A vertical strip on the left side of the cover shows an astronaut in a blue suit floating in space, with Earth's blue and white clouds visible in the background.A vertical strip on the right side of the cover shows an astronaut in a blue suit floating in space, with Earth's orange and white clouds visible in the background.

ENDOCRINE
SOCIETY
OF
AUSTRALIA

ANNUAL REPORT

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ABOUT THE ENDOCRINE SOCIETY OF AUSTRALIA

ABOUT THE ESA
ESA STRATEGIC PLAN
KEY AREAS OF PRIORITY
ESA STRATEGIC DIRECTIONS

About the Endocrine Society of Australia

The Endocrine Society of Australia (ESA) is a national nonprofit organisation of scientists and clinicians who conduct research and practice in the field of endocrinology.

The Society was founded in 1958 and incorporated in 1986 in the State of Victoria.

The Society is governed by the ten members of its Council who are elected every two years by a ballot of the membership in accordance with the Constitution.

Our membership continues to grow every year: we currently have approximately 920 members. This society is strengthened by its composition of both clinicians and basic science members; and we believe that this true integration of disciplines is one reason for its continued success.

The mission of the ESA is to be the premier society in Australia in the field of endocrinology through promoting excellence in research, fostering the integration of clinical and basic sciences, and facilitating the translation of our science to health care and clinical practice.

Key objectives to achieve these goals include the nurturing and developing the future generations of basic and clinical scientists and other health professionals and the dissemination of new knowledge in endocrinology through our Annual Scientific Meeting and Seminars.

The ESA will be proactive in shaping the research and health policies based on scientific advances in our field.

Strategic Plan

Our Vision

To be recognised as the authoritative voice for Endocrinology, Endocrinologists and Endocrine Researchers in Australia and Southeast Asia

Our Purpose

To educate about, engage in, and promote clinical practice and research in Endocrinology in the region and world-wide

Our Values

To be knowledgeable, accessible, sustainable and committed

Key Areas of Priority

1 *Financial Sustainability*

- 1.1 Achieve a sufficient and more reliable income stream through investments, industry, bequests and conferences
- 1.2 Maintain a productive operating budget
- 1.3 Maintain long term financial sustainability of the scholarship programs

2 *Education*

- 2.1 Provide high quality conferences and meetings that attract international and national interest
- 2.2 Provide support for junior members, both clinical and basic scientists with membership, training, education and scholarships
- 2.3 Support continued training of high quality endocrinologists through work force planning and addressing issues affecting training

3 *Internal Engagement*

- 3.1 Hear the needs of our members
- 3.2 Retain and ensure sustainability of our expertise within the membership
- 3.3 Communicate and engage other endocrine based societies to increase membership both nationally and internationally
- 3.4 Ensure ESA members are assisting ESA to reach its objectives

External Engagement 4

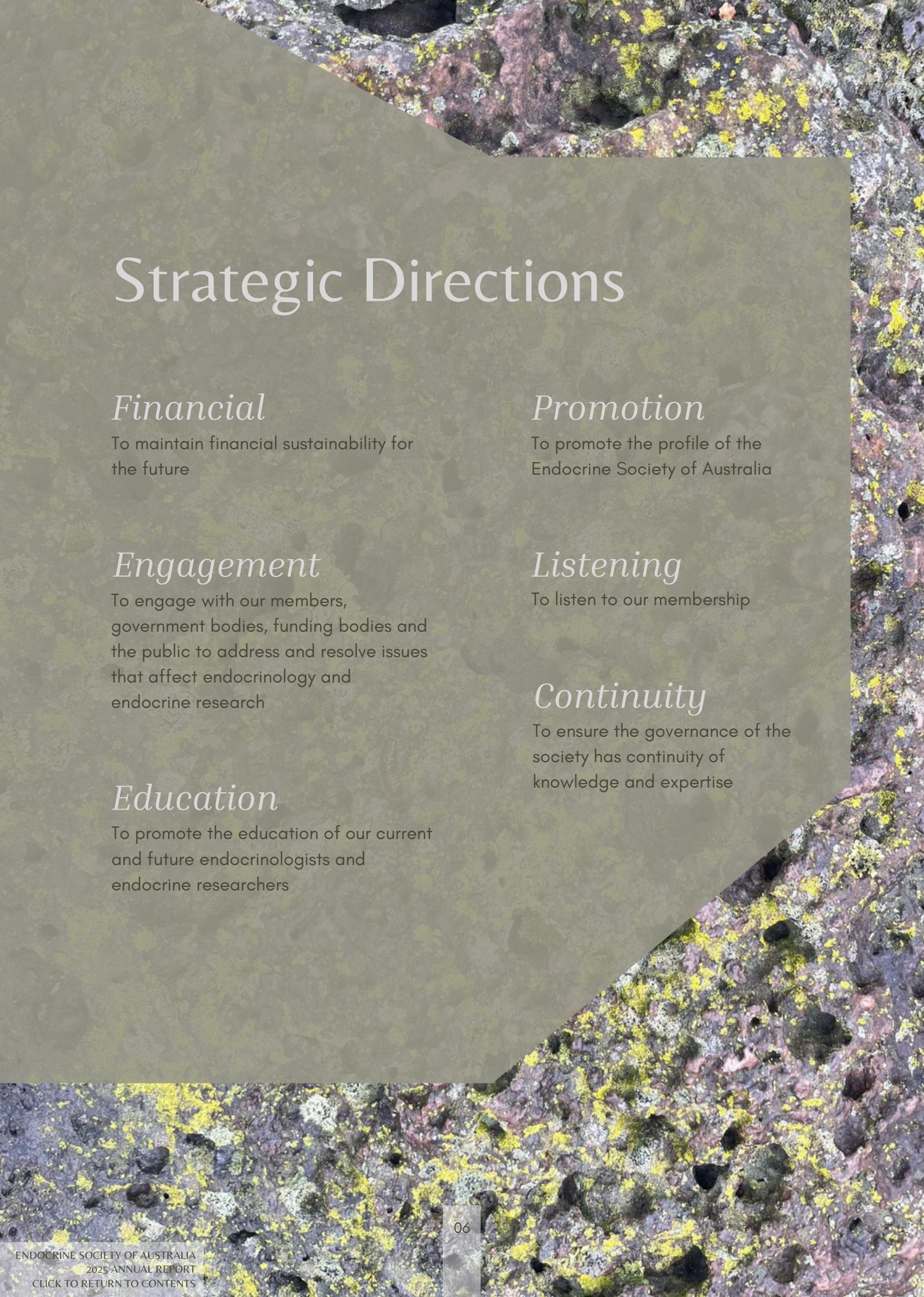
- Engage consistently with the RACP for endocrinology training, secretariat business and endocrine advocacy 4.1
- Engage with industry for sponsorship and financial sustainability 4.2
- Engage with Government for addressing endocrine issues that affect ESA sustainability and profile 4.3
- Engage with the NHMRC at every possible level to promote the funding of endocrine research, for endocrine advocacy and for the joint production of position statements 4.4
- Engage with the public via the media to enhance the ESA profile and opportunities for bequests 4.5
- Increase our presence and effectiveness on other boards and panels of institutions 4.6

Governance 5

- Maintain a highly skilled and motivated board 5.1
- Source skilled, motivated and committed consultants with clearly defined roles to drive our objectives 5.2
- Have the right committees with the right people to deliver strategic objectives 5.3
- Educate board members in governance so our strategic ability and decision making is enhanced 5.4

Profile 6

- Promote Endocrinology within Australia via our branding 6.1
- Provide education, networking opportunities and showcase our research 6.2
- Promote our expert members both nationally and internationally 6.3
- Be recognised as the authoritative voice for endocrinology, rare endocrine disorders and obesity in Australia and the region 6.4



Strategic Directions

Financial

To maintain financial sustainability for the future

Promotion

To promote the profile of the Endocrine Society of Australia

Engagement

To engage with our members, government bodies, funding bodies and the public to address and resolve issues that affect endocrinology and endocrine research

Listening

To listen to our membership

Education

To promote the education of our current and future endocrinologists and endocrine researchers

Continuity

To ensure the governance of the society has continuity of knowledge and expertise



COUNCIL AND OFFICE BEARERS 2025

2025 Council and Office Bearers



President

Associate Professor
Shane Hamblin

Department of Endocrinology & Diabetes
Western Health, Sunshine Hospital, VIC



President-Elect

Professor
Jenny Gunton

University of Sydney and Westmead
Hospital



Treasurer

Dr Anna Story

Northern Sydney Endocrine Centre



Honorary Secretary

Associate Professor
Sunita De Sousa

Endocrinology and Genetics/Royal
Adelaide Hospital

Adelaide Medical School/University of
Adelaide



Councillor
Dr Liz Johnstone

Harry Perkins Institute of Medical Research
and University of Western Australia



Councillor
Professor
Roderick Clifton-Bligh

Head, Department of Endocrinology,
Royal North Shore Hospital, St Leonards,
Sydney

Professor in Medicine, University of
Sydney



Councillor
Associate Professor
Carolyn Allan

Hudson Institute of Medical Research and
Monash Health



Councillor
Dr Mitchell Lawrence

Department of Anatomy and
Developmental Biology and Biomedicine
Discovery Institute, Monash University



Councillor

Associate Professor
Jun Yang

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Ms Melissa Douglas

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Past President

Professor
Ann McCormack

Staff Specialist, Department of
Endocrinology, St Vincent's Hospital,
Sydney

Head, Hormones and Cancer Group,
Garvan Institute of Medical Research



BOARD REPORTS

PRESIDENT'S REPORT
TREASURER'S REPORT

President's Report

ESA Snapshot

ESA membership levels have remained strong over the past five years, with approximately 920 current financial members. A little more than half the membership is aged between 35 and 54, 23% are below 35 and 8% above 65. Sixty-one percent of members are female. Our members are overwhelmingly city-based with 93% describing their location as city/urban, 6% rural and 1% remote. Approximately 5% are based overseas, with New Zealand being the most common country.

Prior to 2023 we did not collect data on basic science vs clinician numbers. Concerningly, there has been a fall in the proportion of members who identify as basic scientists, with 5.6% in 2023 but only 2.0% in 2024 and 2.4% in 2025. Similar trends have been reported by other societies. CPI-adjusted research funding has fallen in Australia over the past decade. In 2021 Australia invested less than 2% of GDP in R&D compared to 3.0% in Germany, 3.5% in USA, 5.2% in South Korea and 6.0% in Israel. The problem is particularly acute for researchers in the post-doctoral and mid-career phase where research funding is very limited.

ESA is acutely aware of these issues and has participated in lobbying the Federal Government in association with other like-minded societies.

Concerningly, there has been a fall in the proportion of members who identify as basic scientists, with 5.6% in 2023 but only 2.0% in 2024 and 2.4% in 2025.

The ESA Strengthening Science Committee has recently put in a submission to the draft NHMRC strategy highlighting the need for more investment in endocrine research.

ESA Initiatives

We have adopted initiatives to try to encourage basic science membership: increased numbers of seed grants and travel grants, reduced ESA membership fee and reduced ASM registration fees for early career scientists and students.

This year we surveyed basic science members who had let their ESA memberships lapse to see if there were other things we could do to win them back. Sadly, the overall research funding environment was cited as the main factor. Several reported they have reluctantly left research altogether and for those who remain, they reported that money was so tight they could only choose one society to join and could not afford to go to national meetings.

We also surveyed the general membership this year at the time of annual subscription renewal asking about subspecialty interests, reasons for being ESA members, opinion on quality of meetings, satisfaction with education support for junior members, satisfaction with the ESA Awards, and several other areas.

ESA Member Survey Results

We had a response rate of 36%. The most common specialty interests were diabetes (78% of respondents), thyroid (60%), bone health (59%), adrenal (53%), pituitary (48%), obesity (48%), parathyroid (47%), menopause (40%) and PCOS (37%). Less common were: fertility (28%), endocrine cancer (27%), genetics (17%) and transgender medicine (14%).

The main reasons to be an ESA member were, in order: knowledge, conferences, updates, resources and networking.

Ninety-one percent stated that they were satisfied or very satisfied with the quality of ESA meetings. Seventy-five percent were satisfied or very satisfied with the education for junior members and 20% gave a "neutral" response.

It is unclear to what extent the neutral result was due to the respondent having insufficient knowledge of education for junior members to make a comment or if it reflected their opinion of the education itself.

Sixty-one percent had a neutral view of the operation of the budget, however it should be noted that only 1% were dissatisfied.

Sixty-two percent were satisfied or very satisfied with the ESA Awards and 35% had a neutral response. Only 3% were dissatisfied with the ESA e-newsletter (bulletin).

Free text themes included the need to do more for regional and rural endocrinology both in terms of more advanced training positions and providing more endocrinologist services but also support from major city endocrine units to allow participation in journal clubs, MDTs and complex case discussions.

Workforce "sustainability" and planning was raised as an important issue. Comment was made that ESA does not look after clinicians in private practice enough and Council does not have enough private practice representation. An ESA private practice taskforce was suggested.

The main reasons to be an ESA member were, in order: knowledge, conferences, updates, resources and networking.

Some commented that ESA should be more involved in lobbying the State and Federal Governments while others stated that we should not involve ourselves in lobbying and just stick to our mission: science. One person was unhappy that ESA passed on Medicare billing warnings.

More mentorship opportunities were requested as were more educational opportunities for junior members. Suggestions for meetings included more opportunities to suggest/design special sessions and more Meet the Professor style sessions. Closer collaboration with ANZBMS and ANZOS was encouraged.

ESA Council will carefully review the survey results and consider what changes should be made. We plan to refine the survey and repeat it next year.

New ESA Committees

Council is pleased to announce the formation of the inaugural ESA Excellence Awards Nominations Committee. Members were selected after a general call for expressions of interest to all members of the society.

This committee will assess (and actively seek out) nominations for all the excellence awards of the society. This new committee will ensure consistency and transparency in the nominations process. The committee has a broad representation of experience, age, gender and career stage.

It will be chaired by Jane Holmes-Walker with the members being: Ken Ho, Diana Learoyd, Caroline Jung, Amy Dwyer, Catherine Seymour, Wayne Tilley and Sunita De Sousa (in her capacity as the current ESA Secretary). Their terms will generally be for four years but will be for two years for several so that as members step off, there will be maintenance of corporate memory. Maximum term limits are in place to ensure new people join regularly.

Another committee was inaugurated this year: the ESA Past Presidents Advisory Committee which met in February 2025, with the goal of giving advice to Council on strategic direction. The plan is for this committee to meet annually and to be contacted for advice periodically as needed. I am pleased to report that nearly every Past President has agreed to join this committee. The experience and wisdom of these colleagues is invaluable.

Other Activities

Tenders have been called for professional conference organisers to run our meetings for the 2027-2029 three year period. This is the first time in many years that ESA has called for tenders. A joint ESA-SRB working group will work through the process with a decision expected in December 2025.

The ESA website is being refreshed and it is planned to launch it soon.

ESA Council and ESA members are very grateful for the dedicated service provided by our small administration team: Ivone Johnson (Executive Officer) and Melissa Douglas. We would be lost without them.

Acknowledgements

I want to thank all the many volunteers who make ESA work.

In particular, the Program Organising Committee for the ASM: Co-Chairs Hanh Nguyen and Mitch Sullivan, and committee members: Luba Sominsky, Vanessa Tsang, James McNeil, Greg Ong, Moe Thuzar, Damon Bell, Morag Young and Kelly Walton; the Local Organising Committee: Simon Edeghere and Meg Henze; the ESA Clinical Weekend convenors: Emily Gianatti, Shejil Kumar and Milan Piya and the ESA Seminar convenors: Carolyn Allan and Stella Sarlos (2022-2025) and Brendan Nolan and Emily Brookes (2026-2028).

The Early Career Committee led by Jillian Tay and Amy Dwyer, the Scientific Strengthening Committee led by Liz Johnstone and the Communications and Annual Report committee led by Jun Yang should also be acknowledged for their many hours of work.

ESA is also grateful for the work of Rory Clifton-Bligh representing us at the Adult Medicine Division of RACP; Jane Holmes-Walker for her work leading the Advanced Training Committee in Endocrinology and Helena Teede for her work as President of the International Society of Endocrinology.

I also acknowledge the work of all the Special Interest Groups (SIGs): ANZPA, EndoGen, WOMENDO, Rural & Regional, Clinical Practitioners Forum (Private Practice), ESA Sustainability Group, and the Australia & New Zealand Primary Aldosteronism Group. I am pleased to advise that a new SIG is being launched this year: Women's Health in Endocrinology. All these groups do great work and add to the vibrancy of ESA.

