

JULY 2026

THE LEADING MAGAZINE FOR ● ENDOCRINOLOGISTS

Endocrine news

Happy Accidents

A Tumor Regresses
and a Career
Progresses!

Sara Ramadan, MD, tells us
about her recent *JCEM Case
Reports* paper and how her
research could impact
primary hyperparathyroidism
treatment.



Sara Ramadan, MD

Spotlighting
Early-Career Members:

THE FAMILY BUSINESS: Dan Dumesic, MD, and Phillip Dumesic, MD, PhD, are a father and son who share much more than a name.

GAME CHANGER: 2026 C. Wayne Bardin Award Winner Rok Herman, MD, shares his remarkable research showing how tirzepatide actually activates brown adipose tissue.

FROM STUDENT TO ADVOCATE: Milay Luis Lam, MD, discusses why endocrinologists should never stop learning.

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Rok Herman, MD, speaks to *Endocrine News* after taking home the 2026 C. Wayne Bardin, MD, International Travel Award for his outstanding **ENDO 2026** abstract showing tirzepatide doesn't just help people lose weight; it also activates brown adipose tissue, which could be a watershed moment in obesity research.

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Endocrine Society fights to protect research from proposed OMB rule and calls on members to join our advocacy; INSULIN Act gains momentum; Society

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Society Offers Many Ways for Members to Stay Informed and Make Connections

Knowledge is the fuel that powers the world. Access to timely and accurate information allows us to make informed decisions about our patients, our research, our careers, and our relationships with colleagues.

I'm grateful the Endocrine Society provides many different communications channels to generate useful and practical knowledge on every aspect of endocrine science and care. I'd like to highlight some of them.

Endocrine News

The Society's longstanding magazine has been a pillar of our field, not only for sharing the latest research and best clinical practices, but for highlighting the achievements of our members and featuring our organization's many products and services. The publication is marking a milestone this summer as it fully transitions to online-only. As the Executive Editor Mark A. Newman notes, the greatest strength of the magazine "is its access to amazing Endocrine Society members."

EndoForum

This unique communications and networking platform is designed exclusively for our members. In EndoForum, you can find the latest information and alerts on upcoming Society meetings and events, as well as connect with members from around the world. This networking is achieved through several online discussion channels, including the "Discussions" section, where members regularly pose clinical questions to their peers, and the "Groups" section, where our 12 Special Interest Groups (SIGs) gather. By joining a SIG, you can communicate with colleagues who share your same interests and passions.

Endocrine eNews

Delivered to your inbox each week, Endocrine eNews provides a quick-read, executive summary of the Society's many

activities, including awards, webinars, meetings, advocacy, podcasts, and featured research. The newsletter also provides timely reminders about such things as membership renewal deadlines, and store offerings.

Endocrine Briefing

Our unique e-newsletter uses artificial intelligence (AI) to bring you the latest endocrine research and practice headlines in a way that's personalized for your specific interests. As you click on stories that interest you, the platform uses that data to select related content for future issues tailored specifically for you.

Endocrine Signals

Our Society blog takes a monthly deep dive into the inner workings of the organization. Here you will find stories from Society team members who head up advocacy, education, meetings, publications, clinical practice guidelines, membership, awards, and more.

Society Website

Certainly not to be overlooked is the Society's website itself. I invite you to visit this site often, where you'll find the full breadth and depth of our organization's activities and programs. The homepage and Latest sections offer a quick view of the latest happenings. Our Society Calendar provides a view of Society events, as well as events throughout our field. The Our Community tab provides a pathway to member-oriented content, including more on the SIGs and career development programs. The Advancing Research tab allows scientists to quickly pursue our offerings, including fellowship programs, research grant opportunities, and scientific statements. The Improving Practice tab leads to sections on our Clinical Practice Guidelines, education, and training. And our Advocacy tab features a wealth of

information on campaigns, letters, testimony, and position statements. This is just the tip of the iceberg.

But not every communications channel involves words on paper or screen. The Society in recent years has taken major steps to boost its presence in podcasting and video.

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Knowledge is the fuel that
powers the world. Access to timely and
accurate information allows us to
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our research, our careers, and
our relationships with colleagues.

”

Endocrine Feedback Loop Podcast

This monthly journal club podcast is a must-listen for members who want to hear an in-depth discussion on recently published research. Each episode features an expert educator and a topical specialist dissecting recently published journal articles and discussing implications for clinical practice. Recent episodes included topics on infrequent zoledronate in low fracture risk, taste changes with semaglutide, and dosing strategies for remission in Graves' disease.

Endocrine News Podcast

Our membership podcast casts a similarly wide net, focusing on the latest research and clinical advances from experts in the field. Recent episodes include discussions on the SABRE

Project and its significant impact on osteoporosis clinical trials and addressing the endocrine workforce shortage.

Endocrine Society's YouTube Channel

This is another excellent communications vehicle for members who prefer to consume visual media. On the YouTube channel, you can hear — and see — our members discuss a wide range of topics, including previews of upcoming meetings and summaries of published research.

Social Media

The Society curates a lively conversation about endocrine topics on major social media platforms. Here you can get the latest information about the organization's programs, initiatives, and members, and weigh in with your own thoughts. Our platforms are:

- ▶ X (formerly Twitter)
- ▶ Facebook
- ▶ Instagram
- ▶ LinkedIn
- ▶ BlueSky

Through these channels and more, the Society aims to keep you armed with the latest knowledge that will help you achieve your professional and personal goals. What you're reading now, in fact, is a perfect example of the Society's aim to keep you well informed. I look forward to sharing more knowledge in this letter over the coming 12 months. 

— Nanette Santoro, MD
Endocrine Society President



FROM THE **EDITOR**

JULY 2026

Endocrine news

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

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

Early-Career Members: Keeping the Pipeline Flowing

If it's July, then it must be *Endocrine News*' annual Early-Career issue time once again. This is one of my favorite issues we do because it gives us the chance to highlight so many of our up-and-coming members who are making strides in research and clinical practice as they begin their lives as endocrinologists.

In "The Family Business: A Father and Son Who Share More than a Name" by Kelly Horvath on page 30, endocrinology is very much "like father, like son" for the Dumesics: Phillip Dumesic, MD, PhD, whose lab studies gene expression at the University of California – San Francisco, followed his father, Dan Dumesic, MD, an expert in PCOS (now PMOS) at UCLA, into the field. They each discuss their research, dad's influence on son, and how their work actually converges at the adipocyte: "In terms of the common denominator between our work, the genes, the physiology, the basic science that drives fat metabolism, stem cell differentiation to muscle cells versus fat cells, and their function — these are all molecular tools that Phillip is now working with," Dan explains. "Not only is he involved with metabolism, but as he mentioned, also sarcopenia and muscle physiology."

On page 26, Senior Editor Derek Bagley talks to this year's Bardin Award winner Rok Herman, MD, in "Game Changer" who discusses his outstanding ENDO 2026 abstract showing tirzepatide doesn't just help people lose weight; it also activates brown adipose tissue, which could be a watershed moment in obesity research. "This adds a new layer to how we understand the new generation of anti-obesity medications," Herman says. "They are not only appetite suppressants — tirzepatide also appears to modulate energy expenditure at the tissue level, opening a plausible path toward future therapies that combine appetite regulation with thermogenic activation." No doubt we'll be hearing more about Herman's research in upcoming issues!

In "Happy Accidents: A Tumor Regresses and a Career Takes Off" on page 14, Kelly speaks with Early-Career member Sara Ramadan, MD, who discusses her study "Unanticipated remission of primary hyperparathyroidism following cinacalcet," that was published in *JCEM Case Reports* in March. Aside from talking about what her research could



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mean for the future treatment of PHPT, Ramadan also tells us how joining the Endocrine Society has impacted her career and her research. “When I initially joined during my first year of residency, I was still finding my voice and figuring out which direction in endocrinology I was heading,” she says. “Getting access to people who are further along, not just for mentorship in the traditional sense, but to see how they build their careers and define their niches, has been really valuable.”

Inspired by a recent EXCEL meeting this spring at the Endocrine Society offices in Washington, D.C., Early-Career member Milay Luis Lam, MD, shares her thoughts on why it is so important for endocrinologists to maintain their humanity in “**The Human Side of Endocrinology: From Learner to Advocate**” on page 38. “Patients sometimes see

physicians as belonging to another world — detached, distant, almost ‘less human,’” she says. “At the same time, physicians can fall into the trap of viewing patients through a purely clinical lens, reducing complex lives into diagnoses. This quiet dehumanization can go both ways, shaped by expectations, past experiences, and systemic pressures.”

Next month will be a wrap up of **ENDO 2026** in Chicago, Ill., June 13 – 16. Be sure to check out what you might have missed or relive some wonderful memories! Also, feel free to drop me a line at mnewman@endocrine.org to share your thoughts on our new website as well as any story ideas you might have for the future.

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

Letter to the Editor

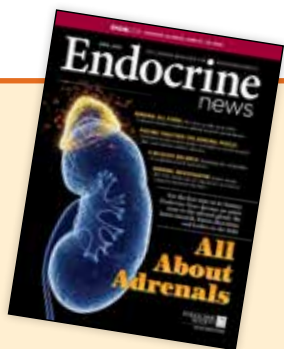
Thank you for your hard work publishing *Endocrine News* magazine.

I am a fellow in endocrinology and read it cover to cover and learn a lot every month. In fact, a highlight of my month is when it arrives in my mailbox. As a busy fellow and father of two, I admit I don't take the time to scroll the internet reading articles the same way as I find time to peruse the magazine in moments of downtime around the house. I am a little old fashioned, but I don't like that with every passing day our lives become more virtual and online. I was extremely disappointed when I heard that June was the last month of a physical magazine. I hope that this decision can be reconsidered and we can continue to get a real magazine by mail every month.

Thanks again for all your hard work, it doesn't go unnoticed.

All the best,

Owen Cole, MD, Endocrinology Fellow,
Division of Endocrinology, Stony Brook Medicine,
Stony Brook, N.Y.



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Teresa K. Woodruff, PhD, Elected to Fellowship of the Royal Society, American Philosophical Society

Endocrine Society Past-President, Teresa K. Woodruff, PhD, has been elected to the Fellowship of the Royal Society and the American Philosophical Society (APS)



Teresa K. Woodruff, PhD,

The Royal Society, one of the world's oldest and most prestigious scientific institutions, includes some of the most influential scientists in history, such as Isaac Newton, Charles Darwin and Albert Einstein. APS is the oldest learned society in the United States, founded in 1743 by Benjamin Franklin.

Woodruff served as president of the Endocrine Society from 2013 to 2014, and as editor-in-chief of *Endocrinology*. In 2021, Woodruff received the Endocrine Society's Gerald D. Aurbach Laureate Award for Outstanding Translational Research for "seminal discoveries about gonadal structure, function, and hormones, as well as female fertility and its regulation."

Currently, Woodruff is an MSU Research Foundation Distinguished Professor at Michigan State University in the Department of Obstetrics, Gynecology, and Reproductive Biology in the College of Human Medicine and the Department of Biomedical Engineering in the College of Engineering. She served as MSU provost beginning in August 2020 and is currently president emerita of the university.

Reflecting on her election to the Royal Society and to the APS, Woodruff said she was "surprised and humbled," adding that it reflects the work of her lab and colleagues over many years, as well as the urgent need that led to her founding the field of oncofertility. She coined the phrase to describe the merging of cancer and fertility research and translating that work into an internationally recognized medical discipline. The field helps cancer patients preserve their ability to have a family after fertility-threatening treatments.

"This is the 20th anniversary since I coined the term 'oncofertility,'" she says. "Today, young cancer patients can expect a consult from an oncofertility specialist, and I am

honored to have worked with so many caring scientists and clinicians to make these real-world outcomes a reality."

In this work, she leads the global Oncofertility Consortium, an international network dedicated to advancing fertility preservation worldwide.

Her research has produced landmark discoveries in reproductive biology, including the identification of the "zinc spark" at fertilization with MSU Research Foundation Distinguished Professor Tom O'Halloran and breakthroughs in maturing ovarian follicles outside the body, contributing to new fertility preservation strategies.

