conditions such as hepatic dysfunction.”

Navigating Two Cases of Parathyroid Tumor Crises

For another study, “Dialysis for Parathyroid Tumor Crises to Combat Ventricular Arrhythmia Risk: A Report of Two Cases,” Qi Yang Damien Qi, MD; Joanna Y. Gong, MBBS; Michelle So, PhD; Christopher J. Yates, MBBS, PhD, FRACP; and Spiros Fourlanos, MBBS, FRACP, PhD — all affiliated with Royal Melbourne Hospital in Melbourne, Victoria, Australia — present two cases of severe hypercalcemia secondary to parathyroid tumors managed with dialysis prior to definitive surgery.

The first case involves a 41-year-old man who presented with three days of lower abdominal pain and constipation, as well as arthralgias of the knee and ankle. The authors write that there were no neurological or urinary symptoms. A goiter with a large, hard, left-sided irregular mass was palpable. There was no family history of endocrine tumors.

He was found to have severe hypercalcemia and parathyroid carcinoma, complicated by ventricular arrhythmias requiring cardioversion. Despite aggressive medical therapy with intravenous therapy with 0.9% saline and subcutaneous salmon calcitonin (100 IUs) every six hours, dialysis was initiated, but persistent


arrhythmias necessitated emergency surgery — a left hemithyroidectomy and parathyroidectomy.

In the second case, a 30-year-old woman presented with two weeks of nausea, vomiting, dizziness, fatigue, and significant muscular cramps involving both lower limbs. Neck examination revealed a large palpable neck mass, according to the authors. This patient also had no family history of endocrine tumors. “Neck imaging identified a large cystic mass abutting the inferior aspect of the right thyroid gland, with associated retrosternal extension, measuring 5.7 cm in size,” the authors write.

This patient was also treated aggressively with IV fluids with 0.9% saline, 100 IUs subcutaneously of salmon calcitonin every eight hours, and intravenous administration of 60 mg of pamidronate. Her hypercalcemia persisted, so she also required dialysis. She was stabilized but required definitive parathyroidectomy.

The surgeries were successful in both patients, with serum calcium normalizing. “Calcium plays a critical role in cardiac conduction, such that disorders of calcium homeostasis can cause arrhythmias,” the authors write. “Management of the parathyroid crisis must involve multiple simultaneous investigative and management strategies.”

The authors point out that these cases highlight the critical role of dialysis in stabilizing severe hypercalcemia prior to surgical intervention, particularly when arrhythmia risk is of concern. Given the possibility of cardiac complications, early consideration of dialysis should be considered in the management of parathyroid crisis, they write.

“These cases of parathyroid tumor crises, although rare, highlight the need for rapid intervention with treatments such as dialysis and expediting to parathyroidectomy to prevent life-threatening cardiac complications,” the authors conclude. “With the increasing availability of dialysis and experience to support its use in this context, its prompt utilization should be considered for managing parathyroid crises.” 



— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE DECEMBER ISSUE, HE WROTE ABOUT HOW ENDOCRINE SOCIETY JOURNALS WORK TO MAINTAIN THE HIGHEST INTEGRITY POSSIBLE.

Giovanni Gambelunghe, MD, PhD, in the midst of performing a thyroid ablation procedure in the Endocrine Unit at Clinica Liotti in Perugia, Italy.



BY KELLY HORVATH

New Directions in THYROID CARE

Minimizing Risk, Maximizing Choice

From how radioiodine therapy for Graves' disease impacts cancer occurrence and the potential usefulness of pharmacologic treatment for benign thyroid nodules to how a minimally invasive procedure could be the preferred treatment option, recent studies from *The Journal of Clinical Endocrinology & Metabolism* further demonstrate how endocrine science is benefiting patients around the world.

As Thyroid Awareness Month begins, three studies offer new insights into the management of common thyroid conditions, from the promise of noninvasive drug therapies to reassurance about the safety of established treatments.

The management of thyroid nodules and thyroid dysfunction represents a substantial clinical challenge given the high prevalence of these conditions in clinical practice. Three recent studies published in *The Journal of Clinical Endocrinology & Metabolism* address complementary aspects of this clinical backdrop. Two studies sought to answer similar questions about less-invasive treatment for benign thyroid nodules (BTNs), which have an extremely high prevalence.

BTNs are found in about half of adults on autopsy and in up to two-thirds of patients when evaluated with high-frequency ultrasound. While most BTNs can be safely observed, some affect patient quality of life, and treatments that balance patient preferences with

the benign nature of the disease and minimize procedural risk represent an important unmet clinical need. The third study looks at the purported risk of developing thyroid cancer after treatment for Graves disease.

