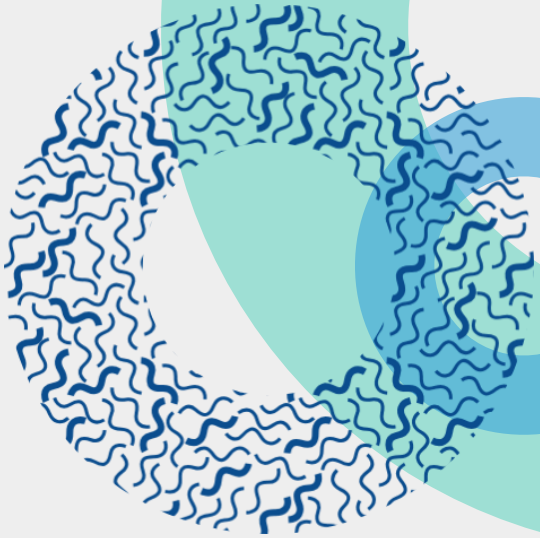


Danish Diabetes and Endocrine Academy

Self-Evaluation Report 2023–25

Odense University Hospital
Kløvervænget 6
Entrance 93, 8th floor
5000 Odense C, Denmark

Contents

Graphic design, layout, and visualisations by Julie T. Rasmussen

1. Preface

This self-evaluation report has been produced at the request of the Novo Nordisk Foundation.

The report was prepared as a retrospective and self-reflective overview of the Academy's activities in education and talent development, network and collaboration, grants, and communication during January 2023-January 2026 in the context of the Academy's vision, mission, strategic objectives, strategic themes, finances and governance.

Troels Krarup Hansen

Chair of the DDEA Board of Directors

CEO Steno Diabetes Center Aarhus

Niels Nørgaard Pedersen

Grant Holder for DDEA

CEO Odense University Hospital

2. Executive Summary

The Danish Diabetes and Endocrine Academy (DDEA) was established in 2023 with the mission to strengthen research capacity in diabetes and classical endocrinology through education, talent development, networking, collaboration, and grant activities. During its first three years, the Academy has consolidated a unified national endocrine research environment, strengthened early-career researcher leadership and implemented meaningful Patient and Public Involvement (PPI) activities, expanded engagement across sectors and borders, and laid the foundations for long-term scientific and societal impact.

The Academy has delivered on the majority of its short-term success criteria. Activity levels, participant diversity and national reach met expectations, and engagement from classical endocrinology increased markedly. Several long-term KPIs relating to scientific output, career progression and innovation cannot yet be assessed, as most funded projects are still in early stages.

DDEA has delivered a broad and high-quality portfolio of educational and talent development activities with consistently strong satisfaction scores. Early-career researchers played central roles as participants, organisers and speakers, and PPI was integrated into both flagship and thematic formats. Targeted outreach significantly increased participation from classical endocrinology and broadened international engagement. Furthermore, networking and collaboration activities strengthened interdisciplinary connections across universities, hospitals, NGOs, patient organisations, the Danish academies and international partners. These initiatives have already generated new scientific collaborations, including several that have developed into joint projects and external funding.

DDEA awarded 116 grants during 2023–2025 through competitive international peer review with balanced success rates across gender, educational background and institutions. Application volume and proposal quality increased in classical endocrinology, although the intended progression toward a balanced distribution between diabetes and classical endocrinology has not yet been achieved. Structural adjustments including a consolidated annual call and the introduction of PPI as an assessment criterion strengthened transparency, feasibility and strategic alignment.

The Academy's communication presence expanded substantially, with a strong growth across digital channels and high newsletter engagement. Targeted communication strengthened visibility within classical endocrinology and enhanced outreach to wider stakeholder groups.

Scientific output from DDEA-funded researchers is still emerging, but early publications show broad methodological and scientific diversity. ECR-led commentary articles further demonstrate the Academy's role in strengthening scientific dialogue and leadership development.

DDEA's further impact, albeit early, includes strengthened national cohesion across endocrine fields, expanded opportunities for early-career researchers and the development of models for meaningful PPI. The coming period will focus on consolidating integration across endocrinology, deepening collaboration with cardiovascular research environments, strengthening industry engagement, expanding PPI and contributing to international capacity-building.

3. Introduction

The Danish Diabetes and Endocrine Academy (DDEA) was established in 2023 with a five-year (2023-2027), 26.0 million € grant from the Novo Nordisk Foundation, building on ten years of experience from the former Danish Diabetes Academy (2012-2022) while introducing a new governance structure to support its mission across diabetes and classical endocrinology. A seven-member Board of Directors (BoD) was constituted with the Chair designated by the Novo Nordisk Foundation, and the Committee for Education, Advisory Board and an international Grant Review Committee were established to ensure breadth, expertise and transparency across the Academy's activities. A Secretariat of seven staff members was created, combining continuity from the former Academy with new competencies (see Appendix 1 for Terms of References). Fig. 3.1 shows the developmental phases and activities during 2022-2025.

During 2023, the governance model was consolidated. The Grant Review Committee became operational for the first two rounds of grant allocations, and four Board Committees were established to address DDEA sustainability, the integration of classical endocrinology, collaboration with the life science industry and strategic partnerships. These committees were tasked with providing analyses and recommendations to support the Board's strategic decisions.

In 2024, governance adjustments continued with the appointment of a new BoD Chair and the establishment of a Public Advisory Panel to strengthen patient and public involvement.

In 2025, further renewal took place: a Vice Chair joined the Board, the Committee for Education was reconstituted, new members were added to the Grant Review Committee, and a new Chair of the PhD Scholarships programme was appointed. A strategic working group was also launched to explore long-term sustainability beyond 2027 and to initiate coordinated planning with the Danish Cardiovascular Academy for future cross-disciplinary initiatives.

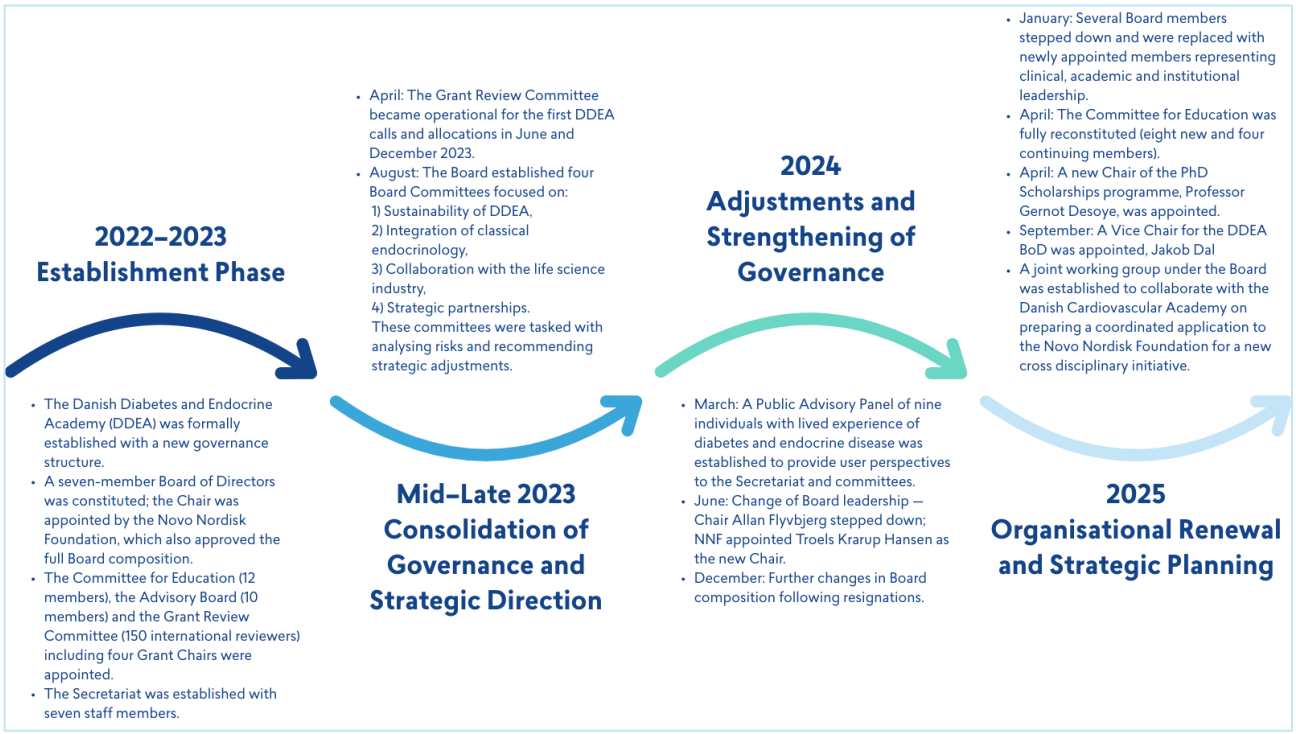


Figure 3.1: *Timeline for the establishment of the Academy*

4. Overall Objectives, Success Criteria and Achievements

DDEA was established with a long-term ambition to strengthen research capacity across the full spectrum of diabetes and endocrine diseases. As outlined in the original application to the Novo Nordisk Foundation:

> The ***vision*** of the Academy is to promote world class research to improve the prevention and treatment of diabetes and endocrine diseases.
>
> The ***mission*** is to foster early-career research talent through education and talent development, networking and collaboration, and funding.

These three activity pillars form the core of the Academy's strategy and underpin all operational and strategic choices made during the grant period.

Based on this vision and mission, the application defined **three overarching objectives** for the Academy:

1. To provide **excellent research education and talent development** for early-career researchers in diabetes and endocrinology.
2. To promote **networking and collaborations** across research fields, sectors and borders, uniting academia, hospitals and the life science industry.
3. To **fund talented early-career researchers and visiting professors**, thereby increasing the supply of world class research talent across the field.

These objectives are embedded in a broader research capacity-building approach, in which the Academy seeks to embrace endocrinology as a whole, strengthen interdisciplinarity, and support the full translational continuum from basic to clinical research.

4.1. Success Criteria and Key Performance Indicators

The original application defined an extensive set of success criteria and key performance indicators (KPIs) across education and talent development, networking and collaboration, grants, and communication and outreach. At this point in the grant period, only a subset of these indicators can be meaningfully assessed. Many of the KPIs relate to long-term outcomes such as citation impact, career trajectories, innovation activities, employment patterns and influence on clinical practice. These require several years after project completion to become reliable, and interpretation at this stage would risk premature or potentially misleading conclusions. Key success criteria are shown in Table 4.1, and a full overview of the entire KPI framework, including indicators that cannot yet be assessed, is provided in Appendix 6.

4.1.1. Education and Talent Development: KPI Reflections

The short-term KPIs for education have been met. We have delivered over the planned number of courses, symposia and talent development activities, and approximately 50 percent of the disease-specific activities have been directed at classical endocrinology, in line with the intended trajectory. Participation from classical endocrinology fields has increased steadily across the period, reaching around 15 percent in 2025, indicating that targeted communication has been effective and well received by the community. Participant evaluations consistently show high satisfaction. With an average programme rating of 4.5 on a 1–5 scale, the events score well above the minimum KPI threshold of 4.0. Across all activities, approximately 90 percent of participants report gaining new and applicable skills and competencies.

Diversity indicators for participation also show promising patterns. Across the education portfolio, around 20 percent of participants come from abroad, approximately 35 percent are affiliated with university hospitals, six percent represent the life science industry, and the remainder come from universities. Speaker composition shows similar breadth across sectors, career stages and research environments, in line with the ambition to create an inclusive and heterogeneous learning environment.

Long-term KPIs relating to career progression, including the proportion of DDEA grant recipients who become principal investigators or research leaders, cannot yet be assessed. However, experience from the former Danish Diabetes Academy suggests that such trajectories are realistic once early-career researchers have had sufficient time to mature scientifically.

4.1.2. Networking and Collaboration: KPI Reflections

We have exceeded the planned volume of networking activities, delivering up to sixteen annual events across cross-sector, cross-disciplinary and cross-academy partnerships. Collaborations with sister academies, including the Danish Cardiovascular Academy, Danish Data Science Academy, and Neuroscience Academy Denmark, have strengthened national engagement and created links across the cardiovascular, metabolic, neuroscience, and data science research communities

Although KPIs on the formation of new collaborations cannot yet be meaningfully measured, early indicators are positive. Participation is broad across institutions, and feedback from the Danish Endocrine Society (DES) and the

Association of Young Endocrinologists (FYEN) suggests that we are strengthening coherence within the endocrinology community. While not a substitute for a full stakeholder assessment, their responses align with the success criterion that a majority of stakeholders should acknowledge the positive impact.

We have also begun to develop a meaningful international footprint. For example, strategic engagement with the East Africa Diabetes Study Group (EADSG), the World Diabetes Foundation (WDF), the University of Geneva and other partners has expanded the Academy's reach beyond Denmark and Europe. These efforts recently resulted in a framework grant under the Global Innovation Network programme (GINP), establishing a new international network focused on improving type 1 diabetes data in low-resource settings. While still too early to reflect in formal KPIs on sustained collaborations, this achievement demonstrates that the Academy's networking model generates value beyond immediate activities and positions Danish endocrine and metabolic research within an emerging global ecosystem.

4.1.3. Grant: KPI Reflections

Only a subset of grant-related KPIs can be meaningfully assessed at this early stage. One KPI that can be evaluated is the distribution of grants across applicant groups. We have awarded 116 grants across twelve programmes during 2023–2025 (Appendix 4). Success rates were equivalent across gender, educational background and applicant category. Women and men performed identically, and applicants with a medical doctor background had the same overall success rate as applicants with an MSc background. The Board of Directors reviews these distribution patterns annually to ensure that the assessment process remains balanced and free from structural bias. Current figures indicate that the peer-review system is functioning as intended.

The geographic distribution of awards reflected the national structure of endocrine and metabolic research. Grants were awarded across all major universities and clinical environments, including the University of Copenhagen, Aarhus University, the University of Southern Denmark, Aalborg University and the Steno Diabetes Centers. When adjusted for application volume, no single institution dominated the award patterns, indicating broad national engagement and strong competitiveness across diverse research environments.

The intended 50/50 distribution between diabetes and other endocrinology fields has not yet been reached, mainly due to the limited volume of applications from classical endocrinology in the first two years. Success rates for both fields remain comparable, and the distribution therefore reflects the applicant pool rather than systematic differences in assessment. The period has also highlighted the need for clearer categorisation between metabolic and classical endocrine research, which will be addressed in future calls.

All remaining grant-related KPIs including publication impact, citation performance, innovation engagement, industry employment and long-term career trajectories are long-term indicators that cannot be evaluated meaningfully at this stage. Most grant recipients began their projects in late 2023 or 2024, and early output does not yet provide a reliable basis for assessing these metrics. Longitudinal follow-up will be required once projects mature and early-career researchers progress further in their scientific careers.

4.1.4. Communication and Outreach: KPI Reflections

We have established collaborations and sustained dialogue with several NGOs, thereby meeting the KPI of annual NGO engagement. Other communication-related KPIs relate to public visibility, media citations and dissemination activity. These metrics remain difficult to assess reliably at this early stage: most DDEA grant recipients are still in the early phases of their projects, limiting the volume of research available for media coverage, and the transition to a new website and analytics system prevents consistent year-to-year comparison. While a preliminary bibliometric and media scan has been conducted, firm conclusions regarding citation trends or annual increases in media attention would be premature and risk misinterpretation.

In contrast, several short-term KPIs on digital reach and audience growth can be evaluated and show clear progress. Across the first three years, we have built a strong and rapidly expanding communication presence. The website has received more than 500,000 page views, indicating sustained interest in the Academy's activities. On LinkedIn, followers increased from approximately 4,270 at the beginning of 2023 to around 7,800 by the end of 2025, representing an overall growth of almost 50 percent. Instagram activity grew similarly, from 782 followers in December 2023 to 1,174 in November 2025, reflecting growing engagement among early-career researchers

and the wider endocrine community. Newsletter subscriptions also increased steadily from 3,256 (2023) to 3,914 (2025). Together, these trends indicate that our communication strategy is gaining significant traction and effectively supports its educational, networking and grant activities as well as its four strategic priorities.

Longer-term KPIs, such as the volume of media citations, the share of DDEA-grant recipients engaging in broad dissemination or public communication, and the degree to which DDEA-supported research influences guidelines or policy will require longitudinal follow-up once more scientific results become available and researchers advance further in their careers. A full overview of communication-related KPIs, including those that cannot yet be assessed, is provided in Appendix 6.

Selected KPI	Status
Planned number of education and talent development activities delivered	Achieved
Proportion of disease-specific education activities in classical endocrinology	Achieved
Participants reporting acquisition of new skills and competencies	Achieved
Annual number of networking and collaboration activities	Achieved
Engagement with NGOs	Achieved
Activities co-organised with DCA/DDSA, industry, or international institutions	Achieved
Distribution of grants across diabetes and classical endocrinology	Not yet achieved
Grant-related long-term KPIs	Too early to assess

Table 4.1: *Key success criteria*

4.2. Major Accomplishments

4.2.1. *Major Accomplishment #1*: Consolidating an Integrated Endocrine Academy

We have begun to consolidate a unified endocrine community across diabetes and classical endocrinology. Engagement from classical endocrine fields has increased through targeted education activities, thematic calls and deliberate efforts to include both communities in shared programming (Appendices 8 and 9). Discussions during courses and scientific events have made the interconnectedness of metabolic and hormonal systems more apparent, helping to reduce historic divides between the two fields. Thus, as the DDEA organisation has matured, there has been growing recognition that the boundary between diabetes and classical endocrinology is often artificial in scientific practice. Formal feedback from DES and FYEN indicates support for this integrative role (Appendix 14). These developments indicate that the Academy is becoming a shared home for both diabetes and classical endocrinology, while acknowledging that further work is needed to fully consolidate a unified research community.

4.2.2. *Major Accomplishment #2:* Public and Patient Involvement (PPI)

We have taken Public and Patient Involvement (PPI) from principle to practice. Through co-developed PPI guidelines, the establishment of a Public Advisory Panel, integration of PPI into the course portfolio and the introduction of PPI as an assessment criterion in fellowship applications, we have focused on avoiding tokenism and created clearer expectations and better structural conditions for meaningful involvement. In parallel, we have worked to strengthen societal outreach, including participation in the Danish People's Meeting and the development of podcast formats aimed at sharing lived-experience perspectives more broadly. Early signs of broader influence include other organisations adopting our PPI in research frameworks. However, we recognise the need to scale PPI in research training so that it becomes a routine part of early-career researcher development rather than optional. This work aligns with a broader shift in research funding environments, where major programmes including Horizon Europe, Innovative Health Initiative and several Nordic and UK research funders now expect meaningful PPI in project design, governance and dissemination.

4.2.3. *Major Accomplishment #3*: Involvement of early-career researchers in DDEA organisation and activities

Early-career researchers (ECRs) have become deeply integrated into the Academy's organisation and activities. ECRs have co-organised courses, workshops and networking events and contributed to mentoring and alumni activities. Further, ECRs are represented in both the Committee for Education and the Board of Directors, where they shape priorities, programme development and strategic decisions. Their presence in these bodies ensures that early-career perspectives are integrated into the Academy's governance structures and that decisions are informed by the needs and experiences of the next generation. The Postdoc Summit, led entirely by early-career researchers, has developed into an international platform that has produced peer-reviewed and published commentary articles and jointly formulated scientific challenges. These developments show that the Academy not only supports early-career researchers but empowers them to contribute to its strategic and scientific direction. In addition, early signs of career progression are emerging. Several early-career researchers who were previously affiliated with the former Danish Diabetes Academy are now leading their own projects within DDEA as principal investigators on DDEA PhD Scholarships and Postdoctoral Fellowships. This development illustrates that the Academy is beginning to support a pipeline in which early-career researchers evolve from trainees to independent leaders, benefitting from the continuity, networks and capacity-building that the Academy structure provides. Feedback from early-career researchers is provided in Appendix 13.

4.3. The Academy as More Than the Sum of Its Parts

The Academy has created effects that go beyond what any single institution, research group or funding mechanism could have achieved independently. Its integrative model combining education, funding, networking, and patient involvement across sectors, disciplines and borders has strengthened coherence in the national endocrine ecosystem and enabled forms of collaboration that did not previously exist. What distinguishes the Academy is not the number of activities delivered, but the way in which its structures have generated alignment, visibility and shared purpose across diabetes and classical endocrinology.

At the national level, the Academy has provided a common platform where not only early-career researchers but also more senior scientists and representatives from patient organisations engage on equal terms. This has helped reduce long-standing divisions between subfields, fostered shared scientific language, and created new opportunities for joint projects and talent development. The integration of PPI, ECR governance roles, and cross-academy collaborations has contributed to cultural shifts towards openness, inclusivity and cross-sectoral engagement. These developments are not additive; they represent a qualitative change in how the field operates.

Beyond Denmark, the Academy has begun to influence others internationally. Educational formats such as PPI frameworks and ECR-driven models for scientific dialogue, have been adopted or adapted not only by national and European partners but also by institutions in low- and middle-income countries (LMICs) through the Type 1 Diabetes Global Innovation Network. Several LMIC partners have incorporated key elements of our workshop design, challenge-based learning and youth-led research formats into their own conferences and training activities.

Our contribution therefore lies not only in activities delivered, but in the collective capacity it has created: stronger national structures, more cohesive scientific communities, enhanced international visibility, and transferable models that are already being implemented in global settings. In this sense, the Academy functions as significantly more than the sum of its parts.

5. Educational and Talent Development Activities

5.1. Strategy for DDEA Educational and Talent Development Activities

The annual programme of DDEA educational and talent development activities is designed through a systematic process beginning with the research community and culminating with the DDEA Board of Directors.

Briefly, the development of activities operates on an annual basis. It begins with a survey, open to the research community, including DDEA stakeholders, to ask for suggestions. This survey is shared on DDEA's website and

social media channels and via targeted email announcements. Ideas are also collected throughout the year on an *ad hoc* basis and through all event evaluation surveys. The list of ideas is then curated and shared with the DDEA Committee for Education in the early spring. The committee consults the list and together with their own experience and expertise, prioritizes topic areas and formats and proposes a set of onsite and online activities for the following calendar year. The DDEA Secretariat then works with the output from the Committee for Education, checking for success criteria, ensuring diverse research fields are covered, and deepening existing and developing new collaborations. The refined annual programme is then presented to the DDEA Board of Directors in late spring for approval. After any final adjustments are made and the annual programme is approved, the DDEA Secretariat forms *ad hoc* organizing committees with national and international scientific expertise from across sectors, among collaborating organizations, and throughout the career ladder (see Appendix 11).

Through this bottom up, systematic process, the Academy ensures that 1) needs of the Danish diabetes and endocrine research community are met, 2) the portfolio of activities is balanced, relevant, of high quality, and maximises participant diversity, 3) Danish endocrine research areas are embraced, 4) collaboration with Danish academies is leveraged, 5) stakeholders, such as life science industry, are engaged, and 6) the strategy of the Academy is implemented.

This strategy, employed to create the Annual programmes of 2023, 2024, 2025, and 2026, is well aligned with that which is outlined in the original application. The strategy and process are closely monitored by the DDEA Education and Networking Manager and Chair of the DDEA Committee for Education.

5.2. Accomplishments for DDEA Educational and Talent Development Activities

5.2.1. Overall reflection on accomplishments and meeting success criteria and milestones

The strategy described above has produced well-rounded Annual Programmes every year from 2023 through 2026. Three DDEA Flagship courses have been offered every year: Summer School in Diabetes, Metabolism and Classical Endocrinology for PhD Students, Postdoc Summit, and the Basic Cardiometabolic Research Course for first year PhD students. In addition, two new course series, Current Topics in Diabetes and Current Topics in Endocrinology, have been established promoting diversity and relevance in the programme. Regularly occurring courses, such as the three-course series in R programming, provide important skills development and are some of our most highly sought after courses. Forefront science is provided every year in the form of symposia and additional courses, e.g., Neuroendocrine Control of Energy Metabolism (Copenhagen, May 2024, 2026), Emerging Strategies in Obesity Prevention and Treatment (Faroe Islands, June 2025), Translating Biomarkers into Clinical Endocrinology (Copenhagen, May 2023), and Sex Hormones and the Brain (Odense, November 2026).

All success criteria and milestones related to DDEA educational and talent development activities have been met (Figs 5.1, 5.2) with the exception of those that require a future view. Read more about the KPIs in Section 4.1.1.

DDEA educational events have demonstrated a high level of success through consistently high satisfaction scores (overall, programme content, networking opportunities, and organization) and numerous personal communication. The average overall satisfaction score from 2023-2025 is 4.5 out of 5.0.

Additionally, participant diversity has increased with more international participants and attraction of the endocrinology research community in Denmark (Fig. 5.2). While clinicians are well-represented in DDEA educational activities, we struggle to attract participants from the life science industry (Fig. 5.2). Having expert organisers and speakers from industry does little to attract these participants. However, placing an event at a company's physical location greatly enhances their participation, e.g., events placed at the Arla headquarters auditorium (2024, 2026). Importantly, there is never a registration fee for DDEA activities, allowing unfettered access for early-career researchers.

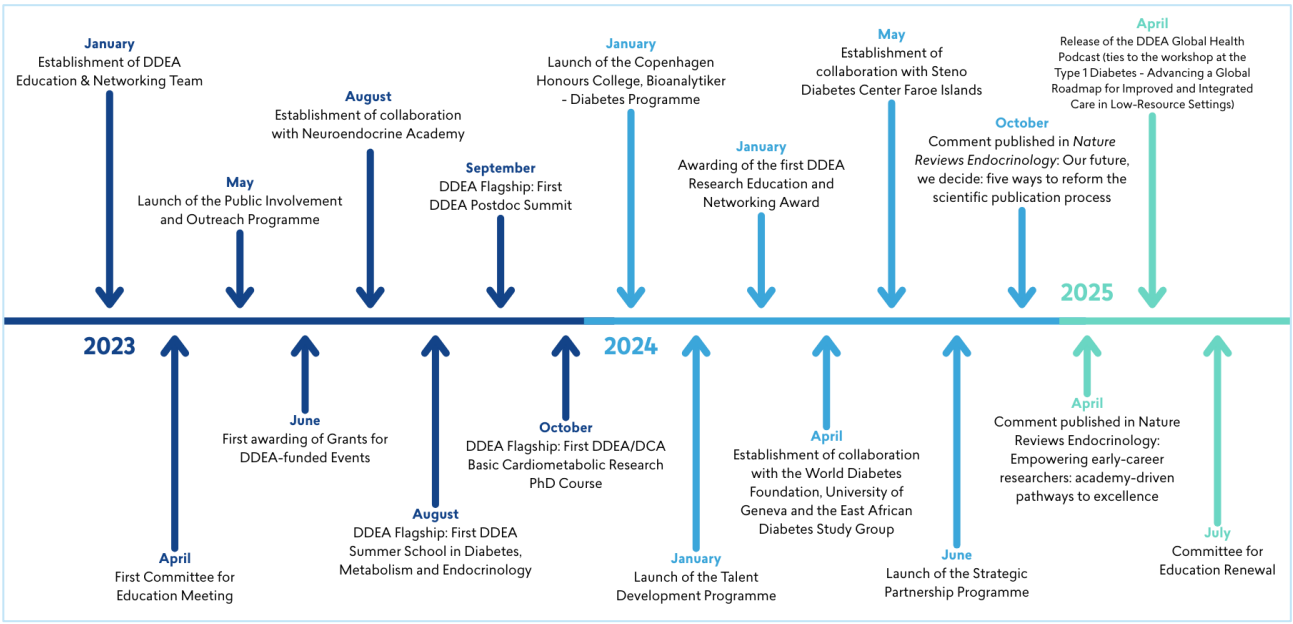


Figure 5.1: *Graphical timeline of the milestones of development of educational and talent development activities at DDEA (full timeline in Appendix 7).*

5.2.2. Extension to classical endocrinology

This Academy has been tasked with uniting all areas of endocrinology. During 2023, very few researchers in classical endocrinology participated in DDEA activities. In fact, less than 5% of the participants came from these research fields (Fig. 5.2). This low turnout was not due to the lack of events specifically in classical endocrinology. It was likely due to a lack of targeted communication and announcements. After this observation, we doubled our efforts in 2024 to learn more about the needs in these areas and how to reach these researchers, e.g., through building a stronger relationship with the Danish Endocrine Society and Young Endocrinologists Society, see Section 6). The extra effort paid off with a tripling of participants from classical endocrinology in the 2024 events, a number that held steady in 2025 (Fig. 5.2), and we continue to work to increase. We now have a better grasp on the size and needs of this community.

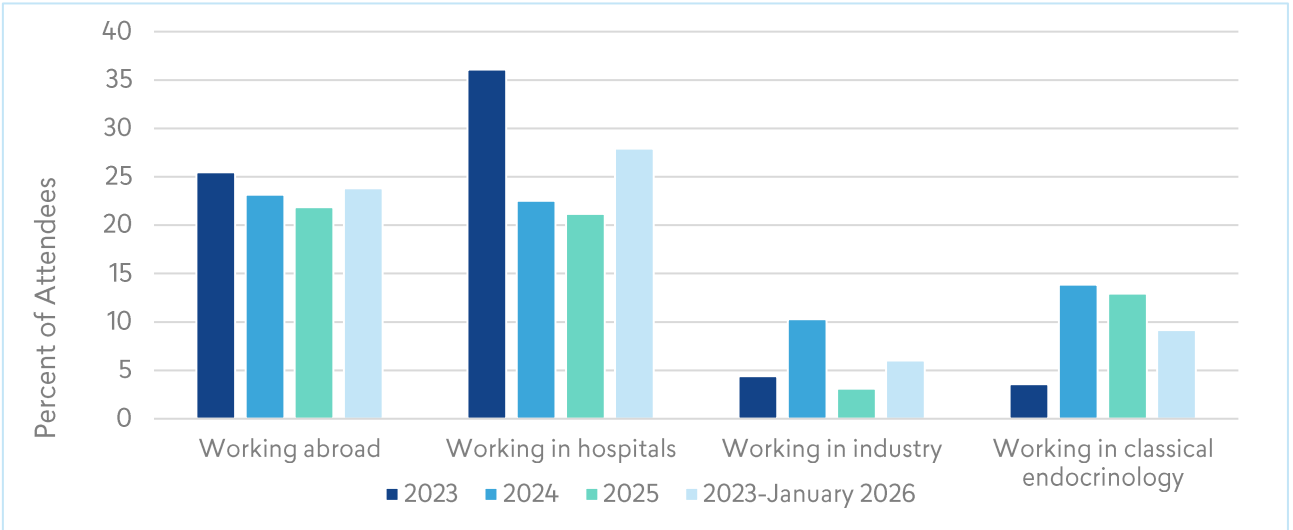


Figure 5.2: *Statistics on participants in DDEA educational and talent development activities. Geographical employment, sector, and research area in classical endocrinology as percentage of participants (full overview in Appendix 8)*

5.2.3. Introduction of PPI in DDEA Education and Talent Development Activities

With Patient and Public Involvement a DDEA Strategic Theme, we strove to incorporate PPI into DDEA educational events. With the ambitions of the expert organisers of a workshop in May 2023 and a PhD course in May 2024, we

established a commitment to training early-career researchers in PPI (Fig. 5.1). Furthermore, PPI has featured in DDEA Flagship courses with a workshop in the 2023 Summer School, an opening townhall session and several talks in the 2024 Postdoc Summit, and every Basic Cardiometabolic Research PhD course. PPI has also been incorporated into one-off DDEA educational courses and symposia.

5.2.4. Engagement of early-career researchers

With the mission of the Academy squarely focused on early-career researchers, the Annual Programme has been geared toward education and talent development, while also attracting senior scientists. Fig. 5.3 demonstrates the strong engagement of early-career researchers in DDEA educational activities as participants, organisers and speakers. Engagement as participants and organisers is consistent from 2023 through 2025.

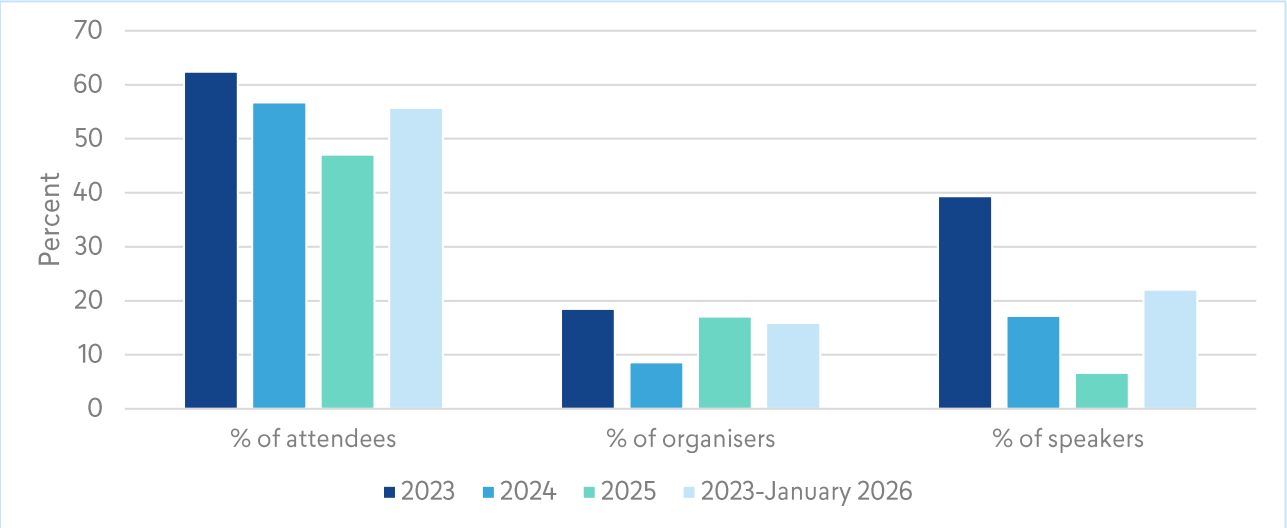


Figure 5.3. *Engagement of early-career researchers in DDEA educational and talent development activities during January 2023 - January 2026. Percentage of attendees, organisers, and speakers who are early-career researchers.*

Especially regarding talent development and consistently throughout the first three years, DDEA efforts have been dedicated to postdoctoral researchers. For example, we offered a top-notch scientific leadership training course in 2024 and followed with support for face-to-face peer leadership coaching during 2025. Each year, we offer a "by postdocs for postdocs" Postdoc Summit with activities specifically designed to address challenges faced by postdoctoral researchers, e.g., systemic flaws in scientific publishing and leadership development. These "challenges" typically culminate in a global dissemination of solutions. For example, the 2023 Postdoc Summit Challenge was entitled "Is the Scientific Publication as We Know It Dead?" and detailed several systemic flaws that create barriers in good dissemination of scientific results. Participants of this challenge developed solutions and made their collective voice heard through an opinion piece published in *Nature Reviews Endocrinology* in early 2025. Furthermore, efforts toward postdoc talent development also cover career development through cross academy career fairs (see Section 6).

5.2.5. Supporting vulnerable research areas

Research areas that are underfunded and lack resources interface with endocrinology, e.g., with type 1 diabetes in low and middle income countries (LMICs). To this end, we leveraged an existing collaboration with a DDA Visiting Researcher (University of Geneva) and built a new collaboration with the World Diabetes Foundation to bring forth improved training in 2025 in these research and challenges. These efforts have blossomed into external funding from the Ministry of Higher Education and Science to deepen and extend the collaboration (see Section 6). These activities enrich not only the researchers in LMICs but also those in Denmark, both with and without direct ties to LMICs.

5.3. Overview of DDEA Educational and Talent Development Activities

From January 2023-January 2026, we have organised and offered 57 education and talent development events. These break down to 36 PhD and postdoc courses, 16 symposia, and five other events. See Appendix 8 for the

complete list and details for every event. Note that numerous other scientific activities were offered as networking events (see Section 6).

As per the original application, DDEA's education and talent development activities are divided into three programmes. A status of each programme is provided in Appendix 10.

6. Network and Collaboration Activities

6.1. Strategy for DDEA Network and Collaboration Activities

6.1.1. Strategy for facilitating collaborations

The Annual Programme of DDEA networking and collaboration activities is designed through the same systematic process described in Section 5.1, beginning with the research community and culminating with the DDEA Board of Directors. Importantly, some of the networking and collaboration activities are recurring each year, e.g., the Flagship DDEA Annual Day and collaboration activity with the German Diabetes Research Center, DZD, at the annual European Association for the Study of Diabetes meeting.

6.1.2. Cross academy collaborations

The other Danish academies are some of our most important collaborators. We have established collaboration with the Danish Cardiovascular Academy (DCA), the Danish Data Science Academy (DDSA), the Danish Advanced Research Academy (DARA), and the Neuroscience Academy Denmark (NAD) (Fig. 6.1). Our cooperation with these academies span all of the four activity areas: Education, Networking, Grants and Communication. The academies all have missions similar to DDEA, but target different research communities. Thus, we easily share best practices, resources, and ideas, and we co-create activities with an outcome of breaking down research silos, promoting interdisciplinarity and helping researchers explore cross disciplinary challenges.

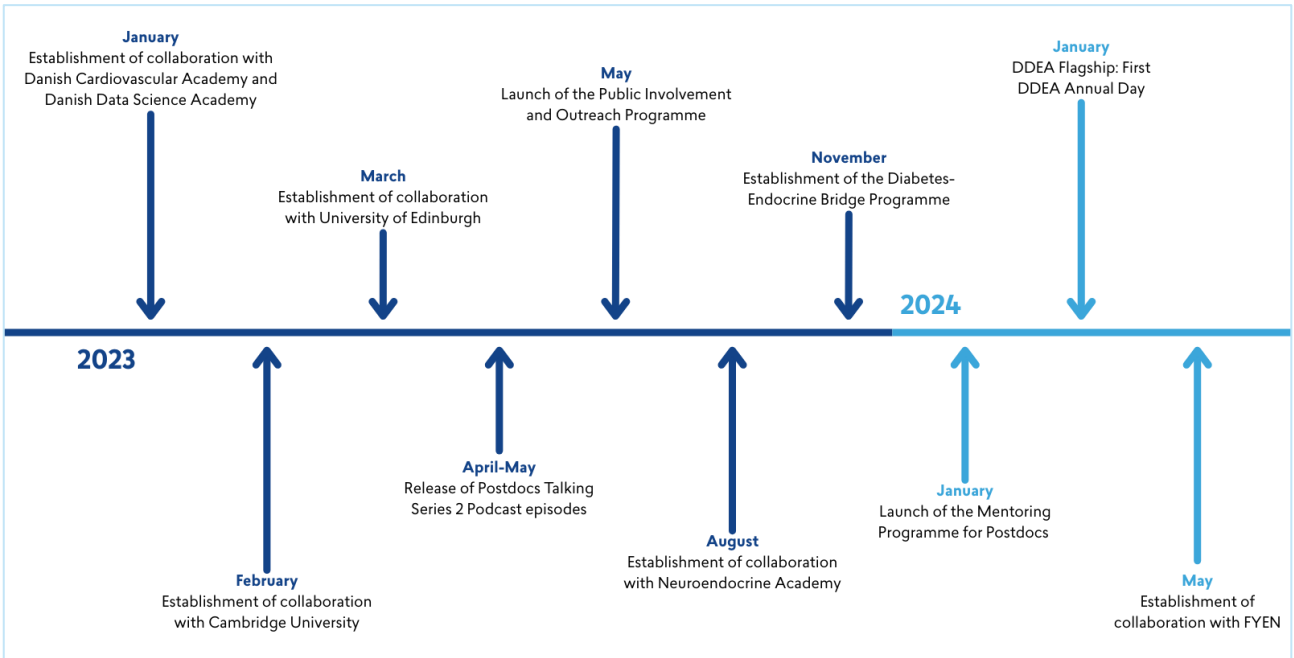


Figure 6.1: *Graphical timeline of the milestones of development of network and collaboration activities at DDEA activities at DDEA (full timeline in Appendix 7)*

Regarding educational and networking events, we co-created several events each year with the other academies, e.g., the workshop in Data Visualization with DDSA and DCA, the Basic Cardiometabolic Research course with DCA, the Eat, Sleep, Repeat networking event with NAD, and more.

6.1.3. Cross sector collaboration

As endocrinology research spans universities, hospitals, companies and non-profit organizations, we always aim to create educational and networking activities for early-career researchers across sectors. To this end, we stock *ad hoc* event organising committees with scientific expertise from across sectors. For example, the programmes of our Flagship courses and Flagship networking activity of the DDEA Annual Day are organised by scientists from universities, hospitals and large or medium-sized enterprises. Furthermore, we have ensured strong collaboration with hospitals through attentive collaboration with DES and FYEN (Section 8).

6.1.4. Participant diversity (educational, institutional, national/international background)

Ensuring participant diversity is one of the strongest ways in which we strive to facilitate seeding new and strengthening existing collaborations. Like our educational activities (Section 5), our networking activities attract researchers from abroad, across different institutions, at different educational levels, and from fields of classical endocrinology (Fig. 6.2)

6.2. Accomplishments for DDEA Network and Collaboration Activities

6.2.1. Overall reflection on meeting the success criteria and milestones

The strategy described above has produced numerous, scientifically diverse activities in networking and collaboration-building for scientists, especially early-career researchers across Denmark and beyond Danish borders. The average event satisfaction score from 2023-2025 is 4.4 out of 5.0, suggesting that the research community thrives in and appreciates these activities.