Woodruff has received numerous honors for her scientific leadership, including the National Medal of Science, the Presidential Award for Excellence in Science Mentoring, election to the National Academy of Medicine, the American Academy of Arts and Sciences and the National Academy of Inventors.

For Woodruff, the impact on patients remains the most significant measure of her work. "I believe the promise of fundamental science in medicine is that tomorrow's patient is treated better than today's," she says. "That is the distinction that matters most."

Looking ahead, Woodruff continues to lead active research at MSU. Her lab is focused on uncovering the mechanisms behind zinc's role in egg development, building on the discovery of the zinc spark. She adds, "There is tremendous excitement around where this work can lead." ^{EN}

By Nadija Kadunic, digital marketing and social media manager, MSU.

Denosumab Triggers Paradoxical Hungry Bone Syndrome-Like State in Multiple Myeloma Patient

A powerful bone-targeting drug can trigger a paradoxical, life-threatening mineral deficiency in multiple myeloma patients, according to a breakthrough case study. The report reveals that denosumab, a human monoclonal antibody widely used to prevent fractures, can cause a rare “hungry bone syndrome-like state” even in purely bone-destroying (osteolytic) cancers such as multiple myeloma.

The study, titled **“Hungry Bone Syndrome-Like State Following Denosumab in a Patient with Multiple Myeloma”** and published in *JCEM Case Reports*, details a severe metabolic crisis in a 76-year-old male patient with newly diagnosed multiple myeloma. The multidisciplinary clinical team, led by Ambrish Mithal, MD, at Max Super Specialty Hospital in New Delhi, India, documented that the patient experienced a catastrophic metabolic crash just one week after receiving his second monthly dose of denosumab.

The patient developed profound, prolonged hypocalcemia, alongside severe hypophosphatemia and hypomagnesemia. This multi-mineral depletion was accompanied by a dangerous elongation of his heart’s electrical cycle — known as QT interval prolongation — which left him highly vulnerable to fatal cardiac arrhythmias.

This clinical event directly challenges conventional oncology and endocrinology assumptions. Historically, true Hungry Bone Syndrome (HBS) is a prolonged mineral-draining phenomenon observed almost exclusively in two distinct clinical scenarios: Following a parathyroidectomy for hyperparathyroidism, where the sudden drop in parathyroid hormone causes an abrupt halt to bone resorption, or in advanced prostate cancer patients

presenting with osteoblastic metastases, where new, unmineralized bone matrix is rapidly and aggressively laid down. Finding an HBS-like state in a multiple myeloma patient is highly unexpected and structurally counterintuitive. Myelomas typically feature purely osteolytic lesions — characterized by overactive osteoclasts that destroy the bone matrix — rather than pathways that aggressively mineralize it.

Clinical investigators discovered that the patient’s existing renal impairment, combined with extensive skeletal tumor involvement, created a perfect storm for the drug to backfire. Denosumab functions by binding to and inhibiting RANKL (Receptor Activator of Nuclear Factor Kappa-B Ligand), which rapidly shuts down the activity of the body’s osteoclasts (the cells responsible for dissolving bone).

However, in this patient, the sudden cessation of bone resorption caused the massive volume of surrounding skeletal lesions to undergo rapid, uncontrolled remineralization. The bones essentially transformed into a massive structural “mineral sink,” continuously vacuuming calcium, magnesium, and phosphate straight out of the circulating blood supply to heal the extensive osteolytic cavities.

Compounding the crisis, the patient’s body attempted to compensate for the crashing serum levels by developing secondary hyperparathyroidism. This systemic feedback loop kept his bone turnover markers elevated, driving a vicious cycle that caused the profound mineral depletion to persist for weeks.

continued on page 10



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Moving forward, clinicians must implement rigorous pre-screening protocols and tight, long-term post-injection mineral monitoring — particularly for any cancer patient exhibiting compromised kidney function or extensive, high-burden osteolytic disease.”



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The obesity-related functional hypogonadism is too often considered a single monolithic condition. With this paper, we show the importance of understanding and separating the mechanisms underlying this hormonal insufficiency in order to personalize its management.

”

CPAP Therapy Reverses Low Testosterone in Men with Severe Obesity, Independent of Weight Loss

CPAP machines may have a reputation for being unappealing, but according to a recent study, treating sleep issues with them might be the secret to fixing male hormone levels. Severe obstructive sleep apnea syndrome (OSAS) is an independent driver of low testosterone levels in men with severe obesity, but treating the condition with continuous positive airway pressure (CPAP) therapy can significantly reverse this hormonal suppression without requiring weight loss, according to a recent study published in *The Journal of Clinical Endocrinology & Metabolism*.

The peer-reviewed cross-sectional and longitudinal study, titled “**The Role of Obstructive Sleep Apnea and CPAP Therapy in the Functional Hypogonadism of Male Patients with Severe Obesity**,” analyzed 204 male inpatients between 18 and 88 years of age. All participants had complicated, severe obesity but no prior clinical history of hypogonadism or diminished functional activity of the gonads. Led by a multidisciplinary research team, the investigators discovered that “decompensated” sleep apnea — characterized by more than 30 breathing interruptions or severe oxygen drops per hour during sleep — is directly associated with low total testosterone. This respiratory stress acts alongside, yet distinct from, known metabolic risk factors like body mass index (BMI), systemic inflammation, and type 2 diabetes.

Crucially, the clinical researchers found that when a subset of 14 newly diagnosed patients adhered to CPAP airway therapy for three months, their total testosterone levels rose significantly. This hormonal improvement was directly tied to the reduction in nighttime oxygen desaturation events and occurred entirely independently of any variations in the patients’ BMI, offering a novel therapeutic target for clinicians managing male endocrine disorders.

“The obesity-related functional hypogonadism is too often considered a single monolithic condition,” says Biagio Cangiano, one of the paper’s authors to *Endocrine News*. “With this paper, we show the importance of understanding and separating the mechanisms underlying this hormonal insufficiency in order to personalize its management.”

The study’s initial cross-sectional screening revealed that 127 out of the 204 patients (more than 62%) exhibited low total testosterone, defined as less than or equal to 10.4 nmol/L. Using multiple linear regression models, the investigators isolated decompensated OSAS as an independent variable significantly correlated with reduced testosterone production.

Following three months of compliant CPAP treatment, follow-up blood tests and sleep monitoring confirmed that relieving the upper airway collapse successfully elevated hormone levels. By demonstrating that in patients with severe OSAS endocrine recovery can be achieved via mechanical airway stabilization rather than severe caloric restriction or hormone replacement therapy alone, the study challenges simplistic weight-centric paradigms for treating functional hypogonadism in patients with severe obesity.

The medical investigators concluded that sleep apnea evaluations should be integrated into routine endocrine screenings for bariatric, diabetic, and metabolic patients. Moving forward, the authors recommend that clinicians prioritize rigorous sleep monitoring and early CPAP interventions to mitigate secondary systemic complications, ensuring that underlying respiratory sleep disorders are not overlooked in broader metabolic treatment protocols. — Jackie Oberst

Growth Therapies Fall Short for Girls with Classical CAH

Growth-promoting therapies frequently prescribed to counteract the adult height loss associated with classical congenital adrenal hyperplasia (CAH) may provide greater height benefits in boys, according to a large multicenter study recently published in *The Journal of Clinical Endocrinology & Metabolism*. The findings reveal a gender-dependent difference in how effectively these commonly deployed hormonal interventions preserve a child's genetic growth potential.

Congenital adrenal hyperplasia is a group of rare, inherited genetic disorders that affect the adrenal glands. In children born with CAH, a specific genetic mutation impairs the production of cortisol and aldosterone. Because the body cannot synthesize these critical hormones, the pituitary gland overcompensates by continuously stimulating the adrenal glands. This constant overdrive floods the body with excessive amounts of male sex hormones, known as androgens, causing severe hormonal and developmental imbalances from early childhood.

The retrospective, longitudinal study titled **"Impact of Growth-promoting Therapies on Puberty, Growth, and Final Height in Classical 21-hydroxylase Deficiency,"** tracked 284 patients with genetically confirmed classical 21-hydroxylase deficiency (21-OHD), which represents the leading cause of CAH, who were diagnosed before the implementation of a national newborn screening program. Conducted by a pediatric endocrinology research team at Marmara University and Istanbul University in Türkiye, the study found that growth-promoting therapies appeared to confer greater height benefits in boys than in girls, highlighting a sex-related difference in treatment outcomes.

The primary clinical goal in treating classical 21-OHD is replacing deficient glucocorticoids

and mineralocorticoids while simultaneously suppressing excess adrenal androgens. Left unchecked, these elevated androgens accelerate bone maturation and trigger precocious puberty, which ultimately fuses skeletal growth plates early and compromises adult height. To disrupt this premature fusion and buy patients more growing time, pediatric endocrinologists frequently deploy growth-promoting drugs — including gonadotropin-releasing hormone (GnRH) analogs, aromatase inhibitors, and cyproterone acetate — either alone or in combination.

The study evaluated final adult height relative to a patient's genetic target, known as mid-parental height (MPH). Within the total cohort, 41.1% of the patients received growth-promoting protocols. Among boys, growth-promoting therapies were associated with a smaller gap between final adult height and genetic height potential, improving from -6.7 cm to -2.3 cm. In girls, no comparable benefit was observed, with the corresponding values being -3.7 cm and -6.6 cm, respectively. Researchers suggest that baseline differences in disease severity and height prognosis may have contributed to this finding.

Height outcomes differed by sex, with boys showing greater preservation of genetic height potential. The authors note that this observation may, in part, reflect the use of aromatase inhibitors in boys.

The data further revealed that puberty in classical 21-OHD naturally follows an atypical trajectory. It is characterized by an earlier onset but a significantly slower tempo and a prolonged overall duration. This elongated pubertal window was especially pronounced in female patients, effectively lengthening the timeframe during which their developing skeletons were exposed to complex, fluctuating hormonal treatments.

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The investigators recommend that clinicians implement highly personalized pubertal monitoring protocols and individualize decisions regarding growth-promoting therapies for girls with the condition based on baseline height prognosis, pubertal progression, and treatment response.

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Denosumab Triggers

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The resulting hypocalcemia proved highly refractory to standard treatments. It required aggressive, continuous interventions, including high-dose oral and intravenous calcium, active vitamin D (calcitriol) to maximize intestinal absorption, and heavy magnesium supplementation. Low urinary calcium levels ultimately confirmed the diagnosis, proving that the patient's kidneys weren't leaking the mineral; instead, his own skeleton was relentlessly absorbing the mineral from his blood.

The authors concluded that while denosumab remains an invaluable asset for protecting the skeletal integrity and reducing skeletal-related events (SREs) in oncology patients, a one-size-fits-all dosing approach presents hidden risks. Moving forward, clinicians must implement rigorous pre-screening protocols and tight, long-term post-injection mineral monitoring — particularly for any cancer patient exhibiting compromised kidney function or extensive, high-burden osteolytic disease. — Jackie Oberst

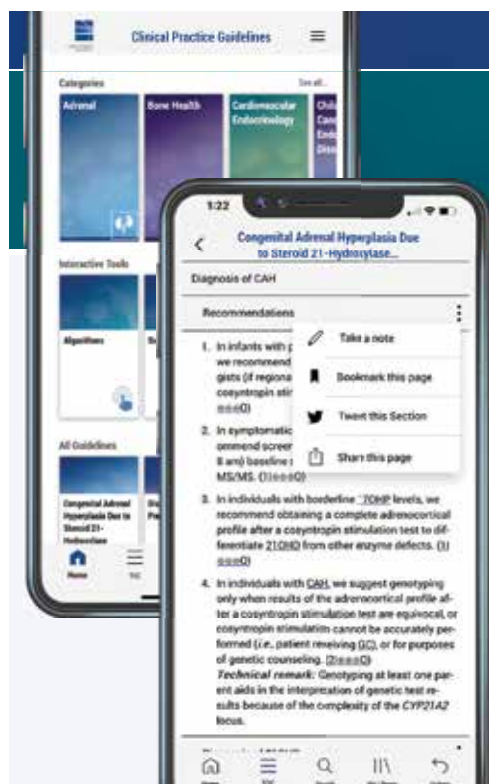
Growth Therapies

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The researchers noted that the delicate clinical balance between necessary glucocorticoid replacement therapy and androgen suppression remains incredibly difficult for physicians to navigate. Over-treatment with glucocorticoids directly stunts linear growth, while under-treatment fails to curb the adrenal androgens that accelerate skeletal maturation.