Together, these studies shed light on both established and emerging therapeutic strategies for thyroid disorders, while addressing fundamental safety concerns that will influence clinical decision making and patient counseling.

Pharmacologic Treatment for Benign Thyroid Nodules

In “**Drug Repurposing for Reducing the Size of Benign Thyroid Nodules: A Systematic Review**,” Cristian Soto Jacome, MD, and Juan P. Brito, MD, MSc, both of the Mayo Clinic in Rochester, Minn., and team cite a gap in available treatments as the impetus for their investigation. When treatment for BTNs becomes desirable, current treatment options are either invasive or minimally invasive.





Juan P. Brito, MD, MSc,
Professor of Medicine, Mayo Clinic in
Rochester, Minn.



“

From a clinical standpoint, this review does not support the routine use of metformin or any other medication as a treatment to shrink [benign thyroid nodules]. Although some studies, particularly those evaluating metformin, reported statistically significant changes in nodule size, the evidence is heterogeneous, often based on small samples, and in many cases the magnitude of change is unlikely to be clinically meaningful. As a result, these findings should not be interpreted as practice changing.

”

“This project grew out of a very common clinical tension in thyroid care. Surgery or ablation are effective but invasive and not always aligned with patient preferences for a benign condition,” explains Brito. “At the same time, a number of small studies have explored whether existing medications used for other indications might influence BTN size.” These heterogeneous studies, however, involved different drug classes, populations, and study designs, and they often reported mixed or “difficult-to-interpret” results. Without a clear synthesis of the literature, whether any of these findings were meaningful or whether they justified further investigation was unclear. “We undertook this systematic review to consolidate the available evidence, assess whether there was any consistent signal across studies, and identify where the real gaps in knowledge remain,” says Brito.

For the subset of patients with BTNs experiencing a negative impact on their quality of life, treatment becomes important when BTNs interfere with their daily comfort (e.g., by causing neck pressure, discomfort, or swallowing difficulties), body image (e.g., from visible neck asymmetry), or peace of mind (e.g., when progressive nodule growth raises concern about future symptoms or the need for surgery). Even when nodules are asymptomatic, repeated imaging, biopsies, and follow-up visits can cause patient anxiety and distress despite reassurance that the condition is benign. “Because current effective treatments are invasive,” says Brito, “identifying safe, noninvasive ways to reduce nodule size could meaningfully improve quality of life by relieving symptoms, reducing anxiety, and potentially avoiding procedures in patients with otherwise benign disease.”

Twenty studies met the team’s inclusion criteria for their systematic review: six randomized controlled trials (RCTs), six prospective cohorts, three retrospective observational studies, three case reports, one cross-sectional study, and one preclinical study. “We did not start with a predefined list of medications or specific drug classes,” explains Brito. “Instead, our approach was intentionally broad and driven by what has already been studied in the literature. We searched systematically

for any pharmacologic agent that had been evaluated for an effect on BTNs, regardless of the original indication of the drug.”

Overall, metformin presents the strongest case for pharmacologic management of BTNs, particularly when metabolic dysfunction coexists, but this finding comes with caveats. It was the most extensively studied drug (n=7), with five reports — including two RCTs — showing statistically meaningful volume reductions in dominant nodules. One prospective trial noted diameter reduction without statistical significance, and one RCT found no effect. Results for statins (n=4) and somatostatin analogues (n=4) were variable. Limited evidence from isolated studies suggests possible efficacy for myo-inositol-selenium combinations, botanical formulations, and immune checkpoint inhibitors.

As the authors are quick to point out, however, the evidence base remains incomplete and inconsistent, necessitating rigorous, adequately powered trials before clinical implementation can be recommended.

To dig into metformin’s particular efficacy in the setting of metabolic dysfunction a bit, observational studies have reported an association between obesity, insulin resistance, or other metabolic conditions and the presence of BTNs. But, says, Brito: “These findings need to be interpreted with caution. One important consideration is detection bias. Patients with obesity or metabolic diseases are often more engaged with the healthcare system and may undergo more frequent laboratory testing and thyroid imaging, particularly ultrasound. This increased surveillance can create an apparent association between metabolic conditions and thyroid nodules that does not necessarily reflect a true biological relationship.” He further explains that plausible biological mechanisms nevertheless link metabolic dysfunction and thyroid tissue growth, and the repeated observation of this association across studies suggests a genuine signal may be present. The current evidence supports an association rather than a causal relationship, however.

