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The Endocrine Society*



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UVA Dedicates New Research Building to Former Endocrine Society President

UVA Dedicates New Research Building to Former Endocrine Society President-- Gerald D. Aurbach, M.D.

On Saturday, October 5, 2002, the University of Virginia (UVA) dedicated a new medical research building at its Fontaine Research Park in memory of former Endocrine Society President Gerald D. Aurbach, M.D. Dr. Aurbach, who served as the Society's President from 1988-1989, was an internationally recognized endocrinologist and a graduate of the UVA. He was best known for being the first scientist to identify the mechanism of parathyroid hormone (PTH) and to relate those findings to a wide variety of bone diseases.

The Aurbach building will house UVA's diabetes programs along with facilities for the Department of Endocrinology's research programs on osteoporosis, breast and prostate cancer, estrogen and hormone replacement, growth hormone and aging-related interests, obesity, hypertension, hardening of the arteries and heart disease. The building also contains an imaging center, a viral vector lab for gene therapy and a future lab for studies related to thyroid, eyes and cancer.

"The Gerald D. Aurbach Medical Research Building combines the core of the University's diabetes program into a single building," says John T. Casteen III, President of the University of Virginia. "The Division of Endocrinology and Metabolism is rated as one of the very best in the nation, with physicians who are actively engaged in research and in

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providing state-of-the-art care for their patients. It is an honor to name this critical new research building for Dr. Aurbach."

Dr. Aurbach developed a phenol extraction procedure that led to the purification and structural characterization of bovine and human PTH as well as the first radioimmunoassay (RIA) for PTH. He also established the primacy of calcium in controlling PTH secretion both in vivo and in vitro and developed a preparation of dispersed parathyroid cells that showed a multitude of secretagogues acting on the membrane-associated adenylate cyclase. Dr. Aurbach's basic studies led to many immediate clinical applications in endocrinology.

During his career, Dr. Aurbach was elected to the prestigious National Academy of Sciences. His work helped to create a generation of prominent investigators who today work in the leading endocrinology labs throughout the world. From 1973 until his death in 1991, Dr. Aurbach served as chief of metabolic disease research at the National Institutes of Health. In 1987, he was named Centennial Alumnus for UVA by the National Association of State Universities and Land Grant Colleges. In 1998 the University further recognized Dr. Aurbach's outstanding contributions to the field of medicine by establishing the Gerald D. Aurbach Professorship in Endocrinology.

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Member Honors

Members Honors

[Thomas Landefeld, Ph.D.](#), member of The Endocrine Society and Associate Dean for Faculty Affairs and Scholarly Activities in the College of Arts and Sciences at California State University --Dominguez Hills received the 2002 Society for the Advancement of Chicanos and Native Americans in the Sciences (SACNAS) Undergraduate Institution Mentor Award. Dr. Landefeld was recognized and presented with a special tribute for his dedication and commitment to minority student programs.

[Naibedya Chattopadhyay, Ph.D.](#) was awarded the 2001 Pfizer/American Federation for Aging Research Grant in Hormones and Aging. The 2001 award provided four young investigators with up to \$50,000 to use over two years. Dr. Chattopadhyay proposes to study the effects of calcium-sensing receptor in osteoblastic cells.

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Apply for ENDO 2003 Awards

Apply for 2003 Endocrine Society Awards

In 2003, The Endocrine Society will offer numerous travel grants, fellowships and other awards to support its mission statement, which is excellence in hormone research and care of patients with endocrine disease.

ENDO Abstract Awards

Abstract awards are presented to the first author on abstracts submitted for the Society's annual meeting. New for 2003, abstract authors can apply for any award for which the abstract meets the criteria.

- [Abbott Thyroid Research Clinical Fellowships and Mentor Award \(6 awards at \\$1,000; 1 mentor award at \\$30,000\)](#) Presented to fellows conducting research as a major investigator in clinically relevant aspects of thyroid disease. The six fellows selected as finalists will participate in an oral competition during ENDO. The mentor of the winner of the oral competition receives the Abbott Mentor Award. Supported fully by Abbott Laboratories.
- [Merck Senior Fellows Awards \(5 awards at \\$2,000 each\)](#) Presented to the first authors of abstracts investigating the endocrinology of reproduction, cytokines and growth factors, growth and aging, brain and behavior, cancer, stress, energy, water, electrolytes, or metabolism. Supported in full by Merck & Company, Inc.

ENDO Abstract Travel Grants (134 awards at \$500-\$1,000 each)

- Presented to the first authors on abstracts submitted for ENDO. Current supporters include Quest Diagnostics, Mara E. Lieberman Memorial Fund and The Endocrine Society.

Genentech Clinical Fellows Travel Grants (80 awards at \$1,250 each)

- Travel grants to ENDO 2003 are

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awarded to applicants nominated by their program director who are actively enrolled in an accredited fellowship training program in either adult or pediatric endocrinology. Supported in full by Genentech, Inc.

[Lilly Endocrine Scholars Fellowship \(1 award at \\$47,000 per year for two years\)](#)

- Provides funding for up to two years for a fellow to perform clinical research relevant to pituitary disorders, bone disorders or diabetes mellitus. Supported in full by Eli Lilly and Company.

[Summer Research Fellowships \(25 awards at \\$4,000 each\)](#)

- Presented to promising students to enable them to participate in research projects under the guidance of a Society member for eight to ten weeks during the summer.

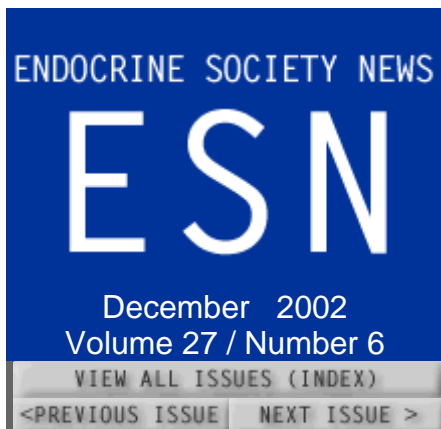
[Medical Student Achievement Award](#)

- Presented to graduating medical school seniors who have shown exceptional ability and interest in endocrinology. In 2003 the award is being expanded to invite international medical schools. Each winner receives an 18-month complimentary membership in the Society, a one-year subscription to *Endocrine Reviews*, their name added to a plaque at their institution, and an award certificate.

For more information on the awards, including application procedures and deadlines, please visit the Web site at <http://www.endo-society.org/students/awards.cfm> or contact Colleen Gorman at (301) 951-2611 or by email at cgorman@endo-society.org

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President's Message

by Dr. John D. Baxter

President's Message

Dear Colleague,

As you know, one of the major tenets of the Strategic Plan that Society leaders, members, and staff developed over the past two years is outreach to international endocrine communities. This is also a strong interest of mine. Many of our members have substantial interactions with endocrinologists and endocrine societies outside the U.S., and we all recognize the enormous contributions of non-U.S. colleagues to our field. Our Society can benefit tremendously from linking more closely to groups and individuals in other countries, and, by the same token, the international endocrine community can benefit from increased contact with colleagues in the U.S. Advantages of such interactions should apply broadly to basic scientists, clinicians and clinical researchers as well as to students.

We are not the "U.S. Endocrine Society" but "The Endocrine Society," and we plan a major initiative to make our international outreach a reality. Based on a number of discussions with international members, I believe that this initiative will be met with great enthusiasm both in the U.S. and in other countries. Specific plans to implement the international initiative are now being developed and will be communicated to members at a later time, but some of the issues being discussed are: how to increase international membership in the Society; how to enhance interactions between U.S. and international colleagues; how to work together with other societies with regard to meetings and educational programs; how to achieve greater international access to our journals; plus specific plans to assist talented international trainees with their professional development.

