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 THE NEWSLETTER OF THE EUROPEAN SOCIETY OF ENDOCRINOLOGY –

 THE EUROPEAN HORMONE SOCIETY

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ECE 2015: Welcome to Ireland!

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In the footsteps of giants

The Endo Explorer visits the Adenoma Valley

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This document is available on the ESE website,

www.ese-hormones.org

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Editorial

Ireland awaits, as your colleagues on 'the Emerald Isle' prepare for your imminent arrival for the 17th European Congress of Endocrinology!

And what a host of endocrine highlights you can expect. The feast of prize lectures includes the inaugural European Hormone Medal Lecture. This is the most prestigious medal bestowed by ESE, and is particularly special as its recipient has been chosen by the members of the ESE Council of Affiliated Societies (ECAS). Turn to pages 6 and 7 to learn more.

You will also enjoy listening to Carlos Dieguez, the Geoffrey Harris Prize Lecturer, Robert Semple, the *European Journal of Endocrinology* Prize Lecturer, and Andrew Hattersley, the inaugural Clinical Endocrinology Trust Award Lecturer. We are particularly honoured to host the Fondation Ipsen Prize Lecturer, renowned US researcher C Ronald Kahn, who will discuss insulin signalling and action.

These are just a few of the plenary lectures that are taking place, alongside a programme packed with innovation, in a location that is sure to prove exciting and stimulating. Read more about the Congress highlights from Wiebke Arlt and her colleagues on page 7, and learn about



Ireland and its endocrinologists elsewhere in the issue, starting with an introduction from Chris Thompson on page 3.

Adrian Daly may no longer live in Ireland but, as you can read on page 9, his move to Belgium has allowed him to enhance his study of all things pituitary, including that most famous of Irish endocrine conditions, gigantism. On page 10, Wouter de Herder takes a look at the history of the Irish giants, which extends back into legend.

Accompanying this issue, you will find an exciting new supplement, *ESE News Insight*, based on the proceedings of the recent 5th Annual European Meeting on the Management of Acromegaly. We hope you enjoy it. Let us have your ideas for future supplement topics.

So, do not delay, now is the time to reserve your place at ECE 2015 and to submit your abstracts (by 2 February), so that we can once again meet, collaborate and enjoy the best of European endocrinology! I look forward to seeing you there.

Philippe Bouchard ESE President Co-Editor of *ESE News*

From the ESE office



In my first update to you, I'd like to introduce myself as ESE's General Manager – a role I have been proud to have for almost 2 years.

I work closely with the ESE Officers to ensure the Society reaches its goals and provides you, its members, with the support you need to enrich the discipline of endocrinology. I have worked with ESE since its inception, and before that was involved in the European Federation of Endocrine Societies – a period of 15 years in total. ESE is supported by a close-knit and experienced team. Alongside me I have Andrea Davis (ESE Society Services Officer), Liz Stone (ESE Membership and Committees Co-ordinator) and Aruna Mistry (ESE Team Assistant).

Our activities currently focus on developing ESE's educational strategy (with the ESE Education Committee), supporting the new ESE Council of Affiliated Societies and establishing novel pan-European projects, such as the potential dual membership initiative – not forgetting the organisation of a world class meeting at ECE 2015!

Please get in touch if you have any suggestions, via info@euro-endo.org.

Helen Gregson

ESE General Manager





Abstract deadline: 2 February 2015 Early bird registration:

23 March 2015

Street in the statement of sectors

View the video and details at www.ece2015.org



Don't miss 'the craic' in Dublin!

Dublin, the capital of Ireland, is the vibrant and exciting location of the 17th European Congress of Endocrinology. This 2012 European City of Science and former European City of Culture is a real seat of learning, and boasts four universities, including the renowned Trinity College (founded 1592) and University College (founded 1854).

You can enjoy the facilities of the modern and impressive Convention Centre, while you meet friends old and new and catch up with the latest news in endocrinology. Your posters will be centre stage in the exhibition, and you will be able to benefit from audio-enhanced guided tours, as well as e-poster presentations.

Importantly, the Convention Centre's position on the banks of the River Liffey is within easy walking distance of the city centre. As part of the exciting social programme, you can experience a visit to the world famous Guinness factory, the venue for the Congress's essential social networking evening.

Though now firmly focused on the future, Dublin is an historic city, with a proud medical tradition. The Congress venue lies close to the Royal College of Physicians of Ireland, associated with many famous Irish physicians. Of these, the most well known in endocrinology is undoubtedly Robert Graves (1796–1853), after whom the thyroid disorder is named. Along with others including Sir Dominic Corrigan, Robert Adams and William Stokes (all particularly



remembered for their work in cardiac disease), Abraham Colles, William Wilde and Sir Henry Marsh, Graves established the high profile of Irish medicine in the 19th century that continues to this day.

