Reflections from the MAPS Retreat 2025

November 3-4, 2025
Comwell Borupgaard

Novo Nordisk Foundation
CENTER FOR BASIC METABOLIC RESEARCH
UCPH

Looking back and ahead

Over two beautiful autumn days in 2025, MAPS gathered early career researchers from across CBMR with the purpose of building connections and strengthening the research environment at the Center.

This publication brings together the stories, insights, and outcomes that emerged, offering both a window into the retreat for the wider CBMR community and a shared memory for those who joined in person. CBMR's shared vision - to pioneer groundbreaking research towards better cardiometabolic health - relies on interdisciplinarity and diverse scientific approaches. Our center comprises 24 research groups, supported by six platforms, occupies three floors in the Mærsk Tower, and includes the Medical Museion in Bredgade. Thus building connections across floors, research programs, platforms, and career stages is essential for achieving this vision.

In the early summer of 2025, the MAPS Board approached the Center Leadership Team with the idea of organizing a retreat focused on strengthening and connecting the community of early-career researchers. Thankfully, the proposal was met with enthusiasm - and so, the 2025 MAPS Retreat was born.

We designed the retreat with three goals in mind:

- To enhance our **awareness of ongoing CBMR science**, we hosted two poster sessions where all 91 researchers presented and invited six PhD students and post-docs to give short talks to share their approaches to cardiometabolic research.

- To foster **reflection and connection,** we organized a workshop on 'What makes science happen: Research Culture at CBMR' led by the Medical Museion, a career roundtable with CBMR alumni, and dedicated networking time for social connections. In addition, we also partnered with the BioInnovation Institute (BII) for an innovation workshop to learn what it takes to translate scientific discoveries into patient impact.

- To **stretch our imagination**, we welcomed three inspiring keynote speakers where Prof. Henriette Svarre Nielsen shared her 25-year journey in Women's Health, reminding us that sex is not just a covariate but a vital subject of study. Prof Thomas Jespersen explored the heart's role in cardiometabolic disease, urging us to remember that "cardio" and "metabolic" are inseparable. Dr Marcus Schindler shared his vision for the future of cardiometabolic health, emphasizing that human bodies don't work in therapy areas and that having beliefs is vital for a career in pharma.

As you read through these pages, we hope you enjoy revisiting the moments that shaped the retreat, and that you feel energized and inspired to continue pioneering research for better cardiometabolic health at CBMR. The 2025 MAPS Retreat reminded us of the strength that comes from connection: the excitement of sharing ideas, discovering common experiences, and imagining the future of cardiometabolic research together.

MAPS Retreat Organizing Board
Dilfuza Ernafasova
Maria Madrazo Montoya
Victor Svenstrup

Henriette Svarre Nielsen

Our first Keynote, Henriette, a Clinical Professor at the University of Copenhagen and Hvidovre Hospital and the Founder of the Maternity Foundation. She opened with a stark statistic: women spend 25% more of their lives in poor health than men, a disparity that appears long before retirement age. This isn't just a personal burden for women — it affects the whole economy. In fact, closing the health gap could add $1 trillion to the global economy by 2040 by improving participation and productivity, reducing healthcare costs, and creating new market opportunities.

Why are women still overlooked in health research? Henriette outlined three key reasons:

- Women's symptoms are often dismissed as "natural" rather than treated as medical conditions — despite women living with illness nearly a decade longer than men.
- Research relies heavily on male subjects, ignoring hormonal dynamics across the menstrual cycle and menopause — leading to serious gaps, like sleeping pills that were only found to cause dangerous drowsiness in women decades after approval.
- Funding structures remain male-dominated, shaping priorities and leaving women's health under-resourced.

Henriette's own career reflects these challenges. After 31 PhD grant rejections, she found purpose while working in Sudan and went on to found the Maternity Foundation with the mission: "It should never cost life to give life." Today, a woman dies every two minutes from preventable pregnancy complications — the equivalent of two full planes of pregnant women daily. Her Safe Delivery app now supports more than 500,000 healthcare workers in 70 countries.

She emphasised one major blind spot: pregnancy loss research. To accelerate progress, we must uncover underlying biology, identify biomarkers, and develop targeted interventions — backed by serious funding. She also prompted us to always consider the "trio" of pregnancy: both parents and the placenta when conducting research.

Henriette also spotlighted the vaginal microbiome — an area far less studied than the gut. Healthy pregnancies depend on low microbial diversity dominated by Lactobacillus. Dysregulation can lead to loss. She shared a case where vaginal microbiome transplantation helped a woman with recurrent miscarriages successfully carry a pregnancy to term.

There is growing recognition: the Danish government has proposed 160 million DKK for women's health research (2026–2029). But Henriette made clear — we need to go further.

Her call to action was simple but powerful:

Include females in studies. Track menstrual and menopausal status. Collect sex-specific data.

Women's biology is not a confounder — it's the key to better health for half the population.

Thomas Jespersen

Professor Thomas Jespersen explored how everyday lifestyle factors can profoundly disrupt the heart's electrical rhythm. He opened by guiding the audience through the fundamentals of the heartbeat — from the ion channels that create the heart's electrical gradients to the sinoatrial node, the natural pacemaker that keeps our pulse steady. When this intricate signalling system is disturbed, the result can be arrhythmias such as atrial fibrillation.