Those caveats mentioned above? “From a clinical standpoint, this review does not support the routine use of metformin or any other medication as a treatment to shrink BTNs. Although some studies, particularly those evaluating metformin, reported statistically significant changes in nodule size, the evidence is heterogeneous, often based on small samples, and in many cases the magnitude of change is unlikely to be clinically meaningful. As a result, these findings should not be interpreted as practice changing,” cautions Brito.

He says the primary value of the work he, Jacome, and team undertook is in guiding future research. “By assembling and critically appraising the existing literature, the review identifies early signals, clarifies their limitations, and helps define where more rigorous investigation is needed.” Larger, well-designed RCTs are needed to confirm whether any repurposed medications can achieve clinically meaningful reductions in BTN size, not just statistically significant changes. According to Brito and team, these studies should use standardized outcome measures, include clear thresholds for meaningful response, and follow patients long enough to assess durability.



AT A GLANCE

- ▶ **Systematic review of repurposed drugs identified metformin as the most promising agent for benign thyroid nodule reduction, particularly in patients with metabolic dysfunction, although evidence quality remains insufficient for clinical implementation.**
- ▶ **Percutaneous laser ablation demonstrated sustained thyroid nodule volume reduction — with multiple associated quality-of-life improvements — over a median follow-up of more than 10 years in the largest cohort reported to date.**
- ▶ **Radioactive iodine therapy for patients with Graves’ disease was not found to increase the incidence of thyroid cancer, and most thyroid cancers that did develop were micropapillary carcinomas, with no evidence suggesting a poor histologic or genotypical prognosis.**



**Giovanni Gambelunghe,
MD, PhD,**

Endocrine Unit, Clinica Liotti, Perugia, Italy

“

The study confirms that laser thermoablation is both safe and effective not only in the short term but also over long-term follow-up, which is one of its most noteworthy findings. What impressed me most, however, was that the overwhelming majority of patients reported they would willingly undergo the procedure again — strong evidence of the technique’s truly minimally invasive nature. Clinicians should feel confident in adopting this technique as part of their therapeutic armamentarium.

”

He says their work also aims to stimulate a research agenda in which traditional clinical studies are complemented by newer approaches, including the use of large data sets and artificial intelligence methods, tools that may allow the field to better identify patterns, generate hypotheses, and uncover new candidate medications that influence thyroid nodule growth. “Together, these efforts could help move the field from scattered early signals toward evidence that is strong enough to inform future noninvasive treatment strategies.”

“For now, the takeaway for clinicians is that observation and procedural treatments remain the standard, while pharmacologic approaches should be viewed as an emerging research opportunity rather than a ready-to-use therapy,” says Brito.

Long-Term Ablation Efficacy

The search for less-invasive alternatives to surgery for BTNs has also driven advances in procedural techniques. In **“Percutaneous Laser Ablation for Thyroid Nodules: Efficacy and Safety in 1,492 Patients With Median Follow-up of 10 Years or More,”** Giovanni Gambelunghe, MD, PhD, of the Clinica Liotti in Perugia, Italy, and team adopted percutaneous, ultrasound-guided laser ablation in 2004 and progressively refined the technique during the ensuing years.

“From the outset, we recognized the importance of this approach in minimizing surgical trauma in patients with thyroid nodular disease,” says Gambelunghe. “This awareness led us to perform a retrospective evaluation of all treated patients, which confirmed what we observed in daily clinical practice — namely, the method’s safety and effectiveness.” The patients he refers to underwent one session of laser ablation at various sites in Taormina and Perugia between May 2009 and July 2024.

Gambelunghe explains that thermoablative techniques are now a well-established alternative to surgery for BTN, multiple studies having demonstrated significant improvements in quality of life among patients treated with these approaches: “The principal benefits include reduction in nodule volume — often 50% to 80% within six to 12 months — which leads to decreased sensation of a foreign body in the throat, reduced dysphagia, improvement in dysphonia or cervical pressure, and better breathing in cases associated with compressive symptoms,” he says. “These overall improvements in daily functioning, including speaking, eating, and sleeping, are complemented by improved cosmetic outcomes; avoidance of hormone replacement therapy, as the energy delivery is confined to the nodule and spares the healthy thyroid tissue; and rapid recovery and absence of scarring, since the procedure is outpatient, and patients can typically resume work almost immediately,” he continues.

Notably, laser ablation is the only ablative technique that does not require sedation or even local anesthesia. Says Gambelunghe: “Laser ablation demonstrates efficacy and safety comparable to other thermal ablation techniques, while offering lower procedural complexity, smaller applicators, lower energy delivery, improved safety in critical areas, and a shorter learning curve.” Its minimal invasiveness also has cost implications. “Although a formal economic evaluation was beyond the scope of this study, a recent Italian cost-analysis showed that thermal ablation is less expensive than both hemithyroidectomy and total thyroidectomy, mainly due to the avoidance



of the operating room, shorter hospital stay, and reduced productivity loss,” explains Gambelunghe. “Accordingly, laser ablation is expected to be cost-competitive or potentially more economical than other treatment options, particularly because it is performed in an outpatient setting without anesthesia and requires low-cost disposable devices.”