Modern endocrinologists of course work in all manner of settings around the globe, and opportunities such as ECE are vital to ensure collaboration and networking for the benefit of our discipline and our patients. So, make sure you take this chance to come to Dublin, and, as we say in Ireland, 'Céad míle fáilte', or 100 000 welcomes!

Chris Thompson Mark Sherlock Local Organising Committee, ECE 2015

A welcome from the Irish Endocrine Society

100

Established in 1977, the Society is the professional body representing endocrinology and diabetes in both the Republic of Ireland and Northern Ireland. Though largely based in Ireland, our membership also extends to other countries. As well as endocrinologists and trainees, we have members from allied health professions, including diabetes specialist nurses, dieticians and clinical and non-clinical scientists.

The Society is currently led by President Tim O'Brien and Honorary Secretary Steven Hunter, supported by a committee. Our diabetes section or subcommittee has an advocacy role in diabetes care.

The Society's principle function is to provide education, training and sharing of ideas and practice, by means of two meetings each year. Our annual scientific meeting includes a keynote address from an invited overseas endocrinologist and an invited lecture from a local specialist. Our annual study day features updates from local and invited speakers, with case presentations by trainees.

We nurture the next generation of endocrinologists through medical student awards, and engage with training bodies and promote research through research grants. Our recently introduced lifetime achievement award recognises the major contributions of long-standing members; the first two recipients were David Hadden and Joe McKenna.

The Irish Endocrine Society is delighted to be the host society for ECE 2015. We look forward to seeing you all in Dublin!

Tim O'Brien Steven Hunter

Communication goes from strength to strength

Communication with you, our members, is the key to ESE's success. This is particularly important in a Society as diverse as ours. We launched *ESE News* as our initial communication channel in 2006. More recently we established the popular daily news alerts to communicate the latest developments in endocrinology.

As a source of more in depth information, the plenary lectures from ECE 2014 are now available to you online, so enabling members who were unable to attend to capture the highlights. We aim to keep you informed about smaller, more specialised conferences by giving you access to short reports on the latest developments.



Our flagship publication, European Journal of Endocrinology, is thriving. It has broadened its scope and enriched its very active Editorial Board with members from all continents. These changes,

implemented under the leadership of Hans Romijn as Editor-in-Chief, have resulted in a substantial increase in its impact factor. From 2015, the journal has a new cover design (pictured).

Online publishing becomes increasingly important. In June 2012, we established a successful online, open access journal, *Endocrine Connections*, jointly with the Society for Endocrinology, led by Jens Sandahl Christiansen as Editor-in-Chief. Its recent listing in PubMed has resulted in a further increase in contributions.

If you are interested in improving ESE's communications and have relevant experience, consider joining our new Communications Working Group, which will ensure current and future activities best meet the needs of members and the wider community. Please contact info@euro-endo.org.

Georg Brabant Chair, Publishing and Communications Committee



Success at EndoBridge

EndoBridge is a unique initiative, spanning the world of endocrinology. The idea of Bulent Yildiz, General Secretary of the Society of Endocrinology and Metabolism of Turkey (SEMT), it is now jointly organised by SEMT, ESE and the Endocrine Society.

The 2nd Annual EndoBridge Meeting in Antalya, Turkey, on 23–26 October, attracted over 400 delegates from 35 countries. It provided a full update across the breadth of endocrinology, and an opportunity to share experience among peers and with leading experts. The 3-day programme

George Mastorakos



We warmly welcome George Mastorakos as ECAS (ESE Council of Affiliated Societies) representative

on the ESE Executive Committee. George is keen to hear from all ESE members, with your ideas to help shape the Society's future. Please contact him at info@euro-endo.org.

Applications invited for Editor-in-Chief

Journal of Endocrinology and Journal of Molecular Endocrinology are two of ESE's official journals. They are led by a single Editor-in-Chief and joint Editorial Board. A new Editorin-Chief is sought for a 5-year term starting in August 2015. Applications should be submitted by **1 February 2015**. For further information see www.bioscientifica.com/ jobs/2014-11_editor-in-chief.pdf. included 23 state of the art lectures and 16 interactive case discussion sessions, with simultaneous translation into Turkish, Russian and Arabic.

In 2015, you can take part in the 3rd Annual EndoBridge Meeting in Antalya, Turkey on 15–18 October. See www.endobridge.org for further details.

NEW Clinical Endocrinology Trust Award

This annual award for research in endocrinology at the forefront of clinical practice is sponsored by the Clinical Endocrinology Trust. The winner receives a prize medal and €2500, and delivers a lecture at the European Congress of Endocrinology. See www.ese-hormones.org/ prizes/cet.aspx to find out how to make nominations, which must be submitted by **31 January** each year.