The authors concluded that a rigid, one-size-fits-all approach to managing growth in classical 21-OHD is ineffective. Moving forward, the investigators recommend that clinicians implement highly personalized pubertal monitoring protocols and individualize decisions regarding growth-promoting therapies for girls with the condition based on baseline height prognosis, pubertal progression, and treatment response.

— Jackie Oberst 



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Organizations like the Endocrine Society have provided more than academic growth—they have created spaces for reflection, connection, and purpose. **Each meeting leaves me with a renewed sense of gratitude, not only for the opportunities I’ve been given, but for the responsibility that comes with them.”**

Milay Luis Lam, MD, division chief and medical director, Meritus Endocrinology, Meritus Medical Center, Hagerstown, Md., sharing her reflections after attending one of the endocrine Society’s EXCEL (Excellence in Clinical Endocrinology Leadership) meetings in the article, **“The Human Side of Endocrinology: From Learner to Advocate,”** on page 38.

6 months

Researchers detected endocrine-disrupting chemicals in both breast milk and infants’ urine from birth through six months of age, highlighting the potential for early-life exposure during a critical period of growth and development.

SOURCE: ENDO 2026 PRESENTATION BY MARIA ELISABETH STREET, MD, PHD, DIVISION OF PEDIATRIC ENDOCRINOLOGY AT UNIVERSITY HOSPITAL OF PARMA



15%



The percentage by which fractures decreased when using semaglutide as compared to other weight-loss strategies. Semaglutide also appeared to help the most with weight loss in patients with diabetes.

SOURCE: ENDO 2026 PRESENTATION BY SUN H KIM, MD, MS, ASSOCIATE PROFESSOR OF MEDICINE IN THE DIVISION OF ENDOCRINOLOGY, GERONTOLOGY, AND METABOLISM AT STANFORD

500 million



The number of people estimated around the world aged 50 years and older who are living with osteoporosis. **SOURCE:** INTERNATIONAL OSTEOPOROSIS FOUNDATION

170 million



The estimated number of women worldwide affected by Polyendocrine Metabolic Ovarian Syndrome (PMOS), the updated name for the condition previously known as Polycystic Ovary Syndrome (PCOS). **SOURCE:** THE LANCET

20%



2.4 PER 1,000



The number of people diagnosed with thyroid cancer each year.

SOURCE: NATIONAL CANCER INSTITUTE SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS (SEER) PROGRAM OF THE ENDOCRINE SOCIETY

2026 Clinical Endocrinology Update/Endocrine Board Review

EBR 2026

ENDOCRINE BOARD REVIEW

Sept. 5 – 7, 2026/Virtual Only

EBR is an intensive online learning program for fellows, practicing endocrinologists, and other healthcare professionals preparing for the American Board of Internal Medicine's (ABIM's), Endocrinology, Diabetes, and Metabolism Certification Exam.

In use for more than a decade, EBR stands out as a leading program for invaluable insights directly from medical experts involved in developing the exam.



These specialists understand the exam's nuances and will share essential strategies for success. EBR features case-based questions aligned with the ABIM blueprint, complemented by highly effective tools to bolster your confidence as you gear up for your board exam.

Join us for an immersive review of endocrinology to advance your knowledge and succeed in your board certification exam!



<https://www.endocrine.org/meetings-and-events/eb-2026/>

CEU 2026

CLINICAL ENDOCRINOLOGY UPDATE

Oct. 23 – 25, 2026/Virtual Only

Join endocrinologists and other healthcare professionals for updates on how to treat various endocrine conditions based on the latest expert guidelines in hormone care. With recent breakthroughs in different areas of the ever-evolving field of endocrinology, staying abreast of innovative practices is essential for optimal patient treatment.

CEU 2026 provides a convenient solution for busy professionals by delivering first-rate education they can immediately implement into their practice. For over a decade, our program has been led by renowned endocrinologists, offering a case-based agenda and evidence-based disease management strategies to equip practitioners with the tools they need to address daily clinical challenges.

CEU is virtual, ensuring accessibility through our online platform. Our expert faculty will cover important endocrinology topics, including adrenal, calcium and bone, diabetes, pituitary, obesity and lipids, female reproduction, male reproduction, transgender care, and thyroid.

With Meet the Professor sessions and a symposium filled with expert insights, this program offers a valuable learning experience for endocrinologists worldwide. Do not miss this opportunity to enhance your knowledge and skills in hormone care. Join us online, and stay ahead in the field of endocrinology!

<https://www.endocrine.org/meetings-and-events/ceu-2026>

Endocrine Society Webinars

The Endocrine Society holds webinars throughout the year on many topics, from clinical practice and basic research to career development, advocacy, and more. Check below for information on upcoming webinars and links to previous events. Visit our Center for Learning for a full list of Society educational offerings.

Past webinars have included Using Teriparatide: Combination and Sequential Therapies; Update in Primary Aldosteronism; Diabetes and Physical Activity; Evaluation and Management of Congenital Adrenal Hyperplasia; Endocrinopathies Associated with Checkpoint Inhibitor Immunotherapy; and so much more! Webinars are free for Endocrine Society members.

<https://education.endocrine.org>



26th Annual Santa Fe Bone Symposium

Santa Fe, New Mexico

July 31 – August 1, 2026

The Santa Fe Bone Symposium is an annual forum devoted to advances in the science and economics of osteoporosis, metabolic bone disease, and assessment of skeletal health. Presented by the Osteoporosis Foundation of New Mexico (OFNM), this meeting is for healthcare providers, scientists, and researchers with a special interest in bone disease, and for bone densitometry technologists who seek a high level of knowledge in their field. Close interaction and collaboration between faculty and participants is an integral part of the Santa Fe Bone Symposium. <https://www.ofnm.org/26th-annual-santa-fe-bone-symposium/>

Disorders of Pituitary-Adrenal Function Conference

Milwaukee, Wisconsin

September 30 – October 2, 2026

Join leading national and international endocrinology expert clinicians for a comprehensive in-person symposium on the diagnosis and management of pituitary and adrenal disorders. This conference will cover the latest advances and future directions of the diagnosis and management of adrenal insufficiency and hypercortisolism. <https://PituitaryAdrenal2026.eventbrite.com>

7th Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2026

Newport Beach, California

October 15 – 17, 2026

The 7th Annual Mayo Clinic Thyroid and Parathyroid Disorders Course 2026 offers a comprehensive review of diagnostic techniques and medical and surgical management of thyroid and parathyroid disorders. Featuring a multidisciplinary approach, the

course features cutting-edge insights into diagnostic techniques and both medical and surgical management strategies.

<https://ce.mayo.edu/endocrinology/content/7th-annual-mayo-clinic-thyroid-and-parathyroid-disorders-course-2026>

ATA 2026 Annual Meeting

Philadelphia, Pennsylvania

November 4 – 7, 2026

The American Thyroid Association (ATA) is the leading organization focused on thyroid biology and the prevention and treatment of thyroid disorders through innovation in research, clinical care, education, and public health. Earn CME credits, hear innovative talks on clinical topics, participate in interactive sessions,

develop professionally, and meet with friends and colleagues. The ATA is the leading organization focused on thyroid biology and the prevention and treatment of thyroid disorders through excellence and innovation in research, clinical care, education, and public health.

<https://thyroid.joyntmeeting.com/conference/>

WE'VE MOVED!

The calendar of events can now be found on *Endocrine News'* revamped website at: <https://endocrinenews.endocrine.org/>. Scroll to the bottom of the home page to find it. It will be updated on a regular basis.

INTERNATIONAL ITINERARY



3rd Global Summit on Diabetes and Endocrinology

Zurich, Switzerland

August 17 – 18, 2026

This event offers a unique platform for endocrinologists, diabetologists, healthcare professionals, academics, and researchers to connect, share insights, and collaborate on advancements in diabetes and endocrinology. Centered around the theme “Innovations in the Field of Diabetes & Endocrinology Procedures and Treatment,” the summit aims to explore cutting-edge research, emerging technologies, and best practices that are shaping the future of diabetes care and endocrine health worldwide.

<https://diabetes.intelligentconferences.com/>

2026 World Pediatrics Conference

Osaka, Japan

October 5 – 6, 2026

The conference will focus on the latest advancements and innovations in different fields of pediatrics research with the theme of “Advancing Pediatric Innovation for a Healthier Tomorrow.” This theme highlights the critical need for international cooperation, focusing on sustainable strategies to improve pediatric healthcare outcomes globally. The congress will provide an invaluable platform for professionals from around the world to exchange perspectives on a wide range of topics impacting child health and pediatric diseases.

<https://pediatrics.episirus.org/>

After having her study, “Unanticipated remission of primary hyperparathyroidism following cinacalcet,” published in *JCEM Case Reports* in March, early-career member Sara Ramadan, MD, discusses what her research could mean for the future treatment of PHPT, as well as why joining the Endocrine Society has impacted her career and her research.

happy accidents

A Tumor
Regresses
and a
Career
Takes Off

BY KELLY HORVATH

When Sara Ramadan, MD, began her residency at the Boston Medical Center-Brighton, a Boston University Chobanian & Avedisian School of Medicine teaching hospital in Boston, Mass., she was interested in the field of endocrinology broadly. Two years later, that interest has crystallized, thanks at least partly to the convergence of a set of fortuitous forces. Not least among these forces, Ramadan has been working closely with her mentor at Massachusetts General Hospital, Shirin Haddady, MD, MPH, who specializes in bone and calcium metabolism. Another important factor in Ramadan's career trajectory is her Early-Career Membership in the Endocrine Society, a program designed specifically for professional development for endocrinologists during their first three post-training years.

And then there are the patients.

The Case of the Vanishing Adenoma

Primary hyperparathyroidism (PHPT), which affects up to 1% of adults and ranks just behind diabetes mellitus and thyroid disorders in worldwide prevalence of endocrine disorders, is among the more common conditions Ramadan encounters — and among the more consequential.

In “**Unanticipated remission of primary hyperparathyroidism following cinacalcet**,” published in *JCEM Case Reports* in March, Ramadan and Haddady lay out the case of a 68-year-old man referred to their clinic after routine laboratory screening revealed severe hypercalcemia, with a serum calcium 12.1 mg/dL (more than one unit above the upper limit of normal). Other test results included a markedly elevated intact parathyroid hormone (PTH) of 451 pg/mL, approximately seven times the upper reference limit. Phosphate was low at 2.2 mg/dL, and dual-energy x-ray absorptiometry revealed osteopenia, with a femoral neck T-score of -2.0 .

Given that parathyroid adenoma is a common etiology of PHPT-related hypercalcemia, the team ordered high-resolution ultrasonography to localize the suspected lesion. On finding a well-demarcated, homogeneous, hypoechoic $2.3 \times 1.7 \times 3.0$ cm mass with peripheral vascular flow posterior to the inferior right thyroid lobe, coupled with the unambiguous lab findings, they deemed the patient a candidate for surgery.

When preoperative cardiac evaluation revealed severe multivessel coronary artery disease, however, parathyroidectomy was deferred. The patient underwent percutaneous coronary intervention with stent placement and was prescribed dual antiplatelet therapy for six months. To manage his symptomatic hypercalcemia in the interim, he was initiated on cinacalcet at 30 mg daily, titrated up to 30 mg twice daily.

Cinacalcet suppresses PTH secretion, thus lowering serum calcium by modulating the calcium-sensing receptor (CaSR) on parathyroid cells. It is U.S. Food and Drug Administration approved



Sara Ramadan, MD
Sara Ramadan, MD

“ These cases are not straightforward. The patients have already had surgery. They have altered anatomy and sometimes very ambiguous imaging, and the stakes are higher in terms of complications and decision-making. **Even having conversations with these patients is different from a typical first presentation.**”

—SARA RAMADAN, MD, RESIDENT,
BOSTON MEDICAL CENTER-BRIGHTON, BRIGHTON, MASS.

for the management of severe hypercalcemia in patients with PHPT when surgery is not an option. In this patient's case, it was intended as “bridge therapy” while awaiting parathyroidectomy. Hence, as planned, he returned to the clinic for six-month follow-up, now reporting new-onset paresthesias. His serum calcium had dropped to 6.8 mg/dL and his PTH to 14 pg/mL, representing frank hypocalcemia. Oral calcium supplementation replaced the cinacalcet, and one month later, his calcium and PTH had normalized to 9.1 mg/dL and 44 pg/mL, respectively.