The sole remaining issue for Gambelunghe and team to investigate was whether all of these benefits would persist for the long term, with patients with nontoxic nodules followed for a median of 10.4 years. “The study confirms that laser thermoablation is both safe and effective not only in the short term but also over long-term follow-up, which is one of its most noteworthy findings,” he says. “What impressed me most, however, was that the overwhelming majority of patients reported they would willingly undergo the procedure again — strong evidence of the technique’s truly minimally invasive nature. Clinicians should feel confident in adopting this technique as part of their therapeutic armamentarium.”

Safety of Radioactive Iodine Therapy for Graves’ Disease

In “**Occurrence of Newly Diagnosed Thyroid Cancer Is Not Increased After Radioactive Iodine Therapy for Graves’ Disease,**” Natsuko Watanabe, MD, of the Ito Hospital in Tokyo, Japan, and team took on the controversial question of whether radioactive iodine therapy (RAIT) for Graves’ disease could be a risk factor for the development of thyroid cancer and secondarily whether specific characteristics of thyroid cancer develop after RAIT, considering the patient background, histology, and genotype.

Their study was prompted by ongoing debates about cancer risks associated with RAIT. Study authors note that recent reports indicate that the number of patients opting for RAIT has decreased, with more than half of patients in the United States instead choosing antithyroid drugs because of concerns about possible worsening of thyroid eye disease or even developing cancer.

Indeed, previous research has yielded conflicting results. A 2021 meta-analysis suggested that RAIT might increase thyroid cancer incidence and mortality, finding a linear dose–response relationship between radiation dose and solid cancer mortality. However, the patient populations in those studies were highly varied, including not only Graves’ disease but also functional thyroid nodules, and some studies used the general population rather than patients with hyperthyroidism as controls. As the authors point out, “hyperthyroidism itself and possibly anti–thyroid receptor autoantibodies may also be associated with developing thyroid cancer,” making appropriate control groups essential.

To address these limitations, Watanabe and team conducted two parallel analyses using their institution’s extensive database. First, they retrospectively analyzed 13,874 patients diagnosed with untreated Graves’ disease from January 2007 to December 2016, comparing thyroid cancer incidence rates across three treatment groups: RAIT (n=2,273), surgery (n=287), and medication (n=11,314). New-onset thyroid cancer was identified in eight patients in the RAIT group and 39 in the medication group, with no cases in the surgery group. Using person-years (107,218) to compare treatment groups, they found no significant difference in cancer incidence rates.

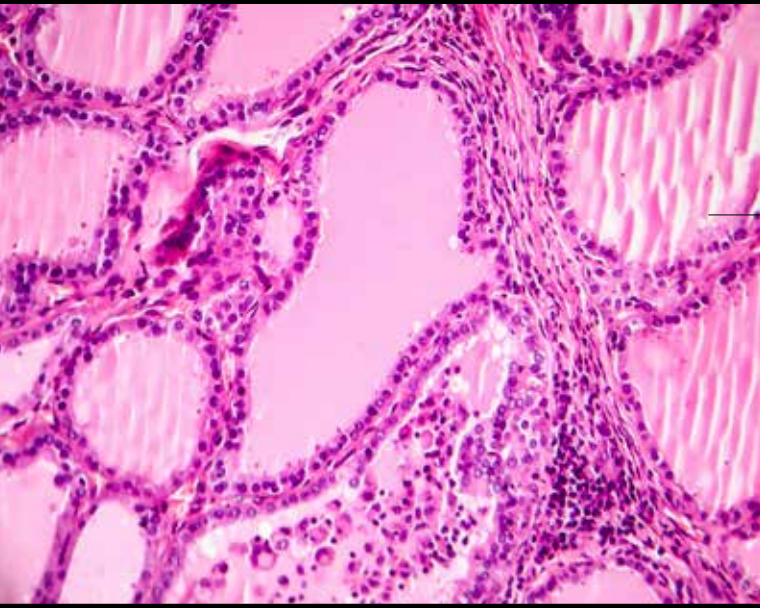


Image showing toxic diffuse Graves' disease, an autoimmune disease that affects the thyroid. Light micrograph shows hyperplastic thyroid follicles, papillary infoldings.

