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Director: Professor Elizabeth Hartland

12/06/2025

Dear AWE Chair,

Re: Application for AWE travel award

I am a final-year PhD student and member of the AWE special interest group. This AWE travel award will support me to attend the ENDO conference in San Francisco, to speak at a symposium on low-renin hypertension alongside leading researchers in this field (letter of invitation and symposium agenda attached). This will be an excellent opportunity for me to get expert input on the research I am working on, gain new perspectives that inspire research that translates to better clinical outcomes and to build a professional network for future collaborations. I am particularly looking forward to the symposium on low-renin hypertension Day 2 of ENDO 2025, which will explore the molecular mechanisms of salt-sensitive hypertension and the roles of the glucocorticoid receptor in the pathophysiology of this subtype of hypertension. This is complementary to my PhD thesis, which explores the pathophysiology, prevalence and safety and efficacy of targeted treatment in low-renin hypertension. My research work in this area has led to five publications in the last year (four first-authored, CV attached) and has been shared at national and international conferences. Attending this conference will further facilitate collaborative research and scientific exchange in the field of low-renin hypertension.

I will also take this travel opportunity and attend the 46th International Aldosterone Conference which will be held on 10-11th July 2025. This conference will cover the new aspects and challenges in the field of primary aldosteronism, and I will have the opportunity to present a poster at a moderated session on the clinical dilemma of management of low-renin hypertension (abstract attached). With wider screening for primary aldosteronism, a by-product is increased detection of patients who do not meet the screening or diagnostic criteria for primary aldosteronism but have low circulating renin. Current hypertension guidelines do not provide specific recommendations on this condition and as such are treated as having ‘primary hypertension’. Emerging evidence supports the use of targeted treatment that differs to standard anti-hypertensives.

Thank you for considering my application for travel support to subsidise costs of flights to and from Melbourne to San Francisco, accommodation and food during the conference. This will be an excellent opportunity to network with experts in this field, share ideas, and pave the way for future international collaborations with Australia.

Sincerely,

Dr Sonali Shah
PhD Candidate, Hudson Institute of Medical Research
Consultant Endocrinologist, Monash Health

12/06/2025

Dear Selection Committee,

Re: AWE Travel Award for Dr Sonali Shah

I am writing to express my full support for Sonali Shah's application for a travel award to attend the International Aldosterone and ENDO conferences in July 2025 in San Francisco, USA.

Sonali is a final year PhD student in the Endocrine Hypertension Group at Hudson Institute and a consultant Endocrinologist at Monash Health with an active role in the Endocrine Hypertension clinic. As Sonali's PhD supervisor, I have observed her dedication to advancing our research initiatives. The conferences are highly relevant to her current work and research interests, particularly in mineralocorticoid receptor-mediated hypertension.

Through her clinical research, Sonali has demonstrated a strong commitment to understanding the prevalence and optimising treatment of low-renin hypertension. Her research findings have been published in four journals and widely quoted by experts in low-renin hypertension. Indeed, she has been invited to deliver a symposium session on low-renin hypertension at the ENDO Meeting. Her participation in this conference will be instrumental in exposing her to the latest research findings, innovative methodologies, and emerging trends in our field.

I am confident that the insights and knowledge gained from this conference will significantly benefit our ongoing projects and overall research efforts. Supporting Sonali's attendance is an investment in her academic and professional growth.

Thank you for considering supporting Sonali with this travel grant for this valuable opportunity. Please do not hesitate to contact me if you require any additional information or have any questions.

Sincerely,

A/Prof Jun Yang, MBBS, PhD, FRACP
Head, Endocrine Hypertension Group, Centre of Endocrinology and Metabolism, Hudson Institute of Medical Research
Consultant Endocrinologist, Monash Health

Session Information

Proposed Presentation Title: Low-Renin Hypertension: Is A Revival Needed?

Session Title: Revisiting Low-Renin Hypertension
Session Day/Time: Sunday Jul 13, 2025 10:30 AM - 12:00 PM

SY28. Sunday, July 13 10:30AM - 12:00PM.
Chair
Anand Vaidya, MD, MMSc.
Brigham and Women's Hospital, Boston, MA, USA.

SY28-01. Sunday, July 13 10:30AM - 11:00AM.
Low-Renin Hypertension: Is A Revival Needed?
Sonali Shah, MBBS, FRACP.
Hudson Institute of Medical Research, Clayton, Australia.

SY28-02. Sunday, July 13 11:00AM - 11:30AM.
Molecular Mechanisms of Salt-Sensitive Hypertension
Annet Kirabo, DVM, MSc, PhD.
Vanderbilt University Medical Center, Nashville, TN, USA.

