

The Thyroidologist

Issue 8, Winter 2025/2026



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Message from the Editorial Board

Dear colleagues

Happy New Year and a warm welcome to The Thyroidologist winter issue! Wishing you all a New Year filled with good health, inspiring science and many opportunities to connect and collaborate within the thyroid community.

This issue opens with an excellent historical perspective: "110 years of Thyroxine treatment" by our colleagues Leonidas Duntas and Nadia Schoenmakers, revisiting how a century of thyroxine therapy has shaped current practice and what questions lie ahead. Their overview provides a thoughtful starting point for the issue and informatively bridges past and present.

Keeping you up to date is the chief aim of The Thyroidologist. Luca Persani summarizes recent key articles from the European Thyroid Journal, offering some of the most relevant new data in thyroidology including the new ETA Guidelines. Alongside, the Editorial Board has highlighted recent thyroid articles from other journals, to help us navigate an ever growing literature and quickly spot what may change our clinical or research practice.

In the rubric "Inside ETA", we turn the spotlight onto the work of the ETA Archives Board, presented by its Chair, Ulla Feldt Rasmussen. Their contribution shows how preserving and curating ETA's history and documents supports the identity and continuity of our community and can inspire future generations of thyroidologists.

ETA continues to organize educational joint webinars of excellence and Master Classes with national or sister thyroid societies including sponsored courses. Please keep you informed about upcoming educational opportunities and collaborations, so you can early adjust your agenda

Maria Cristina Burlacu reviews the fascinating and at times dramatic story behind the 1977 Nobel Prize in Physiology or Medicine of the discovery of TRH. We also invite you to "get to know better" Professor John Lazarus (MA MD Cantab), a key personality in the thyroid world, whose career highlights longstanding contributions to thyroid physiology, pathophysiology and clinical care.

In the Starters Corner, Tiago Silva and Elena Colombo present the project they are developing on inequalities in thyroid cancer treatment. They also invite you to actively participate in the project by taking part in a survey.

In the Awards Corner, we feature an interview with Christina Wenzek, a postdoctoral researcher at the University of Essen, and with Akila Chandrasekar, a postdoctoral researcher at the Institute of Experimental and Clinical Pharmacology and Toxicology in Lübeck, Germany, recipients of the 2024 ETA Research Grant, who share their paths, projects and perspectives as young investigators.

Finally, do not miss the Upcoming Events section and start saving the dates – especially for the 47th Annual Meeting of the European Thyroid Association (ETA2026), which will take place from 5–8 September 2026, at the Alfândega Porto Congress Centre, Porto, Portugal.

More information is available at www.eta2026.com; this will be a great opportunity to combine cutting edge thyroid science with the unique atmosphere of Porto; it is well worth starting to plan your participation.

The editorial board



Paula Soares



Simone de Leo



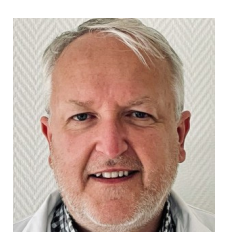
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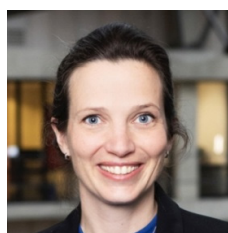
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Leonidas Duntas



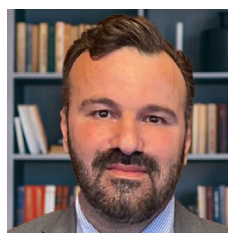
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Grigoris Effraimidis



Francisca Puga

110 years of Thyroxine treatment

Thyroxine: Commemorating one hundred and ten years from its discovery.



Leonidas H. Duntas¹, Nadia Schoenmakers²

¹Evgenideion Hospital, Unit of Endocrinology, Diabetes and Metabolism, National and Kapodistrian University of Athens, Athens, Greece

²Department of Metabolism and Systems Science, College of Medicine and Health, University of Birmingham, Birmingham, UK.

In his landmark paper on the discovery of thyroxine, Edward Kendall, PhD scientist at the Mayo Clinic in Rochester, Minnesota, wrote: "From clinical observations, the thyroid has been supposed to have a secretion which contains a substance or substances capable of producing certain physiological activity. But the acceptance of such a theory in itself erects a barrier beyond which the clinician cannot go. The only passage of that barrier is a method which will unlock the constituents of the thyroid secretion and separate the active substances in pure form. Definite conclusions could not be arrived at as long as these substances were known only by the symptoms produced by their presence or absence" (1). Kendall focused on understanding the substance in the thyroid that causes toxic symptoms. He questioned whether the iodine in the gland might be part of a previously unknown substance specific to the thyroid. His curiosity was sparked by the concept of a gland releasing a chemical substance, or hormone, which was first introduced by the French physician Charles Brown-Séguard. In 1889, Brown-Séguard injected himself with testicular extracts from animals and reported improvements in his well-being as a result. [2]. In recognition of this concept, George Murray, a British physician, noted in 1891 that administering thyroid extract from sheep alleviated symptoms in a woman suffering from myxedema (3). The first report of orally administering fresh sheep thyroid gland was made by Mackenzie in 1892 (4). Kendall made several attempts to isolate active molecules from the thyroid, which can be categorized into two classes: 1) Molecules obtained by separating proteins without decomposing or destroying them. 2) Molecules acquired through the hydrolysis of proteins, followed by the separation of the resulting decomposition products (1, 5). In the first class, molecules including thyroglobulin and iodine-free nucleoproteins were isolated, retaining their chemical structure and biological activity, which is beneficial in treating conditions such as cretinism and myxedema. In the second class, iodothyronines were identified, representing about 4% of the dried thyroid's total weight. Dialysis was employed to study thyroid proteins and understand the nature of iodine combinations. Despite numerous

attempts using alkaline alcoholic hydrolysis, the thyroid proteins were ultimately broken down into simpler constituents. These constituents were then separated into two distinct groups based on their solubility in acids. Approximately 50% were soluble in acid, while 50% were insoluble. This solubility was used as first step in separating the hydrolysis products, designating the insoluble compounds as Group A and the soluble ones as Group B. The preparations were initially tested on normal dogs in metabolism cages. The administration of Group B did not result in any changes in temperature, blood pressure, pulse rate, nitrogen balance, or weight. Administration of Group A constituents, either by mouth or through subcutaneous injection, resulted in a slight increase in temperature, a marked increase in nitrogen elimination, weight loss, nervous irritability, and tremors. The findings indicate that these toxic symptoms are caused by a small number of constituents that comprise only 4-5% of the weight of desiccated thyroid. Additionally, an iodine-containing compound was isolated in pure crystalline form, exhibiting a consistent iodine content of 60%. Subsequent studies conducted in dogs confirmed the overall toxicity of substance A; however, the non-toxic effects of substance B were also established, demonstrating that these preparations could be used therapeutically in cases of thyroid pathology. Following this, more than 200 patients were treated, and it was found that even small amounts of substance A resulted in toxic effects. The severity of the toxic effects following administration of A, varied according to the patient's baseline state and the duration of the administration, which was significantly affected over the course of eight to ten days.

The initial therapeutic results in humans were obtained using compound A, which contains approximately 4-5% iodine. Later experiments were conducted using a purer form of compound A, which was obtained through continuous hydrolysis and contained 25% iodine. Remarkably, similar effects of the same severity were achieved using a pure crystalline compound that contained 60% iodine. The successful isolation of the iodine-containing compound in crystalline form occurred just before Christmas in 1914, offering a ray of hope for many patients amid the hardships of World War I. At that time, it was unclear whether the thyroid contained more than one active substance. Three years later, Ch.R. Harrington elucidated the structure and synthesis of l-3, 5, 3', 5'-tetrajodothyronine (thyroxine, T₄), leading to the production of synthetic thyroxine (levothyroxine) two and three decades later in the USA and Europe, respectively. A development that dramatically transformed the treatment of hypothyroid patients (6).

