

OCTOBER 2023

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

¡Viva la **ENDOCRINOLOGIA!**

Endocrine News Celebrates Hispanic Heritage Month

To commemorate National Hispanic Heritage Month, *Endocrine News* speaks to an array of our U.S.-based Hispanic members who discuss their career accomplishments, challenges, inspirations, and what advice they have for young Hispanic endocrinologists just starting out.

GREISHA L. ORTÍZ-HERNÁNDEZ:

How her grandfather influenced her health disparities research

CLINICAL PEARLS:

Highlighting Hispanic early-career researchers from *JCEM Case Reports*

Rodolfo J. Galindo, MD, discusses clinical barriers facing Hispanic patients, why tirzepatide is so scarce, and joins our 13-page roundtable.

ENDOCRINE
SOCIETY

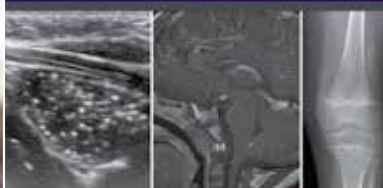


Hormone Science to Health



PEDIATRIC ESAP™ 2023-2024

PEDIATRIC ENDOCRINE SELF-ASSESSMENT PROGRAM
QUESTIONS, ANSWERS, DISCUSSIONS



ENDOCRINE
SOCIETY

EVALUATE YOUR KNOWLEDGE

WITH THE LEADING SELF-ASSESSMENT
PROGRAM IN PEDIATRIC ENDOCRINOLOGY

- 100 brand-new case questions
- A hard copy of the book to guide your studies
- Interactive online modules with two learning modes
- Lab values in conventional and SI Units
- 40.0 *AMA PRA Category 1 Credits*™ and 40.0 ABP MOC Points

ORDER ONLINE AT
[ENDOCRINE.ORG/STORE/PESAP2023-2024](https://endocrine.org/store/pesap2023-2024)

© 2023 ENDOCRINE SOCIETY

ENDOCRINE
SOCIETY

Endocrine news

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

2020 – 2023 EDITORIAL ADVISORY BOARD

Henry Anhalt, DO

Bergen County Pediatric Endocrinology

Sally Camper, PhD

Department of Human Genetics
University of Michigan Medical School

Rodolfo J. Galindo, MD

Assistant Professor of Medicine
Mount Sinai School of Medicine

Christian M. Girgis, MBBS, PhD, FRACP

Royal North Shore and Westmead Hospitals
University of Sydney, Australia

Andrea Gore, PhD

Division of Pharmacology and Toxicology
University of Texas

Daniel A. Gorelick, PhD

Baylor University, Houston, Texas

M. Carol Greenlee, MD, FACP

Western Slope Endocrinology
Grand Junction, Colo.

(Faculty for Transforming Clinical Practice initiative [TCPI])

Gary D. Hammer, MD, PhD

Millie Schembechler Professor of Adrenal Cancer,
Endocrine Oncology Program
University of Michigan

Robert W. Lash, MD

Chief Professional & Clinical Officer, Endocrine Society

Karl Nadolsky, DO

Assistant Clinical Professor of Medicine,
MSU College of Human Medicine
SHMG Endocrinology

Joshua D. Safer, MD, FACP

Executive Director, Center for Transgender Medicine and Surgery
Mount Sinai Health System
Professor of Medicine
Icahn School of Medicine at Mount Sinai
New York, NY

Shehzad Topiwala, MD

Endocrinology Department
SevenHills Hospital, Mumbai, India

Kristen R. Vella, PhD

Beth Israel Deaconess Medical Center
Harvard Medical School

Christina Wang, MD

UCLA Clinical and Translational Science Institute
Harbor – UCLA Medical Center

Mihail “Misha” Zilbermint, MD

Division of Endocrinology, Diabetes and Metabolism,
Johns Hopkins University School of Medicine;
Endocrinology, Diabetes and Metabolism, Suburban Hospital;
Johns Hopkins Community Physicians



18 | ¡Viva la Endocrinología! *Endocrine News* Celebrates Hispanic Heritage Month

To celebrate National Hispanic Heritage Month, *Endocrine News* speaks to an array of our U.S.-based Hispanic members to get their colorful insights on their careers, accomplishments, challenges, and what advice they have for young Hispanic endocrinologists just starting out. **BY MARK A. NEWMAN**

FEATURES

32 | Cultural Connections: How understanding Hispanic traditions can improve treatment outcomes.

Aside from a litany of cultural and clinical barriers many Hispanics face in getting proper healthcare, supply and demand has proven difficult with certain medications, most recently tirzepatide. Rodolfo J. Galindo, MD, discusses these issues as well as why clinicians must often go “beyond the guidelines” when treating specific patient populations.

BY DEREK BAGLEY

38 | Stranger Things: A Look at Some Unusual Cases from *JCEM Case Reports*

Early-Career Corner

Three case studies from *JCEM Case Reports* highlight the work by early-career Hispanic and Latino researchers from around the country. Maria Daniela Hurtado Andrade, MD, PhD; Carlos S. Botero Suarez, MD; and Nicolas Villarraga discuss these highly unusual cases that put their problem-solving skills to the test.

BY KELLY HORVATH

44 | All Creatures Great and Small: Greisha L. Ortíz-Hernández, PhD, reflects on the past while looking to the future.

From exploring the Puerto Rican seaside with her grandfather as a child to conducting research that targets IGF axis modulators in the context of prostate cancer health disparities today, Greisha L. Ortíz-Hernández, PhD, found her passion for helping all living things at an early age.

BY GLENDA FAUNTLEROY SHAW



2023 ENDOCRINE CASE MANAGEMENT: MEET THE PROFESSOR BOOK



Keep your practice current with more than 40 case studies.



Clinical vignettes and insights from more than 50 experts in endocrinology, diabetes, and metabolism.



Earn 30.0 *AMA PRA Category 1 Credits*[™].

PURCHASE AT [ENDOCRINE.ORG/STORE](https://www.endocrine.org/store)

© 2023 ENDOCRINE SOCIETY

ENDOCRINE
SOCIETY 

IN THIS ISSUE

OCTOBER 2023



4 | **PRESIDENT'S VIEWPOINT**

Identifying Strategies to Address Burnout

6 | **FROM THE EDITOR**

Celebrating Our Hispanic Members

9 | **TRENDS & INSIGHTS**

Women with PCOS on keto diet may see improvements in fertility; Obesity appears to increase PCOS risk; and Researchers generate functional parathyroid glands from mouse embryonic stem cells.

BY DEREK BAGLEY

12 | **INTOUCH**

Divisive political climate concerns pediatric endocrinologists; Bespoke deal is beneficial for U.K.-based endocrine researchers; Goldner gets new position at University of Colorado School of Medicine; and the Endocrine Society partners with Matchbox Virtual Media.

16 | **ENDOCRINE ITINERARY**

Scientific meetings of interest to endocrinologists from around the world

17 | **DASHBOARD**

Highlights from the world of endocrinology

51 | **ADVOCACY**

Endocrine Society rallies for medical research; Society hosts congressional briefing on anti-obesity medications as TROA gets a House hearing; Four diabetes drugs included in Medicare price negotiation list; and Endocrine Society supports proposed MPFS payment increase for endocrinology.

www.endocrine.org



Follow us on Twitter:
[@Endocrine_News](https://twitter.com/Endocrine_News)

ENDOCRINE
SOCIETY

Hormone Science to Health



Identifying Strategies to Address Burnout

**“
Burnout is having a real impact
on our leadership pipeline.
When medical students and
residents planning their career
paths see their attendings
struggling with intense schedules
and poor job satisfaction, who
can blame them for choosing
other specialties?
”**

Like many of you, one factor that sparked my love of endocrine science and clinical care was observing firsthand my mentors' passion for the subject. In fact, I can say without a doubt that a month on the inpatient service at the San Francisco VA Hospital with Dolores Shoback was the turning point that steered me toward endocrinology. Hers and others' curiosity about the way hormones work proved contagious and led me to develop my own fascination with the endocrine system.

We need to find new ways to nurture our passion for our work. It is all too easy for bureaucratic tasks and unwieldy schedules to dampen the excitement we feel for our field. Burnout is a real challenge for clinicians. Medscape's 2023 survey found that 37% of female and 27% of male endocrinologists reported feeling burned out. An additional 20% of female and 15% of male endocrinologists reported feeling both burned out and depressed.

We cannot allow burnout to go unchecked. We must do everything possible to bolster our members' career satisfaction, which will in turn benefit our patients. If more experienced endocrinologists step away from full-time practice and early-career professionals fail to take their places, patients will



have to wait longer for appointments with specialists. More work will remain for those who are left to provide care.


The Endocrine Society's leadership recognizes that we must move beyond sending out surveys and start taking action to address this challenge. With this in mind, I am forming a task force to evaluate ways we can drive change to improve job satisfaction.

Our task force will include the voices of early-career endocrinologists as well as senior clinicians. It will include endocrinologists in academia and private practice. Finally, it will include endocrinologists in rural and urban settings. Having a diverse task force membership with multiple points of view will be critical toward coming up with actionable items that we can make to improve our well-being.

Burnout is having a real impact on our leadership pipeline. When medical students and residents planning their career paths see their attendings struggling with intense schedules and poor job satisfaction, who can blame them for choosing other specialties? We need to address the factors that are contributing to this dissatisfaction — among both our current and future workforce.

Although burnout is not unique to endocrinology, I see potential for our task force to consider ways we are uniquely affected. More importantly, we need real-world solutions that can start making a rapid difference. Therefore, the goal is for our task force to present concrete recommendations to our Board of Directors at **ENDO 2024** in June 2024.

While the task force will focus on solutions for clinical burnout, we need to recognize that similar issues affect other professionals in our field. Endocrine researchers, for instance, face the burden of grant writing and administrative tasks that pull them away from science. I hope that, by offering solutions to improve clinical efficiencies, our task force recommendations will also help improve job wellness for individuals in a variety of positions within endocrinology.

I would welcome your ideas for ways to tackle this important issue. Feel free to contact me at president@endocrine.org to share your ideas and suggestions. We need the commitment of our entire community to address burnout and improve workplace satisfaction. 

Stephen R. Hammes, MD, PhD
President, Endocrine Society



**REACH THE WORLD
WITH YOUR WORK**
PUBLISH IN ENDOCRINE
SOCIETY JOURNALS

For more information about publishing with the Endocrine Society, please visit academic.oup.com/endocrinesociety.





FROM THE **EDITOR**

Celebrating Our Hispanic Members

This issue is another first for *Endocrine News* as we devote our coverage to commemorate National Hispanic Heritage Month, which takes place each year from September 15 to October 15.

As luck would have it, “**Stranger Things: A Look at Some Unusual Cases from JCEM Case Reports**” by Kelly Horvath on page 38, is not only celebrating some of our Hispanic members but also three of our early-career members as well. Maria Daniela Hurtado Andrade, MD, PhD; Carlos S. Botero Suarez, MD; and Nicolas Villarraga all spoke to us about some of the cases they’ve already encountered in their careers that turned out to be real head scratchers. Furthermore, these cases are from the Endocrine Society’s newest journal, *JCEM Case Reports*, which recently celebrated its first year of getting those endocrine clinical pearls to the masses.

Andrade discusses “**A False Pituitary Tumor**” from the May 2023 issue; Botero Suarez talks about “**Diabetic Muscle Infarction: An Uncommon Diabetic Complication with a Lack of Standardized Treatment**” from the March 2023 issue; and Villarraga gives his team’s perspective on “**Unique Presentation and Perioperative Management of a Giant Pheochromocytoma,**” also from the May 2023 issue. All three of these investigators realize how important a journal such as *JCEMCR* is in helping to disseminate information that might not otherwise be shared with their colleagues of all career levels. “*JCEM Case Reports* has been a great medium for doctors and trainees to submit their interesting cases and share them with the rest of the medical community,” Botero Suarez tells us. “Its open-access nature, as well as its engaged peer-review process and streamlined submission process, makes it a highly recommended journal for clinicians.” We agree wholeheartedly!

On page 18, I reached out to a handful of the Endocrine Society’s U.S.-based Hispanic members for the roundtable “**¡Viva la Endocrinología!**” They provided me with so many colorful insights about not only their careers and education, but their lives, their inspirations, not to mention the advice they want to pass along to other up-and-coming Hispanic endocrinologists who may be following in their footsteps. “Remember the great value their identity and unique perspectives bring to our field,” says Rocio Pereira, MD, chief of endocrinology, at Denver Health and associate professor of medicine at the University of Colorado in Aurora. “It is also important for us to remember that our power and privilege as professionals give us the opportunity to serve our communities as role models, mentors,

OCTOBER 2023

Endocrine news

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

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

Art Director/Design: **Catherine C. Neill**,
CNJ Creative, saLLC
www.cnjcreative.com

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

Endocrine News is a registered trademark owned by the Endocrine Society.

Endocrine News informs and engages the global endocrine community by delivering timely, accurate, and trusted content covering the practice, research, and profession of endocrinology.



President: **Stephen R. Hammes, MD, PhD**
president@endocrine.org

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

Past-President: **Ursula B. Kaiser, MD**
ukaiser@bwh.harvard.edu

Secretary-Treasurer: **Jeffrey Boord, MD**
jeffrey.boord@parkview.com

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

The mission of the Endocrine Society is to advance excellence in endocrinology and promote its essential and integrative role in scientific discovery, medical practice, and human health.

Endocrine News® is published 12 times a year by the Endocrine Society, 2055 L Street, NW, Suite 600, Washington, DC 20036
Phone 202-971-3636 • Fax 202-736-9708
www.endocrine.org

Print ISSN 2157-2089 Online ISSN 2157-2097
Copyright © 2023 by the Endocrine Society.
All rights reserved.

- Please send letters to the editor, comments, and suggestions for *Endocrine News*® to mnewman@endocrine.org.
- Product print and product online display advertising, by Pharmaceutical Media, Inc., contact Joe Schuldner, jschuldner@pminy.com, or John Alberto, jalberto@pminy.com.
- For classified print advertising by Pharmaceutical Media, Inc., Dan Simone, dsimone@pminy.com
- For classified online advertising by endocareers@endocrine.org

The statements and opinions expressed in *Endocrine News*® are those of individual authors and do not necessarily reflect the views of the Endocrine Society.


Advertising appearing in this publication does not constitute endorsement of its content by *Endocrine News*® or the Endocrine Society.

and advocates. I advise young endocrinologists to build a supportive network, seek out mentors and sponsors, and get involved with the Endocrine Society.”

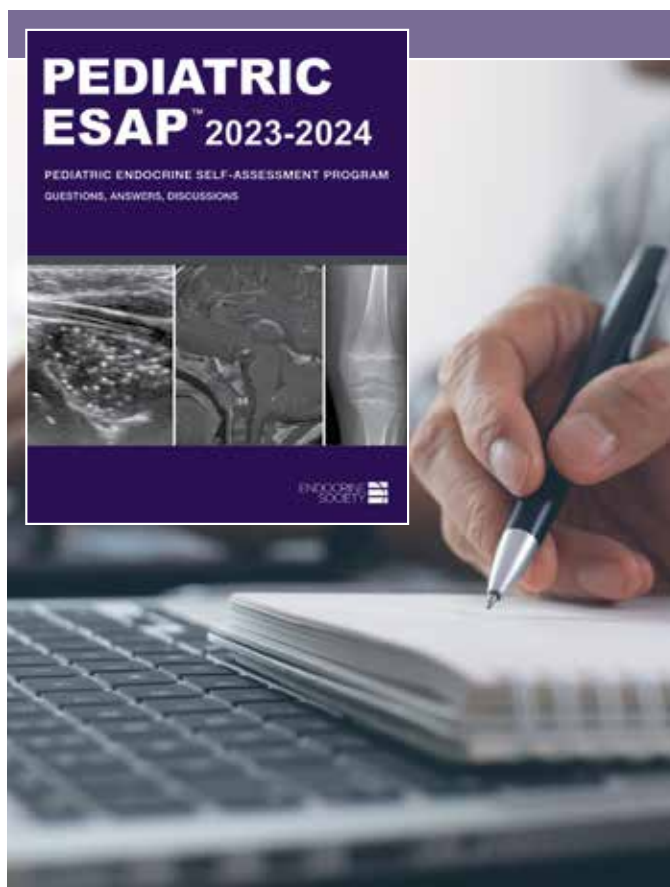
I ended up talking to seven of our Hispanic Endocrine Society members for the above roundtable, however, one proved to be so helpful that he ended up in another story as well. In **“Cultural Connections: How Understanding Hispanic Traditions Can Improve Treatment Outcomes”** (p. 32), senior editor Derek Bagley talks to roundtable participant Rodolfo J. Galindo, MD, who goes into detail about the cultural and clinical barriers many Hispanic patients find as they attempt to get adequate healthcare. Specifically, the diabetes medication tirzepatide, which has been shown to be safe and effective for Hispanics with obesity and diabetes, has been somewhat difficult to obtain. Galindo discusses these issues as well as why it is often necessary to “go beyond the treatment guidelines” when treating these specific patient populations.