Thomas emphasised that cardiac disease is rarely driven by a single trigger — rather, it emerges from multiple lifestyle-related stressors interacting over time. Sleep apnea, for example, causes repeated drops in oxygen during the night, placing strain on the atrial walls and sharply increasing the risk of arrhythmia the next day. Thomas' research now involves the use of a porcine model where a vacuum can simulate sleep apnea, demonstrating how just 75 seconds of disrupted breathing can provoke dangerous electrical instability.

Obesity and metabolic health also play a major role in heart rhythm disorders. Thomas showed us that fat doesn't simply surround the heart — it can infiltrate the heart muscle itself. These intramyocardial adipocytes may block electrical conduction and release inflammatory signals that weaken cardiovascular function. Studies of human atrial tissue reveal greater fibrosis and fat accumulation in the left atrial appendage, a region already known to drive arrhythmias, particularly in individuals with higher body weight.

Another area of focus was the impact of weight fluctuations — so-called "yo-yo" dieting — on cardiac fat, structure and electrical health. Recently granted an NNF Challenge Grant with Professor Alicia Lundy, KU, and Professor Prashanthan Sanders, Adelaide, Australia, they plan to use both human samples and pig models transitioning between lean and obese states, mapping how these shifts reshape cardiac fat composition and its impact on heart function. High resolution molecular and functional mapping will be achieved through omics, including spatially resolved proteomics, on porcine biopsies or through assessing human cardiac MRI, arrhythmia burden, blood biomarkers and lipid profiling. Moreover, human studies will integrate GLP-1RA patients to investigate the impact of such treatments on these systems.

His message resonated deeply: cardiac health is shaped not just by genes or age, but by how we sleep, eat, move, and live. Indeed, sleep apnea is associated with arrhythmia, cardiac fat deposition can influence electrical conduction and local endocrine signalling, and low-grade inflammation is a common denominator between metabolic malfunction and cardiac disease. As current treatment options remain limited, Thomas' research highlights the urgent need — and tremendous potential — to protect the heart through improvements in lifestyle and metabolic wellbeing.

Marcus Schindler

The former Executive Vice President of Research and Early Development and Chief Scientific Officer at Novo Nordisk opened with a pressing reminder: the world is in the middle of a chronic disease crisis. New data show obesity now affects 878 million adults and 159 million children. "And that is not just a number," he says, "it is a signal of what is coming." Obesity is linked to over 200 comorbidities, touching every organ system and medical specialty, yet the conversation too often circles back to weight alone. Marcus urged us to think bigger: if obesity is a multiorgan disease, then success should be measured not just by kilograms lost but by how effectively treatments halt or reverse the complications that accompany it.

"The human body doesn't work in therapy areas," he said—one of the lines that lingered in the room. The siloed, compartmentalized model of modern medicine, he argued, has slowed progress in fields like cardiometabolic disease, where the biological lines between disorders blur and overlap. It was a subtle challenge to the audience—including researchers at CBMR—to reflect on how their own structures might either support or hinder scientific breakthroughs.

From there, Marcus pivoted to a vision of what healthcare should look like. "We must move from sick care to healthcare," he insisted. The future, in his telling, is pre-emptive, predictive, personalized, preventative, curative, and crucially, accessible. To illustrate the gap between aspiration and reality, he pointed to type 2 diabetes. Today's system waits until patients develop disease before escalating them through a familiar therapeutic ladder: metformin, then SGLT inhibitors, and eventually incretin-based drugs. But what if we intervened earlier? What if we could predict who is vulnerable long before symptoms appear—and match them with interventions tailored to their biological trajectory?

In the final portion of his talk, Marcus turned toward the engine behind medical progress: research and development. Too often, he argued, pharmaceutical companies attempt to boost R&D productivity by "doing more"—expanding the volume of projects or compressing timelines and budgets. But productivity, he reminded the audience, is also a function of the probability of technical success. And that is where he sees the most untapped potential.

Here, AI steps onto the stage—not as a buzzword but as a genuine shift in how science works. "R&D is a prediction engine," Marcus said. AI, in this view, helps convert uncertainty into insight. Foundational models illuminate molecular mechanisms; virtual cell models anticipate how cellular programs shift in disease; digital twins simulate human physiology; and generative AI designs new molecules with unprecedented speed. Novo Nordisk is already exploring deep-reasoning models to map biological pathways and pinpoint the most promising therapeutic targets.

Even the most expensive part of drug development—the massive cardiovascular trials required for many new therapies—deserves reinvention, he argued. Instead of binary verdicts, these trials should be designed as learning platforms, generating insights that feed back into discovery and spark new hypotheses. "Drug discovery doesn't have a screening problem," Marcus concluded. "It has a learning problem." And with the help of AI and human-centered design, he believes the industry is finally positioned to solve it.

Innovation workshop

Background

At CBMR, we excel at uncovering the fundamental mechanisms underlying cardiometabolic diseases. Each year, our scientists publish hundreds of studies in top-tier peer-reviewed journals, advancing the global understanding of cardiometabolic diseases. However, deepening our basic understanding does not automatically translate into improved patient outcomes. That is why CBMR is committed to accelerating the prediction, prevention, diagnosis, and treatment of cardiometabolic diseases - bridging the gap between discovery and patient impact.

CBMR researchers already have a strong track record for innovation, from successful patent applications to the creation of spinout companies. Early-career scientists play a vital role in these achievements, and we aim to further strengthen the entrepreneurial mindset at the Center. With this in mind, the 2025 MAPS Retreat featured an Innovation Workshop together with Matthias Wulf from the Therapeutics Venture Creation team at BioInnovation Institute (BII).