Second, they analyzed all 23,179 patients who underwent RAIT for Graves' disease at their institution from April 1997 to December 2022. Of the 17 cases that developed thyroid cancer after RAIT, only one was anaplastic thyroid cancer, while the remaining 16 were papillary thyroid carcinoma (PTC), of which 15 were microcarcinomas. Notably, four of these were incidental findings discovered during thyroidectomy performed for other indications, primarily recurrent Graves' disease.

Logistic regression analysis failed to identify any significant risk factors for thyroid cancer development after RAIT. Parameters including thyroid size, administered radiation dose, absorbed radiation dose, and cumulative number of RAIT procedures showed no significant associations with cancer development. "Despite previous studies' concern about a dose-response relationship between the administered radiation dose and cancer development," the authors report, their analysis "did not identify any significant risk factors for thyroid cancer development."


The team also investigated whether thyroid cancers developing after RAIT exhibited concerning histologic or genetic features. Reassuringly, "no instances of overlapping *TERT* promoter and *BRAF* mutations, which is considered to suggest a poor prognosis, were found" in cancers that developed after RAIT.

The authors acknowledge important study limitations, including its retrospective design at a specialized institution and the possibility that strict inclusion criteria resulted in a relatively small number of confirmed cancer cases. They also

note that geographic and clinical practice differences may limit generalizability, particularly as Japan is an iodine-excess area, and Japanese practice patterns for RAIT differ from those in other countries. "In Japan, there is not always a goal to achieve early hypothyroidism in all cases, and there is a tendency to monitor patients for several years after RAIT," they explain, whereas American Thyroid Association guidelines recommend considering additional RAIT if hypothyroidism has not occurred within six months. Future studies should include extended observation periods and further follow-up.

Their findings nevertheless provide important reassurance: "This study demonstrated that the incidence of new thyroid cancer cases did not increase following RAIT. When cancer did develop, most cases were micro-PTCs, with no evidence of a particularly poor prognosis." These results, drawn from one of the largest and longest-followed cohorts of patients with Graves' disease treated with RAIT, may help inform more confident clinical decision making and patient counseling regarding this effective treatment option.

These three studies collectively advance our understanding of thyroid disorders and illustrate how contemporary research is expanding treatment options while addressing longstanding safety concerns. Drug repurposing, although as yet unproven, represents a plausible pathway for developing noninvasive treatments for BTNs; laser ablation demonstrates proven long-term efficacy as a minimally invasive option; and concerns about carcinogenic effects of RAIT appear unsubstantiated, potentially removing a barrier to this effective treatment for hyperthyroidism.

Future research should continue to build on these foundations, with the ultimate goal of providing patients with thyroid disease a spectrum of evidence-based treatment options that align with their values, minimize risk, and optimize quality of life. 



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When Endocrine Society Past-President Bert W. O'Malley, MD, passed away, all corners of the world of endocrinology mourned. Past student and longtime friend Donald P. McDonnell, PhD, looks back on the life and career of a true endocrinology legend.

Remembering the “Grandfather” of Molecular Endocrinology, Bert W. O'Malley, MD

Bert W. O'Malley, MD, Distinguished Professor of Molecular and Cellular Biology and Chancellor at Baylor College of Medicine, Houston, Texas, passed away on November 11, 2025, at 88 years of age.

He was a wonderful person, a great family man, an extraordinary scientist, and a very proud Irishman. He served as President of the Endocrine Society (1984), and in collaboration with Tony Means he founded the flagship journal *Molecular Endocrinology*, which was one of the most influential journals in the field of endocrinology for nearly 20 years. His contributions to the Society were recognized by his receipt of the Ernst Oppenheimer Award (1977), Women in Endocrinology Mentor Award (2009), Robert H. Williams Distinguished Leadership Award (2010), Outstanding Innovation Award (2015), and the 1988 Fred Conrad Koch Award.

Bert was born and raised in Pittsburgh, Pa., and graduated cum laude with a degree in psychology and chemistry from the University of Pittsburgh where he also obtained his MD in 1963. He subsequently moved to Durham, N.C., to complete his internship in internal medicine at Duke University under the mentorship of Eugene Stead. In 1965, he was recruited as a clinical associate/fellow to the endocrine branch at the National Cancer Institute (NCI).

Bert quickly rose through the ranks at the National Institutes of Health (NIH) and for a while served as a laboratory chief. However, in 1969, he and several colleagues moved to Vanderbilt University to establish the Center for Reproductive Hormone Action, where he served as the founding director. His last move was in 1973 to Baylor College of Medicine (BCM) in Houston, Texas, where he built the Department of Cell Biology (now called the Department Molecular and Cellular Biology), which has been a powerhouse of endocrine research for the past 52 years. He served as the chair of this department for 45 years before taking on the position as chancellor of the Medical School in 2018, a leadership position that he held until his passing.