Glenda Fauntleroy Shaw has written a profile of one of the Endocrine Society’s early-career members that is guaranteed to put a smile on your face. In **“All Creatures Great and Small”** on page 44, she talks with Greisha L. Ortíz-Hernández, PhD, a postdoctoral fellow at the City of Hope National Medical Center in Duarte, Calif. Ortíz-Hernández takes us through her life from a childhood frolicking on the beaches of Puerto Rico with her grandfather all the way through her involvement in the Endocrine Society’s FLARE (Future Leaders Advancing Research in Endocrinology) program, to her current position as a trainee under the National Cancer Institute’s T32 Cancer Metabolism Training Program where she is diligently working on “exploring and targeting malignant pathways leading to prostate cancer and understanding the importance of racial and ethnic differences in clinical outcomes.”

She details the important mentors she’s had every step of the way and how important it is for her to fill that role for the next generation of young Hispanic/Latina researchers. “I really try to be very open about my own experiences as a young scientist, the good and the bad. It’s also very important to me to teach [students] about the importance of not losing sight of the bigger picture, which is to serve our underserved communities.”

Feel free to share your thoughts and comments about what you see in this issue, as well as what you would like to see in future issues. You can always reach out to me at: mnewman@endocrine.org. 

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




PEDIATRIC ESAP™ 2023-2024
PEDIATRIC ENDOCRINE SELF-ASSESSMENT PROGRAM
QUESTIONS, ANSWERS, DISCUSSIONS

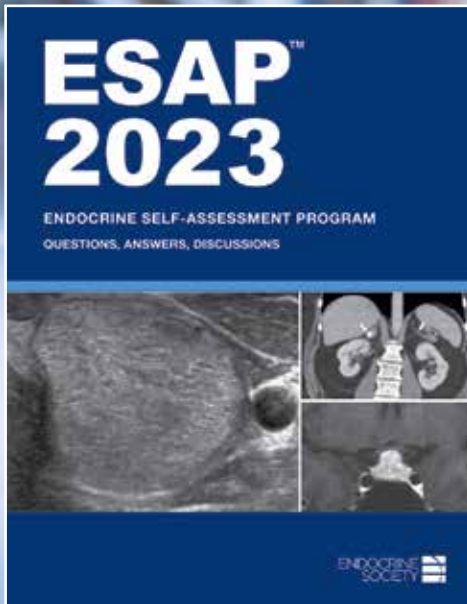
EVALUATE YOUR KNOWLEDGE
WITH THE LEADING SELF-ASSESSMENT PROGRAM IN PEDIATRIC ENDOCRINOLOGY

- 100 brand-new case questions
- A hard copy of the book to guide your studies
- Interactive online modules with two learning modes
- Lab values in conventional and SI Units
- 40.0 *AMA PRA Category 1 Credits™* and 40.0 ABP MOC Points

ORDER ONLINE AT
[ENDOCRINE.ORG/STORE/PESAP2023-2024](https://endocrine.org/store/pesap2023-2024)

© 2023 ENDOCRINE SOCIETY

ENDOCRINE SOCIETY 



LEVEL UP YOUR KNOWLEDGE

WITH THE LEADING SELF-ASSESSMENT PROGRAM IN ENDOCRINOLOGY

- 120 brand-new questions with answer rationale
- Interactive online module with two learning modes to complement different learning styles
- Printed book to help guide your studies
- Peer comparisons for each question
- Certified for 40 *AMA PRA Category 1 Credits*[™] and ABIM MOC Points

ORDER ONLINE AT [ENDOCRINE.ORG/ESAP2023](https://www.endocrine.org/esap2023)



BY DEREK BAGLEY
Senior Editor

Women with PCOS on Keto Diet May See Improvements in Fertility

The ketogenic (keto) diet may lower testosterone levels in women with polycystic ovary syndrome (PCOS), according to a new paper published in the *Journal of the Endocrine Society*.

The keto diet is a high-fat, low-carbohydrate diet that has shown promising effects in women with PCOS. Research has found it may help women lose weight and maintain weight loss, improve their fertility, optimize their cholesterol levels, and normalize their menstrual cycles. The researchers write that while there have been a handful of studies on the effects of the keto diet in women with PCOS, to the best of their knowledge, no meta-analysis has been performed to pool the evidence from clinical trials studying the effects of ketogenic diet on any specific outcome of interest.

“Therefore, our study aimed to assess the effects of ketogenic diet on reproductive hormone levels among women with PCOS: luteinizing hormone to follicle-stimulating hormone (LH/FSH) ratio, sex hormone binding globulin (SHBG), progesterone, and free and total testosterone level, following at least 45 days of intervention with ketogenic diet. Effect on body weight is a secondary endpoint,” the authors write.

The researchers conducted a meta-analysis of clinical trials in women with PCOS on the keto diet and examined the diet’s effects on their reproductive hormones (follicle-stimulating hormone, testosterone, and progesterone) and weight change.

They found women with PCOS who were on the keto diet for at least 45 days saw significant weight loss and an improvement in their reproductive hormone levels. Their follicle-stimulating hormone ratio was lower, which means they may have a better chance of ovulating. The women also had lower testosterone levels, which could help with excess hair growth and other symptoms of excess male sex hormones.

“We found an association between the ketogenic diet and an improvement in reproductive hormone levels, which influence fertility, in women with PCOS,” says study author Karniza Khalid, MBBS, MMedSc, of the Ministry of Health Malaysia in Kuala Lumpur, Malaysia. “These findings have important clinical implications, especially for endocrinologists, gynecologists, and dieticians who, in addition to medical treatment, should carefully plan and customize individual diet recommendations for women with PCOS.”

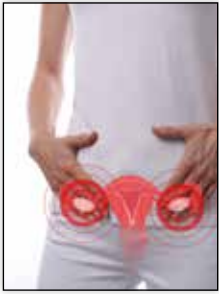


“

These findings have important clinical implications, especially for endocrinologists, gynecologists, and dieticians who, in addition to medical treatment, should carefully plan and customize individual diet recommendations for women with PCOS.

”





[EDITOR'S NOTE: This is a corrected version of a Trend we published in the September issue.]

Obesity Appears to Increase the Risk of Developing PCOS

Obesity appears to increase the risk of developing polycystic ovary syndrome (PCOS), according to a study presented at ENDO 2023.

An estimated 7% to 10% of all reproductive-age women globally have PCOS. Women with PCOS have a hormonal imbalance and metabolism problems that may affect their overall health, appearance, and fertility.

PCOS is associated with health issues including:

- ▶ Acne, scalp hair loss, and excessive hair growth;
- ▶ Increased risk of infertility;
- ▶ Increased risk of diabetes, metabolic syndrome, and hypertension;
- ▶ Increased risk of depression, anxiety, and eating disorders; and
- ▶ Increased risk of endometrial cancer.

Obesity has been viewed as driving the high prevalence of PCOS, the single most common endocrine disorder of women.

“Our study suggests for the first time that the high prevalence of PCOS in the world may, in part, be due to the rising obesity rate globally,” says Mina Amiri, PhD, of Shahid Beheshti University of Medical Sciences in Tehran, Iran, who is one of the study’s authors. “Additionally, obesity associated with PCOS may increase the risk of diabetes, hypertension, and other health problems.”

The researchers evaluated 6,271 studies and selected a total of 55 studies, including 71,081 adult reproductive-age women, which recorded the prevalence of PCOS globally. They compared the prevalence of PCOS with the prevalence of obesity in individual nations and found a significant association between the obesity prevalence in a population and its PCOS prevalence when high-quality studies were considered.

“Our study results suggest that the development of PCOS may be tied to the rate of obesity globally, in populations with a wide variation in the prevalence of obesity,” the authors conclude. “These data indicate that obesity, in addition to worsening the metabolic phenotype, may play a role in the development of PCOS.

“The findings may help clinicians and the general public understand that while many women with PCOS are not obese, the rate of obesity may help drive the rising rate of PCOS,” says Ricardo Azziz, MD, MPH, MBA, of the University of Alabama at Birmingham, who is senior author of the study.



“
Our study results suggest that the development of PCOS may be tied to the rate of obesity globally, in populations with a wide variation in the prevalence of obesity.
”

Researchers Generate Functional Parathyroid Glands from Mouse Embryonic Stem Cells

Functional parathyroid glands (PTGs) can be generated from mouse embryonic stem cells (mESCs), according to a study published in *Proceedings of the National Academy of Sciences (PNAS)*.

Researchers in the Stem Cell Therapy Laboratory at Tokyo Medical and Dental University point out

calcium concentration in vitro. For this reason, researchers have attempted to generate functional PTGs using blastocyst complementation, using mouse organisms. Blastocysts are prepared from mutant animals lacking specific organs and then are injected with pluripotent stem cells. As a result, the entire organ of chimeric animals generates from the injected stem cells.

To generate a PTG-deficient mouse embryo as a platform of blastocyst complementation, the researchers used CRISPR-Cas9 genome editing. Within the chimeric mouse body, donor mESCs differentiated into endocrinologically mature PTGs. The generated PTGs met all the criteria necessary for full function: They responded to extracellular calcium and regulated PTH secretion. In addition, generated mESC-derived PTGs improved the pathology of a hypoparathyroidism model mouse by ectopic transplantation.

The researchers also succeeded in producing functional mouse PTGs in the rat body, demonstrating the effectiveness of this method even in cross-species studies.

It is important to note that although this study was conducted in mice, the authors conclude that this study demonstrated functional organ generation that has potential for future clinical applications. The results of this study are expected to make a significant contribution to endocrine organ regeneration and transplantation therapy of regenerated organs by utilizing the blastocyst completion method. ^{EN}

that treatment of hypoparathyroidism requires lifelong replacement therapy. Conventional management includes calcium supplements and vitamin D analogs as well as full-length recombinant human PTH. However, therapeutic benefits are sometimes limited. If functional PTGs can be regenerated and transplanted, it could provide a new treatment option to overcome the limitations of conventional therapy.

Although the ultimate goal is clinical application in humans, researchers attempted experiments in mice as a first step. Today, it is difficult to create functional PTG cells that respond to changes in



“

The results of this study are expected to make a significant contribution to endocrine organ regeneration and transplantation therapy of regenerated organs by utilizing the blastocyst completion method.

”



Divisive Political Climate Concerns Pediatric Endocrinologists



Pediatric endocrinologists are concerned for their safety and their ability to provide evidenced-based care to transgender and gender-diverse adolescents amid political divides over gender-affirming care, according to a new paper published in the *Journal of the Endocrine Society*.

Pediatric endocrinologists specialize in the care of children and adolescents with disorders related to hormones and the glands that produce them, such as diabetes and disorders of growth, thyroid, or puberty. Some pediatric endocrinologists also provide gender-affirming care as part of their medical practice.

Among youth ages 13 to 17 in the U.S., 1.4% identify as transgender, and many of these individuals are seeking gender-affirming care. The Endocrine Society's Clinical Practice Guideline recommends mental health treatment as the first course of action and the use of puberty-delaying medications and gender-affirming hormone therapy, when appropriate, in adolescents who are transgender or gender diverse.

Gender-affirming care is considered the standard of care by all major medical organizations and has been shown to improve mental health outcomes and lower the risk of suicide in transgender youth. Despite these benefits, legislation aiming to ban gender-affirming care has been proposed in 28 states and passed in 20.

In addition to politicizing medical care, efforts to ban gender-affirming care have led to widespread misinformation, online

harassment, and even bomb threats targeting hospitals and physicians, according to a Human Rights Campaign report. Last year, the American Medical Association, American Academy of Pediatrics, and the Children's Hospital Association called on the Department of Justice to investigate rising threats of violence against gender-affirming care providers.

"Our study shows pediatric endocrinologists in states with transgender health bans are most concerned about threats to their personal safety and the impact of these laws on their medical practice," says study author Stephanie A. Roberts, MD, of Boston Children's Hospital and Harvard Medical School in Boston, Mass. "The increasing number of bans on gender-affirming care in the U.S. and the negative impact on pediatric endocrinologists may lead to areas in the country without access to pediatric endocrine care. This includes access to treatment of other disorders we have expertise in besides gender-affirming care such as type 1 diabetes or adrenal insufficiency, both of which can be life-threatening conditions."

The researchers surveyed 223 pediatric endocrinologists to assess how transgender health bans are affecting their practices and identify their top concerns. Of the pediatric endocrinologists surveyed, 56% were currently providing gender-affirming care, and 46% practiced in a state where anti-trans legislation had been proposed or passed between January 2021 and June 2022.

Providers practicing in states with transgender health bans reported concerns about pressures within their hospitals and medical centers

that would limit their ability to provide care, threats to their personal safety and the safety of their patients, concerns about legal action being taken against them, and concerns about their career. The major themes were safety concerns and the impact of laws on medical practice.

“Our work reinforces why efforts to limit access to medically necessary care for transgender youth need to be opposed,” Roberts says.

The other authors of this study are Pranav Gupta of Emory University School of Medicine in Atlanta, Ga.; Ellis Barrera of

Boston Children’s Hospital, Massachusetts; Elizabeth R. Boskey of Harvard T.H. Chan School of Public Health and Harvard Medical School in Boston, Mass.; and Jessica Kremen of Boston Children’s Hospital and Harvard Medical School.

The study received funding from the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development.

The manuscript, “*Exploring the Impact of Legislation Aiming to Ban Gender-Affirming Care on Pediatric Endocrine Providers*,” was published online.

New Bespoke Deal Is Good News for UK-Based Endocrine Researchers

United Kingdom scientists will have access to the world’s largest research collaboration program, Horizon Europe, as the prime minister secures a bespoke deal with improved financial terms for the U.K.’s participation.

U.K. researchers can now apply for grants and bid to take part in projects under the Horizon program, with certainty that the U.K. will be participating as a fully associated member for the remaining life of the program to 2027.

Once adopted, the U.K. will also be able to join the governance of EU programs — which the U.K. has been excluded from over the past three years — ensuring that U.K. scientists can shape collaboration taking place next year. And U.K. researchers will be able to lead consortia in the next work program of Horizon Europe projects.

Horizon will give U.K. companies and research institutions opportunities to lead global work to develop new technologies and research projects, in areas from health to artificial intelligence. This will not only open up cooperation with the EU, but also Norway, New Zealand, and Israel, which are part of the program — and countries like Korea and Canada, which are looking to join too.

This follows a call between the U.K. Prime Minister Rishi Sunak and EU Commission President Ursula Von der Leyen on September 6. They are encouraging U.K. scientists to apply with confidence from today, and they agreed that the U.K. and EU will work together to boost participation.