The workshop

The workshop introduced participants to the Target Product Profile (TPP) framework through a mock case study - focused on cardiometabolic therapeutics - developed jointly by CBMR scientists and BII. The TPP is a strategic tool widely used in drug development. It describes the ideal characteristics of a therapeutic product at launch and serves as a guiding “North Star” for scientific, regulatory, and commercial decisions. A typical TPP outlines both minimum acceptable and ideal outcomes for features such as primary product indication, patient population or treatment duration.

Outcomes

Through the workshop, participants were encouraged to adopt a translational mindset - to think beyond basic mechanisms and imagine how their discoveries could one day improve patient outcomes. By working with the TPP framework, they gained insight into how potential therapies are shaped long before they reach the clinic, and how defining ideal versus minimal product characteristics can guide scientific and commercial decisions.

The workshop highlighted how constraints such as feasibility, safety, and patient need can sharpen, rather than limit, innovation. Collaboration across diverse scientific backgrounds also proved invaluable, showing that effective translation depends on communication between disciplines. During the plenum wrap-up, the participants had good discussions on which factors should drive the selection of primary indications such as market size, what the competitive therapeutic landscape looks like and which experiments would need to be conducted to assess their potential compared to other drugs and targets. The discussions also covered how to choose the right therapeutic modality and the different modality opportunities for liver-directed and brain-directed therapeutics.

Overall, the workshop illustrated that translating scientific discoveries to innovations requires diverse skills, strong scientific planning and execution, and a deep understanding of the clinical needs and competitive landscape. We learned how the TPP framework can be used as a guiding decision-making tool from ideation through development. We hope that CBMR early career researchers left this workshop better equipped to translate their scientific discoveries into patient impact.

'From Variant to Cardiometabolic Medicine' case

Background – You and your PI are a part of a consortium that has identified a novel, rare coding genetic variant in the Central Basic Metabolic Receptor (CBMR) gene, associated with obesity. After collaborating with colleagues from the 6th floor for follow-up experiments, you now face a critical question:

Challenge – decide if CBMR has a promising drug target - and if so, how could it be developed into a viable therapeutic for cardiometabolic diseases?

Guiding questions

- What's your therapeutic hypothesis?
- Which indication (obesity versus MAFLD/MASH) is best for a CBMR therapy?
- What modality fits best and why?
- What's your proof-of-concept plan – key experiment or milestones to de-risk?
- What are the innovation barriers (toxicity, IP, biomarker strategy, patient stratification, competitive landscape)? ow do you demonstrate differentiation compared to competitors?

Supporting material

- Competitive landscape analysis for MASH and Obesity
- Mock scientific data package
- Protein information
- Human genetic evidence
- Single-cell transcriptomics insights
- Metabolic studies of variant carriers
- Preclinical study results from liver-specific and neuron-specific overexpression studies. [

Research Culture Workshop

Background

One of the more unusual features of CBMR is its close collaboration with the local medical history museum called Medical Museion. Two researchers from Museion – Cora Salkovskis (a postdoc) and Patrick Ferree (a PhD student) – organized and led a workshop on research culture. The goal was to get people talking about what it's like to do science at CBMR.

The workshop

To encourage discussion, they started with an "objects session". Projected up on the display was an image of a white lab coat along with some questions:

1. People: Who's connected to it?
2. Practices: What work does it enable?
3. Objects: What materials and meaning does it carry?
4. Spaces: Where does it belong?
5. Values: What emotions or norms surround it?

Everyone has seen a lab coat somewhere, but not everyone wears one. Conversations sprung up around the room about expertise, safety, and the image (sometimes even prestige) of the scientist. What was most insightful though was the audible gasp when the next image went up on the screen: A screenshot of some Python code. Now the bioinformaticians had a turn to share their experiences. Having everyone sitting at random tables encouraged conversation across the divides.