Sodium levothyroxine is currently the front-line treatment for all forms of hypothyroidism. It has maintained a consistent steady state in recent years and remains one of the most prescribed medications worldwide. (7).

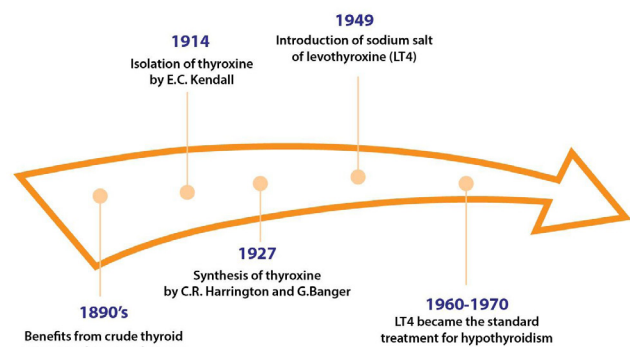
More recent advances in knowledge have focused on the processes required for endogenous and exogenous thyroid hormone (TH) action. Intracellular bioavailability of TH requires adequate TH transport across the plasma membrane by specific transporter proteins, for which the last 3 decades have yielded key insights. In the human brain, T₄ transport is predominantly mediated

by monocarboxylate transporter 8 (MCT8) across the blood–brain barrier, and by organic anion transporting polypeptide 1C1 (OATP1C1) into astrocytes, with recent cryo-EM studies providing functional insights into the TH recognition and transport processes (8). Evaluation of patients with naturally-occurring loss-of-function mutations in MCT8, has delineated a devastating X-linked condition called Allan-Herndon-Dudley syndrome (AHDS), characterized by severe neurodevelopmental impairment. OATP1C1 deficiency results in brain hypometabolism and progressive neurodegeneration. Neither condition can be treated with exogenous levothyroxine, attesting to the critical role for TH in neurodevelopment and the therapeutic need for TH analogs with alternative routes for intracellular transport (9,10). T4 is a prohormone, and TH action is mediated by the active hormone, T3 (triiodothyronine), following T4 outer ring 5' deiodination, catalyzed by the selenoprotein iodothyronine deiodinases -1 (D1) and -2 (D2). This has provoked interest in the relevance of interindividual deiodinase variations in modulating response to levothyroxine treatment, in particular the Thr92Ala D2 polymorphism, which results in lower D2 catalytic activity due to protein misfolding as well as additional metabolic effects. Recent studies suggest that Thr92Ala-associated phenotypes may also be modulated by genetic background (11). Abnormal TH metabolism has been reported in patients with naturally-occurring D1 mutations and in more extreme form in those with global deficiency of deiodinases, due to defective selenoprotein synthesis in the context of SECISBP2 and TRU-TCA1-1 mutations (9). Future studies may provide additional insights into the synthesis, transport and metabolism of T4, and the potential for further therapeutic exploitation of these processes.

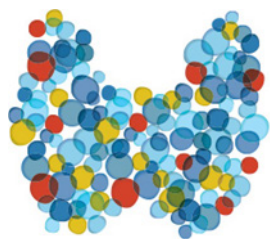
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Historiography of Thyroxine



Recent highlights from European Thyroid Journal



European Thyroid JOURNAL

Official journal of the European Thyroid Association



Luca Persani
Editor-in-Chief

Dear readers of the
Thyroidologist,

at the dawn of the new year it is a pleasure to reflect on the achievements of the European Thyroid Journal in the last year. From an increased Journal Impact Factor to the publication of the latest ETA guidelines, 2025 has been a year of continued growth, collaboration, and impact. We extend our thanks to all authors, reviewers, editors, and readers who continue to support and strengthen the journal.

Dr Dong Yeob Shin, Dr Ana Luiza Maia, Dr Ashok Bhaseen, Dr Kirtida S. Acharya, Dr Hinde Iraqi, and Dr Fasanmade Olufemi Adetola — shared perspectives on unmet needs in thyroid health across Africa, as well as opportunities to address them.

The forthcoming editorial will capture the priorities identified and reinforce the commitment to action in addressing thyroid health challenges across Africa. To be published in the *European Thyroid Journal* by the end of 2025.

Special Collections

We invite submissions of literature reviews to our ongoing collection: *Current Approaches and Challenging Issues in Paediatric Thyroid Carcinoma*. This series will spotlight evolving strategies and persistent challenges in the evaluation and treatment of paediatric thyroid cancer.

If you would like to spotlight your area of research and expertise, please do get in touch. We welcome suggestions for new Special Collections and offer the opportunity to become a Guest Editor.

Recent Publications

We have continued to publish a diverse range of articles that support thyroid science across clinical, translational, and basic research. On the following page, explore a curated selection of the latest and most impactful articles.

Uniting Continental Thyroid Societies

A Call to Action on Thyroid Health in Africa

At the International Thyroid Congress in Rio de Janeiro, an International Round Table on *Global Challenges in Thyroid Health* convened representatives from ETA, ATA, AOTA, LATS, and the International Thyroid Federation, together with endocrinology leaders from Kenya, Morocco, and Nigeria. Participants — including Dr Luca Persani, Dr Jennifer Sipos,

Looking Ahead

As we enter 2026, the *European Thyroid Journal* remains dedicated to publishing high-quality research that informs practice, advances science, and improves patient care. We encourage all ETA members to contribute — members are entitled to a **40% discount on the open-access APC**.

With best wishes for a successful 2026.

Website: etj.bioscientifica.com

Email: etj@bioscientifica.com

LinkedIn: European Thyroid Journal

Thyroid and Pregnancy

Lundgaard, M. H. et al. (2025). Birth weight and placental weight in children born to mothers with hypothyroidism. *European Thyroid Journal*, 14(4), e250111. <https://doi.org/10.1530/ETJ-25-0111>

"The findings from a large Danish cohort point toward an association between hypothyroidism in pregnancy and lower birth weight of the child."

Downloads: 302. **Citations:** 1

Osinga, J.A. J. et al. (2025). Standardization of TSH and FT4 to gestational age in early pregnancy and associations with clinical outcomes. *European Thyroid Journal*, 14(4), e240344. <https://doi.org/10.1530/ETJ-24-0344>

"This retrospective study conducted on >5,600 women shows that standardizing TSH and FT4 reference intervals to gestational age between weeks 8–18 of pregnancy does not improve the identification of women at risk of pregnancy-related adverse outcomes previously related to gestational thyroid disease."

Downloads: 335. **Altmetric:** 266

Clinical Thyroidology

Grixti, L. et al. (2025). Prevalence and severity of fatigue in treated hypothyroidism: results of a UK survey. *European Thyroid Journal*, 14(3), e250044. <https://doi.org/10.1530/ETJ-25-0044>

"This study shows that fatigue is very common in treated hypothyroidism, and the FACIT-F scores reported are comparable or worse than those recorded for many other chronic conditions."

Downloads: 1,381. **Citations:** 2

Stan, M. N., & Dosiou, C. (2025). The evolving therapeutic landscape of Graves' disease in adults: present and future. *European Thyroid Journal*, 14(4), e250078. <https://doi.org/10.1530/ETJ-25-0078>

"After 80 years of antithyroid drugs as the only medical therapy available for Graves' disease, a strong interest in new drug development that follows more closely the pathophysiology of the disease. These approaches span the spectrum of targeting antigen presentation, B cell activation, TSHR antibody cycle and TSHR signaling."