ESE News Insight



This exciting new publication is enclosed with your issue of *ESE News*. It is the first in a series of occasional supplements providing expert perspectives from

conferences, therapy updates and educational reviews. We hope you enjoy it! Send your ideas for topics or events for inclusion in *ESE News Insight* to info@euro-endo.org.

Sex, drugs and ECE

Young endocrinologists are setting out for Dublin...



If you are a young endocrinologist, you should keep your 'EYES' open for the invigorating European Young Endocrine Scientists' symposium at ECE 2015 in Dublin!

Entitled 'Sex, drugs and rocking hormones', the symposium will take place on Sunday 17 May at 15.45–17.15. As well as providing an overview of EYES, it will feature four unconventional talks from some of Europe's leading endocrinologists. These include Bojana Popovic (Belgrade, Serbia), the winner of the Best Presenter Award from the EYES Annual Meeting in Belgrade in September 2014. Those under 35 years of age, and the young at heart, will enjoy the unique social event that follows. To learn more about EYES and its activities at ECE 2015 see www.ece2015.org or www.ese-hormones.org/about/ committees/EYES.aspx.

To receive the latest news and updates remember to register for the EYES forum at http://eyes.forumatic.com.

We look forward to seeing you in Dublin!

Jovana Kaludjerovic and Max Bielohuby on behalf of the EYES Board



Pictured at the recent EYES Board meeting are (L–R): Daniele Santi (EnGiol, Italy), Gefsi Mintziori (Greece), Carmelo Quarta (Italy), Anneke van de Beukel (The Netherlands), Tatjana Isailovic (Serbia), Max Bielohuby (Germany), Filip Gabalec (Czech Republic) and Dominik Schulte (Germany)

Join in the conversation!

Make your way to the EYES forum at:

http://eyes.forumatic.com

Russian Society of Young Endocrine Scientists (SYS)

SYS was founded in 2008 in Moscow as an initiative of the National Research Centre for Endocrinology, the biggest endocrine institution in Russia. It is supported by the Russian Association of Endocrinology, and the President of SYS is Dmitriy Atarschikov, a senior researcher at the Centre.

The main goal of SYS is to unite young people who are interested in hormones, internal medicine, biology, genetics and biochemistry, as well as to integrate clinical and basic research and to strengthen collaboration between fellow scientists within the country.

SYS is steadily growing and currently has about 60 members. The official meeting of SYS usually takes place in December. Postgraduate and PhD students from across the country have an opportunity to



prepare a presentation, give a talk and take part in discussion. Medical students are also interested in this event, and SYS looks forward to encouraging their participation in the network. Since 2013, SYS sessions have also been held at the Russian Congress of Endocrinology. The meeting comprises both oral and poster presentations. The 2014 event which took place in Moscow was hugely successful, with invitations extended to colleagues across Europe, and many exciting talks.

Members of SYS have participated in meetings of EYES and YARE (Young Active Research in Endocrinology), and some are also members of ESE, the European Society of Paediatric Endocrinology, the European Neuroendocrine Association and the American Diabetes Association.

SYS looks forward to improving international collaborations, making new friends, meeting colleagues and becoming a noticeable part of the endocrine world!



ECAS in action: the European Hormone Medal From your Science Committee

As one of its first activities, the newly founded ESE Council of Affiliated Societies (ECAS) has established a new medal, to honour excellence in European endocrine science. The European Hormone Medal will be the highest distinction bestowed by ESE upon a scientist who has made important contributions to clinical or basic endocrine science.

The award comprises a medal and a certificate. It will be presented annually, normally on the occasion of the European Congress of Endocrinology, where the recipient will also be invited to present one of the main lectures. The inaugural European Hormone Medal will be awarded at the 17th European Congress of Endocrinology in Dublin.

Nominations for recipients of the first award were solicited from members of ECAS and from the Chair of the Jury (an ESE Executive Committee member appointed by the ESE President, on this occasion myself as Chair of the ESE Science Committee). We received nominations for several outstanding scientists. As Chair of the Jury, I constructed, following consultation with the Science Committee, a shortlist of candidates, which was then put forward for a vote by members of the ECAS Committee.

We are delighted to announce that Sir Stephen O'Rahilly (Cambridge, UK; pictured) will be the first recipient of the European Hormone Medal, and that he



will deliver a lecture during ECE 2015 in his home country of Ireland next May. We keenly anticipate that presentation of the European Hormone Medal will form an important and prestigious tradition at future European Congresses of Endocrinology.