“This is truly a great result,” says Paul M. Stewart, MD, FRCP, emeritus professor of medicine at the University of Leeds and clinical vice president of the Academy of Medical Sciences. “The U.K. retains its position as a world leader in research and innovation,



Paul M. Stewart, MD, FRCP

and there was strong positioning from researchers in the U.K. and Europe who lobbied hard for the U.K. to rejoin what is the largest research funding initiative worldwide (over 60 billion euros). It took us a while to persuade politicians to do so in our post-BREXIT era, but yesterday was a pivotal moment in bringing this to fruition. I believe it also sends a strong message to the world about the commitment that the U.K. continues to have in this important area.”

Stewart, who also serves as the editor-in-chief of *The Journal of Clinical Endocrinology & Metabolism*, goes on to say that endocrine, diabetes, and metabolism research always performs well in this funding stream.

“The Global Alliance for Chronic Disease (€30m) is funding numerous projects to address the 60 million patients across Europe with Diabetes,” Stewart tells *Endocrine News*. “Projects include nanomaterial solutions for pancreatic islet transplantation, pioneering new therapies to lifestyle intervention changes to prevent and treat diabetes.”

Stewart goes on to point to rare diseases that affect 5% of the population, and he says that endocrine disorders are overrepresented. “A single nation approach in Europe can never provide the power or numbers for full and detailed mechanistic understanding and development of new therapies,” he says, “but the EU funded European Reference network on Rare Endocrine Disorders can undertake research on the entire 600 million EU population. Immense impact has been delivered across numerous endocrine disorders.”

“Finally,” Stewart continues, “an area close to my heart as a founder instigator and member, the European Network for the Study of Adrenal Tumours (ENS@T) pulls together clinicians, scientists, patients, industry, and interdisciplinary researchers to improve the care of patients with adrenal tumors. Seminal advances have been made that include uncovering the genetic basis for primary aldosteronism and pheochromocytoma, trials that have improved outcomes for patients with aggressive adrenocortical carcinoma, and novel diagnostic -omic technologies to ensure early detection.”

Goldner Gets New Position at University of Colorado School of Medicine

Whitney Goldner, MD, has been named the new head of the Division of Endocrinology, Metabolism, and Diabetes in the Department of Medicine at the University of Colorado School of Medicine, Anschutz Medical Campus in Aurora. She will begin her new position July 1, 2024.



Whitney Goldner, MD

Currently, Goldner is professor of internal medicine, Division of Diabetes, Endocrinology, and Metabolism at the University of Nebraska Medical Center. She also serves as medical director of the Thyroid and Endocrine Tumor Program at the Fred and Pamela Buffett Cancer Center at Nebraska Medicine.

Her duties with the Endocrine Society are numerous and include serving on the Clinical Endocrinology Update Committee (later serving as chair); the Clinical Affairs Core Committee; two terms on the Board of Directors (vice president, physician-in-practice, and at large member); editorial board member and associate editor for *The Journal of Clinical Endocrinology & Metabolism*; chair of the Clinical Endocrine Education Committee; and many more.

As a physician scientist, Goldner’s research interests center on thyroid cancer. She has been funded by numerous entities including the National Institutes of Health (NIH), Department of Health and Human Services, industry, and foundations. She is particularly interested in understanding the impact of environmental exposures such as pesticides on cancer risk. She is a member of the PATCAM Advisory Group, an entity that advises investigators with NIH funding on modeling the risk of thyroid malignancies.

Endocrine Society and Matchbox Virtual Media Announce Joint Venture

The Endocrine Society and Matchbox Virtual Media today formed a joint venture that will bring new opportunities for medical, healthcare, and scientific associations to better customize the experiences of their customers relative to producing meetings, organizing communities, and disseminating educational products.

The new joint venture will benefit from the Endocrine Society's initial financial investments and its robust networking within the medical and scientific fields. Matchbox Virtual Media brings its proven platform, technologies, and expertise in designing and delivering engaging online experiences.

The joint venture will not only expand Matchbox Virtual Media's services into the medical, healthcare, and scientific association sectors but it will also evolve current technologies to provide customers an artificial intelligence-enhanced platform, expanded event template resources, and access to the Matchbox knowledge community.

"Providing state-of-the-art virtual meetings and educational products is core to the mission of many associations, but it can be a tremendous challenge," says Endocrine Society CEO Kate Fryer. "We're excited for this new joint venture because it will equip organizations with the best tools to automate time-consuming processes and develop learning programs that will wow their members."

"We have worked with hundreds of organizations to elevate virtual and hybrid event design, planning, and execution. We have purpose-built our platform and distilled our learnings and experience into templates for online experiences we know work to engage, captivate, and facilitate problem-solving and learning," says Matchbox Virtual Media CEO Arianna Rehak. "We are excited that this joint venture will create digital products and services specifically designed to help medical, healthcare, and scientific organizations to engage more of their members in conversations and learning to drive innovation in the sector."



The first activity of the joint venture will be to launch a research study exploring and benchmarking the use of virtual events and online experiences by medical and healthcare organizations. The Endocrine Society and Matchbox want to understand what online experiences are creating value or generating revenue, and the areas in which medical and health organizations see potential to create new online experiences to increase meaningful engagement with their members, community, or field of specialization. **EN**

The first phase of the research study was launched at the ASAE Annual Meeting and Exposition, August 5-8, 2023, in Atlanta, Ga. Pictured are Endocrine Society CEO Kate Fryer and Matchbox Virtual Media CEO, Arianna Rehak.

ENDOCRINE ITINERARY

ObesityWeek® 2023

Dallas, Texas

October 14 – 17, 2023

The preeminent international conference for obesity researchers and clinicians, ObesityWeek® is home to the latest developments in evidence-based obesity science: cutting-edge basic and clinical



research, state-of-the-art obesity treatment and prevention, and the latest efforts in advocacy and public policy. Overcoming

obesity requires multidisciplinary approaches. This is the conference that encompasses the full spectrum of obesity science from basic science research, to translational research and clinical application, to public policy; diet, exercise, lifestyle, and psychology to medical and surgical interventions; from pediatric to geriatric to underserved populations.

<https://obesityweek.org/>

4th Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2023

Orlando, Florida

November 9 – 11, 2023

The 4th Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2023 is a three-day CME course offering a comprehensive review of diagnostic techniques and medical and surgical management of thyroid and parathyroid disorders.

<https://ce.mayo.edu/endocrinology/>

Neuroscience 2023 – Society for Neuroscience (SfN)

Washington, D.C.

November 11 – 15, 2023



Each year, scientists from around the world congregate to discover new ideas, share their research, and experience the best the field has to offer. Attend so you can: Present research, network with scientists, attend session and events, and browse the exhibit hall. Join the nearly half a million neuroscientists from around the world who have propelled their careers by presenting an abstract at an SfN annual meeting – the premier global neuroscience event.

<https://www.sfn.org/meetings/neuroscience-2023>

10th Annual International Society of Oncoplastic Endocrine Surgeons 2023

Tampa, Florida

November 17 - 18, 2023

The field of endocrine surgery is evolving rapidly with novel diagnostic, noninvasive, and innovative surgical techniques such as AI diagnostics, radiofrequency ablation, and scarless endoscopic/robotic endocrine surgeries. To celebrate the 10-year anniversary of ISOPES, the society's very first meeting in the U.S. will be held in Tampa, Fla. Learn about the latest techniques, evidence-driven outcomes, controversies, and the future of endocrine disease from the world's most experienced and renowned faculty in oncoplastic endocrine surgery.

<http://www.isopes.org>

INTERNATIONAL ITINERARY

EndoBridge 2023

Antalya, Turkey

October 19 – 22, 2023

Co-hosted by the Endocrine Society and the European Society of Endocrinology in collaboration with the Society of Endocrinology and Metabolism of Turkey, EndoBridge will be held in English with simultaneous translation into Russian, Arabic, and Turkish. Accredited by the European Accreditation Council for Continuing Medical Education (EACCME), this three-day scientific program includes state-of-the-art lectures delivered by world-renowned faculty and interactive sessions covering all aspects of endocrinology. EndoBridge® provides a great opportunity for physicians and scientists from around the world to interact with each other, share their experience and perspectives, and participate in discussions with global leaders of endocrinology.

www.endobridge.org

Third Euro Diabetes and Endocrinology Congress

Paris, France

December 11 – 12, 2023

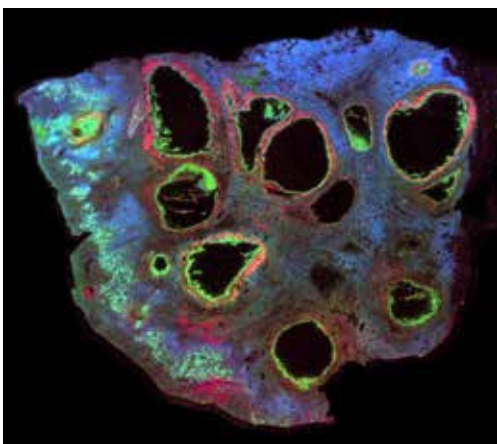
The Third Euro Diabetes and Endocrinology Congress is a unique forum for diabetologists and endocrinologists with comparable levels of experience and education to present, exchange ideas, and develop collaborative networks in both academia and industry.

<https://diabetic.plenareno.com/>

“

Hispanic communities in the U.S. are not a monolith, and the health barriers they face are not all the same. Where I practice, a common barrier our local Hispanic communities face is lack of health insurance which makes some medications unaffordable. This lack of access results in widening health disparities, particularly in obesity and type 2 diabetes where new classes of medications and advanced technologies are quickly becoming standard of care. **Our inability to meet standards of care in the healthcare of Hispanic patients translates to higher rates of chronic disease and higher mortality. Higher disease and mortality, in turn lead to worsening social determinants of health including loss of family income, food and housing insecurity, lack of educational opportunities, etc. By not addressing healthcare access, we are perpetuating health and social inequities.”**

— **Rocio Pereira, MD**, chief of endocrinology, Denver Health and associate professor of medicine at the University of Colorado, Aurora, when asked about the biggest challenges in treating Hispanic patients in “¡Viva la Endocrinología!” on page 18.



Endocrine Image of the Month

From the Endocrine Society’s 2023 Endocrine Images Art Competition, this is entitled “A Sea of Possibilities” by Natalia Pascuali, a postdoctoral research associate in the Veiga Lab in the Department of Pathology at the University of Illinois, Chicago. “Spatial lipidomics of a human ovary visualized using state-of-the-art mass spectrometry imaging (MSI). The different colors (magenta, blue, and green) illustrate the abundance and localization of three distinct lipid species,” according to Pascuali. “We found these lipids to be highly enriched in different ovarian compartments (magenta — theca layer; green — granulosa layer; blue — stroma). Numerous primordial follicles from the ovarian reserve can be observed to the left. To our knowledge, this is the first MSI analysis describing physiological localization of lipids in the human ovary. Therefore, this study could pave the way to finding lipid markers for various ovarian cell types.”

54% The amount of people with diabetes who also have dry eye syndrome (DES)

— SOURCE: JOURNAL OF OPHTHALMOLOGY

62.1 → **100,000**

Ratio of MDs per 100,000 Spanish language speakers in California

— SOURCE: LATINO POLICY AND POLITICS INITIATIVE

50%

U.S. adults have an overall 40% chance of developing type 2 diabetes throughout their lifetimes. However, Hispanic or Latino adults have a greater than 50% chance of not only developing it but developing it at a younger age.

— SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION



BY MARK A. NEWMAN

Viva la **ENDOCRINOLOGIA!**

**ENDOCRINE NEWS CELEBRATES
HISPANIC HERITAGE MONTH**

To celebrate National Hispanic Heritage Month, *Endocrine News* spoke to an array of our U.S.-based Hispanic members to get their insights on their careers, accomplishments, challenges, and what advice they have for young Hispanic endocrinologists just starting out.

In the U.S., Hispanic Heritage Month takes place from September 15 to October 15 and serves to celebrate the histories, cultures, and contributions of U.S. citizens whose ancestors came from Spain, Mexico, the Caribbean, and Central and South America.

First observed in 1968 as Hispanic Heritage Week under President Lyndon Johnson, the celebration was expanded by President Ronald Reagan in 1988 to cover a 30-day period starting on September 15 and ending on October 15, and was enacted into law on August 17, 1988.

September 15 is significant because it is the anniversary of independence for Latin American countries Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua. In addition, Mexico and Chile celebrate their independence days on September 16 and September 18, respectively. Also, Día de la Raza — or Race Day, celebrates the heritage and cultural diversity of Latin America — is October 12, falls within this 30-day period.

Endocrine News wanted to speak to some of the Hispanic members of the Endocrine Society who have made so many valuable contributions to the science and practice of endocrinology, as well as to the progress and success of the Endocrine Society itself. In planning this issue and this article, however, it became obvious very quickly that one issue per year will in no way adequately cover the breadth of contributions by our members who belong to the Hispanic community.

Those members who spoke with us are: **Rocio Pereira, MD**, chief of endocrinology, Denver Health and associate professor of medicine at the University of Colorado, Aurora; **Licy L. Yanes Cardozo, MD**, a practicing endocrinologist and physician-scientist at the University of Mississippi Medical Center, Jackson; **Rodolfo J. Galindo, MD**, associate professor of medicine, University of Miami Miller School of Medicine; director, Comprehensive Diabetes Center, Lennar Medical Center, University of Miami Health System; director, Diabetes Management, Jackson Memorial Health System, Miami, Fla.; **Ricardo Correa MD, EdD**, fellowship director, Endocrinology, Diabetes, and Metabolism; director, Health Equity and Inclusive Initiatives; director, DEI, Mentoring and Belonging; director, Longitudinal Didactics, Endocrinology and Metabolism Institute; Cleveland Clinic; Lerner College of Medicine, Case Western Reserve University, Cleveland, Ohio; **Lina Huerta-Saenz, MD, FAAP**, assistant professor of pediatrics, Division of Pediatric Endocrinology and Diabetes, Department of Pediatrics, Penn State Health Children's Hospital, Pennsylvania State College of Medicine, Hershey, Pa.; **Henry H. Ruiz, PhD**, research assistant professor, NYU School of Medicine, Diabetes Research Program, New York, N.Y.; and **Sandra Rubio, MD, FEAA**, Kingman Regional Medical Center Endocrinology, Kingman, Ariz.; president, board of directors, Western Endocrine Association.



In the U.S., Hispanic Heritage Month takes place from September 15 to October 15 and serves to celebrate the histories, cultures, and contributions of U.S. citizens whose ancestors came from Spain, Mexico, the Caribbean, and Central and South America.

Endocrine News: First off, why did you choose the field of endocrinology?

PEREIRA: As a first-year medical student, I was assigned to work in a community clinic with a large representation of Latino patients. There, I learned about the health disparities affecting Latino adults, including higher rates of obesity, type 2 diabetes, and other obesity-related diseases. As a Latina immigrant myself, I felt compelled to work to eliminate the disparities I observed. For a time, I considered being an internal medicine primary care physician. However, I had enjoyed doing research as a research assistant prior to medical school, and ultimately decided to complete an endocrinology clinical and research fellowship and to become a clinician and clinician researcher focused on addressing disparities in diabetes.

CARDOZO: I came to the U.S. in 2002 for a postdoctoral fellowship from Paraguay. I spent several years dedicated to basic research studying the role of sex steroids in blood pressure regulation under Jane Reckelhoff, PhD's mentorship. Since then, I have been fascinated by the powerful effect of hormones. Then, during the internal medicine residency, I had two mentors whose knowledge of endocrinology was mesmerizing: Angela

R. Subauste, MD, and William Nicholas, MD. Their passion for clinical endocrinology was contagious. I was very attracted to the complexity of endocrine cases and the opportunity to create long-term relations with my patients. I could not choose a better specialty to serve.

GALINDO: Choosing a medical specialty as a medical student could be challenging, but the decision was simple after completing my physiology classes and rotating with the endocrine service. For many specialties, it was about memorizing fact after fact. In endocrinology, it was understanding mechanisms, physiologic responses, or over-functioning or under-functioning of a hormonal system, with end-organ symptoms. For someone like me with pragmatic thinking, it made sense to choose a specialty that could make sense — and was fun.