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My belief in the merit of this initiative was strongly reinforced recently at the 25th Annual Meeting of the Brazilian Endocrine Society (Sociedade Brasileira de Endocrinologia e Metabologia - SBEM) held September 21-24, 2002 in Brasilia, Brazil. The Brazilian Endocrine Society is the third largest endocrine society in the world after the U.S. and Japan, a fitting venue to initiate The Endocrine Society's international outreach. There were around 2,500 attendees. I, along with a number of other Society members, was honored to be asked to speak at the Meeting, and I thought that the overall program for clinicians, clinical researchers and basic scientists was outstanding. We were impressed with the warm reception and gracious hospitality extended to us. I enjoyed my interactions with the speakers and attendees.

[We plan a major initiative to make our international outreach a reality.](#)

I also enjoyed my interactions with attendees who stopped by the exhibit of The Endocrine Society, staffed by Society staff and assisted by Francisco Neves, who is on our Membership Committee and is a researcher at the University of Brasilia. Valeria Guimaraes, President-elect (2003-2005) of the Brazilian Endocrine Society and President of the 25th Annual Meeting, graciously invited the Society to exhibit and expedited the logistics in order to make it happen. Traffic at the Society booth was heavy, with special interest in our journals as well as in membership in the Society. We also had discussions about how the two societies could work together. I feel that these discussions could result in a model for interactions between societies.

It is my hope that this experience will soon translate into additional visits by The Endocrine Society to meetings of international endocrine groups and, as time goes on, to joint endeavors between the U.S. and societies in other countries. I extend my deepest appreciation to the Brazilian Society for a personal and professional high point of my Presidential year.

Sincerely,

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John D. Baxter, M.D.

President

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"Money Back"

by Dr. Nanette Santoro

"Money-Back" Guarantees for Infertility Therapy-Are They Ethical?

Clinical Scenario: Mr. and Mrs. Smith are patients yours who have had primary infertility since th marriage two years ago. She is 39 years old and he is years old. A clinical evaluation includes a normal sem analysis, evidence of monthly ovulation, open Fallopi tubes, and an early follicular phase FSH level of 9 mIU/ml on Mrs. Smith, indicative of diminished ovari reserve. Given the limited time this couple has conceive and the presumptive diagnosis of age-relat infertility (assume you've checked all other possil factors and they are negative), you recommend in vi fertilization as the next step, because the per cy pregnancy rate will be expected to be maximal with tl therapy. The Smiths inform you, grimly and tearful that they lack insurance coverage for assist reproductive procedures and can not possibly afford t \$10,000+ price tag of an IVF cycle.

A few weeks later, Mrs. Smith phones the offi ecstatic, because she has found an IVF clinic in anot state that will offer her a money-back guarantee. S will be required to pay only if she conceives over th cycles of treatment, and her pregnancy will cost h \$20,000. If she does not conceive, the clinic will refu all but \$5,000. She informs you that this level of risk far more acceptable to her, and she and her husband a going to borrow the money they need from relatives complete her IVF treatments.

Sounds perfect, doesn't it? The appropriate response a financially strapped couple seeking to start a fami Beneficence at its best. Let's review some of the ethi conundrums that might mar this arrangement.

1. Principles of money-back guarantees. Practices tl underwrite 'money-back' guarantees have determined advance what they must charge for a given pregnan rate to survive economically. Based upon their pool patients, stratified by prognosis for success with IV clinics determine how many women they need to treat a given prognostic group to achieve a pregnancy. Th next determine what will be charged to the couple w oets pregnant and what will be charged to the coun

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who do not, assuming an exposure of a pre-set number of cycles-usually three. Unless patient prognostic factors change dramatically, or there are inexplicable problems in the laboratory or just plain bad luck, a clinic that provides these charges and has done its homework will be able to function in a fiscally sound fashion. In fact, a large clientele that subscribes to the money-back guarantee improves the cash flow for an IVF clinic, as these couples usually pre-pay for their three cycles in advance. The principle is similar to other forms of high-stakes gambling. The house always wins.

'Money-back' guarantees may be associated with misleading advertising. Physicians who provide 'money-back' guarantees imply, and sometimes openly advertise, that they are putting themselves at financial risk by offering this sort of payment plan to patients. They may further assert that such a risk-taking payment policy causes them to strive harder than the fat cats across the street to provide effective treatments in an efficient atmosphere. This bravado may work well in advertising, but the actual forces that underlie some of these assertions can undermine the physician/patient alliance.

Another aspect of the money-back guarantee concept is that the couples who are luckiest or most reproductively fit, and conceive on their first cycle, will wind up paying considerably more than they would otherwise pay for a single IVF attempt. These couples are helping to underwrite the expenses of the cycles of couples who are less lucky but will conceive on their third cycle or make the same payment, or those who will not conceive at all and will get a refund.

So what's the problem? Nothing really here, except that the name 'money-back' guarantee and its attendant advertising are fraught with potentially misleading nomenclature and intent. There is no risk to the clinic. For some couples, the offer of a 'money-back' guarantee may be a welcome choice. They can elect to assume a pre-defined financial risk, rather than gamble away their entire nest egg. If they fail to conceive, they will not have exhausted the money that might otherwise be used toward adoption expenses.

2. Reading the fine print. Let's now assume that the Smiths can find a clinic willing to accept them into a money-back guarantee program. This is easier said than done, because the Smiths are likely to have a low pregnancy rate per cycle, due to Mrs. Smith's age and evidence of diminished ovarian reserve. For a couple like the Smiths, the advertised payment of \$5,000 will

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probably not even apply. Patients in such programs are sorted by prognosis, and those with a lower pregnancy rate will pay more even if they do not succeed, a much more, if they do succeed in getting pregnant. If it looks too good to be true, it usually is. Her three-cycle non-refundable pre-payment may be much higher than the \$3-to-5,000 usually advertised. If this couple does conceive, they may also be expected to pay more for the successful cycle. The Smiths may be disqualified from this offer entirely, and will spend substantial time and effort in contact with this IVF clinic while their qualifications are being determined. Most difficult is the instance in which the couple conceives, and makes it far enough along in the pregnancy to be considered an IVF 'success', but goes on to miscarry or to find, after amniocentesis, that the pregnancy is genetically abnormal. In this case, the couple will not be eligible for 'money-back', because the clinic has delivered on its promise, but the couple will not have a baby.

Any ethical problems here? Not necessarily, if the potential pitfalls are disclosed responsibly and up front. However, in many instances, a failure to read the fine print and to understand the nature of the arrangements in all its details and exclusions can be heartbreaking, expensive, or both. Let the buyer beware.

3. Do no harm. The following situations are where, personally, I worry that programs offering money-back guarantees can lead to serious harm. In these cases there is a compromise in the beneficence due to the financial pressure to make a successful IVF cycle happen. Let's now say that the Smiths do manage to qualify for an IVF cycle at a clinic that will offer them a money back guarantee. They pre-pay for three cycles and are now on their third and final cycle. It's their last chance for pregnancy. Mrs. Smith has had a very aggressive ovarian stimulation, and is lucky enough to have produced 6 embryos. It's now time for her embryo transfer. The doctor performing the embryo transfer knows the financial arrangements made by the Smiths and a decision has to be made regarding the number of embryos to transfer. The doctor is well aware that the more embryos transferred, the higher the pregnancy rate-and the higher the multiple pregnancy rate. The physician in this circumstance is confronting a couple under maximal duress and urgency. The sense of urgency to conceive can well compromise the judgement of the couple. From the vantage point of the Smiths, any pregnancy, no matter how potentially hazardous, is better than no pregnancy. Why would they hold back? Why not transfer all 6 embryos and worry about the consequences later? There won't be another

chance for IVF.