Downloads: 2,548. **Citations:** 1

Environmental Thyroidology

Wang, J. et al. (2025). Long-term exposure to PM1 and thyroid diseases in China. *European Thyroid Journal*, 14(4), e250106. <https://doi.org/10.1530/ETJ-25-0106>

"This study analyzed data from 73,900 adults across 31 Chinese provinces and shows that PM1 exposure is associated with thyroid diseases, particularly Autoimmune Thyroiditis and TgAb positivity, with iodine status playing a modifying role."

Downloads: 236. **Citations:** 1

Clinical and Basic Research in Thyroid Cancer

Cappagli, V. et al. (2025). Multifocality and bilaterality in medullary thyroid cancer: basis for a proof-of-concept safety of lobectomy. *European Thyroid Journal*, 14(5), e250074. <https://doi.org/10.1530/ETJ-25-0074>

"This study provides evidence that multifocality and bilaterality are rare in sporadic Medullary Thyroid Cancer (MTC), indicating that a more conservative surgical approach can be appropriate in selected sporadic MTC cases."

Downloads: 555

Calafato, G. et al. (2025). Somatic genetic alterations in the development and progression in thyroid tumors of follicular cells. *European Thyroid Journal*, 14(5), e250104. <https://doi.org/10.1530/ETJ-25-0104>

"This review provides a comprehensive and updated outline of the main somatic genetic and molecular alterations in thyroid carcinoma of follicular cells."

Downloads: 460

Recent highlights from other journals

Maternal Thyroid Hormone Imbalance and Risk of Autism Spectrum Disorder

Leena Elbedour, May Weinberg, Gal Meiri, Analya Michaelovski, Idan Menashe

J Clin Endocrinol Metab. 2025 Nov 25;dgaf596.

<https://pubmed.ncbi.nlm.nih.gov/41288361/>

This population-based study investigates whether disturbances in maternal thyroid hormone levels during pregnancy are associated with autism spectrum disorder (ASD) in offspring. The analysis shows that low maternal free thyroxine, particularly in early pregnancy, is consistently linked to an increased risk of ASD. The findings support the idea that subtle hormonal imbalances during critical periods of fetal brain development can have long-term neurodevelopmental consequences. Overall, the study highlights the importance of adequate maternal thyroid hormone availability during pregnancy for optimal child neurodevelopment.

Genome-wide association study and polygenic risk prediction of hypothyroidism

Søren A Rand, Gustav Ahlberg, Vinicius Tragante, Laia M Monfort, Chaoqun Zheng, Ulla Feldt-Rasmussen, Marianne C Klose, Maris Teder-Laving, Andres Metspalu, Henrik E Poulsen, Christina Ellervik, Birte Nygaard, Christian Erikstrup, Mie T Bruun, Bitten A Jensen, Henrik Ullum, Søren Brunak; DBDS Genomic Consortium; Estonian Biobank Research Team; 23andMe Research Team; Michael Schwinn, Sisse R Ostrowski, Ole B Pedersen, Erik Sørensen, Ingileif Jonsdottir, Daniel F Gudbjartsson, Gudmar Thorleifsson, Hilma Holm, Saedis Saevarsdottir, Kari Stefansson, Morten Salling Olesen, Henning Bundgaard, Jonas Ghouse

Nat Genet. 2025 Dec;57(12):3007-3015.

<https://pubmed.ncbi.nlm.nih.gov/41238958/>

This genome-wide meta-analysis study identifies multiple genetic variants that contribute to susceptibility to hypothyroidism in large population cohorts. The results demonstrate that hypothyroidism has a strongly polygenic architecture, involving genes related to immune regulation, thyroid hormone economy, and metabolic control. Several identified loci overlap with genetic risk factors for cardiovascular and metabolic diseases, suggesting shared biological pathways. The study also shows that polygenic risk scores can predict hypothyroidism and related clinical outcomes to a modest but meaningful extent. Together, these findings deepen our understanding of the genetic basis of thyroid dysfunction and its links to broader systemic disease.

Effect of GLP-1 Receptor Agonists on Patients with Thyroid Carcinomas Undergoing Active Surveillance

Armando Patrizio, Samantha K Newman, R Michael Tuttle, Laura Boucai

J Endocr Soc. 2025 Nov 14;10(1):bvaf182
<https://pubmed.ncbi.nlm.nih.gov/41376649/>

This retrospective cohort study evaluated whether GLP-1 receptor agonists affect tumor growth in patients with low-risk papillary thyroid carcinoma undergoing active surveillance. Eighteen patients with 19 small PTCs exposed to GLP-1RAs were matched to a control group not exposed to GLP-1RAs and followed for a median of 5.5 years. The study found that exposure to GLP-1RA was not associated with significant growth of carcinomas or with changes in volume kinetics compared to a controlled group not exposed to GLP-1RA. Overall, the findings suggest that GLP-1RA therapy does not promote growth of low-risk papillary thyroid cancer during active surveillance.

TRIAC therapy relieves hyperthyroid symptoms, lowering T₄, T₃ and metabolic rate in Resistance to Thyroid Hormone β

Carla Moran, Julie Martin-Grace, Greta Lyons, Laura Watson, Kevin Taylor, Susan Oddy, David Halsall, Krishna Chatterjee

J Clin Endocrinol Metab. 2025 Oct 23:dgaf583.
<https://pubmed.ncbi.nlm.nih.gov/41131705/>

This clinical study evaluates the real-world effects of triiodothyroacetic acid (TRIAC) therapy in adults with resistance to thyroid hormone β (RTH β), characterized by elevated thyroid hormone levels and persistent symptoms. Treatment with TRIAC significantly reduced hyperthyroid symptoms and lowered circulating T₄ and T₃ concentrations without increasing TSH levels. Importantly, markers of cardiac function, lipid metabolism, and insulin sensitivity remained stable during therapy. The treatment was well tolerated, with no significant adverse effects reported over extended follow-up. These results suggest that TRIAC offers a targeted and physiologically rational treatment option for symptomatic patients with RTH β .

Epigenomic Modulators and Thyroid Hormone Receptor β Agonists: A New Paradigm for Tumor Suppression in Thyroid Cancer

John L Rustad, Noelle E Gillis, James Lignos, Kathleen A Bright, Seth Frietze, Frances E Carr

Endocrinology. 2025 Jul 8;166(9):bqaf116
<https://pubmed.ncbi.nlm.nih.gov/40658739/>

Thyroid hormone receptor β (TR β) regulates gene expression and can act as a tumor suppressor. Aggressive thyroid cancers, such as poorly differentiated and anaplastic thyroid cancer, are associated with disrupted epigenomic signaling, chromatin accessibility, and transcriptional control, and currently lack effective long-term treatments. This review summarizes recent advances in understanding the epigenomic landscape of TR β signaling, including the discovery of new TR β interactors and nine functional protein communities that make up the TR β interactome in thyroid cells. It also highlights the therapeutic potential of combining TR β agonists with existing epigenetic enzyme inhibitors to reprogram tumor epigenetics and suppress oncogenic gene expression.

Dysregulation of hepatic deiodinase type I in metabolically associated steatotic liver disease

Nuria Lopez-Alcantara, Alison-Michelle Naujack, Yingfu Chen, Natalie Taege, Cathleen Geißler, Rebecca Oelkrug, Eva K Wirth, Lutz Schomburg, Anita Boelen, Henriette Kirchner, Jens Mittag

J Mol Endocrinol. 2025 Aug 8;75(2):e250096
<https://pubmed.ncbi.nlm.nih.gov/40736997/>

Hepatic thyroid hormone signaling protects against metabolic liver disease, and the enzyme DIO1 regulates local hormone availability. Using mouse models, the study found that Dio1 mRNA expression and enzyme activity increased rapidly after short-term high-calorie feeding but this response weakened in later disease stages. As MASLD progressed, changes in Dio1 mRNA became increasingly disconnected from DIO1 enzyme activity, indicating a disruption between transcription and protein production. Liver-specific gene therapy increased DIO1 activity but did not improve thyroid hormone signaling or metabolic outcomes within the study period. Overall, the findings suggest that MASLD progression impairs DIO1 regulation at the translational level.