Innovative Ideas and Countercurrent Hypotheses

Throughout his career, Bert emphasized the importance of fundamental research and how it enabled the rational discovery of practice-changing medicines and procedures. Time and again his innovative ideas and countercurrent hypotheses were met with skepticism and outright disbelief. But a brief overview of his scientific accomplishments and how they advanced the field of hormone action/molecular endocrinology reveals that he was nothing short of a genius, whose visionary ideas took a while for most of us to appreciate.

Bert's interest in hormone action can be traced back to his time during medical school when he worked with James B. Field to probe the mechanisms by which thyroid-stimulating hormone (TSH) regulated glucose oxidation in a thyroid explant model. This work resulted in his first primary authored publication in 1963. However, his specific interest in steroid hormone action really started when he moved to the NCI to work with Stanely Korenman and Mortimer Lipsett. Korenman had developed the chick oviduct as a model to explore the mechanism(s) by which estrogens and progestins increase the growth and function of the chick oviduct. This was a remarkable model that Bert used to establish the linearity of the relationship between hormone exposure, an increase in the number of specific ovalbumin mRNA transcripts and increased ovalbumin protein expression in the oviduct. This work, performed in collaboration with Tony Means, Jeff Rosen, John Comstock, Steve Harris, and Gary Rosenfeld, was described in two landmark papers (Proc. Natl. Acad. Sci. (1972) and *Biochemistry* (1975)) that together represent one of the most important findings in our field and essentially started the field of molecular endocrinology. Subsequent work in the following years allowed Bert, in collaboration with Bill Schrader, Nancy Weigel, Ming Tsai, Sophia Tsai, and others to define the biochemical basis for the gene-specific transcriptional activity of estrogen and progestin receptors.

Bert was an early adopter of recombinant DNA technologies, and his group was among the first to join the "receptor cloning frenzy" in the early 1980s. This exciting initiative, led by Orla Conneely, resulted in the isolation of the cDNAs for several members of the nuclear receptor superfamily. These enabling reagents (cDNAs encoding full length receptors) allowed the reconstitution of hormone dependent transcription systems in heterologous cells that Bert's group exploited to define the structure-function relationships of several nuclear receptors and to establish facile assays to study, at scale, the pharmacology of endogenous ligands and compounds/drugs that impacted receptor activity. The results from these studies instructed the development of mechanism-based screens for receptor-modifying drugs.

Ligand-Independent Receptor Activation

In the 1990s, he described the process of "ligand-independent" receptor activation demonstrating that steroid receptors could be activated absent a canonical ligand through direct phosphorylation of the receptor (or associated proteins). As with a

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lot of Bert's ideas, this one was initially received with a high level of skepticism as it was at odds with the established models of hormone action that we were comfortable with at that time. Not surprisingly, he was correct and ligand-independent receptor action is now an important component of contemporary models of hormone action. It has had far-reaching implications with respect to how steroid hormone receptor activity is regulated during development and in the maintenance of reproductive function. However, this finding had specific importance in cancer where it helped to redirect efforts to develop new therapeutics for patients with breast cancer that functioned by eliminating estrogen receptor (ER) expression as opposed to developing classical competitive antagonists. The recent development and approval of a new class of estrogen receptor (ER) modulators, Selective Estrogen Receptor Degraders (SERDs), one of the most important advances in the past 20 years in the management of breast cancer, can trace their roots to this fundamental observation of "ligand-independent" receptor activation.

An Inaugural Laureate Award Winner

Aside from being a trailblazer in endocrine research, O'Malley was the first recipient of the Endocrine Society's Outstanding Innovation Laureate Award. First established in 2013, O'Malley was an obvious choice for the award, which was presented to him for his many discoveries that have "demonstrated innovation and entrepreneurship to further endocrine research or practice in support of the field of endocrinology, patients, and society at large."

According to O'Malley's Baylor College of Medicine colleague, Orla Conneely, PhD, who wrote in his Laureate nomination, he was recognized for his innovative discoveries of the molecular pathways underlying steroid hormone action have had an extraordinary impact on the field of endocrinology. "His early pioneering discovery that the action of steroid hormones in endocrine tissues is a consequence of their ability to regulate gene selective transcriptional responses within the nucleus changed the field of steroid hormone action leading endocrine investigators toward hormonal control of gene transcription and served as a primary stimulus for creation of the field of molecular endocrinology."