Each year brings regularly occurring collaboration activities. In addition, each year provides an opportunity for unique activities for scientists across sectors and borders to meet and share, e.g., the collaboration-building activities with Edinburgh University in March 2023 on adipose biology and Cambridge University in September 2024 on maternal-foetal interactions.

Additionally, participant diversity has increased with more international participants and attraction of the endocrinology research community in Denmark (Fig. 6.2). While clinicians are well-represented in DDEA educational activities, we struggle to attract participants from the life science industry (Fig. 6.2), even though we regularly communicate opportunities with companies, either directly or via our membership at Medicon Valley Alliance.

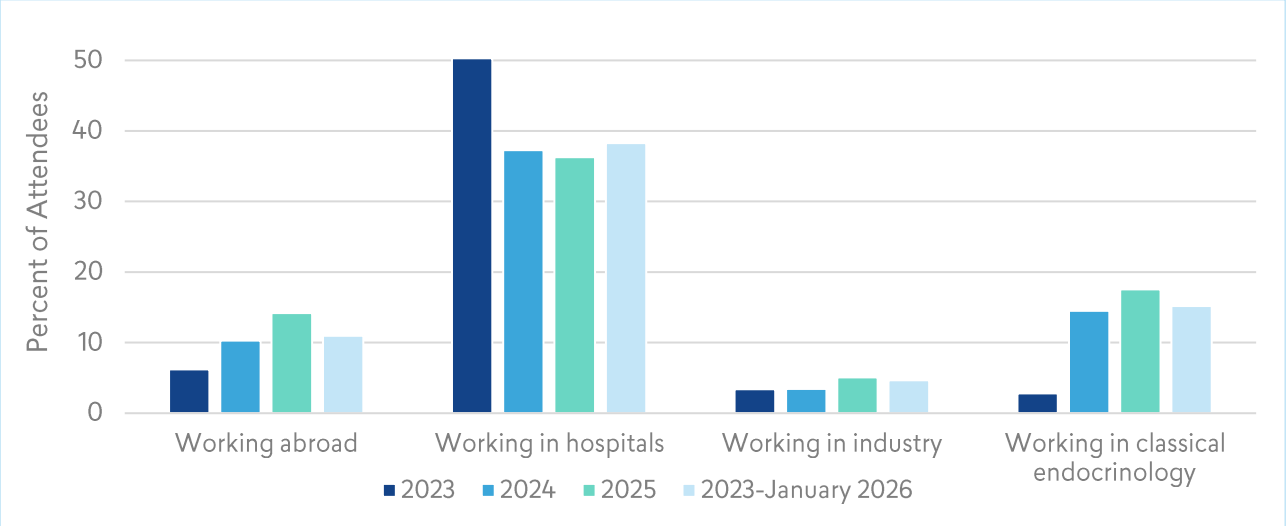


Figure 6.2: *Statistics on participants in DDEA network and collaboration activities. Geographical employment, sector, and research area in classical endocrinology as percentage of participants (full overview in Appendix 9)*

DDEA's four strategic focus areas, 1) digitalization and new technologies, 2) translational research, 3) public involvement and outreach, and 4) strategic partnerships were drivers in collaboration development during 2023-2025. Table 6.1 below provides examples of network and collaboration activities in each of these areas. Of note is that DDEA educational activities also address these four strategic, cross-cutting areas, and in some cases, more so.

Strategic Area	Activity	Year
Digitalization and New Technologies	Workshop in Clinical Neuropathy - the Elephant in the Room	2023
	Navigating as a Researcher in the Era of Artificial Intelligence	2024
	Computer Power in Research Cross Academy Event	2025
Public Involvement and Outreach	Public and User Involvement in Danish Diabetes and Endocrine Academy (DDEA) Key Activities: Education, Networking, Communication & Grants - Why, How, and When	2023
	Addison's Disease – Pump Treatment, Morbidity, and Psychosocial Aspects	2024
	Udenfor Kroniker-Pakkerne – Og Hva' Så? Danish People's Meeting	2025
Strategic Partnerships	Appendix 8 shows Educational events relevant for this programme	2023
	Maternal-Foetal Interactions in Health and Disease: A DDEA-Cambridge Networking Event	2024
	Appendix 8 shows Educational events relevant for this programme	2025

Table 6.1: *Examples of Network and Collaboration Activities in DDEA Strategic Areas*

All success criteria and milestones related to DDEA network and collaboration activities have been met (Figures 6.1, 6.2) with the exception of those that require a future view. Read more about the KPIs in Section 4.1.2.

6.2.2. Cross academy collaboration

The other Danish academies are important collaborators of DDEA for the purpose of supporting cross disciplinary research at the intersection of strong research fields–diabetes, endocrinology, cardiometabolism, neuroscience and data science. Thus, time was spent in 2023 to develop and strengthen these collaborations (Fig. 6.1). Success stories as a result of the collaborations include the annual Cross Academy Career Fair to boost professional development and scientific networking events such as the recent Eat, Sleep, Repeat day where neuroscientists interacted with experts in metabolism, diabetes and endocrinology to share results at the interface of these fields.

6.2.3. Cross sector collaboration

DDEA has succeeded at establishing strong engagement from both universities and hospitals, thus supporting the development of these cross sector collaborations through its events. For example, we have learned that the majority of endocrinology research outside of diabetes occurs through clinical researchers, mostly working in hospitals. If our activities are to bridge these sectors, they must account for the challenges that clinicians face in getting time off for training. Inviting experts from both universities and hospitals to serve on organizing committees for events has resulted in the development of programmes of mutual interest.

Unfortunately, we have not been as successful in attracting scientists from industry to our activities. We have observed that some industry scientists attend very specialised events, e.g., the upcoming Nordic Pituitary Networking Meeting. Also, when activities are held on-site at companies, e.g., the Dietary Strategies and Interventions Meeting held at Arla headquarters in spring 2024, we find a significant portion of the attendees are from industry. The struggle to attract industry researchers suggests that we need to study the needs of these researchers, and we need a stronger link to them to do so. It is highly possible that they are receiving the support they need from their companies, and we will need to rethink its role in supporting cross-sector research collaboration involving the life science industry.

6.2.4. Extension to classical endocrinology

The extension of the Academy to all of endocrinology has been both a challenge and a reward. The first year of we saw little interest from the endocrinology research community, but through dedicated contacts to DES and FYEN and the DDEA Committee for Education, we piqued the interest of endocrinologists from 2024 onwards. Since that time, there has been increased participation (Fig. 6.2) and more endocrinologists are reaching out to us with suggestions for activities. While the trend shown in Fig. 6.2 is a positive one, there is still a long way to go to help endocrinology researchers find the Academy. However, one must understand that these research fields are small in Denmark, and the efforts must include international outreach, e.g., the upcoming Nordic Pituitary Networking Meeting in March 2026.

6.2.5. New collaborations forged via DDEA events

The prime goal of DDEA networking and collaboration activities is to provide the environment for new scientific collaborations to arise and existing ones to thrive. In the three years of this academy, we can confidently say that this has been one of our most impactful successes (Section 11). Some of these collaborations have already been formalized and resulted in joint projects winning successful funding while others are at the informal relationship- and project-building stage.

6.3. Overview of DDEA Network and Collaboration Activities

DDEA networking and collaboration activities during 2023-January 2026 include five scientific workshops, more than 20 scientific meetings, eight dinners at international conferences, several online activities, and presence at national conferences. These activities have been hosted all throughout Denmark and internationally, and have attracted participants from abroad, working in all sectors, and in classical endocrinology.

Of note, these events attracted an average of 10% of attendees from abroad, a number lower than the nearly 25% for educational activities (Fig 6.2). This may be the case because many of these activities have focused particularly on scientists in Denmark with the purpose to build national collaborations, e.g., with FYEN and within classical endocrinology. Some events have been dedicated to international collaboration building, e.g., the events jointly organised with Cambridge University and University of Edinburgh scientists. The lower percentage may also be a result of the length of these events. Compared to educational events, networking events are typically shorter in duration.

Importantly, the increased effort to embrace classical endocrinology even more in 2024 and onwards, resulted in higher numbers of attendees coming from these fields (Fig. 6.2), as well as expressing interest in organising events with us.

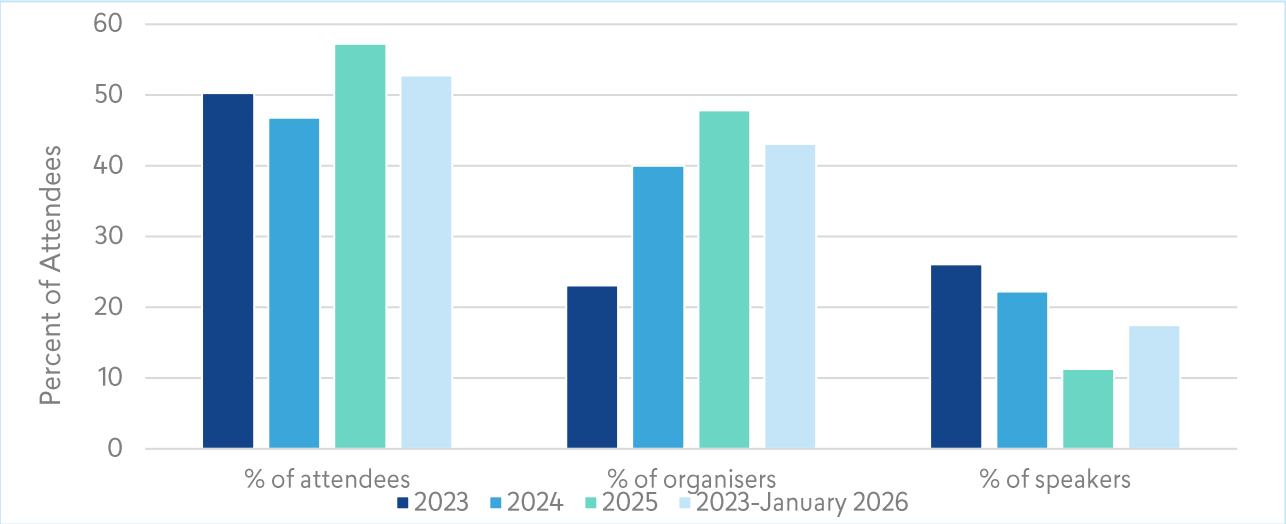


Figure 6.3. *Engagement of Early-career researchers in DDEA network and collaboration activities during January 2023 - January 2026. Percentage of attendees, organisers, and speakers who are early-career researchers.*

As shown in Fig. 6.3, early-career researchers have been at the heart of DDEA networking and collaboration activities. On average from January 2023 through January 2026, more than 50% of the attendees at these activities are at the early-career stage. Further, over 40% of the expert organisers are ECRs and nearly 20% have the opportunity to give a presentation in the activities.

As per the original application, DDEA's networking and collaboration activities are divided into four programmes. A status of each programme is provided in Appendix 10.

7. Grant Activities

7.1. Strategy and Development of the Grant Portfolio

The grant portfolio was developed to strengthen research capacity in diabetes and classical endocrinology and attract excellent early-career researchers through interdisciplinary and cross-sectoral collaboration. The application defined five strategic objectives: attracting strong talent, supporting the full endocrine spectrum, enabling industrial collaboration, fostering international partnerships and ensuring solid academic anchoring through co-financing.

To meet these aims, we used a combination of open and thematic calls targeted at strengthening classical endocrinology (Fig. 7.1). In 2024, we decided to consolidate two calls into a single annual call. This adjustment was made because success rates for PhD and postdoctoral fellowships without thematic track had fallen to 7–10 percent. While competition is valuable, it was assessed that such low success rates were not optimal for applicants, who invested substantial time in proposals with limited likelihood of funding, nor for the Secretariat, which devoted extensive administrative resources to awarding a small number of grants. Moving to one annual call improved feasibility, reduced administrative burden, and supported a sustainable application process.

All programmes were run as competitive calls without institutional quotas, ensuring equal access across environments. A broad communication strategy supported national and international recruitment, with calls disseminated via the Academy's website, newsletters, university and hospital mailing lists, professional societies, social media and established international networks.

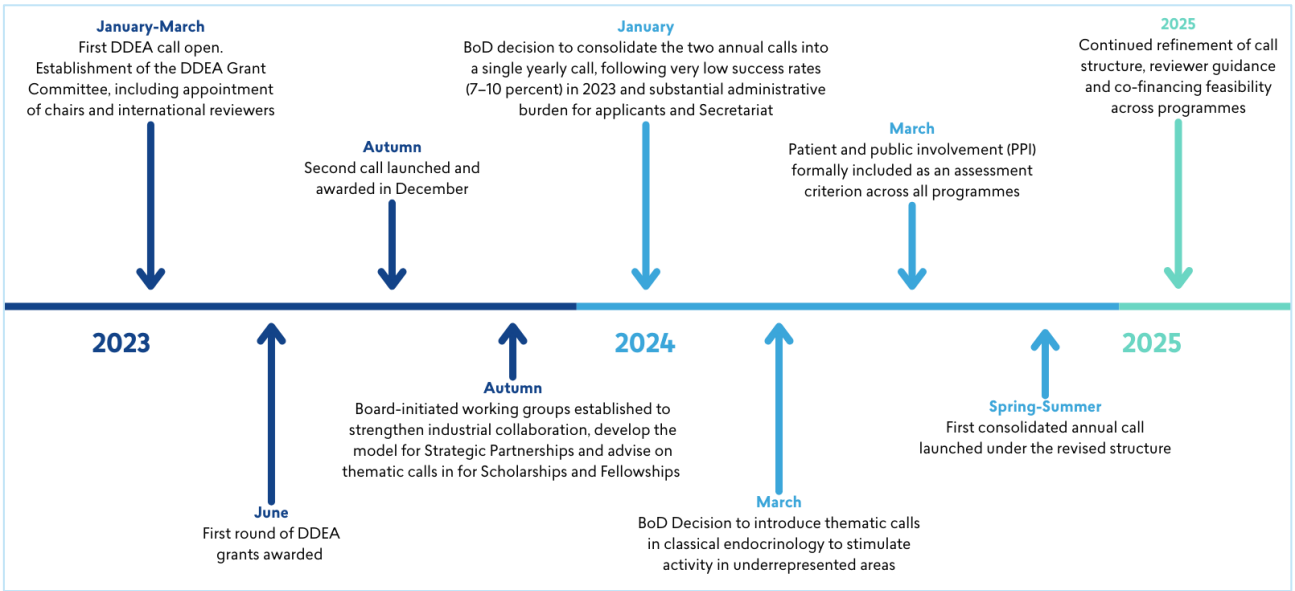


Figure 7.1 *Timeline of milestones in the development of the Academy's portfolio of grant activities.*

7.2. Assessment Procedure and Reviewer Capacity

All applications were assessed through competitive peer review. To strengthen transparency and robust comparative assessments and to minimise conflicts of interest, we engaged approximately 90 to 100 international reviewers from the DDEA Grant Committee, per round, to ensure disciplinary breadth and methodological diversity. All

applications were evaluated through written reviews and scoring, followed by calibration and discussion by the Committee chairs to ensure consistency and fairness. In 2024, we expanded the assessment framework to introduce patient and public involvement as a new strategic dimension to be addressed in applications and considered in peer review. This addition reinforced the relevance of research to people living with endocrine and metabolic conditions and strengthened the connection between scientific environments and society. Reviewers received updated guidance to support a coherent and fair assessment of this new criterion within the existing evaluation structure. Feedback from the Grant Review Committee Chairs is provided in Appendix 14.

7.3. Performance Overview

We awarded 116 grants across 12 programmes for PhD Scholarships, Postdoctoral Fellowships and Visiting researcher grants during 2023-2025. The list of grant recipients is in Appendix 4. On an overall level, success rates were equivalent across applicant groups. An overview of the performance of the grant programmes in relation to KPIs can be seen in section 4.1. The quality of applications increased across the period. The Grant Committee chairs reported strong international competitiveness among the highest-ranked proposals, and average reviewer scores rose in both the classical endocrinology themes and the industrial programmes from 2024 to 2025. This indicates that we succeeded in stimulating engagement from research environments previously underrepresented in the portfolio (see Chairs' statements in Appendix 14).

7.3.1. Integration of Classical Endocrinology

A key strategic objective was to strengthen classical endocrinology. Application numbers and average scores from 2023-2025 increased in several classical endocrine subfields signalling that this part of the field has become more closely integrated with the Academy's competitive funding landscape. The original academy application defined a KPI for the distribution of grants between diabetes and classical endocrinology fields, with an intended progression towards 50/50. This target has not been reached. The main reason is that there were too few applications from classical endocrinology researchers in the first two years. There have also been challenges in making a distinction between diabetes and classical endocrinology fields. The initial approach followed the definition laid out in the original application. Going forward, clearer guidance may be needed on the conceptual boundary between diabetes and classical endocrinology, and whether conditions such as obesity should be categorised within one domain or the other. If this KPI is maintained, it should be interpreted as a long-term directional goal rather than a fixed quota, with scientific merit and the applicant pool remaining the primary determinants of funding decisions.

7.3.2. Industrial Collaboration Grants and Strategic Partnerships

Grant programmes supporting industrial and international collaborations received fewer applications than expected, reflecting barriers, such as limited programme awareness and co-funding competitiveness. We introduced several adjustments, including increased co-funding, greater flexibility in application formats, extended timelines for securing support, clearer reviewer guidance, and inclusion of industry expertise in the assessment process.

7.4. Reflections on Accomplishments, Distribution and Co-Financing

The grant activities to date have contributed to strengthening research capacity in both diabetes and classical endocrinology. The grants awarded showed substantial methodological and thematic diversity, e.g., funded projects spanned basic laboratory science, clinical and translational research, epidemiological studies, qualitative research and work focused on patient management. Increased thematic diversity and higher proposal quality indicate positive development across several endocrine subfields.

These first three years also revealed areas where continued attention is needed:

1) *The distinction between diabetes and classical endocrinology* has proven increasingly difficult to apply consistently in practice. Many projects sit at the intersection of metabolic and hormonal systems, and future calls may require clearer guidance to ensure coherence in categorisation and review. While a balanced distribution across the two domains remains strategically relevant, such balance should follow scientific merit and the composition of the applicant pool rather than fixed proportional targets.

2) *The co-financing model regarding life science industry* strengthened institutional ownership and supported sustainability, but it also created uneven conditions across institutions and posed barriers for industrial participation, where national alternatives offered more favourable terms. Adjustments introduced during the period addressed several of these challenges, yet continued evaluation is necessary.
3) *The co-financing model for PhD Scholarships (either DDEA ⅓ or ⅔ financed) and Postdoc Fellowships (50/50)* has contributed positively to institutional anchoring of projects and has enabled the Academy's funding to reach a larger number of researchers. By requiring applicants to secure a share of the funding, the model encourages active institutional engagement and supports environments in building local ownership of the research. The extended window of up to twelve months to obtain the remaining co-financing has further strengthened feasibility for most institutions. At the same time, the model has limitations. It may inadvertently favour larger or more established research groups with existing grants or greater capacity to mobilise additional resources, whereas smaller or emerging environments can face challenges in assembling the required co-funding. This creates a risk of uneven access and may influence the geographical or thematic distribution of applications.
4) There is a need to consider how the grant portfolio can more effectively support *innovative and higher-risk proposals*. Some programmes, including the Visiting Researcher scheme, may unintentionally favour established environments. As the Academy develops, mechanisms that support both excellence and scientific renewal will be important for maintaining a balanced and forward-looking funding ecosystem.

Current performance of the grant programme should be interpreted with caution, and the full KPI framework will require longitudinal follow-up once the grant recipients have had sufficient time to establish themselves and generate measurable output.

8. Scientific Output

Scientific output from DDEA grant recipients in 2023 and 2024 is emerging but remains at an early stage. As most of the PhD student, postdoctoral and visiting researcher projects were initiated recently, many have not yet reached the point where publication activity is expected. Projects require time to mature, and it will take several years before the full scholarly and societal impact of the Academy's investments in early-career researchers can be meaningfully evaluated. Several KPIs in the original application relate to long term outcomes such as citation impact, innovation activity, clinical influence and external funding. The interpretation of these parameters should be approached with caution to avoid premature or misleading conclusions.

The publications that have appeared already demonstrate considerable breadth and methodological diversity (Appendix 3). Outputs span basic mechanistic endocrinology, clinical and translational studies, epidemiology, qualitative research and work focused on patient management. This reflects the diverse backgrounds of DDEA grant recipients and indicates that the Academy's grants support science across the full endocrine research continuum.

To contextualise the early performance of DDEA, we conducted a preliminary bibliometric analysis (Fig. 8.1) of publications from the current cohort of DDEA grant recipients, despite the small number of outputs available at this stage. The analysis examined early indicators such as citation patterns, journal quality and international collaboration. While the dataset is limited and the interpretation of these parameters should be approached with caution, the emerging trends appear broadly consistent with those observed in a comparable analysis of researchers funded by the former Danish Diabetes Academy over a ten-year period.

For the DDA cohort, bibliometric indicators showed that publications emerged only several years after project completion, once early-career researchers established stable trajectories, expanded collaborative networks and contributed to larger scientific programmes. The historical data demonstrated rising publication volume, stronger international collaboration and improving citation impact over time. The early signals in the DDEA cohort suggest a similar trajectory may develop as more projects mature, although any firm conclusions would be premature at this point.

In accordance with the Novo Nordisk Foundation's guidance, the detailed results of the DDA bibliometric analysis are provided only in Appendix 3, and are not interpreted further in the main report. The preliminary bibliometric analysis (Fig 8.1) conducted for the DDEA cohort is included in this section, as it forms part of the Academy's own performance evaluation.

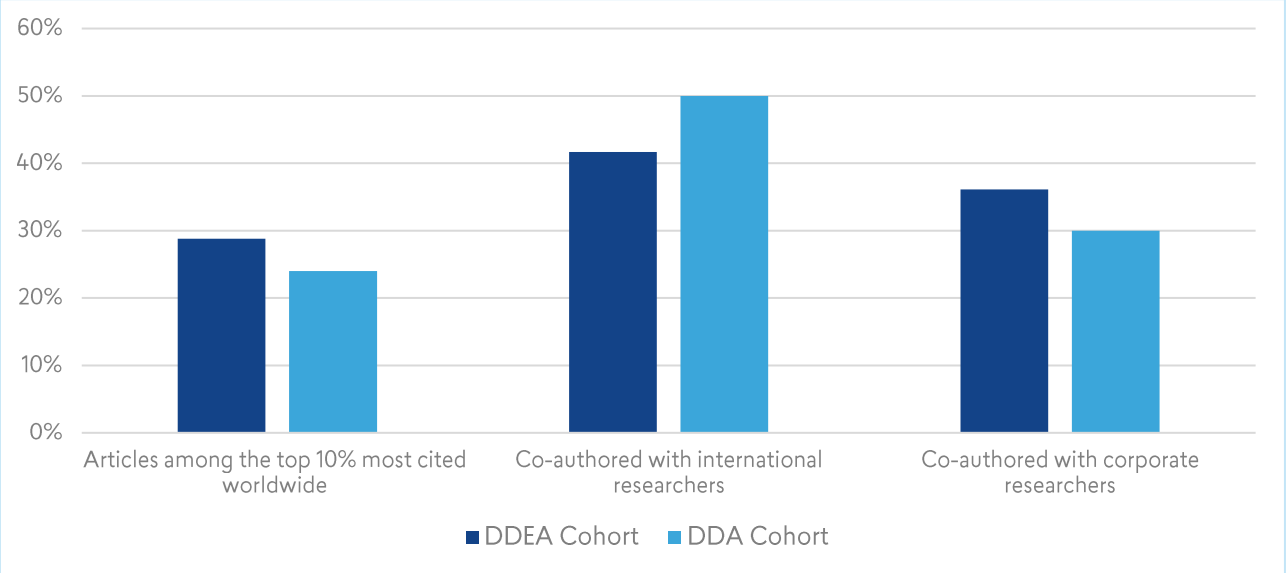


Figure 8.1 *Scientific productivity*

Beyond traditional scientific publications, the Academy also supports outputs that contribute to scientific debate, research culture and public engagement. An example is the commentary developed at the 2023 DDEA Postdoc Summit and later published in *Nature Reviews Endocrinology.* This piece, authored by early-career researchers, reflects on the challenges and future directions of the scientific publication process and proposes concrete reforms to strengthen integrity, transparency and societal relevance. Outputs of this kind illustrate that the Academy is not only fostering research but also enabling young scientists to participate actively in shaping the broader academic discourse. These contributions complement emerging scientific publications by demonstrating the researchers' ability to engage critically with the structures that govern scientific practice, an important dimension of academic development and impact.

9. Communication and Outreach Activities

9.1. Strategy and priorities

Communication has been an integral, designed component of the Academy's activities. From the outset, communication was conceived as a strategic tool to support the Academy's three core pillars: education and talent development, networking and collaboration, and the grant programme. In parallel, communication has played a key role in advancing the Academy's four strategic themes. To ensure that communication was anchored in the national research community the Academy engaged closely with the Danish Endocrine Society and the Association of Young Endocrinologists from an early stage. Their involvement helped secure relevance within classical endocrinology and strengthen the Academy's visibility and legitimacy, especially in clinical settings.

9.2. Outreach and communication accomplishments

We have built a strong and expanding communication presence. The website has received more than 500.000 page views, and the digital audience has grown substantially. On LinkedIn, the follower base increased from approx. 4.270 at the start of 2023 to around 7.920 by the end of 2025, reflecting an organic growth of nearly 86%. Furthermore, impressions (the number of times a post is viewed) increased from 258.705 in 2023 to 325.537 in 2024 and to 413.234 in 2025. Instagram showed a similar upward trajectory. Newsletters saw an increase in opening rate from 42% in 2023 to around 50% in 2025, and average click rate in 2025 is 6.75%, both well above the MailChimp average. The strong opening and click rates can be interpreted as having a loyal audience. Together, these trends

indicate that the communication strategy has gained significant traction and effectively supports its activities. Focus areas and accomplishments by year include:

- In 2023, the priority was to create clarity about the Academy's mission, structure and strategic focus areas, and ensure early visibility in the national diabetes and classical endocrine research community. The new website was developed and launched, providing a unified entry point. Monthly newsletters were introduced. Communication was oriented toward transparency and information dissemination for the first rounds of grant calls and educational activities.
- In 2024, communication efforts became more targeted and programmatic. The Academy strengthened its messaging on classical endocrinology across all channels by 1) introducing biannual newsletters to DES and FYEN in close collaboration with both organizations, 2) creating a podcast, together with clinicians, researchers and people with lived experience, 3) engaging with patient organizations, (Danish Diabetes Association, Addison Association and Osteoporosis Association) for direct dialogue about research relevance and patient perspectives, 4) initiating Instagram takeovers by early-career researchers for insights into DDEA education and networking events, 5) co-creating an Inspiration Catalogue for PPI in DDEA activities, and 6) participating in national events such as the Danish People's Meeting to broadened the Academy's reach.
- In 2025, the Academy placed early-career researchers at the centre of narratives across the website, social media and outreach activities, including dedicated researcher profiles for all DDEA grant recipients 2023, 2024, and 2025, visual storytelling, expanded dissemination training and podcast offerings. This shift reflected a broader priority: to strengthen the visibility, career pathways and leadership development of early-career researchers within diabetes and classical endocrinology. Communication also highlighted new international collaborations, including activities with partners in low- and middle-income countries, and contributed to growing global awareness of the Academy's models.

10. Financial Overview

The Academy is funded through a five-year grant from the Novo Nordisk Foundation, which forms the core financial framework for all activities, including education, networking and collaboration, grants, staff salaries and operational costs. A detailed financial breakdown is provided in the Appendix 16.

In addition to the core grant from the Novo Nordisk Foundation, the Academy has sought to secure external funding through three grant applications to the Horizon Europe programme in collaboration with national and international partners. These efforts aimed to extend the Academy's reach, strengthen partnerships across sectors, disciplines and borders and support activities that fall outside the core grant framework.

A notable example of successful co-funding is the support obtained from the Ministry of Higher Education and Science for the Academy's partnership with the World Diabetes Foundation, the East African Diabetes Study Group, the University of Geneva and collaborating institutions in low and middle-income countries. Although the financial contribution is modest, it represents an important strategic breakthrough: it is the first national co-investment in this international collaboration, and it positions the Academy as a credible partner for future competitive funding at European and global level. The initiative originated from a meeting in Copenhagen on type 1 diabetes in low resource settings and has since supported the development of a growing international network focused on strengthening type 1 diabetes data and capacity. Within this network, the Academy contributes by engaging and training the next generation of researchers, thereby building the early-career talent base that will be essential for future scientific progress and for attracting larger scale external funding.

In addition to formal external funding, the Academy relies on substantial in kind contributions from national and international research institutions across sectors and disciplines. These contributions include time for teaching and supervision, hosting of courses and networking activities, provision of facilities and administrative support, as well as co-financing of PhD Scholarships and Postdoc Fellowships and the practical costs associated with running research projects. Although these contributions cannot be quantified systematically, they represent a significant resource base that is essential for the operation of the Academy. The Novo Nordisk Foundation grant provides the core framework, but the Academy's ability to function at its current scale depends on sustained engagement

and support from the national research environments. Together, these combined resources enable an activity level and a degree of national integration that no single funding source could achieve alone.

Funding	2023	2024	2025	2026	2027	Total
NNF	31.479	46.761	51.386	42.404	25.441	194.620
UFM				0.783		0.783

Table 10.1: *Financial overview (full overview in Appendix 16). Amounts are stated in 1.000 DKK.*

11. Impact

11.1. Impact on the research community and legacy of the Academy

11.1.1. Empowerment of early-career researchers

One of the Academy's most significant impacts has been the empowerment of early-career researchers. Through its integrated model combining education, networking, grants, professional development and public involvement, the Academy has created a national platform where early-career researchers have access to high-quality training and cross-disciplinary networks that individual institutions cannot offer alone.

Early-career researchers report increased scientific awareness, improved methodological skills and a greater understanding of interdisciplinary collaboration (Appendix 13). Feedback from Danish PhD schools and the DDEA Committee for Education similarly emphasises that the Academy provides a scope and standard of training that complements and extends university offerings (Appendix 14).

A clear example of this empowerment is the DDEA Postdoc Summit, led entirely by early-career researchers. It has developed into an internationally recognised event and has already resulted in peer-reviewed, collaborative outputs, including a commentary in *Nature Reviews Endocrinology*, demonstrating the capacity of the early-career researcher community to shape scientific dialogue. The FYEN association, representing the younger endocrinologists in Denmark, likewise confirms that the Academy has strengthened the competencies and development opportunities of its members, particularly by increasing access to national endocrine networks, high-quality educational activities and grants targeting classical endocrinology (Appendix 14).

The Academy platform has also fostered a stronger sense of community across institutions, disciplines and sectors. Researchers from universities, hospitals, nongovernmental organisations, patient organisations and sister academies now interact in ways that were previously not common, contributing to raised levels of interdisciplinarity and greater national and international connectivity. This cultural and structural shift is expected to become measurable over time through bibliometric indicators, collaboration analyses and other long-term evaluation tools.

The Academy also highlights and reinforces the impact that early-career researchers make within the scientific community by awarding three annual prizes at the DDEA Annual Day. These prizes recognise excellence, innovation, passion and commitment in Danish diabetes, metabolic and classical endocrine research, as well as outstanding contributions to the education, training and networking of early-career researchers. The list of award recipients is provided in Appendix 13.

11.1.2. Strength in the Danish research network

Among diabetes and metabolism researchers, the Academy is widely recognised as a national hub. In classical endocrinology, impact is more recent but emerging. Engagement has increased substantially since 2024, supported by targeted communication and strengthened collaboration with DES and FYEN (Section 10, Appendix 12).

Our bottom-up approach has been central to this progress. Needs are identified directly from the research community, and programming is shaped accordingly. Combined with Secretariat capacity and dedicated funding, this structure has enabled the formation of thriving national networks. Clinical and basic researchers have formed new connections through cross disciplinary workshops on adrenal, thyroid and pituitary disorders. Numerous examples illustrate this development, e.g., at the Cross Academy Career Fair, a PhD student from Odense noted that

DDEA had introduced them to national endocrine networks they previously did not know existed, an indicator of cultural movement within the field.

While our primary impact lies in strengthening the national research fabric, these developments also connect naturally to a broader international context. Many activities include substantial participation from researchers abroad, and DDEA collaborates with leading international institutions across Europe and beyond, e.g., the emerging collaborations between foetal programming researchers and metabolic research groups. These links reinforce the national network by bringing global expertise into Danish environments and by positioning Danish endocrine and metabolic research as an active contributor within a wider international community.

11.2. Demand for Scientists Funded by the Academy

Experience from the former DDA shows that the programme contributes broadly across society. Nearly half of all former DDA PhD and postdoctoral fellows (71%) currently hold positions in academic or clinical research, reflecting a continued engagement with scientific and clinical advancement. A number of these researchers now also serve as principal investigators for PhD and postdoctoral projects within DDEA, indicating that several former fellows have progressed into roles with formal supervisory and leadership responsibilities. Approximately 26% are employed in the industry, particularly within Denmark's life science sector, while around 3% work in health organisations, NGOs, consultancy, or other research-related environments. Together, these patterns show that DDEA-supported researchers move into a wide range of roles that draw on and apply the expertise developed during their fellowship period (Appendix 15). Similar trajectories are anticipated for the DDEA cohort as their projects mature.

Industry partners also report a growing need for researchers with interdisciplinary competencies in translational science, data science and cardiometabolic health, profiles that align closely with the capabilities fostered by the Academy (Appendix 14).

11.3. Value added to host institution

Odense University Hospital (OUH) emphasises that hosting first the Danish Diabetes Academy (2012–2022) and now the Danish Diabetes and Endocrine Academy (2023–present) represents a unique strategic asset. For more than a decade, the Academy has functioned as a neutral, inclusive and nationally unifying platform for diabetes and endocrine research, and OUH views this role as central to its ambition to foster strong, sustainable research environments across clinical and academic settings.

12. Future Directions

The first three years of this Academy have successfully broadened the previous, strong foundation built by the Danish Diabetes Academy. There is now an integrated national environment across diabetes and classical endocrinology to nurture. The next phase must consolidate and extend this foundation while adapting to the scientific, societal and workforce needs that are increasingly visible. The Academy's future development will therefore require sustained activity, strategic refinement and the deliberate strengthening of the bridges that have been initiated during the first three years.

A central element of this work is to continue expanding the unified endocrine community that has begun to emerge. We have taken the first steps toward bridging historic divides, but achieving a fully cohesive research environment requires continued dialogue, shared activities and transparent expectations. Future programming should deepen the integration of classical endocrinology, support environments that remain less connected to the Academy, and maintain a balanced ecosystem where strong subfield expertise is preserved while cross-disciplinary collaboration becomes the norm. The Academy's activities and grant programmes should continue to signal that endocrine and metabolic research are not isolated domains but interdependent areas that require holistic perspectives.

The next phase must also strengthen the bridge between endocrinology and cardiovascular research, building on the close biological connections between metabolic, hormonal and vascular systems. We are already collaborating with the Danish Cardiovascular Academy, and this collaboration will become increasingly important as future

funding initiatives move toward multi-system perspectives and cross-cutting challenges such as multimorbidity, precision medicine and health inequalities. These themes align closely with an upcoming proposal from DDEA and DCA, jointly. This proposal will emphasise the need for a coherent pipeline that supports early researchers working across organ systems and disciplines for long-term relevance.

Further development of Public and Patient Involvement remains an important priority. We have laid the groundwork for meaningful involvement, but PPI is not yet routine or fully embedded across all scientific activities. In the coming years, PPI can be better embedded across the educational portfolio and scaled through expanded and certificate-based training, stronger methodological guidance and closer collaboration with NGOs, patient communities and public-facing organisations. As international funders increasingly require involvement in research, the Academy has an opportunity to position Denmark at the forefront of PPI practice and ensure PPI becomes a routine skill set.

Collaboration with the life science industry is another area requiring continued focus. Despite early improvements through co-funding adjustments and revised application processes, structural barriers remain. At a time when the demand for highly skilled interdisciplinary researchers is growing, particularly in industry, we must continue to reduce obstacles to cross-sector collaboration and develop models that allow early-career researchers to navigate careers across academia, hospitals and industry, e.g., through embedded training formats and immersion programmes.

The Academy's international engagement could also continue to grow, e.g., through international flagship schools and mobility-based training. In addition, the transfer of DDEA-designed educational formats, challenge-based learning and ECR-led research models to partners in low- and middle-income countries demonstrates that the Academy's methods are relevant beyond Denmark. Supporting the development of next-generation researchers in LMIC settings, as already initiated through global Type 1 Diabetes networks, represents an important opportunity to contribute to global capacity building while strengthening Denmark's international role in cardiometabolic and endocrine research.

In sum, the coming years will require that we build on the structures now in place: sustaining the platform for the vibrant ecosystem of education, collaboration and cross-disciplinary research; deepening integration across endocrine, metabolic and cardiovascular sciences; fully embedding PPI; strengthening industrial collaboration; and addressing emerging societal challenges.

13. Supplementary Material

Appendix 1 Terms of Reference for Governing Bodies

Danish Diabetes and Endocrine Academy

Terms of Reference for DDEA Board of Directors (BoD)

The terms of reference for the DDEA Board of Directors (BoD) describes its profile, composition, tasks and responsibilities, meetings, remuneration, and code of conduct.

Profile

The composition of the BoD must include a well-balanced and broad representation of stakeholders, considering competences, gender, age, national geography and sector, to ensure bridge-building with the key stakeholders of DDEA and to ensure that DDEA realises its vision, mission, and overall objectives.

The BoD consists of seven members, including a Chair and a Vice-Chair.

The BoD will be composed as indicated below:

- Chair of BoD (Troels Krarup Hansen, CEO, Steno Diabetes Center Aarhus)
- Senior representative from the Danish universities (Pascal Madeleine Professor, PhD, DSc, Director of the PhD study, Doctoral School in Medicine, Biomedical Science and Technology, Faculty of Medicine, Aalborg University)
- Senior representative from the diabetes field and/or the field of other endocrinology (clinic and research) (Martin Blomberg Jensen, Professor, Head of Research, Herlev Hospital)
- Senior representative from the field of other endocrinology (clinic and research) (Jakob Dal, Associate Professor, Aalborg University, and Senior Registrar, Aalborg University Hospital
- Early-career researcher from the diabetes and/or the field of other endocrinology (Andreas Ladefoged Ebbehøj, MD, PhD, Specialist training in endocrinology, Dept. of Endocrinology and Internal Medicine, Aarhus University Hospital (AUH) and Dept. of Internal Medicine, Regional Hospital Horsens)
- Representative from the life science industry (Anders Hoff, Political Chief Research and Innovation, Danish Association of the Pharmaceutical Industry)
- Representative from the Novo Nordisk Foundation (NNF) (Marie-Louise Hartoft-Nielsen, Clinical Director, NNF)

Overall, the BoD must include members with competences and expertise within:

- BoD experiences
- Research within diabetes and other endocrine diseases, including basic and metabolic research, translational research, clinical research, and interdisciplinary research
- Clinical expertise within diabetes and other endocrine diseases
- Education and talent development
- Knowledge about competences required by early-career researchers to perform research
- Innovation and entrepreneurship
- Knowledge about competences required by industry
- Public-private partnerships
- Fundraising
- Impact assessment
- NNF-funded initiatives and strategies

A member may have competences and expertise within more than one of the above. It is not a requirement that all members possess all competences listed above.

Composition and appointment

NNF will appoint the Chair of the BoD and the representative from NNF. Further, the composition of the BoD is conditional on the NNF's approval.

The Vice-Chair is appointed by the BoD among its members.

The BoD will appoint ordinary BoD members according to the profile described above.

All BoD members, including the Chair and the Vice-Chair, are appointed for a period of up to five years (2023–2027), unless otherwise stated below.

Three current members have been appointed to replace previous members with terms adjusted accordingly:

The senior representative from the Danish universities has been appointed for a term of 2.5 years, starting in May 2025, replacing Professor Lise Wogensen Bach. The appointed member, nominated by a working Group on Doctoral Education at Danish Universities groups, is Professor, PhD, DSc Pascal Madelaine, Director of the PhD Study, Doctoral School in Medicine, Biomedical Science and Technology, Faculty of Medicine, Aalborg University.

The senior representative from the diabetes and/or other endocrinology field (clinic and research) has been appointed for a term of three years, starting on 1 January 2025, replacing Professor Kurt Højlund. The appointed member, nominated by the Danish Endocrine Society (DES) is Martin Blomberg Jensen, Professor, Head of Research, Herlev Hospital.

The early-career researcher from the diabetes and/or other endocrinology field has been appointed for a term of 2.5 years, starting in May 2025, replacing Julie Abildgaard. The appointed member, nominated by Association of Younger Endocrinologist (FYEN), is Andreas Ladefoged Ebbehøj, MD, PhD, Specialist in Endocrinology, Department of Endocrinology and Internal Medicine, Aarhus University Hospital and Department of Internal Medicine, Regional Hospital Horsens.