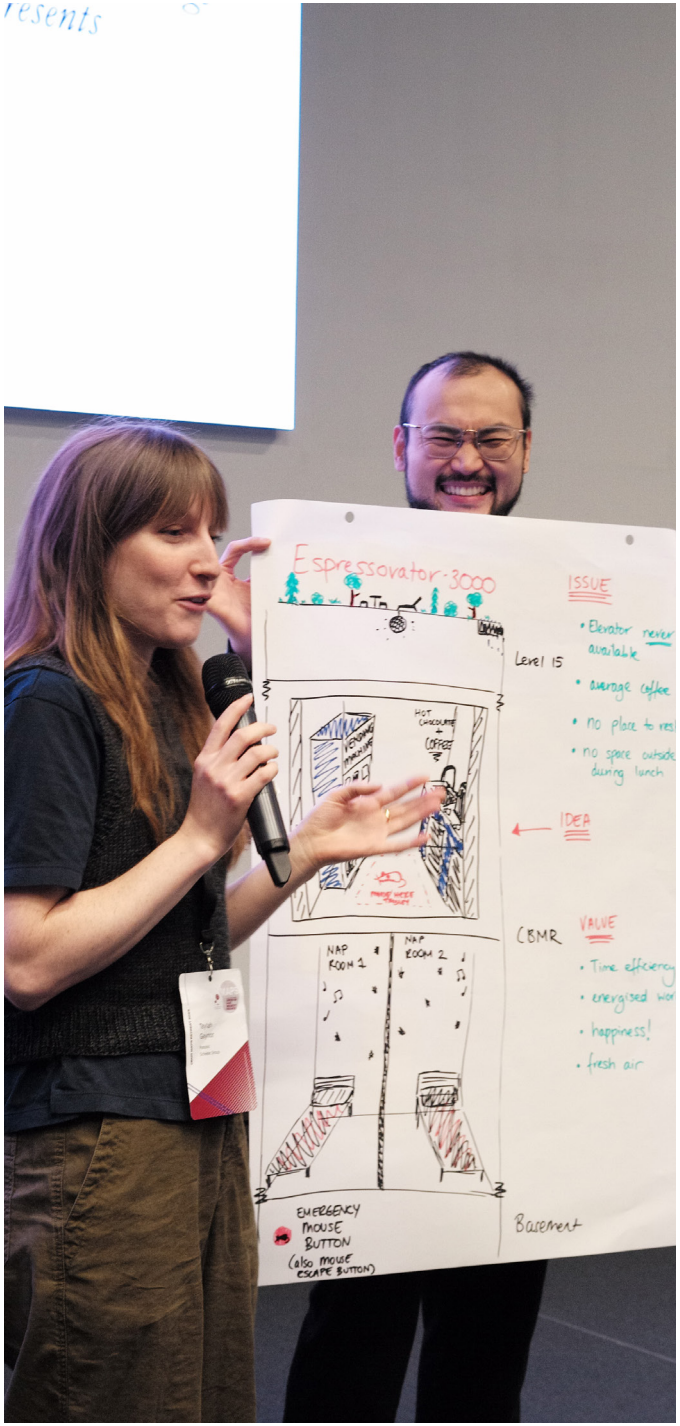
The last image was an object meant to further this conversation about cultures and disciplines: the famous helical staircase in the Maersk Tower, a vessel for informal exchange, coffee chats, spontaneous ideas, and community formation. Do the stairs actually bring us together? How well do the floors really interact? These were the questions and themes that emerged. Conversation expanded to the invisible architecture of science – prestige systems, talks, meeting rooms, and spatial hierarchies. Groups were asked to record their thoughts on the paper for the next session.

Things took a turn for the imaginative. Based on the themes and tensions that emerged in the last session, groups were asked to "design a small intervention or artefact that could make science at CBMR better. It can be symbolic, practical, or imaginative—an object, ritual, rule, habit, or space." Participants identified problems and tensions of all shapes and sizes. There is not enough milk! There is not enough office space!

Outcomes

While some groups gave into utopian ideals, ranging from jacuzzi meeting rooms to a dairy stable on the Maersk tower roof, others focused on a rationalised need for better strategies of communication and knowledge sharing, with actionable solutions. Participants pitched CBMR's own AI chatbot as the mastermind of everything and anything existing and happening at the center. Others proposed a skills database covering both hard skills, but also soft skills like experience with funding schemes and publishing.

It was an hour of arts and crafts, and at the end, each group shared their poster and ideas with the room. Randomly assigning participants into 8 groups created opportunities for new connections and bonding around common research culture themes. There was plenty of laughter and agreement and camaraderie—all things you want at a retreat.



Career Roundtable Workshop

Background

At CBMR, scientists land at different points on the "career certainty" scale—some know exactly where they want to go, while others are still exploring. The Career Roundtable workshop was created to support everyone along that range. For those still figuring things out, it offered a chance to discover new possibilities and hear how others navigated big decisions. And for those who already had a direction in mind, it served as a way to confirm, refine, or get inspired by the experiences of people further along the path.

Beyond that, we wanted to highlight how CBMR itself shapes careers. Many of our former colleagues say that CBMR played a key role in preparing them for their next steps—whether through the technical skills they developed, the collaborations they joined, or the network they built along the way. Hearing those stories firsthand is reassuring, eye-opening, and highly motivating.

And while some participants came because they were looking for direction, others joined simply to confirm their goals or pick up inspiration from people who were once in their same place. The roundtable was meant to support all of that: honest conversations, practical insights, and a chance to see how very different paths can grow out of a shared starting point.

The workshop

For the session, we invited six alumni, each representing a different professional direction.

Erin Brown – Principal Scientist at Novo Nordisk working in gene therapy
German D. Carrasquilla – Senior Scientist at Novo Nordisk focusing on clinical-trial omics
Dylan Rausch – Principal Scientist at Novo Nordisk working with Innovation and Data Experimentation & Advancement
Trisha Grevengoed – Associate Professor at BMI, Endocrinology and Metabolism
Jordi Merino – Associate Professor at CBMR, Genomics and Precision Medicine
Tora Henriksen – Chief Technology Officer at Incipiam Pharma, an obesity-focused startup

Each alumn took a table, and participants rotated freely throughout the hour. The setup was deliberately casual—small groups gathered around, asking the kinds of questions that do not usually come up in formal career talks. People moved between tables based on curiosity, whether they wanted to hear about transitioning to industry, joining a startup, staying in academia, or navigating multiple paths before finding the right fit. The informal atmosphere made it easy to talk openly. Instead of polished presentations, the conversations turned personal, with alumni sharing their real experiences—the challenges, the surprises, and the decisions that shaped their careers.