SY28-03. Sunday, July 13 11:30AM - 12:00PM.
Classic and Non-Classic Apparent Mineralocorticoid Excess Syndrome

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Cristian A. Carvajal, PhD.
Pontificia Universidad Catolica de Chile, Santiago, Chile.

Invited Presenter's Information: Sonali Shah
Hudson Institute of Medical Research
Carnegie, VIC 3163 sonali.shah@monash.edu

Dear Dr. Sonali Shah:

The Endocrine Society takes great pleasure in inviting you to participate in its annual meeting, ENDO 2025. The annual meeting will be held on July 12-15, 2025, at the Moscone Center in San Francisco, CA. Details for your presentation are listed below.

Presentation Control #: 3062
Presentation Title: Low-Renin Hypertension: Is A Revival Needed?
Session Type and Title: Symposium: Revisiting Low-Renin Hypertension
Presentation Day/Time: Sunday Jul 13, 2025 10:30 AM - 12:00 PM

ENDO 2025 is the premier meeting of hormone research, health science, and endocrinology. It provides a forum for endocrinologists from around the world to discuss critical issues in endocrinology. Approximately 7,500 physicians, healthcare professionals, and researchers attend the four-day meeting, which consists of cutting-edge basic scientific, clinical, and translational educational sessions. ENDO also showcases a three-day exhibition featuring pharmaceutical, life science, and research companies providing the latest information about new products and services.

We recommend that you bring this Letter of Invitation to your visa interview since visa application processing times can take longer than anticipated.

For your protection, please do not book your room through an unofficial housing company. Your room reservation should be made through the official ENDO housing company, Maritz Global Events (MGE), to be able to access our officially negotiated room rates.

The Endocrine Society is eager for you to join us in San Francisco!

If you have any questions or need additional information, please contact meetings@endocrine.org.

Sincerely,

Amy O'Connor
Director, Meeting Strategy & Experience

Endocrine Society
2055 L Street NW, Suite 600 Washington, DC 20036

P: 202.971.3646 F: 202.736.9706

abstracts@endocrine.org Feedback

Low-renin hypertension, a by-product of increased screening for primary aldosteronism?

Sonali Shah, MBBS, FRACP[a,b,c,] Chrislyn Ng [a], Renata Libianto, MBBS, FRACP, PhD [a,b,c,] and Jun Yang, MBBS, FRACP, PhD [a,b,c,]

[a]Centre for Endocrinology and Metabolism, Hudson Institute of Medical Research, Clayton, Vic, Australia.
[b]Department of Endocrinology, Monash Health, Clayton, Vic, Australia.
[c]Department of Molecular and Translational Science, Monash University, Clayton, Vic, Australia.

Introduction: With improved screening for primary aldosteronism (PA), clinicians are increasingly encountering patients with low-renin hypertension (LRH) who do not meet the diagnostic criteria for PA. Current hypertension guidelines recommend treating these patients similarly to those with essential hypertension, but evidence suggests that they may benefit from the same targeted treatment as for PA, namely mineralocorticoid receptor antagonists (MRA). This study evaluated the prevalence of LRH amongst patients seen at an endocrine hypertension clinic, antihypertensive treatment, and their clinical characteristics compared to patients with PA or normal-renin hypertension (NRH).

Methods: A retrospective audit was conducted on consecutive patients attending the Endocrine Hypertension clinic at a large tertiary center in Australia between 2019-2021. PA was diagnosed based on saline suppression test results, while LRH and NRH were classified using a direct renin concentration threshold of 10mU/L measured on non-interfering medications. Kruskal-Wallis and Chi-square were used for comparisons, with statistical significance set at $p<0.05$.

Results: Among 346 patients with renin and aldosterone measured off interfering medications, 52 (15%) had LRH, 196 (57%) had PA, and 98 (28%) had NRH. Only 12 (24%) patients with LRH were prescribed MRA.

Patients with LRH and PA were older than those with NRH (median age: 55 and 53 years versus 46 years, respectively). However, patients with LRH had a shorter duration of hypertension than those with PA and NRH (median: 1 year versus 5 and 4 years, respectively). There was no difference in sex or ethnicity across the groups.

Median clinic supine systolic blood pressure was higher in PA than LRH and NRH (143 versus 133 and 135 mmHg, respectively). Similarly, median diastolic blood pressure was higher in PA compared to NRH (90 versus 84 mmHg). This was despite patients with PA taking a greater number of antihypertensives than those with LRH (median: 2 versus 1).