CORREA: Endocrinology is the perfect area to combine research, education, and clinical. Hormones are the way the cells communicate with each other. Understanding these pathways will help us understand every single disease. I chose endocrinology because I wanted to be in an area that can contribute to changes in science and medicine. The perfect fit for me was endocrinology.

HUERTA-SAENZ: I chose endocrinology because it is a medical specialty that allows the integration of basic science, clinical science, translational science, and public health. Additionally, while modern clinical practice requires an interdisciplinary approach, the chronic nature of many endocrine conditions allows me to build long-term relationships with my young patients and their families. As a pediatric endocrinologist, I focus most of my clinical and educational efforts on the parents first, and as my patients grow and get more independent with their treatments, I gradually switch gears and work closer to them.

RUIZ: I initially chose neuroscience as my primary research focus, with a particular interest in neuropsychological disorders, including Alzheimer's disease (AD). As I progressed, my fascination with endocrinology blossomed. This passion was ignited through my exploration of the connection between AD and metabolic dysregulation, and later extended to investigating how adipose tissue-derived lipid flux contributes to both non-alcoholic and alcoholic fatty liver disease. Notably, this flux is intricately governed by the brain through regulation of the sympathetic nervous system tone. This journey has led me full circle, inspiring me to aim to establish a research program dedicated to unraveling the intricate mechanisms through which the brain orchestrates metabolic processes such as glucose and lipid metabolism.

RUBIO: My interest in endocrinology started in my first year of internal medicine residency. One of my attendings, Leonid Poretsky, MD, was an endocrinologist, and I really enjoyed his approach to medicine. I took an endocrinology elective in my second year, and that was it; I was hooked! I really loved it and thought that I could make a career in this field.

What is one of the biggest challenges you have had to overcome in your career?

PEREIRA: Though being a Latina has sometimes been a challenge in my career (people often underestimate people who look like me), a much bigger challenge has been balancing work and family life as a professional woman. I have been fortunate to have great support from my husband, kids, extended family, and my workplace. However, it has taken me a long time to feel that I am doing enough on both the professional and personal fronts.

CARDOZO: There have been two major challenges in my career. One is the language. It is easier to express one's emotions and feelings in your native language, which, in my case, is Spanish. English was a significant challenge for me initially, as I was very insecure about my accent. Now, after many years in clinical



Rocio Pereira, MD,

chief of endocrinology, Denver Health and associate professor of medicine at the University of Colorado, Aurora

“

Though being a Latina has sometimes been a challenge in my career (people often underestimate people who look like me), a much bigger challenge has been balancing work and family life as a professional woman. I have been fortunate to have great support from my husband, kids, extended family, and my workplace. However, it has taken me a long time to feel that I am doing enough on both the professional and personal fronts.

”



Licy L. Yanes Cardozo, MD,

a practicing endocrinologist and physician-scientist at the University of Mississippi Medical Center, Jackson

“

Latin culture has so much to offer medicine. We are wired to work in a team and to solve problems in a fast and effective way. We also have this capacity to bounce back quickly after defeats. We want to help, comfort, and give hugs, which is part of medicine vital for healing.

”

practice, I feel very comfortable carrying on conversations about medicine or my research in English. However, if you ask me about my life, what I like, or my family, I prefer to talk in Spanish. The second challenge is to be away from my family, especially my mom. It would be impossible to describe in words how hard this is.

GALINDO: The biggest challenge in our healthcare system nowadays is to maintain motivation and energy, despite growing difficulties for clinicians and patients. We had a difficult time during the pandemic that strained our system and created more barriers, particularly for minorities. As clinicians, we put our energy and dedication into our patients, and the system's barriers create more steps for our patients to get better. With ongoing support from our professional organizations such as the Endocrine Society, we continue to advocate for improved access to care and further scientific innovation. But there is still some work ahead.

CORREA: The biggest challenge in my career has been deciding what I want to do for my future. I started with a very heavy research focus but then I switched to include health equity. It was very difficult to let my primary focus go, but it was very rewarding to see that decreasing disparities has a bigger impact on what I want to do.

HUERTA-SAENZ: As an international medical graduate and the first person in my family who moved to the United States to pursue a residency and research career in 2008, I needed to learn many things from zero. My primary language is not English, therefore mastering my communication skills was my first challenge. After that, I needed to understand the steps required to develop a successful academic and research career as an early-stage physician-scientist.

Learning is a lifelong process, and my achievements could not have been possible without the generous advice and support of talented amazing mentors and advisors. My junior research career has not been easy, partly because I was naïve to the academic life in the United States. Due to other challenges related to my visa status (a few years of a national interest waiver requirement to qualify for higher research time). Thanks to the junior faculty and early-stage investigator programs available at amazing organizations such as the Endocrine Society, the PRIDE Cardiovascular Disease-Genetics Epidemiology program from the NHLBI (National Heart, Lung, and Blood Institute), the Network of Minority Research Investigators (NMRI) from the NIDDK, and my current institution, Pennsylvania State

University, I was finally able to move forward with my research career dream and goals.

RUIZ: The most significant challenge I have encountered in my career is the consistent need to demonstrate to others that the education and scientific foundation I received during my training at Queens College and the Graduate Center of the City University of New York (CUNY) is on par with that attained by individuals from institutions with prominent name recognition. I am confident that no colleague acquainted with my scientific contributions would question the quality of my work or my capacity to formulate impactful scientific inquiries. For these reasons, I take great pride in representing and advocating for my Alma Mater. The time has come for scientific reputation to transcend mere name recognition, and for public institutions excelling in preparing the next generation of scientists to be acknowledged for their endeavors.

RUBIO: One of the biggest challenges during my career has been access to care for our patients. Unfortunately, there aren't enough endocrinologists to meet the demands. I have been able to work with excellent APPs (advanced practice providers) over the years to help bridge the gap.

What are your biggest concerns when it comes to treating Hispanic patients?

PEREIRA: Hispanic communities in the U.S. are not a monolith, and the health barriers they face are not all the same. Where I practice, a common barrier our local Hispanic communities face is lack of health insurance, which makes some medications unaffordable. This lack of access results in widening health disparities, particularly in obesity and type 2 diabetes where new classes of medications and advanced technologies are quickly becoming standard of care. Our inability to meet standards of care in the healthcare of Hispanic patients translates to higher rates of chronic disease and higher mortality. Higher disease and mortality, in turn, lead to worsening social determinants of health including loss of family income, food and housing insecurity, lack of educational opportunities, etc. By not addressing healthcare access, we are perpetuating health and social inequities.

CARDOZO: The limited resources that they have to stay healthy and battle diseases. They come to this country seeking opportunities for a better life to provide for their families and to pursue their dreams. In the U.S., they work hard, and because access to healthcare is complicated, health-related issues are not their priority. They are resilient and can mask



Sandra Rubio, MD, FEAA,

Kingman Regional Medical Center Endocrinology, Kingman, Ariz.;
president, board of directors, Western Endocrine Association

“

Being Hispanic and practicing in the mainland U.S. has made me get out of my comfort zone.

We bring not only a common language but similar customs and culture. I can relate to my patients in more ways, and that helps me connect with them.

”



Rodolfo J. Galindo, MD, (far right) snaps a selfie with his postdoc fellows and coordinators. Joining the team is Galindo's mentor and the Endocrine Society's 2021 Outstanding Scholarly Physician Laureate Award recipient, Guillermo Umpierrez, MD, CDE (seated, third from left).

their diseases well until they get very sick. The other one is the lack of sound scientific information. The Hispanic community has many information sources, many of which are misleading when related to health.

GALINDO: Hispanics are a large ethnic group in the U.S. with a large imprint in our culture and economy. However, they are disproportionately affected by a higher prevalence of chronic disease, such as diabetes and obesity. While Hispanics may have some genetic predisposition for some conditions, the main issue is access to better nutrition, physical activity, and good medical care. It's not having insurance (versus being uninsured). For many of our Hispanic patients the issue is limited access to good medical care from being underinsured or having difficulty navigating the complex healthcare systems. In addition, the system is not adapted to provide culturally appropriate care, which goes beyond being able to provide Spanish language interpreters.

CORREA: We need clinicians who understand not only the language but also the culture of Hispanic patients. Many of the Latin patients don't ask anything and just follow the recommendations of the doctor, but not knowing why. It is very important that the clinician understands this reality and starts talking with the patient even though the patient won't ask questions. This is where cultural competency and shared decision making are important.

HUERTA-SAENZ: I have frequently noticed biases in the care of my Hispanic patients, which show up in different settings. For instance, from the perspective of the providers, a patient with a language barrier always takes longer in a clinical appointment. Therefore, if no extra time is scheduled for a patient with a language barrier, many providers can feel overwhelmed with the care of a patient who is a non-English speaker. Different languages and cultural backgrounds between the healthcare provider and the Hispanic community can make a significantly impact.

In endocrinology, an important part of our daily work is understanding the traditions, habits, and culture of our patients to customize some aspects of our education plan. Providing education related to healthy eating, physical activity, and healthy lifestyle options is needed for many endocrine conditions such as diabetes mellitus, metabolic syndrome, dyslipidemia, etc. Therefore, our clinical work is closely related to traditions, personal styles, and culture. It is crucial to understand and respect the culture and traditions of our patients to be able to establish a good relationship with them and to customize some aspects of patient education.

What has been one of your biggest notable successes that has defined your professional role?

PEREIRA: One of the things I am most proud of is a community-based lifestyle intervention program I created in partnership

with a local community organization. Ten years ago, I got funding from a local foundation to set up the National Diabetes Prevention Program for Spanish speakers. The program has had continuous funding since then and has grown to include health screening services, a self-monitored blood pressure control program, and a diabetes self-management program. To date, we have enrolled more than 3,000 participants and connected more than 1,000 patients to healthcare, leading to improved health outcomes for countless participants and their family members.

CARDOZO: As a physician-scientist and practicing endocrinologist, I have a career I never dreamed of. I want to leave a legacy of hard work, honesty, and joy in medicine. I am very proud when I open my lab door every morning. I am very proud of my trainees, especially when they are awarded or recognized for their research. Finally, I am very proud of being a mom, and my two daughters are my primary inspiration, strength, and energy source. Without them, nothing will make significant sense. Raising a family and working is still very challenging for women.

GALINDO: I have been fortunate to have dedicated mentors, such as Guillermo Umpierrez, MD, who value my efforts and dedication. By having that, I could be working anytime and being extremely happy. I truly enjoy what I do, focusing on integrating my questions from caring for my patients into my clinical research program. It's fascinating to be able to find better ways to treat your patients. I am lucky to be able to do that, and it's mostly because of the great mentorship I have received.

CORREA: My biggest success has been becoming director for health equity for an endocrinology institute. Getting to spread the word of what health equity means and how an organization can embrace this concept has been a challenge but also a success. Establishing projects that help the Latinx population in different parts of the country is something that I am very proud of.

HUERTA-SAENZ: For sure, my research career achievements. I moved to the United States with a dream to build a career as a physician-scientist. My first research award during the pediatrics residency provided me with the confidence to follow my ideas as these ones reflected my creativity, innovation, and critical thought process.

In 2014, I received one of the abstract research awards from the Endocrine Society for in-training fellows provided to fellows whose research was related to type 1 diabetes. Then, in 2022,



Rodolfo J. Galindo, MD,

associate professor of medicine, University of Miami Miller School of Medicine; director, Comprehensive Diabetes Center, Lennar Medical Center, University of Miami Health System; director, Diabetes Management, Jackson Memorial Health System, Miami, Fla.

“

For many of our Hispanic patients, the issue is limited access to good medical care from being underinsured or having difficulty navigating the complex healthcare systems. In addition, the system is not adapted to provide culturally appropriate care, which goes beyond being able to provide Spanish language interpreters.

”



Ricardo Correa MD, EdD,

fellowship director, Endocrinology, Diabetes, and Metabolism; director, Health Equity and Inclusive Initiatives; director, DEI, Mentoring and Belonging; director, Longitudinal Didactics, Endocrinology and Metabolism Institute; Cleveland Clinic; Lerner College of Medicine, Case Western Reserve University, Cleveland, Ohio

“

We need clinicians who understand not only the language, but also the culture of Hispanic patients. Many of the Latin patients don't ask anything and just follow the recommendations of the doctor, but not knowing why. It is very important that the clinician understands this reality and starts talking with the patient even though the patient won't ask questions. This is where cultural competency and shared decision making are important.

”

after a long period of clinical work, I obtained a KL2 award from Penn State, which funded the protected research time I currently have and has positively changed the course of my research career.

RUIZ: Successfully obtaining a prestigious career development award from the National Institutes of Health (NIH) was a defining moment in my career because it provided me with validation that I possess the scientific repertoire necessary to effectively support an independent research program.

RUBIO: Seeing improved patient outcomes and their quality of life has been very rewarding and motivating in my career. We now have so much technology and new treatment options to offer our patients. I especially enjoyed starting telemedicine services for our patients living in rural communities much before the pandemic.

Does being Hispanic bring with it any unique insights for your work?

PEREIRA: My experiences as a biracial (half Japanese) Latina immigrant shape the way I see the world and have made me aware of the inequalities, bias, and racism that still impact many ethnic/racial communities in the U.S. and the world. As specialty clinicians, consultants, and researchers, we are proud to provide excellent endocrine care to our patients, useful guidance to our peers, and exciting new discoveries and medical advances in contribution to society. I believe that we also all have a role to play in making society more equitable and ensuring the benefits of excellent healthcare and research advances reach all people and not just those from privileged groups.

CARDOZO: Absolutely. Latin culture has so much to offer medicine. We are wired to work in a team and to solve problems in a fast and effective way. We also have this capacity to bounce back quickly after defeats. We want to help, comfort, and give hugs, which is part of medicine vital for healing.

CORREA: Yes, having a deep understanding of the culture helps me plan projects for the community that helps them directly. Being recognized by the community that I served also helped my work because I have become a trusted source for them. In addition, talking to the patients in the same language facilitates every process.

HUERTA-SAENZ: Absolutely. I am a multiracial Hispanic physician from Peru, and since I was little, I have been exposed to different cultures: Asian (I was educated in a Peruvian-Japanese



Members of this roundtable were very busy at **ENDO 2023** in Chicago: Galindo gives a talk on the proper use of continuous glucose monitors (left), while Correa took part in the first Endocrinology Mentor Day.

high school), African (we do have many Peruvians with African ancestry roots, and our music and food have been enriched with some of these traditions), and Native South American (I am Quechua descendent. Quechuas is one of the original people of South America).

During medical school, I also had the opportunity to represent my medical school at the scientific meeting of the Latin American Federation of Medical Students, where I worked with other medical students from the region and understood better our similarities and heterogeneous roots, styles and traditions. We care about family, we strongly support each other, and we are very resilient.

I strongly believe my Hispanic background allows me to bring a unique perspective into the daily care of my patients, as well as a unique perspective to our daily clinical work.

RUIZ: Yes, it does. Perspective, for instance. I often find myself as the only Hispanic in the room or occasionally, one of the few. Consequently, I frequently question whether the findings presented by any speaker will hold relevance for individuals who share my cultural and ethnic background. When a solution is discovered for a particular disease, I ponder its applicability to us. Given the rising prevalence of obesity and diabetes among Hispanics, these questions become even more poignant. I aspire to eventually collaborate with institutions

based in Latin countries, aiming to share my expertise and address these concerns.

RUBIO: Being Hispanic and practicing in the mainland U.S. has made me get out of my comfort zone. We bring not only a common language but similar customs and culture. I can relate to my patients in more ways, and that helps me connect with them.

What role has the Endocrine Society played in your career?