The ESA Council: Jenny Gunton (President-Elect), Anna Story (Treasurer), Lisa Hayes (Past Treasurer), Sunita De Sousa (Secretary), Mitch Lawrence; Liz Johnstone, Brendan Nolan, Jun Yang, Rory Clifton-Bligh, Carolyn Allan and Past President Ann McCormack have all made my life easy in this first year as President. Each readily accepts sharing the workload and the Council functions very cooperatively.

ESA Council and ESA members are also very grateful for the dedicated service provided by our small administration team: Ivone Johnson (Executive Officer) and Melissa Douglas. We would be lost without them.

Life Memberships

ESA is delighted to award Life Membership to two outstanding members of the society in Perth this year: Wayne Tilley from Adelaide and Diana Learoyd from Sydney. They are very worthy recipients of this highest honour of our society.

Vale Prof Eastman

This year we mark the passing of Past President and legend of endocrinology, Prof Creswell (Cres) Eastman, who died in May 2025 after a long, dedicated career in endocrinology especially in the field of iodine deficiency. His legacy will be long lasting.

Vale Prof Gilfillan

ESA is also sad to report the death of Prof Christopher (Chris) Gilfillan on 7 October 2025. Chris was an outstanding clinician-researcher from Eastern Health and Monash University who trained dozens of Victorian endocrinologists and supervised multiple PhD candidates over his career. More importantly Chris was a warm, kind and thoughtful person. His memorial service was held in Melbourne on the 21st of October. Our thoughts are very much with his family and friends.

Conclusion

I thank every ESA member for supporting the Society and for undertaking endocrinology research, teaching, mentoring and clinical care in Australia (and overseas). Your work, energy and ideas are inspiring.

Please continue to reach out with suggestions or to volunteer to join subcommittees or Council.

Shane Hamblin

Treasurer's Report

The financial status of the Endocrine Society of Australia remains robust with an overall equity of \$3,226,480 as of June 30, 2025.

This compares with an equity of \$2,799,326 for 2024.

Total revenue for 2025 was \$1,613,968 (\$1,425,683 in 2024) with total expenses at \$1,186,814 (\$1,187,995 in 2024).

While this profit of \$427,154 appears significantly greater than that of 2024 (\$237,688), this difference is primarily driven by the new R.A Burn Bequest and timing regarding payment of award expenses.

ESA membership was relatively stable at \$167,308 compared with \$173,057 for 2024. Incentives to increase membership have been undertaken as part of our strategy to increase membership of non-clinicians to our society.

Total revenue for 2025 was \$1,613,968 (\$1,425,683 in 2024) with total expenses at \$1,186,814 (\$1,187,995 in 2024).

Meeting revenue was flat in 2025 at \$1,080,625 compared with \$1,012,184 from 2024. Expenses for meetings meanwhile increased to \$912,268 from \$801,722; an increase of 14%.

Meeting profitability is a key risk identified for 2026. Several factors are expected to impact on meeting profitability: rising cost of living impacting registration, falling sponsorship revenue and increased meeting expenses. The ESA committee is actively addressing this risk by working closely with our conference providers ASN.

Further as part of our strategy for 2025 – 2026, a tender process for meetings is underway to ensure that costs of meetings are in line with current market conditions.

The first distribution from the RA Burns Bequest for pituitary research was received in 2025, totalling \$68,684. This was held pending establishment of the planned pituitary database.

Despite financial uncertainty, the value of ESA investments rose significantly over 2025.

The total value of invested assets rose to \$2,785,975 from \$ 2,446,611; an increase of 14%.

Our risk appetite was reviewed by the Financial and Investment Committee at the 2025 strategy day and has been set at medium.

A total of \$134,391 was allocated in awards for 2025, compared with \$255,306. Reviewing for rewards is time consuming process and thus not all awards were allocated within the financial year. This is anticipated to influence profit for 2026.

The external audit conducted by Tinworth and Co concluded that the financial statements comply with the Australian Accounting Standards and give a true and fair view of the ESA's financial performance and position for 2025.

ESA remains in a strong position and is committed to working for our members to ensure financial stability for our society.

Anna Story

4

COMMITTEE REPORTS

MEDICAL AFFAIRS COMMITTEE REPORT
EARLY CAREER COMMITTEE REPORT
SCIENTIFIC STRENGTHENING COMMITTEE REPORT
COMMUNICATIONS COMMITTEE REPORT
CLINICAL WEEKEND REPORT
ESA/SRB/ENSA ASM ORGANISING COMMITTEE REPORT
SEMINAR MEETING REPORT

Medical Affairs Committee

Current members:

*Anna Story, Brendan Nolan,
Carolyn Allan, Jenny Gunton, John
Walsh, Jun Yang, Leon Bach, Lisa
Hayes, Roderick Clifton-Bligh,
Shane Hamblin, Sunita De Sousa*

MAC receives requests for advice from Federal and State Governments, RACP, other specialist societies, ESA members, the media, lobby groups, individual doctors and patients.

MAC has been invited to comment on / have submitted comments on the following areas:

- Revision of the Diabetes topics in Therapeutic Guidelines – ADS core business.
- Invitation to Canberra launch of Australian National Clinical Standards for Secondary Fracture Prevention: Wednesday 5th November @ 9:15am AEDT

Completed:

- ESA invited to comment on Draft NHMRC research strategy – SSC prepared & submitted a comment.
- Better communication for diabetic eye screens by optometrists – ESA keen to support. Due to privacy issues, probably can only suggest to endocrinologists to sign up.
- Comment on Ban of stage 1 (puberty blockers) and stage 2 (gender affirming hormone therapy) in Queensland
- Choosing wisely – ESA suggested a number of changes to the case about measuring insulin levels which have been made, and this is ESA approved.
 - ESA did not support the thyroid case in its current format.
- It appears that “choosing wisely” is moving to “better care everywhere” and that the insulin case has been shelved.
- Supported a Practitioner’s Toolkit for Managing Menopause.
- Supported MSAC Application 1744 – draft MBS item descriptors
- ANZBMS Standards of Practice – Bone Mineral Densitometry is now published.

- 2025 Australian lipid guideline – nominated Caroline as ESA representative
- Did not comment on: Request for endorsement from Healthy Futures: Gas appliances in NSW homes
- Awaiting author list for Australian Guidelines for the Management of Male Infertility to facilitate asking non-conflicted people for review.
- RACP sent “Key messages on out-of-pocket specialist fees”. Noted
- HGSA Position statement re. SRY gene testing in female athletes – noted.
- SOSFA Clinical Standards for Australian Secondary Fracture Prevention – approved
- Revised European Society of Endocrinology hypoparathyroidism document for comment – noted, no revisions suggested
- ESA requested to endorse potassium enriched salt document – endorsed.
- ESA invited to make comment on 17 β estradiol / micronized progesterone for menopausal hormonal therapy for PBAC – noted.
- ESA invited to make comments on wegovy submission to PBAC – noted.
- MRONJ consensus statement – endorsed.
- Review of BMD services on MBS. Endorsed 21 Aug 2025.
- Comment on the Evolve case study which was changed to a new case in response to our comments.
- NHMRC research strategy
- PBAC application for fezolinetant (S.H. self-recused).
- PBAC application for palopegteriparatide (S.H. self-recused).
- RACP webinars
- Endorsed a guideline for management of hyperglycaemia in people receiving checkpoint inhibitors (J.G. self-recused).
- TGA submission about the shortage / delisting of protaphane innolet.
- MBS item numbers for gender affirming surgery
- TGA meds shortage reform stage 2
- RCPA MSAC endocrine genetic test nominations
- Did not comment on 20-Year Preventive Health Strategy for Tasmania
- Did not comment on Department of Health and Aged Care (DoHAC) proposed simplified billing regulations and system changes that support the Health Insurance Legislation Amendment (Assignment of Medicare Benefits) Act 2024 commencing in January 2026.
- Did not comment on complaints to DoH from community group type1voice.
- Did not comment on Clinical Prioritisation Criteria outpatient referral criteria.

Jenny Gunton

Early Career Committee

The 2025 ECC comprised nine members, maintaining diverse geographic and professional representation:

Co-Chairs *Dr Amy Dwyer (SA) and Dr Jillian Tay (VIC)*

Secretary *Dr Arunan Sriravindrarajah (NSW)*

Events *Dr Angela Sheu (NSW) and Dr Katherine Wyld (QLD)*

Clinical Affairs *Dr Ed Mignone (SA; RACP Advanced Trainee*

Representative) and Dr Elizabeth Wootton (QLD)

Advocacy and Engagement *Dr Mawson Wang (NSW) and Dr Ben Lawrence (VIC)*

The Early Career Committee (ECC), established in 2019, aims to support the professional development of early career members by facilitating access to training opportunities, fostering research engagement, and strengthening ESA member participation.

Key Initiatives and Achievements in 2025:

1. ESA Mentorship Program

Officially launched in 2024, the program has maintained steady engagement with 8 mentors and 13 mentees. Despite ongoing recruitment challenges, the ECC is exploring integration of mentor interest surveys at registration to boost participation. Formal engagement tracking remains a challenge due to inconsistent submission of agreement forms.

2. Clinical and Research Fellowship Database

Originally developed in 2022, the database continues to evolve. Hosted on the ESA website, it consolidates job descriptions and application details for clinical and research fellowships not traditionally advertised.

3. Researcher Database

A new initiative in 2025, scheduled for launch pending final review and integration with the updated ESA website. The intent of this resource is to increase visibility and networking opportunities for ESA members by providing a searchable resource highlighting their areas of interest, expertise, and collaborative openness.

4. Hormone Hotseat Podcast

ECC members have assumed co-hosting roles and are actively curating topics and speakers, with a focus on overseas fellowships and virtual journal clubs. The podcast remains restricted to ESA members. The committee is committed to working with the ESA Communication Committee to broaden audience reach.

5. ECC Representation at Major ESA Events

ECC members contributed to planning early-career content at the ESA Seminar and ASM, including confirmed 2025 ASM events:

- AI in Endocrinology Research by Andy Stapleton
- Meeting of the Minds networking event

6. ADS-ESA-ANZBM Endocrine AT Emergency Course

Spearheaded by Drs Liz Wootton and Ed Mangione, this course received full Council approval in 2025. It is scheduled for 14th March 2026 and will be delivered online. The curriculum targets emergency management skills relevant to endocrine advanced trainees. Completion certificates will be jointly endorsed by ESA, ADS, and ANZBMS.

7. ADS-ESA-ANZBMS Early Career Workshop (ECR Connect)

Held online on 2nd August 2025, the workshop attracted 60+ registrants with high satisfaction scores (mean 9/10). Content included grant writing, fellowship opportunities, and translational research methods. ECC proposes this become a recurring event.

8. Interstate Training Application Process Resource

The ECC is developing a summary document to support trainees navigating interstate placement processes. This complements existing fellowship and grant resources.

9. AACB Educational Collaboration Initiative

ECC leadership engaged in discussions with AACB to co-develop a joint webinar, with delivery anticipated in early 2026.

Membership Changes

At the 2025 ASM, Drs Elizabeth Wootton, Angela Sheu, and Mawson Wang will complete their terms. Dr Wootton has expressed interest in continuing ad hoc involvement in the Emergency Course.

The ECC welcomes three new appointees for the 2025 - 2027 term:

- Dr Beryl Lin (NSW)
- Dr Rhiannon Healy (VIC)
- Dr Liam Jones (WA)

Future Directions

2026 priorities include the successful launch of the Emergency Course, broader podcast dissemination, Researcher Database deployment, and ongoing mentorship program enhancement.

The ECC remains committed to expanding collaborative initiatives with related societies and ensuring early career representation at ESA events.

Dr Amy Dwyer and Dr Jillian Tay

Scientific Strengthening Committee

In March 2023, the ESA Scientific Strengthening Committee (SSC) was formed by the ESA Council. The role of the SSC is:

- To promote basic science endocrinology, both to attract researchers into our field and also into ESA.
- Advocacy and relationship building within the broader science community.

The inaugural members of the SSC were:

Liz Johnstone (Chair)

Amy Dwyer

Jenny Gunton

Mitchell Lawrence

Mitchell Sullivan

This year, a request for Expressions of Interest for membership of the SSC was sent out to members. This has resulted in the recruitment of new members to the committee: Marloes Dekker Nitert, Anila Hashmi, Richard Pestell, Jun Yang and Morag Young.

In 2025, the SSC has actively contributed to the development of the Australian Government's National Health and Medical Research Strategy for 2026–2036. We submitted a response on behalf of ESA to the initial consultation survey in February, followed by a submission addressing the draft strategy released in September. The final version of the strategy is expected to be released in December 2025.

At the 2025 ASM, the SSC has organised a joint ESA/SRB/ANZOS breakfast session called "From Bench to Voice: Engaging Consumers in Discovery". This session aims to highlight the increasingly vital role consumer engagement plays in medical research, featuring speakers from both research and consumer backgrounds. The speakers are Kirsty Pringle (SRB), Gail Risbridger (ESA) and Theresa Thompson (ANZOS).

Additionally, we are organising a networking event for basic/discovery scientists during the ASM. This informal gathering will take place in the Networking Lounge within the Exhibition Hall during the Welcome Drinks. The event is designed to foster connections among basic/discovery scientists and to raise awareness of the committee's role in supporting fundamental endocrine research.

Liz Johnstone

Communications Committee

Committee members: Jun Yang (Chair), Ivone Johnson, Antimony Deor, Shejil Kumar, Albert Kim, Lisa Raven, Karen Van, Emily Brooks, Elizabeth Wootton, Mawson Wang, Ben Lawrence

Over the past year, the ESA Communications Committee has continued to strengthen member engagement and public outreach through Hormones Australia, the Hormone Hotseat podcast, and an expanded social media presence.

Hormones Australia

Our talented writer, Antimony Deor, has continued to produce engaging articles featuring interviews with ESA experts.

Highlights from 2025 include “How to tell if the internet is lying to you about hormones” (Isabelle Smith), “Hyperparathyroidism: not just a winning word in Scrabble” (Liz Wootton), “Why your hormones hate late nights” (Morag Young), “A quicker, easier alternative to adrenal vein sampling” (Elisabeth Ng),

Top endocrinology: what it’s like working with remote communities” (Anna Wood), “Are pituitary tumours genetic?” (Sunita De Sousa), “Excess cortisol and its impact on long-term health” (Angela Xun-Nan Chen), “Moving from paediatric to adult care: not as scary as it sounds” (Margaret Zacharin) and “Cortisol, stress and chronic disease: what’s the connection?” (David Torpy).

Hormone Hotseat Podcast

Our host extraordinaire Shejil Kumar has continued to expand the podcast, now targeting one new episode every two months, supported by new co-hosts Katherine Wylde and Liz Wootton.

Recent episodes include “The Lifelong Journey of Medical Education” (Emily Brooks), “Bridging the Gap: From Bench to Bedside” (Lucy Ding), “So, You Got Your Letters” (Albert Kim) and “A Not So Basic Career in Science” (Amy Dwyer).

Patient Resources

Liz Wootton has taken on the role of coordinating the revision of patient information sheets on a range of common endocrine disorders for the Hormones Australia website.

Updated and newly uploaded topics include AVP disorders, hyperparathyroidism and hypoparathyroidism.

A list of topics requiring updates has been curated, and several early- and mid-career researchers are contributing to these updates with input from expert reviewers.

Social Media and ECC Initiatives

The ESA Early Career Committee (ECC) social media liaison team, Mawson Wang and Ben Lawrence, continues to promote ESA member achievements and early-career opportunities.

Albert Kim and Lisa Raven have been busily promoting all the other ESA activities on LinkedIn.

A new ESA Comms Facebook page (managed by Shejil Kumar, Lisa Raven, and Mawson Wang) has been launched to streamline updates, while Instagram posts will now accompany new Hormones Australia releases to increase public visibility.

Antimony will also share content across platforms to further expand reach and deliver trusted endocrine information to the community.

We always welcome new ideas to engage our membership and the wider community. Please reach out if you have suggestions to share!

Jun Yang

ESA Clinical Weekend 2025

The ESA Clinical Weekend 2025 is to be held in partnership with the Australian New Zealand Society of Obesity (ANZOS), on the 17th to 19th of October at The Westin Hotel, Perth Western Australia. As of the 12th October, 231 delegates have registered to attend (43 via live-stream).

The program features twelve excellent registrar case presentations covering the themes of Adrenal, Obesity and General Endocrinology. Each finalist will receive a memento at the Saturday night dinner. The winners in the adrenal/general endocrinology and obesity sections are awarded prizes by ESA and ANZOS respectively consisting of \$1000 to cover publication costs for their case study in an approved journal, as well as registration for the 2026 Clinical Weekend (or 2026 ANZOS ASM for the ANZOS winner).