The physician is expected to be the patient's advocat but is well aware of the risks of high-order multip pregnancy. In addition to the noble motivation wishing to help the couple conceive, and the no financial incentive to maintain high conception ra statistics, there is also a strong economic incentiv unique to the money-back guaranteed type of contrac that may influence the physician's decisions. If tl couple conceives, the physician will recei considerably more money. In many ways, the structu of our health care system shields the infertility doct from any direct responsibility for the consequence of high-order multiple pregnancy. He or she will not l expected to provide medical care beyond the fir trimester. He or she will not be present at the time of preterm delivery. He or she will not be present wh the couple discusses the possibility of a multi-fet pregnancy reduction with another specialist. Coupl with disastrous outcomes from multiple pregnan rarely view the infertility doctor as responsible. I difficult for the infertility doctor to serve as a patie advocate and a responsible citizen at the same tim despite the enormous costs of multiple pregnancy at the role of IVF in creating them (Callahan). It's ev more difficult to do this when financial risk is drivin the doctor to transfer more embryos. The situatic creates potential for distortions of medical decisio making that can indeed do harm to the couple. Th treating physician has an inherent conflict of interest the outcome of the cycle.

4. Is there a way to avoid this kind of conflict interest? There are two ways to prevent the financi stresses of IVF treatment to lead to errors in judgemen Money back guarantees can be provided by a thi party and underwritten in a way such that the physici treating the couple does not know which of his or h patients have chosen this arrangement and which ha not. Such a plan has been implemented with at least on national carrier. As the patient pool for these treatmen gets larger, the costs can also be better distributed at therefore more fair. A physician who does not kno how the cycle is being financed will be less likely feel personally at any financial risk and less susceptib to distortions of judgement. The conflict of intere cannot be detected.

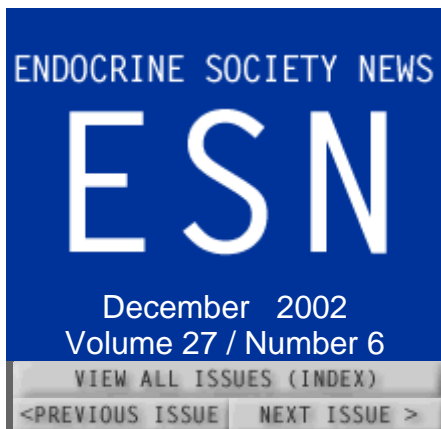
A second way to avoid conflicts of interest in IV therapy is to assure that there is nationally mandat health insurance coverage for these treatments. In mc European countries, IVF has been paid for by the sta

for many years. Multiple pregnancies are rare, utilization is high, and the per cycle pregnancy rate is lower than it is in the United States. In other words, IVF clinics are not driven by a market economy to get high pregnancy rates (with their concurrent high multiple pregnancy rates and/or increased utilization of selective reduction procedures) to maintain a good reputation and attract patients. Patients are able to accept low pregnancy rates because access is assured. A recent study of US IVF programs indicated that the same trends seen in Europe can be detected in states in which IVF coverage is mandated (Jain). At a cost of \$3.14 per insured family, this is not only reasonable, it's the right thing to do.

1. Callahan TL, Hall JE, Ettner SL, Christiansen C, Greene NF, Crowley WF Jr. The economic impact of multiple-gestation pregnancies and the contribution of assisted-reproduction techniques to their incidence. *New Engl J Med* 1994; 331:244-9.

3. Jain T, Harlow BL, Hornstein MD. Insurance coverage and outcomes of in vitro fertilization. *New Engl J Med* 2002;347:661-6.

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As reported over the course of the past year, your Council and committee members have been working to develop a strategic plan to direct the Society effectively over the next decade. An area identified as critical to the Society membership is eEnhanced advocacy and legislative affairs efforts was identified as critical to the Society's membership. One strategy that will be implemented to address this commitment to advocacy, is to utilizing the strength of medical coalitions. For example, the Society's membership to the Federation of American Societies for Experimental Biology (FASE B), assists with lobbying for issues that are relevant to medical research, such as increased funding to the National Institutes of Health, and other federal agencies, and legislation impacting human and animal research.

For clinical issues, the American Medical Association (AMA) is one of the largest medical organizations and is extremely effective at lobbying on behalf of its membership. Five years ago, The Endocrine Society worked hard to become a recognized member of the AMA through the Specialty and Society Services (SSS). Through our representation in the AMA House of Delegates, has provided The Endocrine Society has had with the opportunity to affect change in public policy dealing with relevant medical issues. For example, in June 2002 The Society authored a resolution that encouraged the AMA to support a comprehensive strategy to increase the number of physician-scientists. The resolution also encouraged that the AMA support strategies for federal government-sponsored programs, including reduction of education-acquired debt, to encourage training of physician-scientists for biomedical research.

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The Society also spoke in support of several other public policy resolutions on topics that include urging the AMA to pursue policy that eliminates the requirement for patients with diabetes to fill out forms every six months to get their meter supplies; encouraging Medicare prescription renewals for diabetic patients; encouraging additional ICD9 codes for diabetes and supporting reimbursement for telephonic/electronic communications - relevant to cognitive specialists such as endocrinology/diabetes.

Without AMA membership The Endocrine Society would lose one of its most effective forms of participation be silent on in these critical public policy issues.

The AMA is also unmatched when it comes to health care issues on Capitol Hill. The AMA consistently works with Congress and the Bush Administration to ensure that meaningful patient protection legislation becomes law. In his 2002 State of the Union address, President Bush called on Congress to pass a Patients' Bill of Rights. The AMA is also pushing for passage of the Medicare "giveback" bill, which is currently before Congress. If Congress does nothing, all physicians will receive a 4.4percent cut in Medicare reimbursement on January 1, 2003, with similar cuts projected for the following two years of more than 12percent. The Endocrine Society has been working actively with the AMA on these and other issues that are before Congress.

Every five years members of the AMA Specialty and Service Societies (SSS) are reviewed for membership compliance. The Endocrine Society was reviewed this year and has fallen short of required membership compliance. In order to meet compliance either 1,000 or 35percent of eligible Society members must also be members of the AMA. Membership in the AMA is encouraged if you are not already a member. AMA membership benefits individual physicians, The Endocrine Society and the entire field of endocrinology. Please consider joining the AMA today!

Membership in AMA is vital for The Endocrine Society to continue to grow and

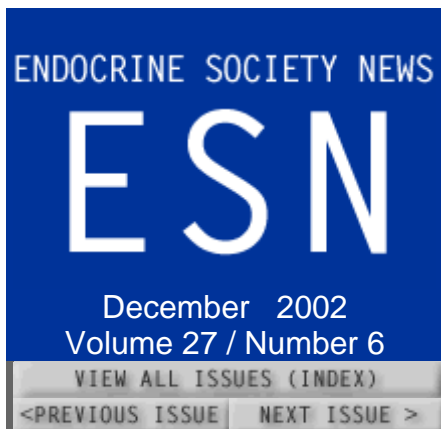
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increase its efforts for increased public awareness and advocacy. Through our membership in the Specialty and Service Societies, The Endocrine Society has an official delegate in the AMA House of Delegates and voting privileges on all house issues. The AMA has a major presence on Capitol Hill and with other federal agencies. It is essential that The Endocrine Society remain on the House of Delegates to ensure that the endocrine community's needs are represented within the AMA. We simply cannot obtain our Strategic Plan goal without AMA membership.

AMA membership is also beneficial to the individual practitioner. AMA members receive discounts on training guides, medical and surgical supplies and computers. Additionally, AMA members can purchase hand held Palm Devices (PDA's) and medical PDA software at a discounted price.

For more information about AMA membership, please contact the AMA membership Web site at: <https://ssl2.ama-assn.org/mem-data/mem-main/webapp/> or contact Chris Rorick at crorick@endo-society.org

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Metabolic Syndrome Included in House, Senate Obesity Legislation

Over the past few months, The Endocrine Society was successful in including provisions for review/study of metabolic syndrome in both the Senate and House versions of the Improved Nutrition and Physical Activity Act (IMPACT) obesity legislation. In addition, the issue of metabolic syndrome is now specifically addressed in legislation pending before the House and Senate. Given the recent national press and government studies on obesity, this issue is likely to continue to receive significant attention in the 108th Congress, which is scheduled to convene in January, 2003.

The issue of obesity has provided an excellent vehicle for The Endocrine Society to raise its visibility on Capitol Hill as an expert resource. This visibility will be helpful as the new Legislative Relations Committee assembles, sets an agenda, and begins to take the Society's message to public policy decision-makers. The Endocrine Society has assurances from House and Senate leaders that the Society will be closely consulted as new legislation addressing obesity is developed and introduced in the 108th Congress.