PEREIRA: The Endocrine Society has been my professional home since I joined as a trainee nearly 20 years ago and has played a pivotal role in my career. As a junior faculty member, I was selected to serve on the Minority Affairs Committee (MAC) where I served two terms and subsequently became committee chair. As MAC chair, I participated in the Endocrine Society's diversity strategic planning and implementation, including the transition of the MAC to the Committee on Diversity and Inclusion (CODI). Three years ago, I was selected to serve as director for the Excellence in Clinical Endocrinology Leadership program, and for the past two years, I have served on the Endocrine Society's Board of Directors. These experiences have helped me develop as a leader and advance in my career and have given me the opportunity to build a strong network of colleagues, mentors, and friends.



Lina Huerta-Saenz, MD, FAAP, is pictured with one of her most valued mentors, Morey Haymond, MD, distinguished professor emeritus, Baylor College of Medicine.

CARDOZO: The Endocrine Society is my scientific familia (family). To me, one of the most essential roles of a Society is to amplify our voice to make a positive impact in someone's life. The Endocrine Society shares my values, love for science, and love for the community. Over the years, I have met many inspiring leaders in the field through the Endocrine Society. I also stay up to date with the latest information about endocrine disorders or discoveries. It is part of my support system, my village.

GALINDO: The Endocrine Society is the oldest professional association in our country, with a strong tradition of improving patient care, research, and education to advance the hormone field. As a member, I have received support in all those areas since I was a trainee and continue to do so now as a dedicated clinician. I was very fortunate to receive the FLARE award as a fellow, which supported my training and helped me establish my mentor-mentee relationship. Since then, it's been a very gratifying and productive career.

CORREA: A major one. The Endocrine Society has been part of my career since residency. I was part of the FLARE program where I found amazing mentors that have guided me in the research arena and as part of my professional growth. Being part of different committees from Publications to Special Interest Group — Pituitary and Adrenal — as well as the Clinical Affairs Core Committee has helped me to better understand our profession and to contribute to the endocrine community in many ways.

HUERTA-SAENZ: When I was a pediatric endocrinology fellow, I applied for a special workshop for fellows organized by the Endocrine Society. This workshop had the goal to provide real information to endocrine fellows who wanted to pursue a research career as part of their future professional lives. The workshop was one day before **ENDO**, and the speakers were outstanding researchers with successful academic careers. This was such an eye-opening event in my career. It helped me confirm my desire to continue in academia, and more than that, it confirmed my decision to look for opportunities as a researcher.

After receiving my permanent residency status, I participated in the FLARE program, which was a game-changer for my career development. My participation in FLARE empowered me to continue in this challenging but amazing career as an academic researcher.

Listening to all the talented FLARE speakers, who were also investigators with diverse cultural, racial, and ethnic backgrounds provided me with a whole new perspective about what I needed to do to overcome certain barriers and challenges. I met wonderful, successful leaders in the field of endocrinology and science such as Dale Abel, MD, PhD, and Stephen Hammes, MD, PhD, among others, and was assigned a FLARE mentor, Joshua Joseph, MD, MPH, FAHA. Since then, our mentorship relationship has continued, and he has been available to support me through virtual sessions, emails, and phone conversations. His generous, honest, and expert guidance has helped me in important moments of my

career including grant applications and crucial conversations with leaders.

Thanks to the Endocrine Society, I feel part of a large community of researchers, mentors, and colleagues whom I trust, admire, and enjoy being part of.

RUIZ: The Endocrine Society has played a pivotal role in my career development. It has provided me with a platform to network and become involved in career-changing programs, such as the Future Leaders Advancing Research in Endocrinology (FLARE) program. It gave me my first opportunity to contribute an “invited mini review” in 2022, which garnered recognition for being among the top 10% of the most cited articles in *Endocrinology* and continues to receive substantial recognition. Additionally, the Society afforded me the first chance to witness the magic that unfolds behind the scenes of the journal, as I took on the role of an early-career reviewer. Furthermore, I was allowed the opportunity to become involved with the Society as a member of the Trainee and Career Development Core Committee, which was an amazing learning experience. In essence, the Endocrine Society has played a fundamental role in shaping my career development.

RUBIO: The Endocrine Society offers so many opportunities to connect, both educationally and socially. I am very proud to belong to the Endocrine Society and look forward to participating for many years to come.

What advice would you give to young Hispanic endocrinologists just starting their careers?

PEREIRA: I think it is very important for young Hispanic endocrinologists, as well as those from other underrepresented backgrounds, to remember the great value their identity and unique perspectives bring to our field. It is also important for us to remember that our power and privilege as professionals give us the opportunity to serve our communities as role models, mentors, and advocates. I advise young endocrinologists to build a supportive network, seek out mentors and sponsors, and get involved with the Endocrine Society.

CARDOZO: It will be a fantastic and gratifying ride. Your medical encounter with your Hispanic patients will be among your practice’s most rewarding and challenging. You will get many “Dios me la bendiga” (God bless you) every day. You will



Lina Huerta-Saenz, MD, FAAP,

assistant professor of pediatrics, Division of Pediatric Endocrinology and Diabetes, Department of Pediatrics, Penn State Health Children’s Hospital, Pennsylvania State College of Medicine, Hershey, Pa.

“

Be resilient when rejections come and things are not going well, but overall, pursue what gives you daily happiness. In my case, even though my clinical load and research projects are hard work, the happy and spontaneous smiles of my young patients truly make my day, no matter what.

”



Henry H. Ruiz, PhD,

research assistant professor, NYU School of Medicine, Diabetes Research Program, New York, N.Y.

“

I frequently question whether the findings presented by any speaker will hold relevance for individuals who share my cultural and ethnic background. When a solution is discovered for a particular disease, I ponder its applicability to us. Given the rising prevalence of obesity and diabetes among Hispanics, these questions become even more poignant.

”


get many smiles, hugs, and appreciation from a community that trusts your medical opinion and values you for what you are: Su Doctor.

GALINDO: Physicians from Latin America, Spain, or anywhere in the world that speak Spanish have a great potential to influence our medical field. We are dedicated professionals, with great energy and endless happiness. My advice is to find a niche within our field, whether it has a focus on scientific discovery, clinical innovation, or education, where you can become an expert and provide guidance to patients and junior physicians. Giving back to our younger generations of physicians will make the field stronger and move it forward.

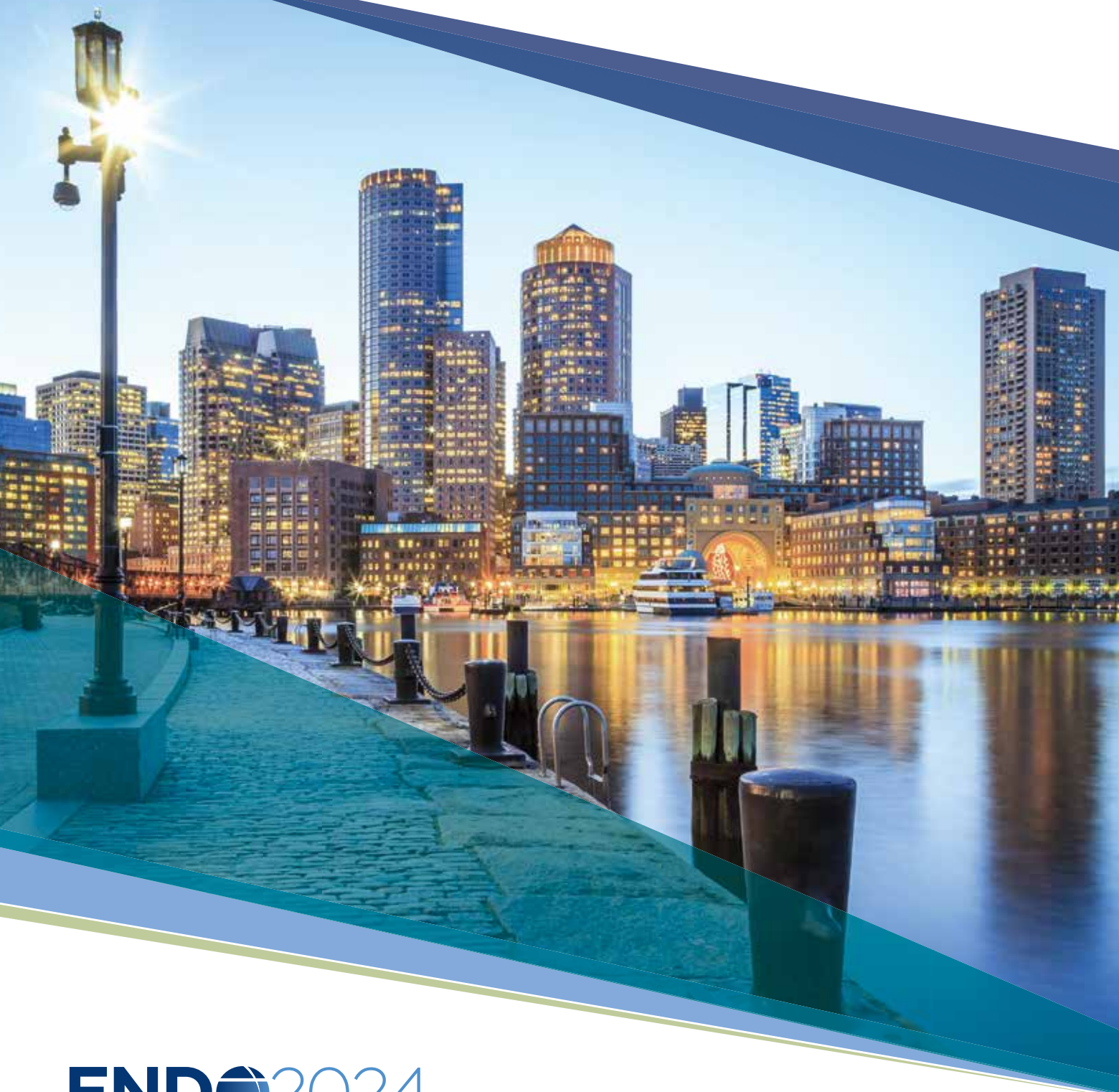
CORREA: My best recommendation is that “sky’s the limit.” Latinos make up 19.5 % of the U.S. population, and we need more endocrinologists who understand our community. There are many things that we still need to change to make the healthcare system affordable for the underserved community. I encourage all our Latinx endocrinologists to join forces together to help our community. If you want to get involved in a project, please contact me.

HUERTA-SAENZ: Be humble, be curious, be persistent, look for guidance from senior researchers and healthcare professionals who truly care about your career, and listen to them with undivided attention. Look for a workplace where you feel truly valued, but also challenged with more opportunities to grow as a professional and researcher. Be resilient when rejections come and things are not going well, but overall, pursue what gives you daily happiness. In my case, even though my clinical load and research projects are hard work, the happy and spontaneous smiles of my young patients truly make my day, no matter what.

RUIZ: Join the Endocrine Society (and other relevant organizations), and prioritize networking. This might seem challenging initially, especially if you come from a cultural or academic background where networking isn’t the norm. However, your network is what will propel you forward. Scientific progress can be tough, but it becomes smoother when approached collectively as a community rather than as an individual.

RUBIO: In my current role as president of the Western Endocrine Association, I will encourage our young Hispanic endocrinologists to continue to make a difference in so many patients’ lives. When we change one person’s life for the better, we are affecting that community as a whole. 

– NEWMAN IS THE EXECUTIVE EDITOR OF *ENDOCRINE NEWS* AND HAS BEEN WITH THE ENDOCRINE SOCIETY SINCE 2013.



ENDO2024

JUNE 1-4, 2024 BOSTON, MA

SAVE THE DATE

[ENDOCRINE.ORG/ENDO2024](https://endocrine.org/endo2024)

© 2023 ENDOCRINE SOCIETY

ENDOCRINE
SOCIETY 

Aside from a litany of cultural and clinical barriers many Hispanics face in getting proper healthcare, supply and demand has proven difficult with certain medications, most recently tirzepatide.

Rodolfo J. Galindo, MD, discusses these issues as well as why clinicians must often go “beyond the guidelines” when treating specific patient populations.



Cultural CONNECTIONS

BY DEREK BAGLEY

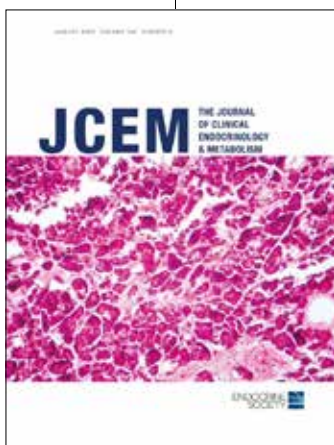
How understanding Hispanic traditions can improve treatment outcomes.

In 2023, Hispanics represent the largest minority group in the United States — more than 60 million people, or about 19%. It's well known that Hispanics have a high incidence of diabetes, obesity, and cardiovascular disease, due to various factors, yet this population remains underrepresented in clinical trials.

In August, a paper appeared in *The Journal of Clinical Endocrinology & Metabolism*, titled, “Tirzepatide in Hispanic/Latino Patients with Type 2 Diabetes: A Subgroup Analysis of the SURPASS Program,” that further drives the above point home. The authors write: “The risk of diabetes and excess weight in people of Hispanic/Latino ethnicity increases with age, likely due to a combination of genetic, socioeconomic, and cultural factors. Optimal glycemic and weight control after diabetes onset also remain a challenge for Hispanic/Latino patients with T2D. Hispanic/Latino patients with T2D are more likely to be hospitalized and to die of T2D-related complications than non-Hispanic/Latino patients.

Despite these differences, clinical trial data from Hispanic/Latino patients with T2D are limited.”

As the title of the paper suggests, the SURPASS Program wanted to look at how this drug affects people, especially as tirzepatide keeps making headlines, not just for treating diabetes but for weight loss as well. Rodolfo J. Galindo, MD, associate professor of medicine and director of the Comprehensive Diabetes Center at the University of Miami Miller School of Medicine and co-author of this JCEM paper, tells *Endocrine News* that when new drugs are developed and approved, there is always a question if the effect found on the validating studies can be generalized to other subgroups with different risks or exposures, particularly minority populations. “Notably, the SURPASS Program probably had the largest representation of Latinos in any prior validating clinical program in diabetes so far,” he says. “Hence, we examined the efficacy and safety of the novel dual-agonist GIP-GLP1 agonist in Latinos.”





Tirzepatide's efficacy has almost made it a victim of its own success, which has put up another barrier, especially in the Hispanic community.

“ Focus on providing culturally appropriate advice more than strictly following the guidelines. As a member of the guidelines myself, I see it as the initial step but not as the only approach. A personalized approach, focusing on culture, background, and disease specifics is a winning formula.”

— RODOLFO J. GALINDO, MD, ASSOCIATE PROFESSOR OF MEDICINE, UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE; DIRECTOR, COMPREHENSIVE DIABETES CENTER, LENNAR MEDICAL CENTER, UNIVERSITY OF MIAMI HEALTH SYSTEM; DIRECTOR, DIABETES MANAGEMENT, JACKSON MEMORIAL HEALTH SYSTEM, MIAMI, FLA.

And while Galindo and his co-authors found that tirzepatide worked wonders for the Hispanic/Latino population (“In the SURPASS-1 to -4 trials, treatment with tirzepatide resulted in similar robust improvements in glycemic and body weight control, shown consistently both in Hispanic/Latino and non-Hispanic/Latino patients with T2D,” the authors conclude), disparities and barriers remain in treating patients with obesity and diabetes in this community, culturally and clinically.

Culturally Sensitive Strategies

Diabetes rates continue to climb worldwide, due in part to genetics and age, but Galindo says that the latest guidelines recommend addressing excess body weight as one of the key underlying pathophysiological factors for type 2 diabetes. Of course, the first and best way to prevent weight gain and start weight loss is to modify your lifestyle, but for some in the Hispanic community that can be something of a non-starter. Galindo explains that in the Hispanic culture, the matriarchs play a key role in diet and lifestyle, and a big part of that diet can be unhealthy foods.