Ilpo Huhtaniemi Science Committee Chair

Partners in care: networking with patient support groups Clinical Committee Update



As we approach ECE 2015 in Dublin, we anticipate further successful and exciting sessions for endocrine nurses. One of the highlights of the nurses' events at ECE 2014 was the networking session focusing on improving clinicians' collaboration with patients and their families (pictured).

We invited patient support groups (PSGs) in endocrinology to attend and were privileged to have representatives from eight PSGs from Europe and USA. Two patients gave presentations. Arlene Smyth from the Turner Syndrome Support Society (UK) spoke about the challenges of running the group and their recent achievement in launching Turner Syndrome International. Muriel Marks de Korver from the Dutch Addison's and Cushing's Support Group talked about her journey from initial symptoms to diagnosis and the collaboration between physicians, nurses and her PSG to improve patient care.

This was followed by constructive discussions about working together more effectively. Most of the PSGs work with nurses and physicians in their countries to develop educational materials and organise events.



However, the need for cross-country collaborations to share best practice and to utilise each other's resources became apparent, and all delegates viewed ESE as a key organisation in helping PSGs and clinicians to achieve this goal.

Feedback showed how appreciative the PSGs were of being invited. The PSG representatives reported that the information they received was helpful to their practice and that they found the group discussions and stands valuable in generating ideas and learning from one another.

We hope this is the start of a strong international collaboration with PSGs to improve awareness of endocrine conditions.

Judith van Eck and Sofia Llahana Members of the ESE Nurses' Working Group

Find out more at www.ese-hormones.org/nurse.



Become inspired in Ireland!

A programme of innovation and excitement will greet you at ECE 2015 in Dublin.

The forthcoming 17th European Congress of Endocrinology embraces innovation in many ways. It is the first to see Clinical and Basic Co-Chairs working with the overall Chair of the Programme Organising Committee (POC), to provide you with the best of both worlds. The many translational symposia are sure to attract a mixed audience of clinical practitioners, clinician scientists and basic scientists in endocrinology.

Alongside existing popular formats, such as 'Meet the Expert' sessions covering state of the art endocrine practice, ECE 2015 sees novel 'New Scientific Approaches' events. Attend these to ensure you are up to date with the latest research technologies, including handling 'big data' and the novel CRISPR approach to knocking out gene function.

We have organised a grand total of 34 symposia. Three are dedicated to endocrine nurses and two to the European Young Endocrine Scientists. One features past and present European recipients of the International Endocrine Scholar Programme award, which promotes the career development of young endocrinologists from around the globe.

Connecting diabetes, obesity and cancer

Retrospective analyses have revealed that a major subset of cancer-related deaths in the USA and Europe (including breast, endometrial, colorectal and pancreatic), correlate with obesity and type 2 diabetes. A number of possible connections between obesity, diabetes and cancer have been suggested, including inflammation and changes in the microbiome. Another likely connection is the elevation in serum insulin that correlates with obesity-induced insulin resistance. Many tumours express high levels of insulin and/or IGF1 receptors and, in this context, high serum insulin can activate phosphoinositide 3-kinase (PI3K), one of the most highly mutated oncogenes in human cancers. My lecture will discuss biochemical connections linking insulin elevation, PI3K and cancers.

Lewis C Cantley Plenary Lecturer You can learn about the three newly completed guidelines sponsored by ESE in a dedicated guideline session. A debate, discussing the pros and cons of the European and US approaches to management of hyponatraemia, promises exciting exchanges and shouldn't be missed!

Carlos Dieguez, Robert Semple and Andrew Hattersley will deliver their prestigious prize lectures, alongside an exciting range of other plenary lecturers. We are fortunate to host the Fondation Ipsen Prize Lecturer, renowned US metabolic researcher C Ronald Kahn. Excitingly, another world leader in metabolism research, Sir Stephen O'Rahilly, is the inaugural recipient of ESE's most prestigious award, the European Hormone Medal. His selection is especially significant as he was born and bred in Ireland.

So come to one of Europe's most iconic and vibrant cities, to enjoy a highly interactive programme featuring the very best of endocrinology.

We look forward meeting you in Dublin!

Wiebke Arlt, Chair, POC Felix Beuschlein, Clinical Co-chair, POC Jenny Visser, Basic Science Co-chair, POC

Insulin action in metabolic disease

Although 'insulin resistance' and its consequences are among the commonest endocrine derangements seen in clinical practice, insulin resistance is usually defined solely with reference to glucose metabolism, masking significant clinical and biochemical heterogeneity. Instead of seeking to group insulin resistant disorders, in my talk I will separate and discuss known forms of insulin resistance caused by single gene mutations, especially those in the insulin signalling pathway, and use these to shed new light on the mechanisms linking insulin resistance to its many related diseases.