During the upcoming Congressional adjournment period, The Endocrine Society will be meeting with targeted Congressional offices as well as representatives from Health and Human Services (HHS) and the National Institutes of Health (NIH) and the broader

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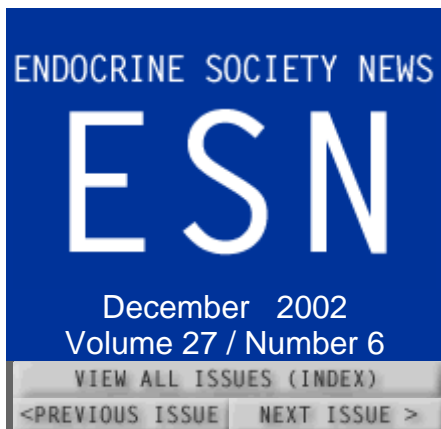
healthcare community to further cultivate and strengthen key relationships. The Endocrine Society intends to sponsor a Congressional reception and educational briefing on Capitol Hill during the first session of the 108th Congress.

In addition, the Society is developing an advocacy brochure to distribute to members of Congress and staff during the 108th Congress. This brochure is intended to educate Congressional leaders about the importance of endocrinology in daily lives and how decisions made in Congress effect members of The Endocrine Society.

For additional information about the Society's legislative activities, or to become more involved with the Society's legislative activities, please contact Chris Rorick, Manager, Legislative Relations at crorick@endo-society.org

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Coding Corner

by Dr. Richard Dickey

Changes in Laboratory Test Policies Affected by the Laboratory Negotiated Rulemaking Process

There have been recent changes in the Centers for Medicare and Medicaid Services (CMS) payment policies for the laboratory services that comprise a large segment of those used by endocrinologists. Since CMS often leads the way for payment policy for other payers, their policies changes are especially important. This article will help you understand the changes and accommodate your services and claims process to the new policies.

The final rule was published on November 23, 2001 and most provisions of the new rule for national coverage and administrative policies for the most common clinical laboratory services covered under Medicare Part B took effect on November 25, 2002. The rule, developed under a mandate from Congress requiring negotiated rulemaking for laboratory test policies, addresses many specific complaints about the former policies. Those policies varied throughout our country and caused hassles for physicians and laboratories as they tried to interpret and work with the numerous and varied Medicare carriers' local medical review policies (LMRPs) for laboratory tests. Those limited coverage of certain tests to specific diagnosis (ICD-9-CM) codes without uniformity of these requirements and lists among the various carriers. These often resulted in coverage of the test for a beneficiary in one area, under one Medicare carrier, while the same test, under the same diagnosis code, for a beneficiary under another carrier in another area to be denied. In other words, there was no national consistency in policy. In response to many complaints from physicians and patients, Congress ordered CMS to develop and promulgate national standard policies for the most commonly performed laboratory tests.

The process by which these new policies were developed involved reaching a consensus of experts in each laboratory test field. A Committee,

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representing affected segments of the healthcare community, appointed a series of workgroups to address policies for a group of test types: e.g., the workgroup for endocrine tests arrived at a consensus for tests such as glucose, thyroid tests, and glycated proteins. I represented the AMA in the endocrine tests workgroup negotiating policies for the endocrine tests. We forwarded these to the Committee. The final rule unifies coverage for the tests included and prevents local Medicare carriers from creating local policies contradicting the national policies. The national coverage policies spell out ten areas for clinical laboratory tests or test groups that account for two thirds of the tests covered by Medicare. The policies spell out:

- Coding Guidelines
- Description
- HCPCS Codes
- Indications
- Limitations
- ICD-9-CM Codes Covered by Medicare Program
- Reasons For Denial
- ICD-9-CM Codes Denied
- ICD-9-CM Codes That Do Not Support Medical Necessity, and
- Sources of Information Of the 23 tests or test group policies issued, those used more often by the clinical endocrinologist include:
 - Glucose (82947, 82948, 82962)
 - Thyroid tests (84436, 84439, 84443, 84479)
 - Lipids (80061, 82465, 83715, 83716, 83718, 83721, 84478)
 - Glycated hemoglobin and glycated protein (82985, 83036)
 - Blood counts (85007, 85008, 85013, 85014, 85018, 85021, 85022, 85023, 85024, 85025, 85027, 85031, 85048, 85590, 85595)
 - Collagen crosslinks (82523)
 - Human chorionic gonadotropin, quantitative (84702)
 - Acute hepatitis panel (80074)

The other tests or test group policies included in the rule are for urine culture; prostate specific antigen; fecal occult blood; gamma glutamyl transferase; alpha fetoprotein; carcinoembryonic antigen; digoxin therapeutic drug assay; HIV diagnostic tests; HIV prognostic tests, including monitoring; partial thromboplastin time; prothrombin time; serum iron; tumor antigen by immunoassay (CA 125); tumor antigen by immunoassay (CA 15-3/ CA 27); tumor antigen by immunoassay (CA 19-9).

The process negotiated and created uniform, national administrative policies for documentation and record

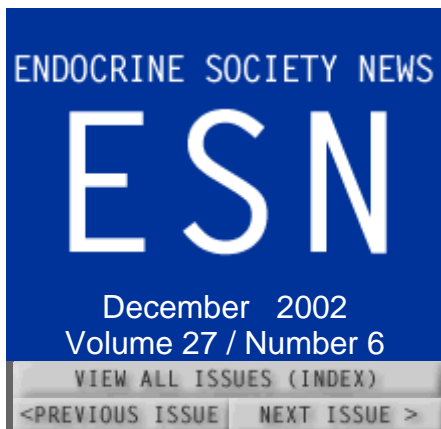
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keeping, frequency limits for tests, claims processing, reasons for denial and communication and implementation. Further, the new rule gives reasonable standards for information an ordering physician should provide when ordering a laboratory test and provides a uniform process for Medicare carriers to use as they review laboratory test claims for medical necessity. The rule prohibits carriers from denying claims based solely on frequency without first publishing a recommended frequency that the physician specialty society representatives helped develop.

So important to the clinical endocrinologist, you may see the rule in detail at www.access.gpo.gov/su_docs/fedreg/a011123c.html, scrolling down to the "Centers for Medicare and Medicaid Services" area and clicking on any of the three TEXT or PDF links for clinical diagnostic laboratory services; coverage and administrative policies; negotiated rulemaking.

For additional information about coding, please contact Chris Rorick at crorick@endo-society.org

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Announcing ENDOTrials: Network Exchange

Announcing ENDOTrials: Network Exchange

The Endocrine Society is pleased to announce the expansion of its clinical trials educational programs. Debuting at ENDO 2003, the *ENDOTrials: Network Exchange* will be a unique networking and educational event for clinical investigators and clinicians interested in learning more about clinical trials. Participants will have the opportunity to meet representatives of contract research organizations both pharmaceutical and government sponsored clinical trials to learn more about investigator opportunities. Additionally, a theater located within the *ENDOTrials: Network Exchange* area, will feature educational sessions on hot topics in clinical trials. Planned topics (subject to change) include Evaluating a Study Protocol, Developing an Effective Patient Recruitment Campaign, Preparing for an FDA Audit and a presentation from the Food and Drug Administration (FDA).

The *ENDOTrials: Network Exchange* will be the place for investigators to network with sponsors, contract research organizations (CRO's), government and others to find out about the latest trials and how to become more actively involved. Networking space will be available for organizations to participate. For more information on space, contact Steve Hamburger, 212-643-1750, ext. 29.