Outcomes

A few recurrent themes were brought up during the workshop. First, there is no "correct" path after CBMR; careers evolve, often in unexpected ways. Second, uncertainty is normal. Many alumni admitted they didn't have a clear plan when they left CBMR, and that opportunities often appeared through curiosity, luck, and being open to change.

Participants appreciated hearing honest, unfiltered versions of life after CBMR: what it's like to jump into industry, how academic positions differ across institutions, what startup life really demands, and how personal priorities shape career choices just as much as professional ambitions.

More importantly, the session reminded everyone that the CBMR community does not end when people leave. The alumni were excited to reconnect, share advice, and support the next generation—making the roundtable both a career workshop, and a moment of real connection.

CBMR Insights

Mapping of the molecular signatures of brown, subcutaneous and visceral white adipocytes upon adrenergic stimulation

Lidia Argemi Muntadas, a Postdoc in Thomas Moritz's group, presented her work mapping the distinct molecular signatures of brown, subcutaneous white, and visceral whitwe adipocytes in response to adrenergic stimulation. Using MS-based metabolomics and lipidomics, she characterised the metabolites and lipids secreted by each adipocyte type when activated with norepinephrine, revealing striking differences in their secretomes. Brown and subcutaneous adipocytes showed particularly similar responses, secreting acylcarnitines, purines, and lipids such as lysophospholipids and fatty acids, while visceral adipocytes exhibited a more limited profile. Lidia emphasised that these unique metabolic and secretory adaptations reflect specialised thermogenic and signalling capacities in each depot, providing a deeper understanding of adipose biology and highlighting the endocrine complexity of fat tissue.

Adipocyte ketogenesis fuels thermogenic metabolism via cytosolic acetyl-coA

David Tandio, a PhD Student in Brice Emanuelli's group, presented his research uncovering a previously undescribed metabolic circuit in adipocytes that links glucose metabolism, ketogenesis, and thermogenesis. He showed that in cold conditions, adipocytes convert glucose into acetoacetate, which is then used in the cytosol to generate acetyl-CoA for de novo lipid synthesis; these lipids subsequently fuel mitochondrial β-oxidation and heat production. This pathway, driven by enzymes like BHD1 and AACS that are specifically induced in adipocytes after cold exposure, reveals a crucial role for ketones in supporting thermogenic energy expenditure. David explained that the activation of this "gluco-keto-lipid" mechanism may offer a strategy to clear excess circulating metabolites and enhance thermogenesis, newly positioning adipose tissue as a therapeutic tool in obesity and diabetes.

Characterization of diet-induced adaptations in skeletal muscle by spatial proteomics

Júlia Prats Quesada, a PhD student in Atul Deshmukh's group, presented innovative work dissecting how skeletal muscle adapts to nutritional stress at the subcellular level. Since impaired insulin-stimulated glucose uptake in muscle is a major driver of type 2 diabetes, she modelled lipid overload by treating C2C12 myotubes with palmitate and examined how this alters protein location, signalling, and insulin responsiveness. Using an integrated spatial proteomics approach, she revealed that excess lipids cause widespread reorganisation of the muscle proteome, including changes in protein phosphorylation linked to dysfunction. Insulin stimulation further reshaped organelle-specific protein networks across mitochondria, the ER, Golgi, and plasma membrane under both healthy and stressed conditions. Júlia's comprehensive spatial analysis highlights how lipid accumulation disrupts cellular architecture and signalling, offering new mechanistic insights into muscle insulin resistance.

Morbid appetite: the 'curious, unexplained cases' of the girls who swallowed needles in the nineteenth century

Cora Salkovskis, a Postdoc at the Medical Museion, explored a set of striking nineteenth-century medical cases in which young women allegedly swallowed or inserted needles into their bodies, only for these objects to later emerge elsewhere under the skin. These "travelling needles" sparked intense scientific debate about digestion, corrosion, and the body's mysterious ability to transport foreign objects, forcing physicians to question the limits of physiology and bodily agency. Yet, as Cora highlighted, the responses to such cases also revealed deep-rooted gendered assumptions: women were frequently dismissed as hysterical, deceptive, or seeking medical attention, and doctors often paid more attention to the condition of the needles than to the women themselves. Situating these stories within both occupation (e.g. needlework) and the history of medicine, she showed how these unsettling cases challenged science to "see, believe, and make sense" of what lay beyond established understanding, reminding us today to remain critical, curious, and open when confronted with the unexplained.

Genomic partitioning of Alzheimer's disease (AD) reveals non-CNS etiology in human

César Cunha, a PhD Student in Tuomas Kilpeläinen's group, presented his genomic dissection of Alzheimer's disease, challenging the traditional view that AD risk originates primarily within the brain. By integrating large-scale human genomics with cross-tissue and single-cell datasets, spanning 28 peripheral tissues and 100 brain regions across 4.4 million cells, he showed that AD genetic risk is only minimally enriched in either healthy or affected brain tissue. Instead, the strongest signals map to the peripheral immune system, particularly myeloid cells, with the lung emerging as a key site of AD-associated immune activity. César also identified adipose tissue as a neglected but compelling contributor, given its dual immune-metabolic nature and shared risk loci between AD and cardiometabolic disease. His findings suggest that systemic immune pathways, not central nervous system dysfunction alone, may play a dominant role in driving AD pathology—opening new avenues for prevention and intervention beyond the brain.