Robert Semple E/E Prize Lecturer





Exciting ESE prize lectures

European Hormone Medal Lecture Sir Stephen O'Rahilly (UK)



Geoffrey Harris Prize Lecture

Carlos Dieguez (Spain) Understanding energy sensors, understanding neuroendocrine function

European Journal of

Endocrinology Prize Lecture Robert Semple (UK) Insulin action in common metabolic

Insulin action in common metabolic disease: too little, too much, or both?

Clinical Endocrinology

Trust Award Lecture Andrew Hattersley (UK) From base change to better care in diabetes



plus the prestigious Fondation Ipsen Prize Lecture

C Ronald Kahn (USA) Insulin signalling and action

and many other plenary sessions besides!

Editor's Selection

Castration-induced bone loss and prostate cancer metastases



Most patients with castrationresistant prostate cancer develop bone metastases, generally having had androgen deprivation therapy. Using an *in vivo*

mouse model, Ottewell *et al.* showed that castration triggered growth of disseminated hormone-insensitive PC3 prostate cancer cells to form metastases in 70% of the animals, while only 10% of sham-operated animals showed long bone tumours. Weekly zoledronic acid (100 mg/kg) prevented castrationinduced tumour growth in bone and increased bone volume, but did not eliminate disseminated tumour cells.

This supports use of zoledronic acid in prostate cancer at the time of androgen ablation to prevent relapse in bone.

Read the full article in Endocrine-Related Cancer **21** 769–781

HDAC3 inhibition and PPAR- γ activation by acetylation



proliferatoractivated receptor (PPAR)-γ function is regulated by ligands like thiazolidinediones (TZDs) and post-translational modifications.

Peroxisome

Jiang et al. report that PPAR-y is modified by acetylation, inducing PPAR-γ function in the absence of external ligand. Histone deacetylase 3 (HDAC3) deacetylated PPAR-y. Inhibition of HDAC3 enhanced expression of PPAR-γ target genes, and was associated with increased glucose uptake and insulin signalling in adipocytes. In the absence of TZDs, acetylation from HDAC3 inhibition was sufficient to induce transcriptional activity of PPAR-y. Treatment of diet-induced obese mice with HDAC3 inhibitor or pioglitazone for 2 weeks significantly improved high fat diet-induced insulin resistance. HDAC3 inhibitor may be a PPAR-γ activator for improvement of insulin sensitivity.

Read the full article in *Journal of Molecular* Endocrinology **53** 191–200

Diabetes, ischaemic heart disease, depressive mood and quality of life



Psychosocial stress is increased in either diabetes or ischaemic heart disease (IHD). Bergmann *et al.* assessed whether patients with both

conditions (n=47) demonstrated a higher degree of chronic stress when compared with IHD alone (n=314).

Patients with both had a higher major depression inventory score, a lower SF-36 physical component summary score, and a lower score of several sub-measurements of the SF-36 mental component score when compared with those with IHD alone.

The combination of diabetes and IHD seems associated with increased depressive symptoms and lower quality of life compared with the presence only of IHD.

Read the full article in Endocrine Connections **3** 156–160

Dual-release hydrocortisone in adrenal insufficiency

Dual-release hydrocortisone (DR-HC; Plenadren) administered once daily consists of an immediate-release coating surrounding an extended-release core. This provides high plasma levels of cortisol in the morning, followed by a gradual decrease throughout the day. Nilsson et al. report the largest and longest prospective trial of the safety of glucocorticoid replacement therapy in primary adrenal insufficiency (Addison's disease). The short-term safety profile did not differ from conventional thricedaily hydrocortisone (n=64, 3 months' hydrocortisone vs 3 months' DR-HC), and long-term safety remained stable in terms of reported adverse events and increased hydrocortisone use due to intercurrent illnesses (n=16, 18 months' DR-HC). Long term maintenance treatment of DR-HC appears well tolerated.

Progesterone-induced decorin in suppression of endometriosis



Decorin, a stromal proteoglycan, is a powerful endogenous tumour repressor acting in a paracrine fashion to limit tumour growth.

Ono *et al.* examined the effects of dienogest, a fourth-generation progestin without any systemic androgenic activity, on *in vitro* proliferation of human endometrial epithelial and stromal cells, and evaluated how decorin contributes to this effect. Dienogest and decorin both inhibited cell growth in a dose-dependent manner.

Decorin induced by dienogest appears to play a crucial role in suppressing endometriosis by exerting antiproliferative effects and inducing cell cycle arrest via p21 production in human ectopic endometrial cells and eutopic endometrial stromal cells.