If the Chair of the BoD resigns before the end of his term, NNF will appoint a new chair. Until a new Chair is appointed, the Vice-Chair will serve as the acting Chair. Likewise, in the event of the Chair's absence or inability to perform their duties, the Vice-Chair shall also serve as the acting Chair until the Chair's return.

If the Vice-Chair or an ordinary BoD member resigns before the end of their term and when a BoD member's term ends, a new Vice-Chair or a new member will be appointed in accordance with the above-mentioned profile and process.

Tasks and responsibilities

The primary responsibility of the BoD Chair is to provide leadership to the BoD, ensuring its effective functioning, and overseeing the BoD's role in governance and strategy. The BoD Chair's principal tasks include meeting management in coordination with the DDEA Secretariat, chair BoD meetings, ensure BoD governance and compliance, liaise with the Managing Director of the DDEA Secretariat, BoD development, external representation, potential conflict resolution, and crisis leadership.

The primary role of the Vice-Chair is to act as a substitute for the BoD Chair, as described above. In such circumstances, the Vice-Chair assumes all responsibilities, decision-making authority, and leadership tasks typically carried out by the Chair, ensuring continuity in the BoD's governance and operations.

The principal tasks of the BoD are to:

- Set the overall strategy of DDEA and update this, as necessary.
- Determine the framework and the specific activities undertaken within DDEA. This includes approving the annual accounts and budgets, the annual programme for education and talent development activities; networking and collaboration activities; and grant activities.
- Make the final decision on grant allocations.
- Ensure that the strategy is implemented and assess the success criteria, key performance indicators and other evaluation factors annually to decide whether the strategy for future activities needs updating. This assessment will be performed in parallel with the preparation of the annual report, which is drafted by the Secretariat for the BoD's approval.
- Perform an annual self-evaluation of the BoD and DDEA, and further evaluate the cooperation between the BoD and the Secretariat.

- Be responsible for public communications regarding the DDEA's corporate interests, policies, and strategies (Chair on behalf of BoD).
- Be responsible for direct communications with NNF, including requests to make strategic changes to the DDEA strategy, plans, or budget (Chair on behalf of BoD).
- Appoint members of the DDEA governing bodies upon nomination from the entire diabetes and endocrine research community and key stakeholders.
- Hire and fire the Managing Director of the Secretariat.

The BoD will receive feedback and recommendations on the strategy and activities from the DDEA governing bodies or from *ad hoc* Board Committees to help determine the strategy and specific activities.

Meetings

The BoD will meet four times a year for ordinary BoD meetings.

The BoD, or the BoD Chair on behalf of the BoD, will meet annually with the DDEA's governing bodies and/or the chair of the bodies (as outlined in the terms of reference of the individual DDEA governing bodies).

The Chair of BoD will meet once a year with NNF.

The Chair of BoD will meet regularly with the Managing Director.

Remuneration

The BoD members receive no remuneration, but members' travel expenses are reimbursed.

Code of conduct

In the event of a disagreement within the BoD, a decision is made based on simple majority. In the event of a tie, the Chair of the BoD has the deciding vote.

The BoD members cannot receive any kind of funding from DDEA.

The BoD will formulate codes of conduct and rules of procedure on, e.g. conflicts of interest of BoD members or collaboration with industry, as needed.

In general, the rules for conflicts of interest for the BoD members are based on the general rules of the Danish Public Administration Act. The general rule is that, if a BoD member has a conflict of interest in respect of a specific case, that member may not take a decision, participate in the decision, or otherwise contribute to the consideration of the case in question. The person concerned shall leave the meeting premises while the case is under consideration, and must not offer any advice on the case to those who are to take part in the consideration of the case or in part thereof.

All members of the BoD, including the Chair and the Vice-Chair, are required to maintain strict confidentiality of all sensitive information acquired during their tenure, and this obligation continues even after they have stepped down from the BoD.

The Terms of Reference have been updated in August 2025 by the BoD and are valid as per 6 August 2025.

Danish Diabetes and Endocrine Academy

Terms of Reference for DDEA Grant Review Committee

The terms of reference for the DDEA Grant Review Committee describes its profile, composition, tasks and responsibilities, meetings, remuneration, and code of conduct.

Profile

The composition of the Grant Review Committee must include a well-balanced and a broad representation of international, renowned scientific experts of the highest international level within diabetes and other endocrinology fields, considering gender, geography, and sector. Scientific experts working in Denmark cannot be nominated for the committee.

The Grant Review Committee must include members with competences and expertise within:

- Basic and metabolic research within diabetes and other endocrinology fields
- Translational research in diabetes and other endocrinology fields
- Clinical research within diabetes and other endocrinology fields, including complications of diabetes and endocrine diseases
- Interdisciplinary research (within diabetes or other endocrinology fields)
- Epidemiology and genetic research (within diabetes or other endocrinology fields)
- Public health (within diabetes or other endocrinology fields)
- Disease management and psychology (within diabetes or other endocrinology fields)
- Applied and or new technologies (within diabetes or other endocrinology fields)
- Data science (omics, machine learning, artificial intelligence, bioinformatics) (within diabetes or other endocrinology fields)

A member may have competences and expertise in more than one of the fields listed above. It is not a requirement that all members possess all competences listed above.

Composition and appointment

The Grant Review Committee consists of 100-150 members, constituting a pool of reviewers. The committee has four Chairs, one within each grant type, i.e. PhD scholarships; postdoctoral fellowships; visiting professorships; and industrial PhD scholarships and postdoctoral fellowships. The members and the Chairs are appointed for a period of five years by the DDEA Board of Directors (BoD) according to the profile described above. The BoD will select the Chairs among the members of the committee.

The members are appointed on the basis of nominations from the entire Danish diabetes and endocrine research community and other relevant key stakeholders. These include relevant departments and faculties of science and health sciences at the universities; Steno Diabetes Centers; departments of endocrinology at the university hospitals; the Danish Endocrine Society and other relevant professional societies; the Danish Association of the Pharmaceutical Industry (Lif); relevant life science companies.

If a member of the Grant Review Committee resigns before the end of his or her term, a new member will be appointed based on the nominations received and in accordance with the above-mentioned profile to ensure the appropriate representation and competences.

Tasks and responsibilities

The principal tasks of the Grant Review Committee are to:

- Perform a professional peer review evaluation of applications for PhD scholarships, postdoctoral fellowships and visiting professorships (twice annually). The committee will base its evaluation on the evaluation criteria described by DDEA, i.e. focusing on the applicant's merits and competences; the scientific quality of the proposed project; the quality of the research environment; and the specific grant focus areas of DDEA (internationalization, interdisciplinarity; and collaborations across sectors). The peer review will include quantitative scores and comments on the four main evaluation criteria, as

listed above. Not all members of the committee are activated for each grant allocation. The Secretariat will appoint reviewers among the members of the committee based on the applications received, according to the research area of the individual application and the expertise of the members of the committee.

The principal tasks of the Chairs of the Grant Review Committee are to:

- Provide a recommendation about the applications to the DDEA Board of Directors based on the professional reviews performed by the members of the committee (as described above) (twice annually).
- Perform an overall evaluation of the application pool with regard to the quality of the applications and provide the DDEA Board of Directors with suggestions for improving the overall quality to secure a balanced ratio (twice annually).

Meetings

The Grant Review Committee will perform peer review evaluations of all incoming applications twice a year. The members will not meet, but will submit their reviews online.

The Chairs of the committee will submit their recommendations online and will meet with the DDEA BoD twice annually to discuss their recommendations. They will also make suggestions for improving the overall quality of the applications and discuss suggestions for potential changes in the work of the committee.

The Secretariat is responsible for coordinating the workflow between the committee, the BoD and the Secretariat.

Remuneration

Members of the Grant Review Committee will receive a salary for their work (EUR 90 per review). The DDEA will cover travel and accommodation costs, should onsite meetings be required.

Code of conduct

The Grant Review Committee is an executive committee, but has no decision-making power, as the BoD will make the final decision on grant allocations.

Members of the Grant Review Committee cannot be members of any other DDEA committees.

Members of the Grant Review Committee cannot receive any kind of research funding from DDEA.

The members of the Grant Review Committee will be asked to report any conflicts of interest (personal or professional, e.g. joint publications or close collaborations regarding the specific project of the applicant within the past five years). In case of any conflicts of interest, the member will not review the application(s), and another member will be assigned to the application in question.

Danish Diabetes and Endocrine Academy

Terms of Reference for DDEA Advisory Board

The terms of reference for the DDEA Advisory Board describes its profile, composition, tasks and responsibilities, meetings, remuneration, and code of conduct.

Profile

The composition of the Advisory Board must include a well-balanced and broad representation of stakeholders from Denmark and abroad, considering competences, gender, age, career level, geography, and sector, to ensure bridge-building with the key stakeholders of DDEA and to provide the DDEA Board of Directors (BoD) with high quality feedback and recommendations on DDEA's key activities.

The Advisory Board must include members with competences and expertise within:

- Research within diabetes and other endocrinology fields, including basic and metabolic research, translational research, clinical research, and interdisciplinary research
- Clinical expertise within diabetes and other endocrinology fields
- Education and talent development, preferably with expertise in digitalization and online training
- Innovation and entrepreneurship
- Life science ecosystem
- Fundraising, e.g. from life science industry, other foundations, or European Union Horizon Europe programme
- Scientific communication and outreach
- Public involvement and outreach

A member may have competences and expertise within more than one of the above. It is not a requirement that all members possess all competences listed above.

Composition and appointment

The Advisory Board consists of 10 members, including a Chair and a Vice-Chair, with 50% of members from research institutions in Denmark and 50% of members from internationally renowned research institutions abroad. The Chair must be from a research institution in Denmark, and the Vice-Chair must be from a research institution from abroad. The members, the Chair, and the Vice-Chair are appointed by the DDEA BoD according to the profile described above.

The members from research institutions in Denmark are appointed on the basis of applications received from the entire Danish diabetes and endocrine research community and other relevant key stakeholders. These include relevant departments and faculties of science and health sciences at the universities; Steno Diabetes Centers; departments of endocrinology at the university hospitals; the Danish Endocrine Society and other relevant professional societies; the Danish Association of the Pharmaceutical Industry (Lif); relevant life science companies; and DDA alumni. The members from research institutions abroad are appointed on the basis of nominations from the DDEA BoD or the entire Danish diabetes and endocrine research community and other relevant key stakeholders.

The Chair and the Vice-Chair are appointed for a period of five years (2023-2027. All other members are initially appointed for a period of 2.5 years (2023-2025). After 2.5 years, new members will be appointed for up to 2.5 years (2025-2027) by the BoD on the basis of new applications and nominations from the entire Danish diabetes and endocrine research community and other relevant key stakeholders. Members can be re-appointed for another term, but no more than 50% of the committee can be re-appointed and members can only serve for two consecutive terms.

If the Chair resigns before the end of their term, the BoD will appoint a new Chair selected among the members. Until a new chair is appointed, the Vice-Chair will serve as the acting Chair, assuming the responsibilities, tasks and authority of the Chair. Likewise, in the event of the Chair's absence or inability to perform their duties, the Vice-Chair shall also serve as the acting Chair until the Chair's return.

If a member of the Advisory Board, or the Vice-Chair, resigns before the end of his or her term, the Advisory Board may function with fewer members (down to seven members), or a new member will be appointed in accordance with the above-mentioned profile and process.

Tasks and responsibilities

The aim of the Advisory Board is to be a formal body to provide feedback and recommendations to the DDEA BoD on the DDEA's four key activity classes and the overall strategy of DDEA.

The primary responsibility of the Chair of the Advisory Board is to provide leadership to the Board, ensuring its effective functioning and leading the Advisory Board in providing feedback and recommendations to the DDEA BoD.

The Chair's and the Vice-Chair's principal tasks include setting the agendas for Advisory Board meetings in coordination with the DDEA Secretariat, chair group work sessions during Advisory Board meetings, liaise with the DDEA Secretariat**,** and ensure that the Advisory Board's feedback and recommendations are presented to the DDEA by compiling an annual report to DDEA. The report outlines strengths, weaknesses, opportunities and threats (SWOT) and assess the success criteria, key performance indicators, and other evaluation factors in relation to the four key activity classes. The report will be prepared by the Secretariat and approved by the Chair and the Vice-Chair of the Advisory Board. The main points of the report will be included in the DDEA annual report and create the basis for the DDEA BoD's decisions on whether the strategy needs adjusting.

The principal tasks of the Advisory Board are to:

- Discuss and challenge the overall strategy of DDEA and the strategy of DDEA's key activities and provide feedback and recommendations to the DDEA BoD on past, present, and future activities to ensure continuous development of DDEA and provide the DDEA BoD with a basis for deciding whether the strategy for future activities needs adjusting. The Advisory Board will provide feedback and recommendations within:
    - Overall strategy, including fundraising and the four strategic themes of DDEA, i.e. digitalization and new technologies; public involvement and outreach; strategic partnerships; and translational research.
    - Education and talent activities: Format and topics of PhD and postdoc courses, seminars and symposia, and suggestions for *hot topics*; how to implement the four strategic themes of DDEA in its activities; and how to bridge diabetes and other endocrinology fields.
    - Networking and collaboration activities: Assist the DDEA BoD with suggestions to establish effective networking and collaboration activities among diabetes and other endocrinology fields, and suggestions for establishing relevant strategic partnerships.
    - Grant activities: Assist the DDEA BoD with suggestions on how to recruit world-class research talent; how to improve mobility across disciplines, borders, and sectors; and how to increase the quality of applications from all fields of endocrinology.
    - Communication and outreach activities: Suggestions for public and scientific outreach activities, including format and topic of activities, and feedback on DDEA communications and communication channels.
- Set up relevant *ad hoc* sub-committees, as needed, to receive input on specific focus areas, in particular the four strategic themes of DDEA, so that the Advisory Board can provide the DDEA BoD with high-quality suggestions and recommendations.

Meetings

The Advisory Board will meet once annually. The meetings may be conducted online or as onsite meetings.

The Advisory Board, or the Chair and the Vice-Chair on behalf of the Advisory Board, will meet once annually with the BoD, or the BoD Chair on behalf of the BoD, to present overall feedback and recommendations of the

Advisory Board; to evaluate the function of the committee; and to provide suggestions for potential changes to the work of the committee.

Remuneration

Members of the Advisory Board will receive no remuneration. Members' travel and accommodation costs in connection with the meetings will be reimbursed.

Code of conduct

The Advisory Board has no decision-making power, other than setting up the *ad hoc* sub-committees. It is entirely an 'advisory' board.

The Terms of Reference have been updated in October 2024 by the DDEA BoD and are valid as per 9 October 2024.

Danish Diabetes and Endocrine Academy

Terms of Reference for DDEA Committee for Education

The terms of reference for the DDEA Committee for Education describes its profile, composition, tasks and responsibilities, meetings, remuneration, and code of conduct.

Profile

The composition of the Committee for Education must include a well-balanced and broad representation of stakeholders in Denmark, considering competences, gender, age, career level, national geography, and sector, to ensure bridge-building with the key stakeholders of DDEA and to provide the DDEA Board of Directors (BoD) with high quality recommendations on DDEA's education and talent development activities and networking and collaboration activities.

The Committee for Education must include members with competences and expertise in:

- Research within diabetes and other endocrinology fields, including basic and metabolic research, translational research, clinical research, and interdisciplinary research
- Clinical expertise within diabetes and other endocrinology fields
- Education and talent development, in particular, with training programmes for early-career researchers
- Organisation and planning of education and talent development activities
- Online training and digitalization
- Pedagogical learning methods
- Network in and beyond Denmark within diabetes and other endocrinology fields
- Knowledge on competences requested by life science industry

A member may have competences and expertise within more than one of the above. It is not a requirement that all members possess all competences listed above.

Composition and appointment

The Committee for Education consists of 12 members including a Chair. The members and the Chair are appointed by the DDEA BoD according to the profile described above.

The members are appointed on the basis of applications received from the entire Danish diabetes and endocrine research community and other relevant key stakeholders. These include relevant departments and faculties of science and health sciences at the universities; Steno Diabetes Centers; departments of endocrinology at the university hospitals; the Danish Endocrine Society and other relevant professional societies; the Danish Association of the Pharmaceutical Industry (Lif); relevant life science companies; and DDA alumni.

The Chair is appointed for a period of five years (2023-2027). All other members are initially appointed for a period of 2.5 years (2023-2025). After 2.5 years, new members will be appointed for up 2.5 years (2025-2027) by the BoD on the basis of new applications from the entire Danish diabetes and endocrine research community and other relevant key stakeholders. Members can be re-appointed for another term, but no more than 50% of the committee can be re-appointed and members can only serve for two consecutive terms.

If the Chair resigns, the BoD will appoint a new chair among the members of the Committee.

If a member of the Committee for Education resigns before the end of their term, the Committee may function with fewer members (down to nine members), or a new member will be appointed in accordance with the above-mentioned profile.

Tasks and responsibilities

The primary responsibility of the Chair of the Committee for Education is to provide leadership to the Committee, ensuring its effective functioning and leading the Committee in developing the annual academic

and scientific programme for DDEA's education and talent development activities and networking and collaboration activities. The Chair's principal tasks include meeting management in coordination with the DDEA Secretariat, chair Committee meetings, liaise with the Education and Networking Manager of the DDEA Secretariat, engage with external stakeholders to secure their participation in DDEA activities, and ensure that the Committee's progress and outcomes are regularly reviewed, providing recommendations for any adjustments.

The principal tasks of the Committee for Education are to:

- Establish an annual academic, scientific programme for the DDEA education and talent development activities and networking and collaboration activities, including the PhD graduate programme in diabetes, endocrinology, and metabolism (to be approved by the DDEA BoD).
- Coordinate, organise, and plan the education and talent development activities included in the annual programme, e.g. participate in *ad hoc* sub-committees (see below) for the planning of individual activities, prepare activity programmes, and contact relevant speakers (supported by the Secretariat).
- Explore how to improve capacity building of early-career researchers and outcomes of the DDEA education and talent development activities and networking and collaboration activities, e.g. ensuring the implementation of the latest pedagogical and learning principles.
- Set up relevant *ad hoc* sub-committees, as needed, to organise individual activities or to receive input on how to implement the four trategic themes (digitalization and new technologies; public involvement and outreach; strategic partnerships; and translational research) in the DDEA education and talent development activities and collaboration and networking activities.

The DDEA Education and Network Manager is responsible for coordinating the above-mentioned activities and for coordinating the collaboration with the PhD schools of the university faculties and their PhD programmes.

Meetings

The Committee for Education will meet twice annually. In addition, the individual members will meet on an *ad hoc* basis in the *ad hoc* sub-committees for organising specific activities or discussing specific areas of interest (as stated above).

The Chair of the Committee for Education will meet once annually with the BoD, or the BoD Chair on behalf of the BoD, to evaluate the function of the committee and to provide suggestions for potential changes to the work of the committee.

Remuneration

Members of the Committee for Education will receive no remuneration. Members' travel and accommodation costs in connection with meetings will be reimbursed.

Code of conduct

In the event of a disagreement within the committee, a decision will be based on simple majority. In the event of a tie, the Chair has the deciding vote.

The Terms of Reference have been updated in October 2024 by the DDEA BoD and are valid as per 20 November 2024.

Appendix 2 List of Members of Governing Bodies

The table below shows the current members of DDEA governing bodies.

Body	Role	Name	Affiliation
Board of Directors	Chair	Troels Krarup Hansen	Steno Diabetes Center Aarhus (DK)
Board of Directors	Member	Anders Hoff	Danish Association of the Pharmaceutical Industry (DK)
Board of Directors	Member	Andreas Ebbehøj Ladefoged	Steno Diabetes Center Aarhus and Aarhus University Hospital (DK)
Board of Directors	Member	Jakob Dal	Aalborg University Hospital and Aalborg University (DK)
Board of Directors	Member	Marie-Louise Hartoft Nielsen	Novo Nordisk Foundation (DK)
Board of Directors	Member	Martin Blomberg Jensen	Herlev Hospital and University of Copenhagen (DK)
Board of Directors	Member	Pascal Madeleine	Aalborg University (DK)
Committee for Education	Chair	Nils Færgeman	University of Southern Denmark (DK)
Committee for Education	Member	Alexander Rauch	University of Southern Denmark (DK)
Committee for Education	Member	Andreas Buch Møller	Arla Foods (DK)
Committee for Education	Member	Christine Rode Schwarz	Steno Diabetes Center Copenhagen (DK)
Committee for Education	Member	Christopher Lewis	Novo Nordisk (DK)
Committee for Education	Member	David Møbjerg Kristensen	Roskilde University and Rigshospitalet (DK)
Committee for Education	Member	Dorte Glintborg	Odense University Hospital (DK)
Committee for Education	Member	Frederik Østergaard Klit	Aalborg University Hospital and Steno Diabetes Center North (DK)
Committee for Education	Member	Joanna Kalucka	Aarhus University (DK)
Committee for Education	Member	Morten Dall	University of Copenhagen (DK)
Committee for Education	Member	Søren Nielsen	Rigshospitalet (DK)
Committee for Education	Member	Ulla Kampmann Opstrup	Steno Diabetes Center Aarhus and Aarhus University (DK)
Grant Review Committee	Chair	Anna Krook	Karolinska Institute (SE)
Grant Review Committee	Chair	Christopher Rhodes	University of Chicago (US)
Grant Review Committee	Chair	Gernot Desoye	Medical University of Graz (AT)

Grant Review Committee	Chair	Richard Holt	University of Southhampton (UK)
Advisory Board	Chair	Claus Gravholt	Aarhus University Hospital (DK)
Advisory Board	Member	Niki Karavitaki	University of Birmingham and Queen Elizabeth Hospital Birmingham (UK)
Advisory Board	Member	Alan Moses	Memorconsulting (US)
Advisory Board	Member	Caroline Kistorp	Rigshospitalet (DK)
Advisory Board	Member	Marta Korbonits	Queen Mary University of London (UK)
Advisory Board	Member	Mikel Ryden	Karolinska Institute (SE)
Advisory Board	Member	Peter Vestergaard	Aalborg University Hospital (DK)
Advisory Board	Member	Tanja Thybo	Danish Diabetes Association (DK)
Public Advisory Panel	Member	Alexander Lauritzen	Lives with osteoporosis and type 1 diabetes
Public Advisory Panel	Member	Camilla Hamre	Lives with type 1 diabetes
Public Advisory Panel	Member	Henrik Lund Sørensen	Lives with type 2 diabetes
Public Advisory Panel	Member	Julie Lund	Lives with thyroid disease
Public Advisory Panel	Member	Louise Kjær	Mother to a child with diabetes
Public Advisory Panel	Member	Maja Michelsen	Lives with type 2 diabetes
Public Advisory Panel	Member	Matilde Behren	Relative to a person living with Addison's disease
Public Advisory Panel	Member	Søren Dixen	Lives with type 1 diabetes

Appendix 3 Publications Lists

Publications by DDEA Grant Recipients. Bolded names indicate DDEA Grant Recipients.

2024

Englund A, Gilliam-Vigh H, Suppli MP, Gasbjerg LS, Vilsbøll T, Knop FK. Intestinal expression profiles and hepatic expression of LEAP2, ghrelin and their common receptor, GHSR, in humans. Peptides. 2024 Jul;177:171227. doi:10.1016/j.peptides.2024.171227

Pico ML, Maindal HT, Grunnet LG, Damm P, Jensen DM, Ovesen P, Dahl-Petersen IK, Vinter CA, Kampmann U, Mathiesen ER, Nielsen KK; Face-it Study Group. Prevalence and concordance of cardiometabolic risk markers and health behaviour among couples after a gestational diabetes mellitus-affected pregnancy. *Diabetes Obes Metab.* 2025 Nov;27(11):6284-6293. doi:10.1111/dom.70017

Thomsen HB, Li LY, Isaksen AA, Lebiecka-Johansen B, Bour C, Fagherazzi G, van Doorn WPTM, Varga TV, Hulman A. Racial disparities in continuous glucose monitoring-based 60-min glucose predictions among people with type 1 diabetes. *PLOS Digital Health.* 2025 Jun 30;4(6):e0000918. doi:10.1371/journal.pdig.0000918

Thorup CV, Jeppesen CNA, Jensen TH, Tinggaard AB, Hvas CL, Rud CL, Skou MK, Mortensen JK, Reggiori F, Dengjel J, Wang J, Farup J, Jessen N, Kim WY, Wiggers H. POLYamine treatment in elderly patients with Coronary Artery Disease (POLYCAD): study protocol for a Danish randomised, double-blind, placebo-controlled trial of spermidine treatment versus placebo. *Trials*. 2025 Oct 30;26(1):452. doi:10.1186/s13063-025-09176-z

Byberg S, Holt J, **Sandsdal RM**, Holm LA, Madsen LB, Christensen BJ, Jensen SBK, Hansen T, Holm J-C, Torekov S. Protocol for a randomised, double-blinded, controlled trial of youth with childhood-onset obesity treated with semaglutide 2.4 mg/week: the RESETTLE trial. BMJ Open. 2024 Nov 17;14(11):e082446. doi: 10.1136/bmjopen-2023-082446

Holt J, **Sandsdal RM**, Byberg S, Janus C, Juhl CR, Jørgensen JR, Hartmann B, Stallknecht B, Holst JJ, Madsbad S, Jensen SBK, Torekov SS. One Year of Exercise After Weight Loss Increases Postprandial GLP-1 Secretion in Contrast to Usual Activity or GLP-1 Receptor Agonist Treatment. *Obesity (Silver Spring)*. 2025 Sep 25. doi:10.1002/oby.70043

Holt R, Holt J, Jorsal MJ, **Sandsdal RM**, Jensen SBK, Byberg S, Juhl CR, Lundgren JR, Janus C, Stallknecht BM, Holst JJ, Juul A, Madsbad S, Jensen MB, Torekov SS. Weight Loss Induces Changes in Vitamin D Status in Women with Obesity but not in Men: a Randomized Clinical Trial. *J Clin Endocrinol Metab.* 2025 Aug;110(8):2215-2224. doi:10.1210/clinem/dgae775

Müllertz ALO, **Sandsdal RM**, Jensen SBK, Torekov SS. Potent incretin-based therapy for obesity: A systematic review and meta-analysis of the efficacy of semaglutide and tirzepatide on body weight and waist circumference, and safety. *Obes Rev.* 2024 May;25(5):e13717. doi:10.1111/obr.13717

Holm SK, Johansen VBI, Ranea-Robles P, Svendsen C, **Merrild C**, Rohlfs R, Lo Conte M, Hogendorf WFJ, Merkestein M, Zaykov AN, Fritzen AM, Mani BK, Clemmensen C. Sustained Weight Loss With Combined LEAP2 and Semaglutide Treatment in Mice. *Diabetes.* 2025 Nov 1;74(11):2089-2100. doi:10.2337/db24-1056

Kanta JM, Lundsgaard A, **Schaufuss A**, Kleinert M, Kiens B, Fritzen AM. Induction of erythropoietin by dietary medium-chain triacylglycerol in humans. *Am J Physiol Endocrinol Metab.* 2025 Feb 1;328(2):E210-E216. doi:10.1152/ajpendo.00415.2024

Hvid K, Balling M, Afzal S, Nordestgaard BG. Remnant cholesterol reduction for atherosclerotic cardiovascular disease prevention: modelling in the Copenhagen General Population Study. *Eur J Prev Cardiol.* 2025;32(13):1145-1154. doi:10.1093/eurjpc/zwaf203

Andersen AK, Lyng KD, Færch K, Vistisen D, von Scholten BJ, Rathleff MS, Thomsen JL, Jensen MH. What are the most important research questions within prediabetes? A priority setting partnership in collaboration with patients, healthcare professionals and researchers. *Diabetologia.* 2025 Oct;68(10):2156-2167. doi:10.1007/s00125-025-06505-4

Hemerich D, Svenstrup V, **Diez Obrero V**, Preuss MH, Moscati A, Hirschhorn JN, Loos RJF. An integrative framework to prioritize genes in more than 500 loci associated with body mass index. *Am J Hum Genet.* 2024 Jun;111(6):1035-1046. doi:10.1016/j.ajhg.2024.04.016

Chami N, Wang Z, Svenstrup V, **Diez Obrero V**, Hemerich D, Huang Y, Dashti H, Manitta E, Preuss MH, North KE, Holm LA, Fonvig CE, Holm JC, Hansen T, Scheele C, Rauch A, Smit RAJ, Claussnitzer M, Loos RJF. Genetic subtyping of obesity reveals biological insights into the uncoupling of adiposity from its cardiometabolic comorbidities. *Nat Med.* 2025 Sep 12;31:3801-3812. doi:10.1038/s41591-025-03931-0

Bonnesen K, Heide-Jørgensen U, Christensen DH, Lash TL, Hennessy S, Matthews A, Pedersen L, Thomsen RW, Schmidt M. Comparative cardiovascular effectiveness of empagliflozin versus dapagliflozin in adults with treated type 2 diabetes: a target trial emulation. *Circulation.* 2024 Oct;150(18):1401-1411. doi:10.1161/CIRCULATIONAHA.124.068613

2025

Petersen SR, **Bonnesen K**, Larsen JB, Pedersen L, Schmidt M. Bleeding risk using non-steroidal anti-inflammatory drugs in anticoagulated patients with atrial fibrillation: a nationwide cohort study. *Eur Heart J Qual Care Clin Outcomes.* 2025 Aug 5; (Advance online publication) : qcaf076. doi:10.1093/ehjqcco/qcaf076

Basem M, **Bonnesen K**, Szentkúti P, Horváth-Puhó E, Sørensen HT, Schmidt M. Interaction between atrial fibrillation or flutter and the CHA_2DS_2-VASc score on the risk of ischemic stroke: A population-based cohort study. *Int J Cardiol.* 2025 Sep 15;435:133397. doi:10.1016/j.ijcard.2025.133397

Sikandar U, **Bonnesen K**, Heide-Jørgensen U, van der Velden J, Michels M, Schmidt M. Predicting heart failure mortality using the Danish Comorbidity Index for Acute Myocardial Infarction (DANCAMI). *Acta Cardiologica.* 2025;80(4):342-350. doi:10.1080/00015385.2025.2452131

Bonnesen K, Heide-Jørgensen U, **Christensen DH**, Christiansen CF, Lash TL, Hennessy S, Matthews AA, Pedersen L, Thomsen RW, Schmidt M. Effectiveness of Empagliflozin vs Dapagliflozin for Kidney Outcomes in Type 2 Diabetes. JAMA Intern Med. 2025;185(3):314-323. doi:10.1001/jamainternmed.2024.7381

Bonnesen K, Witt CT, Løgstrup B, Eiskjær H, Schmidt M. Validity of heart failure diagnoses, treatments, and readmissions in the Danish National Patient Registry. *Int J Popul Data Sci.* 2024 Oct 21;9(1):26. doi:10.23889/ijpds.v6i1.2394

Bonnesen K, Fuglsang CH, Schmidt M. Impact of nonsteroidal anti-inflammatory drug use on the migraine-associated risk of myocardial infarction and ischemic stroke: a population-based cohort study. Neurology. 2024 Dec 24;103(12):e210034. doi:10.1212/WNL.0000000000210034

Eika JK, **Bonnesen K**, Pedersen L, Ehrenstein V, Sørensen HT, Schmidt M. Ibuprofen for acute pericarditis and associated cardiovascular risks: a Danish nationwide, population-based cohort study. *Clin Epidemiol.* 2024 Nov 14;16:793-802. doi:10.2147/CLEP.S483553

Bonnesen K, Szépligeti SK, Szentkúti P, Horváth-Puhó E, Sørensen HT, Schmidt M. The impact of comorbidity burden on cardiac arrest mortality: a population-based cohort study. *Resuscitation.* 2024 Sep;202:110352. doi:10.1016/j.resuscitation.2024.110352

Basem M, **Bonnesen K**, Schmidt M. Potential of the Danish Comorbidity Index for Acute Myocardial Infarction to discriminate mortality in patients with infective endocarditis. *Int J Cardiol.* 2024 Oct 1;412:132328. doi:10.1016/j.ijcard.2024.132328

Bonnesen K, Schmidt M. Validity of prescription-defined and hospital-diagnosed hypertension compared with self-reported hypertension in Denmark. *Clin Epidemiol.* 2024;16:249-256. doi:10.2147/CLEP.S448347

Petkovic M, Leal EC, Sørensen AE, Jørgensen PT, Wengel JT, Jersie-Christensen RR, Troelsen JT, Carvalho E, Dalgaard LT. Improved wound healing by dual inhibition of miR-146a-5p and miR-29a-3p supports a network action of dysregulated miRNAs in diabetic skin. *Diabetologia*. 2025 Sep 3. doi:10.1007/s00125-025-06522-3

Schoonvelde SAC, **Nollet EE**, Zwetsloot PP, Knackstedt C, Germans T, Hirsch A, Schinkel AFL, van Slegtenhorst MA, Verhagen JMA, de Boer RA, van der Velden J, Michels M. Genotype-negative hypertrophic cardiomyopathy: Exploring the role of cardiovascular risk factors in disease expression. *Int J Cardiol.* 2025;437:133444. doi:10.1016/j.ijcard.2025.133444

Ochala J, Feng M, Wang Q, Chaami C, **Nollet E**, Lewis CT A, Hessel A L, Michels M, Bedi K C, Margulies K B, Pinto J R, Campbell K S, Kuster D W D, van der Velden J. Heterogeneous dysregulation of myosin super-relaxation and energetics in hypertrophic cardiomyopathy. *Circulation: Heart Failure.* 2025 Sep;18(9):e012614. doi:10.1161/CIRCHEARTFAILURE.124.012614

Balle CM, Lildballe DL, Bedei I, Luschka R, Skakkebæk A, **Chang S**, Agirman Z, Keller J, Weber A, Schäfer RE, Becker-Follmann J, Gravholt CH. Reliable detection of sex chromosome abnormalities by quantitative fluorescence polymerase chain reaction. *Clin Chem Lab Med.* 2025 Jul;63(8):1519-1527. doi:10.1515/cclm-2024-1400

Chang S, Pedersen L, Skakkebæk A, Berglund A, Gravholt CH. Metabolism and type 2 diabetes across life stages in Klinefelter syndrome: a population-based cohort study. J Clin Endocrinol Metab. 2025 Nov 15:dgaf619. doi:10.1210/clinem/dgaf619.

Hasselholm EB, Just J, **Chang S,** Skakkebæk A, Gravholt CH. Epigenetic age acceleration in Turner and Klinefelter syndrome: Correlations with clinical aging markers. *Clin Epigenet.* 2025 Sep 1;17(1):147. doi:10.1186/s13148-025-01963-4

D'Acierno M, Fenton RA, Hoorn EJ. The biology of water homeostasis. *Nephrol Dial Transplant.* 2025 Apr;40(4):632-640. doi:10.1093/ndt/gfae235

Dahm CC, **Friden M**, Mai M, Olsen A, Ibsen DB. Why causal effects of ultra-processed foods cannot be identified: a systematic review of subtypes of ultra-processed foods and risk of type 2 diabetes. *medRxiv* [preprint]. 2025 Oct 14;2025.10.14.25337888. doi:10.1101/2025.10.14.25337888

Metz S. New maps and new challenges in the post-genomic era. *Nat Rev Endocrinol.* 2025 Dec;21(12):742. doi:10.1038/s41574-025-01178-w

Schwarz CR, Vilsbøll T. SOUL searching in GLP-1 therapy: Oral semaglutide confirms cardioprotection in type 2 diabetes. *Med (New York, N.Y.).* 2025 Aug 8;6(8):100774. doi:10.1016/j.medj.2025.100774

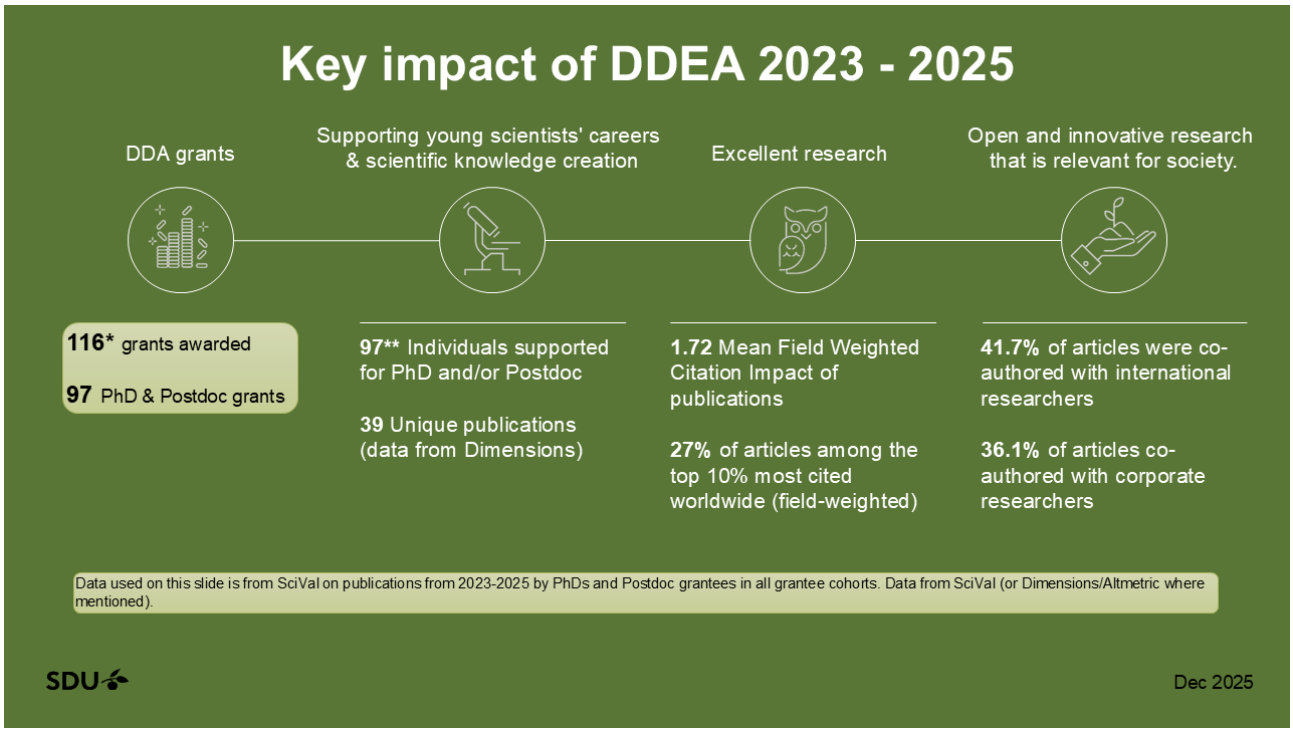
Mahalingasivam AA, Vestergaard P, **Rasmussen NH-H**. Increased fall risk in people with type 2 diabetes and cardiovascular disease: a systematic review and meta-analysis. *Osteoporosis Int.* 2025 Aug 24; (E-pub ahead of print). doi:10.1007/s00198-025-07662-3

Kristensen FPB, Svane HML, Laugesen K, Al-Mashhadi SK, **Christensen DH**, Sørensen HT, Skajaa N. Risk of mortality and recurrence after first-time stroke among patients with type 2 diabetes: a Danish nationwide cohort study. *Eur Stroke J.* 2025 Mar;10(1):190-197. doi:10.1177/23969873241260956

Sørensen MT, Kristensen FPB, Nielsen JS, **Christensen DH**, Nicolaisen SK, Beck-Nielsen H, Vestergaard P, Jessen N, Olsen MH, Hansen T, Vaag A, Sørensen HT, Thomsen RW. Educational inequalities in clinical presentation and pharmacological treatment of early type 2 diabetes: A Danish prevalence study. Diabetes Res Clin Pract. 2025 Jul;225:112231. doi:10.1016/j.diabres.2025.112231

Brock C, Andersen H, Alibegovic AC, Andersen ST, Andreasen LJ, Charles MH, **Christensen DH,** Drewes AM, Gall MA, Gylfadottir SS, Hansen CS, Hecquet SK, Jensen TS, Karlsson P, Knudsen LB, Lobato CB, Kufaishi H, Maalmi H, Mizrak HI, Nilsen KB, Perkins BA, Røikjer J, Rossing P, Rungby J, Rømer J, Stouge A, Sulek K, Søfteland E, Tahrani AA, Terkelsen AJ, Tesfaye S, Wegeberg A, Åkerström T, Brock B, Pop-Busui R. Barriers and new opportunities in developing effective therapies for diabetic neuropathy: International expert consensus recommendations. Diabetes Res Clin Pract. 2025 Mar;221:112010. doi:10.1016/j.diabres.2025.112010

Bibliometric Report for DDEA Grant Recipients 2023-2025



Appendix 4 DDEA Grant Recipients

List of grant recipients

Grant Programme	Name	Self-reported sex	Educational Background	Grant year	Country/ Nationality	Project Title	Principal Supervisor / Host	Enrollment & Workplace	Research area
PhD Scholarship without theme	Anders Englund	Male	MD	2023	DK	LEAP2 - appetite regulation and glucose metabolism in obesity	Filip Krag Knop	University of Copenhagen, Faculty of Health Sciences; Gentofte Hospital, Center for Clinical Metabolic Research	Others (Obesity; exercise; etc.)
PhD Scholarship without theme	Nadia Nicholine Poulsen	Female	MD	2023	DK	Direct effects of the Calcium Sensing Receptor on pituitary function: A translational approach	Anders Juul	University of Copenhagen, Faculty of Health Sciences; University Hospital Herlev, Department of Internal Medicine	Pituitary and adrenal gland diseases
PhD Scholarship without theme	Anna Sophie Lebech Kjær	Female	MD	2023	DK	The role of the GH-IGF-I axis in large-for-gestational-age children conceived by assisted reproductive technology	Rikke Beck Jensen	University of Copenhagen, Faculty of Health Sciences; Department of Growth and Reproduction, Rigshospitalet.	Pituitary and adrenal gland diseases
PhD Scholarship without theme	Majken Lillholm Pico	Female	MPH	2023	DK	Prevention of type 2 diabetes in young couples at high risk - Investigating shared risk and family dynamics among couples with a history of gestational diabetes	Helle Terkildsen Maindal	Aarhus University, Faculty of Health Sciences; Steno Diabetes Center Copenhagen	Diabetes
PhD Scholarship DDEA-DCA Cross Academy	Helene Bei Thomsen	Female	MSc	2023	DK	Deep learning approach to integrate continuous glucose monitoring in cardiovascular risk assessment for people with diabetes	Adam Hulman	Aarhus University, Faculty of Health Sciences; Aarhus University, Department of Public Health	Diabetes
PhD Scholarship DDEA-DCA Cross Academy	Christian Velling Thorup	Male	MD	2023	DK	Spermidine treatment in elderly patients with coronary artery disease – a randomized controlled trial	Niels Jessen	Aarhus University, Faculty of Health Sciences; Aarhus University Hospital, Department of Cardiology	Others (Obesity; exercise; etc.)