Although the natural history had thus far followed a fairly predictable course, that all changed at this point: A repeat neck ultrasound showed that the patient's posterior right thyroid mass had remarkably regressed, now measuring $1.4 \times 1.0 \times 1.1$ cm, less than 50% of its original volume. “I remember staring at the ultrasound in clinic,” says Ramadan. “We couldn't really believe the tumor had gotten smaller. Cinacalcet's mechanism of action doesn't cause shrinkage of a parathyroid adenoma.” Moreover, when the drug is stopped, rebound hypercalcemia often occurs. Yet, at one-year follow-up, this patient's serum calcium remained normal at 9.8 mg/dL and PTH at 51 pg/mL. Nearly three years later, calcium was 8.9 mg/dL, still within normal limits, on vitamin D supplementation alone.

Apoptosis or Apoplexy?

As for what might account for this medical marvel, Ramadan explains that among the proposed mechanisms is “parathyroid apoplexy,” in which hemorrhagic infarction of the adenoma triggers abrupt necrosis and rapid biochemical normalization. Parathyroid apoplexy typically involves sudden neck pain, dysphagia, or acute hypocalcemia. In this patient, however, the regression was gradual, with no acute symptoms and imaging showing preserved echotexture in the residual mass.

Another theory holds that upregulation of CaSR expression in adenomatous tissue and restoration of normal calcium signaling may contribute to gradual involution of the mass. Both in vitro and in vivo studies support this dose- and time-dependent apoptotic effect. “The clinical picture was more consistent with slow apoptotic involution than with an acute infarction event, but we can't really prove it without a biopsy and examination of the cellular pathology,” Ramadan acknowledges.

The markedly elevated baseline PTH also raised a flag for parathyroid carcinoma, which accounts for fewer than 1% of PHPT cases but typically presents with PTH more than three times normal. But, again, the clinical features argued against malignancy, she explains.

The adenoma was homogeneous and well-demarcated on ultrasound, calcium was elevated but below the threshold typically associated with carcinoma, and the patient ultimately achieved and sustained eucalcemia.

Ramadan's case joins only a handful of published reports documenting apparent cinacalcet-associated remission in PHPT, including cases of outright adenoma disappearance, nine-year sustained remission on high-dose therapy, and at least one instance complicated by vocal cord palsy following adenoma necrosis. She is candid about the challenges of studying this phenomenon more systematically. Surgery remains a highly effective and safe cure for PHPT, with cure rates exceeding 95%, making it difficult to ethically justify randomizing patients to medical therapy alone. "For a prospective trial, you'd need a very specific subset of patients who don't fit the criteria for surgery — people for whom medical therapy is the only option," she explains. "And these cases are very sporadic and rare, so you'd need large numbers and long follow-up. It might not happen for everyone."

The most informative next step, she believes, would be histopathology: biopsying adenomas in the small pool of patients who respond to cinacalcet and examining their cellular architecture under the microscope. For the current patient (who remains eucalcemic), Ramadan suspects that further investigation would depend on circumstances. "He was reluctant to have surgery in the first place, so if he started having recurrent symptoms and was looking for an explanation, he might be amenable," she says.

What Comes Next?

Meanwhile, the cinacalcet case helped sharpen Ramadan's clinical and research focus to a particularly challenging corner of the field: recurrent primary hyperparathyroidism. "These cases are not straightforward," she says. "The patients have already had surgery. They have altered anatomy and sometimes very ambiguous imaging, and the stakes are higher in terms of complications and decision-making. Even having conversations with these patients is different from a typical first presentation."

Working in the Boston Medical Center healthcare system, a large safety-net institution, has given Ramadan exposure to the full complexity of the disease, including its intersection with health disparities. Substantial racial differences in PHPT prevalence



AT A GLANCE

- ▶ One of the most common endocrine disorders, primary hyperparathyroidism (PHPT) is characterized by autonomous secretion of parathyroid hormone (PTH) driving persistent hypercalcemia among other problems, with 80%–85% of PHPT cases attributed to a solitary parathyroid adenoma.
- ▶ In addition to calcium-sensing receptor-mediated suppression of PTH synthesis and secretion from existing parathyroid tissue, in some cases, cinacalcet has also achieved both biochemical remission and anatomical regression or disappearance of parathyroid adenoma.
- ▶ Early-Career Membership in the Endocrine Society provides access to ENDO annual meeting programming, mentorship, and a peer network across the field, resources that can prove instrumental in mapping a career trajectory.

“ When I initially joined during my first year of residency, I was still finding my voice and figuring out in which direction in endocrinology I was heading. **Getting access to people who are further along, not just for mentorship in the traditional sense, but to see how they build their careers and define their niches, has been really valuable.**”

— SARA RAMADAN, MD, RESIDENT,
BOSTON MEDICAL CENTER-BRIGHTON, BRIGHTON, MASS.

are well recognized: African American females face the highest risk and tend to present with more severe biochemical disease, driven by a combination of genetic, metabolic, and healthcare access factors. Ramadan's research agenda is oriented toward understanding why recurrence happens, identifying affected patients earlier, and optimizing management beyond repeat surgery, with a specific interest in outcomes among underserved populations.

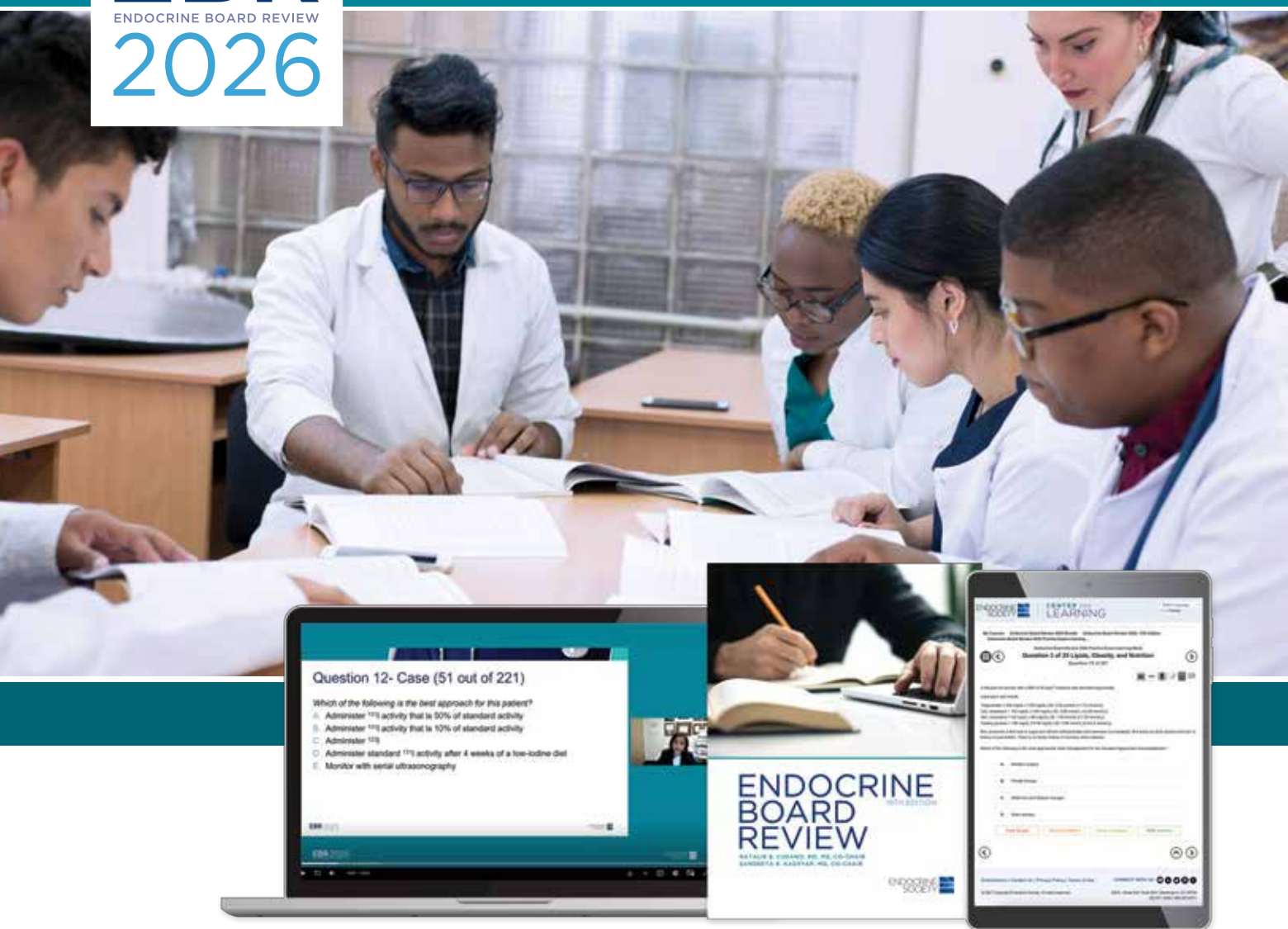
Her Endocrine Society Early-Career membership is already serving her well here. She says the access it provided — to mentors, to the annual conference, and to a forum for peer exchange — turned out to be more valuable than she had anticipated. “When I initially joined during my first year of residency, I was still finding my voice and figuring out in which direction in endocrinology I was heading,” she says. “Getting access to people who are further along, not just for mentorship in the traditional sense, but to see how they build their careers and define their niches, has been really valuable.”

ENDO has been a particular highlight. Ramadan describes attending case report sessions and watching experienced clinicians work through complex presentations in real time, helpful instruction for someone still orienting herself in the specialty. The exhibition floor exposed her to technologies not available at her program that she was later able to bring back to patients as tangible teaching tools. “That was life-changing for me, being able to incorporate it into my day-to-day clinical work,” she says. She also formed professional connections that have continued beyond the conference itself. This year, she is particularly looking forward to a full-day mentoring session with program directors — timely, since she is currently applying for fellowship and will be relocating to Seattle after completing her final year of residency.

For residents and fellows still mapping their trajectory in endocrinology, Ramadan's endorsement of the Early-Career membership is unequivocal. “It puts you in a spot where you're connected with everyone and everything, and you're up to date,” she says. “If you're looking for connections with people who are more established in the field or trying to figure out what you're drawn to and how to approach it, I recommend joining. It has been a great experience for me.” **EN**

—HORVATH IS FREELANCE WRITER BASED IN BALTIMORE, MD. IN THE JUNE ISSUE, SHE WROTE ABOUT “**LOW TESTOSTERONE IN OBESITY: SHOULD WE TREAT OR NOT?**,” A DEBATE SESSION AT ENDO 2026.

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The Endocrine Society's 2026 Laureate Richard E. Weitzman Outstanding Early-Career Investigator Award recipient, Katrin Svensson, PhD, talks to *Endocrine News* about her research, her mentor's influence, her advice to young investigators, and why she feels there's so much more to be discovered in endocrine signaling pathways.

Q&A with Katrin Svensson, PhD

endocrine pathway TRAILBLAZER

BY GLENDA FAUNTLEROY SHAW



Every second, cells throughout the body are sending signals that help regulate hunger, energy use, and blood sugar. Understanding those hidden conversations has become the life's work of Katrin Svensson, PhD, whose research is opening new doors in the fight against obesity and diabetes.

The Endocrine Society recognized Svensson as one of its 2026 Laureates, honoring her with the Richard E. Weitzman Outstanding Early-Career Investigator Award. The annual award recognizes an exceptionally promising young clinical or basic investigator whose work is poised to make a lasting impact on the field.

Svensson is an associate professor in the Department of Pathology at Stanford University, as well as the Metabolic Core Director and Affinity Group Leader at the Stanford Diabetes Research Center. She earned both her MS and PhD from Sweden's Lund University and completed her postdoctoral training at Harvard Medical School, before joining the Stanford faculty in 2018.