Read the full article in Journal of Endocrinology **223** 203–216



Read the full article in European Journal of Endocrinology **171** 369–377

J A Romijn

Editor-in-Chief of *European Journal of Endocrinology*, Department of Medicine, Academic Medical Center, University of Amsterdam, The Netherlands j.a.romijn@amc.uva.nl

The Endo Explorer

Rather than head to traditional Irish enclaves in the UK or USA, Adrian Daly made the move from Dublin to Wallonia in Belgium. Now at the Centre Hospitalier Universitaire de Liège, he relates his experience as 'An Irishman in the Adenoma Valley'...

Our research focuses largely on the characteristics and genetics of pituitary disorders, particularly adenomas. As with all rare conditions, research is facilitated by knowing the patients well and being able to collect sufficient numbers to make some clinically useful observations.

On first joining the department over a decade ago, I recall driving through the surrounding area with our Chief, Professor Albert Beckers, while he kept a running commentary of his pituitary adenoma patients in the countryside we passed. This region he dubbed 'the Adenoma Valley'. It provided the spark to study pituitary adenoma epidemiology in Liège, which proved that the Adenoma Valley was not a strange genetic cluster, but reflected the true prevalence of these tumours.

Similarly, many of our research projects begin with an interesting patient seen at our clinic, who is then taken forward in close partnership with our network of clinical collaborators across the world. This is assisted by the department's peculiarly international make up, where a dozen nationalities are commonly represented.

FIPA and beyond

Our main collaborative project concerns familial isolated pituitary adenomas (FIPA), a condition first described in Liège in 1999. Its characterisation relied on combining the findings supplied by a generous global network of collaborators.

My work involves overseeing the collection and clinical/genomic analysis of FIPA families. This has allowed us to make clinically useful observations on FIPA and sporadic pituitary adenomas, including those caused by mutations in the *AIP* gene. I am fortunate to be undertaking endocrine genetic research at a time when the tools available are so powerful.

The main challenge we face is how to best harness the massive amounts of data that can be generated quickly and (relatively) cheaply. For this we rely not only on bioinformatics but also oldfashioned clinical observation, involving careful matching of similar rare disease phenotypes across a constellation of different families and cases. It's painstaking and often frustrating work, but when you do find a common thread uniting cases across the world, there is no better feeling.

For other areas of interest, such as the Liège Acromegaly Survey (>3000 patients), we have met the challenge of managing huge clinical datasets with statistical data-mining techniques developed by our departmental colleague, Patrick Petrossians. We are



looking at how to apply these techniques to other clinical conundrums in endocrinology.

The shoulders of giants

Our work has recently refocused on gigantism. Leading on from our studies of FIPA and AIP, we have set ourselves the task of increasing the prominence of gigantism as a clinical disease. Together with our collaborators, we have collected and characterised more than 200 patients with pituitary gigantism. The data generated from this project will, we hope, cast new light on the heavy burden this disease places on patients, and perhaps highlight some new understanding about its pathophysiology. We certainly are spending more time studying the shoulders of giants rather than standing on them these days!

I am looking forward to returning home to present our newest data at ECE 2015 in Dublin. We encourage all members of ESE and its affiliated societies to travel in great numbers to what promises to be a fantastic Congress.

Adrian Daly

Pictured are Adrian Daly and Albert Beckers (second from the right and far right respectively), with staff from the Endocrinology Department and research collaborators 7'10"

7'9"

7'8"

7'4"

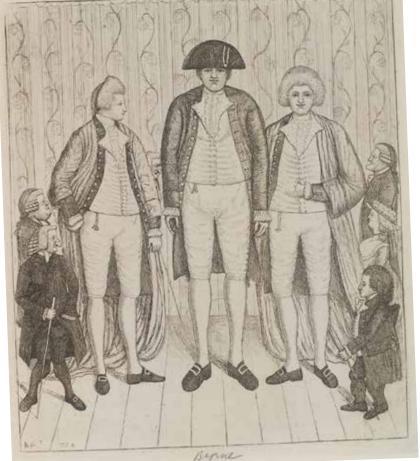
7'o"

In 2014, two famous acromegalic giants died shortly after one another. The first, Leonyd Stadnik, was born in 1970 in what is now Ukraine, and stood 231cm (7ft 7in) tall. The second was the less tall but better known American movie actor Richard Kiel (born 1939) who, at 217 cm (7ft 1.5in), will be remembered for his role as 'Jaws' in the James Bond movies The Spy Who Loved Me (1977) and Moonraker (1979).

Ireland was once the home of an exceptional high number of famous (pituitary) giants. It is even claimed that the legendary Irish king Brian Boru, who died in 1014, was a giant. The country's folklore is steeped in tales of giants, most famously of 'Finn McCool' who was held to have built the geological feature known as the Giant's Causeway.