For Galindo, it's not about giving up favorite foods, it's about adjusting quantities, portions, and timing. “Hispanic/Latinos love to eat from generations, like arroz con pollo, seasoned food with a high sodium content, fried foods, high carbohydrates — tasty food. It's not that you cannot eat those, it's just to eat healthier,” he says. “It's part of our culture to eat around family and what our matriarchs have prepared for us. Hence, dietary modification will not translate into action unless family is involved.”

It's also important to remember that the Hispanic community is highly heterogenous, so endocrinologists treating these patients with obesity will have to individualize care plans. Galindo points to a paper he co-authored that was published in January in the journal *Obesity*. "Key to successful management of obesity in the Latinx population is the development of culturally sensitive intervention strategies, ideally including bilingual and bicultural staff, adjusting interventions to suit Latinx diets, and encouraging the participation of key family members," the authors of that paper write.

The authors of the *Obesity* paper give several examples of the challenges of managing obesity in Hispanic people, from genetics and environmental factors such as food insecurity, to cultural differences such as curvier bodies being more desirable in the Hispanic community. The authors go on to note that only 4.4% of U.S. physicians identify as Hispanic or Latinx. "The shortage of Latinx healthcare providers can lead to language barriers between Latinx people and their healthcare providers, which can negatively impact the management of obesity and related comorbidities," the authors write. "Limited English proficiency among Latinx patients is associated with lower receipt of advice about diet and exercise."

Galindo says that over his years of practice in New York City, Atlanta, and now Miami, treating Hispanics with diabetes and obesity, he has learned from his patients, and he feels lucky to understand their varying cultures and traditions. "Focus on providing culturally appropriate advice more than strictly following the guidelines. As a member of the guideline committees myself, I see it as the initial step but not as the only approach. A personalized approach, focusing on culture, background, and disease specifics is a winning formula."

Overcoming Supply Issues

And while diet and lifestyle modification is a great first step that has its challenges in the Hispanic community, tirzepatide looks like another excellent tool in the treatment of diabetes and obesity — if those who need it can get it.

Tirzepatide's efficacy has almost made it a victim of its own success, which has put up another barrier, especially in the Hispanic community. "While clinicians, journalists, and even politicians were amazed with the great results, many of our patients are not able to access it," Galindo says. "One issue is lack of coverage by insurance and high cost, particularly for Hispanics, who tend to have more 'underinsured or uninsured status.' We expect this to improve or change, as usually happens with new drugs."

"But the more commonly seen issue nowadays is when patients start using it and then they cannot continue it due to 'supply issues,'" Galindo continues. "These drugs were developed for type 2 diabetes, but their incredible weight loss results also triggered approval for obesity treatment for some agents. Hence, many people without diabetes or even obesity, including celebrities, started using it — and paying cash without insurance approval for weight loss, while our patients who truly needed the drug had issues with supply."



AT A GLANCE

- ▶ **Hispanics are the largest minority group in the United States, yet face health disparities, especially in obesity and diabetes.**
- ▶ **Addressing excess body weight can help treat diabetes, but Hispanics face cultural and clinical barriers, and physicians should be aware of these challenges and how to overcome them.**
- ▶ **Tirzepatide has been shown to be safe and efficacious for Hispanics with obesity and diabetes, but access to the drug remains elusive for some.**



According to Galindo, it's not about giving up favorite foods, but adjusting those quantities as well as the portions and meal timing. "It's part of our culture to eat around family and what our matriarchs have prepared for us," he says. "Hence, dietary modification will not translate into action unless family is involved."

“ We demonstrated that the results in HbA1c and body weight reductions were comparable between subgroups and with the overall trial population. We have another tool to modify the disease of diabetes, not just lowering the glucose in Hispanics.”

— RODOLFO J. GALINDO, MD, ASSOCIATE PROFESSOR OF MEDICINE, UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE; DIRECTOR, COMPREHENSIVE DIABETES CENTER, LENNAR MEDICAL CENTER, UNIVERSITY OF MIAMI HEALTH SYSTEM; DIRECTOR, DIABETES MANAGEMENT, JACKSON MEMORIAL HEALTH SYSTEM, MIAMI, FLA.

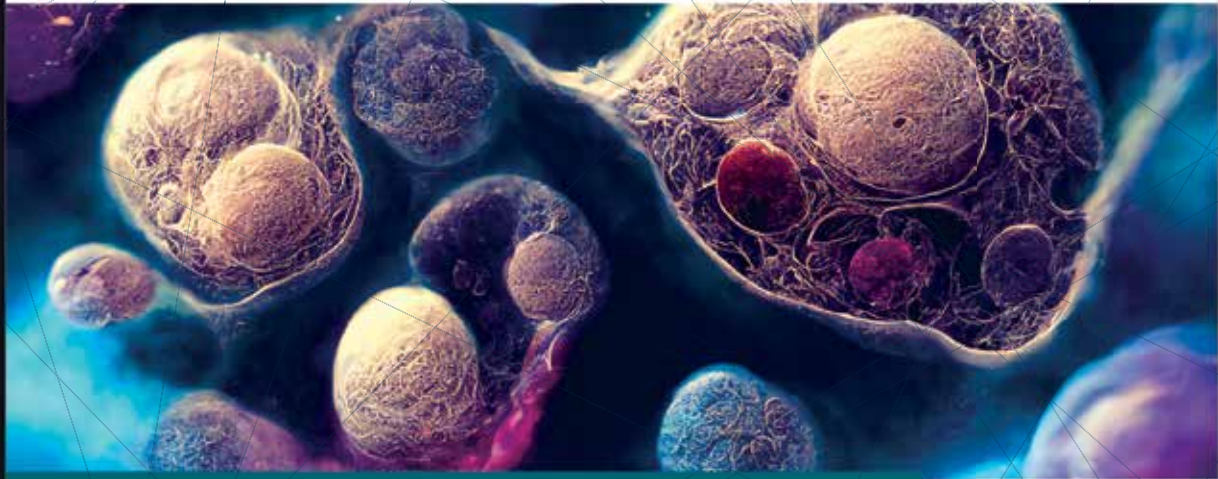
Still, the drug appears to work wonders for people who can actually obtain it. Galindo says that the SURPASS Program's results showed that tirzepatide reduced HbA1c up to 2.58% and body weight up to 14.00%, the highest ever reported for any diabetes medication. "The results in clinical practice are similar to the validation trials," he says. "We all educate our patients for potential side effects or intolerances and have not had bad outcomes so far. The only negative issue has been that some patients sometimes cannot get it due to supply issues. The supply deal improved, then got worse again, which I think is related to local/regional market needs."

But the hope remains that these are temporary setbacks and patients who need tirzepatide will finally be able to start affordably taking it, especially as study results have been so positive and physicians and patients become more optimistic. "We demonstrated that the results in HbA1c and body weight reductions were comparable between subgroups and with the overall trial population," Galindo says. "We have another tool to modify the disease of diabetes, not just lowering the glucose in Hispanics." ^{EN}

— BAGELY, WHO HAS BEEN WITH THE ENDOCRINE SOCIETY SINCE 2013, IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE SEPTEMBER ISSUE, HE WROTE ABOUT THE CONCERNING LINK BETWEEN OBESITY, DIABETES, AND LIVER DISEASE IN THE ARTICLE, "GUILT BY ASSOCIATION."

ENDO 2023

SESSION RECORDINGS

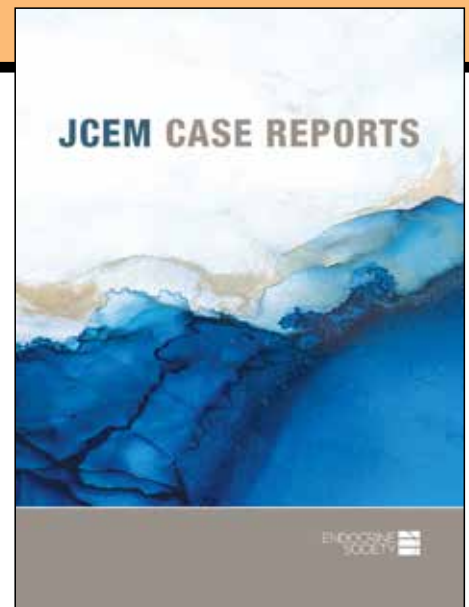


ENDO 2023

SESSION RECORDINGS

VIEW MORE THAN 150 SESSIONS
AND EARN UP TO 110 CME CREDITS

PURCHASE TODAY



A Look at Some
Unusual Cases from
JCEM Case Reports

Stranger THINGS

Three case studies from *JCEM Case Reports* highlight the work by early-career Hispanic and Latino researchers from around the country. Maria Daniela Hurtado Andrade, MD, PhD; Carlos S. Botero Suarez, MD; and Nicolas Villarraga discuss these highly unusual cases that put their problem-solving skills to the test.

BY KELLY HORVATH

When *JCEM Case Reports* was launched at the end of 2022, its goal was to “impart valuable insights and clinical nuances that cannot be found in large case series, clinical trials, or practice guidelines,” according to the journal’s editor-in-chief, William F. Young, Jr., MD, a professor of medicine at the Mayo Clinic College of Medicine and Science in Rochester, Minn., who added that many of his best teaching and learning opportunities have been based on the care of single patients with “challenging clinical scenarios.”

Three such challenging clinical scenarios are presented here that also highlight the research of the Endocrine Society’s early-career members from the Hispanic and Latino communities: Maria Daniela Hurtado Andrade, MD, PhD, discusses “A False Pituitary Tumor” from the May 2023 issue; Carlos S. Botero Suarez, MD, talks about the article, “Diabetic Muscle Infarction: An Uncommon Diabetic Complication with a Lack of Standardized Treatment” from the March 2023 issue; and Nicolas Villarraga gives his team’s perspective on “Unique Presentation and Perioperative Management of a Giant Pheochromocytoma” also from the May 2023 issue.

“Each of these case reports highlight important clinical pearls,” Young tells *Endocrine News*. “For example, Hurtado Andrade and colleagues caution us that when evaluating a patient for a pituitary mass, it is important to recognize the possibility of intracranial hypotension (due to a cerebrospinal fluid leak) in patients who have the constellation of a diffusely enhancing pituitary gland on MRI, postural headaches, and intact pituitary function. Villarraga and colleagues enlighten us on many of the unique challenges in managing large and highly functioning pheochromocytomas. And Botero Suarez and colleagues share a case of diabetic myonecrosis and the clinical intuition and diagnostic tests needed to make this diagnosis and provide guidance on treatment.”

A False Pituitary Tumor

Study coauthor Maria Daniela Hurtado Andrade was still an endocrinology fellow at the Mayo Clinic in Rochester, Minn., when she encountered the case of a 24-year-old male patient who was referred to endocrinology for evaluation of pituitary enlargement without a hypo-enhancing lesion on magnetic resonance imaging (MRI). The mass was discovered during prior evaluation of progressively worsening headaches over five years. Hurtado Andrade reviewed the details of the case with study coauthor Alice Chang (also at the Mayo Clinic), who is an expert in the pituitary gland and was surprised by the absence of hypo-enhancement, given that most pituitary masses take up less gadolinium than a normal pituitary does.

Hurtado Andrade and Chang then got a message from neurosurgeon John L. D. Atkinson (also a study coauthor and also at the Mayo Clinic), who was reviewing the patient's medical records in preparation for his consultation, saying that he did not believe the patient had a pituitary mass, despite the MRI findings. Instead, Atkinson believed that the patient had a cerebrospinal fluid (CSF) leak that may make the pituitary gland appear enlarged when it is really not. "From the endocrinology perspective," says Hurtado Andrade, "this is something that we do not see commonly in clinical practice. However, from the neurosurgery perspective, these are not rare." The Mayo Clinic is a referral center for CSF leaks, so Atkinson is familiar with this condition and an expert at treating it, although it is still relatively rare. But a neurosurgeon might be more aware of the possibility than an endocrinologist, and he knew that a CSF leak should be considered, explains Hurtado Andrade.

This surprising development that came the day before Hurtado Andrade was to see the patient prompted her to read any related literature. Although there was not all that much, it was enough to educate her on what questions to ask the patient.



MARIA DANIELA HURTADO ANDRADE, MD, PHD, ENDOCRINOLOGIST AND OBESITY MEDICINE SPECIALIST, MAYO CLINIC, JACKSONVILLE, FLA.

“We see pituitary masses in clinical practice very commonly, especially at the Mayo Clinic because we are a referral center. As such, we see these ‘zebra’ or rare cases that are not classic pituitary masses, but that you need to be aware of. This is not something that non-referral centers are likely to see, but endocrinology providers must be aware because it will change management. These unusual cases allow us to think outside of the box.”

What confirmed Atkinson's suspicion was backing up to the patient's history and physical examination. "What was very particular in this case was that the patient was having headaches located behind his eyes that were worse at the end of the day as well as worse with more time spent upright,"

When a 24-year-old male patient with worsening headaches over a five-year period was referred, a pituitary tumor was suspected. However, upon further investigation the problem was revealed to be a cerebrospinal fluid leak.



Hurtado Andrade says. “He also became progressively debilitated by the headaches over the course of several years and began projectile vomiting.”

The orthostatic headache and projectile vomiting together narrowed the differential considerably and led the team to consider intracranial hypotension. The patient’s history was also remarkable for two spinal surgeries related to a nerve schwannoma — one to resect the schwannoma and fuse the vertebrae, the second to correct what went wrong during the first.

“Spinal instrumentation is among the most frequent causes of CSF leak,” says Hurtado Andrade, “so that clue combined with his classic presentation pointed to CSF leak. Generally, we use imaging to confirm something that we were already thinking about based on the history and physical exam.” In this case, however, that confirmation may not have been so straightforward to an endocrinologist, but Atkinson was able to compare images from over the years and saw that the low pressure inside the skull had existed for some time. Hurtado Andrade says that learning how to spot these findings was invaluable, even though she has not seen another case of CSF leak with apparent pituitary enlargement to date.

For this patient, the story has a happy ending: He underwent testing to localize the CSF leak, which was then fixed. His headaches cleared up within days.

As a fellow, Hurtado Andrade presented cases on a quarterly basis to her co-fellows and feels this one was an important one to understand. “We see pituitary masses in clinical practice very commonly, especially at the Mayo Clinic because we are a referral center. As such, we see these ‘zebra’ or rare cases that are not classic pituitary masses, but that you need to be aware of. This is not something that non-referral centers are likely to see, but endocrinology providers must be aware because it will change management. These unusual cases allow us to think outside of the box.”

JCEM Case Reports now fills that role for Hurtado Andrade, now with an MD and PhD to her name and practicing at

Since DMI is a potential complication in patients with poorly controlled diabetes, Botero Suarez recommends an MRI of the lower extremities as the modality of choice in making a successful diagnosis.



CARLOS S. BOTERO SUAREZ, MD,
FELLOW, UNIVERSITY
OF CENTRAL
FLORIDA HCA
HEALTHCARE GME,
GREATER ORLANDO,
KISSIMMEE, FLA.

“JCEM Case Reports has been a great medium for doctors and trainees to submit their interesting cases and share them with the rest of the medical community. Its open-access nature, as well as its engaged peer-review process and streamlined submission process, makes it a highly recommended journal for clinicians.”

the Mayo Clinic in Jacksonville, Fla. “[William F. Young, Jr., MD] is passionate about education. In his role as the editor-in-chief, he is committed to sharing educational clinical pearls from these rare cases that you may not see on a daily basis, but at some point in your career, they may come to you and you need to be aware of,” she says. “This journal is a very good resource, and I highly recommend it.”



Despite improved glycemic control, the patient described by Botero Suarez and team subsequently died from kidney failure.

Diabetic Muscle Infarction: An Uncommon Diabetic Complication

“This case was written to contribute to the medical literature and share information about a rare complication of diabetes mellitus known as diabetic myonecrosis (DMI),” explains lead author Carlos S. Botero Suarez, MD, a fellow at the University of Central Florida HCA Healthcare GME, Greater Orlando, in Kissimmee, Fla. “This case report aimed to increase awareness among medical professionals about the condition, its presentation, diagnostic challenges, and potential management approaches.”