In addition we have the privilege of having two international plenary speakers, Professor Gail Adlers and Assoc. Prof. Melanie Cree, who will deliver presentations on “Clinical Guidelines on Management of Primary Hyperaldosteronism” and on “Management of obesity in adolescents and young adults” respectively.

We are grateful for the time and effort of our three judges, Dr Sonia Stanton, Dr Kathryn Williams and Dr Kharis Burns who were left with the difficult task of choosing the winners. We also thank our case study reviewers who reviewed the 50 case study submissions and all the trainees who submitted an abstract. The selection of only twelve finalists was exceptionally difficult.

The social activities will kick off with the welcome reception drinks and canapes at the Westin on the Friday night followed by the conference dinner at Matilda Bay Restaurant. Saturday afternoon activities included a premium wine tasting tour of the Swan Valley.

We are indebted to our sponsors Merck,, Novo Nordisk, Kyowa Kirin, Ipsen and GSK as well as Perth Business Support who have played an essential role in making this meeting possible. We exceeded our sponsorship target, reaching \$41,800.

Finally, we thank the team from ASN events, Chris Dayson, Sally Wills, and Hernan Jaramillo and ANZOS member Assoc. Prof. Samantha Hocking for their support through the year.

Dr Emily Gianatti on behalf of the POC
Dr Shejil Kumar (ESA) and A/Prof Milan Piya (ANZOS)

ESA/SRB/ENSA ASM Programme Organising Committee

The ESA POC: Damon Bell (WA), Kelly Walton (QLD), Luba Sominsky (VIC), Venessa Tsang (NSW), James McNeil (SA), Morag Young (VIC), Greg Ong (WA), and Moe Thuzar (QLD).

The ESA/SRB/ANZOS Annual Scientific Meeting (ASM) will take place in person at the Perth Convention Centre, Perth, Australia, with the Clinical Weekend and ASM scheduled from October 18th to 22nd, 2025.

This year's program will feature prestigious international and national plenary speakers from all participating societies, including A/Prof Gail Alder from Brigham and Women's Hospital (ESA Taft Lecturer) and A/Prof. Trevor Angell from The Keck School of Medicine of The University of Southern California (ESA Harrison Lecturer).

Additionally, joint symposiums are planned with the Endocrine Nurses' Society of Australasia (ENSA), The Society for Reproductive Biology (SRB), and the Australian and New Zealand Obesity Society (ANZOS)

Key themes for 2025 include:

- Congenital and Genetic Endocrine Disorders
- Diabetes and metabolism
- Endocrine Tumours and Therapy-Induced Endocrinopathies
- Cardiovascular and Endocrine Aspects of Hypertension
- Systemic Regulation of Energy Metabolism
- Pituitary disorders
- Updates from recent guidelines on Primary Aldosteronism and Thyroid Cancer management

There will be 7 ESA symposia with 28 invited speakers from across Australia. These symposia represent a balance of clinical and discovery science research and include one joint session each with ENSA, SRB and ANZOS.

In addition, there will be 38 selected oral presentations (including 3 for the Gail Risbridger Junior Scientist Award, 5 for the Bryan Hudson Award, and 4 for the ESA Sustainability Prize), 12 lightning presentations, and 90 posters.

The program will also feature lunchtime meet-the-expert sessions in conjunction with ANZOS, and the ESA Scientific Strengthening Committee will host a special Scientific Strengthening Breakfast Session “From Bench to Voice: Engaging Consumers in Discovery” in conjunction with SRB and ANZOS.

The ASM will wrap up with a combined ESA/SRB/ANZOS keynote plenary from A/ Prof. Melanie Cree from the University of Colorado’s School of Medicine, entitled “The effect of semaglutide on weight, reproductive and metabolic outcomes in adolescents with PCOS and obesity”.

To date, there are 792 attendees (634 Full-conference registrants) for the ASM.

Our thanks go to the ESA Council, Ivone Johnson, the POC and LOC committee members, and ASN Events for their invaluable support in making this event a success. With both Jim Fawcett and Sophie Millard leaving ASN during this year, it has taken everyone a big effort to pull together and keep things moving!

Mitch O’Sullivan and Hanh Nguyen

ESA Seminar Meeting 2025

The Endocrine Society of Australia hosted the annual Seminar weekend in Melbourne at the Rydges Hotel (CBD) from April 4th - 6th 2025. Attendance was the highest to date for this meeting, with a total of 674 delegates, 461 in person and 213 joining virtually.

The endocrine theme of the 2025 meeting was reproductive endocrinology.

Inspiring keynote presentations were delivered by invited plenary speaker Prof Frances Hayes, an eminent reproductive endocrinologist and clinician researcher from Massachusetts General Hospital and Harvard University, Boston USA.

Prof Hayes shared her expertise in both male and female reproductive endocrinology. The plenaries were complimented by symposia on both male and female fertility and infertility management, as well as hormone prescribing recommendations and practicalities for Australian practitioners delivered by our own internationally recognised Australian experts.

Additionally, a panel of local experts along with Prof Hayes discussed clinical cases, in a format that continues to be considered clinically valuable by the audience.

The academic program was strengthened by additional symposia addressing broader topics in endocrinology. An overview of the laboratory environment and assay limitations were considered of high clinical relevance, as were symposia on thyroid disease and cardiometabolic medicine.

After a successful pilot program in 2024, the ESA Advanced Trainee course was scheduled prior to the commencement of the formal Seminar program on Friday April 26th, with the addition of a specific parallel program curated for consultants.

The program was convened by EndoGen members A/Prof Sunita De Silva, Prof Rory Clifton-Bligh, Dr Amanda Seabrook and Dr Lisa Hayes. Attendees provided overwhelmingly positive feedback and suggestions for future areas to be addressed.

To continue fostering networking and collaboration within our Society, Dr Bethany Crinall, Dr Sin Dee Yap and Dr Luke Conway from the Regional and Rural Endocrinology Special Interest Group hosted a networking breakfast on Saturday 27th April, complemented by presentations from endocrinologists working in a variety of regional and rural settings in Australia.

This session was well attended and highlighted many practicalities and rewards of practicing in these settings.

In addition to traditional in-person questions from the audience, all symposia included the option of submitting questions via Sli.do®. Once again this proved to be overwhelmingly popular, encouraging widespread audience participation. The addition of co-chairs from among the advanced trainees and early career endocrinologists to assist session chairs in facilitating online and in-person questions was successful and provided chairing experience to our next generation of leaders.

The social program was well attended across the weekend. The cocktail function on Friday night, held on the Rydges outdoor terrace was a delightful opportunity to catch up with colleagues. Many enjoyed the Saturday afternoon activities on offer, and in particular the teams participating in the inaugural "Amazing Race - ESA Melbourne Edition" coordinated by Dr Rahul Barmanray.

The conference dinner took place at the Melbourne Aquarium with the backdrop a spectacular coral reef tank, with impressive marine life on display and an educational talk by the aquarium's reef marine biologist. We continued to use Sli.do® polling at the end of each symposium as well the usual ASN Events requested feedback at the conclusion of the event. Attendees provided overwhelmingly positive feedback for all aspects of the meeting, including the adoption of innovative education-based methods in the delivery of the program.

We wish to thank the ESA council for the opportunity to convene the 2023 - 2025 Seminar meetings. It has been a pleasure to work with Jim Fawcett and his team from ASN Events during this time. We have been most humbled by the generosity of our invited speakers, panellists and chairs, and we thank them all for sharing their expertise and making our program so successful.

Dr Stella Sarlos and A/Prof Carolyn Allan

WOMENDO

We held a WOMENDO meeting in Adelaide during the ESA-SRB meeting in November 2024.

This was well attended with ~25 women attending the event.

There was discussion at the end of the meeting regarding the priorities for the group moving forward.

The [WOMENDO mailing list](#) currently has 46 members and the WOMENDO Facebook group has 52 members.

Dr Fran Milat stepped down from her role as co-chair of the WOMENDO special interest group in May - thank you so much to Fran for the wonderful energy that she brought to the dinner in Adelaide and to gathering the ideas for what the group could achieve moving forward.

Dr Sin Dee Yap and Dr Katherine Wyld have volunteered to assist to co-chair the group moving forward.

There is a WOMENDO dinner planned for the ESA meeting in Perth that is being coordinated by Dr Carolyn Allan, Dr Jenny Gunton and Dr Sin Dee Yap.

Lisa Hayes

ANZPA

The Australia and New Zealand Pituitary Alliance (ANZPA) has continued to strengthen its collaborative network across endocrinology, neurosurgery, radiation and medical oncology, pathology and radiology over the past year.

The 3rd [ANZPA meeting](#) was again very successful, held on the Gold Coast from 15-17 August 2025.

The meeting drew 149 registered participants and included a prominent international plenary speaker, Prof Nienke Biermasz from Netherlands.

The multidisciplinary event remains unique and provides opportunities for increasing cross-disciplinary collaborations with the aim of sharing knowledge and supporting advances in pituitary care across Australia and New Zealand.

Alongside the meeting's success, ANZPA has progressed strategic initiatives to strengthen research infrastructure and collaboration. Development of the ANZPA National Pituitary Database, supported in part by the Burns Bequest, is now underway. This initiative will provide a foundation for future multicentre research, benchmarking, and data-driven policy advocacy.

Ann McCormack

EndoGen

Founded in 2020, the [EndoGen National Network of Endocrine Genetic Centres](#) is a clinical and academic initiative bringing together endocrinologists, clinical geneticists, genetic pathologists and genetic scientists involved in the assessment and management of patients with genetic endocrinopathies.

Its aim is to improve the use of endocrine genetic testing in Australia to enhance patient care.

Over 2025, EndoGen expanded its leadership to a Steering Committee comprising Rory Clifton-Bligh, Lisa Hayes, Amanda Seabrook, Nick Boyer (MDT Coordinator), Raquel Maggacis (MDT Coordinator) and Sunita De Sousa (Chair). The network now also has five affiliated societies (ADS, ANZBMS, HGSA, RCPA, ANZSPED) in addition to ESA as its home society.

With this expansion, EndoGen now operates in four distinct domains for further development in 2026:

Clinical

EndoGen continues to host a regular virtual National Endocrine Genetics MDT Meeting to discuss diagnostic or therapeutic dilemmas. Over 200 clinicians and scientists signed up to the new MDT mailing list during 2025 and approximately 50 attendees join the meetings coordinated by Nick Boyer and Raquel Maggacis.

Involving EndoGen members, the ANZ Monogenic Diabetes Joint Society Consensus Statement was published in the Medical Journal of Australia in August 2025. The guidelines were featured in a follow-up interview with GP news platform, The Medical Republic, and presented in the annual scientific meetings of ESA and ADS.

EndoGen members also contributed to genetics reference materials over 2025 including the eviQ cancer genetics guidelines and ClinGen Endocrine Tumor Predisposition Syndrome (ENDO-TPS) Variant Curation Expert Panel.

EndoGen members also provide subspecialist advice from time to time in other clinical/academic initiatives including NewbornsInSA, Zero Childhood Cancer Program and PanelApp.

Education

With thanks to ESA Seminar Co-Convenors, Stella Sarlos and Carolyn Allan, EndoGen hosted a pre-Seminar case-based endocrine genetics workshop in April 2025 in Melbourne with 157 in-person attendees. An EndoGen lecture was presented on genetic testing in endocrinology to a combined chemical pathologist/clinical scientist audience at the 2025 RCPA-AACB Chemical Pathology Course in Adelaide.

EndoGen collaborated with Australian Genomics on a suite of endocrine genetic testing decision aids that are due for national release in early 2026.

Advocacy

Recognising the multiple barriers to endocrine genetic testing, EndoGen is seeking to create MBS items for endocrine genetic tests. EndoGen submitted five endocrine gene panel proposals for RCPA-supported MSAC applications for MBS funding in 2025 and our proposal on germline pheochromocytoma/ paraganglioma (PPGL) gene panel testing was selected after a highly competitive process. EndoGen will now work with RCPA in 2026 to assemble a comprehensive MSAC application as the pivotal next step towards making familial PPGL testing the first MBS-funded endocrine gene panel test.

Research

EndoGen continues to be available as a platform for collaborative research noting the rarity of endocrine genetic conditions. It is a named partner network in pending MRFF applications.

Sunita De Sousa

Rural and Regional Endocrinology

The [ESA Rural and Regional Endocrinology Special Interest Group](#) entered its second year in January 2025. The group is co-chaired by Dr Sin Dee Yap and Dr Bethany Crinall. Our community has grown to 42 members.

Our goals remain to provide:

- An opportunity for Australian rural and regional endocrinologists to meet and support each other;
- A platform for peer review and complex case discussion in a supportive environment;
- A source of information for trainees interested in practising endocrinology in a rural area.

We have seen strong engagement, with 11-14 members attending our second-monthly peer review case discussion meetings, held on 8 January, 12 March, 23 July, and 10 September, with the final meeting for the year scheduled for 12 November.

Interesting and challenging cases have been presented, and members continue to find the meetings a valuable source of camaraderie, collaboration, reassurance, and practical advice.

A highlight of the year was the ESA Seminar Weekend Rural Breakfast in April 2025, which attracted 96 registrants and received outstanding feedback.

The session's theme, *"Building Robust Rural and Regional Endocrinology Services: Strong Endocrinologists, Strong Units, Strong Communities,"* focused on the rewards of delivering endocrinology care outside metropolitan centres, and touched on some of the challenges.

Three invited speakers shared insights and practical strategies for strengthening services and advocating for resources, followed by an engaging panel discussion and networking opportunity.

Looking ahead, our priorities for 2026 include working with the ESA Seminar Weekend program organising committee to embed the Rural Breakfast as a regular feature of the ESA Seminar Weekend program, expanding trainee engagement, maintaining regular peer review meetings, and continuing to advocate for equitable access to endocrinology care across rural, regional and remote Australia.

Bethany Crinall and Sun Dee Yap

Sustainability Group

The Endocrine Society Sustainability Special Interest Group is dedicated to implementing sustainable practices in Endocrinology and fostering a research community with a sustainability focus within Endocrinology.

We aim to empower all ESA members to make environmentally favourable choices in all aspects of their lives.

The group's scope is broad encompassing net zero initiatives in clinical practice, prescribing, minimising low value care, 'greening' conferences, research and advocacy.

Co-Chairs are: Dr Lyndal Tacon, Dr Annabelle Warren, Dr Shoshana Sztal-Mazer, Dr Pieter Jansen.

The main achievements for this year have been the establishment of the Sustainability Micro-Grant as well as the Sustainability Prize Session as a regular part of the programme for the ESA ASM. This was undertaken by Policies, Education and Research subcommittee led by Shejil Kumar and Shoshana Sztal-Mazer.

The Micro-Grant was awarded to a deserving applicant whose work is underway and will be presented at the Sustainability Prize Session at the ESA ASM in 2026. The inaugural Prize Session development required extensive planning, advertising, rubric creation and liaison with the POC who were extremely supportive.

It was a very rewarding and fruitful process. We look forward to seeing how the session goes at this year's ESA ASM.

Ongoing projects are:

The creation of a manuscript for the Sustainability SIG's position statement which will be submitted to the Medical Journal of Australia whereby the editor has expressed interest in publishing this for us. Pieter Jensen has assumed the responsibility for leading this.

The strategic plan to achieve the objectives of the position statement which is still being developed but has had a good start. Shanal Kumar has assumed responsibility for this.

Regarding regular SIG meetings, the last year has been a somewhat challenging due to personal and clinical commitments within the leadership, such as maternity leave. Nevertheless, we have managed to have 1 leadership meeting and one general meeting. Unfortunately, the latter was not very well attended.

Goals for the coming year are to improve the membership engagement and complete the ongoing projects whilst managing the microgrant and planning the next prize session for 2026's ESA ASM.

The Sustainability SIG would like to thank ESA Council for their support.

Shejil Kumar and Shoshana Sztal-Mazer

Clinical Practitioners' Forum

August 2024: ESA Private Practice special Interest Group 1st meeting, Group lead Julia Shrosbee, Thomas Ulahannan. The primary goal of the group is to create a peer group for endocrinologists working in private practice to connect and support one another, discuss challenges unique to working in private practice.

September 2024: Group Lead/meeting Chair Julia Shrosbee, Thomas Ulahannan, Ann McCormack. Proposed name change of group to Clinical Practitioners Forum . Ann McCormack proposes avoiding clinical case discussion among practitioners in private practice in this forum due to potential medicolegal implications to the ESA.