Also, back by popular demand, *ENDOTrials: Education - Building a Clinical Trials Program: A Management and Professional Symposium* will be presented on Wednesday, June 18th at ENDO 2003 in Philadelphia, PA. Based upon survey results from last year's program, enhancements have been made to the program. Speakers will address clinical trials from the perspective of both clinicians in

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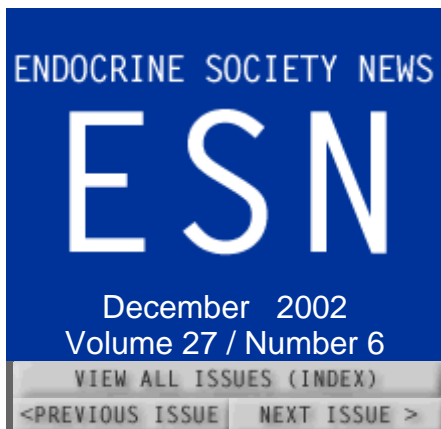
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private practice as well as academic investigators. Also, there will be two programs to cover topics in more detail. The overview program will provide information to allow you to assess the feasibility of getting involved in clinical trials and the following program will be a more in-depth discussion for experienced investigators covering such topics as financial/budgetary/management issues, patient recruitment, patient privacy and other regulatory guidelines.

More information about ENDOTrials: Network Exchange will be posted on the Society's Web site at www.endo-society.org as it becomes available.

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Submit Abstracts for ENDO 2003 Online!

To submit an abstract for ENDO 2003, visit www.endo-society.org/scimeetings/index.cfm and click on ENDO 2003 Abstract Submissions. Follow the step-by-step instructions to upload and send your document. The entire process, including proofing and approving your abstract for the Program and Abstracts book, can be completed electronically. Please note that you will be required to provide your Endocrine Society member identification number in order to complete the submission process. This number can be found in the upper left-hand corner of your journal mailing label. Students and nonmembers will need to secure an active or Emeritus member sponsor for their abstract submission and will be required to provide the identification number of the sponsoring member. *The deadline for abstract submissions is Wednesday, January 15, 2003.*

If you have questions concerning the abstract submission process, please contact the Meetings Information Line at (301) 941-0220 or meetings@endo-society.org

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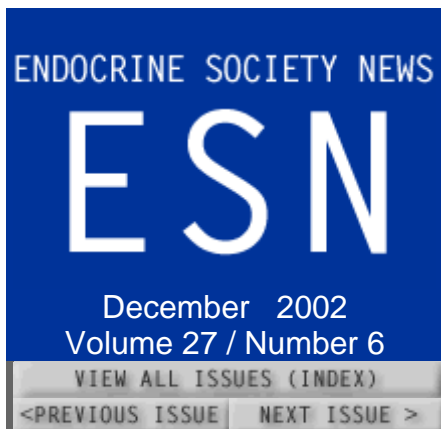
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Publications Committee Issues Call for Nominations and Applications for Editor-in-Chief of JCE&M

Dr. John P. Bilezikian will complete his five year term as the Editor-in-Chief of *JCE&M* on December 31, 2004, having provided exceptional organizational skills, leadership, and dedicated stewardship over the journal.

The Endocrine Society seeks nominations and applications for the position of Editor-in-Chief of *JCE&M* from members of the Society. The new EIC will formally assume responsibility on January 1, 2005, but must be available to coordinate the transition of editorship with Dr. Bilezikian in mid 2004 and be set up to begin receiving manuscripts for peer review in the fall of 2004. The official term will end December 31, 2009, but the EIC must be available, during the editorial office's phase out operations, until January 31, 2010.

Applicants must be members in good standing of The Endocrine Society. They should be dynamic, nationally recognized clinicians and/or clinical scientists willing to devote a significant portion of their time to journal affairs; who can maintain and enhance *JCE&M's* reputation for relevance to the practice and advancement of endocrinology; who will lead the journal to achieve outcomes consistent with The Endocrine Society Strategic Plan; and who will innovate to ensure that *JCE&M* meets the evolving needs of the clinical endocrinologist and clinical investigator.

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JCE&M is The Endocrine Society's flagship clinical journal. Its Impact Factor ranks it 13th among endocrinology journals in ISI's current Science Citation Index and in the top 4% of all 5,748 scientific journals. In 2001, *JCE&M* was cited 41,169 times, more than all of the diabetes journals combined.

Successful features started or planned by Dr. Bilezikian include: a special Endocrine Care section of each issue with articles of heightened interest to the practicing endocrinologist; a "news and views" section of each issue; book reviews; letters to the editor; viewpoints articles on social or ethical topics; and special feature articles designed to keep the readership abreast of the latest and most significant advances in clinical endocrinology. These special feature articles have included mini-reviews, controversies, perspectives, commentaries, hot topics, extensive personal experience, and summary statements. Initiatives to attract the submission of more clinical trials to *JCE&M* have been successful. The new EIC is expected to build on these initiatives.

The new EIC will work with a managing editor and manuscript-processing staff who are located in a centralized editorial office at the Bethesda, MD office of The Endocrine Society. The office uses an online peer review and manuscript tracking system, E-Review, that has streamlined the process and facilitated centralization. The EIC will maintain an office and one administrative assistant at his/her institution. The EIC receives administrative support from The Endocrine Society Office, particularly the Senior Director of Journal Publications, who manages all of the publishing business activities of the Journal, and the Senior Director of Finance and Administration, who oversees the administration of the budget of the Journal.

The EIC is responsible for the content and direction of the journal, subject only to the approval of the Publications Committee and Council. *JCE&M* receives 2,100 submissions and publishes 5,750 pages annually. Time from submission to first decision is 39 days and the acceptance rate is 32%. The EIC is

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assisted by a Deputy Editor, 10 Associate Editors and an editorial board of 137. The EIC develops and manages the Editorial Board, and provides regular reports on journal and editorial activities to The Endocrine Society Publications Committee, of which he/she is an ad hoc member. The EIC is also a voting member of the Journals Steering Committee, and is required to attend three yearly meetings of the Publications and Journal Steering Committees. The EIC also serves as an ad hoc member of the Jury for The Endocrine Society/Pharmacia Corporation International Award for Excellence in Published Clinical Research in *JCE&M*. The Jury meets once a year and the EIC's role includes coordinating the papers to be considered for the award.

Applications must be submitted by February 15, 2003. Nominations must be submitted in time for the search subcommittee to solicit the application from the appropriate nominees by this date. The selection process for the EIC begins with the Publications Committee's review of all applicants/nominees at its March 2003 meeting. Selected candidates will be contacted after the meeting by the search subcommittee chair and asked to provide more details about proposed associate editors, goals and new initiatives for the journal, and a draft budget for the EIC and his/her assistant. (The Endocrine Society Finance and Publications Directors will prepare the centralized *JCE&M* editorial office budget in consultation with the new EIC). The Publications Committee will interview finalists in person at its September 2003 meeting and choose an EIC to recommend to The Endocrine Society Council.

The applicant must submit a full CV and include the following information in not more than three single-spaced typed pages:

- A brief description of his/her qualifications.
- A short statement outlining the approach that will be taken to editing the Journal, including goals for content, target readership, manuscript acceptance criteria, and editorial policy.
- The desired number of Associate Editors, how meetings of the Editorial Board will be convened, and how editorial decisions will be made. He/she need not designate all of the Associate Editors, but rather suggest a sufficient

number of specific individuals, with an appropriate distribution of skills, to allow the committee a sense of the composition of the group that will be responsible for journal content.

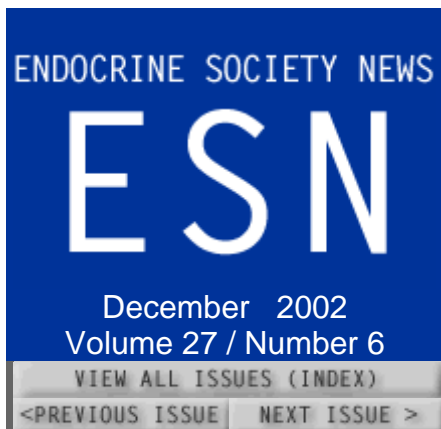
- A discussion of the present status of the journal, opportunities for growth and enhancement, and plans to achieve these goals.