PhD Scholarship DDEA-DCA Cross Academy	Mathilde Sonne Søndergaard	Female	MSc	2023	DK	The PAS domain of Kv11.1: Have we PASsed on a novel cardiac-safe therapeutic target in type 2 diabetes?	Thomas Mandrup-Poulsen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, Department of Biomedical Sciences	Diabetes
PhD Scholarship Industrial	Dongwoo Choi	Male	MSc	2023	KR	Analysis of kidney metabolic function in GLP-1 agonism	Markus M. Rinschen	Aarhus University, Faculty of Health Sciences; Aarhus University, Department of Biomedicine	Diabetes
PhD Scholarship Industrial	Trine Spragge Ekblond	Female	MSc	2023	DK	Hormonal control of energy and macronutrient intake in obesity: The MEMORY study	Anne Raben	University of Copenhagen, Faculty of Health Sciences; Steno Diabetes Center Copenhagen	Others (Obesity; exercise; etc.)
PhD Scholarship Industrial	Amanda Schaufuss	Female	MSc	2023	DK	Targeting hepatic lipid accumulation by dietary interventions - the metabolic impact of intermittent carbohydrate restriction and short- and medium-chain fatty acids	Andreas Mæchel Fritzen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, Department of Biomedical Sciences	Others (Obesity; exercise; etc.)
PhD Scholarship without theme	Emilie Christensen	Female	MPH	2023	DK	Prevention of osteoporotic fractures through early detection of individuals at high risk - Testing the feasibility of a fully automated data-driven decision support tool in general practice	Katrine Hass Rubin	University of Southern Denmark, Faculty of Health Sciences; Odense University Hospital, Research unit OPEN	Calcium metabolism and bone
PhD Scholarship Industrial	Ida Blom	Female	MSc	2023	DK	Mitochondrial thermogenesis in weight loss (MITCHELL)	Steen Larsen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, Department of Biomedical Sciences	Others (Obesity; exercise; etc.)
PhD Scholarship without theme	Rasmus Sandsdal	Male	MD	2023	DK	Disrupting the Neuroendocrine Body Weight Defense System of Childhood-onset Obesity	Signe Sørensen Torekov	University of Copenhagen, Faculty of Health and Medical Sciences; University of Copenhagen, Faculty of Health and Medical Sciences	Others (Obesity; exercise; etc.)
PhD Scholarship without theme	Sabina Wagner	Female	MPH	2023	DK	Stigmatisation of people with type 2 diabetes: relations to weight and strategies to overcome stigma and its negative impact on health within Danish healthcare settings	Martin Marchman Andersen	University of Southern Denmark, Faculty of Health Sciences; National Institute of Public Health, University of Southen Denmark	Diabetes

Postdoctoral Fellowship without theme	Virginia Diez-Obrero	Female	MSc, PhD	2023	ES	Variant-to-function translation of obesity-associated loci through multi-omics data integration	Ruth Loos	University of Copenhagen, NNF Center for Basic Metabolic Research University of Copenhagen	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Kasper Bonnesen	Male	MD, PhD	2023	DK	Comparing the effectiveness of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes, congestive heart failure, or chronic kidney disease	Morten Schmidt	Aarhus University Hospital and Aarhus University, Department of Clinical Epidemiology	Diabetes
Postdoctoral Fellowship without theme	Marija Petkovic	Female	MSc, PhD	2023	RS	Multi-omics approaches to identify molecular targets and disease mechanisms of chronic diabetic foot ulcerations	Tarun Veer Singh Ahluwalia	Steno Diabetes Center Copenhagen, The Diabetes Complications Research Unit	Diabetes
Postdoctoral Fellowship Industrial	Hannah Gilliam-Vigh	Female	MSc, PhD	2023	DK	Gut barrier function as a therapeutic target in obesity	Filip Krag Knop	Gentofte Hospital, Center for Clinical Metabolic Research, and Zealand Pharma	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Edgar Nollet	Male	MSc, PhD	2023	NL	Towards a better understanding of the adverse effects of type 2 diabetes on hypertrophic cardiomyopathy	Julien Ochala	University of Copenhagen, Department of Biomedical Sciences	Diabetes
Postdoctoral Fellowship Clinical Part Time	Anna Korsgaard Berg	Female	MD,PhD	2023	DK	Contact Dermatitis caused by Diabetes Devices in Children and Adolescents with Type 1 Diabetes	Jannet Svensson	Steno Diabetes Center Copenhagen and Næstved GP and Pediatric Department	Diabetes
Postdoc Fellowship Clinical Part Time	Anne Sølling	Female	MD,PhD	2023	DK	Denosumab for the treatment of osteoporosis - DENOPOS	Bente Langdahl	Aarhus University Hospital, Dept. of Endocrinology and Internal Medicine	Calcium metabolism and bone
Postdoctoral Fellowship Industrial	Christopher Thomas Andrew Lewis	Male	MSc, PhD	2023	GB	Targeting Skeletal Muscle Myosin for the Treatment of Metabolic Disease	Christian Pehmøller,	Novo Nordisk A/S	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship Clinical Part Time	Diana Hedevang Christensen	Female	MD,PhD	2023	DK	Early-onset type 2 diabetes: Distinct phenotype, socioeconomic inequalities, and diabetes complications	Reimar Wernich Thomsen	Aarhus University Hospital, Dept. of Epidemiology and Aarhus University Hospital, Dept. of Endocrinology and Internal Medicine	Diabetes

Postdoctoral Fellowship Clinical Part Time	Johan Onslev	Male	MD,PhD	2023	DK	From correlation to causation: Illuminating the role of mTORC1 signaling in muscle insulin action in man	Jørgen Wojtaszewski	University of Copenhagen, Dept. of Nutrition, Exercise, and Sports	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Jori Aalders	Female	MMP, PhD	2023	NL	INTENTION: an intervention development study to enhance pregnancy and early post-partum outcomes of women with gestational diabetes mellitus (GDM)	Dorte Møller Jensen	Steno Diabetes Center Odense	Diabetes
Postdoctoral Fellowship without theme	Mariavittoria d'Acierno	Female	MSc, PhD	2023	IT	Regulation of phosphaturic hormones by dietary K+ and its relevance to cardiovascular and bone health	Robert A Fenton	Aarhus University, Dept. of Biomedicine	Calcium metabolism and bone
Postdoctoral Fellowship Clinical Part Time	Nicklas Rasmussen	Male	MD, PhD	2023	DK	Pioneering Solutions for Diabetic Bone Disease and Falls via Unraveling Neuropathy's Conductive Mystery.	Peter Vestergaard	Steno Diabetes Center North Jutland and Hjørring Regional Hospital	Calcium metabolism and bone
Postdoctoral Fellowship without theme	Simon Chang	Male	MD, PhD	2023	DK	Klinefelter syndrome and male hypogonadism – a human disease model for investigating genotype-phenotype relations associable with cardiometabolic risk and testosterone replacement therapy	Anne Skakkebæk	Aarhus University Hospital, Dept. of Molecular Medicine	Gonadal diseases
PhD Scholarship without theme	Marlene Rietz	Female	MHS	2024	DE	Integrative Analysis of Multi-dimensional Data to Unveil Risk Dynamics in Major Diabetes-Related Complications: Insights from the Danish Centre for Strategic Research in Type 2 Diabetes Cohort	Jacob V. Stidsen	University of Southern Denmark, Faculty of Health Sciences; Steno Diabetes Center Odense	Diabetes
PhD Scholarship without theme	Fie Pilsgaard	Female	MD	2024	DK	Post Partum Weight Retention and Risk of Type 2 Diabetes	Louise Kelstrup	University of Copenhagen, Faculty of Health Sciences University of Copenhagen, The NNF Center of Metabolic Research	Diabetes

PhD Scholarship without theme	Ida Marie Galst	Female	MD	2024	DK	DiaSpax: Adipose Tissue Heterogeneity and Its Link to Type 2 Diabetes: A Randomized Open Treatment Trial comparing Empagliflozin, Pioglitazone, and Semaglutide	Jørgen Rungby	University of Copenhagen, Faculty of Health Sciences; Steno Diabetes Center Copenhagen	Diabetes
PhD Scholarship without theme	Maria Madrazo Montoya	Female		2024	ES	Molecular and Physiological Regulation of the Salt-inducible Kinase in Control of Hepatic Gluconeogenesis	Kei Sakamoto	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Basic Metabolic Research	Diabetes
PhD Scholarship without theme	Anna Skovgaard Lerche	Female	MD	2024	DK	Targeting mitochondrial metabolism in mental disorders	Michael Eriksen Benros	University of Copenhagen, Faculty of Health Sciences; Rigshospitalet Copenhagen Research Centre for Biological and Precision Psychiatry	Others (Obesity; exercise; etc.)
PhD Scholarship without theme	Amal Derai	Female	MD	2024	DK	Subtotal parathyroidectomy for the treatment of persistent hyperparathyroidism after kidney transplantation	Hanne Skou Jørgensen	Aarhus University, Faculty of Health Sciences; Aarhus University Hospital, Department of Nephrology	Calcium metabolism and bone
PhD Scholarship without theme	Christoffer Merrild	Male	MSc	2024	DK	Liver-targeted AMPK modulation in fatty-liver disease	Christoffer Clemmensen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, NNF Center for Basic Metabolic Research	Others (Obesity; exercise; etc.)
PhD Scholarship Endocrinology	Line Voss Jacobsen	Female		2024	DK	Optimal timing of meals and bone health in women with osteopenia	Charlotte Steffensen	Aarhus University, Faculty of Health Sciences; Aarhus University Hospital, Department of Endocrinology and Internal Medicine	Calcium metabolism and bone
PhD Scholarship Endocrinology	Liv Bech Arting	Female		2024	DK	RANKL may be a novel and modifiable regulator of folliculogenesis: Insight from functional mouse, monkey, and human models.	Martine Blomberg Jensen	University of Copenhagen, Faculty of Health Sciences; Herlev Hospital, Department Division of Endocrinology and Internal Medicine	Gonadal diseases
PhD Scholarship Endocrinology	Marc Petersen Harford	Male	MSc	2024	UK	Molecular Phenotyping of Dietary-Induced Bone Marrow Adipocytes in Mice	Alexander Rauch	University of Southern Denmark, Faculty of Health Sciences; University of Southern Denmark, Molecular Endocrinology and Stem Cell Research Unit	Others (Obesity; exercise; etc.)

PhD Scholarship Industrial	Louise Lawson-Smith	Female	MSc	2024	DK	Continuous Glucose Monitoring derived metrics for predicting long-term cardiovascular risks, Chronic complications, and severe outcomes.	Ulrik Pedersen-Bjergaard	University of Copenhagen, Faculty of Health Sciences; Novo Nordisk A/S	Diabetes
PhD Scholarship Industrial	Kayla Martens	Female	MSc	2024	CA	Dynamic crosslinked hydrogel microbeads for once-monthly subcutaneous peptide delivery	Stine Rønholt	University of Copenhagen, Faculty of Health Sciences; Novo Nordisk A/S	Diabetes
PhD Scholarship Industrial	Mathilde Guldbæk Arentsen	Female	MSc	2024	DK	Modelling and Algorithms for Optimizing Obesity Treatment on GLP1	Morten Mørup	Technical University of Denmark, Faculty of Science and Engineerin; Novo Nordisk A/S	Others (Obesity; exercise; etc.)
PhD Scholarship Strategic Partnership	Xiaohan Lin	Female	MD	2024	CN	Detecting tissue-specific microRNA secretion in hyperglycemia using bioorthogonal RNA tracing and nanosensors	Louise Torp Dalgaard	Roskilde University, Faculty of Science and Environment; Roskilde University, Department of Science and Environment	Others (Obesity; exercise; etc.)
PhD Scholarship Strategic Partnership	Charlotte Høy Sander Kruse	Female	MSc	2024	DK	Identifying transcriptional signatures indicative of molecular functions underlying obesity downstream of leptin	Tune H. Pers	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Basic Metabolic Research	Others (Obesity; exercise; etc.)
PhD Scholarship DDEA-DCA Cross Academy	Jasmin Emma Rekly Jensen	Female	MSc	2024	DK	Plasmalemma Vesicle-Associated Protein in the Abdominal Aortic Aneurysm Pathogenesis	Kim Ravnskjær	University of Southern Denmark, Faculty of Science; University of Southern Denmark, Department of Biochemistry and Molecular Biology	Others (Obesity; exercise; etc.)
PhD Scholarship DDEA-DCA Cross Academy	Karen Hvid	Female	MD	2024	DK	Remnant cholesterol and residual risk of atherosclerotic cardiovascular disease in statin treated individuals with type 2 diabetes	Børge Grønne Nordestgaard	University of Copenhagen, Faculty of Health Sciences; Herlev and Gentofte Hospital, Department of Clinical Biochemistry	Diabetes
PhD Scholarship DDEA-DCA Cross Academy	María Jose Romero Lado	Female		2024	DK	Addressing variability in body composition and fat distribution for better diabetes and cardiovascular risk assessment	Tuomas Oskari Kilpeläinen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Center for Basic Metabolic Research	Diabetes

PhD Scholarship DDEA-DDSA Cross Academy	Amalie Koch Andersen	Female	MSc	2024	DK	Risk engine tool to support early prevention of diabetes-related complications for people with prediabetes	Morten Hasselstrøm Jensen	Aalborg University, Faculty of Health Sciences; Novo Nordisk A/S	Diabetes
PhD Scholarship DDEA-DDSA Cross Academy	Jakob Nebeling Hedegaard	Male	MSc	2024	DK	Automatic Anomaly Discovery in Registry Data	Martin Bøgsted	Aalborg University, Faculty of Medicine; Danish Centre for Health Services Research	Diabetes
PhD Scholarship DDEA-DDSA Cross Academy	Jasmin Hjerresen	Female	MSc	2024	GL	Genetic regulation of the plasma lipidome and its link to cardiometabolic disease in Greenlandic Inuit	Thomas Moritz	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Center for Basic Metabolic Research	Diabetes
PhD Scholarship DDEA-DDSA Cross Academy	Manuel Mounir Demetry Thomasen	Male	MSc	2024	DK	Development of vocal biomarkers for predicting diabetes-related complications using deep learning	Adam Hulman	Aarhus University, Faculty of Health Sciences; Steno Diabetes Center Aarhus	Diabetes
PhD Scholarship DDEA-DDSA Cross Academy	Shanshan He	Female	MSc	2024	CN	Disentangling the Genetic Basis of Diabetic Kidney Disease Using Single-Cell Multimodal Sequencing in Human Diabetic Kidney	Torben Hansen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Center for Basic Metabolic Research	Diabetes
Postdoctoral Fellowship without theme	Hüsün Sheyma Kizilkaya	Female	MSc, PhD	2024	DK	Investigating the role of glucose-dependent insulinotropic polypeptide in the regulation of nausea and emesis	Jens Juul Holst	University of Copenhagen, The Department of Biomedical Sciences	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Michael Fridén	Male	MSc, PhD	2024	SE	Liver Health in the Nordics: Innovative Approaches to Unraveling the Impact of Nordic Diets on Severe Liver Diseases	Soren Nielsen	Steno Diabetes Center Aarhus	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Edmund Battey	Male	MSc, PhD	2024	GB	RhoA and YAP: regulators and new targets in skeletal muscle insulin sensitivity	Lykke Sylow	University of Copenhagen, Department of Biomedical Sciences	Diabetes

Postdoctoral Fellowship without theme	Emma Davidsen	Female	MSc, PhD	2024	DK	Communicating RISks associated with cardiometabolic conditions in Pregnancy (CRISP) – how to communicate risks and affect risk perception among women with cardiometabolic conditions in pregnancy while avoiding stigmatisation and medicalisation.	Karoline Kragelund Nielsen	Steno Diabetes Center Copenhagen	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Sophia Metz	Female	MSc, PhD	2024	DE	White Adipose Tissue Adaptations in Inuits: Evolutionary Responses to Arctic Climates	Camilla Scheele	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Center for Basic Metabolic Research	Others (Obesity; exercise; etc.)
Postdoctoral Fellowship without theme	Olivia Mary McCarthy	Female	MSc, PhD	2024	GB	Importance of cardiorespiratory fitness as a biomarker of cardiovascular disease risk in type 1 diabetes: Survival of the fittest?	Kirsten Noergaard	Steno Diabetes Center Copenhagen, Diabetes Technology Research	Diabetes
Postdoctoral Fellowship without theme	Pratik Pokharel	Male	MSc, PhD	2024	NP	Unlocking the potential of Vitamin K: A comprehensive approach to prevent type 2 diabetes	Anja Olsen	Danish Cancer Institute, Diet, Cancer and Health	Diabetes
Postdoctoral Fellowship Endocrinology	Agnethe Berglund	Female	MD,PhD	2024	DK	DSD course of life study: a nationwide study of health, socioeconomics and health expenditures from birth and beyond	Kirstine Stochholm,	Aarhus University Hospital, Department of Endocrinology and Internal Medicine Aarhus	Gonadal diseases
Postdoctoral Fellowship Endocrinology	Andreas Ladefoged Ebbehøj	Male	MD,PhD	2024	DK	Primary aldosteronism and secondary hypertension: Challenging and improving current clinical guidelines	Per Løgstrup Poulsen	Aarhus University Hospital, Department of Endocrinology and Internal Medicine	Pituritary and adrenal gland diseases
Postdoctoral Fellowship Endocrinology	Louise Lehmann Christensen	Female	MD,PhD	2024	DK	Gender affirming hormone therapy and physical health in transgender persons	Dorte Glintborg,	Odense University Hospital, Department of Endocrinology	Others (Obesity; exercise; etc.)
Postdoc Fellowship Industrial	Thien Vinh Luong	Male	MD,PhD	2024	DK	The GALAXY-2 project: Galactose –a glucose-stabilizing fuel for skeletal muscle during exercise in individuals with type 1 diabetes	Esben Søndergaard	Steno Diabetes Center Aarhus and Arla Foods Ingredients	Diabetes

Postdoc Fellowship Industrial	Christine Rode Schwarz	Female	MD,PhD	2024	DK	High-risk coronary plaques and tirzepatide treatment in overweight and obesity: The influence of metabolic clusters on mechanisms and therapeutic response	Tina Vilsbøll,	Steno Diabetes Center Copenhagen and Eli Lilly and Company	Others (Obesity; exercise; etc.)
Postdoctoral Strategic Partnership	Christopher Lynch	Male	MSc, PhD	2024	AU	Addressing Unmet Needs of People with Diabetes through Digital Social Prescribing	Brian Oldenburg,	Baker Heart and Diabetes Institute, Melbourne, Australia & Steno Diabetes Center Copenhagen, Diabetes Management Research	Diabetes
Postdoctoral Strategic Partnership	Fernando Valentim Bitencourt	Male	MSc, PhD	2024	BR	From Gums to Heart: Untangling the Link Between Periodontitis and Cardiovascular Disease in Type 2 Diabetes	Mario Vianna Vettore,	Aarhus University, Dentistry and Oral Health & University of Eastern Finland	Diabetes
PhD Scholarship without theme	Oliver Bonde van Zwol	Male	MSc	2025	DK	Investigation of the transcriptional regulation of leptin in human adipocytes	Susanne Mandrup	University of Southern Denmark, Faculty of Science; University of Southern Denmark, Department of Biochemistry and Molecular Biology	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship without theme	Sine PaaschSchiellerup	Female	MD	2025	DK	Effects of antidiabetic medication on glucose distribution, and organ and bone perfusion in patients with type 2 diabetes assessed by modern imaging techniques	Mikkel Bring Christensen	University of Copenhagen, Faculty of Health Sciences; Bispebjerg Hospital, Department of Clinical Pharmacology	Diabetes
PhD Scholarship without theme	Marina SangesAmettle	Female	MSc	2025	ES	Investigating early glycemic deviations through generative AI and integrative glycoprofiling technologies	Jordi Merino	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Center for Basic Metabolic Research	Diabetes
PhD Scholarship without theme	Kristine SvinningValeur	Female	MD	2025	DK	Diabetic retinopathy and nephropathy – can the eye see the future of the kidney	Rikke Borg	University of Copenhagen, Faculty of Health Sciences; Zealand University Hospital, Roskilde	Diabetes
PhD Scholarship without theme	Flora Gro LorentzenThomassen	Female	MSc	2025	DK	Breaking Barriers: Decoding the Gut-Brain Axis in Obesity-Linked Neurodegeneration	Benjamin A.H. Jensen	University of Copenhagen, Faculty of Health Sciences; University of	Other (Exercise physiology, anorexia

								Copenhagen, Department of Biomedical Sciences	nervosa, obesity, etc.)
PhD Scholarship without theme	Jonva Hentze	Female	MSc	2025	FO	Testing a novel GLUT4 localization-centric model of human muscle insulin resistance	Thomas Elberhardt Jensen	University of Copenhagen, Faculty of Science; University of Copenhagen, Department of Nutrition, Exercise and Sports	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship without theme	AdamBesic	Male	MD	2025	SI	The Importance of Glycemic Control for the Development of Early Retinal Abnormalities in Children and Adolescents with Diabetes	Mikael Larsen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, Department of Ophthalmology, Rigshospitalet	Diabetes
PhD Scholarship Endocrinology	Cecilie Kynding Kristensen	Female	MSc	2025	DK	Long-Acting Growth Hormone in Metabolic Regulation: mechanistic characterization and therapeutic opportunities to improve weight loss quality	Zachary Gerhart-Hines	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, The NNF Center for Center for Basic Metabolic Research	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship Endocrinology	Maria Bejerholm Boelman	Female	MD	2025	DK	Clinical and genetic characterization of Hereditary Endocrine Tumour Syndromes (the HETS-study)	Karin Wadt	University of Copenhagen, Faculty of Health Sciences; Rigshospitalet	Pituitary and adrenal gland diseases
PhD Scholarship Endocrinology	Julie Siersbæk	Female	MD	2025	DK	Umbilical cord glucose: A novel screening method for Congenital Hyperinsulinism to prevent brain damage	Henrik Thybo Christesen	University of Southern, Faculty of Health ; Odense University Hospital	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship Endocrinology	Mariam Nakabuye	Female	MSc	2025	UG	Modeling pesticide exposure and its risk for endocrine, glycemic, and kidney dysfunctions	Vivi Schulnssen	Aarhus University, Faculty of Health Science; Aarhus University, Department of Public Health	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship Strategic Partnership	Laura Løftgaard Knudsen	Female	MD	2025	DK	Lipid insulin sensitivity in pregnant women with GDM and consequences for their offspring	Ulla Kampmann Opstrup	Aarhus University, Faculty of Health Science; Steno Diabetes Center Aarhus	Diabetes

PhD Scholarship Strategic Partnership	Helena FalandyszHinrup	Female	MSc	2025	DK	Food preferences and eating behavior traits in relation to body weight regulation and risk of diabetes in pregnancy and menopause	Jonas Salling Quist,	University of Southern, Faculty of Health ; Steno Diabetes Center Copenhagen	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship Strategic Partnership	Stine TillebækSøndergaard	Female	MSc	2025	DK	Glycerol-3-Phosphate Phosphatase: A Novel Regulator in Metabolic Health and its Potential to Mitigate Cardiovascular Disease Progression	Jane Stubbe,	University of Southern Denmark, Faculty of Science; University of Southern Denmark, Department of Biochemistry and Molecular Biology	Diabetes
PhD Scholarship Industrial	Sofie RiiseStampe	Female	MD	2025	DK	Exploring Non-Pharmacological Interventions for Gestational Diabetes: The Role of Whey Protein in Glycemic Control and Gastric Emptying	Per Glud Ovesen	Aarhus University, Faculty of Health Sciences; Aarhus University, Department of Clinical Medicine	Diabetes
PhD Scholarship Industrial	JohanPlatz	Male	MD	2025	DK	Gut Barrier Integrity as the defining factor for obesity-associated systemic inflammation	Asger Bach Lund,	University of Copenhagen, Faculty of Health Sciences; Clinical Metabolic Research, Herlev and Gentofte Hospital	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
PhD Scholarship Industrial	Aretia-Teodora Malacopol	Female	MSc	2025	RO	Harnessing Endogenous Retrovirus-Based Immunotherapy for Metabolic Syndrome Treatment (Treatment HERO)	Claus Desler Madsen	University of Copenhagen, Faculty of Health Sciences; University of Copenhagen, Department of Biomedical Sciences	Diabetes
Postdoctoral Fellowship without theme	Caroline Frørup	Female	MSc, PhD	2025	ES	Investigating the regenerative capacity of the pancreas to restore functional islet mass in diabetes	Tina Fløyel	Steno Diabetes Center Copenhagen	Diabetes
Postdoctoral Fellowship without theme	Jannie Toft Damsgaard Nørlev	Female	MHs, PhD	2025	DK	A digitally supported educational programme for people newly diagnosed with type 2 diabetes – a postdoctoral project	Stine Hangaard	Aalborg University, Department of Health Science and Technology	Diabetes
Postdoctoral Fellowship without theme	Tereza Fait Kadlec	Female	MSc, PhD	2025	CZ	Cardiometabolic Disease in Patients with Lymphoid Cancer - Causes and Consequences	Carsten Utoft Niemann	Danish Cancer Society, Department of Hematology	Diabetes

Postdoctoral Fellowship without theme	Cecilie Willemoes Bæch-Laursen	Female	MHs, PhD	2025	DK	A human-centric approach to discover non-incretin obesity targets	Matthew Paul Gillum	University of Copenhagen, Department of Biomedical Sciences	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
Postdoctoral Fellowship without theme	Madhurima Basu	Female	MSc, PhD	2025	IN	SPARK – Systems Proteomics Advancing Research in Diabetic Kidney Disease	Frederik Persson	Steno Diabetes Center Copenhagen	Diabetes
Postdoctoral Fellowship without theme	Zheer Kejlberg Al-Mashhadi	Male	MD, PhD	2025	DK	Medication use patterns and individual-level effects in type 2 diabetes	Henrik Støvring,	Steno Diabetes Center Aarhus	Diabetes
Postdoctoral Fellowship without theme	Elpida Vounzoulaki	Female	MSc, PhD	2025	GR	Integrating pregnancy and reproductive health characteristics to understand heterogeneity, intergenerational risk and long-term consequences of diabetes in women	Cecilia Høst Ramlau-Hansen,	Steno Diabetes Center Aarhus	Diabetes
Postdoctoral Fellowship Endocrinology	Emma Marie Bruun Johannsen	Female	MSc, PhD	2025	DK	Sex Chromosome Aneuploidies: From Hypogonadism to Hormone Replacement Therapy Response	Claus Højbjerg Gravholt	Aarhus University Hospital, Department of Molecular Medicine	Gonadal diseases
Postdoctoral Fellowship Endocrinology	Morten Svarer Hansen	Male	MD, PhD	2025	DK	Safety and Efficacy of ALendronate for Osteoporosis with Nephropathy (SEAL-ON): A randomized, double-blinded, placebo-controlled trial	Pernille Hermann	Odense University Hospital, Department of Endocrinology	Calcium metabolism and bone
Postdoctoral Fellowship Endocrinology	Josephine Therkildsen	Female	MD, PhD	2025	DK	Opportunistic Screening of Osteoporosis and the Prognostic Impact in Patients Referred for Routine CT	Simon Winther	Aarhus University, Department of Cardiology, Gødstrup Hospital	Calcium metabolism and bone
Postdoctoral Strategic Partnership	Yingchai Zhang	Female	MD, PhD	2025	CN	Pathophysiological and Genetic Insights into Lean Type 2 Diabetes among Danish and Chinese Individuals	Ronald Ma,	The Chinese University of Hong Kong & Steno Diabetes Center Aarhus	Diabetes
Postdoctoral Strategic Partnership	Christopher Bannon	Male	MD, PhD	2025	IE	Gut Hormones and Metabolic Risk in Bile Acid Diarrhoea: Investigating Diagnostic Biomarkers, Mechanisms of	Fiona Gribble	Institute of Metabolic Science, University of Cambridge & Gentofte Hospital	Other (Exercise physiology, anorexia

						Disease and Translational Treatments			nervosa, obesity, etc.)
Postdoctoral Strategic Partnership	Thilo Samson Chillon	Male	MSc, PhD	2025	CH	Enhancing Clinical Diagnostics of Type B Insulin Resistance: A Collaborative, Multicentre Approach to Diagnosing a Rare Disease	Martin Overgaard	Odense University Hospital, Department of Clinical Biochemistry	Diabetes
Postdoctoral Strategic Partnership	Christian Rimer Juhl	Male	MD, PhD	2025	DK	Characterizing Parent Driven Bio-Behavioural Phenotypes to Predict Treatment Response in Family Obesity	Signe Sørensen Torekov,	University of Copenhagen, Department of Biomedical Sciences	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
Postdoctoral Fellowship Industrial	Stine Smedegaard	Female	MD, PhD	2025	DK	RESTORE-PCOS: Targeting insulin REsiSTance and Ovulatory dysfunction through pRE-meal whey protein in PCOS: A 12-week Randomized Controlled Trial	Ulla Kampmann	Aarhus University, Department of Clinical Medicine	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
Visiting researcher	Patrick Catalano	Male	MD, PhD	2023	US	Causes and CONseQUEnces of Metabolic DeRangement in Pregnancy - CONQUER	Ulla Kampmann Opstrup	Aarhus University Hospital	Diabetes
Visiting researcher	Brian Frederick Oldenburg	Male	MSc, PhD	2023	AUS	Digital technology to improve the health and well-being of people with diabetes and other long-term conditions	Bryan Cleal	Steno Diabetes Center Copenhagen	Diabetes
Visiting researcher	Sharleen O'Reilly	Female		2023	IR	Developing a life course perspective framework for diabetes prevention after pregnancy	Prof Helle Terkildsen Maindal	Aarhus University	Diabetes
Visiting researcher	Anandwardhan Awadhoot Hardikar	Male	MSc, PhD	2023	AUS	Understanding the role of exogenous microRNAs in the gut	Prof Louise Torp Dalgaard	Roskilde University	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
Visiting researcher	Carlos Salomon	Male	MSc, PhD	2023	AUS	Exploring Metabolic Dynamics via Extracellular Vesicles: Insights from	Professor Aase Handberg	Aalborg University Hospital	Other (Exercise physiology, anorexia

						Pregnancy-Related Glucose Disorders, Diabetes and Obesity Complications			nervosa, obesity, etc.)
Visiting researcher	Valeriya Lyssenko	Female	MSc, PhD	2023	SE	PROLONG - PROtective genes in diabetic complications and LONGevity.	Peter Rossing	Steno Diabetes Center Copenhagen	Diabetes
Visiting researcher	Gernot Desoye	Male	MSc, PhD	2024	AT	Feto-placental adaptations to increased oxygen demand in pregnancies with pre-gestational diabetes mellitus: A pilot study	Anne Nødgaard Weidemann Sørensen	Aalborg University Hospital	Diabetes
Visiting researcher	Ryan Riddle	Male	MSc, PhD	2024	US	Metabolic regulation of skeletal stem cell function	Alexander Rauch	University of Southern Denmark	Calcium metabolism and bone
Visiting researcher	Scott Summers	Male	MSc, PhD	2024	US	Genetic Determinants of Hypercer-amidemia	Ruth Loos	University of Copenhagen, Novo Nordisk Foundation Center for Basic Metabolic Research	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
Visiting researcher	Dianna Josephine Magliano	Female	MSc, PhD	2024	AUS	HARNESSING MULTIPLE LARGE DATASETS TO ANSWER QUESTIONS ON DIABETES EPIDEMIOLOGY- International Centre for Population-Based Diabetes Research (IPoD)	Mr Bendix Carstensen	Steno Diabetes Center Copenhagen	Diabetes
Visiting researcher	Marta Korbonits	Female	MD, PhD	2024	UK	Genetic determinants of pituitary tumours	Jakob Dal	Aalborg University	Pituitary and adrenal gland diseases
Visiting researcher	Michael Trenell	Male	MSc, PhD	2024	UK	Creating digital diabetes care for all.	Poul Erik Jakobsen	Steno Diabetes Center North Jutland	Diabetes
Visiting researcher	Pål RasmusNjølstad	Male	MD, PhD	2025	NO	Genetic and metabolic modifiers of hyperglycemia: Functional and clinical evaluation of HNF1A A98V in Danish and Norwegian cohorts	Torben Hansen	The NNF Center for Center for Basic Metabolic Research	Diabetes
Visiting researcher	Russ Hausner	Male	MD, PhD	2025	US	Is the over-the-counter mild analgesic paracetamol reducing female fertility	David M Kristensen	Roskilde University Department of Science and Environment	Other (Exercise physiology, anorexia

									nervosa, obesity, etc.)
Visiting researcher	Helen Murphy	Female	MD, PhD	2025	IR	Improving Diabetes Pregnancy Outcomes using Diabetes Technology and Targeted Therapy approaches	Lene Ringholm	Rigshospitalet, Copenhagen Center for Pregnant women with diabetes	Diabetes
Visiting researcher	Barbara Buffet	Female	MSc, PhD	2025	US	Burden of Diabetes Complications and Effect of Traditional Risk Factors at the Population Level: Danish Diabetes Register	Kirsten Nørgaard	Steno Diabetes Center Copenhagen	Diabetes
Visiting researcher	Jared Rutter	Male	MSc, PhD	2025	US	Metabolite regulators of disease-relevant signaling proteins	Kei Sakamoto	The NNF Center for Center for Basic Metabolic Research	Other (Exercise physiology, anorexia nervosa, obesity, etc.)
Visiting researcher	Iliatha Papachristou Nadal	Female	MSc, PhD	2025	UK	Co-Designing Culturally Responsive Psychosocial Diabetes Care for Adults from Non-Western migrant Backgrounds in Denmark	Vibeke Stennov	University College Copenhagen	Diabetes
Visiting researcher	Lynne Merran Chepulis	Female	MSc, PhD	2025	NZ	Targeting Tomorrow's Diabetes Crisis: A Transdisciplinary Study of Disease Burden and Care Pathways for Young-Onset Type 2 diabetes	Annelli Sandbaek	Aarhus University Department of Public Health / Steno Diabetes Center Aarhus	Diabetes

Appendix 5 Grants Data

Compilation of DDEA grant calls data 2023-2025.

Grant overview

DDEA has, in the current grant period (2023–2027), conducted a total of four calls: two in 2023, one in 2024 and one in 2025. A total of 116 grants have been awarded across 12 programmes. The tables below summarise the distribution of grants across six scientific research areas, host institutions, and applicant groups for the programmes.

Distribution of Grants by Scientific Research Area

Table 1 – Distribution of DDEA Grants by Scientific Research Area

This table provides the number of applications and awarded grants across six research areas, including success rates and distribution relative to all grants.

Research Area	Sum of Applications	Sum of Grants	Success ratio	Relative to all grants
Calcium metabolism and bone	40	9	22.5%	7.8%
Diabetes (type 1 diabetes, type 2 diabetes, prediabetes)	249	60	24.1%	51.7%
Gonadal diseases	16	4	25.0%	3.4%
Others (exercise physiology, nutrition, obesity…)	206	38	18.4%	32.8%
Pituitary and adrenal gland diseases	16	5	31.3%	4.3%
Thyroid disorders	18	0	0.0%	0.0%
Total	**545**	**116**	**21.3%**	**100.0%**

Table 2 – Distribution of DDEA Grants by Gender

This table shows applications and awarded grants by gender across all grant programmes, including overall success rates).

Gender	Sum of Applications	Sum of Grants	Success ratio	Relative to all grants
Female	351	76	21.7%	65.5%
Male	194	40	20.6%	34.5%
Total	**545**	**116**	**21.3%**	**100.0%**

Table 3 – Distribution of DDEA Grants by Educational Background

This table summarises application and grant outcomes by academic degree (MD vs MSc) across all programmes.

Educational Background	Sum of Applications	Sum of Grants	Succes ratio	Relative to all grants
MD	228	43	18.9%	37.1%
MSc	317	73	23.0%	62.9%
Total	**545**	**116**	**21.3%**	**100.0%**

Table 4 – Host Institutions of Grant Recipients

This table shows where grant recipients are hosted (universities, hospitals, or industry), including success rates and the share of total grants.

Institution	Sum of Applications	Sum of Grants	Success ratio	Relative to all grants
Copenhagen University Hospital	17	2	11.8%	1.7%
Danish Cancer Institute	4	2	50.0%	1.7%
Danish Technical University	7	1	14.3%	0.9%
General practice	2	0	0.0%	0.0%
Odense University Hospital	9	3	33.3%	2.6%
Private company	2	1	50.0%	0.9%
Region Hospitals (Silkeborg, Horsens, Næstved..)	16	0	0.0%	0.0%
Roskilde University, Faculty of Science	6	3	50.0%	2.6%
Steno Diabetes Center Copenhagen	10	4	40.0%	3.4%
Steno Diabetes Center Copenhagen	23	8	34.8%	6.9%
Steno Diabetes Center North	6	2	33.3%	1.7%
Steno Diabetes Center Odense	3	1	33.3%	0.9%
Steno Diabetes Center Zealand	0	0	0.0%	0.0%
Steno Diabetes Center Aarhus	19	6	31.6%	5.2%
The Faroese Hospital System	1	0	0.0%	0.0%
University of Copenhagen, Faculty of Health	173	45	26.0%	38.8%
University of Copenhagen, Faculty of Science	32	2	6.3%	1.7%
University of Southern Denmark, Faculty of Health	47	8	17.0%	6.9%
University of Southern Denmark, Faculty of Science	16	1	6.3%	0.9%
Aalborg University, Faculty of Health	19	2	10.5%	1.7%
Aalborg University Hospital	6	2	33.3%	1.7%
Aalborg University, Faculty of Health	7	1	14.3%	0.9%
Aalborg University, Faculty of Science	0	0	0.0%	0.0%
Aarhus University Hospital	23	6	26.1%	5.2%
Aarhus University, Faculty of Health	78	12	15.4%	10.3%
Aarhus University, Faculty of Health	18	4	22.2%	3.4%
Aarhus University, Faculty of Science	1	0	0.0%	0.0%
Total	**545**	**116**	**21.3%**	**100.0%**

Tables 5–8 – PhD Programme

These tables summarise applications and awarded grants for the PhD programmes which include PhD 2/3-Financed (Without Theme), PhD 2/3-Financed (Endocrinology Theme), Cross-Academy PhD Grants (DDSA & DCA), Strategic Partnership PhD Programme, and Industrial PhD Programme.

Table 5

Research Area	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Calcium metabolism and bone	22	4	18.2%	3.4%
Diabetes (type 1 diabetes, type 2 diabetes, prediabetes)	133	24	18.0%	20.7%
Gonadal diseases	9	1	11.1%	0.9%
Others (exercise physiology, nutrition, obesity…)	125	22	17.6%	19.0%
Pituitary and adrenal gland diseases	8	3	37.5%	2.6%
Thyroid disorders	13	0	0.0%	0.0%
Total	**310**	**54**	**17.4%**	**46.6%**

Table 6

Gender	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Female	214	43	20.1%	37.1%
Male	96	11	11.5%	9.5%
Total	**310**	**54**	**17.4%**	**46.6%**

Table 7

Educational Background	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
MD	137	19	13.9%	16.4%
MSc	173	35	20.2%	30.2%
Total	**310**	**54**	**17.4%**	**46.6%**

Table 8

University	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Danish Technical University	4	1	25.0%	0.9%
Roskilde University, Faculty of Science	4	1	25.0%	0.9%
University of Copenhagen, Faculty of Health	136	31	22.8%	26.7%
University of Copenhagen, Faculty of Science	25	1	4.0%	0.9%
University of Southern Denmark, Faculty of Health	37	7	18.9%	6.0%
University of Southern Denmark, Faculty of Science	9	1	11.1%	0.9%
Aalborg University, Faculty of Health	19	2	10.5%	1.7%
Aalborg University, Faculty of Science	0	0	0.0%	0.0%
Aarhus University, Faculty of Health	75	10	13.3%	8.6%
Aarhus University, Faculty of Science	1	0	0.0%	0.0%
Total	**310**	**54**	**17.4%**	**46.6%**

Tables 9–13 – Postdoc programme

The postdoctoral programmes presented in Tables 9–13 include the 2-Year Postdoc Fellowship (Without Theme), the 2-Year Postdoc Fellowship (Endocrinology Theme), the Clinical Postdoc (shared position), the Industrial Postdoc Programme, and the Strategic Partnership Postdoc Programme.