DMI was first described in 1965, and only 126 cases had been reported by 2015. To date, management guidelines have yet to be standardized, and DMI had not so far been clearly described in African Americans, despite that diabetes mellitus disproportionately affects this population.

The patient in Botero Suarez and team’s case was a 42-year-old African American man who presented at the Orlando VA Medical Center, where he was admitted for the evaluation of new-onset right lower extremity swelling and associated intense pain, progressively worsening over the course of two weeks. The patient’s history was significant for hypertension, poorly controlled type 2 diabetes mellitus complicated by end-stage renal disease, retinopathy, and progressive bilateral peripheral neuropathy. Although he had been on insulin therapy for more than 10 years, adherence to an appropriate regimen was a challenge. He had been on semaglutide and aspart insulin twice daily prior to admission and had recently stopped taking glargine because of hypoglycemic episodes.

His laboratory results and presentation raised suspicion for deep vein thrombosis and cellulitis, which were later ruled out with further testing. Magnetic resonance imaging (MRI) revealed right rectus femoris muscle and adductor muscle edema, subcutaneous edema, and fascial fluid, all findings consistent with DMI. Management comprised low-dose aspirin, acetaminophen, and tighter glycemic control with a continuous glucose monitor.

Says Botero Suarez: “He was later seen in follow-up visits at the endocrinology outpatient clinic, during which a recurrent episode of DMI was noted, this time on the left lower extremity. The episode persisted for several months before subsiding with NSAIDs and rest.” This recurrence came as a surprise,



AT A GLANCE

- ▶ Endocrinologists should be aware of the possible misdiagnosis of a pituitary mass due to intracranial hypotension and cerebrospinal fluid leak in a patient with symptoms such as orthostatic headaches and projectile vomiting and a history of spinal instrumentation or trauma.
- ▶ Diabetic muscle infarction is a rare but serious complication of uncontrolled diabetes that must be differentiated from deep vein thrombosis and cellulitis and requires careful management in the setting of end-stage renal disease.
- ▶ Giant pheochromocytomas are rare and can differ considerably in their presentation and clinical findings compared to smaller pheochromocytomas; successful management of the significant challenges these tumors present is critical to ensuring good preoperative preparation and outcomes.

given the patient's improved glycemic control. He later died from kidney failure.

The pathogenesis of DMI is not clear, although it is known to occur slightly more commonly in females (54%) and has a mean age of presentation of 44.6 years. Hypothesized mechanisms do exist, however. "Diabetic microangiopathy could lead to impaired blood flow to muscles, contributing to muscle infarction," explains Botero Suarez. "Atherosclerosis could also contribute to reduced blood flow and tissue damage. Vasculitis with thrombosis could obstruct blood flow to muscles. Ischemia-reperfusion injury occurs when blood flow is restored after a period of reduced circulation, leading to tissue damage due to oxidative stress and inflammation. These mechanisms could individually or collectively contribute to the development of DMI in individuals with uncontrolled diabetes."

Thus, this case is important to demonstrate to clinicians that DMI is a potential complication in patients with poorly controlled diabetes mellitus. Furthermore, Botero Suarez and team suggest some potential management approaches: "It's important to differentiate DMI from other conditions that present similarly, such as cellulitis or thrombosis. MRI of the lower extremities is the modality of choice in diagnosis. Biopsies should be avoided, but they are generally reserved to rule out other etiologies such as infectious causes. Conservative management with pain control, tight glycemic control, and potentially low-dose aspirin could be considered. Recurrences can occur, so ongoing monitoring is important."

This case clearly fills a void in the existing literature, which is precisely what *JCEM Case Reports* aims for. "*JCEM Case Reports* has been a great medium for doctors and trainees to submit their interesting cases and share them with the rest of the medical community," agrees Botero Suarez. "Its open-access nature, as well as its engaged peer-review process and streamlined submission process, makes it a highly recommended journal for clinicians."

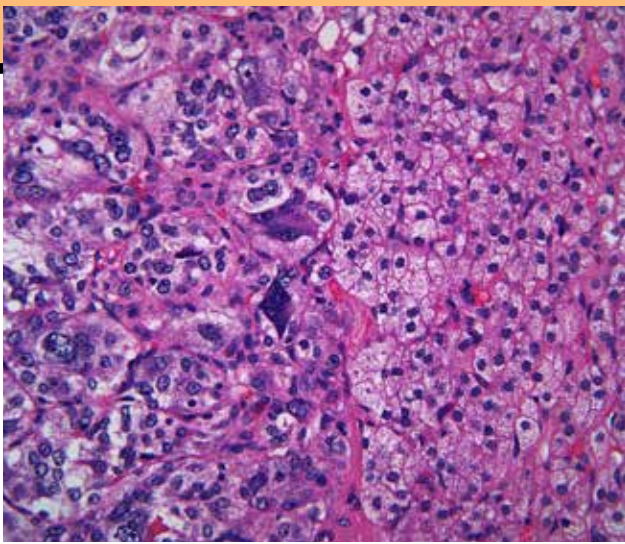


NICOLAS VILLARRAGA,
MEDICAL STUDENT,
UNIVERSITY OF
MINNESOTA SCHOOL
OF MEDICINE,
MINNEAPOLIS, MINN.

"The diagnosis of pheochromocytoma is rare, and having a pheochromocytoma of that size is even more rare. Furthermore, the treatment strategy of preparing a larger dose of phenoxybenzamine than is typically given and delivering it as an oral solution via NJ tube is unique. To our knowledge this is the first report of such."

Unique Presentation and Perioperative Management of a Giant Pheochromocytoma

Nicolas Villarraga, from the University of Minnesota School of Medicine in Minneapolis, and Shalamar Sibley, MD, MPH, associate professor of medicine at the University of Minnesota, staff physician at the Minneapolis VA Health Care System, and their team presented the case of a 62-year-old female with a giant 15.9-cm cystic pheochromocytoma and symptoms including nausea and vomiting that necessitated preoperative medication delivery via a nasojejunal (NJ) tube. This patient also required high-dose alpha-blockade; she was treated preoperatively with an oral phenoxybenzamine solution at a dose quadruple the typical dose.



Pheochromocytoma tumor on the left with enlarged atypical cell nuclei and normal adrenal gland on the right. Microscopic view.

“This is an interesting case,” explains Villarraga. “The diagnosis of pheochromocytoma is rare, and having a pheochromocytoma of that size is even more rare. Furthermore, the treatment strategy of preparing a larger dose of phenoxybenzamine than is typically given and delivering it as an oral solution via NJ tube is unique. To our knowledge this is the first report of such. Our goal was to highlight the rarity of a pheochromocytoma of that size and highlight the alternative approach for preoperative blood pressure control we utilized given the clinical circumstances.”

Indeed, the rarity of a giant (>7–10 cm) pheochromocytoma in addition to the broad spectrum of presentations make this an ideal case to advance preoperative management guidelines. Prior to admission, the patient had lost 80 pounds. Says Villarraga: “The significant weight loss our patient had experienced was probably due to a combination of factors, including mass-related compression with decreased appetite, and the potential for changes in metabolism and significant dehydration. She was experiencing significant nausea and vomiting.”

A radical left nephrectomy and adrenalectomy were done. Post-surgery, the endocrine team did not see her again for some time. “This patient’s overall health was poor,” Villarraga says. “She needed a prolonged period of outpatient recovery. She had a stay in the interim at a different facility for a period of time.”

More recently, the patient has established outpatient follow-up endocrine care. She had repeat plasma metanephrine screening, which returned within normal range. “It took time for her to recover, but over time she dramatically improved and was glad to feel so much better,” Villarraga says. “In retrospect, she noted she had not been aware of how ill she had become preoperatively. She is grateful for her recovery.”

Some key takeaways from this case include that medical management of giant pheochromocytomas may need to be aggressive. “Teamwork is key,” Villarraga says. “The level of alpha-blockade needed may exceed the typically reported dosage. In our case, 240 mg per day of phenoxybenzamine was required. In addition, an alternative delivery method of phenoxybenzamine may be required for the period of preoperative preparation if the patient is not reliably able to have good oral intake. We collaborated with our pharmacists to utilize a solution administered via NJ tube.”

Another takeaway is that masses appearing to arise from the upper pole of the kidney should be considered for pheochromocytoma screening. This patient’s tumor was originally thought to be of renal origin. Nephrectomy was necessary because a safe dissection plane between the tumor and kidney without the risk of rupturing the tumor could not be established.

Combined, this report contributes to an important area of endocrine management, preoperative management of giant pheochromocytomas; *JCEM Case Reports* provided the platform. “We are glad that *JCEM* now has a journal dedicated to case reports. This journal is an important new addition and a good resource for the medical community,” says Villarraga.

According to Young, one of the missions of *JCEM Case Reports* is to provide a peer-reviewed venue to share unique cases and the complexities of clinical presentation, diagnosis, and management. “These three case reports are excellent examples of why the Endocrine Society founded this new journal,” he explains, adding, “I am especially delighted to see early-career endocrinologists view the journal as a forum to not only share their interesting cases, but to also learn from others!” ^{EN}

– HORVATH IS A FREELANCE JOURNALIST BASED IN BALTIMORE, MD. IN THE JUNE ISSUE, SHE PROFILED CHERIE L. BUTTS, PHD, WHO DISCUSSED HER ENDO 2023 MEET THE SCIENTIST SESSION, “A RESEARCH CAREER.”

A woman with long brown hair, wearing sunglasses, a white short-sleeved top, and dark pants, is sitting on a wooden bench on the deck of a boat. She is smiling and looking towards the camera. The background shows a city skyline with various skyscrapers and a bridge over a river. The sky is overcast.

ALL CREATURES

great
and
small

From exploring the Puerto Rican seaside with her grandfather as a child to conducting research that targets IGF axis modulators in the context of prostate cancer health disparities today, Greisha L. Ortíz-Hernández, PhD, found her passion for helping all living things at an early age.

BY GLENDA FAUNTLEROY SHAW



Opposite: Ortíz-Hernández takes in the sights of Chicago during **ENDO 2023**. Above: Last year's Endocrine Society FLARE (Future Leaders Advancing Research in Endocrinology) event in New York where Ortíz-Hernández (front row, second from left) and other attendees learned about the "business of research" and the skills needed to establish themselves as independent researchers from an expert faculty.

Greisha L. Ortíz-Hernández, PhD, reflects on the past while looking to the future.

When Greisha L. Ortíz-Hernández, PhD, used to hop in her grandpa's Jeep and explore the beaches of Puerto Rico almost every week, her love for animals and nature was born at a very young age. Whether it was cradling sea urchins or planting guava and orange trees in the backyard, her curiosity about all living things uncovered a passion for science.

When her beloved grandpa was stricken with cancer during her high school years, Ortíz-Hernández's driving force became making sure other minorities like him were able to gain access to the best medical care for the diseases prevalent in their communities. Fast forward, and today Ortíz-Hernández is starting her third year as a postdoctoral fellow and trainee under the National Cancer Institute T32 Cancer Metabolism Training Program, in the Division of Biomarkers of Early Detection and Prevention at City of Hope National Medical Center in Duarte, Calif. Her work focuses on targeting IGF axis modulators in the context of prostate cancer health disparities and its impact on clinical outcomes. Goal met.

As a role model for the young scientists she meets at conferences or who find her on social media, *Endocrine News* asked Ortíz-Hernández about the importance of influencing the future generation of Hispanic/Latina researchers and giving back to her community.



Can you share more about your childhood and when you first got the spark to become a scientist?

I was born and raised in Puerto Rico. I come from a very humble family but one with a really strong work ethic. When I was a kid, I remember working with my grandma selling alcapurrias right in front of her porch. Alcapurrias are like a fried tamale but crispier, and the base is mostly made of green bananas. So, I grew up watching my grandparents work hard and my mom going to college and working at the same time. My mom completed her bachelor's with a lot of sacrifices as a single mom. Watching them, including my father-in-law who

helped my mom raise me, is what made me feel that I must give back to them.

I used to go to the beach almost weekly and played with the chickens that my grandma raised on the patio. It was a love for animals and for agriculture, too, because we used to plant guava and orange trees in my grandma's backyard. Also, my grandpa used to take me and my cousins every Sunday in his big Jeep around the island, fishing and connecting us with nature. For example, he used to put sea urchins in our hands so we could play with them. So, experiences like that sparked that interest in me.

My grandpa got cancer when I was in high school. So, while an undergrad, I majored in biology, but I was still figuring out what type of career in science I wanted to pursue. I was part of the honors program at my college, and we were encouraged to participate in summer internships. My first experience was in the ecology field, a type of research I really loved but it was during that time that my grandpa also got really sick. I then became more interested in finding more biomedical opportunities that had to do with cancer, and that's how I ended up at Loma Linda University's Undergraduate Training Program (UTP) at the Center for Health Disparities and Molecular Medicine under the direction of Carlos A. Casiano, PhD. It was there that I did prostate cancer research for the first time and learned about this cancer, but through a health disparity focus. So, that's when I basically fell in love with the area of biomedical research.

You participated in the Endocrine Society's FLARE (Future Leaders Advancing Research in Endocrinology) program in 2022. Can you talk about what impact it had on your endocrinology career so far?

FLARE helped me define what type of scientist I wanted to be. I'm in my postdoc and trying to acquire new knowledge and develop my own research program, skills that I didn't necessarily learn while I was doing my PhD.

FLARE offered different workshops during the program, which were amazing. For example, we did a personal assessment test to help us improve teamwork, communication, and productivity.

This was especially helpful because we had the opportunity to get to know ourselves in terms of how we can participate in different teams and our style of working. I also valued some of the workshops where the topics were to value the importance of working as a team because in essence, we cannot do science on our own. In the future, when I establish my own lab and expand my own team, I will definitely equip them with these tools.

I know it's important to you to encourage other Hispanic/Latina researchers to network and get mentors. How has it been for you, finding women or Hispanic mentorship?

I will say it's been a little bit challenging. In my case, I moved from Loma Linda University, which has a lot of diversity in terms of the faculty. But when I transitioned to my postdoc, I noticed the need for more Hispanic/Latino

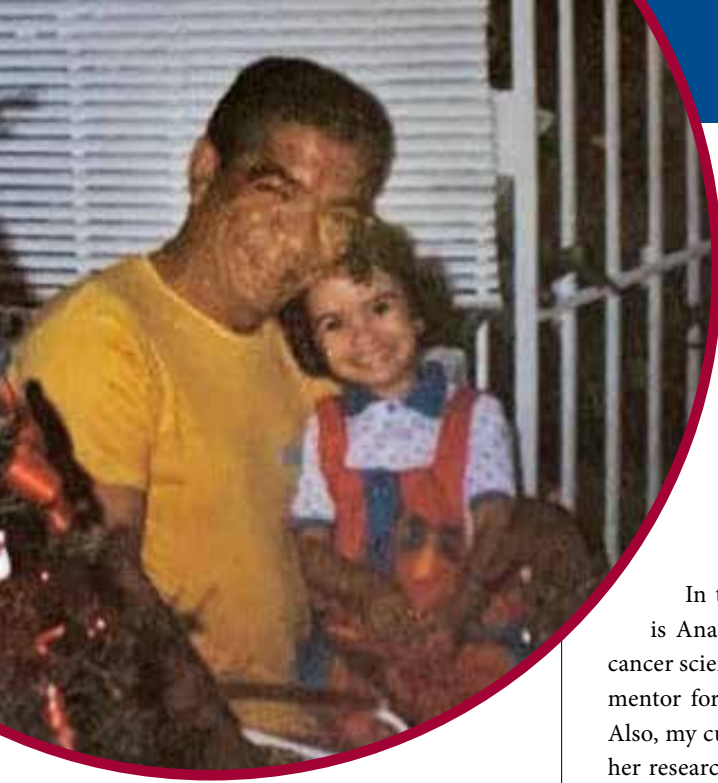


“ I really try to be very open about my own experiences as a young scientist, the good and the bad. It's also very important to me to teach [students] about the importance of not losing sight of the bigger picture, which is to serve our underserved communities.”