Group discussion concludes with finalizing of future meeting structure and organising committee within the forum: Matters relating to the business of running a private practice (e.g. practice insurance, medicolegal issues), Matters related to clinical processes and protocols (e.g. strategies to enhance efficiencies, using AI platforms for notes), Mentorship within private practice & maintaining CPD.

October 2024: Group Lead/Meeting Chair Thomas Ulahannan, Julia Shrosbee. Meeting introduced and discussed use of AI scribe designed to streamline clinical documentation with discussion afterwards.

November 2024: Group Lead and meeting Chair Thomas Ulahannan. The meeting focused on the treatment options for acondroplasia, addressing the use of vosoritide (long acting C-natriuretic peptide analogue) along with ethical considerations associated with its use in management of acondroplasia in the paediatric population. Invited speaker included Professor Craig Munns, Director of Child Health Research Centre, University of Queensland, introduced by Lily Glick, Specialized Therapeutics Therapeutic Lead in Endocrinology.

December 2024: Meeting chair, Julia Shrosbee: Meeting discussion on Avant's practice management services, including virtual admin and reception, billing, bookkeeping, and payroll, emphasising their Australian-based operations and flexible pricing models. Discussion on use of transcription platform with AI scribe features, highlighting its efficiency and flexibility. The meeting concluded with discussions on potential future topics, including clinical case discussions and indemnity coverage, with a focus on practical applications and legal considerations. Julia Shrosbee discusses potential benefits of a clinical case discussion group along private practitioners whom might be interested outside ESA, including networking opportunities and access to specialised knowledge.

February 2025: 1st CPF meeting 2025. Meeting Chair and group lead: Thomas Ulahannan: Meeting focused on addressing mandatory CPD requirements, cultural safety training, and clinical topics for 2025. Key points included the need for two cultural safety activities, with potential online modules and workshops. The group discussed the challenges of meeting these requirements, especially for private practitioners. Group considered forming an independent forum, outside ESA to facilitate peer discussions and case presentations in private practice. The meeting also addressed the logistics of future meetings, to continue communication via teams.

March 2025: The ESA CPF meeting in March 2025 focused on Aboriginal health and maintaining cultural safety in health care. The meeting introduced Melinda Flower, Aboriginal and Torres Straits Islander Liaison educational manager from Northern Sydney Local Health District. Melinda emphasized the importance of cultural safety for effective healthcare. This activity also allowed members to claim CPD points for mandatory CPD activity for 2025.

April 2025: Clinical cases discussion among forum members. Members are aware that the ESA does not bear any medicolegal liability arising from discussion of clinical cases among peers in this forum. Meeting frequency to resume every 4 weeks.

May 2025: No quorum for meeting. Majority of members have not been receiving meeting invites on teams despite being part of the forum on Teams community. Communication sent out from society to all members of the forum to check junk mail folder for missed meeting invites. Meetings online from 7pm to 8pm the first Monday of each month. Next meeting scheduled for 2nd June 2025 to resume activity including clinical case discussions and matters relating to the business of running a private practice.

June 2025: The meeting introduced invited speaker Melinda Flower, Aboriginal and Torres Straits Islander Liaison educational manager from Northern Sydney Local Health District whom discussed Cultural Safety and Support for Indigenous Australians in healthcare.

Following the presentation participants discussed matters arising pertaining to the Clinical Practitioners Forum which has not been able to maintain quorum since January 2025

Matters Discussed:

1. Meeting frequency and technical issues with video conferencing platforms : Decision to use Zoom as meeting platform sponsored by the ESA , as many attendees found microsoft teams cumbersome and confusing.
2. Frequency and Timing of meetings . Meeting will be held every third Monday of every two months, starting in August to avoid clash with Bone Echo Meetings which occur on 1st Monday of the month. Next Meeting to be August 18th 2025 from 7pm to 8pm . Meeting link generated by Ivonne to be included in ESA bulletin.
3. CPF forum to support private practitioners with case studies, career development, and CPD requirements. The group aims to provide support and career development for private practitioners through case discussions and CPD. The group plans to target CPD requirements through the college and cover them across the year on the platform.

4. Anna Story suggests revamping a medical conference with new topics and speakers. AS to invite Professor Ian Kerridge for a session on ethics on 18th August 2025 which will address mandatory CPD requirements for members followed by case discussion for 30 minutes.

August 2025: Meeting chair Anna Story . Total participants 50. Invited Speaker Professor Ian Kerridge, a distinguished academic with over 500 peer-reviewed articles and six textbooks, shared his journey from philosophy to medicine, emphasizing the importance of ethics in clinical practice. The meeting discussed complexities of clinical ethics, including the balance between fast and slow thinking, the impact of resource constraints, and the importance of reflective practice. The discussion concluded with a case study on end-of-life care, illustrating the nuanced ethical considerations in clinical practice. Participants are able to claim mandatory CPD points on ethics following this meeting . Meeting ended on Zoom link.

Thomas Ulahannan and Yoges Venugopal

Thyroid Cancer

A new special interest group was proposed in 2024, by Professor Rory Clifton Bligh.

The goals of this SIG are:

- To promote the investigation and management of thyroid cancer as per the latest international guidelines
- Formulate local guidelines on management of thyroid cancer
- Bring existing NSW meetings to a national audience
- To provide a support network to build on current clinical research trials.

During 2025, there were two meetings:

- Victorian Thyroid Cancer Interest group on Thursday 7th August in person and virtual
- NSW Thyroid Cancer Interest Group meeting 11th November 2025 with Lori Worth and Greg Randolph

We have included a session on thyroid cancer in the ESA ASM this year, including an update on Thyroid cancer guidelines, and Trevor Angell who is talking on management of thyroid nodules

For 2026 we aim to include a SIG meeting in the ASM to improve interest.

Venessa Tsang

Primary Aldosteronism

With the recent Endocrine Society Guideline update recommending screening for primary aldosteronism (PA) in all adults with hypertension, there has been a growing demand for education and clinical upskilling in the diagnosis and management of PA.

This increasing interest is reflected in the strong engagement with the [Australian and New Zealand Primary Aldosteronism Case Forum](#), an online platform designed to facilitate discussion of complex and instructive PA cases.

The virtual Forum provides a multidisciplinary network of clinicians, including endocrinologists, nephrologists, radiologists, chemical pathologists, endocrine surgeons, and endocrine nurses, with an opportunity to share expertise and promote best practice in PA care.

In 2025, three virtual Forums have been held, with one last session on 12 November (8–9 PM AEDT).

Each session attracts 80–90 attendees in real time, with more than 200 registered participants who can access recordings afterward.

For each case discussed, the expert panel provides a written multidisciplinary summary and recommendation to the presenting clinician.

Beyond the Case Forums, the group continues to share educational resources, research opportunities, and global updates relevant to PA. Planning is underway for the next PA-focused conference, to be held in Melbourne in November 2027.

The overarching goal of the Forum is to support endocrinologists and allied specialists in managing the rising number of referrals for suspected primary aldosteronism as screening becomes increasingly adopted across Australia and New Zealand.

Jun Yang, Peter Fuller, Michael Stowasser, Damon Bell, Renata Libianto, Elisabeth Ng and Moe Thuzar

Women's Health

The Women's Health Endocrinology Special Interest Group (WHE-SIG) was officially approved by ESA Council on 4 September 2025.

Co-chaired by Professor Helena Teede and Dr Jillian Tay, WHE-SIG will provide a platform for clinicians and researchers interested in endocrine conditions affecting women, including polycystic ovary syndrome, primary ovarian insufficiency, early menopause, congenital adrenal hyperplasia, endocrinopathy in pregnancy, and reproductive endocrinology.

Member recruitment will commence in January 2026 through ESA's LinkedIn platform and bulletin. A member survey will be developed to gauge interest in joining as members or committee members, and to co-design key priorities and focus areas with our initial membership base.

The WHE-SIG aims to establish a governance structure and steering committee by March 2026. Dedicated communication channels, including a LinkedIn page and group email, will facilitate networking and collaboration among members. Immediate priorities include educational initiatives and research collaborations.

Following the establishment of governance structures, recruitment efforts will expand to include promotion at ESA seminars and annual scientific meetings throughout 2026.

The WHE-SIG looks forward to building a vibrant community that advances clinical practice, research, and professional networks in women's health endocrinology across Australia and New Zealand.

Jillian Tay and Helena Teede



Congratulations

to ESA Executive Officer Ivone Johnson
for her 25 years' service to ESA



King's Birthday Honours

Professor Richard Lewis Prince has been awarded Officer of the Order of Australia.

For distinguished service to endocrinology as a researcher and clinical physician, to tertiary education, and to professional societies.

Individuals are appointed an Officer of the Order of Australia (AO) for distinguished service of a high degree to Australia or to humanity at large.



Life Membership

Associate Professor Diana Learoyd trained as a general endocrinologist at Royal North Shore Hospital RNSH in Sydney.

She gained her FRACP in 1991, whilst working as a thyroid fellow at King's College Hospital, London. On her return to Australia she was awarded a NHMRC scholarship and completed her PhD in thyroid cancer genetics in the Kolling Institute at RNSH in 1999.

In 1998 she was appointed as a clinical academic consultant at the University of Sydney and RNSH, and was a clinician-academic at USyd until 2020. Her hospital roles included Director of Clinical Training and co-Director of Physician Training. She helped establish the RNSH Endocrine tumour database with a NSWCI grant and was actively involved with the first Australian thyroid cancer targeted therapy clinical trials.

She set up the Sydney-wide thyroid cancer case discussion evenings and a clinical practice covering most areas of endocrinology, including thyroid cancer and menopause. Her university roles included Postgraduate Co-ordinator for the Department of Medicine, MD student research project co-ordinator and Endocrine Syllabus Designer for the inaugural USyd Masters of Internal Medicine.

A long-term ESA member, Diana served on the Federal Council of ESA from 2018 to 2022, during which time she was the organiser of the ESA Annual Seminar Meeting, and represented ESA on the boards of the RACP and its Adult Medicine Division. She is currently serving on the inaugural ESA Excellence Award Nominations Committee.



Life Membership

Professor Wayne Tilley has been the inaugural Director of the Dame Roma Mitchell Cancer Research Laboratories at the University of Adelaide since 2002.

He is a leading figure in hormone receptor biology whose four-decade career has substantially advanced understanding of hormonal carcinogenesis in breast and prostate cancer.

Early in his career, he cloned the human androgen receptor, providing insights that helped define mechanisms of androgen receptor action in health and disease. His subsequent research established key concepts underpinning castration-resistant prostate cancer and revealed the contrasting roles of the androgen receptor across cancer types—oncogenic in prostate cancer but tumour suppressive in estrogen receptor-positive breast cancer.

This work forms the basis for new androgen receptor-based endocrine strategies for treatment and prevention now entering clinical evaluation.

Professor Tilley's research program is internationally recognised and influential across the field of hormone-dependent cancers.

He has mentored numerous students, fellows and emerging leaders and has contributed extensively to the profession through convening the International PacRim Breast and Prostate Cancer Meeting series, Fusion Nuclear Receptor Conferences, and co-chairing the Lorne Cancer Conference. He has been a member of the Endocrine Society of Australia since the early 1980s, supporting endocrinology research and training over many years.

Professor Tilley's contributions have been acknowledged through multiple national awards and, in 2025, his election as a Fellow of the Australian Academy of Health and Medical Sciences and the award of Honorary Life Membership of the ESA.

Professor Christopher Paul Gilfillan MBBS FRACP PhD



The Faculty of Medicine, Nursing and Health Sciences at Monash University and Eastern Health mourn the loss of Professor Christopher Paul (Chris) Gilfillan, who died on the night of 7 October 2025.

Chris was an exceptional clinician, an inspiring leader, and a generous mentor whose influence will be deeply felt across our community for many years to come.

Professor Gilfillan served as Director of Endocrinology at Eastern Health since 2008, Clinical Professor in the Department of Medicine at Monash University's Eastern Health Clinical School, and Director of Endocrine Research for the Eastern Clinical Research Unit (ECRU).

He also maintained a respected private practice in Box Hill and Frankston.

Under his leadership, Eastern Health's endocrine services grew from a single clinic to a network of 18 specialist programs across Melbourne's eastern suburbs, providing high-quality, community-based care for thousands of patients.

Chris's clinical interests were broad, ranging across type 2 and gestational diabetes, thyroid cancer, osteoporosis, metabolic bone disease, and others. He served as Principal Investigator on numerous national and international clinical trials.

He was deeply committed to translating research into therapies that change lives. In his role as Clinical Director of Endocrinology, he led Eastern Health's Clinical Research Unit in running 11 active diabetes trials in 2024, including studies of next-generation incretin therapies. In some patients these therapies achieved dramatic results—weight loss, cessation of other diabetes medications—and held promise of reversing the diabetic phenotype. His contributions earned him many honours, including the Centenary Medal for services to diabetes care on the Mornington Peninsula.

Prof Gilfillan was chair of the metabolic theme of Monash Partners academic health sciences centre and served on the advisory board of the Victoria Cancer Biobank. He also participated in committees of Safer Care Victoria. He has participated in review of manuscripts contributed to international journals including Thyroid and Endocrinology.

A dedicated academic and educator, Chris was an Adjunct Clinical Professor at both Monash and Deakin Universities, where he played an integral role in teaching medical students, physician trainees, and PhD candidates. His mentorship was deeply valued. Chris dedicated countless hours to guiding students, supporting early-career researchers, and nurturing the next generation of clinicians and scientists.

Chris led with humility, kindness, and quiet strength. His colleagues and team describe him as kind, caring, and passionate about his patients. His calm wisdom, wit, and warmth inspired those around him, and his compassion shaped a culture of respect, excellence, and empathy throughout his department.

We will remember Professor Gilfillan for his brilliance, his humanity, and his unwavering dedication to his patients, students, and colleagues. He will be missed profoundly, and his legacy will continue to enrich our community.

Donald Patrick Cameron AO



Died 20 January 2025, aged 86.

“Don” Cameron was a distinguished clinician-scientist and one of the true parents of Australian Diabetes and Endocrinology.

Born and raised in Ipswich, Queensland, Don was destined to follow the family tradition of medicine and undertook his undergraduate medical studies at the University of Sydney, graduating with an MBBS in 1962.

Pursuing his early interest in research, Don undertook pioneering work in growth hormone and was awarded his MD from USyd in 1970. He then undertook a three-year post-doc in the renowned lab of Albert Renold in Geneva, where Don (among other things) developed his love for the French language.

Don undertook his clinical training at the Alfred and Prince Henry’s Hospitals, Melbourne and returned to Prince Henry’s from Switzerland in 1972. In 1977 he was appointed the inaugural Director of Diabetes and Endocrinology at the Princess Alexandra Hospital in Brisbane, a role he held for 20 years.

Before starting that appointment, Don took a second post-doc at the University of Louvain. As Department Director, Don established an Endocrine Research lab and a leading clinical and basic science academic Department with a strong reputation for research, teaching, and clinical care.

Then, for five years prior to retirement, Don was Chair of Research for the broader Princess Alexandra Clinical/University campus, continuing to drive and support academic medicine. Don mentored and trained many clinicians and scientists, with his “charges” having ongoing impact nationally and internationally.

Don had an incisive intellect, terrific sense of humour, a pragmatic approach to problem solving and a strong “service mentality” with dedication to patients and staff, and true generosity of spirit. Evidence of service includes prominent roles in the Royal Australasian College of Physicians (President 1998-2000) and in the Endocrine Society of Australia (President 1986-1988). These attributes and achievements were honoured with a richly deserved AO, awarded in 2000.

Don was a committed family man and was a role model for many on work-life balance. His ongoing open delight in the achievements and adventures of his wife, Gill, and their children and grandchildren were evident to all, as was his love of sailing and the township of 1770.

He was also a quiet pioneer in matters of diversity and equity, multidisciplinary care, and introduction of cutting-edge science into clinical care.

Many of us, and the broader community, owe a great deal to Don and our lives have been enriched by his friendship.

John Prins and David McIntyre

Professor Creswell Eastman AO



The Endocrine Society of Australia is sad to report that Creswell (Cres) Eastman a world-renowned endocrinologist with a primary interest in Iodine Deficiency Disorders (IDDs) died peacefully in his sleep on Saturday 17 May 2025 at the age of 85. He was a past ESA President and a Life Member of ESA.

The following tribute is adapted from: Mellor, Lise (2008) *Eastman, Creswell*. Faculty of Medicine Online Museum and Archive, University of Sydney.

Cress Eastman was an international leader in projects to abolish IDD in the developing world, particularly Malaysia, Laos, Thailand, Vietnam, Indonesia, China and Tibet.