Table 9

Research Area	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Calcium metabolism and bone	17	4	23.5%	3.4%
Diabetes (type 1 diabetes, type 2 diabetes, prediabetes)	93	21	22.6%	18.1%
Gonadal diseases	7	3	42.9%	2.6%
Others (exercise physiology, nutrition, obesity…)	76	14	18.4%	12.1%
Pituitary and adrenal gland diseases	7	1	14.3%	0.9%
Thyroid disorders	5	0	0.0%	0.0%
Total	**205**	**43**	**21.0%**	**37.1%**

Table 10

Gender	Sum of Applications	Sum of Grants	Succes Ratio	Relative to all grants
Female	123	25	20.3%	21.6%
Male	82	18	22.0%	15.5%
Total	**205**	**43**	**21.0%**	**37.1%**

Table 11

Educational Background	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
MD	81	18	22.2%	15.5%
MSc	124	25	20.2%	21.6%
Total	**205**	**43**	**21.0%**	**37.1%**

Table 12

Institution	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Copenhagen University Hospital	16	1	6.3%	0.9%
Danish Cancer Institute	4	2	50.0%	1.7%
Danish Technical University	3	0	0.0%	0.0%
Odense University Hospital	9	3	33.3%	2.6%
Private company	2	1	50.0%	0.9%
Region Hospitals (Silkeborg, Horsens, Næstved..)	16	0	0.0%	0.0%
Roskilde University, Faculty of Science	0	0	0.0%	0.0%
Steno Diabetes Center Copenhagen	23	8	34.8%	6.9%
Steno Diabetes Center North	5	1	20.0%	0.9%
Steno Diabetes Center Odense	2	1	50.0%	0.9%
Steno Diabetes Center Zealand	0	0	0.0%	0.0%
Steno Diabetes Center Aarhus	18	5	27.8%	4.3%
The Faroese Hospital System	1	0	0.0%	0.0%
University of Copenhagen, Faculty of Health	33	10	30.3%	8.6%
University of Copenhagen, Faculty of Science	7	1	14.3%	0.9%
University of Southern Denmark, Faculty of Health	9	0	0.0%	0.0%
University of Southern Denmark, Faculty of Science	7	0	0.0%	0.0%
Aalborg University Hospital	4	0	0.0%	0.0%
Aalborg University, Faculty of Health	5	0	0.0%	0.0%
Aalborg University, Faculty of Science	0	0	0.0%	0.0%
Aarhus University Hospital	23	6	26.1%	5.2%
Aarhus University, Faculty of Health	18	4	22.2%	3.4%
Aarhus University, Faculty of Science	0	0	0.0%	0.0%
Total	**205**	**43**	**21.0%**	**37.1%**

Tables 13–16 present data for the Visiting Researcher Programme

Table 13

Reseach Areas	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Calcium metabolism and bone	1	1	100.0%	0.9%
Diabetes (type 1 diabetes, type 2 diabetes, pre-diabetes)	23	15	65.2%	12.9%
Gonadal diseases	0	0	0.0%	0.0%
Others (exercise physiology, nutrition, obe-sity…)	5	2	40.0%	1.7%
Pituitary and adrenal gland diseases	1	1	100.0%	0.9%
Thyroid disorders	0	0	0.0%	0.0%
Total	**30**	**19**	**63.3%**	**16.4%**

Table 14

Gender	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Female	14	8	57.1%	6.9%
Male	16	11	68.8%	9.5%
Total	**30**	**19**	**63.3%**	**16.4%**

Table 15

Educational Background	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
MD	10	6	60.0%	5.2%
MSc	20	13	65.0%	11.2%
Total	**30**	**19**	**63.3%**	**16.4%**

Table 16

Host Institution	Sum of Applications	Sum of Grants	Success Ratio	Relative to all grants
Copenhagen University Hospital	1	1	100.0%	0.9%
Danish Technical University	0	0	0.0%	0.0%
Region Hospitals (Silkeborg, Horsens, Næstved..)	0	0	0.0%	0.0%
Roskilde University, Faculty of Science	2	2	100.0%	1.7%
Steno Diabetes Center Copenhagen	10	4	40.0%	3.4%
Steno Diabetes Center North	1	1	100.0%	0.9%
Steno Diabetes Center Odense	1	0	0.0%	0.0%
Steno Diabetes Center Zealand	0	0	0.0%	0.0%
Steno Diabetes Center Aarhus	1	1	100.0%	0.9%
The Faroese Hospital System	0	0	0.0%	0.0%
University of Copenhagen, Faculty of Health	4	4	100.0%	3.4%
University of Copenhagen, Faculty of Science	0	0	0.0%	0.0%
University of Southern Denmark, Faculty of Health	1	1	100.0%	0.9%
University of Southern Denmark, Faculty of Science	0	0	0.0%	0.0%
Aalborg University Hospital	2	2	100.0%	1.7%
Aalborg University, Faculty of Health	2	1	50.0%	0.9%
Aalborg University, Faculty of Science	0	0	0.0%	0.0%
Aarhus University Hospital	0	0	0.0%	0.0%
Aarhus University, Faculty of Health	3	2	66.7%	1.7%
Aarhus University, Faculty of Science	0	0	0.0%	0.0%
Total	**28**	**19**	**67.9%**	**16.4%**

Appendix 6 Success Criteria

Table 1

Education and talent development			
Impact Marker	**Success criteria**	**Key performance indicators (KPIs)**	**Status**
High-quality research education and talent development. Fostering of research talent.	# of education and talent development activities.	• PhD graduate programme established at five Danish universities[1] • 4 symposia (annually) • 5 postdoctoral courses, including 1 Winter School (annually) • 6 PhD courses, including 1 Summer School (annually)	Achieved
	# of education and talent development activities in other endocrinology fields than diabetes.	50% of disease-specific education and talent development activities to be in other endocrinology fields than diabetes[2] by the end of the grant period (2027). Minimum 25% in 2023, gradually increasing to 50% 2027.	Achieved
	# of education and talent development activities resulting in attendants acquiring new knowledge, skills, and competences.	90% of DDEA-funded researchers – and attendants of two selected activities per year - have acquired new, applicable skills, knowledge, and competences.	Achieved
	# early-career researchers in principal investigator or equivalent positions.	30% of DDEA-funded early-career researchers become principal investigators, research leaders or hold tenure positions (within five years after completing their PhD or postdoctoral projects).	Too early to evaluate
Networking and collaboration			
Impact Marker	**Success criteria**	**Key performance indicators (KPIs)**	**Status**
Strengthening of networking and collaborations across sectors, research fields, and borders.	# of networking and collaboration activities.	8 networking and collaboration activities (annually).	Achieved
	# of networking and collaboration activities.	50% of DDEA-funded early-career researchers – and participants of two selected activities per year - find new collaboration partners through participating in DDEA networking and collaboration activities.	Too early to evaluate
	# of education and talent development activities, and networking and collaboration activities, in collaboration with other partners, i.e. NNF-funded academies, industry or research institutions abroad.	DDEA education and talent development activities or collaboration and networking activities are organised and executed in collaboration with DCA/DDSA (two annually), industry (one annually) or research institutions from abroad (two annually).	Achieved
	DDEA recognised as a national hub by stakeholders.	75% of stakeholders acknowledge that DDEA has had an impact in the field of diabetes and endocrine research and	Too early to evaluate

		within the diabetes and endocrine research environment in relation to research education, networking, and grants.	
Grants			
Impact Marker	**Success criteria**	**Key performance indicators (KPIs)**	**Status**
Increased supply of world-class research talent. High-quality applied research in all fields of endocrinology.	# of grants.	% of grants given to diabetes vs. other endocrinology fields than diabetes[2]: 2023: 75% vs. 25%; 2024: 60% vs. 40%; 2025: 50% vs. 50%; 2026: 50% vs. 50%.	Not Achieved
	# of publications (in high-impact journals, highly cited, open access, fields other than diabetes).	50% of publications by DDEA-funded early-career researchers published in the top 10% most cited journals in the diabetes field or the subfields of other endocrinology[2].* 20% of publications by DDEA-funded early-career researchers published in the top 10% most cited journals worldwide* 3% of publications by DDEA-funded early-career researchers among the top 1% most cited publications worldwide*	Too early to evaluate
	#DDEA-funded researchers employed in research institutions or research organisations.	70% of DDEA-funded early-career researchers stay in research and are employed by research institutions or research organisations across sectors within five years after completing their PhD or postdoctoral project.*	
	#DDEA-funded researchers engaged in innovation.	15% of DDEA-funded early-career researchers are engaged in innovation. 25% of DDEA-funded early-career researchers are employed by industry/collaborating with/co-funded by industry.*	Too early to evaluate
	#DDEA-funded researchers engaged in evidence-based activities.	10% of DDEA-funded research publications are cited in clinical guidelines, policies, text books etc. *	Too early to evaluate
	External funding obtained by DDEA-funded researchers.	30% of DDEA-funded researchers obtain further funding for their research activities.*	Too early to evaluate
Communication and outreach			
Impact Marker	**Success criteria**	**Key performance indicators (KPIs)**	**Status**
Dialogue and knowledge sharing among the scientific community and the public.	Collaboration with NGOs.	1 activity annually organised in collaboration with NGOs. Collaborations on specific activities established with at least three NGOs (over five-year period).	Achieved

	# of citations of DDEA-funded researchers in media.	25 citations (comments/sharing) of DDEA-funded researchers' research in media, e.g. newspapers, social media, etc. (annually). 20% increase in citations (comments/sharing) of DDEA-funded researchers' research in media, e.g. newspapers, social media, etc., from 2023 to 2027.	Too early to evaluate
	# of DDEA-funded researchers engaged in dissemination activities.	400 dissemination activities by DDEA-funded early-career researchers as key note speakers, invited speakers, presenting their research at scientific conferences or to the public (over five-year period). 20% DDEA-funded researchers share their research in meetings for NGOs, students, general public, or through publications in semi-scientific journals.	Too early to evaluate
	Digital presentation or output of DDEA activities.	30% of DDEA activities within education and talent development and networking and collaboration per year presented online and/or result in digital output. 10% increase in visitors to the DDEA website from 2023 to 2027. 90% of visitors to the DDEA website are satisfied with the website/find it useful/get new knowledge.	Achieved

Table 2 – Other evaluation factors for evaluating DDEA in the period 2023-2027

Education and talent development		
Impact Marker	**Other evaluation factors**	**Status**
High-quality research education and talent development. Fostering of research talent.	Percentage of attendants from other endocrinology fields than diabetes[2]. Percentage of attendants with regard to career level, gender, geography, education, and employment sector.	See Figure 5.2
	Percentage of speakers with regard to career level, gender, geography, education, and employment sector.	See Figure 5.2
	Participant satisfaction with the scientific programmes of each education and talent development activity should be minimum 4.0 on a scale from 1 (unsatisfactory) to 5 (very satisfactory).	Participant satisfaction Score 4.5
Networking and collaboration		
Impact Marker	**Other evaluation factors**	**Status**
Strengthening of networking and collaboration across sectors, research fields, and borders.	Percentage of attendants from other endocrinology fields than diabetes[2]. Percentage of attendants with regard to education, research field, geography, employment sector, and institution.	See Figure 6.2
	Participant satisfaction with the networking of each networking and collaboration activity is minimum 4.0 on a scale from 1 (unsatisfactory) to 5 (very satisfactory).	Participant satisfaction Score 4.4
Grants		
Impact Marker	**Other evaluation factors**	**Status**
High-quality applied research in all fields of endocrinology.	The success ratio for grants with regard to gender, education, geography, and institution/sector is evaluated each year by the BoD to secure a balanced ratio.	See Appendix 6
Communication and outreach		
Impact Marker	**Other evaluation factors**	**Status**
Dialogue and knowledge sharing among the scientific community and the public.	The number of followers of DDEA social media channels (Twitter, LinkedIn, Instagram). The number of subscribers to the DDEA newsletter.	See Appendix 12

Appendix 7 Full Timeline of the Education & Networking Milestones of Development

The figure below shows the developmental milestones for DDEA Education and Networking activities.

E = Education and Talent Development

N = Networking and Collaboration

Year	Month	Accomplishment	Activity Area
2023	January	Establishment of DDEA Education & Networking Team	Both
2023	January	Establishment of collaboration with Danish Cardiovascular Academy and Danish Data Science Academy	Both
2023	February	Establishment of collaboration with Cambridge University	N
2023	March	Establishment of collaboration with University of Edinburgh	N
2023	April	First Committee for Education Meeting	Both
2023	April-May	Release of Postdocs Talking Series 2 Podcast episodes	Both
2023	May	Launch of the Public Involvement and Outreach Programme	Both
2023	June	Awarding of Grants for DDEA-funded Events	Both
2023	June	2024 Annual Events Programme Approved	Both
2023	August	Establishment of collaboration with Neuroendocrine Academy	Both
2023	August	DDEA Flagship: DDEA Summer School in Diabetes, Metabolism and Endocrinology	E
2023	September	Release of Postdocs Talking Series 3 Podcast (ties to the DDEA Postdoc Summit)	N
2023	September	DDEA Flagship: DDEA Postdoc Summit	E
2023	October	Awarding of Grants for DDEA-funded Events	Both
2023	October	DDEA Flagship: DDEA/DCA Basic Cardiometabolic Research PhD Course	E
2023	November	Establishment of the Diabetes-Endocrine Bridge Programme	N
2023	December	Second Committee for Education Meeting	Both
2024	January	Launch of the Copenhagen Honours College, Bioanalytiker - Diabetes Programme	E
2024	January	Launch of the Mentoring Programme for Postdocs	N
2024	January	Launch of the Talent Development Programme	E
2024	January	DDEA Flagship: DDEA Annual Day	N
2024	January	DDEA Research Education and Networking Award	Both
2024	April	Third Committee for Education Meeting	Both
2024	April	Establishment of collaboration with the World Diabetes Foundation, University of Geneva and the East African Study Group	Both
2024	May	Establishment of collaboration with Steno Diabetes Center Faroe Islands	E
2024	May	Establishment of collaboration with FYEN	N
2024	June	2025 Annual Events Programme Approved	Both
2024	June	Launch of the Strategic Partnership Programme	Both

2024	August	DDEA Flagship: DDEA Summer School in Diabetes, Metabolism and Endocrinology	E
2024	September	DDEA Flagship: DDEA Postdoc Summit	E
2024	October	Comment published in Nature Reviews Endocrinology: Our future, we decide: five ways to reform the scientific publication process	E
2024	October	DDEA Flagship: DDEA/DCA Basic Cardiometabolic Research PhD Course	E
2024	October	Awarding of Grants for DDEA-funded Events	Both
2024	December	Fourth Committee for Education Meeting	Both
2025	January	DDEA Flagship: DDEA Annual Day	N
2025	January	DDEA Research Education and Networking Award	Both
2025	April	Comment published in Nature Reviews Endocrinology: Empowering early-career researchers: academy-driven pathways to excellence	Both
2025	April	Fifth Committee for Education Meeting	Both
2025	April	Release of the DDEA Global Health Podcast (ties to the workshop at the Type 1 Diabetes - Advancing a Global Roadmap for Improved and Integrated Care in Low-Resource Settings)	Both
2025	June	2026 Annual Events Programme Approved	Both
2025	July	Committee for Education Renewal	Both
2025	August	Sixth Committee for Education Meeting	Both
2025	August	DDEA Flagship: DDEA Summer School in Diabetes, Metabolism and Endocrinology	E
2025	October	DDEA Flagship: DDEA Postdoc Summit	E
2025	October	Awarding of Grants for DDEA-funded Events	Both
2025	October	DDEA Flagship: DDEA/DCA Basic Cardiometabolic Research PhD Course	E
2026	January	DDEA Flagship: DDEA Annual Day	N

Appendix 8 Education and Talent Development Activities

The table below shows all DDEA Education and Talent Development Events from January 2023-January 2026.

Year	Month	Format	Event title	Location	Duration	Target Audience	Overall satisfaction score	Sectors Represented by the Attendees (participants + speakers + organisers)	# Total Attendees (participants + speakers + organisers)	% International attendees	% ECR attendees	% Hospital attendees	% Industry attendees	% Attendees in classical endocrinology	Organisers	# organisers and speakers that are ECRs	Relevant Research Fields (diabetes, metabolism, classical endocrinology, others)	PPI incorporated	Partners (cost sharing)	DDEA Visiting Researchers attending and/or speaking	Strategic Theme
2023	year long	Postdoc course	Nature Masterclasses	Online	1 year	PhD students, Postdocs, other early-career researchers	n/a	University, hospital	12	25	100	25	0	0	DDEA Secretariat	0	All	no	none	none	none
2023	Jan	Symposium	Circadian Rhythm and Timing of Lifestyle Factors on Cardiometabolic Risk – The CIRCLE-DOME 2 Meeting	Copenhagen	2 days	Scientific community	n/a	University, hospital	100	57	49	28	0	0	Scientific experts, DDEA Secretariat	4	Diabetes, metabolism	no	none	none	Translational research
2023	Feb	PhD course	How to Frame and Write Successful Grant Proposals	Copenhagen	1 day	PhD students, Postdocs, other early-career researchers	4.3	University, hospital, external consultant	25	8	96	40	0	0	External consultant, DDEA Secretariat	0	All	no	none	none	none
2023	Mar	PhD course	Bridging Endocrinology with Metabolism – Glucocorticoid Physiology and Pharmacology & Circadian Rhythms and Metabolic Stress	Aarhus	1.5 days	PhD students, Postdocs, other early-career researchers	4.5	University, hospital	53	42	77	40	0	0	Scientific experts, DDEA Secretariat	36	Metabolism, classical endocrinology	no	none	none	Translational research
2023	Mar	Symposium	Circadian Rhythms and Metabolic Stress	Aarhus	1.5 days	Scientific community	4.2	University, hospital, industry	76	26	68	51	3	0	Scientific experts, DDEA Secretariat	11	Metabolism, classical endocrinology	no	none	none	Translational research
2023	Mar	Symposium	Adipose Biology: Metabolic Buffering in an Obesogenic World	Edinburgh (UK)	2 days	Scientific community	4.2	University, hospital	46	0	30	4	0	0	Scientific experts, DDEA Secretariat	2	Diabetes, metabolism	no	University of Edinburgh	none	Translational research
2023	Apr	PhD course	Reproducible Research in R: An Introductory Course on Modern Data Analyses and Workflows	Aarhus	3 days	PhD students, Postdocs, other early-career researchers	4.8	University, hospital	34	3	97	29	0	0	External consultant, DDEA Secretariat	4	All	no	none	none	Digitalization and new technologies
2023	May	Postdoc course	Translating Biomarkers in Clinical Endocrinology: Analytes, Assays, and Algorithms	Copenhagen	2 days	Scientific community	4.5	University, hospital, industry, government	73	29	38	49	12	1	Scientific experts, DDEA Secretariat	1	All	no	none	Anandwardhan Awadhoot Hardikar	Translational research
2023	May	Symposium	Annual Meeting of the Scandinavian Society for the Study of Diabetes (SSSD)	Aarhus	3 days	Scientific community	4.4	University, hospital, industry, NGO	99	32	57	46	3	0	Scientific experts, DDEA Secretariat	1	Diabetes, metabolism	no	none	none	none
2023	May	Networking event	Annual Meeting of the North Europe Young Diabetologists	Bautahøj	3 days	PhD students, Postdocs, other early-career researchers	n/a	University, hospital	40	68	40	80	0	0	Scientific experts, DDEA Secretariat	7	Diabetes, metabolism	no	none	none	none
2023	Jun	Postdoc course	Extracellular Vesicles in Endocrinology and Metabolism	Aalborg	2 days	Scientific community	4.2	University, hospital, industry	69	19	46	41	12	1	Scientific experts, DDEA Secretariat	1	Diabetes, metabolism	no	none	Carlos Salomon	Translational research
2023	Jun	Postdoc course	Intermediate Course on Reproducible Research in R for PhD Students and Postdocs – Expanding Your Data Analysis Toolkit	Copenhagen	3 days	PhD students, Postdocs, other early-career researchers	4.7	University, hospital	33	3	100	36	0	0	External consultant, DDEA Secretariat	1	All	no	none	none	Digitalization and new technologies

2023	Aug	PhD course	DDEA Summer School on Diabetes, Metabolism & Endocrinology for PhD Students	Ebberup	4 days	PhD students	4.7	University, hospital, industry, government	80	53	63	19	6	5	Scientific experts, DDEA Secretariat	2	All	yes - as a workshop	none	Glenn McConnell	Translational research, Digitalization and new technologies
2023	Sep	Postdoc course	DDEA Postdoc Summit	Bornholm	4.5 days	Postdocs	4.5	University, hospital, industry, government	70	26	69	27	6	3	Scientific experts, DDEA Secretariat	5	All	no	none	David Beran	Translational research
2023	Sep	Symposium	Rare Endocrine Diseases	Odense	2 days	Scientific community	4.5	University, hospital, industry, government	54	11	26	52	19	35	Scientific experts, DDEA Secretariat	4	Classical endocrinology	no	none	Marta Korbonits	Translational research
2023	Oct	PhD course	Basic Cardiometabolic Research PhD course	Korsør	3.5 days	PhD students	4.2	University, hospital, industry, government	59	27	53	20	3	7	Scientific experts, DDEA Secretariat	5	Diabetes, metabolism	no	DCA	none	none
2023	Nov-Dec	Webinar	Grant Writing: Identifying Opportunities and Learning from Success Stories	Online	6 x 1 hour	Postdocs	4.1	University, hospital, industry, government	113	14	78	30	4	4	DDEA Secretariat	7	All	no	none	none	none
2023	Nov	Symposium	Clinical Metabolic Physiology	Copenhagen	1 day	Scientific community	4.6	University, hospital, industry	44	7	70	59	2	14	Scientific experts, DDEA Secretariat	8	Diabetes, metabolism	no	none	none	Translational research
2023	Nov	Postdoc course	Reproducible Research in R: An Advanced Workshop on Creating Collaborative and Automated Analysis Pipelines	Copenhagen	3 days	Postdocs	4.6	University, hospital, industry	27	7	93	7	4	0	External consultant, DDEA Secretariat	1	All	no	none	none	Digitalization and new technologies
2023	Nov	PhD course, Postdoc course	Data visualisation workshop	Middelfart	2 days	PhD students, Postdocs, other early-career researchers	4.6	University, hospital, industry	48	0	88	17	4	4	Scientific experts, External consultant, DDEA, DDSA, DCA Secretariats	0	All	no	DDSA, DCA	none	Digitalization and new technologies
2023	Nov	PhD course	PhD Course: Diabetes Technology in Clinical Practice	Aalborg	2 days	PhD students	4.2	University, hospital, industry	50	10	66	48	2	0	Scientific experts, DDEA Secretariat	2	Diabetes	no	none	none	Digitalization and new technologies
2024	Jan	PhD course	Quantitative 3D Bioimaging	Roskilde	5 days	PhD students, Postdocs, Other early-career researchers	4.1	University	27	15	56	0	26	0	Scientific experts, DDEA Secretariat	0	All	no	none	none	Digitalization and new technologies
2024	Jan	PhD course	Reproducible Research in R: An Introductory Course on Modern Data Analyses and Workflows	Copenhagen	3 days	PhD students, Postdocs, Other early-career researchers	4.6	University, hospital	32	9	94	13	0	0	External consultant, DDEA Secretariat	3	All	no	none	none	Digitalization and new technologies
2024	Feb	Postdoc course	Presenting Powerfully: Communicating Yourself and Your Science	Aarhus	2 days	PhD students, Postdocs, Other early-career researchers	4.4	University, hospital, external consultant	25	4	96	16	0	8	External consultant, DDEA Secretariat	0	All	no	none	none	none
2024	Mar	Postdoc course	High-Resolution Metabolic and Behavioral Phenotyping Course	Copenhagen	4 days	PhD students, Postdocs, Other early-career researchers	4.5	University, industry	22	59	41	0	23	0	Scientific experts, External consultant, DDEA Secretariat	0	Metabolism	no	Industry (Sable Systems)	none	Digitalization and new technologies
2024	Apr	Symposium	Nutrition and Dietary Strategies in Prevention and Management of Diabetes: Current Topics in Diabetes Research	Aarhus	2 days	PhD students, Postdocs, Other early-career researchers	4.2	University, hospital, industry	69	12	46	22	20	3	Scientific experts, DDEA Secretariat	4	Diabetes, metabolism	no	Industry (Arla)	none	none
2024	Apr	Networking event	Sex Steroids – Improving Treatment after Doping and in Transgender Persons	Odense	2 days	Scientific community	4.5	University, industry, public institution	60	27	35	67	0	48	Scientific experts, DDEA Secretariat	1	Classical endocrinology	no	none	none	Translational research
2024	Apr-May	PhD course	Metabolic Bone Disease: Bridging Clinics with Basic Research	Odense	2,5 days	PhD students, Postdocs, Other early-career researchers	4.6	University, hospital	37	51	70	30	0	92	Scientific experts, DDEA Secretariat	1	All	no	none	Ryan Riddle	Translational research

2024	May	Sympo-sium	Metabolic bone disease: Clinical and Basic Perspectives	Odense	1,5 days	Scientific community	4.6	University, hospi-tal	49	43	63	29	4	33	Scientific experts, DDEA Secretariat	0	All	no	none	Ryan Riddle	Translational re-search
2024	May	Postdoc course	Intermediate Course on Repro-ducible Research in R for PhD Students and Postdocs – Expand-ing Your Data Analysis Toolkit	Aalborg	3 days	PhD students, Postdocs, Other early-career re-searchers	4.5	University, hospi-tal	37	8	92	22	5	11	External consultant, DDEA Secretariat	2	All	no	none	none	Digitalization and new technologies
2024	May	Sympo-sium	Neuroendocrine Control of En-ergy Metabolism - Symphony of Signals: Body-Brain Interactions in Stereo	Copenha-gen	2 days	Scientific community	4.4	University, hospi-tal, public agency, funder	180	17	34	10	29	2	Scientific experts, DDEA and NAD Sec-retariats	0	Diabetes, me-tabolism	no	NAD	none	Translational re-search
2024	Aug	PhD course	DDEA Summer School on Diabe-tes, Metabolism & Classical Endo-crinology	Ebberup	4 days	PhD students	4.5	University, hospi-tal, industry	77	58	64	16	4	6	Scientific experts, External consultant, DDEA Secretariat	3	All	no	none	none	Digitalization and new technologies, Translational re-search
2024	Sep	Postdoc course	DDEA Postdoc Summit	Bornhom	5 days	Postdocs	4.5	University, hospi-tal, industry. fun-der, public agency	66	38	76	9	2	8	Scientific experts, External consultant, DDEA Secretariat	8	All	yes	none	none	Public involve-ment and out-reach; transla-tional research
2024	Oct	PhD course	Trends in Gastrointestinal and Pancreatic Neuroendocrine Tu-mors	Copenha-gen	2 days	Scientific community	4.3	University, hospi-tal	55	13	16	24	0	27	Scientific experts, DDEA Secretariat	0	Classical en-docrinology	no	none	none	Translational re-search
2024	Oct	Postdoc course	Peer Review: Understanding and Harnessing an Imperfect yet Vital Element in Academia	Copenha-gen	1 day	Postdocs	4.1	University, hospi-tal	16	6	88	63	0	19	External consultant, DDEA Secretariat	0	All	no	none	none	none
2024	Oct	PhD course	Basic Cardiometabolic Research PhD Course: Inflammation in Car-diometabolic Disease	Hvalsø	3.5 days	PhD students	4.5	University, hospi-tal	56	14	54	18	0	0	Scientific experts, DDEA and DCA Sec-retariats	0	Diabetes, me-tabolism	yes	DCA	none	none
2024	Nov	Sympo-sium	Clinical Metabolic Physiology	Aarhus	1 day	Scientific community	4.7	University, hospi-tal	65	0	65	48	12	9	Scientific experts, DDEA Secretariat	8	All	no	none	none	Digitalization and new technologies
2024	Nov	Postdoc course	Scientific Leadership and Project Management	Copenha-gen	3 days	Postdocs	4.7	University, hospi-tal, external con-sultant	18	11	89	56	0	11	External consultant, DDEA Secretariat	0	All	no	none	none	none
2024	Dec	Sympo-sium	Reproducible Research in R: An Advanced Workshop on Creating Collaborative and Automated Analysis Pipelines	Odense	3 days	PhD students, Postdocs, Other early-career re-searchers	4.4	University, hospi-tal, external con-sultant	33	21	94	6	3	6	External consultant, DDEA Secretariat	2	All	no	none	none	Digitalization and new technologies
2025	Jan	PhD course	Reproducible Research in R: An Introductory Course on Modern Data Analyses and Workflows	Aarhus	3 days	PhD students, Postdocs, Other early-career re-searchers	5.0	University, hospi-tal, external con-sultant	34	6	88	21	0	9	External consultant, DDEA Secretariat	0	All	no	none	none	Digitalization and new technologies
2025	Jan	Postdoc course	Machine Learning with a Clinical Purpose	Aarhus	3 days	PhD students, Postdocs	4.4	University, hospi-tal, government	32	25	88	31	0	6	Scientific experts, DDEA Secretariat	5	All	no	Steno Dia-betes Center Aarhus	none	Digitalization and new technologies
2025	Feb	Sympo-sium	Type I Diabetes - Advancing a Global Roadmap for Improved and Integrated Care in Low-Re-source Settings	Copenha-gen	4 days	Scientific community	4.8	University, hospi-tal. Industry, oth-ers	178	n/a	n/a	n/a	n/a	n/a	Scientific experts, DDEA Secretariat, WDF Secretariat	0	Diabetes, me-tabolism	yes	World Di-abetes Founda-tion, Uni-versity of Geneva, East Af-rica Study Group	none	Public involve-ment and out-reach

2025	Feb	Postdoc course	Long-term Negotiations and Sustainable Collaborations	Copenhagen	2 days	Postdocs, Last year PhD students	4.2	University, hospital, external consultant	13	0	92	46	8	0	External consultant	0	All	no	none	none	none
2025	Mar	Networking event	Diabetes and the Bio-psycho-social Model in a Life Course Perspective	Korsør	1,5 days	Scientific community	4.6	University, hospital, industry	34	21	18	6	3	6	Scientific experts, DDEA Secretariat	2	Diabetes	yes	none	none	Public involvement and outreach
2025	Mar	Symposium	Cardiometabolic Network Summit	Gl. Avernæs	4 days	Scientific community	4.9	University, hospital	128	30	49	12	10	n/a	Scientific experts, DDEA Secretariat, DCA Secretariat	0	Diabetes, metabolism	no	DCA	none	Translational research
2025	Apr	PhD course	Regenerative Medicine	Copenhagen	2 days	Postdocs, PhD students, Other early-career researchers	4.5	University, hospital, industry	34	15	59	29	15	3	Scientific experts, DDEA Secretariat, DCA Secretariat	1	Diabetes	no	DCA	none	Translational research
2025	May	Postdoc course	Intermediate Course on Reproducible Research in R for PhD Students and Postdocs – Expanding Your Data Analysis Toolkit	Odense	3 days	PhD students, Postdocs, Other early-career researchers	4.4	University, hospital, industry	35	0	94	20	6	14	External consultant, DDEA Secretariat	3	All	no	none	none	Digitalization and new technologies
2025	May	PhD course	Patient and Public Involvement in Research: How – When – Why	Odense	2 days	PhD students, Postdocs, Other early-career researchers	4.6	University, hospital, industry, external consultant	45	24	58	40	0	16	External consultant, scientific experts, DDEA Secretariat, DDEA Public Advisory Panel	5	All	yes	none	none	Public involvement and outreach
2025	Jun	Symposium	Emerging Strategies in Obesity Prevention and Treatment – Local and Global Perspectives	Torshavn, Faroe Islands	2 days	Scientific community	4.4	University, hospital, government agency	47	64	34	62	2	13	Scientific experts, DDEA Secretariat	1	Diabetes, metabolism	no	SDC Faroe Islands and University of the Faroe Islands	none	Translational research
2025	Aug	PhD course	DDEA Summer School on Diabetes, Metabolism & Classical Endocrinology	Gl. Avernæs	4 days	PhD students	4.8	University, hospital, external consultant	78	55	62	27	0	14	Scientific experts, DDEA Secretariat	4	All	no	none	Anand Hardikar, Patrick Catalano, Patrick McDonald	Digitalization and new technologies
2025	Sep	PhD course	Role of Ageing in Health and Disease with a Focus on Endocrinology	Odense	3 days	PhD students, Postdocs, Other earl- career researchers	4.9	University, hospital, industry	39	13	41	23	5	51	Scientific experts, DDEA Secretariat	0	Endocrinology, metabolism	no	none	none	Translational research
2025	Oct	Postdoc course	DDEA Postdoc Summit	Kibæk	4 days	Postdocs	4.9	University, hospital, external consultant	57	56	86	9	4	9	Scientific experts, DDEA Secretariat	0	All	no	none	Salomon	Translational research
2025	Oct	PhD course	Basic Cardiometabolic Research PhD Course: The Role of Diet & Exercise	Korsør	3.5 days	PhD students	4.4	University, hospital	52	6	65	25	2	2	Scientific experts, DDEA Secretariat, DCA Secretariat	2	Diabetes, metabolism	yes	DCA	none	Translational research, Digitalization and new technologies, Public Involvement and Outreach
2025	Oct	Symposium	Across the Spectrum of Thyroid Autoimmunity	Aalborg	1.5 days	Scientific community	4.5	University, hospital, NGO	60	13	20	60	0	83	Scientific experts, DDEA Secretariat	1	Endocrinology	no	none	none	Translational research
2025	Dec	Postdoc course	Reproducible Research in R: An Advanced Workshop on Creating Collaborative and Automated Analysis Pipelines	Copenhagen	3 days	PhD students, Postdocs, Other early-career researchers	TBD	University, hospital, industry, external consultant	31	10	94	6	0	10	External consultant, DDEA Secretariat	2	All	no	none	none	Digitalization and new technologies

2026	Jan	Sympo-sium	Obesity and Heart Disease Across the Lifespan	Copenha-gen	1,5 days	Scientific community	TBD	University, exter-nal consultant	110-TBC	27-TBC	45-TBC	38-TBC	12-TBC	0-TBC	Scientific experts, DDEA Secretariat, DCA Secretariat	3	Diabetes, me-tabolism	no	DCA, Steno Dia-betes Center Copenha-gen	none	Translational re-search
2026	Feb	PhD course	Reproducible Research in R: An Introductory Course on Modern Data Analyses and Workflows	Odense	3 days	PhD students, Postdocs, Other early-career re-searchers	TBD	External consult-ant	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	Digitalization and new technologies
2026	Feb	PhD course	Presenting Powerfully: Com-municating Yourself and Your Science	Copenha-gen	2 days	PhD students, Postdocs, Other early-career re-searchers	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	none
2026	Mar	Net-work-ing event	Nordic Pituitary Networking Event	Aalborg	2 days	PhD students, Postdocs, Other early-career re-searchers, Scientific com-munity	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	9	Classical en-docrinology	no	none	Marta Kor-bonits	Translational re-search
2026	Mar	Sympo-sium	Cardiometabolic Research Sum-mit: Healthy Aging	Ebberup	4 days	Scientific community	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat, DCA Secretariat	7	Diabetes, me-tabolism	no	DCA, Steno Centers	none	Translational re-search
2026	Apr	PhD course	Gut Biology	Ebberup	3 days	PhD students, Postdocs, Other early-career re-searchers	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	0	Diabetes, me-tabolism	no	Kiel Uni-versity, CBMR	none	Digitalization and new technologies
2026	May	Postdoc course	Intermediate Course on Repro-ducible Research in R for PhD Students and Postdocs – Expand-ing Your Data Analysis Toolkit	Copenha-gen	3 days	PhD students, Postdocs, Other early-career re-searchers	TBD	University, exter-nal consultant	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	Digitalization and new technologies
2026	May	Sympo-sium	Neuroendocrine Control of En-ergy Metabolism: Pathways to Therapy	Copenha-gen	1,5 days	Scientific community	TBD	University	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat, NAD Secretariat	5	All	no	NAD	none	Translational re-search
2026	Jun	PhD course	Omics and Data Management in Translational and Clinical Endo-crinology	Horsens	3 days	PhD students, Postdocs, Other early-career re-searchers	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	3	All	no	none	none	Digitalization and new technologies
2026	Jun	Work-shop	Global Health Data Infra Summer School	Copenha-gen	3 days	PhD students	TBD	University, NGO	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	0	Diabetes	TBD	WDF, EADSG, UNIGE	TBD	TBD
2026	Aug	PhD course	DDEA Summer School on Diabe-tes, Metabolism & Classical Endo-crinology	Ebberup	4 days	PhD students	TBD	University, hospi-tal, industry, ex-ternal consultant	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	2	All	no	none	none	Translational re-search, Digitaliza-tion and new technologies
2026	Oct	Postdoc course	DDEA Postdoc Summit	Kibæk	4 days	Postdocs	TBD	University, hospi-tal, industry	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	7	All	TBD	none	TBD	TBD
2026	Oct	PhD course	Basic Cardiometabolic Research	Korsør	3.5 days	PhD students	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat, DCA Secretariat	0	Diabetes, me-tabolism	TBD	DCA	TBD	TBD
2026	Nov	Sympo-sium	Sex Hormones and the Brain	Nyborg	1.5 days	Scientific community	TBD	University, hospi-tal	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat, NAD Secretariat	0	Endocrinol-ogy, neurosci-ence	TBD	NAD	TBD	Translational re-search
2026	Dec	Postdoc course	Scientific Leadership and Project Management	Aarhus	3 days	PhD students, Postdocs	TBD	University, hospi-tal, external con-sultant	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	none

2026	Dec	Postdoc course	Reproducible Research in R: An Advanced Workshop on Creating Collaborative and Automated Analysis Pipelines	Copenha-gen	3 days	PhD students, Postdocs, Other early-career re-searchers	TBD	University, exter-nal consultant	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	Digitalization and new technologies

Appendix 9 Networking and Collaboration Activities

The table below shows all DDEA Networking and Collaboration Events from January 2023-January 2026.