She further noted his discoveries of an unsuspected "ligand-independent" pathway for NR activation; the steroid receptor coactivator, SRC-1; a vast array of unsuspected nuclear and extranuclear biological activities of coactivators; unraveled a complex series of posttranslational modification (PTM) codes; and "using mouse genetics, he firmly established coactivators as 'master regulators' of endocrine physiology that are of critical medical relevance to a broad spectrum of endocrine disorders including endocrine development, reproduction, neurobehavior, metabolism, and cancer development."

A Lasting Legacy of Discovery

The discovery of receptor-associated transcriptional coregulators (coactivators and corepressors) is one of the most consequential discoveries made by Bert and his research team. This large family of proteins, by some estimates exceeding 200 in number, interact directly or indirectly with nuclear receptors and enable their actions to be coordinated with multiple different signaling pathways in cells. In more than 300 papers published on this topic since the identification of the first coactivator, Steroid Receptor Coactivator 1 (SRC1), Bert demonstrated the importance of coregulators in every aspect of disease and organismal physiology. Unperturbed by the difficulty of identifying drugs to regulate these “unconventional targets” and ignoring the widely held opinion that such an effort would be futile, he, in collaboration with his colleague David Lonard, established a drug discovery initiative at BCM that has resulted in the identification of drug-like molecules, which can either activate or repress the activity of specific transcriptional coregulators. A new biotechnology company, Oxia, was recently formed to bring these new drugs to the clinic.


While exploring the biology of coregulators in immune cells, he made the important observation that genetic depletion of the coregulator SRC3 in a specific subset of immune cells (regulatory T-cells (Tregs)), altered their properties such that their autologous transfer into tumor-bearing hosts resulted in substantial (with emphasis) antitumor activity. As significant was the observation that these engineered Tregs cells confer a long-lasting immunity to tumor rechallenge in mice. The findings were remarkable and, not surprisingly, the *PNAS* paper describing this work was awarded the prestigious Cozzarelli Prize. Recently, Bert proposed that, similar to what was observed in mice, disruption of SRC3 expression in human Tregs would enable the development of a curative immunotherapy for certain solid tumors. To ensure his idea would be tested, he founded and secured substantial funding for a second “coactivator” company, CoRegen, the focus of which is to bring this potential new therapy to the clinic. The translation of Bert’s fundamental research into practice-changing medical interventions will be his lasting legacy.

Not surprisingly, Bert was recognized for his exceptionally important accomplishments being an elected member of the National Academy of Science (1992), the National Academy of Medicine (1993), and the National Academy of Inventors (2019). In 2007, he was presented with the National Medal of Science by President George W. Bush. He was also a recipient of the Komen Brinker Award (2001), the Pasarow Award in Cancer Research (2006), and the Horowitz Prize (2018), among many others.

He received numerous honorary doctorates from different institutions all over the world. His receipt of his parchment from the National University of Ireland was especially treasured.

A Mentor to Hundreds

Beyond his science, Bert will be remembered for his dedicated mentorship of over 300 scientists, most of whom have remained in science holding leadership positions in academia and industry. Given his strong Irish roots and regular visits to Ireland, it is not surprising that over 30 Irish graduate students and postdoctoral fellows elected to move to the United States to work under his mentorship. He provided an outstanding training environment and challenged his mentees to be innovative, careful, and mission focused. His work ethic was legendary, his mind was never at rest, and his infectious enthusiasm for science was very motivating; something I really appreciated as a graduate student working in his laboratory. He and Sally, his wife of 65 years, made sure that all the trainees also learned how to enjoy themselves! Most will remember the legendary St. Patrick’s Day parties hosted at the O’Malley home.

The field has lost the “(grand) father” of Molecular Endocrinology but the impact of his research for over 60 years will endure. Thank you, Bert, for everything you have done for the field of endocrinology (RIP). 

A new site allows unfettered access to the research information superhighway

Emeritus Endocrine Society member Ronald Margolis, PhD, talks to *Endocrine News* about dkNET, a research portal established by the National Institute of Diabetes and Digestive and Kidney Diseases, which provides both researchers and clinicians with unfettered cross-disciplinary access to critical new information from around the world.



New Research connections

BY DEREK BAGLEY



Ten years ago, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) launched a database called dkNET to better serve the needs of clinicians and researchers in those spaces, created to address the challenge of connecting researchers in metabolic and digestive diseases to research resources through community databases and web portals, creating a search engine for data.

Since then, dkNET has progressively enlarged and updated information available to investigators centered on the NIDDK community. dkNET maintains and communicates resources to include data Science, the Resource Information Network, authentication reports, and data management for investigators at all levels to access with the goal of enhancing the ability to create added value in their research.