Katrin Svensson, PhD

Svensson with her laboratory staff "jumping for joy" on the Stanford campus.



“ You can organize, not just practically, but in your thinking. What is the most interesting and critical biological question? What are the critical experiments to answer those questions? **Is this really what you need to do, or are you just doing it because you can? If you're organized in your thinking, everything else will follow.**”

— KATRIN SVENSSON, PHD, ASSOCIATE PROFESSOR,
DEPARTMENT OF PATHOLOGY, STANFORD UNIVERSITY;
METABOLIC CORE DIRECTOR AND AFFINITY GROUP LEADER,
STANFORD DIABETES RESEARCH CENTER, STANFORD, CALIF.

“

Receiving this award is quite meaningful for me because it reflects the efforts of many trainees and collaborators, and **and it's encouraging to see that the field really values curiosity-driven discovery and fundamental mechanistic science.**”

— KATRIN SVENSSON, PHD, ASSOCIATE PROFESSOR, DEPARTMENT OF PATHOLOGY, STANFORD UNIVERSITY; METABOLIC CORE DIRECTOR AND AFFINITY GROUP LEADER, STANFORD DIABETES RESEARCH CENTER, STANFORD, CALIF.



Svensson with some of her laboratory team taking a break from RR25, a scientific meeting that studies the impact of space travel on bone.

Her research focuses on how cells communicate to maintain metabolic homeostasis. Svensson's laboratory discovered Isthmin-1, a secreted protein that regulates glucose uptake and lipid metabolism independently of insulin, as well as the non-incretin anti-obesity BRINP2-related peptide (BRP). Her group has also developed computational methods to predict new peptides and ligand-receptor pairs, advancing the discovery of novel endocrine pathways. She has two patents licensed to Merrifield Therapeutics, a biotech startup company she co-founded that focuses on translating biological endocrinology discoveries into therapeutic targets for obesity and diabetes.

Svensson recently spoke with *Endocrine News* about the promise of intercellular communication research and what continues to drive her scientific curiosity.

***Endocrine News:* What did hearing the news of winning the Early Investigator Award mean to you?**

Svensson: It's really a tremendous honor because I've been working with the Endocrine Society for a long time and this award really recognizes the overall body of work rather than a single study. Since I started at Stanford, much of my work has focused on identifying endocrine signaling systems that were not previously identified, which requires pursuing biology that is poorly understood. It's hard to get funding and it's hard to get traction for this kind of work because of that. So, receiving this award is quite meaningful for me because it reflects the efforts of many trainees and collaborators, and it's encouraging to see that the

field really values curiosity-driven discovery and fundamental mechanistic science.

EN: Your research program is built around understanding how cells communicate with one another. What first sparked your fascination with the intercellular communication and metabolism?

Svensson: I have been studying cell communication in a tumor microenvironment since I started my PhD in 2007. So, I looked at angiogenesis and how cells are communicating within a tumor. That led me to be more interested in how these molecules are regulated physiologically within the body. Different organs are communicating with each other all the time and while much is known about the classic hormones, biology is full of secreted peptides, signaling molecules, and metabolites, where we know extremely little about their functions.



(Top, right) Svensson says that since her husband is also on the faculty, they can never separate themselves from science! “We talk about science all the time,” she says, adding “We have a lot of friends in science, so it’s embedded.” She says she spends most of her time with husband and four children but loves having friends over since she enjoys baking and hosting. (Bottom, left) Svensson with a piglet her lab used to test to see if one of her peptides reduced appetite in pigs (it did!).

When I moved to my postdoc in 2013 at Harvard with Bruce Spiegelman, PhD, I was interested in understanding how these peptides and hormones regulate physiology across the entire body. So, I became interested in the idea that there are “hidden” endocrine systems that can regulate metabolism and feed inter-organ communication. Finding these pathways could fundamentally change how we think about disease and therapy and physiology in general.

EN: Looking back on your career so far, who has been the biggest influence on you as a scientist and a leader?

Svensson: I've been very supported by many, many people in my field as an early-career scientist, but I would say the biggest influence has been Bruce Spiegelman, my mentor as a postdoctoral fellow at Harvard. He really inspired me in thinking about novel biology and discovering something new. That is what I learned in his lab and that's what I've continued to build on since then. I don't think I could have done it if I hadn't been in his lab.

EN: Now that you've received this Early Career Investigator Award, what do you think is the biggest scientific question that you're hoping to answer in the next 10 years?

Svensson: I think that there's a lot still to be discovered in endocrine signaling pathways. There are many peptides, not just the ones that we have identified. But the field, in general, has recognized peptide therapeutics with the GLPs and the different variants that are coming along now. It is now generally understood that peptides are useful for regulating many different types of physiological functions.

We are really on a good path to understanding how they are physiologically regulated and how we can try to use them therapeutically to target various diseases. I think that there are many other types of endocrine system issues where these peptides could prove to be therapeutically useful.

EN: Looking at your lab website, I see you lead a very diverse team of postdocs, graduate students, and undergrads. What keeps you motivated when experiments fail or when progress comes more slowly than expected, and what do you impart to your team about this to keep them motivated as well?

Svensson: I talk with them a lot about this because our projects are so exploratory, and I think it's important to be excited about discovering something genuinely new and be willing to pursue questions that are not fully validated by the field, and not being too focused on working on safe or already validated problems, although you know it's going to work out.

People have different interests, so the people who are joining my lab are very aware of this and they know that pursuing this exploratory project can really open new directions. I've been

very fortunate to work with trainees and collaborators who are very dedicated, and we talk a lot about persistence, which is super important to keep following the path that you believe in without being stubborn.

Sometimes it works differently than you expect. So, follow the data honestly and be willing to adapt when the biology tells you something unexpected, which often happens, and just keep going. You know, there's a lot of things to be found and if you follow the science, it's going to be fun! It's very fun and that is what I'm trying to instill in my trainees.

EN: Is there any advice you give your team that you wish someone had told you when you first started your lab?

Svensson: I've been very lucky to work with great trainees, and I would say there are pretty much two things. First, find people who are interested in the science and are dedicated and want to do this. You don't need to have a huge lab, necessarily, in the beginning. You need a few trainees who are really dedicated in trying to solve the problems.

The second thing, I think, is very boring, but it's being organized. I think all these other things about what you need to do in your career and publishing and getting grants, all these things will follow if you have good ideas. You can design great experiments and then being organized is really the key to pretty much everything. We talk about this in the lab. You can organize, not just practically, but in your thinking. What is the most interesting and critical biological question? What are the critical experiments to answer those questions? Is this really what you need to do, or are you just doing it because you can? If you're organized in your thinking, everything else will follow. ^{EN}

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

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Rok Herman, MD, with Patricia Morris, PhD (center), and Mojca Jensterle, MD, PhD, one of Herman's mentors, at the Excellence in Endocrinology Dinner that took place during ENDO 2026 in Chicago, Ill.

2026 Bardin Award Winner Rok Herman, MD

Rok Herman, MD, speaks to *Endocrine News* after taking home the 2026 C. Wayne Bardin, MD, International Travel Award for his outstanding ENDO 2026 abstract showing tirzepatide doesn't just help people lose weight; it also activates brown adipose tissue, which could be a watershed moment in obesity research.

BY DEREK BAGLEY

Rok Herman, MD, always knew that he wanted to specialize in one of the fields of internal medicine, but his path to endocrinology became clear when he was a medical student, when his mentors involved him early in the research team of his department.

“Through that experience, I quickly fell in love with research,” Herman says. “It did not take long before my goal became not only to research and practice endocrinology, but to master it in a way that would allow me to best help my patients. This field offers a rare combination of precise physiology, complex clinical reasoning, and direct therapeutic impact.”

The Endocrine Society awarded Herman the 2026 C. Wayne Bardin, MD, International Travel Award, which honors an outstanding **ENDO** abstract submitted by an international endocrine fellow or junior faculty member.

Herman is a physician and internal medicine resident at the Department of Endocrinology, Diabetes, and Metabolic Diseases at the University Medical Centre Ljubljana in Slovenia. His distinguished academic and research career includes the Professor Janez Plečnik Award, multiple Prešeren recognitions, and a Krka Award. Since 2018, he has contributed to over 15 SCI-indexed publications and actively presents his research at national and international medical conferences.

“Receiving this award is a tremendous honor,” Herman says. “As an early-career physician-scientist, I had an idea a few years ago and then spent countless days and nights trying to bring it to life. This recognition makes the long nights, setbacks, and doubts feel worth it.”

Herman goes on to say that when he received the news, he felt deeply grateful to the whole team, especially his mentors and professional role models, Prof. Andrej Janež and Prof. Mojca Jensterle. “And to my wonderful family, whose support made this journey possible,” Herman says. “Together, they helped me turn a technically demanding clinical research idea into a completed randomized trial. The award feels especially meaningful because Prof. Bardin’s career reflects the path of someone trying to excel as a physician, push research forward, and be present for one’s family all at once. That is something I have been trying to build in my own life, and seeing such an example in one of the giants of endocrinology feels like a quiet form of mentorship across time.”

Major Milestone in Obesity Research

For his **ENDO 2026** presentation, Herman shared results from the TABFAT (Tirzepatide Brown and Beige Adipose Tissue Activation) trial, which found that tirzepatide doesn’t just help people lose weight; it also activates brown adipose tissue, representing a major milestone in obesity research.

“In the TABFAT trial, we asked a different question: Beyond eating less, does tirzepatide also change how the body burns energy — specifically through brown adipose tissue, a metabolically active type of fat that produces heat and consumes calories?” Herman says.



Rok Herman, MD



**The
award
feels
especially
meaningful
because Prof.
Bardin's career
reflects the path
of someone
trying to excel
as a physician,
push research
forward, and be
present for one's
family all at once.
That is something
I have been trying
to build in my own
life, and seeing
such an example in
one of the giants of
endocrinology feels
like a quiet form of
mentorship across
time."**

— ROK HERMAN, MD, INTERNAL MEDICINE RESIDENT,
DEPARTMENT OF ENDOCRINOLOGY, DIABETES, AND
METABOLIC DISEASES, UNIVERSITY MEDICAL CENTRE,
LJUBLJANA, SLOVENIA

In a randomized, placebo-controlled clinical trial in premenopausal women with obesity, Herman and colleagues used cold-stimulated PET/CT imaging and MRI scans to measure brown adipose tissue activity before and after 24 weeks of treatment.

"We found that tirzepatide significantly increased brown adipose tissue activity and volume, and it also showed potential signs of converting white subcutaneous fat into more metabolically active 'beige' fat," Herman says.

Tirzepatide increased PET/CT-detectable brown adipose tissue activity from 41.2% to 64.7% of participants, while no comparable change was seen in the placebo group. "We were also encouraged by the consistency of the signal across other imaging modalities employed in the study that may capture different component of brown fat biology," Herman adds.

"This adds a new layer to how we understand the new generation of anti-obesity medications," Herman says. "They are not only appetite suppressants — tirzepatide also appears to modulate energy expenditure at the tissue level, opening a plausible path toward future therapies that combine appetite regulation with thermogenic activation."

Herman suggests that future research measures, studies, and potentially enhances the use of brown and beige fat activity as a specific target for a tailored approach to obesity care.

"I am currently finishing the data analysis for the TABFAT trial and plan to publish main results later this year," Herman tells *Endocrine News*. "One of the most exciting parts for me now is moving beyond imaging and clinical outcomes into deeper analyses of adipose tissue biopsies, and I am eagerly awaiting the first results in the coming weeks. Over the last few years, I have become increasingly interested in brown adipose tissue research, and our team will continue studying how we can improve its measurement in humans, what mechanisms drive its proposed systemic metabolic benefits, and which interventions could activate it in clinical practice."

Herman adds that he and his colleagues plan to continue working in the broader obesity field, especially on the effects of obesity pharmacotherapy on skeletal muscle status, where they hope to present detailed results by this time next year. Herman says that he's also involved in several other projects, ranging from endocrine mechanisms in postural orthostatic tachycardia syndrome to bone-metabolic interactions in polyendocrine metabolic ovarian syndrome, bone health in indolent systemic mastocytosis, and endocrine adaptations to fasting, to name a few. "There is a lot in the pipeline, but scientifically this is exactly the kind of dynamic period I hoped to be part of," he says.