Year	Month	Format	Event title	Location	Duration	Target Audience	Overall satisfaction score	Sectors Represented by Attendees (participants + speakers + organisers)	# Total Attendees (participants + speakers + organisers)	% International attendees	% ECR attendees	% Hospital attendees	% Industry attendees	% Attendees in classical endocrinology	Organisers	# organisers and speakers that are ECRs	Relevant Research Fields (diabetes, metabolism, classical endocrinology, others)	PPI incorporated	Partners (cost sharing)	DDEA Visiting Researchers attending and/or speaking	Strategic Theme
2023	Apr	Workshop	Workshop in Clinical Neuropathy - the Elephant in the Room	Copenhagen	2 days	Scientific community	4.4	University, hospital, industry	34	12	32	65	12	0	Scientific experts, DDEA Secretariat	2	Diabetes, metabolism	no	none	none	none
2023	May	Workshop	Public and User Involvement in Danish Diabetes and Endocrine Academy (DDEA) Key Activities: Education, Networking, Communication & Grants - Why, How, and When	Nyborg	2 days	Scientific community	4.1	University, hospital, industry, NGO	30	23	17	50	3	10	Scientific experts, DDEA Secretariat	2	All	yes	none	none	Public involvement and outreach
2023	May	Workshop	Public Speaking Skills Workshop Storytelling for Scientists	Odense	1 day	PhD students, Postdocs, other early-career researchers	4.4	University, hospital, external consultant	13	0	77	46	0	0	External consultant, DDEA Secretariat	0	All	no	none	none	Public involvement and outreach
2023	May	Networking event	25th European Congress of Endocrinology - networking dinner	Istanbul	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	23	0	65	87	0	4	DDEA Secretariat	n/a	All	no	none	none	none
2023	Jun	Networking event	People's Meeting	Bornholm	1 hour	General public	n/a	General public, university, hospital	27	0	19	7	4	0	DDEA Secretariat	5	All	no	none	none	Public involvement and outreach
2023	Jun	Networking event	Danish Endocrine Society Annual Meeting 2023	Kolding	Conference participation of DDEA staff	Scientific community	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	DDEA Secretariat	0	All	no	none	none	none
2023	Sep	Networking event	59th Annual Meeting of the EASD - networking event	Hamburg, DE	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	38	0	84	53	0	0	DDEA Secretariat	n/a	Diabetes, metabolism	no	DZD German Diabetes Research Center	none	none
2023	Dec	Networking event	Start-up Meeting for New DDEA Grant Recipients	Nyborg	1 day	PhD students, Postdocs, other early-career researchers	4.6	University, hospital, external consultant	12	0	92	33	0	8	External consultant, DDEA Secretariat	0	All	no	none	none	none
2024	Jan	Networking event	Aarhus PhD Day	Aarhus	1 day	PhD students	n/a	University	n/a	n/a	n/a	n/a	n/a	n/a	Scientific experts, DDEA Secretariat	n/a	All	no	none	none	none
2024	Jan	Networking event	DDEA Annual Day: A year of multidisciplinary research	Nyborg	1 day	Scientific community	4.0	University, hospital, industry	93	5	57	40	6	6	Scientific experts, DDEA Secretariat	5	All	no	none	Sharleen O'Reilly, Marta Korbonits	Translational research

2024	Mar	Workshop	Navigating as a Researcher in the Era of Artificial Intelligence	Aalborg	2 days	PhD students, Postdocs, Other early-career researchers	4.2	University, hospital, industry, external consultant	29	28	72	31	3	3	Scientific experts, External consultant, DDEA Secretariat	2	All	no	none	none	Digitalization and new technologies
2024	May-Nov	Webinar	DDEA Webinar Series: Mentoring & Career Development: Empowering You to Be a Mentor & Find Mentorship	Online	6 x 1 hour	PhD students, Postdocs, Other early-career researchers	4.1	University, hospital	90	n/a	n/a	n/a	n/a	n/a	Scientific experts, External consultant, DDEA Secretariat	5	All	no	none	none	none
2024	May	Networking event	26th European Congress of Endocrinology - networking dinner	Stockholm	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	30	13	57	73	0	77	DDEA Secretariat	n/a	All	no	none	none	none
2024	Jun	Networking event	ENDO 2024 - networking dinner	Boston, MA, US	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	14	7	50	71	7	50	DDEA Secretariat	n/a	All	no	none	none	none
2024	Jun	Networking event	Danish People's Meeting - 2 events: 1) Kan foreningslivet give danskerne flere gode leveår?, 2) Gettting Science Out of the Ivory Tower	Bornholm	2 x 1 hour	General public	n/a	General public, university, hospital, industry	unknown	n/a	n/a	n/a	n/a	n/a	Scientific experts, DDEA Secretariat	5	All	yes	Rigshospitalet	none	Public involvement and outreach
2024	Jun	Networking event	Danish Endocrine Society Annual Meeting 2024	Kolding	Conference participation of DDEA staff	Scientific community	n/a	University, hospital	unknown	n/a	n/a	n/a	n/a	n/a	DDEA Secretariat	n/a	Classical endocrinology	no	none	none	none
2024	Jun	Networking event	American Diabetes Association 84th Scientific Sessions - networking dinner	Orlando, FL, US	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	31	10	29	81	0	0	DDEA Secretariat	n/a	Diabetes, metabolism	no	none	none	none
2024	Aug	Workshop	DDEA Mentoring Programme Kickoff for DDEA Grant Recipients and Mentors	Nyborg	1 day	DDEA funded researchers	4.3	University, hospital, industry, external consultant	12	0	42	25	17	0	External consultant, DDEA Secretariat	0	All	no	none	none	none
2024	Sep	Networking event	60th Annual Meeting of the EASD - networking event	Madrid, ES	3 hours + conference participation by DDEA staff	PhD students, Postdocs, Other early-career researchers	n/a	University, hospital	37	3	68	59	0	0	DDEA Secretariat	n/a	Diabetes, metabolism	no	none	Sharleen O'Reilly	Public involvement and outreach
2024	Sep	Networking event	Maternal-Fetal Interactions in Health and Disease: A DDEA-Cambridge Networking Event	Cambridge, UK	2 days	PhD students, Postdocs, Other early-career researchers	4.7	University, hospital	51	53	61	25	0	20	Scientific experts, DDEA Secretariat	3	Diabetes, metabolism	no	Cambridge Metabolsim	Patrick Catalano	Strategic partnerships
2024	Nov	Networking event	Addison's Disease – Pump Treatment, Morbidity, and Psychosocial Aspects	Copenhagen	2 days	Scientific community	4.2	Hospital, NGO	31	6	16	77	0	61	Scientific experts, DDEA Secretariat	2	Classical endocrinology	yes	none	none	Public involvement and outreach

2024	Nov	Networking event	What Can I Be with a PhD? A Cross-Academy Career Event	Copenhagen	1 day	PhD students, Postdocs, Other early-career researchers	4.5	University, hospital, industry, private company	53	0	85	23	9	4	External consultant, DDEA and DCA Secretariats	0	All	no	DCA, NAD	none	nones
2024	Dec	Networking event	Startup Meeting for New DDEA Grant Recipients	Nyborg	1 day	PhD students, Postdocs	4.4	University, hospital, industry, external consultant	15	0	93	53	13	27	External consultant, DDEA Secretariat	0	All	no	none	none	none
2025	Jan	Networking event	Aarhus PhD Day	Aarhus	1 days	PhD students	n/a	University	unknown	n/a	n/a	n/a	n/a	n/a	DDEA Secretariat	n/a	All	no	none	none	none
2025	Jan	Networking event	DDEA Annual Day 2025: Celebrating Excellence in Diabetes, Metabolism and Endocrinology Research	Nyborg	1 day	Scientific community	4.3	University, hospital, funding agency, industry	128	6	60	27	10	9	Scientific experts, DDEA Secretariat	6	All	no	none	Anandwardhan Awadhoot Hardikar	Digitalization and new technologies, Translational research
2025	Feb	Networking event	Vascular-Adipose Link: Exploring the Intricacies of Health and Obesity	Aarhus	1 day	PhD students, Postdocs, Other early-career researchers	4.9	University, hospital, industry	41	39	46	12	10	0	Scientific experts, DDEA Secretariat	0	Diabetes, metabolism	no	DCA	none	Translational research
2025	Feb	Networking event	Danish Endocrine Society Annual Meeting 2025	Kolding	3 days	Scientific community	n/a	University, hospital	unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Classical endocrinology	no	none	none	none
2025	Apr	Networking event	Endocrinology from Cradle to Adulthood: Joint Meeting by Paediatric and Endocrine Societies	Copenhagen	1 day	Scientific community	4.2	University, hospital, industry	71	0	55	87	3	42	Scientific experts, DDEA Secretariat	6	Classical endocrinology	no	DES, FYEN	none	Digitalization and new technologies
2025	Apr	Webinar	Why Be A Mentor? Webinar	Online	1 hr	Scientific community	n/a	University	4	25	75	0	0	50	External consultant, DDEA Secretariat	0	All	no	none	none	none
2025	May	Networking event	Joint Congress of ESPE and ESE 2025 - Networking Event	Copenhagen	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital, publishing agency	80	4	39	84	0	69	DDEA Secretariat	n/a	All	no	DES, FYEN	none	none
2025	May	Webinar	Grant Writing Webinar	Online	1 hour	PhD students, Postdocs, Other early-career researchers	4.9	University, hospital, public agency, foundation	91	34	69	24	3	11	DDEA Secretariat	0	All	no	none	none	none
2025	Jun	Networking event	Computer Power in Research Cross Academy Event	Copenhagen	0.5 day	Scientific community	4.7	University, hospital	33	48	67	9	0	0	DCA Secretariat, DDSA Secretariat, DDEA Secretariat	1	All	no	DCA, DDSA	none	Digitalization and new technologies
2025	Jun	Networking event	Metabolism & Cancer – Elucidating the Connecting Links & Mechanisms: DDEA Speaker Tour & Networking Café	Copenhagen and Aarhus	2 x 0.5 day	Scientific community	4.3	University, hospital, industry, government agency, NGO	77	8	58	29	6	3	Scientific experts, DDEA Secretariat	3	All	no	none	none	Digitalization and new technologies
2025	Jun	Networking event	Udenfor Kroniker-Pakkerne – Og Hva' Så? Danish People's Meeting	Bornholm	2 hours	General public	n/a	General public, University, hospital, NGO, government agency	unknown	n/a	n/a	n/a	n/a	n/a	External consultant, scientific experts, DDEA Secretariat, DDEA Public Advisory Panel	2	Diabetes	yes	Maskine Maskine Amager	none	Public involvement and outreach
2025	Jun	Networking event	American Diabetes Association 85th Scientific Sessions - networking dinner	Chicago, IL, US	3 hours + conference participation by DDEA staff	Scientific community	n/a	Hospital, university, NGO, publishing agency	20	0	25	60	5	5	DDEA Secretariat	n/a	Diabetes	no	none	none	none

2025	Aug	Networking event	DDEA Mentoring for Postdocs Programme Kick-off Meeting	Nyborg	1 day	DDEA Grantees	4.2	University, hospital, industry, external consultant	15	0	47	27	7	7	External consultant, DDEA Secretariat	0	All	no	none	none	none
2025	Sep	Networking event	Start-up Meeting for New DDEA Grant Recipients	Korsør	1.5 days	New DDEA grantees	4.5	University, hospital, industry, external consultant	26	12	92	15	15	12	External consultant, DDEA Secretariat	0	All	no	none	none	none
2025	Sep	Networking event	61st Annual Meeting of the EASD - networking event	Vienna, AT	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	47	9	64	49	2	9	DDEA Secretariat and DZD	n/a	Diabetes	no	DZD German Diabetes Research Center	none	none
2025	Oct	Webinar	Circadian Rhythms Webinar Series	Online	2 x 1 hour	Scientific community	4.6	University, hospital	33	36	45	18	9	18	Scientific experts, DDEA Secretariat	0	Diabetes, metabolism	no	NAD	none	Translational research
2025	Oct	Networking event	Cross Academy Career Fair	Aarhus	1 day	PhD students, Postdocs, Other early-career researchers	4.3	University, hospital, external consultant	36	3	81	3	6	11	External consultant, DDEA Secretariat, DCA Secretariat	0	All	no	NAD, DCA	none	none
2025	Nov	Networking event	Eat, Sleep, Repeat: Circadian Rhythms at the Interface of Endocrinology and the Brain	Copenhagen	0.5 days	Scientific community	4.7	University, hospital, industry, foundation	56	14	55	23	0	9	Scientific experts, DDEA Secretariat	0	Diabetes, metabolism	no	NAD	none	Translational research
2025	Nov	Networking event	FYEN Annual Meeting 2025	Nyborg	Conference participation by DDEA staff	Scientific community	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Classical endocrinology	no	n/a	none	none
2026	Jan	Networking event	Aarhus PhD Day	Aarhus	1 day	PhD students	n/a	University	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	All	no	n/a	none	none
2026	Jan	Networking event	DDEA Mentoring Programme for Postdocs: Community Meeting	Nyborg	0,5 day	DDEA grant recipients	n/a	University, hospital, industry, NGO	10-TBC	0-TBC	50-TBC	40-TBC	10-TBC	0-TBC	External consultant, DDEA Secretariat	0-TBC	All	no	none	none	none
2026	Jan	Networking event	DDEA Annual Day	Nyborg	1 day	Scientific community	TBD	University, hospital, industry, NGO	108-TBC	0-TBC	69-TBC	37-TBC	9-TBC	23-TBC	Scientific experts, External consultant, DDEA Secretariat	4-TBC	All	yes	none	none	Translational research, Digitalization and new technologies, Public Involvement and Outreach
2026	Jan	Networking event	Danish Endocrine Society Annual Meeting 2026	Kolding	Conference participation by DDEA staff	Scientific community	n/a	University, hospital	unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Classical endocrinology	no	none	none	none
2026	Feb	Workshop, Networking event	Global Health Data Infrastructure Start-Up Meeting	Geneva, CH	2 days	Other early-career researchers	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat, WDF Secretariat	0	Diabetes	TBD	WDF, EADSG, UNIGE	David Beran	Digitalization and new technologies
2026	Feb-May	Webinar	Communication for Scientists	Online	4 x 1 hour	PhD students, Postdocs, Other early-career researchers	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, External consultant, DDEA Secretariat	0	All	no	none	none	none
2026	May	Networking event, Workshop	Ultra-Processed Foods	Aarhus	1 day	Scientific community	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	0	Diabetes, metabolism	no	Arla	none	Translational research

2026	May	Networking event	28th European Congress of Endocrinology - networking dinner	Prague, CZ	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	DDEA Secretariat	n/a	All	no	none	none	none
2026	Jun	Networking event	DDEA Mentoring Community Dinner	TBD	3 hours	DDEA grantees	n/a	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	External consultant	0	All	no	none	none	none
2026	Jun	Networking event	American Diabetes Association 86th Scientific Sessions - networking dinner	New Orleans, LA, US	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	DDEA Secretariat	n/a	Diabetes, metabolism	no	none	none	none
2026	Jun	Networking event	Danish People's Meeting	Bornholm	2 hours	General public	n/a	General public	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, External consultant, DDEA Secretariat	2	All	yes	none	none	Public Involvement and Outreach
2026	Jun	Networking event	ENDO 2026 - networking dinner	Chicago, IL, US	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	DDEA Secretariat	n/a	All	no	none	none	none
2026	Aug	Networking event	DDEA Mentoring programme kickoff for mentors and mentees	Nyborg	1 day	DDEA grantees	TBD	University, hospital, industry, External consultant	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	none
2026	Aug	Networking event	Aalborg PhD Day	Aalborg	1 day	PhD students	n/a	University	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	All	no	n/a	none	none
2026	Sep	Networking event	Start-up Meeting for New DDEA Grant Recipients	Nyborg	1.25 days	New DDEA grantees	TBD	University, hospital, industry, External consultant	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat	0	All	no	none	none	none
2026	Sep	Webinar	Working in Industry	Online	6 x 1 hour	PhD students, Postdocs, Other early-career researchers	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	DDEA Secretariat	0	All	no	none	none	none
2026	Sep	Postdoc course	Metabolic Bone Disease	Lyngby	3 days	Postdocs	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	10	Metabolism, classical endocrinology	no	European Calcified Tissue Society	Ryan Riddle	Translational research
2026	Sep	Networking event	62nd Annual Meeting of the EASD - networking event	Milan, IT	3 hours + conference participation by DDEA staff	Scientific community	n/a	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	DDEA Secretariat and DZD	n/a	Diabetes, metabolism	no	DZD German Diabetes Research Center	none	none
2026	Nov	Networking event	Cross Academy Career Fair	Copenhagen	1 day	PhD students, Postdocs, Other early-career researchers	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	External consultant, DDEA Secretariat, DCA Secretariat	0	All	no	NAD, DCA, DDSA	TBD	none
2026	Nov	Networking event	Clinical Metabolic Physiology	Copenhagen	1 day	Scientific community	TBD	University, hospital	TBD	TBD	TBD	TBD	TBD	TBD	Scientific experts, DDEA Secretariat	2	All	TBD	none	TBD	TBD
2026	Nov	Networking event	FYEN Annual Meeting 2026	Nyborg	2 days	Scientific community	n/a	University, hospital	unknown	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Classical endocrinology	none	none	none	none

Appendix 10 Status of DDEA Programmes

Education and Talent Development Programmes

- *PhD graduate programme in diabetes, endocrinology, and metabolism:* The aim was to unify all fields of endocrinology in one joint high-quality PhD programme and for DDEA to develop and organise the programme with stakeholders across sectors, in particular the health and science faculties of five Danish universities. We worked on the development of this programme by visiting all relevant faculties and facilitating a discussion on the needs of their PhD students. While some PhD schools expressed an interest, others did not find the effort meaningful. Subsequently, the health faculties decided not to support the effort. Thus, with the backing of DDEA Board of Directors, we tabled the idea and continued our efforts in PhD training in diabetes, endocrinology and metabolism without the framework of a local or national PhD graduate programme.
- *Postgraduate talent development programme for PhD students and postdocs:* The aim was to support capacity-building in the area of technology, translational science, and PPI. The programme launched in 2023 (Fig. 5.1) and milestones and success criteria for this programme have all been met each year with activities offered in technical skills, methodologies, and professional development.
- *Strategic partnership programme*: The aims of this programme spanned education and talent development, networking and collaboration (Section 6), and grant activities (Section 7). The programme was established (Fig. 5.1) with both cross academy collaboration and activities (Section 6) and international partner collaborations, especially through the grants programmes as per the DDEA Board of Directors' decisions.

Networking and Collaboration Programmes

- *Diabetes-endocrine bridge programme:* The aim of this programme was to strengthen vital collaborations between researchers from diabetes and from other endocrinology fields throughout Denmark to promote innovative, multidisciplinary, and translational research. The programme was established in 2023 (Fig. 6.1) with the establishment of cooperations with professional societies in endocrinology, university hospitals' departments of endocrinology, the Steno Diabetes Centers, and basic researchers at the universities. Small and larger activities were planned and offered during 2023-2025 and spanned both educational and networking key activity areas.
- *Mentoring and alumni programme*: The mentoring programme aimed to support the career development of early-career researchers currently or previously funded by DDA/DDEA. The programme was researched and planned during 2023 and launched in January 2024. The components of the programme currently include 1) a professional, senior-to-junior mentoring programme for postdocs and involving DDA alumni, 2) webinar series planned by two postdoctoral researchers and hosting several experts from Europe and the United States in early-career scientific mentoring, and 3) support for self-organised peer coaching in leadership for a group of postdoctoral researchers as follow up from a course in scientific leadership These activities have worked across sectors for the support of both DDEA grant recipients as well as other early-career researchers.
- *Public involvement and outreach networking programme*: The programme brought together early-career researchers with individuals with, or at risk of, diabetes and endocrine diseases. The programme has been codesigned and continues to be developed with the productive input of the DDEA Public Advisory Panel, which includes members from Danish patient associations and other NGOs. The programme connected to education and talent development activities and included activity opportunities for engagement and dialogue with the public so that PPI is integrated across the DDEA Annual programmes.
- *Strategic partnership programme*: The aims of this programme spanned education and talent development, networking and collaboration (Section 6), and grant activities (Section 7). The programme was established (Fig. 5.1) with both cross academy collaboration and activities (Section 6) and international partner collaborations, especially through the grants programmes as per the DDEA Board of Directors' decisions.

Appendix 11 Link to All Event Programmes and Evaluation Data

All event programmes 2023-January 2026 and available evaluation data can be found here.

Appendix 12 Communication Data

Danish Diabetes and Endocrine Academy LinkedIn profile

	2023	2024	2025
Total followers	5.262	6.509	7.921
New followers	830	1.284	1.226
Increase in per cent	19.4 %	20 %	19 %
Posts	2023	2024	2025
Total posts	133	185	146
Posts pr week	2.6	3.5	3.3
Performance	2023	2024	2025
Impressions*	258.705	325.537	413.234
Clicks**	17.972	36.229	60.891
Engagement rate***	8.23%	12.03%	18.55%

Danish Diabetes and Endocrine Academy Instagram

	December 2023	December 2024	November 2025
Followers	782	1.016	1.174
New followers*	158	234	226
Percent increase	24.32 %	29.92 %	13.32 %
Number of posts	330	444	349
Reached accounts	7.649	35.486	6.829**
Engaged accounts	899	1.168	1.114

Danish Diabetes and Endocrine Academy Website

Website status for ddeacademy.dk from 01.01.2023 – 01.01.2026

	2023	2024	2025
Total page views	194.000	159.090	160.900

DDEA Newsletters 2023-2025

	2023	2024	2025
Number of recipients	3.256	3.691	3.914
Average opening rate	42.53%	47.90%	49.19%

Number of newsletters sent

	2023	2024	2025
Monthly Newsletter	11	11	11
Call for Nominations/Grants	2	1	2
Newsletter for DES	2	2	2

DDEA Alumni Newsletter

	2023	2024	2025
Number of recipients	237	196	270
Average opening rate	54.7%	69.4%	45.2%

DDEA Podcast

	2023	2024	2025
Number of released episodes	5	1	22
Episode downloads	1.002	463	3.485

Number of episodes of each podcast per year

	2023	2024	2025
Postdocs Talking	5	3	x
Knoglestærk Fremtid	x	x	10
DDEA Global Health Podcast	x	x	12

Appendix 13 Impact on DDEA on Early-Career Researchers

More than 10 early-career researchers across disciplines, sectors, genders, countries and career stages were invited to reflect on if and how DDEA has impacted their professional development. All questions sent and responses received are shown below. We have been granted permission by each respondent to use the responses as shown.

Danish Diabetes and Endocrine Academy self-evaluation 2023-2025

As part of the upcoming self-evaluation of the Danish Diabetes and Endocrine Academy (DDEA) for the Novo Nordisk Foundation, we are gathering input from key stakeholders, including the primary target audience of the Academy, namely early-career researchers.

It would be a great help to us if you could share your perspectives on DDEA's activities, relevance, and impact as you have experienced it since 2023. Your feedback will form an important contribution to the evaluation process and will help shape the future development of the Academy. It will also be valuable input for the application process for a new initiative that we are conducting together with the Danish Cardiovascular Academy.

Please respond as openly and concretely as possible. Your insights, whether they highlight strengths, challenges, or suggestions, are highly appreciated and will be used as references in the self-evaluation report and included in the supplementary material.

Respondents

Alana Mullins, PhD Student, Newcastle University (UK)

Amalie Koch Andersen, DDEA Grant Recipient, PhD Student, Aalborg University (DK)

Anna Korsgaard Berg, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center Copenhagen (DK)

Anonymous, PhD Student, University of Geneva (CH)

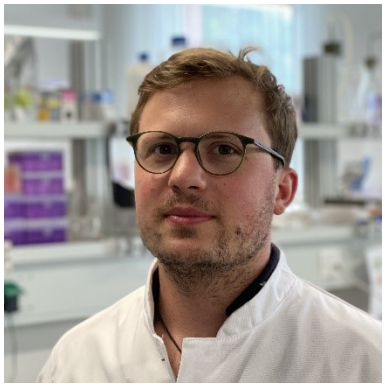
Christopher Lewis, DDEA Grant Recipient, Postdoctoral Researcher, Novo Nordisk (DK)

Elpida Vounzoulaki, DDEA Grant Recipient, Postdoctoral Researcher, Leicester University (UK)

Laura Wagstaff, Postdoctoral Researcher, University of Edinburgh (UK)

Marlene Rietz, DDEA Grant Recipient, PhD Student, University of Southern Denmark (DK)

Nicklas Rasmussen, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center North and Aalborg University Hospital



Thilo Chillon, DDEA Grant Recipient, Postdoctoral Researcher, Odense University Hospital

1. Overall impact

How would you assess the overall impact that DDEA has had on opportunities for early-career researchers since its establishment in 2023? *(Please include examples where relevant.)*

Since 2023, I feel that DDEA has had a substantial and clearly positive impact on opportunities for early-career researchers in diabetes, metabolism, and endocrinology in Denmark and beyond. From my perspective, DDEA has:

- *Created a national platform that connects early-career researchers across universities, hospitals, and disciplines, which is something individual institutions rarely achieve on their own.*
- *Offered targeted education and talent-development activities that complement local PhD and postdoc programmes and are explicitly designed with early-career needs in mind.*
- *Provided dedicated funding schemes for early-career researchers and for education/networking activities, which help both individuals and the wider community.*

Concretely, DDEA has broadened my scientific network, increased my exposure to different parts of the diabetes/endocrine/metabolism field, and made it easier to see myself as part of a national and international research community rather than just a single research group.

- **Alana Mullins**, PhD Student, Newcastle University (UK).

DDEA has had a clearly positive impact on opportunities for me as an early-career researcher. As a grant recipient, I received funding that made my PhD project possible. Participation in DDEA activities has supported my scientific development and career progression and facilitated excellent networking activities, which have expanded my personal network in the diabetes and endocrine research field across Denmark. Further, DDEA improved the visibility of my work by sharing the main results from my latest published paper through their channels, which helped me to reach a broader audience.

- **Amalie Koch Andersen**, DDEA Grant Recipient, PhD Student, Aalborg University (DK).

The DDEA is a great platform for courses, networking and grant opportunities especially for early-career researchers. To me it is a great extension of the preceding DDA although expanding the theme and area of interest from diabetes and metabolism to also include other parts of the endocrinologic field. For me as a grant receiver, the DDEA have also felt like some kind of family, a whole team of colleagues and supporters to especially help my Social Media Posts and stories to come further.
- **Anna Korsgaard Berg**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center Copenhagen (DK).

There is no other funding body/ECR academy in Denmark that has the reputation that the DDEA has in regards to the impact and development on both individual ECRs but also the research community as a whole. For a long time, Denmark has cultivated a strong reputation for world-class metabolic research and the DDEA is one of the main contributors to what is continuing this legacy by developing researchers already in Denmark and recruiting world-class researchers from abroad. Whereas many counties have generic PhD funding academies, by concentrating this into a specific field and investing time into the creation of a large network is what creates real impact upon the research ecosystem of Denmark. Importantly, the DDEA has committed to funding researchers beyond their PhD, their funding and education for postdocs is a truly unique feature which makes Denmark such an attractive place to come and work. Particularly now, where researchers in other parts of the world are looking for somewhere to conduct research, this commitment is more important than ever.
- **Christopher Lewis**, DDEA Grant Recipient, Postdoctoral Researcher, Novo Nordisk (DK).

I have been fortunate to engage with several DDEA activities. My first time engaging with the DDEA was when I attended the Machine Learning course in Aarhus as part of my ongoing training grant and had the opportunity to meet research groups at Steno Aarhus and significantly broaden my network. These connections developed into further opportunities including research visits, seminar participation, new collaborations, and even an invitation to attend an event as a speaker. Most importantly, these experiences inspired and laid the foundation for my DDEA postdoctoral fellowship application that was funded in this round.
- **Elpida Vounzoulaki**, DDEA Grant Recipient, Postdoctoral Researcher, Leicester University (UK).

I have had the chance to participate in different activities that have broaden my perspective on research by interacting with people from different settings who are working on different topics. I have also learnt theoretical things while developing some soft skills (e.g. science communication or organization of activities).
- **Anonymous**, PhD Student, University of Geneva (CH).

Overall the DDEA, has provided networking and educational activities for ECRs. I have outlined below how I have personally benefitted from my participation in DDEA activities.
– **Laura Wagstaff**, Postdoctoral Researcher, University of Edinburgh (UK).

The DDEA has been an impactful resource and influence on my own career and many other early-career researchers. For instance, I moved to Denmark because the DDEA PhD Fellowship was a lot more suitable for my career goals than funding available in Sweden. I really appreciate that the fellowships consider the potential PhD student, rather than just a project by a PI. Furthermore, I have made >10 relevant and important connections with other researchers at events hosted by the DDEA, both senior and early-career researchers. Lastly, DDEA events have given me access to insights from the pharmaceutical industry, which I would not have gotten at SDU.
- **Marlene Rietz**, DDEA Grant Recipient, PhD Student, University of Southern Denmark (DK).

Since 2023 (and my grant period), DDEA has had a substantial and measurable impact on opportunities for early-career researchers, particularly by strengthening national cohesion across research environments and creating accessible platforms for scientific exchange. The Academy has provided structure, predictability and visibility for young clinicians and scientists who often navigate fragmented research pathways. A clear example is how several of my PhD students and collaborators have formed new national and international partnerships as a direct result of DDEA meetings and activities from across the world.
- **Nicklas Rasmussen**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center North and Aalborg University Hospital.

In my opinion, the DDEA has had a major positive impact on early-career researchers since 2023. The DDEA's offerings have made further education possible and created a place for exchange. The DDEA is a catalyst/incubator for scientific exchange and the growth of your scientific network. To my knowledge, there is no comparable academy outside Denmark that makes continuing education accessible to everyone. Thanks to the DDEA, I was able to expand my network in the field of diabetes and endocrinology and beyond. Not only did I meet potential collaborators for my future, but I also made new friends in the field. For me, the DDEA opened up the opportunity to plan a postdoc in Denmark. I met my current PI and collaborators at a biomarker symposium in CPH, networked, and then planned a joint postdoc project. Therefore, it can be said that DDEA was one of the reasons why I moved to Denmark for my research.
- **Thilo Chillon**, DDEA Grant Recipient, Postdoctoral Researcher, Odense University Hospital.

2. Educational and networking activities

How do you perceive the relevance and quality of DDEA's educational and networking activities 2023-2025 that you have experienced?

- **What has worked particularly well?**
- **What could be strengthened or expanded?**
- **Are there activities you feel are missing?**
- **Are there areas where you could contribute more?**

Overall, I find DDEA's educational and networking activities highly relevant and of high quality. The topics are well aligned with current questions in diabetes, metabolism, and endocrinology and are generally pitched at an appropriate level for PhDs and postdocs. The mix of science-focused sessions and more career-oriented content is particularly valuable.
What has worked particularly well?

- *The breadth of formats (courses, symposia, workshops, annual events, etc.) allows for both deep dives and broad overviews.*
- *Many events intentionally bring together basic, translational, and clinical researchers, which is crucial for a field like diabetes.*
- *Joint or cross-cutting activities with other areas demonstrate a clear commitment to interdisciplinarity and career development beyond a single disease area.*

What could be strengthened or expanded?
From an early-career perspective, I see a few areas where DDEA could add even more value:

- *More genuinely hands-on workshops: Some workshops can still feel relatively seminar-like. Increasing the proportion of small-group work, case-based learning, coding/data exercises, or practical tasks would help participants translate what they hear into concrete skills.*
- *Follow-up / 'level 2' activities: For certain topics, it would be very useful to have a pathway from an introductory event to a more advanced or follow-up activity (for example, a focused masterclass or project clinic several months after an initial course).*
- *Digital and hybrid access: Maintaining and expanding hybrid or online components is important for inclusivity (international participants, those with family responsibilities, or limited travel budgets).*

Activities you feel are missing
Looking more broadly, I think DDEA could consider:

- *Writing or grant retreats or bootcamps, where ECRs work on manuscripts or funding applications with structured feedback and protected time, possibly combined with short skills sessions.*
- *More systematic spaces for interdisciplinary 'problem-solving sessions', where researchers from different backgrounds (e.g. biology, data science, clinical research) collaboratively tackle concrete research questions or datasets.*

I would be happy to:

- *Continue serving on organising committees and other DDEA committees, helping to shape both scientific and skills-based programmes.*
- *Support workshops related to data integration, particularly combining functional and genetic data, which is a key area of interest for me and increasingly important for the field.*

- **Alana Mullins**, PhD Student, Newcastle University (UK).

The DDEA courses and events I have participated in have been of a high scientific level and highly relevant to my project. I like the networking activities, which have been very well facilitated. I think DDEA does a great job in creating events where early-career researchers can meet other early-career researchers as well as more senior researchers. More specifically for the educational activities, I think it would be valuable if the events focussing on data analysis included both R and Python. Additionally, survival analysis/time-to-event analysis or other statistical methods when working with clinical trial data or Danish registry data could be interesting.
- **Amalie Koch Andersen**, DDEA Grant Recipient, PhD Student, Aalborg University (DK).

What has worked particularly well? Especially courses together with other forums and collaborations, but also especially the technical and method wise activities, and then of course also the networking activities.
What could be strengthened or expanded? One of the drawbacks of expanding the area from diabetes to endocrinology is that it can be a bit leached making the impact smaller in some areas, but on the other hand it does expand the possible receivers of the activities.
Are there activities you feel are missing? As a part time researcher it can be difficult to find the time for full-day or consecutive days of courses or activities, where for instance webinars are highly relevant and suitable in the schedule at least for me.
Are there areas where you could contribute more? Yes, I could possibly have participated more in not only advertising for events by DDEA but also helping in planning committee.. Maybe in the future 😊
- **Anna Korsgaard Berg**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center Copenhagen (DK).

The educational events of the DDEA do, in general, get stronger every year. This is largely due to the DDEA being able to build on their experience and leverage their large network of strategic partners they have built. One of most pleasing signs when attending DDEA events is the percentage of individuals who return to these events year on year and once attending one DDEA event, often sign up for more. The DDEA annual day has also significantly improved it overall impact and organization during the period 2023-2025.
- **Christopher Lewis**, DDEA Grant Recipient, Postdoctoral Researcher, Novo Nordisk (DK).

The organization of DDEA courses is fantastic, events run on time, the content is well balanced between acquiring new knowledge and facilitating networking, and the atmosphere is very welcoming and supportive! I would like to see more courses tailored to needs of early-career researchers working in epidemiology/data science as these areas are becoming increasing central to diabetes research. These could include advanced statistical methods, or causal inference. Going forward I would be happy to contribute in events where my research expertise can be useful. I have a lot of experience in organizing events for diabetes research, patient and public involvement/engagement, dissemination and engagement with policy makers/stakeholders, as well as science communication and I would be happy to contribute this to give back to the DDEA community.
- **Elpida Vounzoulaki**, DDEA Grant Recipient, Postdoctoral Researcher, Leicester University (UK).

What has worked particularly well? The setting (dedicated space to work on the activities away from other commitments) and the different activities proposed (allowing for interaction and exchange of experiences).
What could be strengthened or expanded? The topics are interesting, but maybe a bit too fundamental science oriented. Activities on decision making, policy, implementation science could be useful for those working on more applied research.
Are there activities you feel are missing? The continuity or the "after" the activity could be improved. It may depend on the group dynamic, but facilitating contacts or a digital platform could be useful.
Are there areas where you could contribute more? Maybe more proactively suggesting topics or platform/methods for communication.
- **Anonymous**, PhD Student, University of Geneva (CH).

- *What has worked particularly well? The integration of post docs and PIs during talks and meal times. The location of summits prevent people spending too much time away from the summit allowing more formal and informal networking*
- *What could be strengthened or expanded? Online options to allow easier international attendance*
- *Are there activities you feel are missing? Leadership training. How to transition to leadership positions*
- *Are there areas where you could contribute more? How to establish a research niche for independence*

- Laura Wagstaff, Postdoctoral Researcher, University of Edinburgh (UK).

I love attending DDEA activities. It is a safe choice, as I always know that the event will be excellent, even before attending. The relevance and quality of the DDEA is particularly elevated by the great international speakers that are invited often. Furthermore, the staff of the DDEA are very skilled at making an event feel like a save space and a room for open communication. There is no events missing, and nothing should be changed.
- **Marlene Rietz**, DDEA Grant Recipient, PhD Student, University of Southern Denmark (DK).

…the overall quality has been consistently high. The scientific depth, the integration of basic and clinical perspectives, and the genuine networking opportunities at courses, workshops and Annual Days have been valuable. What works especially well is the relevance of the topics and the strong cross-institutional participation. There is potential to further strengthen the programme by expanding advanced methodological offerings, including epidemiology, causal inference, RCT methodology, register-based analytics etc. A structured mentoring format pairing early-career researchers with senior faculty across institutions would fill an important gap, and a national forum dedicated to clinician-scientist career development within diabetes and metabolic disease could also add value.
- **Nicklas Rasmussen**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center North and Aalborg University Hospital.

The numerous educational and networking events have given PhD students and postdocs from all over the world the opportunity to further their education and network. That is outstanding, and I am not aware of any other academy that has such a continent-wide influence. What has worked particularly well? From an educational perspective, the programme is up to date and reflects ongoing developments in the field, both clinically and in terms of basic research. It should also be mentioned that networking events are organised with other European organizations (e.g., German Diabetes Association; DDG). This enables networking beyond the individual organization. The educational opportunities include various programmes for each level (PhD and postdoc), but also opportunities that could be important regardless of position. These include scientific training, technical training (statistics/programming), soft skills, and leadership skills. Are there areas where you could contribute more? In my opinion, the education programme is very well thought out and very multi-faceted and up to date. I also really appreciate that it can appeal to many target groups. This can also be helpful in terms of networking and future cooperation between the respective partners. But, it would be interesting to consider what would happen if the programme were more specialized in terms of topics. What difference did the development from DDA to DDEA make for the community?
- **Thilo Chillon**, DDEA Grant Recipient, Postdoctoral Researcher, Odense University Hospital.

If you have been involved in organizing DDEA events, please reflect on your experience.

- **What value has this brought you? Please provide an example where possible.**
- **Are there any disadvantages with the DDEA strategy of including early-career researchers in organizing committees? *If yes, please explain.***
- **In your experience, was the balance between senior and early-career scientists appropriate? *If no, please tell us why and what you would prefer.***

Being part of an organising committee has been extremely valuable. It has given me insight into programme design, speaker selection, and the practical constraints behind events, while also building skills in organisation, communication, and teamwork.

- *Value: It increases my visibility within the community, broadens my network, and provides experience that is directly relevant to future leadership roles in academia.*
- *Possible disadvantages of involving ECRs: The main risk is workload creep. Without clear expectations, realistic time commitments, and good administrative support, committee work can compete with research time.*
- *Balance between senior and early-career scientists: When it works best, senior researchers provide strategic oversight and continuity, while early-career researchers have real influence over content and format but are not left solely responsible for logistics. I think DDEA is moving in this direction, and I would support even more explicit recognition of ECR committee work (e.g. certificates).*

- **Alana Mullins**, PhD Student, Newcastle University (UK).

I have been fortunate to be involved in organizing DDEA events. There are few experiences in my professional career which have brought me more enjoyment and value. This has allowed me to build my network and learn new skills but

more importantly, given myself, an ECR, a sense of worth and the ability to contribute towards making a difference in their field. I see no disadvantages of including ECRs in the organising committees, they often bring insight which is missed by non-ECR members. Whilst in general I have found the balance good; I would recommend decreasing the average age of the PhD summer school organising committee in the future to make it more relevant in gauging what PhD students actually care about.
- **Christopher Lewis**, DDEA Grant Recipient, Postdoctoral Researcher, Novo Nordisk (DK).

Although I have not yet been involved in organising DDEA events, I would be happy to now I have been awarded a DDEA postdoc fellowship as it is a great way to give back to the community of early-career researchers. Are there any disadvantages with the DDEA strategy of including early-career researchers in organizing committees? If yes, please explain. In your experience, was the balance between senior and early-career scientists appropriate? If no, please tell us why and what you would prefer. The balance has been really good, especially for events like the postdoc summit which felt like an event by postdocs for postdocs and ensured that the content was very relevant and focused on the specific needs of this audience.
- **Elpida Vounzoulaki**, DDEA Grant Recipient, Postdoctoral Researcher, Leicester University (UK).

What value has this brought you? As part of the early-career researchers stream of the T1D meeting in Copenhagen. It allowed me to interact with peers, do networking and learn from others. Also to work on soft skills such as ideating the structure of a workshop.
Are there any disadvantages with the DDEA strategy of including early-career researchers in organizing committees? No, but I would do it sooner rather than later. In the specific case of these activity, there were many partners and it was difficult to plan with more time. But, in future activities, it would be nice to have more time to organizse the activities.
In your experience, was the balance between senior and early-career scientists appropriate? Yes.
- **Anonymous**, PhD Student, University of Geneva (CH).

What value has this brought you? Organising the DDEA postdoc summits in 2024 and 2025 have been the most beneficial activities to my career in recent years. I moved to diabetes research from a neuroscience background with the aim of starting my own group combining neuroscience and diabetes. Organising the first summit meant I was able to invite researchers who I wanted to connect with. I was also able to learn about my new field, discussing methods and new models. I also met Mirela Delibegovic who used to chair the RD Lawrence Fellowship panel for Diabetes UK which I was applying for.Mirela was able to give me help with my application and offered help with mock interviews. Her advice improved my application and pushed Edinburgh Uni to give me matched funding on the proposal. I was on maternity leave in 2025 but the DDEA let me bring my husband and 4 month old baby to the summit. I had been concerned about returning to work - balancing my new priorities, being able to focus and engage and how important I would find working again. Attending the summit taught me that I would be OK returning to work and reignited my passion for science. That week, I felt more like myself again which was incredible and I cannot thank the DDEA enough for facilitating my attendance. In addition to this, the DDEA also introduced me to a new collaborator. Having the DDEA facilitate the introduction made it so much easier to contact a stranger and build a research relationship. Knowing this person was associated with the DDEA also gave me reassurance that they would be a good collaborator as they had DDEA backing. They are now a collaborator on my fellowship application and I will do a research visit with them if I am funded.
Are there any disadvantages with the DDEA strategy of including early-career researchers in organizing committees? If yes, please explain. No
In your experience, was the balance between senior and early-career scientists appropriate? If no, please tell us why and what you would prefer. Yes
- Laura Wagstaff, Postdoctoral Researcher, University of Edinburgh (UK).

I have not been part of organizing DDEA events, but I would love to in the future.
- **Marlene Rietz**, DDEA Grant Recipient, PhD Student, University of Southern Denmark (DK).

My own involvement in the organising committee for the DDEA Annual Day 2026 has been beneficial, both by expanding my network and by allowing me to help shape the scientific agenda, particularly in relation to the planned AI and precision-medicine sessions. In my experience, the inclusion of early-career researchers in organising committees has clear advantages and no major drawbacks. A small challenge is the concurrent clinical duty obligations for most MDs,

that complicate attendance to all the meetings, that you would like join. Don't know if there is an easy or solid solution there. In contrast it is easy for full-time PhD-students to join, and I often recommend DDEA courses etc..
- **Nicklas Rasmussen**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center North and Aalborg University Hospital.

I participated in organizing the DDEA Postdoc Summit as part of the committee team, and I am now a co-chair. Working outside the everyday laboratory environment helps develop soft skills. I enjoy the variety and responsibility that come with developing and shaping this summit with the DDEA. This type of work is also beneficial for career development. As a young scientist, you can learn a lot from it. You have the opportunity to connect with PIs and learn how to work as a team. This work enables collaboration and task sharing. The DDEA also helps out perfectly with all the organizing, such as venue and time. As the organizing team, we can focus specifically on the scientific orientation. I like that the DDEA includes early-career researcher it helps to give the up-coming generation a voice and shape the current research and networking landscape.
- **Thilo Chillon**, DDEA Grant Recipient, Postdoctoral Researcher, Odense University Hospital.