ETA guidelines for the use of levothyroxine sodium preparations in monotherapy to optimize the treatment of hypothyroidism

Marco Centanni, Leonidas Duntas, Ulla Feldt-Rasmussen, Josef Koehle, Robin P Peeters, Salman Razvi, Pierpaolo Trimboli, and Camilla Virili

Eur Thyroid J. 2025 Jul 31;14(4):e250123

<https://pubmed.ncbi.nlm.nih.gov/40622204/>

Sodium levothyroxine (LT₄) as a monotherapy represents the mainstay of treatment of hypothyroidism, and its use has increased over time. Nevertheless, it faces several potential barriers in its 'real life' utilization, and hence its clinical effectiveness may be marred. This is suggested

by the frequent situation of patients failing to reach the therapeutic goals of symptom relief and serum TSH control. Thus, an expert task force was approved by the Guidelines Board of the European Thyroid Association to examine the available data and to formulate recommendations based on the available evidence and the experts' deduction. The task force provides a body of suggestions to optimize the levothyroxine treatment in monotherapy, considering the key point in the individualization of treatment. Furthermore, the nutritional, pharmacological and pathological factors, potentially leading to the increased need for levothyroxine, are discussed, with a specific focus on the use of liquid and softgel formulations of the hormone.

ETA Continues Its Series of Joint Webinars With Another Well-Received Session



The European Thyroid Association (ETA) is continuing its collaboration with national thyroid societies through a series of joint webinars. Following the successful July 2024 session organized with the ETA and the Associazione Italiana della Tiroide, another edition took place this time in partnership with SFE/GRT and ENDOCAN.

The Joint Webinar SFE/GRT, ENDOCAN and ETA was held online in 24 November 2025, from 12:30 to 14:00 (CET) and focused on the theme "Challenges and Unmet Needs in Thyroid." The program included presentations addressing topics of significant clinical relevance.

Thomas Cuny (France) and Anja Eckstein (Germany) opened the session with talks on challenging clinical scenarios in Graves' orbitopathy. They reviewed diagnostic and therapeutic difficulties

frequently encountered in practice, highlighting current approaches as well as areas where evidence remains limited.

The second part of the webinar, included presentations, delivered by Livia Lamartina (France) and Sophie Leboulleux (Switzerland), who covered updates in the guidelines for refractory thyroid cancer. Their overview examined recent recommendations and ongoing developments in the management of patients who do not respond to conventional treatments.

The webinar drew more than 140 attendees, reflecting steady interest in these collaborative educational activities. Participation remained active throughout the event, with a number of questions and comments submitted during the discussions.

Overall, the November 2025 session contributed to the continuous exchange of knowledge among clinicians and researchers in the thyroid field. The ETA's commitment to maintaining these joint initiatives supports a broader dialogue across European and national societies, helping to identify persistent gaps, share new findings, and promote improved clinical practice.

Be attentive to our site and social web to be aware of ETA educational activities



ETA promotes and participates in two educational activities on Thyroid Eye Disease in 2026

The European Thyroid Association (ETA) will take part in two educational initiatives in early 2026 focusing on Thyroid Eye Disease (TED), reflecting growing efforts to strengthen training and interdisciplinary collaboration in this complex field.

The first event, the Masterclass in TED, is organized by the ETA and supported by EUGOGO. It will take place from 20–21 February 2026 in Mainz, Germany. This masterclass will focus on the theme "TED – Integrating Immunosuppressive and Disease-Modifying Therapies into Patient Care."

The program is designed as a full-immersion clinical and translational learning experience aimed at specialists who already have some background in TED and wish to deepen their knowledge. The course will cover key areas including the pathophysiology of the disease, targeted management strategies, and practice-oriented training.

A total of 50 participants, comprising ophthalmologists and endocrinologists, will take part in a combination of plenary lectures,

interactive workshops, round-table discussions, and hands-on grand rounds. The structure is intended to provide both theoretical updates and practical guidance, with a strong emphasis on multidisciplinary care.

The second activity, the EUGOGO Teaching Course, will be held shortly afterward, from 7–8 March 2026, at the University Duisburg-Essen & University Medicine Essen, Germany. This annual course organized by EUGOGO is supported by ETA and focuses also on the diagnosis and management of TED.

The EUGOGO Teaching Course aims to offer a clear and structured overview of the condition, emphasizing clinical applicability, interdisciplinary cooperation, and the latest scientific evidence. Its goal is to help clinicians navigate the challenges of TED by providing updated guidance on assessment, treatment options, and coordinated patient care.

Together, these two events represent a continued joint effort by ETA and EUGOGO to enhance education in TED and support specialists working in an evolving therapeutic landscape.

ETA Archives Board

Ulla Feldt-Rasmussen

Former Secretary-Treasurer of ETA (2002-2008)

The ETA Archives were unofficially started at the initiation of ETA in 1967 by the first Secretary Christian Beckers from Brussels. When his term ended in 1972, some of the archives were subsequently passed on from one Secretary-Treasurer to the next, while some were still collected by Christian Beckers. On the retirement of Christian Beckers the post of Archives Board Chairman passed to Peter Smyth, Dublin, Ireland who served until 2023. During this time the records of previous ETA Meetings were posted on the ETA website and Annual ETA meeting programmes digitized and made searchable. Association records were lodged in Germany in the home of Sandra Crutchley from the Standing Office, Endoscience.

I took over the archives from John Lazarus at the ETA meeting in Gothenburg in 2002, when I was appointed to this post. Due to financial problems of the organization, the process of a complete reorganization of ETA was started and implemented in 2004 during the Annual Meeting in Istanbul. This was the first official Archives Board, chaired by Pierre Bourdoux from Brussels, who also took over the physical archives from Christian Beckers. The other Board members were EC representative Patrice Rodien, Mario Andreoli and Dimitrios Koutras. The official Archives Board was thus launched alongside with the other ETA Boards, since they were jointly part of the restructured Association. Its first assignments was to urge all members to donate personal archives; pictures and memorabilia related to the history of the ETA to the official ETA archives. This should enable an extra dimension to the celebration of the 40th anniversary of the birth of the spirit of the ETA at the Jubilee Meeting in Athens on 25 May 2005, and to the celebration of the 40th anniversary of the first ETA scientific meeting (held in Louvain in 1967) in 2007.

The next steps of the archives were to collect, sort and catalogize records and store them together. This came about by meetings among previous Secretaries, Presidents and Peter Smyth as Archives Board Chairman in Germany in the home of Sandra Crutchley. A working group (Peter Smyth (Chair), Jacques Orgiazzi and Wilmar Wiersinga with Anne Marie Van Eckelen; Medical Historian) was charged with preparing an Anniversary Book commemorating the first 50 years of the ETA. This led to the publication launched at the 50th Anniversary Meeting in Belgrade commemorating 50 years of the ETA "1967 to 2017" Eds. ISBN 978 90 8231 372 7, available free to ETA members. The story of developments in European thyroidology can be accessed on the ETA website.

Further consolidation of Archives Board material on the ETA website was made possible through the cooperation of Sandra Crutchley and the Standing Office.

A tab on the public domain page of the ETA website entitled "ETA History" include: https://www.eurothyroid.com/about/previous_annual-meetings.html

ETA Annual Meeting History, with programmes of past AM meetings from 1967 to 2024.