He was the Foundation Head of the Department of Endocrinology and Diabetes at Westmead Hospital in 1979.

He completed his internship as a Resident Medical Officer at St Vincent's Hospital, Sydney. He remained there and began his early training in Endocrinology under the supervision of Professor Les Lazarus as the Littleshop Research Fellow in endocrinology at the Garvan Institute of Medical Research.

In 1969, he became Registrar, before taking up another research fellowship, this time in asthma research at the Garvan. In 1971, he was awarded the Overseas Travelling Fellowship of the Royal Australasian College of Physicians and travelled to the Middlesex Hospital Medical School in London to train under John Nabarro and Professor Roger Eikins.

Returning to Australia in 1973, Cres became the Deputy Director of the Garvan Institute of Medical Research at St Vincents Hospital, Sydney. Concurrently, from 1975 to 1979 he was Foundation Head of Endocrinology and Diabetes at the Woden Valley and Royal Canberra Hospitals.



When Westmead Hospital opened at the end of 1978, Cres became the Foundation Head of the Department of Endocrinology and Diabetes shortly after, also serving as Deputy Director of the Division of Internal Medicine at Westmead Hospital. During his time at Westmead, he has also served as Chairman of the Westmead Hospital Medical Staff Council and was the driving force behind the establishment of the Westmead Hospital Research Foundation and Institute in 1997.

Cres' research interests were focused predominantly in thyroidology, especially in the area of iodine deficiency disorders (IDD). He directed major research projects into IDD in Malaysia, Indonesia and China. He was awarded the Otsuka Gold Medal by the Asia Oceania Thyroid Association in 1982 for his research into thyroid disease.

In 1988, he was awarded a special Bicentennial Award by the Australian International Development Assistance

Bureau (AIDAB, now AusAID) for his work from 1985 to 1992, leading and conducting a highly successful multi-million dollar Australian Overseas Aid project in China aimed at controlling and preventing iodine deficiency disorders in rural Chinese populations. He continued to act as an adviser on IDD control to UNICEF, World Bank and WHO, and was appointed as Principal International Consultant in Endemic Diseases to the Ministry of Public Health of the Peoples Republic of China in 1997. He also held a similar appointment to the Tibet Autonomous Region and was an Honorary Professor of Medicine of Tianjin Medical University in China.

Between 1991 and 1994, Cres developed and implemented the plan to integrate all of the pathology services and laboratories in the hospitals of the Western Sydney Area Health Service into a single business and functional entity. It currently serves over 2000 hospital beds and provides the largest public pathology service in NSW. In 1995 he was one of a small team that developed the 'Hub and Spoke' system to improve efficiency and access to Pathology services in NSW.

In 1997 he developed the concept for a National Reference Laboratory for IDD for China, and raised over 1 million dollars from external funding agencies to establish this centre in Beijing, its function being to ensure quality assurance as a fundamental part of the IDD control efforts in China.

Cres acted as the Principal Consultant to the World Health Organization (Western Pacific Region) in IDD. He undertook numerous consultancies for the WHO and UNICEF in Asia, particularly China, Vietnam and Thailand. In 1999, he initiated and was the team leader of a UN (UNICEF and WHO) and Chinese Ministry of Health sponsored health care team that undertook a feasibility study in Tibet to develop and implement a plan to eliminate IDD in Tibet.

He was Chairman of the Project Coordinating Committee and Project Director of the AusAID and WHO sponsored 'Tibet IDD Elimination Project' (2000-2005). He was a member of the Executive Council of the Asia Oceania Thyroid Association, and served as Vice President. He was a Board Member and Deputy Chairman of the International Council for the Control of Iodine Deficiency Disorders (ICCIDD) and was appointed ICCIDD Regional Coordinator for the Asia Pacific Region in April 2002.

In addition to his work in endocrinology, he developed a major interest in the education and training of clinicians in management, especially strategic and quality management. In 1991, he initiated the first comprehensive course in Australia for practising doctors to train in business management.

He initiated the Management for Clinicians Program, (MFCP), a two-week intensive residential course, sponsored by the

University of Western Sydney, the University of Wollongong, the Western Sydney Area Health Service, the Faculty of Medicine of the University of Sydney and the NSW Department of Health. He served until 2002 as Chairman of the Steering Committee and the Faculty for the MFCP, incorporating visiting Faculty from Harvard University and the Henry Ford Health Care System. He introduced Total Quality Management to the ICPMR in 1990, and the ICPMR and its departments won several awards in both the business and professional sectors, nationally and internationally, for achievements in quality management.

In 1994, the ICPMR won a prestigious Commonwealth Government Technology Productivity Silver Award for the implementation of a sophisticated Laboratory Information System-the Cerner Pathnet Information System.

Cres was awarded Membership of the Order of Australia in 1994 for his contributions to Medicine, particularly in the field of Endocrinology, and was awarded the Premier's Gold Service Award in 2002 for development of the NSW Forensic DNA service laboratory. In 2003, he was a NSW finalist for Senior Australian of the Year and in August 2004, he was honoured by Princess Maha Chakri Sirindhorn at a special ceremony in the Chitralada Palace, Bangkok for services to the improvement of the health of the people of Thailand.

His legacy will long be remembered.

2025 ESA Award Winners

As usual, the competition for the annual ESA awards was fierce in 2025, with a very high standard of applications received by the society. We congratulate all award recipients on their success.

Congratulations to ESA Award Winners:



ESA Young Investigator Scientific Article Award: Basic Science

Ben Lawrence



ESA Young Investigator Scientific Article Award: Clinical

Albert Kim



ESA Gail Risbridger Junior Scientist Award

Akhil Gajipara



Bryan Hudson Clinical Award

Joshua Gialouris



ESA Ken Wynne Memorial Postdoctoral Research Award 2024

Brendan Nolan



ESA Mid-Career Award

Christian Girgis



ESA Senior Plenary Award

Helena Teede



ESA Early Career Contribution to Endocrinology Award

Liz Johnstone



ESA Early Career Contribution to Endocrinology Award

Emily Brooks



ESA Outstanding Clinical Practitioner Award

Jane Holmes-Walker



ESA Australian Women in Endocrinology Travel Awards

Jessica Lee



ESA/KES Exchange Travel Award

Jessica Lee



Paul Lee Basic Abstract Award

Lydia Lamb



ESA Best Clinical Abstract Award

Brendan Nolan



ESA Clinical Weekend - Best Case Study Award

Sarah Brennan



ESA Clinical Study Poster Award

Julia Gordon



ESA Clinical Case Poster Award

Yuhan A Goh



ESA Basic Science Poster Award

Elisabeth Ng



ESA Sustainability Prize

Amy McCormick



ESA Sustainability Micro Grant

Rita Upreti



ESA Early Career Plenary Award

Jillian (Chau Tien) Tay



ESA Postdoctoral Award 2024

Adam Hagg



ESA Research Higher Degree Scholarship 2024

Annabelle Hayes



ESA IPSEN International Travel Grant Award

Katerina Flabouris



**RACP ESA Research Establishment
Fellowship in Endocrinology**

Sarah Catford



ESA Research Seed Grant

Sunita De Sousa



ESA Research Seed Grant

Christopher Yates



ESA Research Seed Grant

Ayanthi Wijewardene

ESA Young Investigator Scientific Article Award

The ESA Young Investigator Scientific Article Award is made annually to recognise the best scientific paper published in the 12-month period preceding the closing date for abstracts for the Annual Scientific Meeting by an active member of the Endocrine Society of Australia early in their career.

I am incredibly honoured to receive the 2025 ESA Young Investigator Scientific Article Award for my publication in *Endocrinology* entitled "Functional Analysis of HSD17B3-Deficient Male Mice Reveals Roles for HSD17B7 and HSD17B12 in Testosterone Biosynthesis".

This work was conducted in collaboration between The University of Newcastle, Griffith University, and the ANZAC Research Institute, Sydney.

Androgen deficiency can result in differences of sex development, perturbed masculinisation and infertility. Current treatment involves recurring hormone replacement therapy. A single-dose gene therapy which supports endogenous androgen production would be a more desirable treatment. However, current models do not accurately depict human androgen biosynthesis.

In humans, loss-of function mutations in HSD17B3, the enzyme which converts androstenedione to testosterone, causes differences of sex development due to a lack of testosterone biosynthesis. However, HSD17B3 knockout (KO) mice continue to produce testosterone and therefore portray a different phenotype to humans, indicating other enzymes capable of synthesising testosterone in mice.

This study assessed the testosterone synthesising ability of the mouse HSD17B7 and HSD17B12 enzymes.

We confirmed that a single amino acid difference between mouse and human HSD17B12 allows for the conversion of androstenedione to testosterone in mice, but not in humans. We then generated a humanised HSD17B12 mouse model which could not synthesise testosterone. We then crossed this mouse line with HSD17B3 KO mice to assess its contribution to overall testosterone synthesis. HSD17B3 KO mice expressing the humanised HSD17B12 had reduced intratesticular testosterone levels and reduced seminal vesicle weights, however, remained masculine and fertile, indicating further contributing enzymes. Proteomics on HSD17B3 KO testes showed a significant increase in HSD17B7. In vitro modelling showed that mouse HSD17B7 can convert androstenedione to testosterone, but human HSD17B7 cannot.

Collectively, this study has demonstrated that mouse steroidogenic enzymes have increased plasticity compared to humans and that a better understanding of mouse androgen production is required to better model human androgen disorders.

I am thankful for the ongoing support of the ESA throughout my research career so far and for the opportunity to present this work at the 2025 annual scientific meeting in Perth. I would like to recognise the contributions of the team led by Professor Lee Smith in assisting with this project.

Ben Lawrence

ESA Young Investigator Scientific Article Award

The ESA Young Investigator Scientific Article Award is made annually to recognise the best scientific paper published in the 12-month period preceding the closing date for abstracts for the Annual Scientific Meeting by an active member of the Endocrine Society of Australia early in their career.

I am deeply honoured to receive the 2025 ESA Young Investigator Scientific Article Award for my study titled, "Early and multiple doses of zoledronate mitigates rebound bone loss following withdrawal of receptor activator of nuclear factor kappa-B ligand inhibition", published in the *Journal of Bone and Mineral Research*.

This research was conducted during my PhD candidature at UNSW Sydney and the Garvan Institute of Medical Research, under the supervision of A/Prof Michelle McDonald, A/Prof Christian Girgis, and Prof Jacqueline Center.

The "rebound phenomenon" following denosumab discontinuation presents a significant challenge in endocrinology. While denosumab is highly effective in reducing fracture risk, its discontinuation precipitates rapid bone loss, leaving patients vulnerable to the very fractures the therapy aimed to prevent. Current sequential approaches often align zoledronate with the standard 6-monthly denosumab interval based on empirical data; however, this strategy has shown inconsistent results in preventing rebound bone loss.

Our study investigated an "early and multiple" dosing strategy for sequential zoledronate using a mouse model.

Building on the hypothesis that osteoclast activity rises before bone loss becomes detectable, we tested interventions applied while RANKL inhibition was still active.

We demonstrated that administering zoledronate early – before the effects of denosumab waned, significantly attenuated bone loss.

Furthermore, a multi-dose strategy fully prevented bone loss in both young and skeletally mature mice, and improved vertebral fracture resistance in the older cohort.

These findings provide the preclinical justification for a new clinical trial examining early intervention with sequential zoledronate. We are eager to translate these findings from the bench to the bedside to improve patient outcomes.

I would like to sincerely thank my co-authors, mentors, and colleagues who made this work possible. Finally, I thank the Endocrine Society of Australia for this generous award and for providing such a vital platform for early career researchers.

Albert Kim

ESA Gail Risbridger Junior Scientist Award

The ESA Gail Risbridger Junior Scientist Award recognises the best basic or translational science presentation at the Annual Scientific Meeting by an advanced trainee or higher degree candidate.

I am incredibly honoured and grateful to have received the “Gail Risbridger Junior Scientist Award” at the ESA-SRB-ANZOS 2025 annual scientific meeting in Perth. This recognition is for my work on ‘Adrenal-targeted nano-biotechnology, A novel gene therapy for adrenal diseases’, which I had the privilege of presenting at the conference.

My research focuses on developing a nanoparticle-based gene delivery system to achieve adrenal-targeted gene modifications.

I developed lipid nanoparticles (LNPs) that can deliver the gene of interest specifically to the adrenal gland without off-target effects. The introduction of the foreign gene altered the steroidogenic pathway in mice. The transgene expression persisted long-term beyond adrenal cellular turnover, confirming permanent gene integration using the LNPs gene delivery system.

Similarly, knockdown of the functional gene was achieved by delivering small RNAs via LNPs to develop a disease state in the adult mouse. This disease mouse model was generated within a few weeks without the need for multiple breeding rounds, which takes months to generate a conventional knockout model.

This approach can adjust target gene expression, modify steroidogenic pathways, and avoid off-target organs. It offers a path toward improved disease models and future gene therapies for adrenal disorders.

This milestone would never have been achieved without constant support from my supervisors, Dr Anne-Louise Gannon, Prof Lee B Smith, A/Prof Roger Liang and colleagues Dr Thomas J. Adams, Shanu Parameswaran, Dr Liza O’Donnell, Dr Ben Lawrence, and Imogen Abbott, who contributed to this project.

A special thanks to ESA for providing the platform and opportunity to share my research with such a dynamic and inspiring community. This experience has been a huge milestone in my academic journey, and I’m excited to continue learning, growing, and contributing to the field.

Akhil Gajipara

Bryan Hudson Award

The Bryan Hudson Clinical Endocrinology Award will recognize the best clinical research presentation at the Annual Scientific Meeting by an active member of the Endocrine Society of Australia early in their career.

I was honoured to receive the Bryan Hudson Clinical Endocrinology Award in 2025 for the presentation “Efficacy of Gonadotrophin Treatment to Induce Spermatogenesis and Fertility in Men With Congenital or Acquired Gonadotrophin Deficiency”.

Hypogonadotropic hypogonadism (HH) is the only medically treatable cause of male infertility. Gonadotrophin therapy using human chorionic gonadotrophin (hCG), with or without follicle stimulating hormone (FSH) is very effective to induce spermatogenesis. However, men with HH are rare, meaning reliable estimates of the time to, and prognostic factors associated with achieving fertility outcomes are lacking.

We performed a retrospective, single-centre cohort study, including all men with HH treated with gonadotrophin therapy at the Andrology Department, Concord Hospital, over more than 40 years. This is one of the largest and most comprehensive single centre cohorts available worldwide, containing 99 men who received 160 independent, standardised hCG/FSH treatment cycles.

In our cohort, most men with pathologic HH treated with hCG/FSH achieved sperm output and fertility within a year.

Interestingly, we identified a novel finding, whereby the major determinant of time to pregnancy was the presence of adverse fertility factors in the female partner.

This highlights the need for early female partner fertility evaluation.

I am very grateful to have received this prestigious award and acknowledge the high-quality research presented by the other finalists. I would like to thank the patients who took part in the research, the dedicated staff at the Andrology Department at Concord Hospital who provided care to these patients over more than 40 years, and my excellent supervisors Dr Christopher Muir and Professor David Handelsman.

The presentation of this research was supported by an ESA travel grant and a Concord Repatriation General Hospital travel grant.

Joshua Gialouris

ESA Best Clinical Abstract Award

This award recognises the best original clinical research abstract submitted to the ESA Annual Scientific Meeting.

I was honoured to receive the 2025 ESA Best Clinical Abstract Award for my abstract "Mental health treatment utilisation among transgender and gender-diverse people following gender affirming hormone therapy: evidence from whole-of-population Australian administrative data".

Although there is emerging evidence supporting the impact of gender affirming hormone therapy (GAHT) on mental health outcomes in trans and gender-diverse people, limited population-based studies have evaluated the impact on mental health pharmacotherapy or mental health treatment utilisation.

We used Australian administrative data from 2012 to 2024 to track over 32,000 TGD individuals starting GAHT. We compared each person's mental health service use (general practitioner, psychiatrist, psychologist and other allied health professionals) and prescriptions (antidepressants and anti-anxiolytics) for two years before starting GAHT and up to five years afterward.

We found that mental health service use rose at initiation of GAHT but declined sharply thereafter. Five years after initiation, both estradiol-based GAHT and testosterone-based GAHT users used fewer mental health services than they did prior to GAHT. Mental health prescription use fell below baseline in those who initiated testosterone-based GAHT. Reductions were most significant among those who had used more mental healthcare at baseline and among older e-GAHT users.

Altogether, our findings suggest that GAHT may help address unmet mental health needs and contribute to longer-term reductions in mental healthcare use and associated costs among trans people.