3. Grant activities

How do you evaluate DDEA's various grant schemes and funding opportunities 2023-2025 for early-career researchers?

- **What has been most valuable?**
- **Are there areas or types of funding where you would wish for greater emphasis?**
- **What changes or improvements should be considered for the future?**

In my view, DDEA's grant schemes are one of its strongest contributions to early-career development. The combination of research fellowships, visiting researcher grants, and support for educational and networking activities creates a coherent funding ecosystem that supports both individuals and the broader community.
What has been most valuable?
- *The explicit focus on early-career researchers in the main research funding schemes.*
- *Mobility and internationalisation, for example through visiting researcher or collaboration-oriented schemes. Grants for education and networking activities, which empower researchers (including ECRs) to create high-quality, community-driven events.*

Areas or types of funding where greater emphasis would help
- *Transition / bridging funding: Short-term support between positions (e.g. from PhD to postdoc, or postdoc to a more independent role) can be crucial for early-career researchers but is often difficult to obtain.*
- *Small, flexible seed grants: Modest, low-bureaucracy funding for high-risk ideas, pilot data, or interdisciplinary projects (including data-science or method-development collaborations) would help ECRs explore new directions.*
- *Support that explicitly accounts for career breaks: Schemes or adjustments that recognise parental leave, illness, and non-linear career paths would send a strong signal of commitment to fairness and inclusion.*

Changes or improvements to consider
- *Continuing to monitor and actively encourage geographical, institutional, and discipline diversity among grantees, to ensure that opportunities are not unintentionally concentrated in a small number of institutions or subfields.*
- *Exploring selected joint calls with related areas (for example, cardiovascular or obesity research) to support cross-disease and cross-disciplinary projects where metabolic mechanisms overlap.*

- **Alana Mullins**, PhD Student, Newcastle University (UK).

I received a co-financed Cross-Academy PhD scholarship (DDEA & DDSA). The scheme was highly relevant to my research, which is at the intersection of prediabetes and machine learning/AI.
- **Amalie Koch Andersen**, DDEA Grant Recipient, PhD Student, Aalborg University (DK).

What has been most valuable? The guide is great for showing how to apply and also it is really valuable to receive comments from the reviewers.

Are there areas or types of funding where you would wish for greater emphasis? To me the clinical 80/20% should be a great possibility for the future since it enables clinical researchers and doctors to continue working within research during their specialization.
What changes or improvements should be considered for the future? I have the impression that mostly reviewers from outside Denmark are being used, and I understand why regarding conflicts of interest, BUT on the other hand there are at least for the MDs Danish-specific properties that maybe should be important to be aware of similarly as having a chair for a PhD assessment from the host university?
- **Anna Korsgaard Berg**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center Copenhagen (DK).

The grant schemes for the DDEA are strong. The provision of feedback to each applicant is very valuable and often not available in other programmes. I believe that the inclusion of such programmes such as industrial/clinical partnerships are extremely valuable and form a bridge between these sectors and increases the impact which these ECRs can create during their grant period. - ***Christopher Lewis****, DDEA Grant Recipient, Postdoctoral Researcher, Novo Nordisk (DK).*
I was delighted to learn about the DDEA postdoc fellowships through a member of the Secretariat during course attendance and research visit in Aarhus. The fellowship schemes offered by the DDEA provide an excellent infrastructure for supporting early-career researchers. What I have found most valuable is the structured support provided, alongside the access to a strong research network. This opportunity has allowed me to pursue ambitious research ideas while benefiting from a well-organised and collaborative environment and I am looking forward to starting this fellowship in the next few months. It might be useful to have more training/communication to guide applicants for application process or like a peer mentoring scheme where you could receive support from successful applicants about your career and future applications..
- **Elpida Vounzoulaki**, DDEA Grant Recipient, Postdoctoral Researcher, Leicester University (UK).

Are there areas or types of funding where you would wish for greater emphasis? More on applied sciences and maybe grants for pilot/formative studies. I feel there is a gap between a postdoc and a visiting professor.
- **Anonymous**, PhD Student, University of Geneva (CH).

I have not applied for DDEA funding but schemes that would be useful include: 1) Opportunities for research visits from outside of Denmark. Current visiting researcher grants are aimed at PI level. A postdoc research visit scheme would be beneficial for training and collaborative purposes. 2) Funding opportunities to transition from postdoc to group leader in the form of fellowships.
- **Laura Wagstaff**, Postdoctoral Researcher, University of Edinburgh (UK).

For me, gaining the PhD Fellowship (Diabetes) was a live-changing opportunity. I would stay that the competition for these grants is also valuable, as the DDEA grant has a great reputation, and this will count on my CV in the future. I wish the DDEA had travel grants for DDEA grantees. Otherwise, no changes should be made. The DDEA funding is a clear opportunity to attract international research talent, and it should remain.
- **Marlene Rietz**, DDEA Grant Recipient, PhD Student, University of Southern Denmark (DK).

DDEA's schemes have been genuinely important for early-career development. The flexibility of travel, project and mobility grants has enabled national and international exchanges that would otherwise be difficult to fund. PhD and postdoc support has encouraged cross-site collaboration. Going forward, greater emphasis on bridging grants for clinician-scientists transitioning between career stages, as well as funding targeted at data science, biostatistics and advanced methodological training, would be highly valuable. Simplification of application rounds and stronger alignment of grant themes with national priorities, such as prevention, complications, and translational work, would further strengthen the programme.
- **Nicklas Rasmussen**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center North and Aalborg University Hospital.

The DDEA offers a wide variety of grants, which are distributed fairly among Ph.D. and postdoctoral researchers. There are also grants for visiting professors. DDEA grants are highly regarded in the field. The selection and evaluation process is very well thought out and fair. Grants are not only differentiated based on career level, but there are also grants for collaboration with industry. In general, postdoctoral researchers can only apply as the main applicant for a few grants in Denmark. Postdocs who want to further develop their careers but do not yet have a junior or

assistant professor position have fewer grants to choose from. Therefore, there is a clear need for funding opportunities for postdocs. While having a postdoc grant is great, every grant has running costs in addition to the salary. Therefore, one could apply for project funds in addition to one's own position. Additionally, grants for medical scientists could be of interest to medical professionals. Grants for junior principal investigator (PI) positions could also be a good target.
- **Thilo Chillon**, DDEA Grant Recipient, Postdoctoral Researcher, Odense University Hospital.

4. Future perspectives

Do you have any additional comments, recommendations, or wishes regarding DDEA's future role and activities in supporting early-career researchers and strengthening research globally, and particularly in Denmark?

Looking ahead, I would be very supportive of DDEA:

- *Continuing to put early-career researchers at the centre of its strategy, including ECR representation and influence in governing bodies and advisory structures.*
- *Developing more longitudinal initiatives (cohorts, multi-meeting programmes, or thematic tracks) that follow ECRs over time, rather than only stand-alone events.*
- *Strengthening cross-academy and cross-sector collaborations, particularly with cardiovascular, obesity, and data-science communities, and with industry and health-care partners.*
- *Expanding activities that support research culture and leadership skills (e.g. inclusive supervision, team science, responsible research practices, open science, and interdisciplinary collaboration).*
- *Considering an ECR/alumni network of DDEA-funded researchers and past participants, to build long-term community and highlight success stories that grew out of DDEA activities and funding.*

Overall, I see DDEA as a crucial part of the research ecosystem for early-career scientists in diabetes and endocrinology, and I hope the initiative can not only continue but also expand and evolve based on this evaluation.
- **Alana Mullins**, PhD Student, Newcastle University (UK).

Continue prioritising high quality scientific courses/events and the facilitation of networking among early-career researchers.
- **Amalie Koch Andersen**, DDEA Grant Recipient, PhD Student, Aalborg University (DK).

Keep up doing the great work, I think the broadness of the academy in both themes, professions, backgrounds etcetera are really making a great impact for how to strengthening research.
- **Anna Korsgaard Berg**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center Copenhagen (DK).

My only wish is that the DDEA has a future. To lose the DDEA, and other academies such as the DCA, would be a tremendous step backwards for research in Denmark. These academies are what is making Denmark's research sector unique in the field of medical sciences, I have worked in research sectors in other countries and initiatives like these do not exist elsewhere. To lose them would be to make Denmark 'just like the others', less talent would be developed within Denmark as researchers will be more likely to leave and less talent will move to Denmark. I would implore the NNF to think carefully about the cost of losing academies such like these.
- **Christopher Lewis**, DDEA Grant Recipient, Postdoctoral Researcher, Novo Nordisk (DK).

I just hope that it will remain the amazing organization it is at the moment. Thank you for everything.
- **Marlene Rietz**, DDEA Grant Recipient, PhD Student, University of Southern Denmark (DK).

DDEA (or soon to be DARA) is well-positioned to consolidate its role as Denmark's leading platform for talent development in metabolic disease research. Expanding the methodological curriculum, establishing structured mentoring pipelines, strengthening internationalisation with EU, Australian and US partners, and increasing support for clinician-scientist pathways would substantially enhance long-term impact and global competitiveness.
- **Nicklas Rasmussen**, DDEA Grant Recipient, Postdoctoral Researcher, Steno Diabetes Center North and Aalborg University Hospital.

I hope that the heart of DDEA and its attitude will remain intact in the future academy, regardless of what form it ultimately takes. For me, the DDEA is a unique organization that offers an enrichment for scientific education, training, and networking. This is not a given and should not be taken for granted. Without the DDEA, a large part of the education for scientists will be lost, and this gap will have to be filled again. Scientific training does not end after the PhD, but continues throughout one's life. This makes it all the more important that there are continuing education opportunities for postdocs, junior PIs, and professors. I also hope that cooperation with other globally active organizations will be maintained and expanded. Perhaps cross-organizational grants could also be developed to support internationality.

- **Thilo Chillon**, DDEA Grant Recipient, Postdoctoral Researcher, Odense University Hospital.

DDEA Awardees

Month/Year of Award	Title of the Award	Name	Position at Time of Award	Affiliation at Time of Award
January 2024	DDEA Early-Career Researcher Award - Diabetes	Jordi Merino	Associate Professor	Center for Basic Metabolic Research, University of Copenhagen
January 2024	DDEA Early-Career Researcher Award - Classical Endocrinology	Niclas Højgaard-Hessellund Rasmussen	Associate Professor	Steno Diabetes Center North Jutland
January 2024	DDEA Research Education and Networking Award	Adam Hulman	Associate Professor	Steno Diabetes Center Aarhus
January 2025	DDEA Early-Career Researcher Award - Diabetes	Lærke Smidt Gasbjerg	Postdoc	University of Copenhagen
January 2025	DDEA Early-Career Researcher Award - Classical Endocrinology	Stine Linding Andersen	Clinical Associate Professor	Aalborg University Hospital
January 2025	DDEA Research Education and Networking Award	Morten Dall	Platform Manager	University of Copenhagen
January 2026	DDEA Early-Career Researcher Award - Diabetes	Nikolaj Rittig	Clinical Researcher	Steno Diabetes Center Aarhus
January 2026	DDEA Early-Career Researcher Award - Classical Endocrinology	Eva Maria Wölfel	Postdoc	Odense University Hospital
January 2026	DDEA Research Education and Networking Award	Christopher Lewis	Postdoctoral Researcher	Novo Nordisk

Appendix 14 Impact Statements from Key Collaborators

Committee for Education Chair

Nils Joakim Kaas Færgeman, *MSc, PhD, Professor, University of Southern Denmark*

1. Overall impact

How would you assess the overall impact that DDEA has had on opportunities for early-career researchers since its establishment in 2023? *(Please include examples where relevant.)*

Since its establishment in 2023, the DDEA has had a substantial impact on the career development, training environment and scientific opportunities for early-career researchers across Denmark. The academy has succeeded in continuously building a national, interdisciplinary framework that reaches beyond the capacity of existing PhD schools and departmental initiatives.

The most significant impact has been the academy's ability to provide:

- *High-quality, cross-disciplinary training that spans endocrinology, diabetes, metabolism, clinical science and computational biology.*
- *National and international networking environments that connect PhD students, postdocs, and senior researchers in ways that traditional institutional structures cannot provide.*
- *Opportunities for leadership, collaboration, and professional skill development, which are repeatedly highlighted as central needs for today's ECRs.*

Concrete examples include:

- *Multidisciplinary courses and networking activities, which includes the flagship activities like the annual summer school, the annual postdoc summit and basic cardiometabolism course, which have brought together basic, translational, and clinical scientists.*
- *Thematic symposia and networking events that significantly broadened ECRs' collaborations.*
- *Professional development initiatives (e.g., grant writing, communication, career development) that are rarely offered at comparable quality within universities.*

What legacy will DDEA leave and what needs to be done to ensure that this legacy continues to serve its purpose?

The DDEA's most enduring legacy will be:

1. *A unified training network across Danish universities and hospitals, integrating basic science, clinical research, and industry partnerships.*
2. *A national culture of cross-disciplinary collaboration in metabolism, diabetes, and endocrinology.*
3. *A professionalized, structured support organization for PhD students and postdocs.*
4. *A generation of researchers trained not only technically, but also in leadership, communication, and creativity.*

To ensure that this legacy persists, the following are essential:

- *Continued stable funding and recognition of academies as long-term national infrastructure.*
- *Ongoing cross-academy collaborations between DDEA, DCA, DDSA, and NAD.*
- *Preservation of DDEA's agility; its ability to adapt quickly to emerging scientific directions, which distinguishes academies from traditional educational structures.*
- *Sustained commitment to involving ECRs in leadership roles, ensuring the academy remains responsive to their evolving needs.*

2. Educational and networking activities

How do you perceive the relevance and quality of DDEA's educational and networking activities 2023-2025 that you have experienced?

Perceived relevance and quality

The relevance and quality of DDEA's activities in 2023–2025 have been exceptionally high. Courses, workshops, and symposia have consistently:

- *Addressed emerging scientific fields (e.g., multi-omics, machine learning, clinical translation).*
- *Offered competencies not provided by university PhD programmes.*
- *Brought world-leading international researchers to Denmark.*
- *Engaged both PhD students and postdocs, an inclusivity highlighted as crucial in the academy model.*

What has worked particularly well?

- *Co-organization with other academies (e.g., DCA, DDSA, NAD) has enriched content and broadened networks.*
- *The involvement of ECRs in planning and delivering activities has increased relevance, built leadership capacity, and ensured programming is genuinely aligned with trainee needs.*
- *Interactive formats (summer schools, summits, thematic challenges, problem-based workshops) have fostered creativity, collaboration, and long-term scientific partnerships.*

What could be strengthened or expanded?

- *More advanced, topic-specific methodological courses, for example on clinical trial design, bioinformatics pipelines, or single-cell/multi-omics integration.*
- *Broader integration with industry, including internships, mentorship, and innovation challenges, mirroring international best practices.*
- *More structured mentoring programmes, particularly for postdocs navigating the transition to independence.*
- *Increased offerings on research leadership, team management, and academic career strategy.*

Are there activities or areas you feel are missing?

1. *Longer-format, in-depth schools (1–2 weeks) that allow time for hands-on training and cohort building.*
2. *Translational bridges; events that pair basic scientists directly with clinicians and industry partners to develop shared projects.*
3. *Support for ECR-led collaborative mini-grants, which would catalyze new networks organically.*

Please reflect on the Committee's experience in organizing activities.

What value has this brought? *Please provide an example where possible.*

The Committee has delivered three forms of value:

- *Strategic coherence, ensuring activities align with both DDEA objectives and broader national needs.*
- *Quality assurance, drawing on senior expertise to ensure scientific and pedagogical excellence.*
- *Capacity building, by integrating ECRs into planning and leadership roles—strengthening the community and future-proofing the academy.*

A concrete example is the planning of national PhD and postdoc courses that combine technical training, clinical exposure, and professional skills. These would not happen at a comparable scale without the committee's coordination.

Are there any disadvantages with the DDEA strategy of including early-career researchers in organizing committees? *If yes, please explain.*

Only minor, and vastly outweighed by the benefits. Potential challenges include:

- *ECRs may have limited experience in large-scale event planning.*
- *Their time constraints, particularly near thesis deadlines, can create variability in involvement.*

However, these issues can be mitigated through appropriate senior mentorship and administrative support.

In your experience, was the balance between senior and early-career scientists appropriate? *If no, please tell us why and what you would prefer.*

Overall, yes. The structure ensures:

- *Scientific rigor (senior scientists).*
- *Relevance and innovation (early-career perspectives).*

If anything, the model could be strengthened further by allowing ECRs slightly more autonomy in specific project teams, with seniors serving as strategic consultants rather than primary drivers.

3. Function of the DDEA Committee for Education

In your opinion, has the Committee for Education served its intended purpose well?

Yes. The Committee has played a central role in:

- *Shaping the educational portfolio.*
- *Maintaining high pedagogical and scientific standards.*
- *Ensuring activities remain aligned with DDEA's mission and the needs of ECRs.*

What is the value of having such a committee?

A dedicated Committee ensures:

- *Consistency, quality, and strategic direction across the portfolio of activities.*
- *Representation of multiple institutions, scientific areas, and career stages.*
- *A mechanism for systematic evaluation and adaptation, an essential feature of effective academies*
- *Are there drawbacks?*

Potential drawbacks are minimal but include:

- *Decision-making may sometimes be slower due to broad representation.*
- *The workload can fluctuate and may be substantial around peak planning periods.*

However, these are inherent to committee-based governance and are outweighed by the clarity, quality, and legitimacy the committee brings.

4. Future perspectives

Do you have any additional comments, recommendations, or wishes regarding DDEA's future role in supporting early-career researchers and strengthening research, and particularly in Denmark?

Looking ahead, I would highlight the following priorities:

1. *Strengthening the pipeline from PhD to postdoc to independent researcher, with programming and mentoring tailored to each transition.*
2. *Continous integration of clinical, basic, and computational sciences, including joint courses with hospitals and industry.*
3. *Expanding international partnerships, particularly joint summer schools and cross-border training initiatives.*
4. *Developing structured long-term mentoring networks spanning multiple institutions.*
5. *Ensuring stable, long-horizon funding, recognizing that academies are a critical national infrastructure for talent development.*

The evidence is clear, academies such as the DDEA create environments that foster innovation, interdisciplinary collaboration, and professional growth, shaping the future leaders of diabetes and endocrine research. Sustaining and expanding this model is essential for Denmark's continued strength in the life sciences.

Grant Review Committee Chair of PhD Scholarships and Postdoctoral Fellowships within Classical Endocrinology and of Visiting Researcher Grants

Richard Holt, *Professor, University of Southampton, United Kingdom*

1. Quality and fairness of the calls

How would you assess the overall quality of the DDEA calls and the evaluation process?

Have the calls been sufficiently open and competitive?

There was a strong field of applications for the three programmes I chaired. All the shortlisted candidates could have been funded. Consequently there were competitive and the awardees should be congratulated.

The least competitive programme I chaired was the visiting researchers' programme. This had a higher success rate. I was pleased that the DDEA expanded the programme to include people below professorial level but the criteria need to be changed to allow more junior researchers to compete. Inevitably they have less strong CVs and adjustment is needed for this.

Has the evaluation process ensured fairness across the diverse fields within endocrinology

The evaluation process is robust with three reviewers plus chair evaluating each proposal before it comes to the Board. I was pleased to see that there was an analysis of the scoring of the reviewers so "hawks and doves" could be identified among the reviewers and could be considered by the chairs.

More clarity is needed between Classical Endocrinology themes and programmes without a theme. Several applications were switched after submission, which is not ideal and the calls should be more explicit about which programme to apply for. Post hoc movement of applications is not ideal and could potentially introduce bias.

Has the reviewer allocation worked well, and has the reviewer pool performed to expectations?

Yes – having three reviewers provides a good assessment of the applications and asking reviewers to score multiple applications also gives them a feel for the standard of application. Assessing the reviewers is also a strength.

Reviewers provided a different level of detail in their assessments, but overall there was enough to justify their scoring.

What aspects of the process work well today, and what could be improved going forward?

Good points: Clear timelines, multiple step of review – reviewers then chairs then Board, robust processes, choice of international reviewers

Areas for improvement: greater clarity on the criteria for each programme.

2. Variety of programmes and strategic design

What is your view on the breadth of different grant programmes offered (classical endocrinology, strategic partnerships, visiting professorships, industrial grants)?

Does this diversity support clarity and strategic focus, or does it risk creating confusion for applicants (and reviewers)?

There is a risk of confusion between classical endocrinology and other calls as witnessed by several applications moving between tracks. The advantages of the current programme is that it attracts applicants at different stages of their career which increases the reach of the programme.

Is it meaningful to maintain separate "classical endocrinology" calls, given the challenges in defining the concept?

The rationale for the split was to encourage applications from endocrinology researchers. Previously the DDA was limited to diabetes and diabetes teams had become accustomed to applying for these grants but the same did not apply to endocrinology. By ring-fencing awards for endocrinology, this barrier was overcome. There is still work to be done and so I would be in favour of continuing this dichotomy but it is important to make it clear in the description of the grants, which grants can be considered in classical endocrinology. Obesity is one area which overlaps and I would

suggest that specific guidance is given about this. For example, studies of the hormones of obesity could fit in classical endocrinology while studies of the effects of obesity might fit in the "without a theme option". Another approach would be to allow candidates to be considered in both tracts. I appreciate that this could be seen as "double counting" but the same scoring would apply across both schemes.

How do you perceive the previous variations in co-funding levels between programmes? The industrial PhD scholarships have until this year only been co-funded with 1/3 from our site and the postdoc with 1 year funding)

I do not have strong views about this because none of the three programmes I chaired fell into this category. Co-funding brings the advantage of more funding but increases the administrative burden.

Should we streamline, simplify, or reorganise the programme structure in the next funding cycle?

Largely this reiterates what I have written before. There needs to be more clarity about classical endocrinology and more consideration about how more junior researchers are considered in the visiting researcher programme.

Although the programme has attracted a reasonable number of applicants from basic and clinical science backgrounds, the success rate is slightly lower for clinicians. This may be because clinicians need more time for research training because they also need to complete clinical training in parallel. You may want to consider whether this can be addressed by separating the programmes for clinicians and basic scientist.

Generally I think that the current programmes fulfil the aims of DDEA.

3. Missed opportunities and future direction

Where do you see missed opportunities in the current grant structure, and how might we improve?

How do we better attract *new blood*, including younger principal investigators?

DDEA could spend more time marketing the programme, perhaps visiting institutions where there are fewer applications.

How can we create more space for high-risk, innovative research projects?

DDEA could make it clear that applications for high-risk, innovative research projects are welcome. There is always a danger for PhD students though because they would need a contingency plan.

A further approach could be to consider an innovative research programme – however, rather than complete a separate track, you could ask applicants of other programmes whether they wants to be considered for this track in addition to the track to which they applied. The innovative research programme could then be across all other tracks but DDEA earmarks funding for a number of these applications to be funded.

What strategic adjustments would help us to potential stimulate a broader and more diverse pipeline of applicants?

As above.

Grant Review Committee Chair of Industrial PhD Scholarships and Postdoctoral Fellowships and of PhD Scholarships and Postdoctoral Fellowships within Strategic Partnerships

Christopher Rhodes, *Professor Emeritus, University of Chicago, United States*

1. Quality and fairness of the calls

How would you assess the overall quality of the DDEA calls and the evaluation process?

Overall – quite high and very fair.

Have the calls been sufficiently open and competitive?

Yes, agree they have been open and competitive. Although the industry grants have been few – these have been growing in numbers over the last years. I would suggest that this category(s) are slow in the process of catching up to the more academic grants. Being empathetic, academia is much more use to funding research/trainees via grant process than industry.

Has the evaluation process ensured fairness across the diverse fields within endocrinology?

Yes, as fair as it can be – but one has to bear in mind that the 'diverse fields of endocrinology' are completely dominated by diabetes/obesity, quite rightly so from the large (pandemic) numbers alone.. So, there is bias there.

Has the reviewer allocation worked well, and has the reviewer pool performed to expectations?

Yes, very well. In this year (2025), the quality of Reviewers and their comments/feedback was outstanding, adding to the excellent fairness because of this thoroughness.

What aspects of the process work well today, and what could be improved going forward?

As the process has evolved it has come to work very well indeed. The only improvement I would suggest is to still strive to have a 'live' virtual round-table review discussion of the top (most competitive) to come to a better/fair consensus in reviews where there are differences of opinion. However, I appreciate, given the diversity of review subjects and Reviewers' geographical locations, this is not always possible in practice.

2. Variety of programmes and strategic design

What is your view on the breadth of different grant programmes offered (classical endocrinology, strategic partnerships, visiting professorships, industrial grants)?

Overall – these categories are quite good, although 'strategic partnerships' and 'industrial grants' can be sometimes similar with crossover in concepts and practical approaches.

Does this diversity support clarity and strategic focus, or does it risk creating confusion for applicants (and reviewers)?

I would suggest that there is some slight confusion here. It might be more clear if categories were PhD students, Postdocs and Visiting Professors and these allocated under two main themes Academic/Medical and Industry/Partnership sections. This may be semantics but it is more what potential applicants are looking to apply for.

Is it meaningful to maintain separate "classical endocrinology" calls, given the challenges in defining the concept?

Agree that "classical endocrinology" is not a readily understood term. I take it to mean endocrinology that is not diabetes/obesity, right? If so, I would suggest to maybe have 'Diabetes' & 'Endocrinology (not diabetes)' categories? Not sure if this is a NNF friendly way of doing it though.

How do you perceive the previous variations in co-funding levels between programmes? The industrial PhD scholarships have until this year only been co-funded with 1/3 from our site and the postdoc with 1 year funding)

I think that this is fine as is. But a 50:50 split in funding for industrial PhD scholarships may increase numbers of applications and higher quality applications.

Should we streamline, simplify, or reorganise the programme structure in the next funding cycle?

For me it is OK as is and works well. However, if a virtual review meeting for certain programmes can be arranged (see comment above) then the process could be a little more efficient and fairer.

3. Missed opportunities and future direction

Where do you see missed opportunities in the current grant structure, and how might we improve?

How do we better attract *new blood*, including younger principal investigators?

A suggestion would be to do what the NIH in the USA does, which is to flag a 'New Investigator'. The reviews for these applications are more sympathetic and encouraging to encourage such "new blood". The 'New Investigator' at the NIH is essentially defined as a PI who has a faculty position for <10 years but has yet to receive significant NIH funding. Hope this helps.

How can we create more space for high-risk, innovative research projects?

Again, perhaps adapt to the NIH R21 grant application model. Maybe a single year's funding (especially for a younger PI) to pursue an innovative idea to some get proof of principle/concept data/evidence that can then be developed into a larger grant request. There are similar internal initiatives in industry/biotech – e,g. AstraZeneca has an annual competitive 'catalyst award' for a scientist(s) to pursue submitted idea over a year with $100k funding to get some proof of concept.

What strategic adjustments would help us to potential stimulate a broader and more diverse pipeline of applicants?

In considering the obesity metabolic disease – one might try to find a way of attracting neuroscience, since the brain/CNS has strong influential control over appetite and metabolic regulation.

Grant Review Committee Chair of PhD Scholarships

Gernot Desoye, *Professor, Medical University of Graz, Austria*

1. Quality and fairness of the calls

How would you assess the overall quality of the DDEA calls and the evaluation process?

Have the calls been sufficiently open and competitive?

Yes, there was a broad range of topics covered in the applications; the process is highly competitive.

Has the evaluation process ensured fairness across the diverse fields within endocrinology?

Yes, although in borderline cases (classical endocrinology/metabolism) the applicant, to improve chances, could choose tactically within which sub-programme she/he wanted the application be evaluated.

Has the reviewer allocation worked well, and has the reviewer pool performed to expectations?

Overall yes, but some reviewers did not align the scores with their comments, e.g. no weakness mentioned and yet score 4 given.

What aspects of the process work well today, and what could be improved going forward?

1) For the assessment of 'applicants' and 'research', relevant information is mostly dispersed over the whole application. Not all reviewers make the effort to find the necessary information. Propose restructuring the application aligned with the evaluation criteria.

2) 'Impact' was used for an overall assessment of application and not to assess scientific, societal, economic etc impact in the classical sense. Propose changing criterion name to 'Overall assessment' or anything similar.

2. Variety of programmes and strategic design

What is your view on the breadth of different grant programmes offered (classical endocrinology, strategic partnerships, visiting professorships, industrial grants)?

Does this diversity support clarity and strategic focus, or does it risk creating confusion for applicants (and reviewers)?

I don't have experience with several of these categories, but in principle they sound clear, meaningful and should not create confusion.

Is it meaningful to maintain separate "classical endocrinology" calls, given the challenges in defining the concept?

I propose combining both subcategories, i.e. classical endocrinology and metabolism, and to make it crystal clear in the next call that applications within classical endocrinology are equally welcome.

How do you perceive the previous variations in co-funding levels between programmes? The industrial PhD scholarships have until this year only been co-funded with 1/3 from our site and the postdoc with 1 year funding)

I can't comment here.

Should we streamline, simplify, or reorganise the programme structure in the next funding cycle?

Combining classical endocrinology with metabolism will streamline programme structure.

3. Missed opportunities and future direction

Where do you see missed opportunities in the current grant structure, and how might we improve?

How do we better attract *new blood*, including younger principal investigators?

My impression is that the 'applicant' was better evaluated with a higher score when 'research' environment was excellent. This diminishes identification of young blood with excellent background and a strong proposal, but less well

established environment. I propose assigning different weightings to the evaluation criteria, e.g. 'applicant' and 'project' with 100% and 'research' and 'strategy' with 50% or anything that will reflect strategy.

How can we create more space for high-risk, innovative research projects?

Make it explicit to applicants and reviewers that these high-risk, innovative research projects are encouraged or even required, depending on strategic decision. The problem will be the lack of clear criteria demarcating high- from medium- or low-risk projects. At least it could be made explicit that projects that offer incremental advance, i.e. more of the same, are discouraged.

What strategic adjustments would help us to potential stimulate a broader and more diverse pipeline of applicants?

What I could envisage is to be open for applications within the realm of health economy and health policies as well as also to encourage veterinarians to apply. The former will strengthen and, hence, align with the strategic goal of intersectorial collaborations, the latter potentially strengthen the translational aspect.

Grant Review Committee Chair of Postdoctoral Fellowships

Anna Krook, *Professor, Karolinska University, Sweden*

1. Quality and fairness of the calls

Overall, I think the DDEA calls and evaluation process are of very high quality. In my experience as chair, the process is rigorous, well organised, and clearly taken seriously by both reviewers and applicants. The move from two calls per year to one call per year also seems sensible.

After a somewhat slow start, I feel the calls are now attracting strong applications across broader endocrinology, with the main exception being thyroid disorders. I also sense increasing awareness of the programme, including among international candidates.

Reviewer allocation has worked well, and reviewers are generally conscientious and constructive. I particularly appreciate the effort to handle applications that receive very divergent grades. In short, the seriousness of the evaluation, the breadth of expertise, and the clear competition are major strengths. The weaker showing in some subfields may improve as awareness grows, but it could also reflect lower activity in those areas.

2. Variety of programmes and strategic design

The breadth of programmes is a real strength, as it supports several mechanisms that matter at the post PhD level, including mobility and collaboration. At the same time, I would not expand the number of schemes too much, as there is a risk of diluting the overall effort and messaging.

I do think it is important to keep "classical endocrinology" as a defined call. Any grant panel has to manage definitions, and my experience is that the reviewer pool handles this well.

3. Missed opportunities and future direction

One option to strengthen the pipeline could be to earmark a small number of positions for early stage researchers. This may help them compete more effectively and could be a good way of supporting newer PIs through a funded, high quality postdoctoral fellow (or PhD student).

Finally, I want to highlight a very positive development: the solid number of applicants who also hold an MD and apply at the postdoc level. This is a critically important group for translational endocrinology, and I see it as a success that DDEA is attracting them. The data suggest that MD applicants have a slightly lower success rate than MSc applicants, which may reflect differences in track record structure and protected research time. It may therefore be worth ensuring that review criteria explicitly recognise clinical training pathways, so this group is not unintentionally disadvantaged.

While not part of the question, I also want to share that I have heard that your summer schools are amazingly good! And finally

I do hope that as the DDEA develops that all the effort and passion that you have put into developing this initiative is also appreciated!

DDEA Public Advisory Panel member

Matilde Behrens, *Jurist, BoD member of Addison Association*

1 Addison Foreningen i Danmark

From my point of view looking back from the initial meeting we have taken great strides and big leaps in both establishing the PA Panel and taking it to the next level. Our common understanding of PPI and the concrete projects and general incorporation of PPI in the DDEA is beyond comparison from then until today.

Various projects stemming directly from the PA Panel have been completed successfully. As an example, the DDEA hosted an international endocrine conference on the pump-treatment of people with Mb Addison enabling both experienced and young researchers and clinicians as well as patient organizations and patients to come together and discuss the current situation and next steps and enable contact and networking across borders and between both patients and health care professionals and researchers.

There are many more concrete examples of DDEAs successfully and effectively incorporation of PPI since the establishment of the PA Panel.

The dialogue with the DDEA Secretariat has consistently been open and thorough making it easy for me as a member of the PA Panel to participate actively, to reach out when needed and to share ideas etc.

Also, the ideas and input from PA Panel members are respectfully received and properly challenged by the rest of the panel and the representation making the output better.

My experience is that the f2f sessions/seminars with the entire PA panel are very valuable as to the cooperation amongst the members and that these sessions set the tone and create the space for a very valuable communal inspiration and a flow of work that creates ideas and enables the PA Panel to work more thoroughly and intensely with developing and outlining PPI in the DDEA.

DDEA could consider establishing annual KPIs directly tied to PPI activities to ensure the continued focus and enhanced level. Furthermore, it could also be considered to develop educational seminars on PPI in various aspects of research to be offered annually. As a standard PPI should also be considered within the realms of DDEAs work as a default to ensure continued focus rather than the other way around.

I am looking very much forward to continuing the important work and to support the DDEA in its efforts in the field of PPI.

Matilde Kyst Behrens

Addison Foreningen i Danmark
www.Addison.dk

DDEA Public Advisory Panel member

Søren Dixen, *Co-founder and honorary member of the board of Maskine Maskine Amager, research assistant in mental health, Lives with type 1 diabetes*

d. 17. december 2025

Udfyldt spørgeskema til DDEA

1. Overall PPI impact

- How would you assess the impact DDEA has had on the involvement of patients / people with lived experience in diabetes and endocrine research since 2023?

  I think a tremendous development has taken place since we first met in 2023. Our Public Advisory Board has come closer together and gotten to know each other, and the synergy from this has deepened our collective effort and inspired new talks and developments, even engendering new collaborations pushing far beyond DDEA's reach. It is impressive that such great development has happened in such a relatively short time span.

- What did you expect from DDEA regarding PPI, and to what extent have these expectations been met?

  I had negative expectations. I had previously been user-involved by SDCC and had experience from their CODIAC 1, where I suggested the idea of a user-driven CODIAC 2 on stage. It was later realized, but without my participation. I looked down upon diabetes user-involvement, having had the illness myself for 25 years and never been able to maintain it, but still, in my life, diabetes has played the absolutely smallest role and has been almost irrelevant compared to mental illness and addictions, and the stigma of diabetes is nothing compared to that of schizophrenia. And I thought the user-involvement of SDCC was founded and maintained on unequal terms; why would this be any different? So, I had poor expectations, but these have all been put to shame by the way I have been met by the DDEA, the extent to which I have been involved, and the professional and social quality of the Public Advisory Board.

2. Relevance and quality of PPI activities

- How do you assess the relevance and quality of DDEA's PPI-related activities (e.g., workshops, grant-guidelines, course involvement, public events)

  I think they are of the highest relevance and quality. Arriving from the PPI-efforts of the mental health services, who undoubtedly are both older and more firmly established than those within endocrinology or elsewhere, I have seen nothing in mental health care matching the scope, level or earnestness of engagement of DDEA. I consider it as something singular and very important within the context of Danish health, to some extent matching even international PPI endeavors.

- Which elements have been particularly valuable, and where could PPI activities (are there areas) be strengthened or broadened? And in that case how?

Personally, as well as representing the Maskine Maskine Amager (MMA), I have found particular value in the following activities:

a. *The speech I gave at DDEA's workshop on PPI in May 2023 in Nyborg. It engaged me in thinking research into the MMA and exposed MMA to the phenomenon of PPI of which we ourselves are a radical extension. And the video of that event has served as communicative instrument to raise awareness of our scientific ambitions. It can be seen @ https://youtu.be/ouMLevlv3io*
b. *The 2024 trip of the DDEA Public Advisory Panel to the PPI Festival in Dublin, Ireland, really did great things for the panel socially, as well as it taught us all a lesson regarding how advanced PPI is internationally, and what potential it has.*
c. *The speech I gave at DDEA's PPI Seminar in May 2025, which summarized the MMA-research frontline of the collaboration with DDEA to that point, which brought with it new important network and yielded another powerful statement regarding the research aspirations of the MMA. It can be seen @ https://www.youtube.com/watch?v=ptPwfdr9j8M*
d. *The Danish Public Meeting in 2025 saw the most impressive larger event born out of the co-creation between DDEA and the so-called severely mentally ill and diabetic patients. A 90-minute-long extravaganza of lived experiences and health debate with health experts and politicians. As a PPI experience, it was highly important and foreshadowed future discussions of the integration of somatic and psychiatric praxis. The session can be seen @ https://youtu.be/vYR16Wr61lk*

I think the most important PPI-asset of the DDEA is their very rare ability to let patients and members of the public express themselves so individually and playfully in an extremely professional setting. It is very rare, and they should really try to further this skill of theirs and deliver even more such event straight out of the horse's mouth.

3. Integration of PPI in research and training

- From your perspective, how effectively has DDEA supported meaningful PPI in research and in DDEA's educational activities and grant requirements?

  As very effective. Here, PPI is felt to be a real endeavor and not just a tokenistic phrase. DDEA's PPI-work takes place at a very high level of patient participation, where the patients and the public are given true influence and responsibility. And DDEA's multitude of training activities as well as their communication about them, the internationality of their work, and PPI's central role in their guidelines of grant requirement – all this seem to me to be state-of-the-art in a Danish PPI context. It is a powerhouse.

- Are there specific formats or competencies that should be strengthened among early-career researchers?

  They should all be inspired to take part in the development of PPI in research within all fields of expertise. Basic courses and more advanced PPI courses should be offered regularly. Early career researchers should be trained in their moral and communicative obligations as researchers and be well-equipped to deal with the future's shift to participatory medicine and research.

4. Representation and dialogue

- How do you assess as members of the DDEA Public Advisory Panel the dialogue with DDEA Secretariat?

  As very good. Highly professional, deeply knowledgeable, always open for dialogue, and punctual. Caring and supportive. I am a difficult person to involve – especially practically, but they have always managed to.

- Has this representation enabled you to provide effective input?

  Absolutely. I think I have made a valuable contribution and perhaps even provided a bit of power and vision to the project. It would not have been possible if I had not felt properly and sincerely engaged.

  As for my organization and me personally, my representation has broadened our horizon, helped us make important network and participate and co-crate events we would not have been engaged in otherwise. It has offered us a point of reference in PPI and provided collaborators and practical help to some of our own projects.

- What could be improved on DDEA's side and from the Public Advisory side?

  It is hard to think of anything. Both parties have done tremendously well. More time would be nice, but people are busy and it would be something of a luxury. I think the DDEA-PhD-workshop should be maintained and offered every year, because I don't think there are any other arrangements like this.

  The Public Advisory panel could of course do more too. Each member could devote more of his or her spare time to ponder and work on PPI and DDEA-issues, but it is difficult to find the time and prioritize it.

5. Future perspectives

- Do you have recommendations for how DDEA's PPI activities should develop in a potential next phase?

  Yes. As I view DDEA's PPI activities as pioneering in a Danish context across areas of illness and health, I think DDEA should look upon itself accordingly and use its momentum and powers to take upon itself the responsibility of greatness and further PPI in a Danish context and across the span of illnesses. Many other areas could benefit from DDEA's efforts, and more activities should be launched.

- Are there specific themes or disease areas where PPI should be prioritized?

  The integration of psychiatric and somatic services is very important and should be explored and aided. The mental states of patients should be addressed within all somatic illnesses. It should be addressed why some people do better than others, and it could be an important extension of any pioneering PPI-work to reach those patients with a given illness that have the hardest time dealing with said illness. It is especially important for these people to hear from other patients.

Danish Endocrine Society (DES)

Danish Endocrine Society

As members of the Board of the Danish Endocrine Society (DES), we are pleased to have the opportunity to contribute to the evaluation of DDEA on behalf of around 700 members of the society.

The Danish Diabetes Academy (DDA), renamed the Danish Diabetes and Endocrinology Academy (DDEA) following the incorporation of classical endocrinology in 2023, has been a considerable success from the perspective of the DES. DDA significantly strengthened research in many aspects of obesity and diabetes, and DDEA is now working actively to boost research within classical endocrinology as well.

The meetings and courses organized by DDEA are of excellent quality and remain very popular among DES members. Recent sessions have placed a strong emphasis on classical endocrinology (i.e., non-diabetes, non-obesity topics), and these have been of high quality and exceptionally well received. Social events at endocrine conferences have further enhanced networking opportunities for young scientists and have facilitated strong international collaborations in areas such as thyroid, gonadal, pituitary, and transgender medicine. It has been a strength that DES has had representatives on the DDEA board, ensuring that perspectives and knowledge from the Danish endocrine community are reflected in DDEA's discussions. DES recommends that this representation continue and will work to strengthen the link between its representatives and the DES board to more formally ensure that viewpoints from the DES board are conveyed to the DDEA board.