Strong Researcher = Better Physician

Herman says that what inspires him most is that, despite all the challenges of being both a clinician and a researcher, he still able to spend most of his time with patients. "I quickly learned that becoming a strong researcher also makes you a better physician



Rok Herman, MD, with Endocrine Society President Carol Lange, PhD, at the Excellence in Endocrinology Dinner that took place during **ENDO 2026** in Chicago, Ill.

and seeing someone you care for get better remains the most satisfying part of my job,” he says. “I have also been fortunate to connect with passionate people at our center — physicians, researchers, nurses, administrators, many of whom have become good friends. We can spend hours discussing ideas, difficult cases, and research questions outside of work and still not feel like we are really working. That environment keeps my mind in a mode where new ideas almost never stop coming and knowing that some of those ideas can eventually become real discoveries, as happened with TABFAT, makes the whole process feel meaningful beyond the day-to-day.”

Herman says that personally, the award is a major encouragement and tells him that the scientific question his team is pursuing is relevant, that their approach is of interest to the international endocrine community, and that their results can stand alongside work from leading centers around the world. “That is extremely motivating at this stage of my career,” he says, “For our institution, it is also an important recognition. The University Medical Centre Ljubljana and our Department of Endocrinology have strong clinical expertise and a growing research environment. This award helps show that high-quality, mechanistic clinical research can be carried out in Slovenia, and it strengthens our ability to build international collaborations.”

Herman goes on to sing the praises of the Endocrine Society as an important window into the international endocrine community. “Its meetings, publications, and educational activities help define the scientific and clinical standards of the field,” he says. “For someone early in an academic career, that exposure is invaluable. Presenting our work at **ENDO** is therefore not only a personal milestone, but also an opportunity to connect our research with a much broader community of clinicians and scientists.” **EN**

“Over the last few years, I have become increasingly interested in brown adipose tissue research, and our team will continue studying how we can improve its measurement in humans, what mechanisms drive its proposed systemic metabolic benefits, and which interventions could activate it in clinical practice.”

— ROK HERMAN, MD, INTERNAL MEDICINE RESIDENT,
DEPARTMENT OF ENDOCRINOLOGY, DIABETES, AND
METABOLIC DISEASES, UNIVERSITY MEDICAL CENTRE,
LJUBLJANA, SLOVENIA

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE JUNE ISSUE, HE WROTE ABOUT THE ENDOCRINE SOCIETY'S CENTRAL PRECOCIOUS PUBERTY GUIDELINE THAT WAS RELEASED LAST MONTH AT **ENDO 2026** IN CHICAGO, ILL.

A Father and
Son Who
Share
More
than a
Name

The Family Business

BY KELLY HORVATH

While Dan (left) and Phillip's research may converge at the adipocyte, the Dumesics often converge at ENDO! Here they are at ENDO 2025 in San Francisco, Calif.

It is definitely “like father, like son” in the Dumesic home: Phillip Dumesic, MD, PhD, whose lab studies gene expression at the University of California – San Francisco, followed his father, Dan Dumesic, MD, an expert in PCOS (now PMOS) at UCLA, into the field. They discuss their research, dad’s influence on son, and how their research actually converges at the adipocyte.

ENDO 2026 promised to be remarkable in many respects, but here’s one we do not often see: work by a father and son featured at the same meeting, separate research programs that turn out to be two chapters of the same story.

Daniel Dumesic, MD, of the David Geffen School of Medicine at the University of California in Los Angeles (UCLA), himself a long-time attendee, will accompany Michelle M. Song, a medical student researcher from his lab and recipient of an Endocrine Society travel award to present her work on biological pathways underlying the triglyceride-glucose–body mass index in normal-weight women with polycystic ovary syndrome (PCOS).

His son, Phillip Dumesic, MD, PhD, an assistant professor at UCSF’s Diabetes Center, is co-chairing a symposium honoring the legacy of the late David Mangelsdorf, PhD, from the University of Texas Southwestern Medical Center in Dallas, who pioneered the field of orphan nuclear receptors and discovered key cellular signaling pathways in many diseases. Mangelsdorf had been awarded the Endocrine Society’s Edwin B. Astwood Award for Outstanding Research in Basic Science just months before he died last August.

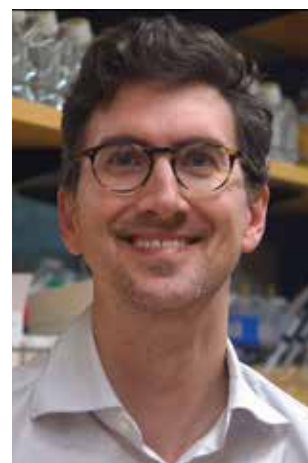
Phillip and Dan Dumesic sat down with *Endocrine News* before the meeting to talk about the throughlines in their work and their careers.

What’s In a Name?

Coincidentally, the condition Dan has studied for decades was renamed just days before the conversation took place. PCOS is now, by international consensus, called polyendocrine metabolic ovarian syndrome (PMOS). This is not the first time the name of this confounding condition has changed. It was first described as Stein-Leventhal syndrome in the 1930s before becoming PCOS and was also known as hyperandrogenic chronic anovulation in some quarters. Each renaming has reflected the evolution in understanding about the syndrome. “I always think of the line from Shakespeare, ‘a rose by any other name . . .’ The names change, but the physiology does not,” says Dan.



Dan Dumesic, MD



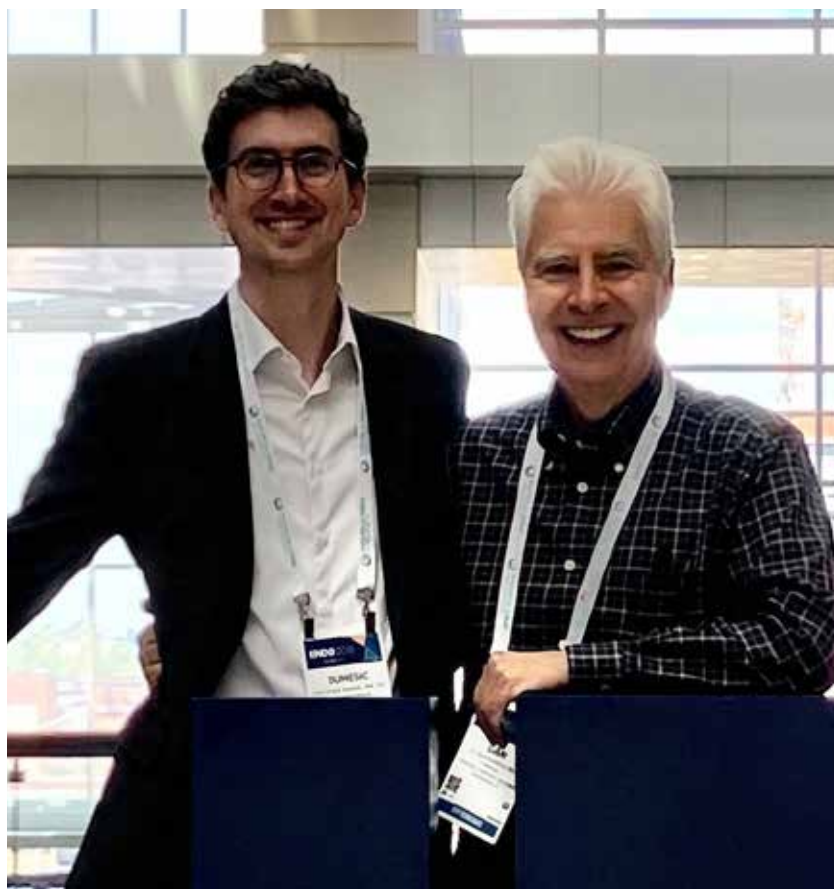
Phillip Dumesic, MD, PhD

“

In terms of the common denominator between our work, the genes, the physiology, the basic science that drives fat metabolism, stem cell differentiation to muscle cells versus fat cells, and their function — these are all molecular tools that Phillip is now working with. **Not only is he involved with metabolism, but as he mentioned, also sarcopenia and muscle physiology. In my mind, it really started through Gregorio's work with us.”**

— DAN DUMESIC, MD, DAVID GEFLEN SCHOOL OF MEDICINE, UNIVERSITY OF CALIFORNIA IN LOS ANGELES (UCLA)

Phillip (left) and Dan Dumesic paused for a quick photo during **ENDO 2026** in Chicago, Ill., last month.



PMOS is among the most common endocrine disorders in reproductive-age women, according to the Endocrine Society, affecting one in eight women globally. Its hallmarks include overproduction of male hormones, menstrual irregularity, and multiple small ovarian follicles arrested in development. Its long-term cardiometabolic consequences can include elevated risks of type 2 diabetes, metabolic syndrome, cardiovascular disease, and hepatic steatosis.

The syndrome is heterogeneous, which is partly why it often goes undiagnosed and untreated. The reproductive subtype is characterized by higher luteinizing hormone (LH), sex hormone-binding hormone (SHBG), testosterone and anti-mullerian hormone levels with lower body mass index (BMI) and insulin levels, whereas the metabolic subtype is associated with lower LH, SHBG and high-density lipoprotein levels with higher glucose, insulin, triglyceride (TG), and low-density lipoprotein levels and more serious downstream complications. Patients with PMOS tend to shift from having reproductive to metabolic characteristics as they age.

The new name is intended to capture both its endocrine complexity and its metabolic reach. “The term polycystic ovary implies the presence of pathological ovarian cysts, which are not a feature of the condition,” write the authors of *The Lancet* article announcing the change. “This misnomer contributes to misunderstandings among patients, clinicians, policy makers, and the public. PCOS encompasses diverse endocrine, metabolic, reproductive, psychological, and dermatological features. The current name reflects only one organ and fails to capture the disorder’s multisystem nature.”

Consequences of “Market Integration” on Metabolic Disease

Dan’s recent work has been to reframe what PMOS fundamentally is: an evolutionary adaptation that has outlived the environment it was designed for. In November 2025, Dan and colleagues (evolutionary biologist Bernard Crespi of Simon Fraser University and longtime collaborators Vasantha Padmanabhan of the University of Michigan, Ann Arbor, and David Abbott of the University of Wisconsin, Madison, Wisconsin National Primate Research Center) published “**The Endocrinological Basis for Polycystic Ovary Syndrome: An Evolutionary Perspective**” in *Endocrinology*. It posits that the characteristic features of PMOS were advantages in the context of the harsh ecological conditions that characterized ancient human history, including intermittent food scarcity and high physical activity. Hyperandrogenism, insulin resistance, and preferential abdominal fat accumulation would have conferred survival advantages by maintaining glucose homeostasis for the brain, promoting fat storage during food scarcity, supporting immune function to protect against infectious disease, and enhancing physical endurance for sustained foraging and hunting.

In fact, studies of modern subsistence-level societies show that women average more than 100 minutes of moderate to vigorous physical activity per day, at least five times the Centers for Disease Control and Prevention recommended levels, with obesity rates below 5%. On the other hand, reduced physical activity, readily available energy-dense foods, and the resulting weight gain transform what was once adaptive into pathology. Populations undergoing the transition from subsistence to Westernized lifestyles (e.g., Turkana pastoralists in Tanzania and Tsimane hunter-gatherers in Bolivia) document the onset of metabolic disease as a direct consequence of what Dan refers to as “market integration” — adoption of a Westernized lifestyle.

The syndrome’s ancestral costs were oligo-anovulation and resulting reduced fecundability, which may not have been experienced as “costs” per se, and instead functioned as a mechanism for spacing pregnancies and reducing the risk of maternal mortality. In addition, androgen excess in women with PMOS may have protected them against fracture risk when lower-limb trauma was a significant cause of death, while simultaneously promoting muscle strength to enhance hunting and defense abilities.

“

Endocrinology loomed large because more than a lot of other medical specialties, it has this long-standing connection with molecular biology — things like the cloning of the insulin gene, work on nuclear hormone receptors. **There has always been a fruitful connection between modern molecular biology and investigation of the endocrine system. The field felt like a good fit for my scientific approach and for my interest in gene regulation.”**

— PHILLIP DUMESIC, MD, PHD, ASSISTANT PROFESSOR,
UCSF DIABETES CENTER, SAN FRANCISCO, CALIF.