ITC History: a list of ITC meetings

Milestones: a list of past significant European Thyroidologists

Historical Vignettes

Hot Thyroidology: Former ETA Electronic Journal "Hot Thyroidology" 2001-2011

Past Executive Committee Members and past Honorary Members
More details including photos and anecdotes in the membership section

The current Board-members are:



Ulla Feldt-Rasmussen, MD, DMSc (Chair)
Professor Emerita, Department of Nephrology and Endocrinology;
Department of Growth and Reproduction, Copenhagen University
Hospital, Copenhagen, Denmark

Maria Alevizaki MD Athens, PhD London
Emerita Professor of Endocrinology, Medical School, Kapodistiran
University of Athens
77A, Vassilissis Sofias Ave, 11521 Athens GR

Luigi Bartalena
Professor Emeritus of Endocrinology, School of Medicine, University of
Insubria, Varese, Italy

Leonidas Duntas, Professor of Endocrinology and Internal Medicine,
Evgenideion Hospital, Unit of Endocrinology, Diabetes and Metabolism,
National and Kapodistrian University of Athens, Athens, Greece

Peter Smyth (Honorary member)
Emeritus Associate Professor, UCD School of Medicine, Dublin, Ireland

Sandra Crutchley (ex officio) – ETA Standing Office, Endoscience

We still urge all members to donate personal archives; pictures and memorabilia related to the history of the ETA to the official ETA archives

The TRH discovery: a story of rivalry and perseverance



Maria-Cristina Burlacu
Endocrinologist, Cliniques
Universitaires Saint-Luc,
Université Catholique de
louvain, Brussels, Belgium

hypothalamic cells were also present². Initially working together, Guillemin and Schally realised that these hypothalamic factors were present in very small amounts in brain tissue, making the first attempts of isolation and characterization infructuous and leading the two scientists to engage in a separate and fierce competition for funds and research. Threatened by the NIH to cut off funding and after processing nearly five million sheep hypothalami and a similar quantity of pig brain tissue, respectively, Guillemin and Schally independently identified the

The Nobel Prize in Physiology or Medicine 1977 was awarded, one half jointly to Roger Guillemin and Andrew V. Schally "for their discoveries concerning the peptide hormone production of the brain" and the other half to Rosalyn Yalow "for the development of radioimmunoassays of peptide hormones"¹. Both Guillemin, PhD in physiology, and Schally, PhD in biochemistry, were inspired by Geoffrey Harris's hypothesis that the hypothalamus produces "releasing factors" that control the pituitary gland. This hypothesis was confirmed in 1954 by Guillemin's finding that cultured pituitary cells did not produce hormones unless

thyrotropin-releasing hormone (TRH) in 1969³. Although Guillemin's team was the first to isolate the TRH and describe its structure, they struggled with misinterpretations of their initial data and it was Schally who published a correct description of the tripeptide just a few weeks before his rival. Nevertheless, the Nobel Prize recognised the pioneering contributions of both scientists to neuroendocrinology and the understanding of the mechanisms of hormone control. Beside the TRH discovery, the Nobel committee also acknowledged Schally's discovery of the luteinizing hormone-releasing factor two years later and Guillemin's discovery of somatostatin and endorphins role.

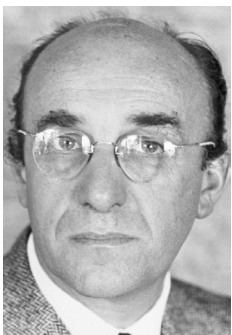
For readers wondering how this Nobel Prize story could illustrate the Thyroidologist's 'History and Art' section, I would like to quote from Guillemin's Nobel Prize banquet speech: "I was as surprised as moved to realize that what Camus was describing were my own views of the scientist in his ethics of science and his role to society. Yes, the commitments are the same for the scientist as they are for the artist, when both are worthy of the name."

References:

1. <https://www.nobelprize.org/prizes/medicine/1977/summary/> accessed Nov 16th, 2025.
2. Baranwal A, Rastogi P, Dixit A. Roger Guillemin: A Century of Life, A Legacy of Endocrine Discoveries. *Cureus*. 2024 Sep 3;16(9):e68540. doi: 10.7759/cureus.68540. eCollection 2024 Sep.
3. <https://www.nobelprize.org/prizes/medicine/1977/guillemin/lecture/> accessed Nov 16th, 2025.

Nobel Prize in Physiology or Medicine 1977

The Nobel Prize in Physiology or Medicine 1977 was divided, one half jointly to Roger Guillemin and Andrew V. Schally "for their discoveries concerning the peptide hormone production of the brain"



Roger Guillemin
Prize share: ¼



Andrew V. Schally
Prize share: ¼

Photos from the Nobel Foundation archive

An interview with....



Professor John Lazarus

Pregraduation was in Cambridge (Natural Science) BA(Hons) and Glasgow University (clinical Medicine MB ChB 1966). MB ChB 1966 and then worked in Dept Medicine Western Infirmary for 5 years before moving to Cardiff medical school in 1972 as lecturer in Medicine. Visiting Asst. Prof of Medicine, Columbia University New York USA 1975-76. Senior Lecturer (Hon Consultant

Physician Llandough Hospital) Cardiff Medical School. Professor of Clinical Endocrinology, Cardiff 2001.

In addition to a full NHS clinical load other duties involved teaching and involvement in medical curriculum planning.

Research activity initially consisted of studies into the iodide concentrating mechanism and studies on lithium effect on the thyroid. Research in New York concentrated on the action of thyroid hormone on rat liver thyroid mitochondria. Main research topics in UK included thyroid and beta blockers, thyroid and pregnancy and post partum thyroid disease. Also studies in Ambulatory blood pressure monitoring.

After retirement appointed to European representative of IGN (Iodine Global Network). Also worked for cancer charity in S Wales.

Travelled extensively looking at iodine supply in endemic goitre and lecturing.

More than 350 papers reviews etc in Pub Med.

Name:

Prof John Lazarus

Place of birth:

Glasgow

Number of children and grandchildren:

3 children, 1 grandchild

Where grew up:

Glasgow

Parents' profession:

Father a physician in Glasgow

Favorite childhood toy:

meccano

As a child, I dreamed of being.....

engine driver

Faculty and Course (dates):

medicine, 1960-63, Queens' College Cambridge and Glasgow University 1963-66

Expectations at the beginning of the graduation:

hospital medicine

How thyroidology came about:

joined large faculty of medicine with a lot of research into thyroid disease

Experience / Training in foreign centers:

1961-62 Jerusalem, Israel, Columbia University New York City 1975-76

Areas of interest / differentiation within thyroidology:

mechanism of thyroid hormone action, thyroid hormone and pregnancy

Masters / References:

MD Thesis iodine concentrating mechanism

Most notable professional life events:

move to Cardiff 1972 to take up position of lecturer in medicine. Professor of Clinical Endocrinology 2001.

Biggest regret:

not having a larger research group

Current professional activity:

retired

Hidden talent:

competent bridge player as a student (no more!)

Favorite dish:

beef wellington

Favorite wine:

Viognier

Favorite sport:

golf

Sports Club:

Cardiff Golf Club

Outstanding book or film:

The Sting

Favorite music type:

jazz

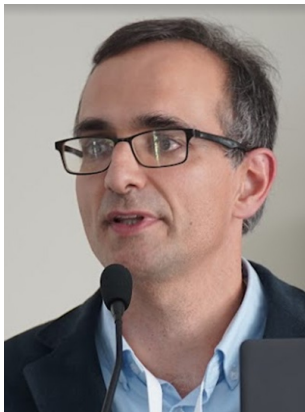
Favorite travel destination / landmark trip:

Himalayas

Greater pride/legacy (personal and/or professional):

Wife and children. Several books including recent autobiography

Tackling the issue of accessibility of patients with Thyroid Cancer to clinical trials in the era of precision oncology



Tiago Nunes da Silva is an endocrinologist in the Endocrinology Department of Instituto Português de Oncologia Francisco Gentil – Lisboa, Portugal

Elena Colombo is a medical oncologist in the Head and Neck Medical Oncology Unit Fondazione IRCCS Istituto Nazionale dei Tumori – Milan, Italy

Elena Colombo and Tiago Nunes da Silva are EORTC Young and Early Career Investigators Thyroid Group Co-chairs.