Several historic Irish giants were named or, better, sometimes named themselves 'Murphy' (the most common Irish surname). Patrick Murphy, also known as 'The Irish Boy', was born in 1834 in the Mourne Mountains at Killowen and attained 222cm (7ft 3.4in). He had been 'officially' measured by Professor Rudolph Virchow from the Charité, Berlin, around 1860. He died in Marseilles, France, and was interred in the Kilbroney graveyard in 1862.

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James Hugh Murphy Jr was born in 1842 in Waterford and died in 1875 in Baltimore, MD, USA, having grown to 217cm (7ft 1.5 in). He was also known as 'The Irish Giant' and 'The Baltimore Giant'. He toured with the famous American showman Phineas Taylor Barnum. Attaining 218.5cm (7ft 2 in), 'Captain' Hugh Murphy was born in County Antrim in 1870. In 1897 he also went to the USA to become yet another 'Irish Giant' for Barnum's. Much earlier, there are records of the 'Portrush Giantess', Mary Murphy, who lived in the late 17th to early 18th century and measured 213.5cm (7ft).

Also in the 18th century, we hear of the Irish giant Cornelius Magrath, who was born in Tipperary in 1736. With a height of 226 cm (7ft 5 in), he became a huge star in London, UK. He died in 1760 in Dublin and, according to rumour, his body was stolen by student friends from Trinity College, where his bones remain on display.

Another once very famous Irish giant, Charles Byrne, was born in 1761 in Littlebridge and measured 231cm (7ft 7in). He also toured England and was known as 'O'Brien', as well as 'The Irish Giant'. He died in London in 1783. After his death, his body was stolen and later turned up in the private collection of the surgeon John Hunter. His skeleton remains on display at the Hunterian Museum at the Royal College of Surgeons in London.

In 2009, Márta Korbonits' team from the University of London extracted Byrne's DNA from his teeth, and showed that he had an *AIP* gene mutation. Their research has shown that Byrne shares this mutation with a number of Irish pituitary adenoma patients living today. (You can read more about the team's work at Chahal *et al.* 2011 *New England Journal of Medicine* **364** 43–45.) Furthermore, an etching of 1784 by John Kay (see left) shows Byrne with two twin giants named Knipe, who stood at 218.5cm (7ft 2in) and may have been cousins of Byrne!

So, as we travel to the 'land of giants' for ECE 2015, we should take note of this rich vein of inspiring historical interest to specialists in acromegaly, acromegalic gigantism and hereditary pituitary tumours.

Wouter W de Herder

Erasmus MC, Rotterdam, The Netherlands

© National Portrait Gallery, London



A Day in the Life of...

A Day in the life of... an Irish endocrinologist

06.45

-

-

2

I get up. There's another busy day ahead with the usual mixture of admin, medical teaching, running a clinical service, research and travel. I hurry to work so I can get started.

07.30

It's time for a quick catch up on paperwork and email!

08.00

Two days per week we have continuing medical education at 08.00, as well as a lunchtime session on another day. I like to attend as many of these as possible to keep my knowledge and skills up to date.

.....

09.00

I start clinical activities, which might be a routine ward round, or a round following a 24-hour period of on call for hospital medical admissions, or a clinic. At the moment I carry out on average three clinics per week, either at my base hospital or at another hospital in our district. I provide pregnancy and pre-pregnancy care for pregnant women with diabetes for our region with a population of 500 000. I also contribute to the clinical service for general diabetes and endocrinology. If I am doing a clinic at another hospital this takes the full day because of travel time.

13.00

Time (unfortunately not always really enough time) for a quick lunch and a further catch up on emails.

.....

13.30

I try to concentrate on teaching and research activities in the afternoon (and at night and at weekends!). I am the academic lead for our final year MBBChBAO medical programme. This involves a lot of planning around teaching content, student feedback, completion of logbooks and end of year assessments. These are always evolving as medical knowledge and educational pedagogy changes. In addition, we provide mentoring and pastoral care for all our students.

I also run an active research programme on diabetes in pregnancy (Atlantic DIP) and try to have a weekly meeting with research staff, at which we plan ongoing and future research activities, look at and discuss academic papers in preparation, and continue with an ongoing stream of grant application preparation to generate research income for future work. My research group and I target a number of key national and



international meetings annually, at which we present our work. I try to make use of the opportunity at these meetings to meet with collaborators and develop new collaborations.

Since 2013 I have been on the Executive Board of the Irish Medical Council. This involves 2 days of meetings on alternate months in Dublin, with about 8 hours of reading per week in preparation. Although time-consuming, I find this work rewarding as I feel I contribute to upholding high standards in education and clinical practice.

