



Editorial

# Endocrines: A Passion for Endocrinology

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*“Three passions, simple but overwhelmingly strong, have governed my life: the longing for love, the search for knowledge, and unbearable pity for the suffering of mankind.”* Bertrand Russell—Nobel Laureate

When MDPI, the pioneer academic open access publisher, offered me the role of Founding Editor-in-Chief of *Endocrines*, I heard myself accepting a difficult position, not simply due to the existence of countless conventional journals covering the fields of endocrinology and metabolism, but also because of the worldwide imperative to conduct pandemic-focused research. That said, in the midst of the coronavirus disease 2019 (COVID-19) outbreak, still restricting patients’ access to usual levels of medical care and forcing the reorganization of daily clinical practices to prioritize immediate needs for acute emergencies, I immediately felt that the contemporary rise of *Endocrines* would have encouraged endocrinologists and endocrine researchers to pursue their passion for endocrinology, to effectively counteract the many healthcare challenges concealed within this discipline.

According to the latest global estimates, at present, almost half a billion people are living with diabetes and this number is projected to increase by more than 50% in 25 years, paralleling the prevalence rates of obesity [1]. As one of the major causes of mortality and morbidity, in terms of blindness, lower limb amputation, kidney failure, and acute cardiovascular events, other than being an emergent negative prognostic factor for COVID-19 [2] and several endocrine-related cancers [3], the massive escalation of diabetes is profoundly impacting on the lives and well-being of an extremely large patient population, their families, and, most importantly, societies, now experiencing huge costs and losses. The burden of diabetes on the healthcare system fosters the development of novel pharmacotherapeutic solutions and demands intense clinical and research efforts to determine, in each decision-making process, the most optimal and cost-effective treatment regimen for individual patients with special needs and underlying comorbidities. Prevention of obesity and related insulin resistance, cardinal features of the metabolic syndrome, are also key issues to deal with, when addressing diabetes care. Advancing our understanding of the complex interplay between genetic, epigenetic, and environmental regulators in the development and maintenance of obesity, will assure the identification of novel diagnostic biomarkers, and/or potential therapeutic targets for nutritional, behavioral and pharmacological interventions against insulin resistance and related diseases [4].

The clinical spectrum of obesity also comprises male and female reproductive disorders, extensively affecting the likelihood of natural conception, the success rates of assisted conception treatments, and the outcomes of newborns, regardless of whether or not their mothers have been diagnosed with gestational diabetes [5]. Noticeably, pregnancy is characterized by delicate alterations in maternal metabolic and endocrine state, to meet higher energy demands needed for fetal growth, labor, delivery, and lactation. The physiological insulin-resistant phase of pregnancy is essential for an adequate shunting of glucose, amino acids, lipids and intermediate metabolites to the rapidly growing fetus. On the other hand, if maternal  $\beta$ -cell secretion fails to compensate for the increased insulin resistance,

gestational diabetes occurs, and may even persist after pregnancy, predicting a risk of early postpartum glucose intolerance and future diabetes [6].

Other increasingly common encounters in endocrinological practice, especially among female patients, are thyroid disorders and metabolic bone diseases, incidentally, with a causal relationship. However, given the intricate hormonal influence on bone metabolism and calcium homeostasis, there are many possible endocrinological reasons for osteoporosis and bone turnover abnormalities (e.g., hyperparathyroidism, Cushing's syndrome, acromegaly, hypogonadism, etc.), whereas novel mechanisms and treatment options have recently gained attention [7]. Indeed, many organs, of which the primary functions are not endocrine, have turned out to be fundamental parts of the endocrine system (e.g., heart, gut, thymus, kidney, skin, adipose tissue), contributing to body water and electrolyte balance, the production of red blood cells, the development of competent immune responses, and the orchestration of brain-immune-endocrine cross-talks [8]. Unfortunately, there is a myriad of possible disruptors of these functions, resulting in many endocrine and metabolic diseases, which form the core issues of *Endocrines*. In recent years, we have witnessed a change in the nomenclature of pituitary tumors, from "adenomas" to "neuroendocrine tumors" (PitNETs), more closely reflecting the behavioral variability of these neoplasms. Commonly reported in up to 20% of the general population, most PitNETs are invariably benign, slow-growing tumors, which can be classified into three lineages according to the immunohistochemical analysis of pituitary-specific transcription factors, and sub-categorized with respect to hormone content and distinct pathological connotations [9]. Molecular research in the endocrine oncology area may identify novel markers of invasiveness, which, in combination with clinical and pathological findings, may help recognize the subset of aggressive PitNETs at a high risk of recurrence, allowing one to adapt the post-operative management of patients in a timely manner.

*Endocrines* welcomes original research articles, including basic, translational, and clinical investigations, along with communications, review articles, letters, and commentaries, making a valuable contribution to the progress of all fields of endocrinology and metabolism. As selections should inevitably be made, occasionally ending in close calls, we rely on the integrity of the entire single-blind peer-review process to reward the quality and validity of each manuscript that will be published in *Endocrines*. As Editor-in-Chief, I will be particularly devoted to improving the standards and efficiency of our peer-review process. To this end, I will take full advantage of the talents and multidisciplinary expertise of our Editorial Board to rapidly identify manuscripts that are not suitable for peer-review, due to ineffective research presentation, obvious methodological and ethical flaws, or covering subjects that fall beyond the scope of the journal. The reviewers' team will embrace a number of internal and external experts in each field of endocrinology and metabolism, to provide reliable, fair, and constructive criticisms of submitted manuscripts, helping authors to improve their work and assisting editors in making their decision. Then, upon completion of the final editing steps, individual articles accepted for publication will be made available online as soon as possible, usually before the formal publication date for the relevant issue. Thanks to the full open access policy of *Endocrines*, newly published articles will have a rapid, free reach, without length restraints, a potentially unlimited readership, ensuring widespread awareness of its contents and enhancing network possibilities among endocrinologists, biomedical researchers, and, in a broader sense, everyone interested and fascinated by endocrinology and metabolism. Accordingly, we expect articles in *Endocrines* to be widely known and extensively cited, and the journal to be indexed in Pubmed, MEDLINE, SCOPUS, Web of Science, and other major international platforms for biomedical literature, with a journal Impact Factor, in a relatively short time. To facilitate this process, *Endocrines* will publish a variety of Special Issues, namely a collection of articles dedicated to essential and emerging topical areas of endocrinology and metabolism, with invited reviewers and guest editors from leaders in the field, ensuring that we capture the interest, attention, and increased attendance of members of the international endocrine and metabolic community. Additionally, articles will be published free of charge to contributors in 2020. We hope that these strategies will raise interest and awareness of the multiple challenges and

opportunities in endocrinology and metabolism, thereby leading to a long series of passionate research and clinical responses.

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