Female athletes show elevated PMOS prevalence, suggesting its continued relevance to physical performance.

The evolutionary model also explains the intergenerational dimension. In today's obesogenic environment, the metabolic alterations of a pregnant woman with PMOS are transmitted transplacentally to a female fetus with genetic susceptibility, promoting lifelong epigenetic changes in gene expression, fetal hyperinsulinemia, and altered ovarian follicle development *in utero*. The daughter, in other words, is at increased risk of developing PMOS before she is born. The cycle perpetuates itself. "We're trying to break it," says Dan.

To dig into the molecular side of the story, Gregorio Chazenbalk, PhD, a scientist collaborating with Dan, studied subcutaneous abdominal tissue from normal-weight women with PCOS and found that its adipose stem cells showed accelerated lipid accumulation during adipocyte maturation *in vitro* that correlated with circulating androgen levels and insulin sensitivity *in vivo*. When Dan and Chazenbalk administered the anti-androgen flutamide orally to these women for six months, their percent abdominal fat mass was decreased and the accelerated lipid accumulation during adipocyte maturation *in vitro* was partially attenuated, suggesting the phenomenon was at least partly androgen dependent.

Proactive Approach to PMOS

These observations are the foundation on which the evolutionary argument was eventually built. If adipocyte maturation was already running ahead of schedule in healthy lean women with PMOS, the weight gain and metabolic disease that followed were a biological predisposition. The metabolic consequences of that weight gain are considerable. For example, "Polycystic Ovary Syndrome Is a Risk Factor for Type 2 Diabetes: Results From a Long-Term Prospective Study," published in *Diabetes* in 2012, found that the age-standardized prevalence of type 2 diabetes at the end of 17-year follow-up of 255 women with PCOS was 39.3%, compared to 5.8% in the general Italian female population of similar age — or nearly seven times higher. The likelihood of developing diabetes increased significantly with baseline BMI, fasting glucose, and glucose response to an oral glucose load; it decreased with higher

SHBG levels at follow-up, consistent with the role of androgen excess in potentiating metabolic risk.

The clinical implications are clear: "Once the weight gain occurs," says Dan, "it's harder to take it off than to prevent it from occurring in the first place." Indeed, he has spent decades arguing for prevention. This means identifying PMOS before weight gain marks its metabolic acceleration. The challenge is that some of the classical diagnostic features are unreliable in adolescents, who commonly have many ovarian follicles as well as menstrual irregularity. Sustained testosterone overproduction in the context of ongoing menstrual irregularity, however, particularly in a girl with a family history of PMOS, may be a red flag that warrants watchfulness and early intervention.

This has drawn Dan toward pediatric endocrinology. "Simple weight loss recommendations made to women of advanced maternal age as they start *in vitro* fertilization (IVF), when metabolic disease is already present, are insufficient to improve outcomes," he says. "We have to reach out to a younger population of women." Lifestyle modification through exercise and diet remains the primary strategy. Song's work is a piece of this larger argument. Her data, drawn from normal-weight PMOS women recruited from the general UCLA community, rather than a clinical population selected for metabolic dysfunction, confirm previous studies that similar women who maintain a normal BMI do well with IVF, unlike those with obesity, in whom metabolic factors predict reduced pregnancy outcome. The distinction matters clinically, because screening tools developed for PMOS broadly may apply differently to the normal-weight subgroup, and may lead to unnecessary intervention or misplaced pessimism about reproductive outcomes.

A Rose by Any Other Name...

Phillip Dumesic did not set out to study what his father studies. He arrived at Stanford as an undergraduate interested in cancer biology and worked in Paul Khavari's lab on MAP kinase signaling in skin cancer. He completed his MD-PhD in UCSF's Medical Scientist Training Program, where his graduate work in Hiten Madhani's laboratory addressed the molecular mechanisms by

which gene silencing is achieved: how RNA interference, repressive chromatin, and DNA methylation work together to turn genes off, and how specificity is achieved within these overlapping systems. Additional work in Geeta Narlikar's laboratory deepened his understanding of chromatin regulation.

The pivot came during his postdoctoral fellowship with Bruce Spiegelman, whose lab at the Dana-Farber Cancer Institute and Harvard Medical School is dedicated to the study of metabolic biology. Phillip joined the lab to study how regulated mRNA translation contributes to the physiologic control of mitochondrial biogenesis and oxidative metabolism: how cells, at the level of gene expression control, decide how to transform and use chemical energy. "Endocrinology loomed large," explains Phillip, "because more than a lot of other medical specialties, it has this long-standing connection with molecular biology — things like the cloning of the insulin gene, work on nuclear hormone receptors. There has always been a fruitful connection between modern molecular biology and investigation of the endocrine system. The field felt like a good fit for my scientific approach and for my interest in gene regulation."

When he returned to UCSF as an assistant professor in 2024, setting up his own laboratory in the Diabetes Center, he brought that dual fluency with him. The



Proud parents Dan and Iva Dumesic flank son, Phillip, at his 2006 graduation from Stanford.



AT A GLANCE

- ▶ **Dan Dumesic, MD, at UCLA, makes the case that polyendocrine metabolic ovarian syndrome is an evolutionary metabolic adaptation that was advantageous in ancestral environments but is harmful in today's obesogenic world, with implications for prevention beginning in adolescence.**
- ▶ **Phillip Dumesic, MD, PhD, has established a new laboratory at UCSF investigating the gene expression mechanisms that govern how cells make decisions about chemical energy, with applications in obesity, cancer-associated cachexia, and muscle wasting.**
- ▶ **This father and son's research converges at the adipocyte, with Dan's lab's foundational discovery that adipose stem cells in normal-weight women with PCOS show intrinsically accelerated lipid accumulation, and Phillip's investigations into how and why such tendencies arise at the molecular level.**

lab's focus is on the molecular mechanisms by which proteins regulate which genes are active in a cell and when. But the questions it is asking are metabolic: How do cells decide how to use chemical energy? What goes wrong when that decision-making is disrupted? In addition to obesity, the lab is increasingly interested in cancer-associated cachexia.

"In the current climate," he says, "it has just gotten harder and harder to secure funding and sustainably run a basic science enterprise. More and more people go into their silos. Everyone is so busy. Right as I'm starting my lab, when I'm most hungry for connections, it can be tough to make them." The Endocrine Society, fortunately, provides a community of people working at the intersection of molecular biology and physiology who take both seriously. A mentor at Berkeley had urged him to invest in the Endocrine Society specifically, making the argument that gene expression researchers needed to stay connected to physiology to understand what hormones and systemic signals are telling cells to do. Co-chairing "Pioneering Metabolism: The Mangelsdorf Legacy and Beyond," at **ENDO** is an honor and a reflection of what the Endocrine Society has meant to Phillip as an early-career investigator, he says.

...Would Smell as Sweet

When Phillip talks about his father's influence on his career, what came through was how his father worked. "I vividly remember my father at home in his study in the evenings, working on papers or talks," says Phillip. "I'd hear bits of his language through the door as he worked to get the wording just perfect. It was always that style of precise thinking that I was trying to recapitulate."

Dan, for his part, was careful to say that he and his wife, Iva, had simply tried to support Phillip. "We always stressed to enjoy what you're doing professionally, no matter where it takes you." But they were, of course, thrilled with the directions Phillip has pursued. "I think what I'm most proud of is just seeing Phillip grow as an individual. That's been a wonderful thing to watch."

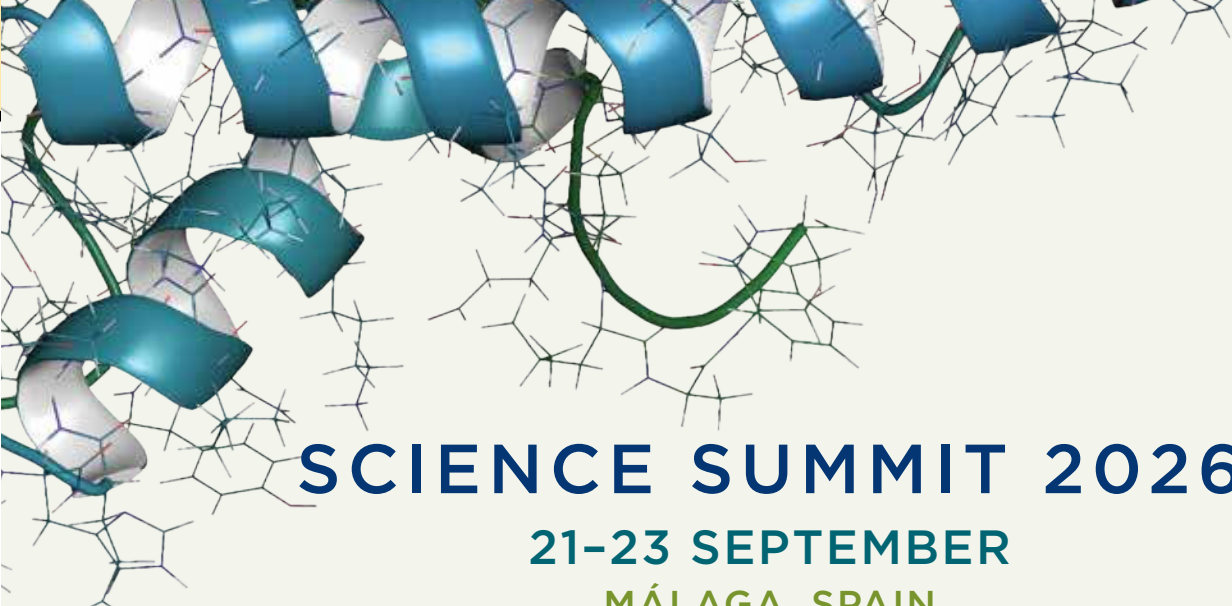
As for what comes next for Phillip, he says, "Right now we're focused on growing our enterprise. We have two junior specialists, right out of college and interested in PhDs, and

one undergraduate from Berkeley. We're excited to grow at the level of PhD students and postdocs. We also welcome medical fellows from UCSF's Endocrinology program into the lab. Our big goal this year is just getting our name out there — attending conferences, giving talks, telling people what we do, and growing the team."

And for Dan? "I guess the idea would be to hand off the baton to my son," he says. Clearly moved by Phillip's description of hearing him work as a child, Dan pinpointed when one such incident might have occurred: "One of my earliest Endocrine Society abstract presentations was in 1989. It was probably sometime afterwards when Phillip was listening through the door." What makes the Dumesic story especially scientifically interesting (as well as personally charming) is that the handoff Dan is describing is not metaphorical. Their work connects in synergistic ways.

Says Dan: "In terms of the common denominator between our work, the genes, the physiology, the basic science that drives fat metabolism, stem cell differentiation to muscle cells versus fat cells, and their function — these are all molecular tools that Phillip is now working with. Not only is he involved with metabolism, but as he mentioned, also sarcopenia and muscle physiology. In my mind, it really started through Gregorio's work with us."

Phillip agrees: "My own home base has been in how individual cells are making these decisions. For instance, my dad just mentioned the decision of how to synthesize and store lipid in a fat cell. What my lab aspires to in the medium and long term is to fully integrate that with systemic metabolic control — the rest of the body. We started on the reductionist side. Our path going forward is to learn from people like my dad how to take our work up to the level of physiology; the entire body; and, ultimately, human health." ^{EN}

A graphic of a molecular structure, possibly a protein or DNA, rendered in blue and green, with a network of black lines representing chemical bonds.