Many thanks to ESA for this award, and to my coauthors and funding bodies (NHMRC Investigator Grant (2034450) and Viertel Charitable Foundation Clinical Investigator Award).

Dr Brendan Nolan

Paul Lee Basic Abstract Award

This award recognises the best original basic science abstract submitted to the ESA Annual Scientific Meeting

It is an honour to be the recipient of the 2025 Paul Lee Best Basic Science Abstract for my abstract entitled "Spatial profiling identifies novel biomarkers in aggressive pituitary neuroendocrine tumours".

In this study we utilised the Bruker (previously Nanostring) GeoMx Digital Spatial Platform to examine in situ cell type profiling of aggressive and non-aggressive pituitary tumours and included all pituitary tumour types based on transcription factor expression.

We found that aggressive pituitary tumours have increased expression of oncogenes and reduced expression of tumour suppressor genes compared with non-aggressive pituitary tumours which raises the potential for prognostic and therapeutic biomarkers.

We discovered that there is variation in the differentially expressed genes, immune profiles and signalling pathways of aggressive Pit-1 expressing tumours compared to the aggressive T-Pit expressing tumours which indicates that different treatment approaches may be required for aggressive pituitary tumours depending on their transcription factor expression.

We also demonstrated intratumoural heterogeneity of gene expression in aggressive pituitary tumours which may depend upon immune cell infiltrate.

Our research provides novel insights into the microenvironment of pituitary tumours and further investigation is required to translate these findings into development of clinically applicable biomarkers.

This work is the product of exciting and productive interdisciplinary and interstate collaborations, and I would like to acknowledge and thank Nic West and his team at Griffith University as well as my supervisors and co-authors Ann McCormack, Nele Lenders, Hao-Wen Sim, Susan Ramus, Peter Earls and Julia Low. I would also like to thank the ESA for this award and the opportunity to present this research.

Lydia Lamb

ESA Sustainability Micro-Grant

An initiative of the ESA Sustainability Special Interest Group (SIG), this micro-grant supports early-stage research or small research projects by an early career ESA member. The funds must be used specifically for research into endocrinology & environmental sustainability.

The ESA Sustainability Microgrant has been instrumental in enabling important sustainability initiatives in my private practice; initiatives which are hoped to benefit other practices in the near future. I am incredibly grateful for this support, which is being utilised in a few key areas.

At my private practice, Specialists 331, we have now established a collaboration and relationship with the team at Sunday, to bring carbon accounting to endocrine private practice. Carbon accounting is a method to measure and track emissions. Integration of Scope 1 (direct emissions), 2 (indirect emissions from electricity generation), and Scope 3 (everything else!) data collection into routine practice operations is now in place, assisted also by support from accounting software company, Xero.

Like most small businesses, scope 3 emissions are the majority of our emissions, and although these are not directly within our control this data helps inform productive discussions with providers and suppliers. Sunday have visited Specialists 331 and filmed a video feature of our small business utilising carbon accounting - and as their first health sector collaboration, this will bring important visibility to the speciality of endocrinology, the ESA and our shared support for sustainability initiatives.

This video should be ready for release in the coming months and will be shared across a wide global audience across endocrinology, health, sustainability, accounting, and small business networks.

Through acknowledged support for the sustainability microgrant, this will also help showcase the ESA's commitment towards sustainability in endocrinology.

The second area of use of the ESA sustainability microgrant has been in the setup and ongoing maintenance of our practice vegetable and herb garden. This is now a key feature of the practice environment and feedback from both patients and staff has been universally positive, with many commenting on the therapeutic value, visual appeal, and clear reflection of sustainable practice values.

It has also been a wonderful way to connect with patients, a positive talking point and the gardens also of course fit with the healthy living advice which is such a key component of endocrine clinical practice - and patients (and team members) regularly take produce home as well!

Development of the interactive Sustainable Endocrinology Clinic Toolkit is progressing steadily. The core structure has been drafted in spreadsheet format and further refinements will hopefully help other practice owners in considering how they can implement sustainability into their practice renovations, systems and ongoing work.

In the next stage, I will also be working to reduce the enormous waste we see in endocrine practice, particularly in insulin waste, and a number of promising efforts are in the early stages for this. Although we have introduced insulin pen and blister pack recycling in our practice, there are much more impactful areas we are now working towards to ensure this is helpful to patients and practices across Australia.

Overall, our sustainability project is advancing well and progress to date has been supported by the ESA sustainability microgrant. I look forward to providing further updates as the project continues.

Rita Upreti

ESA Australian Women in Endocrinology Travel Awards

The purpose of this award is to provide financial support to younger women involved in Endocrine-related training and/or research to present their work at the 2025 USA ENDO Meeting.

I am honoured and deeply grateful to be the recipient of the Australian Women in Endocrinology Travel Award. With this support I had the privilege of presenting my research entitled "Deficiency of Triantennary Asn347 Glycoforms of Corticosteroid binding globulin (CBG) is Associated with Septic Shock Mortality" at US ENDO 2025 in San Francisco, USA.

Septic shock is characterised by uncontrolled systemic inflammatory response but glucocorticoids have shown only marginal benefit despite known immunomodulatory effects. Previously, our research team found that low CBG on ICU admission is associated with 3-fold elevation in septic shock ICU mortality (Meyer et al 2022); neither total nor free cortisol concentrations were associated with survival. CBG is more than an inert carrier molecule; it modulates distribution of free cortisol via alterations in cortisol binding affinity, one mechanism of which is via cleavage by neutrophil elastase (NE). Given CBG glycosylation at Asn347 site affects NE cleavage susceptibility in vitro, we hypothesized that CBG Asn347 glycosylation is associated with septic shock mortality.

We performed CBG Asn347 site glycosylation profiling via mass spectrometry on serum from 128 septic shock patients. Of four glycans consistently identified at the Asn347 site, deficiency of TS3 glycoform was uniquely associated with mortality with lower mean TS3 Asn347 CBG concentration in ICU non-survivors compared to survivors. Multivariate analysis adjusting for sepsis severity and total CBG also showed increase in mortality with TS3 Asn347 glycoform deficiency.

These findings indicate that TS3 Asn347 CBG glycoform underlies the previously reported mortality association between total CBG deficiency and septic shock mortality. This has important therapeutic and prognostic implications.

I would like to sincerely thank my PhD supervisors Prof. David Torpy and Dr Emily Meyer, as well as Dr Marni Nenke and Dr Wayne Rankin for their support throughout this project. I would also like to acknowledge my collaborators at UniSA Proteomics lab and Macquarie University Glycoproteomics lab. Lastly, thank you again to ESA for the wonderful opportunity to present my research at US ENDO2025.

Jessica Lee

ESA Ipsen International Travel Grant Award

The purpose is to support younger ESA members to travel to international meetings to present an abstract, and visit laboratories and/or clinics, to further their training.

It was an honour to receive the Endocrine Society of Australia and Ipsen for the ESA/IPSEN International Travel Grant Award as part of my research entitled 'Perioperative Glycaemic Control and Outcomes in Aboriginal and Torres Strait Islander People with Diabetes Mellitus Undergoing Surgery in South Australia'.

This award has allowed me to present my work at the 61st annual meeting for the European Association for the Study of Diabetes in September 2025. Here, I was exposed to the latest innovations and developments in diabetes care and research by leading authorities in perioperative diabetes care, and discuss my research with international diabetes scientists and clinicians.

This research was the first to evaluate perioperative glycaemic control in Aboriginal and Torres Strait Islander people with diabetes mellitus, for which we then explored associations with perioperative outcomes known not to disproportionately affect this population. Through our multicentre retrospective cohort study of 16,396 people over a 6-year period, we showed that, despite a higher preoperative HbA1c, perioperative glycaemic control was slightly superior amongst Aboriginal and Torres Strait Islander people with diabetes mellitus compared to their non-Indigenous Australian counterparts. However, they still experienced disproportionate perioperative cardiovascular morbidity and all-cause in-hospital mortality, even after adjusting for potential confounders

such as pre-existing medical comorbidity.

Possible contributors to this finding include the impact of the 'legacy effect' through cumulative glycaemic exposure pre-admission. Rigorous, prospective and strengths-based research could therefore be beneficial in supporting and evaluating the impact of Indigenous-led community-based programs to improve long-term glycaemic control such as those available through Aboriginal Community-Controlled Healthcare Organisations. Additionally, the use of inpatient continuous glucose monitoring has yet to be evaluated in Aboriginal and Torres Strait Islander people either with or without known diabetes mellitus.

However, it is important to acknowledge that the perioperative inequity experienced by Aboriginal and Torres Strait Islander people is not limited to those with diabetes mellitus, and approximately 30% of the national health gap remains unexplained. Further, ideally Indigenous-led, research is therefore warranted to identify and address these residual drivers of perioperative inequity.

I'd like to express my sincere gratitude to my supervisors for their guidance, wisdom and support: A/Prof Chinmay S. Marathe, Prof David Jesudason and Prof Odette Morey. My deepest thanks again to the Endocrine Society of Australia and Ipsen for the valuable opportunities provided through this award.

Katerina Flabouris

ESA Early Career Plenary Award

This award recognises an outstanding early-career clinical researcher in Endocrinology.

I am deeply honoured to receive the ESA Early Career Researcher Plenary Award. The Endocrine Society of Australia has been instrumental in my professional development, providing networking opportunities, mentorship, and a platform to advocate for polycystic ovary syndrome (PCOS) research. I am particularly grateful to everyone who encouraged me to apply for this recognition, and for giving me the opportunity to share my research journey and raise awareness for this neglected condition affecting one in eight women globally.

My PCOS research journey began during my medical training when I diagnosed a young woman with PCOS but was instructed to send her back to her GP without providing counselling or support. That moment crystallised the systemic gaps in PCOS care and inspired me to pursue my PhD at the Monash Centre for Health Research and Implementation, Monash University under the exceptional supervision and mentorship of Professor Helena Teede, Professor Lisa Moran, and Associate Professor Anju Joham.

During my PhD (2017–2021), I addressed critical knowledge gaps identified in the 2018 International PCOS Guideline. My research revealed that excluding ovarian ultrasound from adolescent diagnostic criteria reduces overdiagnosis by 50% while preserving identification of metabolically at-risk individuals—work that directly informed the 2023 International Guideline recommendations.

I uncovered the profound psychological burden of PCOS, demonstrating 60% increased eating disorders, three-fold increased childhood trauma, and 80% elevated perinatal mental health risk, fundamentally redefining PCOS from a reproductive disorder to a complex biopsychosocial condition. I also identified critical gaps between guideline recommendations and clinical implementation, shaping my commitment to translational research.

My greatest achievement has been contributing to the 2023 International Evidence-Based Guideline for the Assessment and Management of PCOS. I conceived and led an unprecedented international early career researcher network of 28 researchers across eight countries, conducting 52 systematic reviews that underpinned all guideline recommendations.

This collaboration required intensive coordination and stretched my personal limits, but the impact has been extraordinary: the guideline is endorsed by over 70 countries, published simultaneously in four leading journals, accumulated over 970 citations, and translated into consumer resources reaching over one million users across 195 countries through the AskPCOS digital health app.

Currently, I am working on individual participant data meta-analysis using data from 12 international population-based studies to identify PCOS subtypes through cluster analysis, advancing precision medicine approaches for this heterogeneous condition. I continue co-designing shared decision-making tools and updating evidence-based resources to ensure women have accessible, high-quality information.

I wish to acknowledge my colleagues at MCHRI, the international PCOS research community, and most importantly, the women with PCOS who contribute to research studies. To every woman living with PCOS: we see you, we hear you, and we are working to ensure you receive the comprehensive, evidence-based care you deserve. This award represents not just my individual achievement, but our collective commitment to transforming PCOS care globally.

This recognition motivates me to continue bridging research and clinical practice, mentoring the next generation of researchers, and advocating for women's health conditions that have been historically neglected. Thank you, ESA, for this honour and for providing a platform to advance PCOS research and care in Australia and beyond.

Jillian Tay

ESA Clinical Weekend Case Study Presentation

Endocrinology advanced trainees are invited to submit a single case report each for presentation to the ESA Clinical Weekend meeting.

RETaliation: Acquired resistance in a MEN2A Pheochromocytoma

A 70-year-old male with genetically confirmed Multiple Endocrine Neoplasia type 2A (MEN2A) presented with treatment-refractory metastatic pheochromocytoma. His initial diagnosis was established in the 1970s following laparotomy for abdominal pain, leading to bilateral adrenalectomy in 1978. He subsequently underwent total thyroidectomy in 1980 for medullary thyroid carcinoma, with further surgery in 1991. Genetic testing confirmed a germline RET mutation p.Cys634Ph.

The patient remained clinically stable for over a decade until 1991, when he developed symptomatic recurrence involving the left suprarenal region, aortocaval lymph nodes, and small pancreatic and pulmonary metastases. Surgical resection was not pursued due to multifocal disease, and biopsy was avoided due to catecholaminergic crisis risk. He was treated with MIBG therapy, receiving two courses with the second in June 2016.

He later re-presented with pulsatile headaches and paroxysmal hypertension (SBP >200 mmHg). Between November 2017 and June 2018, he underwent four cycles of ¹⁷⁷Lu-DOTATATE peptide receptor radionuclide therapy (PRRT), achieving partial biochemical and radiographic response. However, within a year, biochemical markers rose again

(Table 1), and he developed severe thoracic back pain from a destructive T6 vertebral lesion requiring palliative radiotherapy.

In September 2019, he was commenced on selpercatinib (160 mg twice daily) as part of the LIBRETTO-001 trial [1]. Selpercatinib is a highly selective RET kinase inhibitor developed for RET-altered malignancies including MTC and RET fusion-positive solid tumours. Within days of treatment initiation, his thoracic back pain improved. He has a confirmed partial response with 8.3 months duration. Plasma normetanephrine decreased dramatically from >9,999 pmol/L to 1,190 pmol/L and metanephrine from 906 pmol/L to >50 pmol/L (Figure 1, Table 1). Radiologically, a partial response was confirmed with the aortocaval mass reducing from 50mm to 28 mm (Figure 2).

He remained on selpercatinib with good clinical benefit for approximately 20 months. At this point, imaging demonstrated disease progression, although therapy was continued with informed consent due to ongoing symptomatic improvement. After 18 months, he developed grade 2 diarrhoea, associated with hypoalbuminemia and peripheral oedema. Colonoscopy and biopsy were consistent with selpercatinib-induced enteropathy.

Table 1 - Changes in catecholamine metabolites during response and resistance to selpercatinib.

	Normetanephrine (pmol/L)	Metanephrine (pmol/L)
Baseline Sept 2019	>9999 (NR < 1080)	755 (NR <447)
Post-selpercatinib May 2020 (8m on therapy)	1720 (NR < 1280)	65 (NR <447)
Radiological Progression June 2021 (20m on therapy)	1430 (NR <1310)	75 (NR <447)
Emergence of Resistance March 2022 (30m on therapy)	3700 (NR < 1350)	95 (NR <447)
Cessation of therapy Oct 2022 (37m on therapy)	93,410 (NR <1080)	1150 (NR <447)

NR: normal range.

Figure 1 - Effect of selpercatinib on normetanephrine and metanephrine over the first 6 months of therapy.

