

Meet Massimo Terzolo, our 2025 Clinical Endocrinology Journal Foundation Awardee



Professor Massimo Terzolo, from Turin, Italy, is our 2025 Clinical Endocrinology Journal Foundation Awardee. He will deliver his Award Lecture in Copenhagen at the Joint Congress of ESPE and ESE. Read on to learn more about his career in endocrinology, his advice for future endocrinologists, and what you can look forward to hearing him talk about at the Congress.

Please tell us about your current role

I work at the San Luigi Hospital in Orbassano, Turin, located in the northwestern part of Italy. San Luigi is a University Hospital affiliated to the University of Turin, with teaching and clinical facilities. I am Full Professor of Internal Medicine and Head of the Department of Internal Medicine. My department includes Endocrine and Diabetology Units and has been recognised by the European Network for the Study of Adrenal Tumors (ENS@T) as a centre of excellence for patient care and research.

How were you inspired to work in endocrinology?

I became fond of endocrinology when I was a medical student, hearing the lessons of Professor Angeli on the circadian rhythms of hormones. I did my MD thesis on the circadian rhythm of melatonin under his supervision. Then, I undertook postgraduate specialisation in endocrinology and joined his group as a hospital doctor and consultant in endocrinology. Professor Angeli became my mentor and guided me to clinical research with a particular focus on adrenal diseases.

What will you discuss in your Award Lecture at the 2025 Joint Congress of ESE and ESPE?

I have dedicated a large part of my research to the treatment of adrenocortical carcinoma. As a clinician, I felt that this was necessary, since we had very little information on how to manage patients affected by this orphan tumour beyond surgery.

Given the high rate of tumour recurrence after surgery, I considered that the concept of post-operative adjuvant treatment was clinically sound, although supported by mixed evidence. I carried out a series of clinical studies aiming to evaluate the efficacy of adjuvant mitotane treatment and to find predictors of response. I also studied the toxicity associated with treatment, trying to find measures to mitigate it. I co-ordinated the first prospective, randomised study in the adjuvant setting, the ADIUVO trial, which opens the way to personalised adjuvant treatment. I also undertook studies on patients with advanced disease, aiming to find out which treatments are efficacious, what is the best sequence of treatment and how to integrate systemic with loco-regional treatments.

What are you most proud of in your career, and in life in general?

I am happy to have carried out the ADIUVO trial, the first randomised study on adjuvant treatment of patients with adrenocortical carcinoma, despite the many challenges encountered, including the COVID pandemic. It took about 15 years from the start of the study to publication: the study of my life, I may say.

However, ADIUVO provided key information on the natural history and response to treatment of patients with this rare cancer that would be impossible to obtain in a retrospective fashion. ADIUVO shows that conducting trials in rare diseases may be a tribulation, but it is the only way to significantly improve patient care.

What is likely to be the next breakthrough in your area of interest?

This will be the application of our knowledge of the molecular mechanisms driving adrenocortical carcinoma into clinics. We will seek to establish the use of molecular markers in clinical practice to guide management, and select patients for tailored treatments based on the biological characteristics of the tumour and the clinical features of the patients.

What are the biggest challenges in your field right now?

I am really sad that we are struggling to advance the level of care for our patients with adrenocortical carcinoma because of a lack of funding and limited interest from pharmaceutical companies. This hampers our ability to conduct clinical trials that are urgently needed to find new therapeutic strategies.

What is the most enjoyable aspect of your work?

The joint effort with many colleagues and friends from other countries in undertaking studies and defining strategies for patient management is very rewarding, as is the fair competition in science that pushes you to overcome your limits.

What are you most looking forward to at the 2025 Joint Congress?

I will enjoy networking with colleagues, meeting friends, being updated on the newest research findings, and learning from experts.

Why should people join ESE?

ESE is a vibrant and brilliant society that offers members the possibility of improving their skills in both research and clinical practice. ESE must grow stronger in numbers, so it can promote and harmonise the practice of endocrinology across Europe. Moreover, ESE is well

suited to lobbying policymakers to smooth regulations to conduct research across different countries.

What words of wisdom do you have for aspiring endocrinologists?

Practising endocrinology gives you the unique opportunity to understand pathogenetic mechanisms that are shared by many human disorders and offer valuable opportunities for treatment. Therefore, endocrinologists will become increasingly engaged in the management of non-endocrine diseases. Moreover, scientific research in endocrinology is so multifaceted that it can fulfil any interest, from basic science to clinics, and open new avenues that may also be valuable to other specialties.

Is there anything else you would like to add?

Taking care of patients with a rare condition and trying to undertake research on this topic has enabled me to understand the value of collaboration, and of sharing ideas, experiences, successes and failures. I guess that this is one of the most satisfying aspects of my work as a clinician and researcher.