SCIENCE SUMMIT 2026

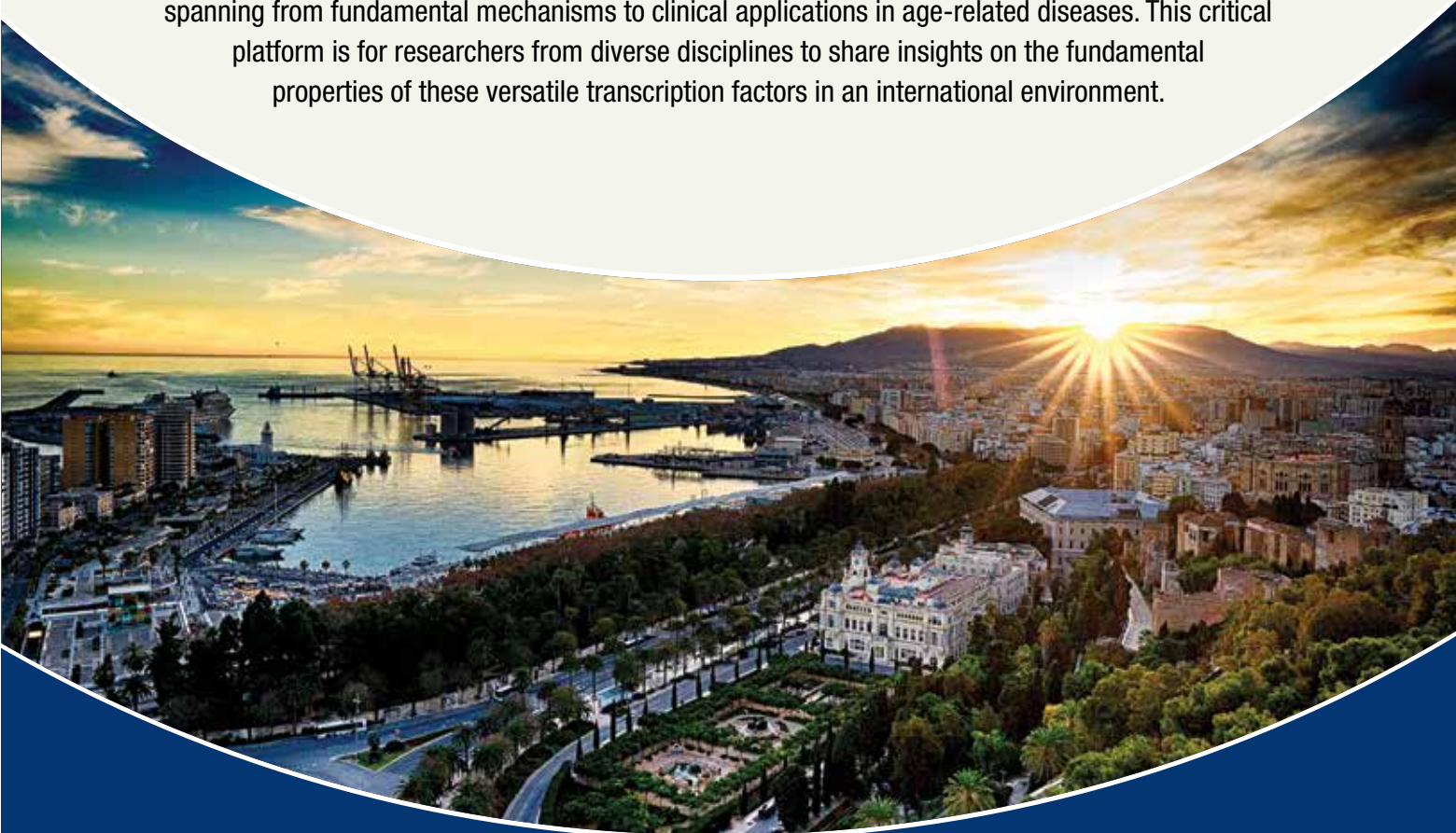
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The Human Side of Endocrinology:

from learner to advocate



Lam (far left) with attendees at the FLARE ExCEL Luncheon that took place at **ENDO 2023** in Chicago, Ill. Left to right: Adriana Rodriguez, MD; Joseph Monye, MD; Nwamaka Akabogu, MD; Anotu Akofu, MD; Rocio Pereira, MD; Carolina Hurtado, MD; Lisette Rodriguez, MD; and Alicia Diaz-Thomas, MD.

Inspired by a recent EXCEL meeting this spring at the Endocrine Society offices in Washington, D.C., Milay Luis Lam, MD, shares her thoughts on why it is so important for endocrinologists to maintain their humanity. Even though she attended the meeting as faculty rather than as a trainee, she shares why endocrinologists should never stop learning.

BY MILAY LUIS LAM, MD

As I sit in my office reflecting on the past few days, I find myself asking a simple yet profound question: What does it mean to be human in medicine?

I have just returned from the EXCEL (Excellence in Clinical Endocrinology Leadership) meeting — this time not as a trainee, but as faculty. That shift alone carries weight. For years, I attended meetings eager to absorb knowledge, to learn from those ahead of me. Now, I find myself in the position of teaching, mentoring, and guiding others. And yet, the most striking realization is this: We never truly stop being learners.

Organizations like the Endocrine Society have provided more than academic growth — they have created spaces for reflection, connection, and purpose. Each meeting leaves me with a renewed sense of gratitude, not only for the opportunities I've been given, but for the responsibility that comes with them.

Avoiding Quiet Dehumanization

Endocrinology is often thought of as a field of numbers — hormone levels, lab values, protocols. But behind every value is a person. And yet, in our daily interactions, how often do we forget that?

Patients sometimes see physicians as belonging to another world — detached, distant, almost “less human.” At the same time, physicians can fall into the trap of viewing patients through a purely clinical lens, reducing complex lives into diagnoses. This quiet dehumanization can go both ways, shaped by expectations, past experiences, and systemic pressures.

Layered on top of this are cultural differences that influence how illness is perceived, how trust is built, and how care is delivered. What may seem like noncompliance may in fact be misunderstanding. What appears as resistance may be rooted in fear, access, or lived experience. Recognizing these nuances is not optional — it is essential to truly practicing medicine.

Embracing Humanity

There is also the reality of how we, as providers, interact with one another. In a fragmented healthcare system, it can become easy to “pass along” difficult cases or shift responsibility, sometimes losing sight of the shared goal: patient care. Advocacy, then, extends beyond patients; it includes advocating for collaboration, for respect across disciplines, and for systems that support rather than divide us.

Returning from this meeting, I am reminded that being an endocrinologist is not just about mastering physiology. It is about embracing humanity: in our patients, our colleagues, and ourselves. It is about recognizing that growth is continuous, that teaching and learning are inseparable, and that advocacy is a responsibility we carry at every stage of our careers.

Perhaps the question is not whether we stop learning, but whether we remain open enough to let those lessons change us. ^{EN}



Lam (center) at the All SIG Reception at ENDO 2026 in Chicago, Ill., with Maria Camilletti, PhD (left) and Divya Sistla, MD (right).



In a fragmented healthcare system, it can become easy to “pass along” difficult cases or shift responsibility, sometimes losing sight of the shared goal: patient care. Advocacy, then, extends beyond patients; it includes advocating for collaboration, for respect across disciplines, and for systems that support rather than divide us.

– LAM IS DIVISION CHIEF AND MEDICAL DIRECTOR, MERITUS ENDOCRINOLOGY, MERITUS MEDICAL CENTER, HAGERSTOWN, MD.

Endocrine Society Fights to Protect Research from Proposed OMB Rule & Calls on Members to Join our Advocacy

On May 29, the Office of Management and Budget (OMB) proposed sweeping changes to the rules governing all federal grant funding.

If finalized, this rule would fundamentally reshape how biomedical research, including endocrine science, is funded in the U.S. The proposed rule would give political appointees the power to block grant awards that do not align with current administration priorities, allow federal agencies to terminate grants at any time without a formal appeals process, and impose restrictions on publication costs and international collaborations, among other disruptions. Taken together, the proposed rule directly threatens the foundational principles of merit-based science.

The OMB is seeking to implement its proposed changes this year, and the Endocrine Society is opposing the rule, calling for its withdrawal, and urging Congress to intervene.

There are three ways you can make a difference:

- ▶ **Contact Congress:** Your representative and senators need to hear from you about the threat to research posed by the proposed rule. The Endocrine Society has created a new advocacy campaign where you can send a message to your elected representatives urging them to intervene and protect federal research funding. This is the quickest and most effective way to make an impact now.
- ▶ **Submit Comments to Regulations.gov:** Comments submitted to [regulations.gov](https://www.regulations.gov) will have an impact as part of the public record. Substantive, original, and specific

comments carry real weight in the rulemaking process, but it is critical that you personalize your submission. The Endocrine Society has prepared detailed guidance to help you submit a comment before the Monday, July 13 deadline.

- ▶ **Join Our Virtual Hill Day This Summer:** We are organizing virtual meetings for our members and their Representative & Senators to give you the opportunity to share how federal research funding has advanced endocrine health and patient care — and what is at stake if this rule is finalized. Training and talking points will be provided. If you are interested in participating, please contact advocacy@endocrine.org.

We have developed comments on behalf of the Society ([visit https://www.endocrine.org/advocacy/society-letters](https://www.endocrine.org/advocacy/society-letters)) urging the withdrawal of the rule but it is also essential that policymakers hear from you — the scientific and medical professional community.



INSULIN Act Gains Momentum; Society Leads Effort to Urge Senate HELP Committee to Advance the Legislation

Increasing access to affordable insulin is a top policy priority of the Endocrine Society and we continue to urge Congress to pass the INSULIN Act, bipartisan legislation that would cap out-of-pocket costs for insulin at \$35 a month for people with private insurance and create a pilot program for the uninsured in 10 states. Although the likelihood for passing the INSULIN Act this year originally was small, our advocacy is helping build momentum for the legislation in the Senate and now there are 28 bipartisan senators supporting the legislation introduced by Senators Jeanne Shaheen (D-NH) and Susan Collins (R-ME).

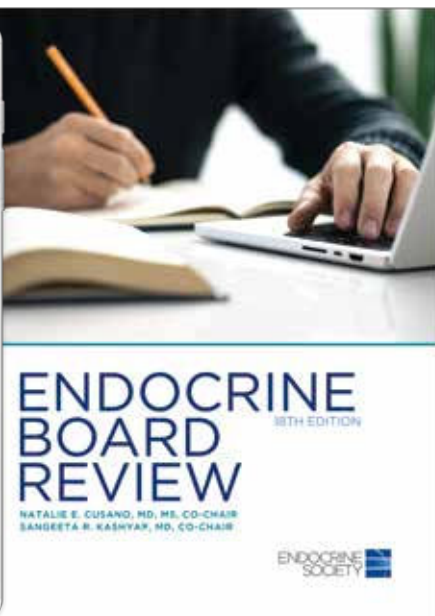
Last week, the Senate Health, Education, Labor, and Pensions (HELP) Committee considered several pieces of health-related legislation. Prior to the markup, the Endocrine Society sent a letter to the HELP Committee (<https://www.endocrine.org/advocacy/society-letters>) urging the committee to consider and pass the INSULIN Act. The Society developed the letter and invited other diabetes advocacy organizations to sign. As a result of increasing interest in insulin affordability, Senator Bernie Sanders (I-VT) introduced an amendment that would have added the INSULIN Act to another bill under consideration. Although the Sanders amendment was approved by the HELP Committee in a bipartisan vote, Senator Bill Cassidy (R-LA), Chairman of the Senate HELP Committee, canceled a final vote on the overall bill, saying he needed more information about the cost of the legislation. Chairman Cassidy indicated that he is open to considering the legislation at a future markup in July.

The Society will continue working with the bipartisan co-chairs of the Senate Diabetes Caucus to pass the legislation out of the HELP Committee this summer. We urge all Endocrine Society members to take action through our online advocacy campaign (endocrine.org/advocacy/take-action) and ask your senators to cosponsor and pass the INSULIN Act.



Medicare Bridge Program to Expand Access to GLP-1 Medications Launches July 1

On July 1, the Centers for Medicare and Medicaid Services (CMS) launched the Medicare Bridge Program to provide eligible Medicare Part D beneficiaries with access to certain GLP-1 medications for weight loss for a \$50 co-pay. To qualify for the program, Medicare beneficiaries must meet certain clinical criteria, and the provider must submit a prior authorization request attesting that the beneficiary has met these criteria. More information about the Bridge Program, including the clinical criteria, information on submitting a prior authorization request, and other FAQs for providers can be found on the CMS website (cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge). The Endocrine Society has urged Congress and the administration to expand access to GLP-1 medications for people living with obesity, and we are pleased that CMS is initiating this program. We will continue to provide information as the Bridge Program is implemented in the coming months. We will also share additional educational information about the Bridge Program during our advocacy session to be held at the Clinical Endocrinology Update (CEU) meeting later this year. ^{EN}



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