Integrative single-cell profiling reveals novel βcell subclusters and disease trajectories in type-2 diabetes

Malvika Sudhakar, a Postdoc in Jordi Merino's group, presented an integrative single-cell analysis of human pancreatic β-cells, revealing previously unrecognised subclusters and disease trajectories in type 2 diabetes (T2D). By combining 97,279 β-cells from 33 T2D and 70 non-diabetic donors across multiple datasets, she identified 13 clusters, including three novel subtypes enriched in T2D, four in non-diabetes, and six neutral clusters. These clusters capture functional heterogeneity, stress responses, and compensatory mechanisms, with trajectory analysis showing a gradient from insulin-high to insulin-low states. Stress-associated subclusters exhibit extensive intercellular crosstalk critical for maintaining tissue function, while specific receptor-ligand interactions, such as EFNA5-EPHA5, highlight molecular mechanisms suppressing insulin production in T2D. Her work provides an important and detailed cellular map of β-cell dysfunction, illuminating how molecular heterogeneity shapes disease progression and adaptation in T2D.

Feedback

Aylwin Ming Wee Lim. Postdoc, Loos Group

Which session or talk was your favourite, and why?
After a fulfilling and packed two days retreat, Dr Marcus's talk consisted of perfect pill size insights into the intricate world of drug discovery and development. The emphasis on human-centered research for cardiometabolic diseases was a much needed injection of research direction, with the ultimate aim of disease prevention and preservation of health in humans. The future of drug discovery in cardiometabolic diseases is indeed a crowded arena, but the prize would be able to address a mvonumental and dire unmet need in healthcare. His well articulated response to the questions raised by the audience further provided understanding into how key decision makers in pharmaceutical companies determine viable drug development candidates, and the importance of collaboration between academic and industry on drug discovery. It was the perfect ending or finale to the two-day retreat, tying the ribbon on a wonderful scientific retreat.

In what ways has the retreat contributed to your growth as an early-career researcher?
The retreat provided a rare opportunity to connect with fellow early-career researchers, just being able to talk about science and non-science related topics with someone other than colleagues from our own research group is refreshing. They provided fresh insights and comments to my project, reaffirmed certain research directions and the reason why I am doing what I am doing. Meeting and talking with other postdocs, who are on the same career pathway as I am, was rather rewarding and ensuring as we are experiencing the same ups and downs in our career path.

During the Career Roundtable did you gain clarity on which career paths appeal to you?
Yes. I was pretty sure which career pathway I am more interested in. The opportunity to get insights from fellow CBMR alumni just made my decision more concrete and clearer. I feel that this was one of the most rewarding and impactful sessions for me.

What would you suggest improving for next year?
First and foremost, the retreat needs to happen every year as CBMR on a monthly basis has many new colleagues joining the center. The retreat provided a semi-formal environment to meet new colleagues and learn what others are doing in the center. I believe that a 3-day retreat might be better because the sessions/events would not need to be squeezed into 2 days.

Laura Johanne Grønholt. Academic Research Officer, Single Cell Omics Platform

Which session or talk was your favourite, and why?
My favourite talk was "Understanding Women's Health" by Henriette Svarre Nielsen. I was completely captivated by her storytelling; how she shared her own journey, the challenges she faced in the field, and how women's health has evolved over time. Of course, I'm a bit biased toward the topic, but I strongly resonated with her passion and her emphasis on the importance of focusing on women's health, and on how we as researchers can contribute.

What practical skills or insights did you gain from the Medical Museion workshop?
I really enjoyed the Medical Museion workshop. It was great to both share my perspective and learn how differently everyone approaches their work in our field. I especially appreciated discovering the differences and similarities between wet lab and dry lab work, across subfields, and even across different floors of the institute. Including visuals as conversation starters was a great idea, they sparked discussion and made it easier to connect and talk about our experiences.

Was the flow of the day (talks → breaks → workshops) effective in keeping engagement high?
The flow of the day worked really well. I loved how the program switched things up throughout the day, it kept everything dynamic and made it easy to stay engaged from start to finish.

What motivated you most after attending the retreat?
After the retreat and connecting with so many new people across the center, I feel motivated to keep getting to know others, even those I don't work with on a day-to-day basis.

Júlia Prats Quesada. PhD Fellow, Deshmukh Group

Which session or talk was your favorite, and why?
The round-table session with the invited speakers was my favorite. I really enjoyed hearing about different career paths and perspectives from people who've moved beyond academia. As PhD students and postdocs, we often focus on academia and research as the main path, so it was great to learn about the many other exciting opportunities out there, both within and outside academia.

Is there anything you feel could be added or improved in future retreats?
First, huge kudos to the organizers for putting together such a fantastic retreat! If I were to suggest one thing, it would be to give a bit more focus to the poster session, as it has great potential for discussion. It could also be nice to involve the speakers a bit more, especially the round-table speakers, if they're up for it. Informal settings like drinks or dinner make it much easier to have open, relaxed conversations and dive a bit deeper into discussions.

In what ways has the retreat contributed to your growth as an early-career researcher?
The retreat really helped me both with networking and building confidence. What contributed the most was the opportunity to present my project in front of fellow early-career researchers. It felt much less intimidating, which made it a great opportunity to practice, gain confidence, and receive feedback. Overall, it was very motivating and gave me a real boost of energy.

What new connections or collaborations did you form here?
It was great to be able to discuss my project with people outside my group and close circle of colleagues, which led to really nice conversations and even ideas for future projects. It was also super nice to finally talk to people I see every day but had never really interacted with, and to meet colleagues from other floors (which somehow still feels surprisingly far away from the seventh!)