Please send letter of application/or nomination to arrive no later than February 15, 2003, to Dr. Mark Molitch, Chair of the *JCE&M* EIC Search Subcommittee of the Publications Committee. Nominators of individuals should provide a brief description of the candidate's qualifications for the position. The Committee requires all curricula vitae and letters of application must be submitted as PDF attachments.

- Mark E. Molitch, M.D. Northwestern Univ Med Sch Ctr for Endo, Metab & Molec Med 303 E Chicago Ave Tarry 15-731 Chicago, IL 60611-3008 Email: Molitch@northwestern.edu

Individuals with questions regarding this position may contact Dr. Molitch (312) 503-4130, email Molitch@northwestern.edu; Dr. Agi Schonbrunn, Ph.D., Chair of the Publications Committee, at (713) 500-7470, email Agnes.Schonbrunn@uth.tmc.edu; Dr. Bilezikian, current EIC of *JCE&M* (212) 305-6238, email jcem@endo-society.org; Senior Director of Publications, Lenne P. Miller, at (301) 941-0235, email lmiller@endo-society.org

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Call for Nominations and Applications for Book Review Editor

Call for Nominations and Applications for Book Review Editor

The Publications Committee of The Endocrine Society plans to initiate a program of book reviews in its journals and seeks nominations and applications for the position of Book Review Editor. The editor will keep apprised of new books published in areas of interest to all the different constituencies of the Endocrine Society membership, will solicit new books from publishers for review, identify reviewers, and manage the crafting of reviews for publication in the appropriate Endocrine Society journal (Journal of Clinical Endocrinology, Endocrinology or Molecular Endocrinology). The position will be for five years (June 2003 - June 2008), will carry a modest honorarium, staff support from the Society office and the gratitude of Society members. Details of the frequency of reviews published will be agreed in advance and reviewed during the editor's tenure as needed. The committee seeks a senior scientist with broad knowledge of endocrine science and medicine, a record of writing or editing consistent with the editorial role, and a commitment to deliver timely and high quality reviews. The applicant should submit a CV and a brief cover letter describing his/her qualifications for the position and a short statement outlining the approach the applicant would take to the position. Applications must be submitted by January 15, 2003. Nominations must be submitted in time for the Search Subcommittee to solicit the application from the nominee by the deadline date. The Committee requires the

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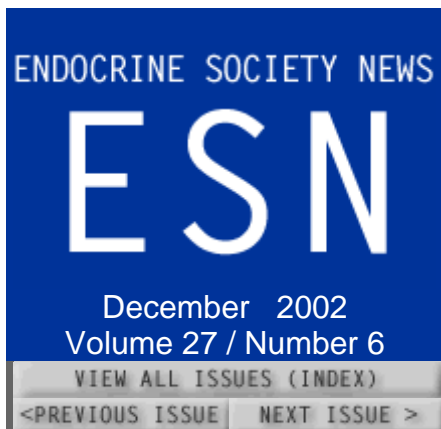
submission of curricula vitae and letters of application as PDF file attachments.

Nominations and applications should be sent to: Hunter Heath III, M.D., Eli Lilly and Company, Lilly Corporate Center, Indianapolis, Indiana 46285 or HHeath@lilly.com

Individuals with questions regarding this position may contact Dr. Heath at 317-277-4416 or HHeath@lilly.com

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History Project Seeks Past President Portraits

History Project Seeks Past President Portraits

The History Project is trying to obtain 8" x 10" black and white portraits of past Endocrine Society presidents who have not already submitted them. The photographs will be hung on the walls of the Society's offices in Bethesda, Maryland.

All past-presidents and families of past-presidents are encouraged to submit the portraits. The History committee would be grateful to anyone who can assist with locating portraits of the Society's presidents over the first forty years. Please forward photos to Dr. Adolph Friedman at: The Endocrine Society 4350 East West Highway, Suite 500 Bethesda, MD 20814 All photos will be copied and returned to the owners.

As Endo 2003 quickly approaches, the committee also appreciates any contributions of old endocrine text books and memorabilia suitable for display at the annual meeting. Please also forward these to Dr. Friedman at the address listed above.

For additional information, please contact Dr. Adolph Friedman at 301-951-2607.

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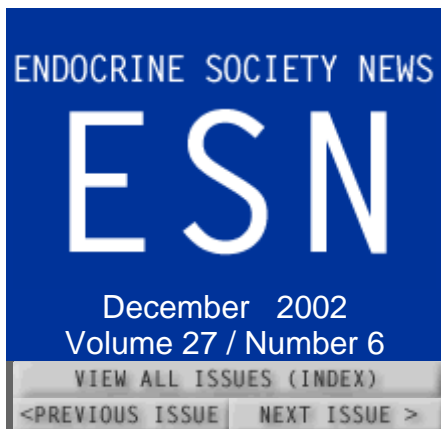
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Strategic Plan Bylaws Amendment Approved

The results of the second 2002 Bylaws amendment vote (ballots were sent in September, 2002) are in. The amendment was approved by a majority of the members voting: Ninety-five percent of the voters were in favor of the amendment. This ballot consolidated in one integrated amendment a number of interconnected Bylaws changes to The Endocrine Society's governance systems. These changes will enable the Society to achieve the goals of the new Strategic Plan approved by Council in January, 2002.

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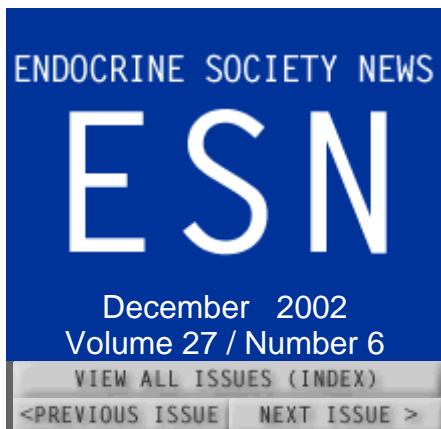
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Members of the Minority Affairs Committee recently participated in the Society for the Advancement of Chicanos and Native Americans in the Sciences (SACNAS) 2002 held in Anaheim, CA. The conference is attended by talented undergraduate and graduate students seeking knowledge and opportunities to enhance their career options. The gathering serves as a venue for information transfer between role models, faculty members, exhibitors and students. The Minority Affairs Committee awarded four students for their endocrine related poster presentations. Honored students will receive cash prizes, certificates from the Endocrine Society, one year free student membership and one year free online subscription to *Endocrine Reviews*.

The winners were:

- [Reymundo Dominguez](#), California State University, Los Angeles, Poster: "Estrogen Has A Potent Effect On Neurite Outgrowth In Cholinergic Neurons"
- [George Johnson](#) et al. University of Texas El Paso, Poster: " Random Genetic Variation In Unisexual Sympatric Lizards: Influence Of Reproductive Structure And Karyotype"
- [Tanya Williams](#) et al., Weill/Cornell/Rockefeller/Sloan-Kettering, Tri-Institutional MD-PhD Program, Poster: " The Effect Of Reconstituted Estrogen Receptors Alpha And Beta On Gene Expression In The Corresponding Knockout Mouse Brain"
- [Sarah Lopez](#), University of California, Irvine, Poster: " The Effects Of Cyclophosphamide (CPA) On The Synthesis Of Glutathione (GSH) In Rat Ovaries"

For additional information about the Minority Affairs Committee and its outreach activities, please contact staff liaisons [Veronica Parcan](mailto:Veronica.Parcan@endo-society.org) at vparcan@endo-society.org or [Kirsta Suggs](mailto:Kirsta.Suggs@endo-society.org)

at ksuggs@endo-society.org

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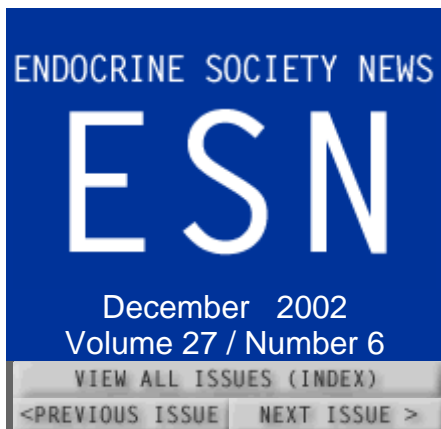
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Membership Today!