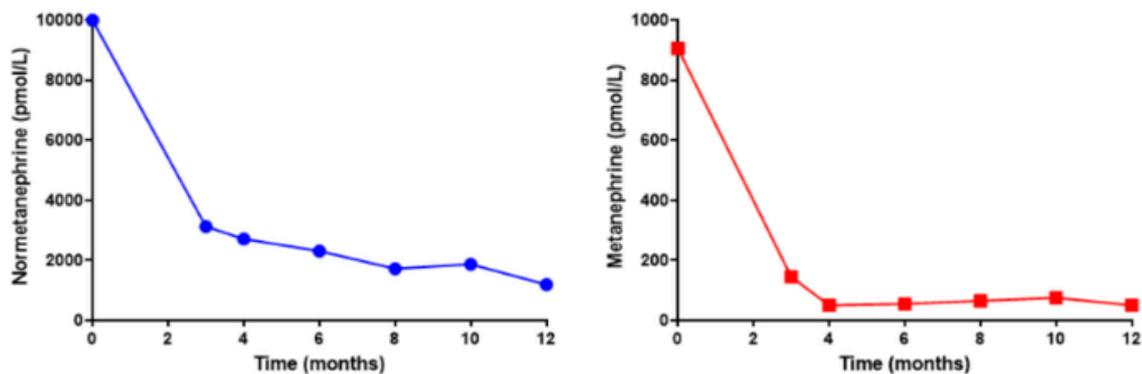
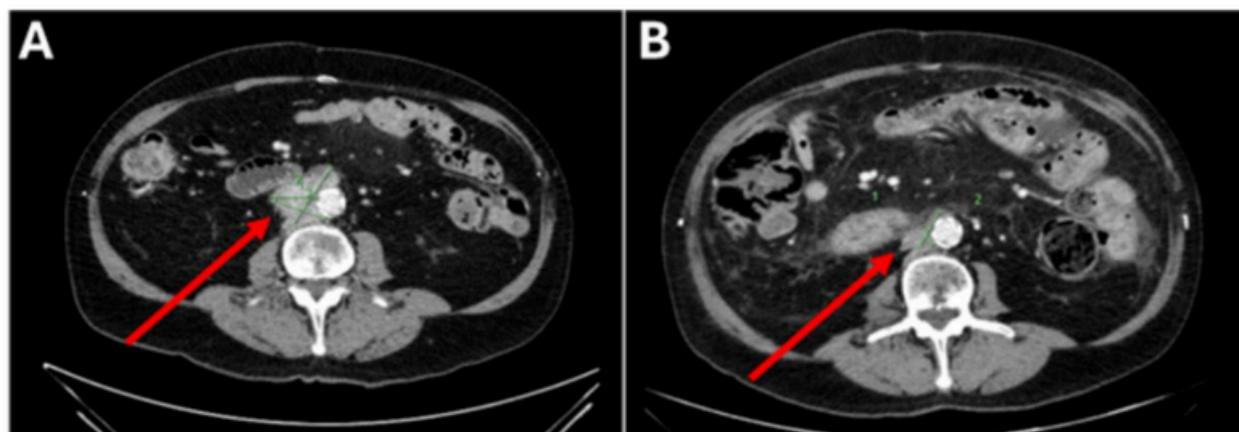


Figure 2- CT images at baseline (A) and after 14 months of treatment with selpercatinib (B). There is reduction of the aortocaval mass from 50x38 mm to 28x14mm.



ropathy. Steroid therapy was initiated, and the selpercatinib dose was reduced to 80 mg twice daily. Despite a good response to the steroids, he had a hospital admission for new-onset atrial fibrillation with rapid ventricular response in the context of electrolyte disturbance.

At 30 months of therapy, plasma normetanephrine levels again began to rise (Table 1).

By month 35, significant radiographic disease progression was evident, with new hepatic metastases and bony lesions in T9, T11, and T12; as well as significantly raised normetanephrine. Cell-free DNA analysis revealed an acquired RET p.Gly810Ser solvent front mutation, a known mechanism of resistance to selpercatinib [2]. As a result, selpercatinib was ceased, and transition to CAPTEM (capecitabine and temozolomide) chemotherapy was planned. Unfortunately, the patient deteriorated rapidly and died two months after discontinuation of targeted therapy.

Phaeochromocytomas occur in 20–50% of MEN2 patients; they are the index tumour in 5–10% MEN2 cases. They are bilateral in up to 50% cases, and can be associated with striking catecholaminergic features although typically have a low metastatic potential [3]. Metastatic phaeochromocytoma in MEN2A is rare, with reported incidence below 5% [4], but it is associated with significant morbidity and poor prognosis with 5-year survival rates of 40–60% depending on tumour burden and location [5]. Management is particularly challenging in the absence of resectable disease.

Current management of metastatic phaeochromocytoma follows a multimodal approach. This can involve MIBG radiotherapy when tumours demonstrate adequate uptake, achieving disease control in 60–70% of patients though complete responses are rare (10–15%) [6]. PRRT with ¹⁷⁷Lu-DOTATATE can also be as an effective option for somatostatin receptor-positive lesions, with systematic reviews demonstrating objective response rates of 25% and disease control rates of 84% in metastatic phaeochromocytoma/paraganglioma, though median progression-free survival remains limited to 29–40 months [7].

The emergence of RET-targeted therapies has reshaped the landscape for RET-altered tumours. Multi-kinase inhibitors such as sunitinib and cabozantinib, and more recently, highly selective RET inhibitors like selpercatinib, have demonstrated efficacy in medullary thyroid carcinoma and have emerging roles in phaeochromocytoma [5, 8].

Selective RET inhibitors offer advantages over multi-kinase inhibitors like vandetanib and cabozantinib, which demonstrate modest activity but significant off-target toxicities. The LIBRETTO-001 trial established selpercatinib's efficacy across RET-altered solid tumours, demonstrating overall response rates of 64% in RET-mutant medullary thyroid carcinoma with median duration of response not reached at 24 months [5]. While phaeochromocytoma patients comprised a small subset of only 6 patients, 4 showed partial response and 2 had stable disease with treatment duration ranging between 9.2 to >56.4 months [1]. Common adverse events of any grade include hypertension (82%), diarrhoea (51%), and elevated liver enzymes (51%), with grade 3–4 events occur in approximately 30% of patients [9].

However, acquired resistance remains a significant limitation. Documented mechanisms include either on-target secondary RET mutations – particularly solvent front mutations such as G810R/S/C which cause steric hindrance to selpercatinib and pralsetinib binding; or bypass resistance such as MET or FGFR1 amplification, fusion events, tumour suppressor loss or mutations in downstream effectors such as NRAS. These alterations enable tumours to bypass RET inhibition, sustaining oncogenic signalling through alternative pathways [2]. Median time to resistance development ranges from 12-24 months across different tumour types. In this patient, a RET G810S mutation was identified via cell-free DNA sample, consistent with on-target resistance-driven disease progression.

Cell-free DNA offers a non-invasive modality for molecular profiling in patients unsuitable for repeat biopsy [10]. Its utility in detecting resistance mutations such as RET G810S is increasingly recognised, allowing timely treatment adaptation. Following resistance to selective RET inhibitors, therapeutic options remain limited. On-target RET mutations also inhibit binding of multikinase inhibitors such as vandetanib or cabozantinib. PRRT offers a disease control strategy for somatostatin receptor-expressing lesions. However, rapidly progressive or heterogeneous disease may show poor responses. Other available strategies include MIBG therapy, the cyclophosphamide-vincristine-dacarbazine (CVD) regime, and investigational agents under clinical trial protocols.

Despite advances, the outlook for patients with treatment-refractory metastatic pheochromocytoma remains poor. A personalised, multidisciplinary approach and enrolment in clinical trials continue to play pivotal roles in care.

Take-home messages:

- Metastatic pheochromocytoma in MEN2A is rare and can follow an aggressive course requiring multimodal therapy.
- Selpercatinib, a selective RET inhibitor, can achieve substantial biochemical and radiographic responses in RET-mutant disease.
- Resistance to RET inhibition can occur via solvent front mutations such as G810S, detectable through circulating tumour DNA.
- Liquid biopsy (cfDNA) is a valuable, non-invasive method for identifying mechanisms of resistance and guiding further treatment.
- Long-term selpercatinib use may be complicated by adverse effects such as enteropathy, requiring dose adjustment or cessation.
- Further research is needed to define effective therapies after resistance to selective RET inhibition emerges.

Sarah Brennan

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Seed Grant Report

The purpose of this award is to provide funding to support early stage research or small research projects by a mid-career ESA member. These grants may be used for research in any area of endocrinology. The research must be conducted in Australia.

Histological examination of tumour fibrosis in cabergoline-treated prolactinomas: objective data to support or refute the new paradigm of upfront surgery for prolactinomas

With vital support from an ESA Seed Grant, this project seeks to determine whether or not preoperative cabergoline therapy of prolactinomas induces tumour fibrosis. The notion of cabergoline-induced prolactinoma fibrosis – and its theorised potential for reducing surgical remission rates – has been a fundamental principle underlying recent calls for upfront surgery for prolactinomas in place of the historical gold standard treatment of cabergoline. However, there are no data to date definitively showing whether preoperative cabergoline use induces tumour fibrosis. We aim to address this knowledge gap through this project and thereby help resolve the ideal treatment pathway for prolactinomas – the commonest pituitary tumour in clinical practice.

This multidisciplinary retrospective study is based at two quaternary pituitary centres – the Royal Adelaide Hospital and St Vincent's Hospital Sydney – and involves an interdisciplinary team including endocrine, neurosurgery, anatomical pathology, endocrine nurse and rhinology representation.

Using existing hospital-based pituitary registries, we are recruiting individuals with a clinical and histological diagnosis of prolactinoma who have undergone surgery, with roughly similar proportions of cabergoline-pretreated tumours vs cabergoline-naïve tumours. We are collating the clinical and existing histopathological data and currently preparing tumour blocks for Masson trichrome staining to histologically assess the amount and distribution of intratumoral collagen content as objective evidence of tumour fibrosis. We will compare collagen content against cabergoline pretreatment vs. no pretreatment, cumulative cabergoline dose, stratified cumulative cabergoline dose and surgical remission.

We anticipate completing our dataset in the coming months. Finding a relationship between tumour fibrosis and cabergoline exposure and surgical outcomes will argue for upfront surgery in resectable prolactinomas, whilst confirming absence of this relationship (as we anticipate) will argue for at least a trial of cabergoline therapy prior to consideration of surgery. In either case, the project will have a tangible, major impact on how prolactinomas are managed internationally.

Sunita De Sousa

Seed Grant Report

The purpose of this award is to provide funding to support early stage research or small research projects by a mid-career ESA member. These grants may be used for research in any area of endocrinology. The research must be conducted in Australia.

Clinicopathological Correlations with Sex Steroid Receptors in Gonadotroph Adenomas to Enhance Understanding of Tumour Subtypes and Potential Therapeutic Targets

I wish to express our sincere gratitude to the ESA for supporting our project, "Clinicopathological Correlations with Sex Steroid Receptors in Gonadotroph Adenomas to Enhance Understanding of Tumour Subtypes and Potential Therapeutic Targets."

Pituitary tumours are the second most common intracranial neoplasm, with non-functioning pituitary adenomas (NFPA) accounting for 30–60% of all cases. Gonadotroph adenomas represent the most prevalent NFPA subtype and the most frequently resected pituitary tumour. Although advances in immunohistochemistry (IHC), including the use of steroidogenic factor-1 (SF1), have improved identification, these tumours remain understudied, often evaluated under the broader category of NFPA.

Progression and recurrence are common, requiring multiple surgeries or radiotherapy—both of which increase the risk of permanent hypopituitarism. Yet, unlike other pituitary tumours, we still lack reliable biomarkers for predicting tumour behaviour, and there are no established targeted medical therapies.

Sex steroid receptors, particularly estrogen receptor alpha (ER α), are frequently expressed in gonadotroph adenomas. Although ER α has been studied in gonadotroph adenomas, the roles of ER β , progesterone receptors (PR), which can serve as a marker of ER function, and androgen receptors (AR) remain elusive. Furthermore, the role of hormone-based therapies (such as selective estrogen receptor modulators—SERM) is unknown.

Growing recognition of histological subtypes and intratumoural heterogeneity highlights the need for modern biomarker-based classification systems, extended clinical follow-up, and quantitative IHC analytics. Leveraging the Royal Melbourne Hospital's extensive pituitary tumour tissue bank and clinical database, this project builds on our group's previous work defining the genomic and clinicopathological features of thyrotroph adenomas and prolactinomas.

Our work aims to undertake a comprehensive analysis of sex steroid receptor expression in gonadotroph adenomas, using both qualitative and AI-assisted quantitative IHC, and to examine their associations with tumour aggressiveness, recurrence, progression, and the need for reintervention.

This research will deepen our understanding of gonadotroph adenoma tumour biology, with the potential to support the development of prognostic biomarkers and IHC-based subclassification, identify novel therapeutic targets and pave the way for precision, hormone-guided medical management of gonadotroph adenomas.

The ESA funding was integral to the project's support for Dr Yeung-Ae Park's PhD, enabling it to progress. Once again, I would like to thank the Endocrine Society of Australia for its support of research.

Christopher Yates

Seed Grant Report

The purpose of this award is to provide funding to support early stage research or small research projects by a mid-career ESA member. These grants may be used for research in any area of endocrinology. The research must be conducted in Australia.

I would like to sincerely thank the ESA for supporting our project, "Clinical Utility of ctDNA in Metastatic Medullary Thyroid Cancer" with an ESA Seed Grant.

Liquid biopsies allow measurement of biomarkers such as circulating tumor DNA (ctDNA) in peripheral blood. ctDNA, released from apoptotic or necrotic tumor cells, has been validated as a powerful tool in lung, colorectal, and breast cancers for monitoring disease progression. To date, studies evaluating ctDNA in thyroid cancer are limited and yield conflicting results.

Tyrosine kinase inhibitors (TKIs) are increasingly used in the management of radioactive iodine-refractory thyroid cancer and metastatic medullary thyroid cancer (MTC), improving progression-free survival. However, resistance mutations can develop during TKI therapy, reducing their efficacy. Monitoring treatment response is therefore critical for the rational use of TKIs. Currently, biochemical monitoring in MTC relies on tumor markers such as calcitonin and CEA, which can produce false positives. Moreover, RET inhibitors can directly suppress their production, limiting the usefulness of these markers in patients receiving TKIs.

This grant has enabled us to establish the role of Next Generation Sequencing using liquid biopsies in MTC patients on TKI therapy to identify both existing and emerging resistance mutations. We will continue our research in this field to expand the application of liquid biopsy in advanced thyroid cancer. We sincerely thank the Endocrine Society of Australia for their invaluable support of our research.

Ayanthi Wijewardene



ESA MEDIA

HORMONES HOTSEAT
ESA WEBINARS
HORMONES AUSTRALIA
ESA SOCIAL MEDIA

Hormones Hotseat

This is an ESA ECC-led podcast where we interview clinicians/basic scientists on important career and professional development topics.

On behalf of the ESA, Dr Shejil Kumar (Endocrinology Fellow, Sydney) will be bringing you a series of interviews focused on topics around career and professional development. We will be interviewing expert guests to discuss topics such as transitioning to private practice and consultant practice, commencing a PhD, improving interview and presentation skills, conducting high-quality research and many more.

Episode List:

- The Lifelong Journey of Medical Education (Dr Emily Brooks)
- Bridging the Gap: From Bench to Bedside (Dr Lucy Ding)
- So, You Got Your Letters? (Dr Albert Kim)
- A Not So Basic Career In Science (Dr Amy Dwyer)
- The Nuclear Endocrinologist (Dr Emma Boehm)
- PhD Cookbook (A/Prof Sunita De Sousa)
- Transitioning To Private Practice (Dr Lachlan Angus)

The podcasts are available on the ESA website only to ESA members:

<https://www.endocrinesociety.org.au/hormone-hotseat-podcast.asp>

ESA Webinars

This is a series of webinars dedicated to female endocrinology covering topics such as amenorrhoea, infertility, PCOS, menopause and more!

The webinars are available on the ESA website only to ESA members.

Log in on the ESA homepage:
<https://www.endocrinesociety.org.au>

Hormones Australia

Hormones Australia is an initiative of the [Endocrine Society of Australia \(ESA\)](#). Its purpose is to increase awareness and provide information about hormones and how they affect the body, as well as information about common [hormone-related conditions](#).

Latest articles:

- [The penis is a pointer to men's overall health](#)
- [How obesity affects your sperm and fertility](#)
- [Does PCOS cause heart disease?](#)

Social Media

Stay connected with the Endocrine Society of Australia!

Follow us on social media for the latest updates, research, and events in endocrinology.

We will continue building content over the coming months so click the symbols below to join in:



WOMENDO

Women in Endocrinology special interest group

Informal discussions on topics important to females in endocrinology.
Females AND males welcome!

About WOMENDO

ANZPA

ANZPA is a network of specialist consultants, registrars and fellows with an interest in pituitary medicine.

[About ANZPA](#)

[ANZPA Education](#)

[ANZPA Annual Meeting](#)

[ANZPA Monthly Meeting](#)

EndoGen

EndoGen is a national network of endocrine genetic centres, bringing together endocrinologists, clinical geneticists, endocrine genetic clinics and genetic testing laboratories.

Serving as a clinical and research platform, the aim of EndoGen is to improve access to genetic technologies and knowledge for clinicians and patients across Australia.

About EndoGen

Chair: De Sousa, Sunita: Sunita.DeSousa@sa.gov.au

Rural and Regional Endocrinology Special Interest Group

The primary goal is to create a peer group for rural and regional endocrinologists to connect and support one another, discuss cases, and support trainees with an interest in working in rural areas. The central group activity would be a second-monthly video-meeting for peer-review of complex cases in a safe and supportive environment.

Goals

- An opportunity for Australian rural and regional endocrinologists to meet each other;
- platform for peer review and complex case discussion in a supportive environment;
- A source of information for trainees interested in practising endocrinology in a rural area.