The scope of the problem : the lower accessibility of thyroid cancer patients to clinical trials

The availability of innovative treatments for patients with Thyroid Cancers (TCs) is an important unmet clinical need. Thyroid cancer patients in comparison to other solid tumour types have been underrepresented in basket clinical trials. This lower representation is probably multifactorial and country dependent. Some potential factors could be the lower prevalence of advanced/aggressive cases, inequities regarding availability of NGS testing and newer therapies, lack of a Molecular Tumour Board support, logistic difficulties in accessing potential clinical trials available in another City/Country/Continent. Nevertheless, the impact of these factors has not been previously analysed.

The current project

A group of 16 members of 6 different specialties of the EORTC Young and Early Career Investigators Thyroid Group with the support

of EORTC Thyroid Group wants to challenge the present situation. The first step is an international questionnaire directed at different specialists in the field dedicated to the care of Thyroid Cancer patients. This 7-10 minute survey aims to understand the tendency for clinical trial consideration and NGS molecular profiling both in perioperative, postoperative and metastatic settings for different histotypes of Thyroid Cancer and the awareness and motivation of the clinician to refer patients to clinical trials.

The results will help explore possible strategies to facilitate the access of TC patients to clinical trials with innovative therapies in the foreseeable future.

How can you help the current situation

We think that all colleagues that actively follow advanced thyroid cancer should make their voice heard in this survey that is available in the following link: <https://eortc.wufoo.com/forms/z1wph4920g37u57/>

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- Hazim A, Prasad V. A pooled analysis of published, basket trials in cancer medicine. *Eur J Cancer*. 2018;101:244-250
- C. de la Fouchardière, L. Fugazzola, J. Taylor et al. Molecular genotyping in refractory thyroid cancers: Results of a European survey. *Ann. Oncol*. 2021; 32(5), S1205–S1210
- de la Fouchardière C, Fugazzola L, Locati LD, et al. Improved guidance is needed to optimise diagnostics and treatment of patients with thyroid cancer in Europe. *Endocrine*. 2024;83(3):585-593.
- Ryška, A.; Capdevila, J.; Dettmer, M.S.; Elisei, R.; Führer, D.; Hadoux, J.; Jarzab, B.; Locati, L.D.; Newbold, K.; Tallini, G.; et al. Molecular Predictive Biomarker Testing in Advanced Thyroid Cancer—a European Consensus. *Eur. Thyroid J*. 2025, 14
- E Colombo et al Impact of molecular tests and precision oncology on patients with advanced thyroid carcinomas in a referral center: the OrientHYring real-world study *ESMO Open* 2025 Nov;10(11):105856



Christina Wenzek

Christina Wenzek is a postdoctoral researcher in the Department of Endocrinology, Diabetes and Metabolism at the University Hospital Essen in Essen, Germany and she was one of the winners of the ETA Research Grant in 2024. Her project is entitled "Impact of TH receptor signaling on T cell function during disease".

Christina, congratulations on winning the grant! To start, could you tell us a little about your career?

I started my studies with a B.Sc. in Biosciences at the University of Münster, followed by a M.Sc. in Medical Biology at the University of Duisburg-Essen. After completing my master's degree, I pursued my doctorate in a DFG funded Research training group at the Institute of Medical Microbiology at University Hospital Essen, specializing in immunology and infection biology. From there I shifted to endocrinology for my first postdoctoral position within in the CRC 296 LOCOTACT, led by Prof. Dagmar Führer, where I became particularly interested in studying how T cells interact with thyroid hormones.

What inspired the idea for this project?

There have been numerous recent advances in thyroid hormone research with significant clinical relevance. For example, a thyroid hormone analogue has been approved for the treatment of liver disease in MASH, which highlights the importance of thyroid hormones in managing various diseases. Similarly, the immune system plays an essential role modulating the course of disease. Adjusting the immune response has emerged as a clinically relevant strategy in contemporary medicine, offering new possibilities for disease management and therapy. Thus, we wanted to investigate the potential benefits of combining both approaches. While the effects of thyroid hormones on the immune system remain largely unexplored, most current studies have concentrated on the innate immune system. This is why we decided to investigate the impact of thyroid hormones on the adaptive immune system, specifically focusing on T cells.

What are the main objectives of your study?

What are some expected outcomes or hypotheses you have for this study?

The aim of this research is to elucidate how thyroid hormone receptor alpha (TR α)-mediated thyroid hormone (TH) signaling influences the T cell response and the immune defense against acute influenza virus infection. To achieve this, we plan to utilize various mouse models targeting TR α , infect them with influenza virus, and then systematically examine both the progression of the disease and the corresponding immune responses.

Based on previous experiments, I have observed an effect of TR α on regulatory T cells (Tregs), particularly suggesting that TH may inhibit the Treg response. Consequently, my hypothesis is that in the chosen mouse models, there will be enhanced Treg activation and function, which in turn could dampen the inflammatory response and thereby mitigate the severity of the infection.

For young scientists or students interested in similar research, what advice would you give to them as they start their careers?

My main advice to young scientists or students interested in similar fields is to remain open to new connections and interdisciplinary approaches. Biology is an incredibly complex discipline with many still unexplored links and relationships. Don't let this complexity discourage you—see it instead as an opportunity to ask innovative questions. Stay curious, focus on clear research questions, and keep your goals in sight. With clear objectives and perseverance, you can steadily progress and make meaningful discoveries.

Finally, how does it feel to be awarded this grant, and what does this achievement mean to you personally and professionally?

Receiving this grant is a great honor and a wonderful opportunity. Personally, this recognition acknowledges the significance and value of my scientific work. Professionally, being awarded my own independent funding represents a major milestone in my career. This grant marks an important starting point for establishing myself as an independent researcher and enables me to further pursue my own research projects.



Akila Chandrasekar

Akila Chandrasekar is a postdoc at the Institute of Experimental and Clinical Pharmacology and Toxicology in Lübeck and she was one of the winners of the ETA Research Grant in 2024. Her project is entitled "Role of tanycytic TSH receptor in a Graves' disease model".

Akila, congratulations on winning the grant!

To start, could you tell us a little about your career?

I am deeply grateful and honored to have received this grant. Originally from India, I embarked on my professional journey as an engineer after earning a bachelor's degree in Biotechnology. My undergraduate studies ignited my passion for science, leading me to actively engage in various research projects at my university. In 2011, I relocated to Germany to pursue a Master's degree in Biomedical Engineering at RWTH Aachen University. During this time, I had the privilege of working in the lab of Prof. Dr. Joachim Weis, under the mentorship of Dr. Anand Goswami, where I trained in Neuroscience and explored various neurodegeneration models. This experience paved the way for me to secure a PhD position in 2015, in the laboratory of apl. Prof. Dr. Francesco Roselli at the University of Ulm. I contributed to a newly established consortium focusing on trauma, where my PhD thesis investigated the impact of ethanol on traumatic brain injury. In 2018, I transitioned to my first Postdoctoral position in the lab of Prof. Dr. Martin Korte at the Technical University of Braunschweig, under the mentorship of PD Dr. Marta Zagrabelsky, where I was honored to receive a fellowship from the Singh-Chhatwal Foundation. In 2021, I moved to the University of Lübeck and joined the lab of Prof. Dr. Markus Schwaninger, working together with PD Dr. Helge Müller-Fielitz as part of the Local Control of Thyroid Hormone Action (LOCOTACT) consortium. My current research centers on understanding the role of tanycytes, specialized radial glial cells in the hypothalamus, in regulating thyroid hormone levels and how this modulates metabolism and fertility.