Only active members & Emeritus members of The Endocrine Society may sponsor abstracts for ENDO 2003. Please pay for your membership dues and subscriptions today to ensure that you will be eligible to sponsor your own abstracts and those of your students and fellows. If you have any questions about your Society membership, please contact the Society Services Center at 301-941-0210 or societyservices@endo-society.org

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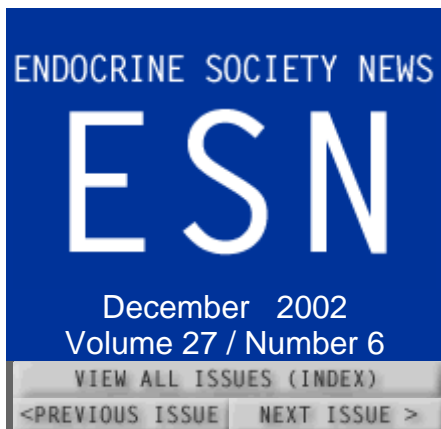
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Women In Endocrinology

Nominations Requested for the Women in Endocrinology (WE) Mentor Award

Women in Endocrinology (WE), an organization that represents a broad cross-section of endocrinologists and promotes the scientific advancement and recognition of female endocrinologists, presents an annual Mentor Award at the Endocrine Society's annual meeting. The WE Mentor Award is sponsored by a grant from Pfizer, Inc. The awardee receives an honorarium of \$1,000 and

[The award recognizes outstanding scientists who have encouraged and promoted female endocrinologists and who have been instrumental in changing institutional policy towards professional women.](#)

travel expenses to the Annual WE Dinner meeting, which is held in conjunction with The Endocrine Society's annual meeting. Past recipients of the WE Mentor Award include Neena B. Schwartz, Peng Loh, Anita Payne, William F. Crowley, Jack Gorski and Anne Klibanski. For more information about the nomination process, please visit http://www.women-in-endo.org/Pages/mentor_award_nom.html

Nominations for the 2002 WE Mentor Award should be sent to the Chair of the WE Awards Committee:

- Kathryn Horwitz, Ph.D. Endocrinology, B151 UCHSC 4200 E 9th Ave Denver, CO 80262
Phone: 303-315-0805 Fax: 303-313-4525
kate.horwitz@uchsc.edu

Applications must be received by **January 8, 2003**. The award will be presented at the WE dinner at The Endocrine Society Meeting in June 2003.

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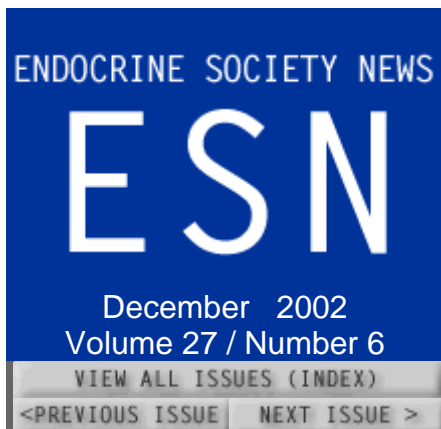
Women in Endocrinology also provides travel awards to help cover travel expenses associated with attendance at The Endocrine Society's Annual Meeting. Award winners each receive \$500 and will be invited guests at the annual WE dinner meeting. Fifteen to twenty awards are given annually, with two named awards given to the most outstanding applicants: "

- The Janet W. McArthur Award for Excellence in Clinical Research
- The Neena B. Schwartz Award for Excellence in Basic Science

An announcement regarding applications for WE Travel Awards will appear in a subsequent issue of ESN and on the WE web site at http://www.women-in-endo.org/Pages/travel_awards.html

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- [CME Programs Now Available Online](#) For complete program information, CME accreditation and computer requirements, visit www.endo-society.org/education/online_cme.cfm
- [Mark Your Calendar for ENDO 2003!](#) ENDO 2003 will be held Thursday-Sunday, June 19-22, 2003 in Philadelphia, PA. Visit www.endo-society.org/scimeetings/index.cfm for more information as it becomes available.
- [CEU 2002 Syllabus-On Sale Now](#) The Clinical Endocrinology Update (CEU) 2002 Syllabus is a comprehensive source of the lectures and clinical case discussions presented during CEU 2002. To order your copy, go to www.endo-society.org/journals/catalog.cfm
- [Recent Progress in Hormone Research, Volume 57](#) An authoritative compilation of critical research focusing on Diabetes Types 1 & 2, Insulin Resistance, PCOS and more! To order, go to www.endo-society.org/journals/catalog.cfm

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WorldWide Endocrine Events Caler

- *December 5-7, 2003:* Islet Transplantation 2002 And Beyc 2nd Annual Symposium. Rancho Mirage, CA. For more information, visit www.annenberg.net or call (800) 321-366
- *December 14-18, 2003:* American Society of Cell Biology's Annual Meeting. San Francisco, CA. For more information visit www.ascb.org
- *January 18-23, 2003:* Clinical Diabetes & Endocrinology ir Snowmass Village, CO. For more information, visit www.i or email tami@meri.org or call (303) 798-9682.
- *January 21-26, 2003:* Keystone Symposia: "Obesity: New Into Pathogenesis and Treatment." Silverthorne, CO. For i information, visit www.keystonesymposia.org or call (970) 1230.
- *February 4-9, 2003:* Keystone Symposia: "PPARs: Transc Regulators of Metabolism and Metabolic Disease." Silvertl CO. For more information, visit www.keystonesymposia.c call (970) 262-1230.
- *February 13-18, 2003:* AAAS Annual Meeting and Science Innovation Exposition. Denver, CO. For more information, visit www.aaas.org
- *February 15-18, 2003:* 2nd International Workshop on the Genetics of Bone Metabolism and Disease. Davos, Switze For more information, visit www.ectsoc.org or call +44 (0) 549929.
- *February 17-19, 2003:* 3rd International Workshop on Insu Resistance. New Orleans, LA. For more information, visit <http://conferences.intmedpress.com/insulin> or email meganollinger@us.intmedpress.com or call (404) 2 6446.
- *February 23-28, 2003:* 6th Mayo Clinic Endocrine Course. Coast, HI. For more information, visit www.mayo.edu or c 323-2688.
- *February 28, 2003:* Public Health Strategies for Protecting Thyroid with Potassium Iodide in the Event of a Nuclear In A Symposium of the American Thyroid Association. Wash DC. For more information, visit www.med.jhu.edu/cme or ckowarski@jhmi.edu or call (410) 614-0148.
- *March 19-22, 2003:* Second International Symposium on F from Basic Science to Clinical Applications. Florence, Italy more information, visit www.lorenzinfoundation.org or c: 797 0401.
- *March 24-26, 2003:* 22nd Joint Meeting of the British Endc Societies. Glasgow, United Kingdom. For more informatio visit www.endocrinology.org or call 44 (0) 1454 642210.
- *March 29 - April 5, 2003:* American Academy of Neurology Annual Meeting. Honolulu, HI. For more information, visit www.aan.com
- *April 3-5, 2003:* American College of Physicians (ACP) an American Society of Internal Medicine (ASIM) Annual Ses San Diego, CA. For more information, visit www.acponlin call (800) 523-1546 ext.2600.

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- *April 5-9, 2003:* American Association for Cancer Research Annual Meeting. Toronto, Ontario, Canada. For more info visit www.aacr.org/2003AM or call (708) 344-4444.
- *April 8-9, 2003:* Laboratory 2003---What is your definition? Boxborough, MA. For more information, visit www.nerce.org email Esigillo@novabio.com or call (781) 647-3700.
- *April 9-12, 2003:* The Sixteenth Annual Conference of the Pediatric Endocrinology Nursing Society. Atlanta, GA. For information, visit www.seronosymposia.org/endocrinology/event_descr_id=107 or email Ursula.burke@serono.com or call 781 681 6818
- *April 11-15, 2003:* ASBMB Annual Meeting in Conjunction Experimental Biology 2003. San Diego, CA. For more info visit www.asbmb.org or call (301) 530-7145.