Patients with PA had higher median plasma aldosterone concentrations (469 vs. 256 and 364 pmol/L), higher urinary aldosterone excretion (33 vs. 18 and 27 nmol/day), and lower serum potassium (4.1 vs. 4.3 mmol/L) than patients with LRH and NRH. Urinary sodium and potassium excretion were similar across groups.

Conclusion: A significant proportion of patients referred to a tertiary endocrine hypertension clinic have LRH, yet their management remains inconsistent due to a lack of clear guidelines. Further research is needed to establish evidence-based diagnostic and treatment strategies for LRH and to optimize patient outcomes.

Sonali Shah

Career Objective	**To establish an academic career in Endocrinology as a clinician-researcher.**	
Educational Qualification	**PhD in progress (low-renin hypertension)** Hudson Institute of Medical Research, Monash University	**2022-**
	Fellowship of the Royal Australian College of Physicians	**2012-2017**
	Bachelor of Medicine, Bachelor of Surgery (Hons) Royal Melbourne Hospital, University of Melbourne	**2008-2010**
	Certificate of Completion of Phase I MBBS (Dean's list) International Medical University, Malaysia	**2005-2007**
Employment history	**Endocrinologist, Monash Health**	**2019-**
	Diabetes and Women's Health Fellow, Monash Health	**2018**
	Endocrinology Advanced Trainee, Monash Health	**2017**
	Endocrinology Advanced Trainee, Austin Health	**2015-2016**
	Basic Physician Trainee, Austin Health	**2012-2014**
	Internship, Austin Health	**2011**
Research experience	**Principal investigator and trial co-ordinator for REMASTER trial**	**2022-**
	Data Safety Management Board lead for REMASTER trial	**2022-**
	Human Research Ethics Committee B member, Monash Health	**2024-**
	ANZACT master class series	**2024**
	Introduction to Biostatistics course, Monash University	**2023**
	Good Clinical Practice Certification	**2022**

Top 5 publications

Update on Low-Renin Hypertension: Current Understanding and Future Direction.
Shah SS, Fuller PJ, Young MJ, Yang J. Hypertension. 2024;0. doi: 10.1161/HYPERTENSIONAHA.124.23385

A Randomized trial assessing Efficacy and safety of Mineralocorticoid receptor Antagonist therapy compared to Standard antihypertensive Therapy in hypErtension with low Renin (REMASTER): rationale and study design.
Shah SS, Gwini SM, Stowasser M, Reid CM, Young MJ, Fuller PJ, et al. J Hum Hypertens. 2024

Prevalence and characteristics of low-renin hypertension in a primary care population.
Shah SS, Libianto R, Gwini SM, Rusell G, Young MJ, Fuller PJ, Yang J. Journal of the Endocrine Society. 2024. doi: 10.1210/jendso/bvae113
Selected as the Journal of the Endocrine Society Featured Article - August 2024, the US Endocrine Society new issue alert – August 2024 and feature in The Limbic June 2024.

Challenges in diagnosing and managing the spectrum of primary aldosteronism.
Yang J, McCarthy J, Shah SS, Ng E, Shen J, Libianto R, Fuller PJ. Journal of the Endocrine Society. 2024. doi: 10.1210/jendso/bvae109

Efficacy and safety of mineralocorticoid receptor antagonists for the treatment of low-renin hypertension: a systematic review and meta-analysis.
Shah SS, Zhang J, Gwini SM, Young MJ, Fuller PJ, Yang J. J Hum Hypertens. 2024. doi: 10.1038/s41371-023-00891-1

Prizes and Awards

PACE Capacity Building Award, 2025
A5 Travel Award, 2025
Adrenal Alliance Symposia, San Francisco, USA
SICEM Travel Award, 2025
Korean Endocrine Society, Seoul, Korea
Endocrine Society Australia travel grant, 2024
ESA Annual Scientific Meeting, Adelaide, Australia
Primary Aldosteronism Symposium Travel Award, 2024
PACE symposium, Adelaide, Australia
Endocrine Society Australia travel grant, 2023
ESA Annual Scientific Meeting, Brisbane, Australia
Early Career Research bursary, 2023
British and Irish Hypertension Society, Aberdeen, Scotland
NHMRC Postgraduate Scholarship, 2022-2025
European Society of Endocrinology poster prize winner, 2016
European Congress of Endocrinology, Munich, Germany
ESA Bryan Hudson Clinical Endocrinology Award finalist, 2015
ESA Annual Scientific Meeting, Adelaide, Australia
Best Mentor, Austin Health, 2012