Jordana Freemantle. Postdoc, Sakamoto Group

What was your overall impression of the MAPS Retreat?
The MAPS Retreat was very well organized and thought through/planned – it ran on time, instructions and arrangements were clearly communicated, the venue was very nice, and both the randomization of seating using cards and having the itinerary printed on the back of the name tags were fantastic ideas!! The workshops were fun and though-provoking.

Which session or talk was your favorite, and why?
The talks and invited speakers were excellent – inspirational, educational, thought-provovking, innovative. I particularly enjoyed the talk by Katherine – her story was incredible; it was motivating to hear about her fight, passion, and positive impact, and to understand the time it takes to achieve goals and facilitate change.

What new connections or collaborations did you form here?
It was also good to hear about the research others are doing in CBMR and talk to newer members. I had breakfast with 2 people from CBMR who I had never met before and engaged with 5-6 people throughout the sessions who I had never spoken to before.

What would you suggest improving for next year (e.g., more time for posters, longer workshops, different topics)?
Suggestions for the next retreat: Having the retreat at the end of the week may work better – for example could an extra night be offered for relaxation and enjoying the facilities? Could some more relevant sessions be included for lab technicians and specialist services staff? Maybe a wider career selection could be included for the round table, such as writers, reps, consultants, CEOs, clinicians, etc. And more/longer breaks and finish earlier in the evening

Evaluation

The MAPS retreat was designed with a clear ambition: to bring people together across CBMR and learn from each other and together. The retreat attracted broad attendance from pre-PhD students, PhD students, Postdocs, assistant professors, platform staff, and the Medical Museion, reflecting the entire MAPS community. This created a unique opportunity for interaction beyond people's usual working circles.

One of the core challenges the retreat aimed to address was the limited interaction between people working on different floors and in different research programs at CBMR. Day-to-day work structures do not naturally create many opportunities for cross-floor encounters (except broken coffee machines), which can limit informal connection and create scientific and social silos. The retreat intentionally created a physical and social space where these boundaries were softened, making it easier for people to meet, talk, and collaborate outside their usual environments.

Before the retreat, many participants reported a strong need for greater connection with colleagues across the organisation. As illustrated in the first graph, there was a clear desire for more opportunities to interact, build relationships, and feel part of a wider community beyond immediate teams.

The MAPS retreat directly addresses this need by offering a setting where people could meet new colleagues and create shared experiences. Through structured activities as well as informal moments, participants were able to engage with others they would not normally encounter. These shared experiences helped lay the foundation for new relationships and collective memories that extended beyond the retreat itself.

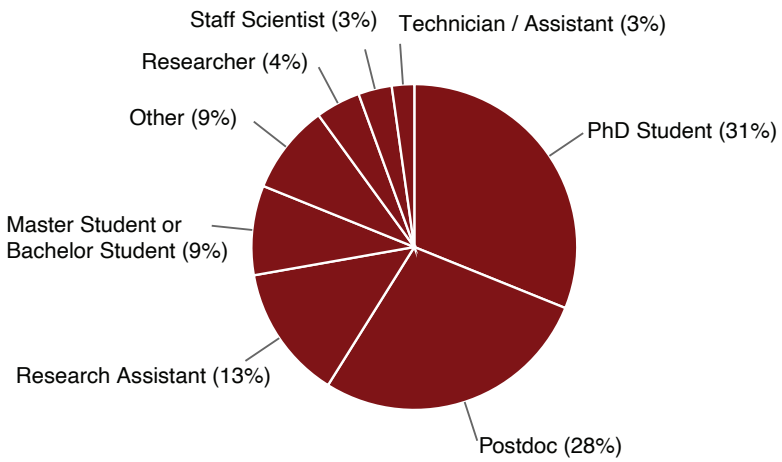
The impact of this approach is evident in the post-retreat results. Participants reported feeling significantly more connected after the retreat, and many described a stronger sense of belonging and an increased awareness of colleagues across different floors and functions.

In addition, the retreat led to the creation of a large number of new connections. Our survey data indicates that participants expanded their internal networks substantially, meeting and forming relationships with people they had not interacted with before. This suggests that the retreat was effective not only in strengthening existing ties, but also in building new ones.

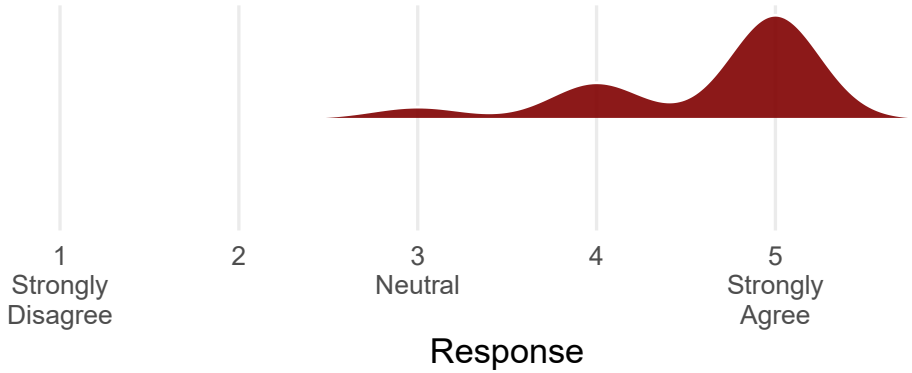
Overall satisfaction with the retreat was extremely high. Participants rated their experience very positively; reflecting both the quality of the retreat itself and the value they derived from it.