What inspired the idea for this project?

During the development of this project, we identified that tanycytes show transcriptional changes of thyroid hormone (TH) gatekeeper genes when treated with TSH. This was previously known in seasonal breeders, in which tanycytes show a different transcriptional response when exposed to either short day or long day due to TSH produced in the pars tuberalis (PT) via the melatonin pathway. This in turn altered the fertility in the animals which has been hypothesized to be linked to changes in thyroid hormone levels, probably mediated by tanycytes, in the hypothalamus. We could further show, that in addition to reacting to TSH from the PT, tanycytes also showed transcriptional changes of TH gatekeeper genes when treated with TSH from the pars distalis. This opens up the question of the role of tanycytes, as extrathyroidal TSHR expressing cells, in the context of Graves' disease (GD). This brought us

to a collaboration with the group of Prof. Dr. A. Eckstein in Essen where they study thyroid eye disease linked to GD in mice. Therefore, using this mouse model we wanted to study the local control of thyroid hormone action by tanycytes, one of the main research topics of LOCOTACT, but in the context of GD. We proposed looking at transcriptional changes in the tanycytes using RNAScope and use thyroid hormone action indicator (THAI) mice to identify changes in thyroid hormone levels in the hypothalamus, eventually mediated by tanycytes.

What are the main objectives of your study? What are some expected outcomes or hypotheses you have for this study?

The main objective of this project was to identify the role of tanycytes, as extrathyroidal TSHR expressing cells, in the context of GD. This could help us further identify the role of tanycytes in maintaining thyroid hormone levels in the hypothalamus. Our hypothesis is that the activation or inhibition of TSHR, due to autoantibody production in GD, also modulating TSHR activity in the tanycytes which is responsible for gene regulation changes in tanycytes and therefore alters thyroid hormone availability in the hypothalamus.

For young scientists or students interested in similar research, what advice would you give to them as they start their careers?

For young scientists or students venturing into research, one key piece of advice from my side would be to embrace flexibility in their career path. Science is a dynamic field where new discoveries can shift paradigms and open up different avenues for exploration. Having started my own journey in neurodegeneration within neuroscience, I later transitioned into neuroendocrinology. This shift allowed me to expand my expertise and gain a broader understanding of neuroscience as a whole. I think in science you should always remain open to new ideas and experiences. Collaboration, network and willingness to learn from various disciplines help foster innovation in research. Flexibility enables you to adapt to changing interests and emerging opportunities, making it possible to acquire a diverse skill set.

Finally, how does it feel to be awarded this grant, and what does this achievement mean to you personally and professionally?

Being awarded this grant is incredibly rewarding. This grant complements and supports the previous funding I received. This grants me a deeper validation of my work and enhances my commitment to advancing basic science research in the field of thyroid hormones. Professionally, this achievement reinforces my belief in the importance of my contributions to the field. It signifies that my efforts are recognized and valued by the scientific community, motivating me to strive for an even greater impact. Personally, it instills a sense of confidence and encourages me to continue pursuing my research goals with passion. Moreover, I view this grant as a foundational step toward obtaining an independent position in the future. It demonstrates my capability to secure funding, which is crucial for establishing a successful, independent career. Overall, this achievement propels me forward, inspiring me to build on my work and explore new horizons in my research journey.

Unravelling the effects of mutant $THR\beta$ in patient-specific cortical neuron and cardiomyocyte



Giuditte Rurale
 Istituto Auxologico Italiano,
 Milan, Italy

cardiomyocytes, followed by the generation of isogenic models and pharmacological treatment using T3.

Patient-derived cortical neurons harboring the M442V or A317T mutations, each markedly reducing T3 affinity, exhibited early differentiation comparable to controls. However, by day 90, $RTH\beta$ neurons displayed significant transcriptional dysregulation involving genes important for synaptic plasticity, cognitive processing, and neurogenic differentiation, including NPTN, NRXN. A selective

This study aims to establish an ex vivo model of thyroid hormone resistance β ($RTH\beta$) by generating cortical neurons and cardiomyocytes from iPSCs from patients harbouring pathogenic $THR\beta$ mutations. Given the dominant-negative effect of mutant $TR\beta$, the project intended to dissect $TR\beta$ dependent molecular pathways and define the receptor's specific contribution to human neuro

and cardiomyocyte development and function. The work is structured into two phases: a comprehensive functional characterization of neurons and

impairment of glutamatergic identity emerged, evidenced by the downregulation of VGLUT1 and VGLUT2, while GABAergic markers remained unchanged. Electrophysiological analyses revealed reduced membrane capacitance, decreased excitability, elevated action-potential thresholds, and an inability to maintain repetitive firing, collectively indicating a deficit in the maturation of intrinsic membrane properties. Upregulation of CALB1 may further contribute to impaired calcium homeostasis and electrical instability.

Cardiomyocytes derived from patients carrying the R317T or R243Q mutations exhibited electrophysiological abnormalities consistent with disrupted thyroid hormone signaling.

Multielectrode array recordings demonstrated an accelerated spontaneous beat rate, shortened repolarization, and diminished spike amplitude compared with matched controls, suggesting a heightened pro-arrhythmic risk consistent with impaired calcium-handling maturation. Overall, these findings indicate that $THR\beta$ mutations substantially disrupt neuronal and cardiomyocyte development at both transcriptional and functional levels. The second part of the project is underway and will be presented at the upcoming ETA Annual Meeting. We are differentiating the isogenic R317T-corrected line and performing T3 response studies during neuronal and cardiac differentiation to determine whether enhanced T3 exposure can rescue baseline functional defects. The study will also be corroborated by transcriptome analysis that is currently underway.

Metabolic rewiring induced by triiodothyronine (T3) – a time-of-day dependent event



Leonardo Vinicius Monteiro de Assis
 University of Lübeck, Germany

experimental groups (T3, MMI, and CON) in metabolic organs such as the liver, inguinal white adipose tissue (iWAT), and gastrocnemius muscle, each with six time points across the day. Analysis involved multi-level

The Research Grant supported a project investigating how T3 influences systemic energy metabolism throughout the day. The project was based on an animal experiment where mice were treated with T3 or Methimazole/sodium perchlorate (MMI group) in their drinking water for at least two weeks, resulting in a high (T3) or low (MMI) thyroid hormone group. Initially focusing on high T3 levels, the project was expanded after negotiations with the sequencing provider to include the MMI group. RNA sequencing was performed on three

modeling of thyroid hormone dose-dependent effects on transcriptional regulation, a phenomenon we termed the "TH tuning effect." We studied these tuning effects within the arrhythmic part of the transcriptome, identifying TH-tuned genes and related biological processes. Additionally, we examined the rhythmic transcriptome, analyzing TH-regulated genes to detect changes in mesor (overall expression), amplitude (rhythmic strength), and acrophase (timing of peak expression). This process involved extensive bioinformatics, including differential rhythm analysis with DryR, transcription factor prediction using ChEA3, and transcription factor enrichment analysis using AME. We show that thyroid hormones have tissue-specific effects on transcriptional rhythms, with the liver showing the strongest rhythmic and arrhythmic transcriptional responses, followed by iWAT and skeletal muscle. Most effects of thyroid hormones seem to be mediated through secondary transcriptional networks. Given the success of our approach, we have expanded the project to include samples from the gonadal adipose (gWAT) and brown adipose tissue (BAT), along with serum lipidomics. These additions aim to capture thyroid hormone-dependent regulatory mechanisms in systemic metabolism, and to link transcriptional changes across organs with systemic metabolic alterations.

modeling of thyroid hormone dose-dependent effects on transcriptional regulation, a phenomenon we termed the "TH tuning effect." We studied these tuning effects within the arrhythmic part of the transcriptome, identifying TH-tuned genes and related biological processes. Additionally, we examined the rhythmic transcriptome, analyzing TH-regulated genes to detect changes in mesor (overall expression), amplitude (rhythmic strength), and acrophase (timing of peak expression). This process involved extensive bioinformatics, including differential rhythm analysis with DryR, transcription factor prediction using ChEA3, and transcription factor enrichment analysis using AME. We show that thyroid hormones have tissue-specific effects on transcriptional rhythms, with the liver showing the strongest rhythmic and arrhythmic transcriptional responses, followed by iWAT and skeletal muscle. Most effects of thyroid hormones seem to be mediated through secondary transcriptional networks. Given the success of our approach, we have expanded the project to include samples from the gonadal adipose (gWAT) and brown adipose tissue (BAT), along with serum lipidomics. These additions aim to capture thyroid hormone-dependent regulatory mechanisms in systemic metabolism, and to link transcriptional changes across organs with systemic metabolic alterations.

