

The Endocrine Window Widens: A New Chapter for JAFES



This April 2026 issue of the Journal of the ASEAN Federation of Endocrine Societies arrives at a moment of major transitions and subtle changes within the journal. After 15 years under the able leadership of Editor-in-Chief, Dr. Elizabeth Paz-Pacheco, the baton has been passed to yours truly. Building on this solid foundation, the journal forges onward with its commitment to serve as the "endocrine window between the ASEAN region and the world" by continuing to publish current and relevant research from the region and beyond. One of the changes that is being implemented is the expansion to three issues from the usual two as a result of the high volume of submissions to the journal reflecting the growing interest in and confidence of authors in this regional publication. For this, the journal leadership is grateful to the authors, our JAFES editorial team and the AFES leadership for their support.

This issue also arrives too at a moment when the burden of endocrine disease in our region continues to outpace the capacity of our health systems to respond. Twenty-four contributions from ASEAN countries and our neighbors in Asia including Bangladesh, the Philippines, Thailand, Indonesia, Malaysia, Vietnam, India, and Sri Lanka populate this issue—an emphatic reminder that endocrinology in Asia is neither monolithic nor merely derivative of Western paradigms. It is, instead, a discipline shaped by distinct epidemiologic pressures, genetic predispositions, cultural practices, and resource realities that demand region-specific evidence.

Diabetes Mellitus: The Dominant Narrative

More than half of the original articles in this issue address diabetes mellitus, reflecting both its overwhelming prevalence and the multifaceted nature of its complications. The work of Bangladeshi investigators on islet autoantibody and beta cell secretory status in young adults with phenotypically type 2 diabetes challenges us to reconsider diagnostic categories that may obscure latent autoimmune disease in our populations. This question—what type of diabetes are we actually treating?—has profound implications for therapeutic selection and prognostication.

Several papers interrogate diabetes care along its complications cascade. The Thai cohort study on diabetic foot ulcers in patients with chronic kidney disease, the retrospective analysis of guideline-directed therapies for diabetic kidney disease using the Theptarin Diabetes Staging system and the assessment of physician knowledge and practice on diabetic peripheral neuropathy at the University of Santo Tomas Hospital in Manila together construct a sobering portrait: even where evidence-based care is well-defined, implementation gaps persist. The Filipino cost analysis of hyperglycemic emergencies in a tertiary government hospital quantifies what clinicians have long suspected—that the economic toll of poorly controlled diabetes falls heaviest on those least able to bear it.

The lingering shadow of the COVID-19 pandemic continues to inform our understanding of diabetes pathophysiology. The multicenter retrospective cohort study on baseline HbA1c and inpatient glycemic control in COVID-19 patients reaffirms that glycemic dysregulation is not merely a comorbidity but a determinant of survival. The companion study on gut microbial dysbiosis among Filipinos with type 2 diabetes and COVID-19 infection extends this inquiry into the microbiome, suggesting biological mechanisms that may yet yield therapeutic targets.

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Equally important are the papers that move beyond biomedical reductionism. The validation and application of the Filipino version of the Diabetes Distress Scale to characterize diabetes-related emotional distress (DRED) in our patients is a welcome corrective to a literature that has too often treated psychological burden as peripheral. The Indonesian investigation of Ramadan fasting and relative leukocyte telomere length, meanwhile, exemplifies the kind of culturally embedded research that only investigators within our region can credibly undertake.

Beyond Glucose: The Breadth of Endocrine Practice

Although diabetes commands the most space in this issue, the breadth of endocrine practice is well represented. The Indian cross-sectional study on hypothyroidism and glycemic control reminds us that endocrine disorders rarely travel alone. The Filipino contribution to the ACTION APAC study on perceptions of obesity surfaces a uniquely complex challenge: how do we reconcile clinical urgency with cultural attitudes that may not regard adiposity as pathological?

The adrenal contributions are particularly noteworthy. The diagnostic value of clinical characteristics and baseline cortisol in assessing adrenal function during glucocorticoid therapy addresses a daily clinical dilemma. The Malaysian retrospective study on mild autonomous cortisol secretion in patients with adrenal incidentalomas advances our understanding of a condition whose clinical significance remains contested. The two case reports—on persistent hypoaldosteronism following adrenalectomy for primary aldosteronism, and on a rare pediatric adrenocortical carcinoma—illustrate the diagnostic and therapeutic challenges that define our subspecialty at its most demanding.

Thyroid disease is represented by the Vietnamese evaluation of the two-step TSH screening protocol for congenital hypothyroidism in Ninh Binh province—a study with direct implications for newborn screening policy across the region—and by an instructive image of lingual thyroid as an ectopic presentation. The study on persistent hyperparathyroidism in post-kidney transplant patients addresses an underappreciated complication of transplantation that endocrinologists are increasingly called upon to manage.

Synthesis, Hereditary Syndromes, and the Digital Frontier

The review articles in this issue gesture toward both the future and the foundational. The Sri Lankan review on outcomes and implications for offspring of patients with multiple endocrine neoplasia type 1 reminds us that endocrine genetics is a generational concern requiring sustained family-centered care. The two Indonesian meta-analyses—on remnant cholesterol and metabolic dysfunction-associated fatty liver disease, and on liver enzyme biomarkers as predictors of gestational diabetes—exemplify the kind of synthetic scholarship that can elevate regional evidence into globally relevant insight.

Of strategic importance is the expert opinion on addressing unmet needs in diabetes care in Asia through digital technology. As our region contemplates the integration of telemedicine, continuous glucose monitoring, artificial intelligence-assisted decision support, and electronic health records, we must do so with clear-eyed attention to equity. Digital tools that widen rather than narrow the gap between the well-resourced and the underserved would be a failure not of technology but of imagination and policy.

A Closing Reflection

What strikes me most about this issue is not any single paper but the cumulative portrait it paints of a regional endocrine community coming into its own. The questions our investigators are asking—about genetic and immunologic heterogeneity in our populations, about the economic and emotional costs of chronic disease, about culturally appropriate care, about the unfinished business of pandemic-era endocrinology, and about the responsible deployment of digital health—are questions that cannot be adequately answered from outside our region. They are ours to investigate, and the evidence we generate must increasingly inform our own guidelines, training programs, and health policies.

I commend our authors for their scholarship, our reviewers for their rigor, and our readers for the clinical care that ultimately gives this work its meaning. The patients we serve—from Dhaka to Ho Chi Minh City, from Manila to Colombo—are the silent collaborators in every paper that follows. May this issue serve them well.

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