Taken together, these results demonstrate the clear value of the MAPS retreat. By bringing together a broad group of participants, creating space for meaningful cross-floor interaction, and responding to a genuine need for connectiown, the retreat successfully strengthened relationships, expanded networks, and fostered a stronger sense of community within the organisation.

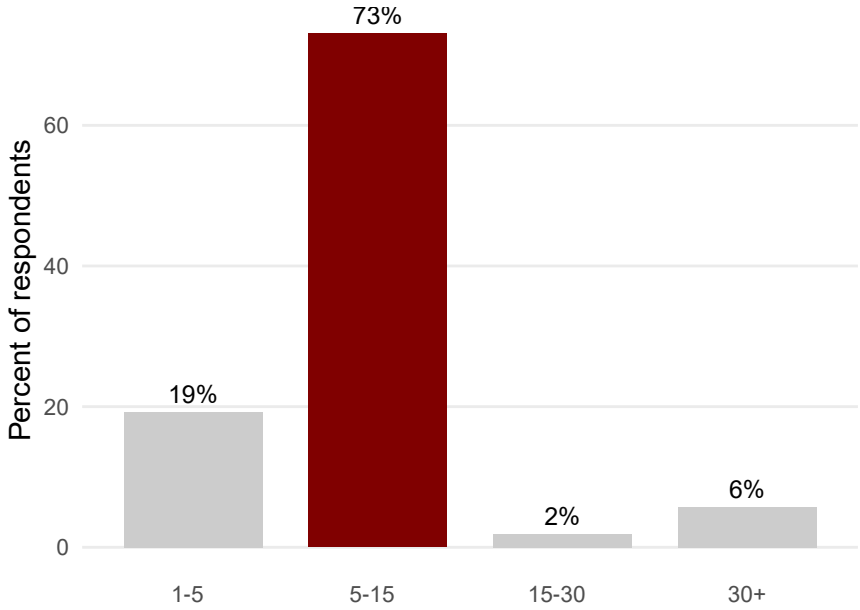
Positions of MAPS Retreat Participants



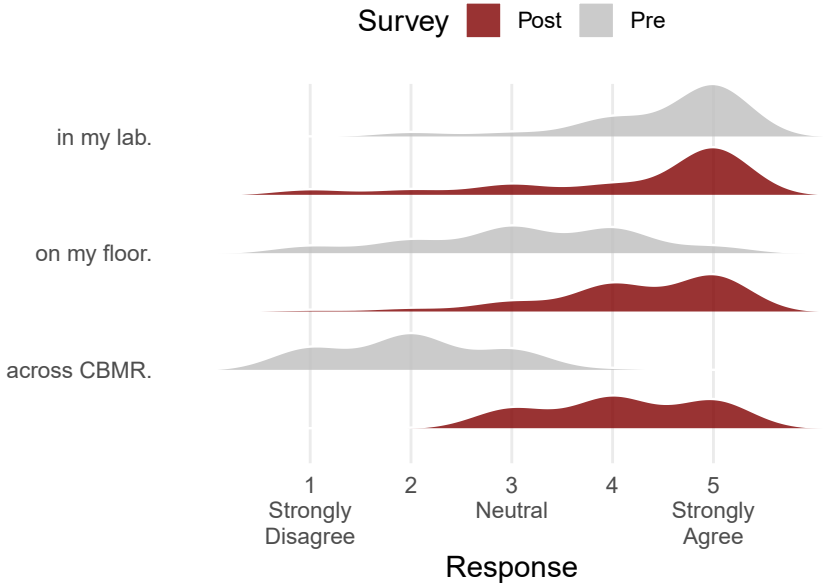
I am satisfied with my overall retreat experience.



How many new connections did at you make at the MAPS Retreat 2025?



Pre vs Post: I feel connected to people...



Thank you!

To everyone who joined the retreat and shared their research and ideas through a poster or a talk, thank you. Thank you for engaging in talks, the workshops, and the conversation in between it all! This retreat worked out great because of you.

A special thanks to our keynote speakers Henriette Svarre Nielsen, Thomas Jespersen and Marcus Schindler for sharing your valuable experiences with us and being inspirational figures for all of us.

Thank you to Mathias Wulf and the BioInnovation Institute for organizing the Cardiometabolic Innovation workshop and teaching us basic innovation lingo.

To Cora and Patrick from the Medical Museion for getting an entire room of scientists to talk about lab coats, staircases, and difficulties of being an early-career researcher.

Thank you to our CBMR alumni Erin Brown, German D. Carrasquilla, Dylan Rausch, Trisha Grevengoed, Tora Henriksen and our CBMR group leader Jordi Merino for the candid conversations about transitions from being early-career researcher to PI, industry scientist, or start-up founder.

We also want to thank the rest of the MAPS board for their support with organizing the retreat including Taylah Gaynor, Jonathan Belanich, Jenny Brown, Cora Salkovskis, Patrick Ferree, Diana Avramets, and Roger Moreno Justicia.

And to a CBMR leadership team and administration team for generously supporting the MAPS retreat. We hope that we get the opportunity to do this again soon!

MAPS Retreat Organising Board
(Left to right) Victor Svenstrup, Dilfuza Ernafasova, Maria Madrazo Montoya