Planned activities

- Peer Review meeting to discuss complex cases by video-meeting, 1-hour, second monthly.
- ESA Seminar Weekend - The Rural Breakfast Meeting.
- Facebook group; for posting recent articles, upcoming conferences, meeting reminders (no case discussions on this platform).
- A review of the outcomes of the group (entry and 1-year survey).

About the RRESIG

ESA Sustainability Special Interest Group

This inaugural group will explore ways to implement sustainable practices in endocrinology.

Climate change is impacting human health, and we aim to empower members to make environmentally favourable choices. The group's scope is broad and may encompass net zero initiatives in clinical practice, prescribing, minimising low value care, 'greening' conferences, as well as research and advocacy.

The ESA Sustainability Special Interest Group will be structured into various subcommittees. Members are encouraged to bring general ideas to the group and smaller working parties will then be formed, to connect members with shared interests. These subcommittees will report back to the main group in meetings held on-line every two months. Additionally, there may be some follow-up questions and discussions by email.

All new members are welcomed!

Some of the first objectives will be to coin the group's terms of reference and create a position statement which will define the group's purpose.

About the ESA SSIG

Private Practice Endocrinology Special Interest Group

The primary goal of the group is to create a peer group for endocrinologists working in private practice to connect and support one another, and discuss challenges unique to working in private practice.

Planned meetings:

- Monthly every 2nd Monday at 19:00 – 20:30
- Meeting at the ESA Seminar and ESA Clinical weekend

Meeting Structure:

- Introduction of Attendees – name, practice setting (solo, group), region of practice, subspecialty interests
- Matters relating to the business of running a private practice (e.g. practice insurance, medicolegal issues)
- Matters related to clinical processes and protocols (e.g. strategies to enhance efficiencies, using AI platforms for notes)
- Mentorship within private practice & CPD issues
- Issues related to work life balance in private practice
- Advocacy for Private Practitioners within the Endocrine Society Australia
- Case discussion

About the PPESIG

Women's Health Endocrinology Special Interest Group

Women experience unique endocrine challenges across their lifespan, with conditions requiring sophisticated understanding of reproductive-metabolic interactions, hormonal transitions, and sex-specific disease manifestations. The ESA Women's Health Endocrinology Special Interest Group (ESA-WHE) brings clinicians and researchers committed to advancing care for the millions of Australian women affected by endocrine disorders.

The WHE-SIG addresses a range of clinical domains including, but not limited to:

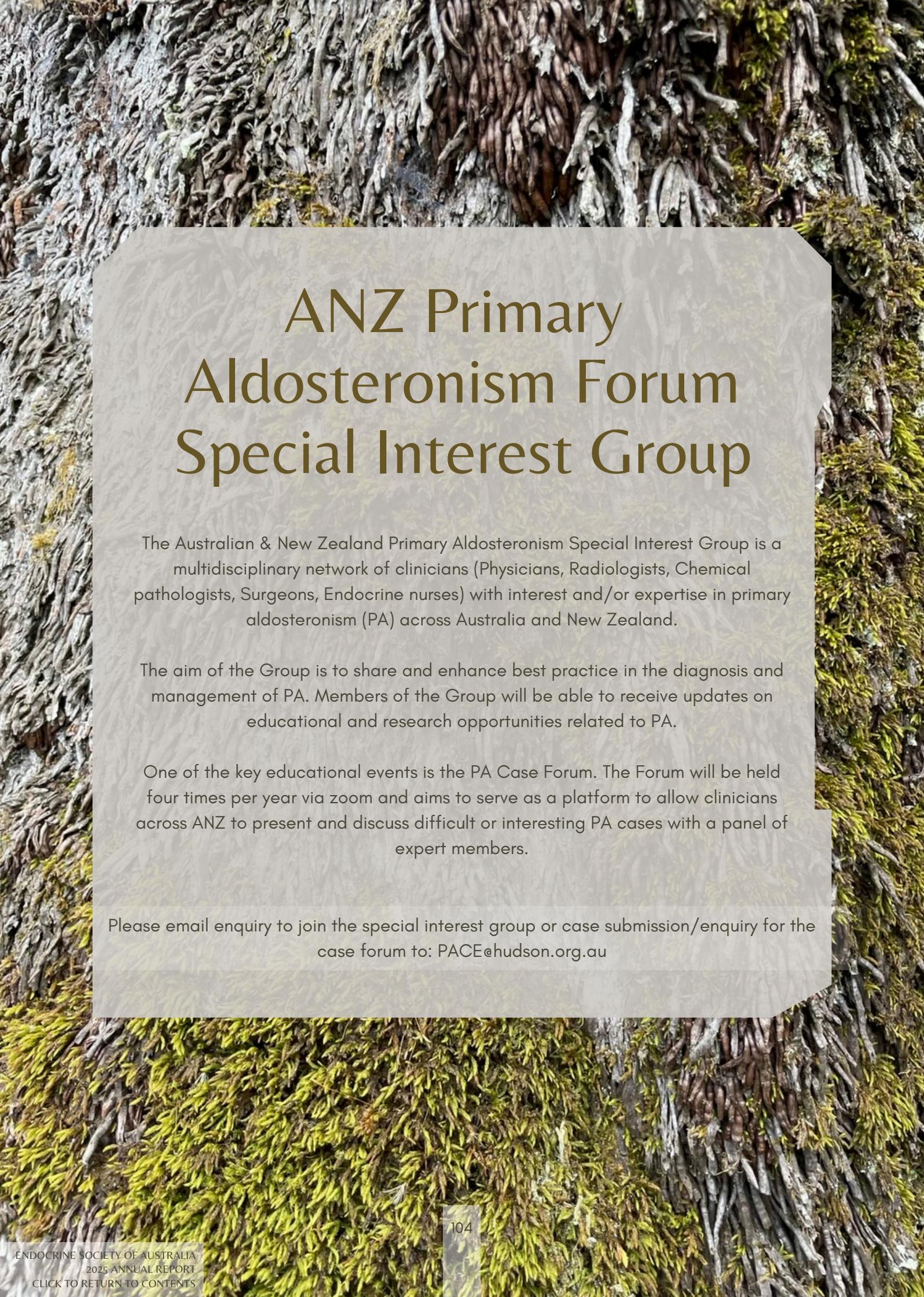
- Polycystic ovary syndrome (PCOS)
- Primary ovarian insufficiency (POI) and Early menopause (EM)
- Congenital adrenal hyperplasia (CAH) in women
- Pregnancy-related endocrine disorders
- Contraceptive endocrinology and metabolic effects

We provide an essential forum for knowledge exchange, research collaboration, and practice innovation. Through educational initiatives, research networks, conference programming, and mentorship opportunities, we're building a community dedicated to excellence in women's health endocrinology.

Whether your interest lies in clinical innovation, translational research, or professional development, we invite you to join the ESA-WHE and help shape the future of endocrine care for women in Australia.

Advisor: Prof Helena Teede
Chair: Dr Chau Thien (Jillian) Tay

For further information or to join us, please contact esa.whesig@gmail.com

The background of the page is a close-up photograph of tree roots and moss. The roots are gnarled and greyish-brown, with some green moss growing on them. The overall texture is rough and natural.

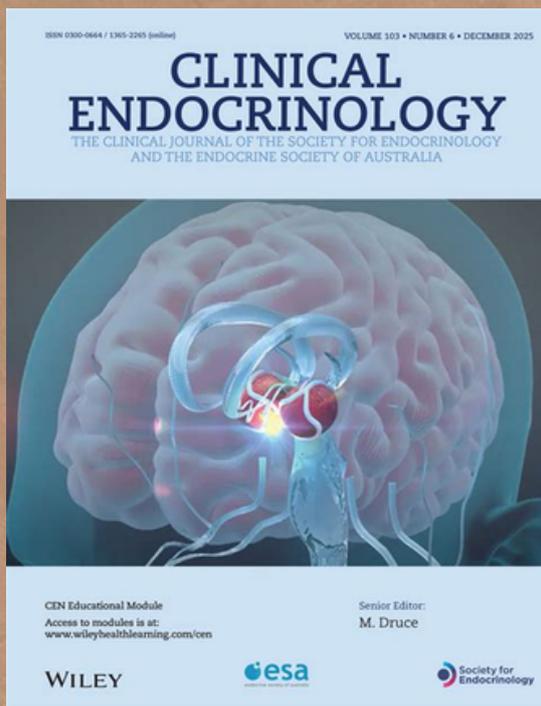
ANZ Primary Aldosteronism Forum Special Interest Group

The Australian & New Zealand Primary Aldosteronism Special Interest Group is a multidisciplinary network of clinicians (Physicians, Radiologists, Chemical pathologists, Surgeons, Endocrine nurses) with interest and/or expertise in primary aldosteronism (PA) across Australia and New Zealand.

The aim of the Group is to share and enhance best practice in the diagnosis and management of PA. Members of the Group will be able to receive updates on educational and research opportunities related to PA.

One of the key educational events is the PA Case Forum. The Forum will be held four times per year via zoom and aims to serve as a platform to allow clinicians across ANZ to present and discuss difficult or interesting PA cases with a panel of expert members.

Please email enquiry to join the special interest group or case submission/enquiry for the case forum to: PACE@hudson.org.au



Clinical Endocrinology

Clinical Endocrinology is published monthly by Wiley-Blackwell. It is a high-profile international journal with a 2024 Impact Factor of 3.9. It is the affiliated journal of the UK-based Society for Endocrinology and it has also been adopted as the official journal of the ESA.

Members can access the journal [here](#).

Benefits to ESA members:

- Free electronic access to the Journal, including original scientific papers and the two Review papers in each issue. This access extends to all previous papers published since 1972.

- Free access to the Journal's virtual issue of Clinical Questions. This provides expert opinions about specific clinical issues.
- Access to a virtual issue of the most downloaded papers published each year, including many Reviews, the Editors' Choice papers and some Society Guidelines. Further compilations of articles are planned to assist trainees with Journal Club presentations etc.
- Publication of abstracts of the Annual Scientific Meeting, giving the abstracts the recognition of a publication.
- Greater recognition for clinical members of ESA, as invitees for submission of Reviews and Clinical Questions, Commentaries etc.

Other benefits are likely to result as the partnership evolves, including:

- Clinical Endocrinology has a proposal for the ESA Council to provide a prize for the best clinical case presented by a trainee at the Clinical Weekend meeting. This offers the opportunity for a trainee to see their presentation in print.
- A number of other proposals are in the pipeline, which are designed to provide benefit to members of the ESA in the broader educational area.



Journal of Endocrinology

Journal of Endocrinology is an official journal of the Society for Endocrinology and is endorsed by the Endocrine Society of Australia.

Journal of Endocrinology publishes original research articles, reviews and science guidelines. Its focus is on endocrine physiology and metabolism, including hormone secretion, hormone action and biological effects.

The journal publishes basic and translational studies at the organ, tissue and whole organism level.

Alongside the core endocrinology topics, the journal also encourages submissions on cardiovascular, muscle and renal endocrinology as well as submissions on the immune system where this impacts the endocrine system.

Journal of Endocrinology has a 2021 Impact Factor of 3.9.

Benefits to ESA members:

- Members of ESA are entitled to 25% discount on colour and data charges when their paper is accepted for publication in the Journal of Endocrinology.

Website: joe.bioscientifica.com



Journal of Molecular Endocrinology

Journal of Molecular Endocrinology is an official journal of the [Society for Endocrinology](#) and is endorsed by the Endocrine Society of Australia.

The journal focuses on molecular and cellular mechanisms in endocrinology, including gene regulation, cell biology, signalling, mutations, transgenics, hormone-dependant cancers and nuclear receptors.

Basic and pathophysiological studies at the molecule and cell level are considered, as well as human sample studies where this is the experimental model of choice.

Technique studies including Omics, CRISPR or gene editing are also encouraged, provided they are set within a larger endocrinology context.

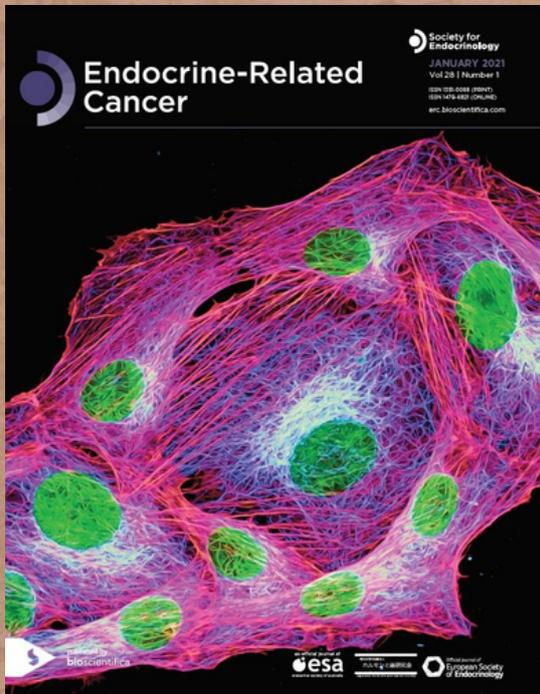
Alongside the core endocrinology topics, the journal also encourages comprehensive mechanistic studies on cardiovascular, muscle and renal endocrinology as well as submissions on the immune system impact on the endocrine system.

Journal of Molecular Endocrinology has a 2024 Impact Factor of 3.8.

Benefits to ESA members:

- Members of ESA are entitled to a 25% discount on colour and data charges when their paper is accepted for publication in the Journal of Molecular Endocrinology.

Website: jme.bioscientifica.com



Endocrine Related Cancer

Endocrine-Related Cancer is an official journal of the Society for Endocrinology and is endorsed by the Endocrine Society of Australia.

The journal provides a unique international forum for the publication of high-quality original articles describing novel, cutting-edge basic laboratory, translational and clinical investigations of human health and disease.

Endocrine-Related Cancer focuses on endocrine neoplasias and hormone-dependent cancers; and for the publication of authoritative review articles in these topics.

Endocrine neoplasias include adrenal cortex, breast, multiple endocrine neoplasia, neuroendocrine tumours, ovary, prostate, paraganglioma, parathyroid, pheochromocytoma pituitary, testes, thyroid and hormone-dependent cancers.

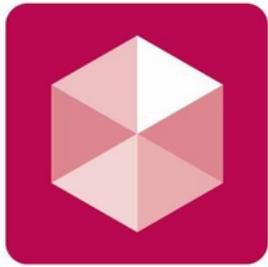
Neoplasias affecting metabolism and energy production such as bladder, bone, kidney, lung, and head and neck, are also considered.

Endocrine-Related Cancer has a 2024 Impact Factor of 4.6.

Benefits to ESA members:

- Members of ESA are entitled to a 25% discount on colour and data charges when their paper is accepted for publication in Endocrine-Related Cancer.

Website: erc.bioscientifica.com



Endocrinology, Diabetes & Metabolism **CASE REPORTS**

Endocrinology, Diabetes & Metabolism Case Reports / EDM Case Reports

Through a collaboration with Bioscientifica, ESA endorses the open-access publication, [Endocrinology, Diabetes & Metabolism Case Reports](#).

Endocrinology, Diabetes & Metabolism Case Reports publishes case reports on common and rare conditions in all areas of clinical endocrinology, diabetes and metabolism.

Articles include clear learning points which readers can use to inform medical education or clinical practice. This resource enables practitioners to communicate findings, share knowledge and convey medical experiences efficiently and effectively.

Benefits to ESA members:

- Members of ESA receive a 25% discount on the Article Publication Charge (APC) when their paper is accepted for publication in EDM Case Reports.
- Furthermore, ESA conference delegates whose case reports are accepted as part of those conferences are entitled to a 20% discount on the APC if re-submitted and found acceptable by EDM Case Reports.

Submit online via:
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Australian Endocrinology Research Review is an independent medical update.

Each edition features 10 key medical articles from global endocrinology journals with commentary from Professor Mathis Grossman on why it matters to Australian practice.

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Website:

<http://www.researchreview.com.au/au/Clinical-Area/Internal-Medicine/Diabetes-Obesity/Endocrinology.aspx>

14

UPCOMING EVENTS

ESA SEMINAR 2026
 QT GOLD COAST | 8-10 MAY 2026

esa
 endocrine society of australia

www.esaseminar.org.au

ESA CLINICAL WEEKEND 2026
 30 October - 1 November 2026 | Sofitel Wentworth, Sydney

esa
 endocrine society of australia

ESA-SRB-NZSE 2026
 1-4 NOV 2026
 ICC SYDNEY

In conjunction with ENSA & in association with the 5th International Symposium on CaSR



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