February 2026

Masterclass in Thyroid Eye Disease ETA/EUGOGO - TED Masterclass 2026

20.02.2026 – 21.02.2026, Mainz, Germany
<https://www.eurothyroid.com/events/ted-masterclass-2026.html>

March 2026

EUGOGO Teaching Course

07.03.2026 – 08.03.2026, Essen, Germany
<https://www.eurothyroid.com/files/download/events/25111901.pdf>

May 2026

European Congress Of Endocrinology

9 – 12 May 2026, Prague, Czech Republic
<https://www.eso-hormones.org/education-and-training/european-congress-of-endocrinology/ece2026/>

BTC 2026 Spring Meeting Belgian Thyroid Club 65th symposium

29 May 2026, Palais des Academies, Brussels, Belgium
thyroidclub.org

June 2026

ENDO 2026

June 13 – 16, 2026, Chicago, Illinois, USA
<https://www.endocrine.org/meetings-and-events/endo-2026-save-the-date>

September 2026

16th International Workshop on Resistance to Thyroid Hormone and Thyroid Hormone Action

September 01 to 04, 2026
 Ponta Delgada Public Library and Regional Archive Azores – Portugal
<http://16thiwrth.pt>

47th Annual Meeting of the European Thyroid Association (ETA 2026)

5 – 8 September 2026,
 Alfândega Porto Congress Centre, Porto, Portugal.
<https://www.eta2026.com/>

November 2026

2026 Annual Meeting of the American Thyroid Association (ATA)

4 – 7 November 2026,
 Marriott Philadelphia Downtown, Philadelphia, PA, USA.



Welcome Address

Dear Colleagues and Friends,

It is with great enthusiasm that we welcome you to the 47th Annual Meeting of the European Thyroid Association (ETA), to be held in 2026 in the beautiful city of Porto, Portugal.

We are delighted to host this important event in one of the most charismatic and historic cities of Europe. Porto, known for its centuries-old charm, vibrant cultural life, and warm hospitality, offers the perfect setting for a meeting that celebrates both scientific excellence and meaningful personal connections.

The ETA 2026 Meeting will bring together leading researchers, clinicians, and professionals in thyroidology from across Europe and around the world. Our scientific program is being crafted to highlight the latest advances in basic, translational, and clinical thyroid research, ensuring a dynamic and comprehensive scientific experience. This meeting will serve as a privileged forum for scientific exchange, collaboration, and networking, inspiring new ideas and partnerships that will shape the future of thyroid research and care.

We are proud to welcome you to the Alfândega do Porto Congress Centre, a unique venue on the banks of the Douro River. This beautifully restored 19th-century building, once the city's Customs House, combines historical character with modern facilities, providing an inspiring and comfortable environment for all sessions and discussions.

Porto stands as a bridge between tradition and innovation, reflecting the Atlantic spirit that connects Portugal to Europe and the wider world. We hope you will join us in Porto from the 5th to the 8th of September 2026—not only to contribute to the scientific success of ETA 2026, but also to experience the warmth of the ETA community and the charm of one of Europe's most captivating cities.

Local Organizing Committee ETA 2026 in Porto



Chair
Paula Soares, Porto, Portugal

Important dates for your calendar

Deadline for abstract submission!

16th March 2026

Low rate fees for registration - until June 30 2026

You can also apply to ETA prizes for congress communications

- **2 Young Investigator Awards (one basic, one clinical)**
- **2 Jacques Dumont Poster Prizes (one basic, one clinical)**
- **2 ETA Theo Visser Prize (one basic, one clinical) - NEW**

The Theo Visser Prize has been established in 2025 in honour of the late Theo Visser and will be awarded for the first time in 2026 at the 47th Annual Meeting in Porto, Portugal, and thereafter annually at the ETA Annual Meeting. This is a scientific prize including both, preclinical (basic and translational) and clinical categories in the field of Thyroid hormone transport, metabolism and action.

Travel Grant information will be available soon

<https://www.eta2026.com/>

ETA opportunities

Did you know that ETA has grant opportunities for clinical and basic projects, short-term stays and Travel Grants?

Check here those opportunities

ETA Project Research Grants – Two awards year (one basic and one clinical, 20.000€ each)

Eligibility for Project Research Grant: ETA full members (i.e. not with provisional status) in good standing under the age of 40 (at the date of the close of submissions) and within 5 years of obtaining their research qualification (MD or PhD).

Submission:

https://www.eurothyroid.com/about/research_grants.html

ETA Short-term clinical / Research Fellowship Awards – Two awards year (10.000€ each)

Eligibility for Short-Term Clinical/Research Fellowship Award: Applications should be from clinical thyroidologists or basic scientists who are ETA Junior Members in good-standing. Applicants should be no older than 35 years of age at the time of application and must hold a minimum of 12 months' ETA Junior Membership.

Submission: https://www.eurothyroid.com/about/research_grants.html

ETA Research Starter Grants – Two Awards a year (5.000€ each)

In basic or clinical thyroidology

The purpose of this grant is to encourage and support young researchers in low- and lower middle-income countries (LMIC)

ETA Junior members (<35 years at the time of submission) in good standing from low- and lower-middle-income countries - as defined by the World Bank (see: <https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>). Applications from higher-middle-income countries may be considered in some cases if justified by the applicant and after approval of the Research Grant Board, but those from lower-income countries will be prioritized.

ETA Travel Grants – Up to 30 Grants (500€ each)

Travel Award grants are assigned to Junior ETA Members (<35 years of age), who are first authors of either oral or poster presentations at the Annual Meeting.

(Information will be posted soon in the ETA site)

Support Travel Grants – reserved to Junior ETA Members (<35 years of age) from low-income countries (<https://www.eurothyroid.com/about/grants.html>)

ETA Prizes 2026

Did you know that you can nominate a mentor/researcher/colleague/reference that you admire, to ETA prizes?

Please consult ETA website at:

<https://www.eurothyroid.com/prizes.html>

ETA Lissitzky Career Award – The award is given on alternate years to a distinguished member of the ETA who has made a life-long contribution to thyroid research.

ETA Pinchera prize – The award is given to distinguished scientists who have brought thyroidology forward with their basic, translational, or clinical studies, but do not require to be a member of the ETA

European Thyroid Journal Lecture Award – This prize, is supported by the ETA to draw attention to the work of its journal, the ETJ

Harington-de Visscher Prize (formerly the Sir Charles Harington Prize) – The prize is awarded on alternate years to a member of the ETA, less than 42 years of age, who has made a significant contribution to thyroid research.

The Thyroidologist

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Design

Wecom Gesellschaft für Kommunikation mbh & Co. KG
info@we-com.de

Cover page

freshwinds peter crutchley DESIGN

Contact Us

THYROIDOLOGIST@endoscience.de