“At its core, dkNET is a community research resource portal designed to assist users in finding resources relevant to their research through tools, services, and support, as they face new mandates for sustainable and reproducible research,” says Ronald Margolis, PhD, visiting scholar at the University of California, San Diego and consultant on dkNET. “In this way, dkNET serves as a hub for the NIDDK community.”

Margolis was the senior advisor for molecular endocrinology at the NIDDK for 28 years. He initiated a project in 2002 to coalesce data being developed at the NIDDK into one place so it could be transmitted to everyone. “And in 2002, this was embryonic,” Margolis says. “Really, it was a gleam in my eye.”

The Advent of AI

Since dkNET’s launch, we’ve seen the rise of artificial intelligence (AI), which, while it does have its problems, has been shown to predict gestational diabetes, extend time in range and reduce hypoglycemia events in patients with type 1 diabetes, improve detection of fractures in patients with osteoporosis, reduce unnecessary thyroid surgeries by better detecting benign nodules, and predict how patients with acromegaly respond to first-generation somatostatin receptor ligands.

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— RONALD MARGOLIS, PH.D, VISITING SCHOLAR,
UNIVERSITY OF CALIFORNIA, SAN DIEGO

Margolis, an emeritus Endocrine Society member who first joined in 1981, tells *Endocrine News* that AI is already making an impact on diabetes research. “In basic and translational science, AI is helping us analyze large and complex data sets, identify previously unrecognized biological patterns, generate new hypotheses, and predict drug–target interactions,” Margolis says.

Margolis and the dkNET team say that AI will fundamentally reshape diabetes research — by integrating genetics, immune profiles, metabolomics, imaging, and wearable data, AI will enable much earlier identification of people at risk for diabetes and help define disease subtypes and early biological triggers. “AI-enabled laboratories and automated robotic platforms will accelerate data analysis, hypothesis generation, and high-throughput drug discovery,” Margolis says. “AI-guided clinical trial design will also help identify the right patient populations, speeding the development of new therapies and biomarkers.”



“These tools are also improving how we prioritize therapeutic candidates for downstream validation, making discovery more efficient and data driven,” Margolis continues. “On the clinical side, AI is advancing diabetes management through better interpretation of CGM data, more sophisticated automated insulin-dosing algorithms, and FDA-cleared deep-learning systems for early detection of diabetic retinopathy. These applications are already enhancing patient monitoring, supporting clinical decision making, and improving outcomes. Overall, AI is becoming an integral part of how we study diabetes and how we care for people living with the disease.”

Finding New Hypotheses

dkNET holds summer “bootcamps” for data science and bioinformatics for students and fellows with an emphasis on diabetes, endocrinology, and metabolic diseases, which enables students at early and formative stages of their careers to understand how the data science resources inherent in dkNET can help to inform their research and foster greater progress toward their goals.


The students use a new computational core that provides AI and machine learning (ML) resources to assist researchers in developing hypotheses and utilizing emerging AI/ML concepts and tools. “With the addition of the computational core, students in the bootcamp use a specialized collaboration platform, Texera, to learn data science, AI, and ML,” Margolis says. “Exposure at early and formative stages in career development helps students to harness these tools to enhance their own research. The goal is to catalyze a deeper understanding of the questions they are posing. Through open-source collaboration they can design novel approaches to important questions.”

Margolis explains that the computation is important, allowing simultaneous collaboration online by investigators who are going to pose questions to a data set and have the AI help them to identify the data and sort through it. “If you have a genome set, let’s say a single-cell RNA sequencing set, there’s a lot of data in there,” he says. “What you want is going to be a small fraction

of it. To sort through it could require enormous amounts of computation time, where AI can potentially cut that down and give you at least predictions of where you can look. And in so doing, it can help you to identify new hypotheses. Then through the rest of dkNET, it can help you to formulate that hypothesis and really work through what you need to do to test it.”

A Link Across Disciplines

Even 10 years ago, dkNET saw the value of not only its database, but community news and social networking as well. “An important capability built into dkNET is the ability to connect researchers within and across disciplines,” Margolis says. “We hope that by providing tools, data, webinars, social media channels, and newsletters, researchers in the NIDDK community can increase the impact of their research.”

Margolis says that he hopes anyone researching metabolic and digestive diseases will be energized by the knowledge that there is a portal with real and relevant content that can help them in their efforts to maximize their investigations. “dkNET provides a single-entry point to a wealth of information, data, services, and community-wide knowledge with pathways to enhance connectivity to colleagues and others interested in their work,” he says. 

Log On!

Go to <https://dknet.org> to see for yourself how dkNET could possibly help you with your research and connect you to like-minded individuals around the world!