DDEA was originally established as an extension of DDA. Initially the support from the classical endocrinology community was limited. However, its targeted focus on collaboration, dedicated grants, and high-quality events within classical endocrinology, parallel to activities in diabetes and metabolism, has generated significant recognition. This positive development is reflected in the increasing number of high-quality grant applications, the growing volume of meetings, and the strengthened interactions with researchers in classical endocrinology. In several ways, DDEA has successfully continued valuable DDA initiatives, including the visiting professor/researcher programs, which have fostered unique collaborations and facilitated exchanges of young scientific talent.

DDEA's meetings are now recognized as high-quality, essential events, prioritized on a level comparable to other key activities such as the DES annual meeting. A particular focus area has been strengthening ties with the Nordic countries, exemplified by an upcoming pituitary course supported by travel grants from several Nordic national endocrine societies. However, many DDEA courses and grants still primarily address pre-clinical topics, with comparatively less emphasis on clinical endocrinology. In a world where robust evidence is much needed to bring forward both diagnostics and treatment and 'waste' in healthcare systems is widely debated, further development in this direction would be welcomed. Increased support for PhD students and postdocs working in clinical environments, answering important clinical questions to the benefit of patients, could help advance this agenda.

The proposed merger with the Danish Cardiovascular Academy (DCA) is logical and presents an important opportunity to build stronger cross-disciplinary collaborations – not only between diabetes/obesity and cardio-metabolism, but also between classical endocrinology

and cardio-metabolism. DES supports this development and hopes it will further promote the integration of classical endocrinology and strengthen research in diabetes and metabolism. Nevertheless, there is a risk that such a merger could gradually shift the focus toward a predominantly cardiometabolic agenda, with insufficient attention to classical endocrinology. It is therefore essential to maintain a continued emphasis on the full integration of metabolism, diabetology, classical endocrinology, and cardiology. This interdisciplinary balance, combined with an awareness of the need for clinical evidence and clinical studies, is crucial for the academy's future success. To ensure a robust continuation and strong uptake of future DDEA grants, courses, and meetings, maintaining a continuous focus on young endocrinologists—and those in training—seems crucial. This is important not only for the future of Danish endocrinology but also for securing a strong and sustainable collaboration between endocrinology and the cardiometabolic field. It is recommended that the leadership of both the academy and the board are explicitly instructed that prioritizing this integration is a core requirement going forward.

Jakob Dal

Martin Blomberg Jensen

Peter Lommer Kristensen (on behalf of the board of the Danish Endocrine Society)

Foreningen af Yngre Endokrinologer (FYEN)

FYEN FORENINGEN AF YNGRE ENDOKRINOLOGER

December 8, 2025

Att. DDEA / To whom it may concern

On Nov 14, 2025, FYEN's board of directors (BoD) received a request from DDEA, asking for our comments for DDEA's 2025 self-evaluation. The request included suggested topics (grants, courses, collaboration, etc.) and statistics on previously held courses and awarded grants. We were instructed to provide honest feedback and criticisms on any topic we found relevant. We hereby submit FYEN's response, which we have discussed in-depth online, at two BoD meetings, and with many of our members at FYEN's annual meeting Nov 28-29. All BoD members have approved the final version.

Background on FYEN and FYEN-DDEA collaboration

FYEN is the Danish Society of Young Endocrinologists, an independent association under the Danish Endocrine Society. FYEN represents medical students and young MDs in endocrinology/diabetes in Denmark including specialists-in-training, residents, and young researchers (currently 243 members). FYEN promotes its members' interests and education by arranging events and through our representatives in educational boards, the Danish Endocrine Society, the committee for endocrine treatment guidelines, and DDEA. FYEN co-arranged two events with DDEA in 2025.

Overall comments on the impact of DDEA

DDEA has had a clear positive impact on early career researchers (ECR) in endocrinology, diabetes, and metabolism by providing fellowships, high-quality courses, and network building. We consider DDEA a major improvement for our members over the former diabetes-only DDA. We appreciate DDEA's willingness to engage with the needs of our members and hope to further strengthen our collaboration.

However, several structural challenges remain, which we elaborate in the sections below:

1. grant evaluation has improved but awards are still skewed;
2. the planning of DDEA courses is demanding and inflexible; and
3. some grant schemes could better support ECR career development.

Comments on research opportunities

PhD and postdoc fellowships remain DDEA's most valuable instruments for our members, and many ECRs in diabetes and classical endocrinology have benefitted. We also appreciate DDEA's transparent assessment criteria, rigorous review process, and progress towards more balanced grant distribution.

We are nevertheless concerned about several persistent imbalances:

1. the thematic distribution remains heavily skewed toward diabetes/metabolism (approx. 85/15 vs the intended 50/50);
2. only one-third of awardees are MDs which limits the development of clinical research. We are concerned that MSc applicants—often full-time researchers—will naturally have stronger research CVs at a given age disfavouring MDs;
3. some years, grant awards have been concentrated in a few high-volume research centres, which is understandable but risks limiting national breadth (e.g., regional hospitals, primary sector).

We encourage DDEA to address these imbalances with FYEN available to contribute suggestions.

We also encourage DDEA to introduce smaller, early-stage grants (e.g., 1–2 years at 20% research time) to help young clinicians contribute to ongoing projects or generate preliminary data driven by

FYEN FORENINGEN AF YNGRE ENDOKRINOLOGER

December 8, 2025

clinical needs (e.g., guideline-related questions or supervision of pre-graduate researchers). This could facilitate talent recruitment and diversify the research landscape.

Finally, we find the Visiting Researcher Grant of limited relevance in its current form, as it primarily supports institutional internationalization and not ECR development. We suggest tying international visitors directly to an ECR host, supporting PI-transition and facilitating longer-term collaborations.

Comments on educational and networking activities

DDEA's courses have been of consistently high quality across general research skills, methodological training, and specialised topic meetings. Notable examples include the metabolism/clinical physiology courses, the international-level network meetings on Addison's disease, and the recent course on the role of endocrinology in aging and disease. FYEN also co-arranged a one-day paediatric endocrinology seminar with Young Paediatricians and DDEA, which received excellent feedback. Networking events at ECE, EASD, and other conferences have also been highly valued and contribute to national connections and the participation of young researchers in international events.

Remaining challenges include:

1. prolonged planning and budget approval timelines, which reduce agility and limit the possibility of responding quickly to emerging scientific topics;
2. relatively heavy administrative requirements during co-planning of events for smaller organisations, whose members have clinical duties;
3. reliance on volunteer speakers and organisers despite DDEA's strong funding position.

We also encourage DDEA to expand methodological offerings into endocrine epidemiology, health economics, patient-reported outcomes, and other non-physiology-focused areas. FYEN is ready to contribute ideas and co-organise.

Comments on FYEN-DDEA collaboration

FYEN greatly appreciates the representation of young endocrinologists within DDEA structures. The opportunity to nominate candidates for the young board-member position has created a constructive dialogue, and communication with the Secretariat has generally worked well. The events we have co-organised with DDEA have been very well received.

However, some practical issues continue to limit clinicians' participation. Many DDEA activities are scheduled or announced in ways that do not align with clinical work—e.g., late invitations, full-day in-person events far from home, and no hybrid options—combined with limited discretionary research time for trainees. Following discussions with the Secretariat over the past year, we are hopeful that these issues will improve. FYEN is available for more systematic involvement in course planning, practical communication, and other initiatives that may increase MD participation in DDEA activities.

On behalf of FYEN's Board of directors

Fredrik Drews Mellbye,
MD, PhD, Chair of FYEN's Board of Directors
fremel@rm.dk | +45 2684 4425

The Graduate Schools of the Faculties of Medicine at Copenhagen University, University of Southern Denmark, Aarhus University, and Aalborg University

Danish Diabetes and Endocrine Academy

Assessment of the self-evaluation 2023-2025 report made by the Danish Diabetes and Endocrine Academy (DDEA)

The Graduate Schools of the Faculties of Medicine at Copenhagen University, University of Southern Denmark, Aarhus University, and Aalborg University have assessed the draft of the self-evaluation report by DDEA for the Novo Nordisk Foundation. Our assessment focusses on (i) the self-evaluation report in short, (ii) the overall impact DDEA has had on PhD/postdoc training within diabetes and endocrinology and (iii) the relevance and quality of DDEA's courses, training activities, and networking opportunities for PhD students/postdocs.

Background – the self-evaluation report in short

Until now, a total of 116 grants has been awarded across 12 programs resulting in a success ratio of 21.3%. There was no real difference in gender success ratio (men: 20.6%, women: 21.7) even if the relative success ratio was apparently in favor of men compared with women (65.5 vs. 34.5%, respectively). Applicants holding an MSc degree had a slightly higher success ratio compared with applicants holding an MD, 23.0 vs. 18.9%. Furthermore, the relative success ratio favored MSc compared with MD (62.9 vs. 37.1%, respectively). In term of institution, the grant recipients were mostly employed at the Faculty of Health at Danish universities (72 grants), Danish university hospitals (14 grants) and Steno Diabetes centers (21 grants). All applications have been assessed via external peer review (90+ international reviewers have been enrolled). This enabled sound comparative assessments while minimizing potential conflicts of interest. The academy has also demonstrated agility by making structural adjustments including a consolidated annual call and introduction of patient public involvement as an assessment criterion.

Concerning the 6 different PhD programs, the success ratio varied from 37.5% (Pituitary and adrenal gland diseases) to 0% (Thyroid disorders) with the remaining 4 programs having a success ratio of approx. 18%. Contrary to the overall picture, the relative success ratio for PhD was in favor of women compared with men (women: 20.1%, men: 11.5, respectively). Here too, applicants holding an MSc degree had a higher success ratio compared with applicants holding an MD, 20.2 vs. 13.9%, respectively. In term of institution, the success ratio varied from 0% (Faculty of Science, Aarhus University) to 25% (for both Danish Technical University and Faculty of Science, Roskilde University) – of note DDEA only received 1 PhD application out of 310 from all the institutions. The success ratio of the Faculty of Medicine ranged from 10.5% (Aalborg University) to 22.8% (Copenhagen University).

Concerning the 6 different Postdoc programs, the success ratio varied from 42.9% (Gonadal diseases) to 0% (Thyroid disorders) with the remaining 4 programs had a

UNIVERSITY OF COPENHAGEN · AALBORG UNIVERSITY DENMARK · AARHUS UNIVERSITY · SDU University of Southern Denmark

success ratio ranging from 14.3 to 23.5%. In agreement of the overall picture, the relative success ratio did not really differ between men and women (men: 22.0%, women: 20.3). Applicants holding an MSc degree had similar success ratio compared with applicants holding an MD, 20.2 vs. 22.2%. In term of institution, the success ratio varied from 0% (Faculty of Science, Aarhus University) to 50% (for Danish Cancer Institute, Steno Diabetes Center Odense and a private company) – of note DDEA only received 7 Postdoc application out of 205 from all the institutions. The success ratio of the Faculty of Medicine ranged from 0% (Aalborg University) to 30.4% (Copenhagen University). The success ratio of the Steno Diabetes centers ranged from 20% (North) to 50% (Odense) – 7 applications out of 48.

Concerning the DDEA education and networking activities of educational relevance for PhD Students, 29 PhD courses, 14 Postdoc courses, 19 symposiums, 6 workshops, 19 networking events, and 6 webinars were conducted. See the exhaustive list in the appendix of the report.

Overall impact

The DDEA has contributed to the overall pool of PhD students with 54 extra PhDs holding master's degrees in science (35 PhD students) and medicine (19 PhD students). These projects have contributed to boost research in diabetes and endocrinology at the Faculties of Medicine of Danish Universities. This is especially visible for the following programs: Pituitary and adrenal gland diseases, Calcium metabolism and bone, Diabetes and other themes like exercise physiology, nutrition, obesity. Forty-three of these PhD students were women and 11 were men. Most of these PhD students were enrolled at Copenhagen University (32 out of 54). Among these 54 PhD students, 12 were from abroad (approx. 22%) underlining an international dimension. The geographic distribution of the PhD and postdoc awards mostly reflected the extent of endocrine and metabolic research performed in Denmark. As reported, it is a bit premature to assess the global impact of the initiated PhD projects. However, we noticed with great interest that approx. 50% of the former DDA PhD and 71% postdoctoral fellows are currently holding positions at Danish universities or hospitals underlying a genuine interest for scientific and clinical advancement. The remaining postdoctoral fellows are employed in the industry (26%, Denmark's life science sector), while the remaining 3% pursue their career in health organizations, NGOs, and consultancy. This demonstrates a high degree of interoperability, mostly reflecting the acquired transferable skills through their doctoral education and postdoctoral fellowship. Furthermore, the postdoctoral grants have contributed to partly filled a gap in the Danish research ecosystem enabling clinicians to conduct research after obtaining their PhD degrees and before being potentially employed as clinical associate professors.

Quality and relevance of DDEA's PhD- and postdoc-related activities

DDEA PhD-related activities have been conducted as planned (see above), i.e., 50 percent of the disease-specific activities have been directed at classical endocrinology.

The large number of PhD courses, postdoc courses, symposiums, workshops, networking events, and webinars underline the important role of the DDEA for early career researchers in the fields of diabetes and endocrinology. It is worth noting that these activities have been proposed to all interested PhD students and postdocs via the four Graduate Schools of Health Sciences of the Faculties of Medicine. The University of Southern Denmark took responsibility of issuing PhD course diplomas so these could be used for the obtention of the PhD degrees at Danish Universities. Interestingly, 20% of participants came from abroad, approx. 59, 35 and 6% were from universities, university hospitals and life science industry, respectively. There have been 703 speakers in DDEA educational activities to-date – with the vast majority coming from across Denmark and from many different sectors. The international outreach of DDEA is also exemplified in the following international activities with Edinburgh University on adipose biology and Cambridge University on maternal-fetal interactions.

The networking activities exceeded the planned number and included shared events with the remaining Danish PhD academies (DCA, DDSA, NAD). The conducted activities have been complementary to the PhD courses delivered by Danish universities and have contributed to talent development for early-career researchers in diabetes and endocrinology. A special focus was given to the promotion of networking and collaborating across research fields in academic, clinical and industrial settings. In the report, three DDEA Flagship courses are mentioned: Summer School in Diabetes, Metabolism and Classical Endocrinology for PhD Students, Postdoc Summit, and the Basic Cardiometabolic Research Course for first year PhD students. These courses as well as networking activity of the DDEA Annual Day were organized by scientists from universities, hospitals and large or medium-sized enterprises. The academy has received support from the Danish scientific community (universities, hospitals and companies), i.e., lectures, supervision, hosting of courses and networking activities, use of facilities, and administrative support (e.g., announcement of courses and activities), as well as co-financing of PhD and postdoc fellowships and the practical costs associated with running research projects.

Conclusion

In conclusion, the present report demonstrates that the DDEA has contributed to strengthening research capacity in diabetes and classical endocrinology through education, talent development, networking, collaboration, and grant activities. As noted, it is not possible for now to evaluate the long-term impact of DDEA activities. Still, the report underlines important achievement in line with DDEA vision and mission. The final assessment of the DDEA should not only rely on bibliographic metrics but also on principles developed by the coalition for advancing research assessments. The DDEA could further develop this by recognizing that diverse outputs (not only peer-reviewed papers), practices (e.g. open science), and activities contribute to the quality and impact of research.

Appendix 15 List of Alumni

Grant Year	Grant Programme	Name	Gender	Current Affiliation	Current Country
2013	PhD Scholarship	Andreas Brønden Petersen	Man	Bispebjreg and Frederiksberg Hospital	DK
2013	PhD Scholarship	Anja Elaine Sørensen	Woman	Zealands University Hospital	DK
2013	PhD Scholarship	Anna Kaufmann Lindqvist	Woman	Novo Nordisk	DK
2013	PhD Scholarship	Anne-Marie Lundsgaard Bahnsen	Woman	Novo Nordisk	DK
2013	PhD Scholarship	Ditte Søgaard	Woman	Danish Medicines Agency	DK
2013	PhD Scholarship	FrejaBach Kampmann	Woman	Novo Nordisk	DK
2013	PhD Scholarship	Johanne Agerlin Windeløv	Woman	Novo Nordisk	DK
2013	PhD Scholarship	Kristian Honnens de Lichtenberg	Man	Novo Nordisk	DK
2013	PhD Scholarship	Line Hjort	Woman	University of Copenhagen	DK
2013	PhD Scholarship	Mette Yde Hochreuter	Woman	Novo Nordisk	DK
2013	PhD Scholarship	Michael Væggemose	Man	GE Healthcare	DK
2013	PhD Scholarship	Sofie Traynor	Woman	University of Southern Denmark	DK
2013	Postdoc Fellowship	Alexander Rauch	Man	University of Southern Denmark	DK
2013	Postdoc Fellowship	Amarnadh Nalla	Man	University of Toronto	CA
2013	Postdoc Fellowship	Esben Søndergaard	Man	Steno Diabetes Center Aarhus	DK
2013	Postdoc Fellowship	Esben Laugesen	Man	Aarhus University Hospital, Aarhus University	DK
2013	Postdoc Fellowship	GitteLund Christensen	Woman	Zealand Pharma	DK
2013	Postdoc Fellowship	HonggangHuang	Man	China Oil & Foodstuffs Corporation(COFCO)	CN
2013	Postdoc Fellowship	Jakob Appel Østergaard	Man	Steno Diabetes Center Aarhus	DK
2013	Postdoc Fellowship	Janne Lebeck	Woman	Aarhus University	DK
2013	Postdoc Fellowship	Mathias Ried-Larsen	Man	Novo Nordisk	DK

2013	Postdoc Fellowship	Nanna Borup Johansen	Woman	Novo Nordisk	DK
2013	Postdoc Fellowship	Odile Fabre	Woman	Rééducation Nutritionnelle Psycho-Comportementale, France	FR
2013	Postdoc Fellowship	Signe Schmidt	Woman	Bispebjerg Hospital	DK
2013	Postdoc Fellowship	Tina Ravnsborg	Woman	University of Southern Denmark	DK
2014	PhD Scholarship	Adrija Kalvisa	Woman	Novo Nordisk Foundation Center for Stem Cell Medicine, University of Copenhagen	DK
2014	PhD Scholarship	Ajenthen Ranjan	Man	Holbæk Hospital	DK
2014	PhD Scholarship	Amelie Cleo Keller	Woman	HES-SO University of Applied Sciences and Arts, Western Switzerland	CH
2014	PhD Scholarship	Angela Estampador	Woman	USTWO	SE
2014	PhD Scholarship	Anne Bo	Woman	Aarhus University Department of Public Health	DK
2014	PhD Scholarship	Ann-Sofie Larsen	Woman	Novo Nordisk	DK
2014	PhD Scholarship	Clea Bruun Johansen	Woman	Center for Child and Adolescent Health	DK
2014	PhD Scholarship	Dorte Enggaard Steenberg	Woman	Novo Nordisk	DK
2014	PhD Scholarship	Esben Søvsø Szocska Hansen	Man	Aarhus University Hospital	DK
2014	PhD Scholarship	Eva Winning Iepsen	Woman	Novo Nordisk	DK
2014	PhD Scholarship	Gitte Øskov Skajaa	Woman	Aarhus University Hospital	DK
2014	PhD Scholarship	Isabel Forss	Woman	Ferrosan Medical Device	DK
2014	PhD Scholarship	Katrine Lawaetz Kristensen	Woman	Odense University Hospital	DK
2014	PhD Scholarship	Line Engelbrechtsen	Woman	University of Copenhagen	DK
2014	PhD Scholarship	Louise Lang Lehrskov	Woman	Herlev and Gentofte Hospital	DK
2014	PhD Scholarship	Manan Pareek	Man	Herlev and Gentofte Hospital	DK
2014	PhD Scholarship	Mette Søndergaard Nielsen	Woman	Novo Nordisk	DK
2014	PhD Scholarship	Monija Mrgan	Woman	Hospital of Southwest Denmark	DK

2014	PhD Scholarship	Morten Dall	Man	University of Copenhagen	DK
2014	PhD Scholarship	Naja Zenius Jespersen	Woman	Rigshospitalet	DK
2014	PhD Scholarship	Pedram Shokouh	Man	Boehringer Ingelheim	DK
2014	PhD Scholarship	Rikke Hjortebjerg	Woman	University of Southern Denmark	DK
2014	PhD Scholarship	Rugivan Sabaratnam	Man	University of Southern Denmark	DK
2014	PhD Scholarship	Sascha Pilemann-Lyberg	Woman	Novo Nordisk	DK
2014	PhD Scholarship	Seyed Mojtaba Ghiasi	Man	Sanford Burnham Prebys Medical Discovery Institute	US
2014	PhD Scholarship	Sisse Heiden	Woman	Aalborg University	DK
2014	PhD Scholarship	Sten Vissing Fahnøe Hansen	Man	Amplexa Genetics A/S	DK
2014	PhD Scholarship	Theresia Maria Schnurr	Woman	Novo Nordisk	DK
2014	Postdoc Fellowship	Dimitri Boiroux	Man	Novo Nordisk	DK
2014	Postdoc Fellowship	Dror Sever	Man	Novo Nordisk	DK
2014	Postdoc Fellowship	Ekaterina Maslova	Woman	Astra Zeneca	DK
2014	Postdoc Fellowship	Kasper Røjkjær Andersen	Man	Aarhus University	DK
2014	Postdoc Fellowship	Mads Kjolby	Man	Vesper Bio	DK
2014	Postdoc Fellowship	Michaela Tencerova	Woman	Academy of Sciences of the Czech Republic	CZ
2014	Postdoc Fellowship	Pall Karlsson	Man	Aarhus University	DK
2014	Postdoc Fellowship	Rasmus Ribel-Madsen	Man	Novo Nordisk	DK
2015	PhD Scholarship	Anne Gedebjerg	Woman	Aarhus University Hospital	DK
2015	PhD Scholarship	Caroline Maag Kristensen	Woman	Novo Nordisk	DK
2015	PhD Scholarship	Charlotte Bayer Christiansen	Woman	University of Copenhagen	DK
2015	PhD Scholarship	Christoffer Krogager	Man	Aarhus University Hospital , Aarhus University	DK
2015	PhD Scholarship	Florian Hermann	Man	Novo Nordisk	DK

2015	PhD Scholarship	HanChow Koh	Man	Brigham and Women´s Hospital	US
2015	PhD Scholarship	Jens Frey Halling	Man	Novo Nordisk	DK
2015	PhD Scholarship	Katrine Hygum	Woman	Aarhus University Hospital	DK
2015	PhD Scholarship	Lærke Bertholdt	Woman	FUJIFILM Biotechnologies	DK
2015	PhD Scholarship	Lasse Bjerg	Man	Steno Diabetes Center Aarhus	DK
2015	PhD Scholarship	Lene Ring Madsen	Woman	Steno Diabetes Center Aarhus	DK
2015	PhD Scholarship	Marie Louise Johansen	Woman	Zealands University Hospital	DK
2015	PhD Scholarship	Mette Lundgren Nielsen	Woman	Lægehus Nord, Kolding	DK
2015	PhD Scholarship	Ole LindgaardDollerup	Man	Aarhus University Hospital, Steno Diabetes Center Aarhus	DK
2015	PhD Scholarship	Piotr Dworzynski	Man	Konsido ApS	DK
2015	PhD Scholarship	Rasmus Wibaek	Man	Steno Diabetes Center Copenhagen	DK
2015	PhD Scholarship	Rikke Zachar	Woman	Sygehus Lillebælt	DK
2015	PhD Scholarship	Sofie Hædersdal	Woman	Rigshospitalet	DK
2015	PhD Scholarship	Søren Madsen	Man	The University of Sydney	AU
2015	PhD Scholarship	Timo Kern	Man	Novo Nordisk	DK
2015	Postdoc Fellowship	Mette Korre Andersen	Woman	Novo Nordisk	DK
2015	Postdoc Fellowship	Michala Prause	Woman	University of Copenhagen	DK
2015	Postdoc Fellowship	Zeinab Mahmoudi	Woman	Novo Nordisk	DK
2016	PhD Scholarship	Anders Hostrup Larsen	Man	Regionshospitalet Gødstrup	DK
2016	PhD Scholarship	Charlotte Janus	Woman	University of Copenhagen	DK
2016	PhD Scholarship	Christoffer Martinussen	Man	Hvidovre Hospital & Novo Nordisk Foundation Center for Basic Metabolic Research, University of Copenhagen	DK
2016	PhD Scholarship	Eva Marie Gram-Kampmann	Woman	Sygehus Sønderjylland	DK

2016	PhD Scholarship	Isabelle Isa Steineck	Woman	Amager & Hvidover Hospital	DK
2016	PhD Scholarship	Jonas Roland Knudsen	Man	University of Copenhagen, Section of Molecular Physiology, Department of Nutrition, Exercise and Sports	DK
2016	PhD Scholarship	Kari Østerli Frafjord	Woman	University of Southern Denmark	DK
2016	PhD Scholarship	Katrine Meyer lauritsen	Woman	Aarhus University Hospital, Steno Diabetes Center Aarhus	DK
2016	PhD Scholarship	Omar Silverman-Retana	Man	Steno Diabetes Center Aarhus	DK
2016	PhD Scholarship	Søren (Leer) Blindbæk	Man	Odense University Hospital	DK
2016	PhD Scholarship	Tina Dahlby	Woman	ETH Zurich	CH
2016	Postdoc Fellowship	Adam Hulman	Man	Steno Diabetes Center Aarhus	DK
2016	Postdoc Fellowship	Louise Groth Grunnet	Woman	Steno Diabetes Center Copenhagen	DK
2016	Postdoc Fellowship	Marie Aare Bentsen	Woman	Novo Nordisk	DK
2016	Postdoc Fellowship	MartaMoreno Torres	Woman	University of Valencia	ES
2016	Postdoc Fellowship	Ulla Kampmann	Woman	Steno Diabetes Center Aarhus	DK
2016	Postdoc Fellowship	Vikram Vinod Shanbhogue	Man	Odense University Hospital	DK
2017	Postdoc Fellowship	Andreas Mæchel Fritzen	Man	University of Copenhagen	DK
2017	Postdoc Fellowship	Anne Julie Overgaard	Woman	Novo Nordisk	DK
2017	Postdoc Fellowship	Karoline Kragelund Nielsen	Woman	Steno Diabetes Center Copenhagen	DK
2017	Postdoc Fellowship	Nina Funa	Woman	Astra Zeneca	UK
2017	Postdoc Fellowship	Rikke Kruse	Woman	Steno Diabetes Center Odense	DK
2017	Postdoc Fellowship	Scott Soleimanpour	Man	University of Michigan	US
2018	PhD Scholarship	Maria Hornstrup Christensen	Woman	Odense University Hospital	DK
2018	Postdoc Fellowship	Andreas Mæchel Fritzen	Man	University of Copenhagen	DK
2018	Postdoc Fellowship	Anna Elisabet Jonsson	Woman	University of Copenhagen	DK

2018	Postdoc Fellowship	Anne-Marie Lundsgaard	Woman	Novo Nordisk	DK
2018	Postdoc Fellowship	Kaja Plucinska	Woman	The Rockefeller University	US
2018	Postdoc Fellowship	Mette Korre Andersen	Woman	NNF Center for Basic Metabolic Research, University of Copenhagen	DK
2019	PhD Scholarship	Anna Korsgaard Berg	Woman	Herlev Hospital	DK
2019	PhD Scholarship	Anna Hassing	Woman	NNF Center for Basic Metabolic Research, University of Copenhagen	DK
2019	PhD Scholarship	Anne Lundager Madsen	Woman	Steno Diabetes Center Aahus	DK
2019	PhD Scholarship	Anupa Rijal	Woman	University of Southern Denmark, Faculty of Health Sciences	DK
2019	PhD Scholarship	Christine Bodelund Christiansen	Woman	Steno Diabetes Center Aarhus	DK
2019	PhD Scholarship	Flora Alexopoulou	Woman	Novo Nordisk	DK
2019	PhD Scholarship	Hermina Jakupovic	Woman	University of Copenhagen, Faculty of Health and Medical Sciences	DK
2019	PhD Scholarship	Indumathi Kumarathas	Woman	Steno Diabetes Center Aarhus	DK
2019	PhD Scholarship	Jens Lund	Man	Novo Nordic Foundation Center for Metabolic Research	DK
2019	PhD Scholarship	Johan Onslev	Man	University of Copenhagen	DK
2019	PhD Scholarship	Mads Thue Fejerskov Damgaard	Man	University of Copenhagen, Faculty of Health and Medical Sciences	DK
2019	PhD Scholarship	Magnus RommeLarsen	Man	University of Copenhagen, Department of Nutrition, Exercise and Sports	DK
2019	PhD Scholarship	Marianne Vie Ingersgaard Jørgensen	Woman	Steno Diabetes Center Copenhagen	DK
2019	PhD Scholarship	Mark Preben Lyngbaek	Man	University of Copenhagen	DK
2019	PhD Scholarship	Mette Ludwig	Woman	Novo Nordisk	DK
2019	PhD Scholarship	SarahBisgaard Olesen	Woman	Aarhus University, Faculty of Health Sciences	DK
2019	PhD Scholarship	Sarina Gadgaard	Woman	Novo Nordisk	DK

2019	PhD Scholarship	Sofia Wareham Mathiassen	Woman	Novo Nordisk	DK
2019	PhD Scholarship	TrineVestergaard Dam	Woman	University of Southern Denmark, Faculty of Science	DK
2019	PhD Scholarship	XiaoliHu	Woman	Aarhus University, Faculty of Health Sciences	DK
2019	Postdoc Fellowship	Ajenthen Ranjan	Man	Holbæk Hospital	DK
2019	Postdoc Fellowship	Anja Elaine Sørensen	Woman	Region Zealand	DK
2019	Postdoc Fellowship	Carlos Henriquez-Olguín	Man	Novo Nordisk	DK
2019	Postdoc Fellowship	German D. Carrasquilla	Man	Novo Nordisk	DK
2019	Postdoc Fellowship	Line Hjort	Woman	University of Copenhagen	DK
2019	Postdoc Fellowship	Line S. Bisgaard	Woman	Department of Clinical Biochemistry, Rigshospitalet	DK
2019	Postdoc Fellowship	Linn Gillberg	Woman	University of Copenhagen	DK
2019	Postdoc Fellowship	Luke William Johnston	Man	Steno Diabetes Center Aarhus	DK
2019	Postdoc Fellowship	Naja Zenius Jespersen	Woman	Rigshosptialet	DK
2019	Postdoc Fellowship	Pernille Falberg Rønn	Woman	Steno Diabetes Center Copenhagen	DK
2019	Postdoc Fellowship	Rasmus Kjøbsted	Man	University of Copenhagen	DK
2020	PhD Scholarship	AmalieLondon	Woman	Novo Nordisk	DK
2020	PhD Scholarship	AndersAskeland	Man	Novo Nordisk	DK
2020	PhD Scholarship	AstridMøller Baattrup	Woman	University of Copenhagen, Faculty of Science and Engineering	DK
2020	PhD Scholarship	Caroline BruunAbild	Woman	Steno Diabetes Center Aarhus	DK
2020	PhD Scholarship	Cathrine MunkScheuer	Woman	North-Zealand Hospital	DK
2020	PhD Scholarship	Christine RodeAndreasen	Woman	Steno Diabetes Center Copenhagen	DK
2020	PhD Scholarship	Christopher Rohde	Man	Psykiatrien i Region Midtjylland	DK
2020	PhD Scholarship	Daniel Hansen	Man	University of Southern Denmark, Faculty of Science	DK
2020	PhD Scholarship	Ellen Gammelmark	Woman	University of Southern Denmark, Faculty of Science	DK

2020	PhD Scholarship	Hüsün Sheyma Kizilkaya	Woman	University of Copenhagen, Faculty of Health and Medical Sciences	DK
2020	PhD Scholarship	Inga Sileikaite	Woman	Novo Nordisk	DK
2020	PhD Scholarship	Kevin Patrick Marks	Man	H.C Andersen Children- and Youth Hospital, Odense University Hospital	DK
2020	PhD Scholarship	Laura Linnea Määttä	Woman	Steno Diabetes Center Aarhus	DK
2020	PhD Scholarship	Manne Revsbech Christiansen	Woman	NNF Center for Basic Metabolic Research, University of Copenhagen	DK
2020	PhD Scholarship	Malte Suppli	Man	University of Copenhagen, Centre for Clinical Metabolic Research HGH	DK
2020	PhD Scholarship	Mathias Møllerhøj	Man	ALK	DK
2020	PhD Scholarship	Mona SadekAli	Woman	Rigshospital	DK
2020	PhD Scholarship	Stephanie Holm	Woman	Novo Nordic Foundation Center for Metabolic Research, University of Copenhagen	DK
2020	Postdoc Fellowship	Antonio Augusto BastosPeluso	Man	Fujifilm Diosynth Biotechnologies	DK
2020	Postdoc Fellowship	Eva WinningLehmann	Woman	Novo Nordisk	DK
2020	Postdoc Fellowship	Jonas Salling Quist	Man	University of Copenhagen, Department of biomedical science	DK
2020	Postdoc Fellowship	Julie Abildgaard	Woman	Herlev and Gentofte Hospital	DK
2020	Postdoc Fellowship	Lasse Bach Steffensen	Man	University of Southern Denmark	DK
2020	Postdoc Fellowship	Lene Ring Madsen	Woman	Steno Diabetes Center Aarhus	DK
2020	Postdoc Fellowship	Lewin Small	Man	University of Copenhagen, NNF Center for Basic Metabolic Research	DK
2020	Postdoc Fellowship	Louise Lang Lehrskov	Woman	Herlev and Gentofte Hospital	DK
2020	Postdoc Fellowship	Morten Dall	Man	University of Copenhagen	DK
2020	Postdoc Fellowship	Peter Aldiss	Man	University of Nottingham	UK
2020	Postdoc Fellowship	Rasmus Wibæk Christensen	Man	Steno Diabetes Center Copenhagen	DK

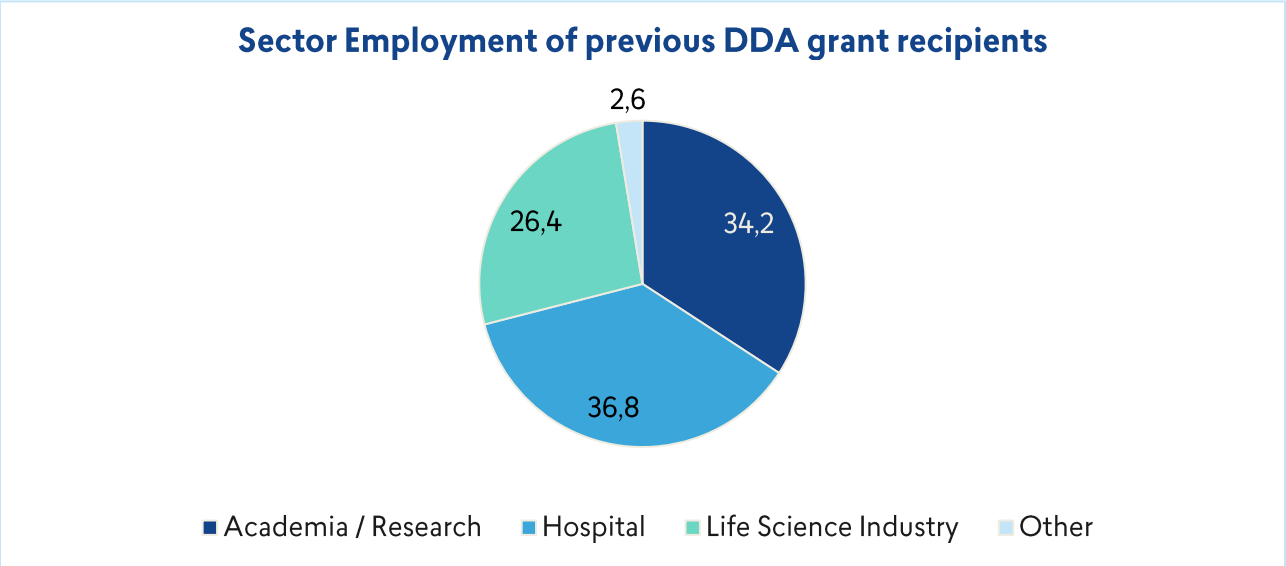
2020	Postdoc Fellowship	Sara Lind Jepsen	Woman	Novo Nordisk	DK
2021	PhD Scholarship	Camilla Cederbye Karlsson	Woman	Novo Nordisk	DK
2021	PhD Scholarship	Carolina Coimbra de BritoLobato	Woman	University of Copenhagen, Department of Biomedical science	DK
2021	PhD Scholarship	Cecilie Paulsrud	Woman	Steno Diabetes Center Copenhagen	DK
2021	PhD Scholarship	Jonathan Mathias Baier	Man	Steno Diabetes Center Aarhus	DK
2021	PhD Scholarship	Kamilla Holtmann Hejn	Woman	University of Southern Denmark, Faculty of Science	DK
2021	PhD Scholarship	Kristine Stoltenberg Addington	Woman	Steno Diabetes Center Copenhagen	DK
2021	PhD Scholarship	Nynne Sophie Holdt-Caspersen	Woman	Novo Nordisk	DK
2021	PhD Scholarship	Ole Emil Andersen	Man	Aarhus University, Faculty of Health Sciences	DK
2021	Postdoc Fellowship	Charlotte Bayer Christensen	Woman	University of Copenhagen, Biomedical Institute	DK
2021	Postdoc Fellowship	Hande Topel Batarlar	Woman	NNF Center for Basic Metabolic Research	DK
2021	Postdoc Fellowship	Hannah Louise Zakariassen	Woman	Scanbur	DK
2021	Postdoc Fellowship	Jens Frey Halling	Man	Novo Nordisk	DK
2021	Postdoc Fellowship	Jonas Roland Knudsen	Man	Novo Nordisk	DK
2021	Postdoc Fellowship	Jose Omar Retana Silverman	Man	Steno Diabetes Center Aarhus	DK
2021	Postdoc Fellowship	Malte Thodberg	Man	University of Copenhagen	DK
2021	Postdoc Fellowship	Marleen Dommerholt	Woman	University of Southern Denmark	DK
2021	Postdoc Fellowship	Rikke Linnemann Nielsen	Woman	Novo Nordisk	DK
2021	Postdoc Fellowship	Taewook Kang	Man	Sungkyunkwan University	SK
2021	Postdoc Fellowship	Tinne Laurberg	Woman	Steno Diabetes Center Aarhus	DK

Sector affiliation of former DDA-funded PhD and postdoctoral fellows (2025)

Data were compiled through manual searches of publicly available professional information, primarily using LinkedIn profiles, supplemented by targeted Google searches to verify current positions. Sector categories were defined as follows:

- **Life Science Industry:** Positions within pharmaceutical, biotech, or medtech companies. The most frequent employers in this group include Novo Nordisk, AstraZeneca, Zealand Pharma, FujiFilms, and other internationally operating life science organisations.
- **Academia/Clinical Research /Hospital:** Universities, university hospitals, Steno Diabetes Centers, research institutes, and associated clinical research units.
- **Other:** Roles in health organisations, NGOs, government bodies, consultancies, private foundations, or research-adjacent positions that do not fall within academia or the life science industry.

This categorisation reflects researchers' primary employment sector as of 2025.



Appendix 16 Financial Overview

Financial Results 2023–2025

In 2023, total expenditures were below budget, primarily reflecting fewer activities within educational and networking and collaboration activities, as well as lower-than-planned grant disbursements. This is consistent with 2023 being the Academy's start-up year, during which activities and funding instruments were gradually established.

In 2024, expenditures for educational activities and networking and collaboration activities were broadly aligned with budgeted levels. An overall underspend remained, mainly due to fewer grants awarded than planned, including industrial postdoctoral fellowships and strategic PhD and postdoctoral partnerships.

In 2025, expenditures were generally well aligned with the approved budgets across activity categories, including educational activities, collaboration activities and grant disbursements.

Across the period, secretariat salary costs were slightly above budget, mainly reflecting higher-than-anticipated increases in collectively agreed salary levels. These deviations were limited and contained within the overall financial framework.

Amounts are stated in 1.000 DKK	2023 Budget	2023 Result	2023 Difference	2024 Budget	2024 Result	2024 Difference	2025 Budget	2025 Result	2025 Difference
Educational Activities and Talent Development	3.700	2.884	816	3.700	3.644	56	3.700	2.986	713
Networking and Collaboration Activities	1.500	1.061	439	1.500	1.245	255	1.500	1.203	297
Grants	18.325	15.990	2.335	33.925	31.634	2.129	38.475	38.146	600
Secretariat (salary)	4.462	4.629	-167	4.656	4.921	-265	4.719	4.894	-176
Running costs	2.670	2.112	558	2.145	1.726	419	2.145	1.524	621
Host institutions' direct costs associated with DDEA	822	822	0	834	834	0	846	838	8
Total	**31.479**	**27.498**	**3.981**	**46.761**	**44.004**	**2.757**	**51.386**	**49.591**	**1.795**