— GREISHA L. ORTÍZ-HERNÁNDEZ, PHD, POSTDOCTORAL FELLOW, T32 CANCER METABOLISM TRAINING PROGRAM, DR. SUSAN NEUHAUSEN LAB, DIVISION OF BIOMARKERS OF EARLY DETECTION AND PREVENTION, DEPARTMENT OF POPULATION SCIENCES, CITY OF HOPE NATIONAL MEDICAL CENTER, DUARTE, CALIF.



With Dequina Nicholas, PhD, at **ENDO 2023** (above); giving an “elevator pitch” about her research last year at the City of Hope Annual Poster Presentation (top); and celebrating her graduation from Loma Linda University in 2022 (opposite).



A young Ortíz-Hernández with grandfather (left), whose cancer diagnosis impacted her future research goals.

“ My current goal as a researcher is to build a translational research program. In the meantime, I’m staying focused on helping my community and helping patients like my grandpa have better outcomes than those who didn’t have access to good care.”

— GREISHA L. ORTÍZ-HERNÁNDEZ, PHD, POSTDOCTORAL FELLOW, T32 CANCER METABOLISM TRAINING PROGRAM, DR. SUSAN NEUHAUSEN LAB, DIVISION OF BIOMARKERS OF EARLY DETECTION AND PREVENTION, DEPARTMENT OF POPULATION SCIENCES, CITY OF HOPE NATIONAL MEDICAL CENTER, DUARTE, CALIF.

representation. At City of Hope, they foster a community that welcomes diversity, equity, and inclusion and is reflected in their people. But we know there is a lot more work to do.

In terms of mentorship, I do have one Hispanic woman mentor. Her name is Ana Robles, PhD, and she has been an essential part of my formation as a cancer scientist. She’s from Argentina and works at NIH, and she’s been like my career mentor for over six years. She’s helped guide my career based on her experiences. Also, my current mentor, Susan Neuhausen, PhD, is a legend in her field. She started her research career as part of a collaborative team that discovered the breast cancer genes BRCA1 and BRCA2. Now, I really appreciate the time she is taking to mentor me about how to be a great scientist and woman in science.

At City of Hope, I know a Hispanic/Latina assistant professor, Lindsey Treviño, PhD, and she’s also been a part of the Endocrine Society for many years. She has her own lab here, and if I have a question about how to navigate as a Hispanic/Latina in my institution, I know she’s a person who I can look to for advice.



Ortíz-Hernández served as a bilingual cancer expert at the Fuertes Juntos Health Fair and 5K Walk in collaboration with Univisión Los Angeles event in March. From left to right: Brenda Gascon (tobacco treatment specialist), Douglas Nyland (senior physician relations liaison), Ortíz-Hernández, and project coordinator, James Morrison.

So far, all the mentors I've had are amazing, and I've learned valuable lessons from each one of them that I will carry for the rest of my career.

When you meet other young Latina scientists, I'm sure you're looked at as a role model. How important is that for you?

It is very important. I participate in different programs, and at every conference that I go to, I try to participate in roundtables where I can mentor students, mostly at the undergrad level. At City of Hope, they also have a program where they incorporate high school and undergraduate students who come to do summer internships and research projects.

I have students who come to me, thanks to Twitter, LinkedIn, and other presentations that I give to the public and in schools. Sometimes when we're in conferences, they usually reach out to me, and I try to connect with them. I really try to be very open about my own experiences as a young scientist, the good and the bad. It's also very important to me to teach them about the importance of not losing sight of the bigger picture, which is to serve our underserved communities.

What research are you currently working on?

My research at City of Hope focuses on exploring and targeting malignant pathways leading to prostate cancer and understanding the importance of racial and ethnic differences in clinical




While at ENDO 2023 in June, Ortíz-Hernández prepares to discuss her poster detailing some of her prostate cancer research.

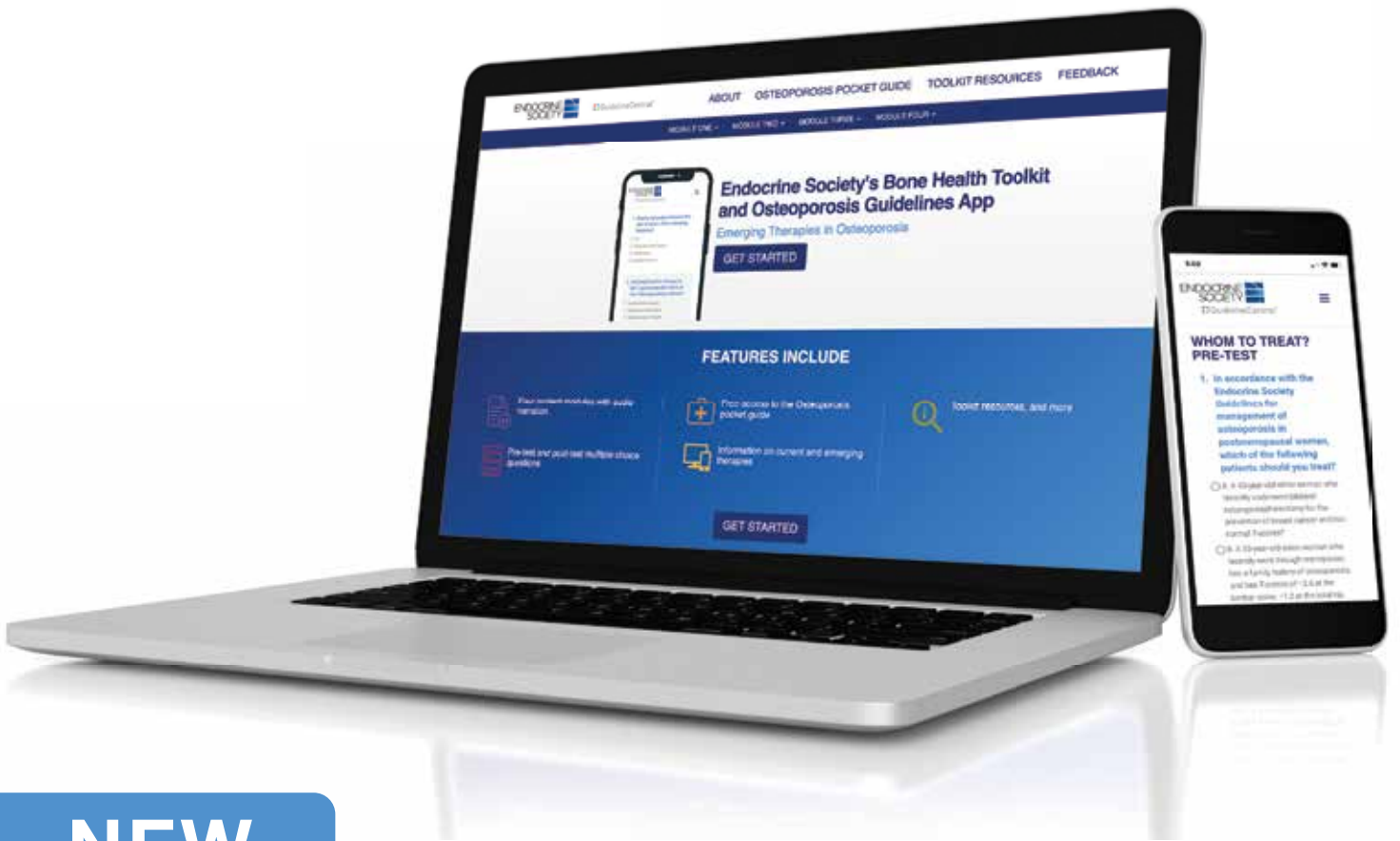
outcomes. Specifically, my current research project focuses on targeting IGF axis modulators in the context of prostate cancer health disparities. Unfortunately, there are not too many cellular models that represent the population that have a high incidents and mortality rate, and we are speaking about Hispanic/Latinos and African Americans, specifically.

Most of the cellular models do not represent the population being affected the most by prostate cancer. So, I would like to establish different cellular models that represent metastatic disease, for which currently there are no treatments.

I'm now trying to develop some preliminary data and applying for different grants to do my research independently. My current goal as a researcher is to build a translational research program. In the meantime, I'm staying focused on helping my community and helping patients like my grandpa have better outcomes than those who didn't have access to good care.

Follow Ortíz-Hernández's work on Twitter at: [@greisha_ortiz](https://twitter.com/greisha_ortiz). 

– FAUNTLEROY SHAW IS A FREELANCE WRITER BASED IN CARMEL, IND. SHE IS A REGULAR CONTRIBUTOR TO ENDOCRINE NEWS AND WRITES THE MONTHLY LABORATORY NOTES COLUMN.



NEW

Bone Health Toolkit and Osteoporosis Guideline App

Emerging Therapies in Osteoporosis

EXPAND YOUR TREATMENT OF OSTEOPOROSIS
WITH OUR NEW DIGITAL TOOLKIT

Our new digital toolkit will improve your ability to assess, manage,
and treat postmenopausal osteoporosis.

FEATURING:



New multimedia
learning modules



Clinical cases



Educational
materials

Learn more at bonehealthtoolkit.com.



Some of the hundreds of participants for the Rally for Medical Research Hill Day.

Endocrine Society Rallies for Medical Research

On Thursday September 14, Endocrine Society members joined hundreds of researchers, physicians, and patients on Capitol Hill as part of the 11th Annual Rally for Medical Research. Rally participants shared the same messages: ensuring the highest possible appropriation increase for the National Institutes of Health (NIH) in FY 2024 and completing the work on FY 2024 spending bills as quickly as possible to avoid disruptions caused by continuing resolutions.

The timing of this year's Rally was critical, as the deadline for Congress to complete appropriations for FY 2024 is September 30, and yet members of the House of Representatives and the Senate were still far apart on funding levels they agree on. If it is unable to pass an appropriations bill by the deadline, Congress will need to pass a continuing resolution that will fund the government at the current year's level, or the federal government will "shut down" until funding legislation is passed.

During our visits with congressional offices, we shared that steady, sustained investment is essential to further research progress. Cuts to the NIH budget would

prevent research teams from making groundbreaking discoveries that advance our understanding of diabetes; identify biomarkers to detect early-stage pancreatic cancer and more effectively treat breast, thyroid, and other endocrine cancers; and evidence-based treatment options to address the obesity epidemic.

As this issue of *Endocrine News* went to press, funding for the NIH and the federal government was in serious jeopardy, and it was unclear whether Congress would be able to avert a shut down. Please check [endocrine.org](https://www.endocrine.org) for information updates for the latest information. The Society will provide current information on how a shutdown will affect research grants, submissions, study sections, and Advisory Councils.

In any event, however, we believe the Rally Hill Day did provide congressional offices with more information about the value of biomedical research, increase the visibility of endocrine-related research, and will help influence future policy decisions, including the length of a shut down.

Society Hosts Congressional Briefing on Anti-Obesity Medications as TROA Gets a House Hearing

The Endocrine Society hosted a congressional briefing in September to educate members of Congress and congressional staff on anti-obesity medications.

The briefing featured two Endocrine Society members who are experts in obesity medicine. Jonathan Purnell, MD, professor



of medicine at Oregon Health & Science University, provided attendees with an opportunity to learn more about these medications, how they work, and barriers to access. Rocio Peirera, MD, chief of endocrinology at Denver Health and an Endocrine Society board member, spoke about the health inequities that exist in obesity treatment and care. The briefing was held as part of a series of briefings for the Society's Obesity Education Initiative to educate congressional offices about the obesity epidemic. Our initiative also includes educational resources including our Obesity Playbook that offers a "101" education about obesity for congressional staff. The Playbook and other educational resources on obesity are available on the Society's website at: www.endocrine.org/advocacy/priorities-and-positions/obesity.

Prior to our briefing, the House Energy & Commerce Health subcommittee held a hearing to discuss the Treat and Reduce Obesity Act (TROA). This important bipartisan legislation would take steps to ensure that Medicare beneficiaries have access to the full range of obesity treatment options. Specifically, TROA would remove restrictions pertaining to intensive behavioral therapy (IBT), which is an effective lifestyle intervention for obesity that includes dietary and nutrition assessment to promote weight loss. Current Medicare rules have placed restrictions in the referral process of IBT that has resulted in underutilization of the benefit.

The legislation would also ensure that Medicare beneficiaries can access FDA-approved anti-obesity medications, which are scientifically proven to be effective at treating obesity. Medicare is currently prohibited from covering anti-obesity medications. The Society is a long-time advocate for this legislation, and we are pleased that the Energy & Commerce Committee conducted this hearing. We will continue to urge Congress to pass TROA to provide access to effective weight loss medication.



Four Diabetes Drugs Included in Medicare Price Negotiation List

In September, the federal government unveiled a list of the first 10 drugs that will undergo price negotiations between Medicare and pharmaceutical companies. Notably, four of these drugs are diabetes medications. New prices for these medicines will be announced in September 2024, and new prices will take effect on January 1, 2026, unless pharmaceutical companies challenging the law in court prevail.

This negotiation list is the result of the Inflation Reduction Act, which President Biden enacted last year. This law included a provision requiring the government to begin negotiating a fair market price for widely used drugs. The Endocrine Society worked with Congress and the administration to pass this law, and we

have since advocated for insulin inclusion on the negotiation list. The Inflation Reduction Act included other provisions that would improve insulin affordability for Medicare beneficiaries, including a \$35 monthly cap on insulin costs. However, insulin remains unaffordable to the millions of people with diabetes who have private insurance.

The Endocrine Society continues to urge Congress to pass legislation that will address insulin affordability for these patients. You can see our position statement for further information at: www.endocrine.org/advocacy/position-statements/increasing-insulin-affordability.


Endocrine Society Supports Proposed MPFS Payment Increase for Endocrinology



The Endocrine Society responded to the Centers for Medicare and Medicaid Services' (CMS's) proposed Medicare Physician Fee Schedule (MPFS) by advocating to maintain the proposed increase for endocrinology. This annual rule updates payment policies and payment rates for Part B services furnished under the MPFS. Every year, CMS requests public comment on its proposed changes.

We are pleased that the proposed rule includes an estimated 3% increase in overall Medicare payments under the rule for endocrinology. In our comments to CMS, we also shared support for the creation of a complex add-on code associated with office/outpatient evaluation and management (E/M) services. This add-on code can be used by endocrinologists once CMS finalizes payment for this code. CMS also requested comments about evaluating E/M services in a more comprehensive and frequent way. We shared with CMS our support for the creation of an expert panel to advise CMS on valuing E/M services. We are also pleased that CMS extended certain telehealth flexibilities including audio-only services, which we had advocated for.

Finally, we commented on two diabetes provisions in the rule including a proposal to expand coverage of diabetes screening tests to include hemoglobin A1c test as well as improvements to the Medicare Diabetes Prevention Program (MDPP).

The Endocrine Society staff worked closely with the Clinical Affairs Core Committee (CACC) to draft our comments. CMS will release the final rule in December, which will take effect January 1, 2024. 

COMPREHENSIVE CARE FOR PERSONS WITH DIABETES: A CERTIFICATE PROGRAM



Centered around 12 interactive, online modules available on-demand that cover the full span of diabetes care



Provides a certificate of course completion after passing comprehensive final exam



Built by experts from diverse backgrounds spanning endocrinology, nursing, and family medicine



Accredited for *AMA PRA Category 1 Credits™*, *AOA Category 1-A CME credits*, and *ABIM MOC points*

**IMPROVED KNOWLEDGE. SUPERIOR CARE.
FROM ENDOCRINOLOGISTS THAT KNOW BEST.**

FOR MORE INFORMATION AND TO REGISTER, PLEASE VISIT [ENDOCRINE.ORG/CCPD](https://www.endocrine.org/ccpd).