18.00

Before I leave my office in the evening I tidy up my desk, answer final emails, check my deliverables for that day and make my 'to do' list for the following day. I always keep a jotter so that I can keep track of things. It allows me the opportunity to write things down when I get an idea about a research question or a change in educational practice.

18.30

When I get home, I prepare dinner for myself and family members. We have a chat about everyone's day and I catch up on a few household chores.

.....

20.30

I generally open my laptop for another hour or two before retiring.

23.00

I'm usually in bed by now. I like to have a good novel on the go which I read for half an hour before turning out the lights. I sleep soundly!

Fidelma Dunne

Consultant Endocrinologist, Galway University Hospitals

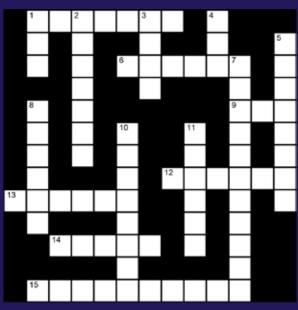




Coffee Break



Send us your solutions to this topical puzzle for your chance to win one of three \in 20 Amazon vouchers! Let us have your answers, along with your name and email address, by emailing them to info@euro-endo.org or faxing them to 0044 1454 642222.



Congratulations to William Colledge (Cambridge, UK), Raghuvansh Kumar (Punjab, India) and Bilal Mughal (Paris, France), last issue's winners.

Answers to the puzzle in issue 25

ACROSS 2. Adipocyte, 4. Codon, 5. Dublin, 6. PCOS, 7. FSH, 9. Graves, 12. HRT, 13. Landsteiner, 14. Iron, 16. Calcitonin DOWN 1. Acromegaly, 2. Angiotensin, 3. Orbit, 8. Histamine, 10. Bone, 11. Ghrelin, 15. Wnt

Endo Prize Puzzle

Across

- Patron saint of Ireland, celebrated on 17 March (7)
- 6 Novel approach for gene knockouts (abbrev.) (6)
- 9 Ratio of a patient's mass to the square of their height (abbrev.) (3)
- 12 Atom-splitting Irish Nobel Laureate in physics (6)
- **13** Birthplace of Oscar Wilde (6)
- 14 _____, white and orange: Irish flag (5)
- **15** Author of *Finnegan's Wake* and inventor of the sub-atomic term 'quark'! (5,5)

Down

- 84-amino acid polypeptide that increases blood Ca²⁺ (abbrev) (3)
- 2 Oldest college in Dublin (7)
- Ireland's second city (used as a bottle stopper?) (4)
- 4 Mutated gene in Irish giants (3)
- 5 JFK suffered from this endocrine condition (8)
- 7 Father of Irish chemistry (6,5)
- 8 *Phytophthora*, genus of _____ causing Irish potato famine (6)
- 10 Dark Irish beer (8)
- 11 Exophthalamos is a symptom of this disease (6)

Did you know?

In 1937, painter and writer Percy Wyndham Lewis (1882–1957) started producing red portraits. This radical change in his style can be explained by the effects of a large chromophobic pituitary adenoma, identified at autopsy 20 years later, when it had reduced the thickness of his posterior optic chiasma to that of a sheet of paper. This tumour probably first produced partial damage to the visual pathways causing colour-field loss before finally – to Lewis's despair – causing him to go blind in 1951. His brain, complete with tumour, was preserved in the Pathological Museum at Westminster Hospital, London,



along with clinical notes dating the beginnings of his visual problems to some 20 years before his death.

Further reading

Conway JF 1988 *Eye* 2 677–681. Fullana MF 2009 *Archives of the Spanish Society of Ophthalmology* **84** 483–484. (In Spanish.)

Save the Dates!

For more information about any ESE event see www.ese-hormones.org/meetings.

16th ESE Postgraduate Training Course on Endocrinology, Diabetes and Metabolism

12–15 February 2015 Athens, Greece

ESE Basic Endocrinology Course: Reproductive Endocrinology

18–20 February 2015 Edinburgh, UK



17th European Congress of Endocrinology (ECE 2015)

16–20 May 2015 Dublin, Ireland

18th European Congress of Endocrinology (ECE 2016)

28 May–1 June 2016 Munich, Germany

Deadlines:

31 January 2015 Clinical Endocrinology Trust Award 2016 – nomination deadline

1 February 2015 JOE/JME Editor-in-Chief – application deadline

2 February 2015 ECE 2015 – abstract deadline

28 February 2015 Geoffrey Harris and European Journal of Endocrinology Prizes 2016 – nomination deadline

20 March 2015 ESE Meeting Grant – applications for ECE 2015

23 March 2015 ECE 2015 – early bird registration deadline

31 March 2015 ESE Small Meeting Grant – application deadline

31 May 2015 ESE Short-Term Fellowship – application deadline

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