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New Members

WELCOME
MEMBERS

NEW

On behalf of The Endocrine Society, the Membership Committee is proud to present its newest Active Members and Associates who were accepted into the Society between August 24, 2002 and October 21, 2002. These members have demonstrated their commitment and contributions to the field of endocrinology. Please join us in wishing them a warm welcome. We look forward to their participation in all Society programs and events.

UNITED STATES ALABAMA Solomon M. Hamilton Jay M. McDonald ARIZONA Edward Holland CALIFORNIA Reymundo Dominguez Colin R. Dunstan Louise C. Greenspan Robert S. Heymann Heidi Kast-Woelbern Michael K. Lai Jonathan C. Li Puiying A. Mak Luis Martinez Sunny Y. Melendez Tatjana Naranda Susan A. Phillips Mitchell P. Rosen Seyed Samsamshariat Steven M. Snyder Andrew A. Stolz Claudia M. Toledo Irina A. Urusova Peter D. Vash Richard Y. Yoo COLORADO William L. Gitomer Moshe Levi CONNECTICUT Youssef B. Khawaja David Moll Ibitoro N. Osakwe Lavanya Sundararajan DISTRICT OF COLUMBIA Lewis R. Brown William B. Lawson FLORIDA Michael Clare-Salzler Diane R. Krieger Shital R. Patel GEORGIA Judson G. Black Lyle M. Fox John C. Tripp Tanya J. Williams HAWAII Simona Ognjanovic ILLINOIS Liwei Huang Chantal S. Lutfallah Jennifer J. Parker Yongbing Pu Gitana Staskus Xiaoyan Zhou INDIANA Jane M. Bridges LOUISIANA James J. Collier Ali A. Jawa Juanita R. Kcomt Joseph E. Murray Wenxian Zeng MASSACHUSETTS Myles Brown Victoria A. Januski Philip E. Knapp James F. List Ronnen Roubenoff Timothy D. Stryker MARYLAND Neelofar M. Alam Nicholas B. Argento Anne Z. Murphy Wolali A. Odonkor Gebreye W. Rufael Victor S. Schneider William T. Scouten Dragana Tomic MINNESOTA Kevin J. Sheridan Daniel K.

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MISSOURI Abby S. Hollander NEW
HAMPSHIRE Joseph B. Savage NEW
JERSEY Martin K. Belsky Brian E. Bolden
Betsy Jacob Abigail I. Kamishlian Sushma D.
Kaul Ian H. Levy Mary A. Pelleymounter
Mitchell S. Silverman NEW MEXICO Susan
A. Velarde NEW YORK Catherine A. Alexis
Shirley Bembo Jyoti Bhattarai Rafael Bravo-
Vera Jennifer J. Kelly Edith J. Langner
George L. Marthy Lina Mitchell Richard H.
Nachtigall Robert Ortiz Michael T. Pugliese
Marielisa Rincon Kumarpal A. Shah Arsalan
Sheikh Jay Watsky Craig B. Wexler NORTH
CAROLINA Michael J. Sollenberger OHIO
Mariam Daniel Renee A. Kinman Roger S.
Peckham OKLAHOMA Gerard Elberg
OREGON Jan Smulovitz Hyun Sook Suh Shi-
Xi Zheng PENNSYLVANIA Rajib K.
Bhattacharya Debu Chakravarti Melissa A.
Cunningham Natalia Keyser Gregory S. Kopf
David A. Macaluso SOUTH CAROLINA
Vonda G. Calcutt Melissa A. Carlucci Charles
Kapungwe TENNESSEE Amber N. Collins
Stephen N. Davis Henry W. Foster Jennifer L.
Najjar TEXAS Patrick G. Brosnan Melanie
Cree John S. Dallas Peter J. A. Davies
Leonard C. Glass Mini Gopalan Lauren
Graham Dana S. Hardin Rabih A. Hijazi
Sangeeta R. Kashyap Leena S. Kumar
Prashant V. Nadkarni Marcos A. Salazar
Rachel Schiff VIRGINIA Ben D. Phillips
Jeffrey M. Sicat Amy E. Freeth
WASHINGTON Carla J. Greenbaum Linda
S. Krook WEST VIRGINIA Greta Guyer
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Suzuki MEXICO Rafael R. Cruz Antonio H.
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Chung Sunwook Kim UNITED KINGDOM
John H. D. Bassett Christopher S. Garside
Manojchandra S. Mishra Phillip Yeoh
VENEZUELA Q. Raul Caminos-Torres

UPGRADES

Please join the Society in congratulating the following members who were Fellow/Student Associates and have upgraded their membership between August 24, 2002 and October 21, 2002.

UNITED STATES

ALABAMA Muzaffar B. Piracha ARIZONA
Jeannie H. Chen CALIFORNIA Neelima V.
Chu Andy H. Dang Sherry L. Franklin
CONNECTICUT Adam B. Mayerson
DISTRICT OF COLUMBIA Adriana Stoica
FLORIDA Claudio De Prisco Maria E.
Gutierrez Mark A. Lupo Gopinath S. Sunil
Ramon A. Urdaneta GEORGIA Karen E.
Smith ILLINOIS Adil Alavi Grazia M.
Aleppo Joan S. Jorgensen Guoquan Liu Rong
Nie Maylene Ilas Peralta KENTUCKY
Salomon Banarer Melinda E. Wilson
LOUISIANA Matthew E. Burow Ricardo
Gomez MASSACHUSETTS Michael S. D.
Agus Paola P. Divieti Panayiotis Economides
Seth J. Field Lalita Khaodhiar Polyxeni
Koutkia Nicholas Musi Haiyan Xu
MARYLAND Andrew J. Bauer Ann E.
Fraker Michael J. Garant Gabriel I. Uwaifo
MICHIGAN Bashaar E. Kiami Ashish Verma
MINNESOTA Kurt A. Kennel MISSOURI
Vikram Chandurkar MISSISSIPI Kevin T.
McGinnis Wayne Woo MONTANA Jose C.

de Souza NEBRASKA Cyrus V. Desouza
NEW HAMPSHIRE Charmaine G. Yap NEW
JERSEY Jajin Thomas Chon Christopher
Coyne David A. Forstein Yanlin Wang-
Fischer NEW YORK Anne-Marie Brillantes
Julia A. Johnson Caurnel Morgan Matthew J.
Scobey Susan Thys-Jacobs Vatcharapan
Umpaichitra Chenguang Wang NORTH
CAROLINA Andrea Maria Haqq Y. Renee
Lea-Currie Jeremy B. Soule Susan E. Spratt
Zhiping Zhang OREGON Matt Davies Nick
Z. Lu Margaret A. Vajdos PENNSYLVANIA
Mark C. Campbell Reena Satyawadi Brian M.
Shewchuk Xiangdong Wu TENNESSEE
Jeffrey B. Boord Revi P. Mathew TEXAS
Jennifer L. Gooch Ugis Gruntmanis Peter T.
Ngo Figen Ugrasbul-Eksinar Steven
Waguespack VIRGINIA Christine Eagleson
Roy W. Langley Tessie Otero-Truitt
WASHINGTON Heather-Marie Wilson
WISCONSIN Mushtaq Ali Syed David W.
Toth

INTERNANTIONAL

CANADA Muhammad Chaudhry Syed A.
Imran Aram Shahparaki Stan Van Uum
FRANCE Jean-Louis Carsol GERMANY
Hilke Wientgen MEXICO Sigfrido L. Miracle
PORTUGAL Joao F. C. S. Raposo REP OF
SINGAPORE Yin Chian Kon
SWITZERLAND Wolfgang K. Moritz
TURKEY Adnan Gokcel UNITED
KINGDOM Catherine L. Dakin Neil J.
Gittoes Philip G. McTernan Harpal S.
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