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Endocrine Society Members Visit Capitol Hill, Meet with Key Congressional Officers

The Society's Government Relations Committee (GRC) completed its second trip this year to Capital Hill to advocate on behalf of Society members and the endocrine community. On September 15, GRC members Dr. Daniel Spratt, Dr. Joan Jorgensen, Dr. Thomas Landefeld and Dr. Robert Zimmerman met with five Congressional offices as well as the Deputy General Council of the Department of Health and Human Services.

While visiting with members of the House of Representatives, the GRC met with the office of Congresswomen Mary Bono (R-CA), the sponsor of the Society-supported IMPACT Act, to get an update on the legislation and brief them on the status of scientific discovery in the area of obesity.

In addition, committee members met with the office of Congresswoman Diana DeGette (D-CO), who is the co-chair of the Congressional Diabetes Caucus, to discuss public health policy in the areas of diabetes and minority health disparities. The final meeting with House offices was held with the Congressman Mike Bilirakis (R-FL), Chairman of the House Health Subcommittee, to discuss Congressional investigations of the dietary supplement industry, and the future of pending obesity and diabetes legislation during this session of Congress.



Endocrine Society lobbyist, Bill Applegate (second from left), joins

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Society members Drs. Robert Zimmerman Daniel Spratt, Joan Jorgensen, Thomas Landefeld

GRC members then met with the office of Senator Judd Gregg (R-NH), Chairman of the Senate Health, Education, Labor and Pensions Committee (HELP). The meeting was held in advance of the HELP committee's recent hearing that discussed the future of the National Institutes of Health (NIH). Chairman Gregg's office has asked that The Endocrine Society submit comments to their office about Society members experiences with the National Institutes of Health (NIH) and suggestions for how NIH can function better as a conduit for national medical research. Senator Gregg is considering introducing legislation that would increase inter-institute cooperation within the NIH and also aid NIH Director, Dr. Elias Zerhouni, with his recently announced "roadmap initiative." The Society's Research Affairs Committee will draft comments as suggested by Senator Gregg, which will then be considered as legislation is drafted.

The day on Capital Hill concluded with a trip to the Department of Health and Human Services (HHS) where GRC members were treated to a tour of the HHS "war room." The war room was created following the September 11th tragedies to allow for a state of the art central location to track national emergencies and health outbreaks. Later, the visit turned to policy discussions and GRC members expressed the Society's growing concern about the future of NIH funding and the need to maintain appropriate levels of funding if we are to follow up on the progress gained from the five-year doubling period.

Visits to Capital Hill provide the GRC with the opportunity to maintain consistent contact with Congress and develop relationships. The GRC will continue to cultivate existing Congressional relationships and foster new ones to aid The Endocrine Society in it's future advocacy goals.

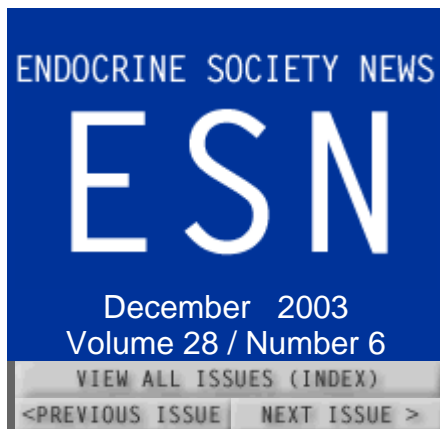
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Member Honors

Endocrine Society Members Elected to Institute of Medicine

Four members of The Endocrine Society were recently elected to the Institute of Medicine (IOM). These members join 67 other Endocrine Society members who are also members of the IOM. The IOM was chartered in 1970 as a component of the National Academy of Sciences. The Institute provides a vital service by working outside the framework of government to ensure scientifically informed analysis and independent guidance. The IOM's mission is to serve as adviser to the nation to improve health. The Institute provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large. The Endocrine Society congratulates these members for their accomplishments:

- John D. Baxter, M.D., University of California San Francisco
- Ronald M. Evans, Ph.D., Salk Institute
- Jeffrey S. Flier, M.D., Beth Israel Deaconess Medical Center
- Keith R. Yamamoto, Ph.D., University of California San Francisco

Jeffrey S. Flier, M.D., Chief Academic Officer of Beth Israel Deaconess Medical Center and George C. Reisman Professor of Medicine at Harvard Medical School will supervise and serve as principal investigator of a new, five-year, \$500,000 unrestricted metabolic research grant awarded by the Bristol-Myers Squibb Company. The grant is for research investigating the mechanisms of insulin action and resistance, the molecular and cellular aspects of obesity and the relationship of obesity to type II diabetes.

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V.Craig Jordan, OBE, PhD, DSc, DSc (Hon), FRSC Diana, Princess of Wales Professor of Cancer Research and Professor of Molecular Pharmacology and Biological Chemistry at the Robert H. Lurie Comprehensive Cancer Center of the Feinberg School of Medicine of Northwestern University, has received three major international awards. The 2003 Charles F. Kettering Prize, rewarded annually at the General Motors Cancer Research Foundation Scientific Conference, the North American Menopause Society/Eli Lilly and Company SERM Research Award, and the Third George and Christine Sosnovsky Award in Cancer Therapy from the Royal Society of Chemistry (UK). Dr. Jordan and his team's research on the breast cancer drug tamoxifen revolutionized the field of cancer therapy, introducing the concept of targeting treatment in cancer therapy.

Thomas Landefeld, Ph.D., Associate Dean for Faculty Affairs and Scholarly Activities at California State Dominguez Hills, has been elected President of the Minority Access to Research (MARC) and Minority Biomedical Research Support (MBRS) Program Director's organization. Dr. Landefeld has also been elected President-Elect of the Bridges Program Director's organization.

Frank Talamantes, Ph.D., Vice Provost and Dean of Graduate Studies at the University of California Santa Cruz, has been invited by The Secretary of Health and Human Services, Tommy Thompson, to serve on the National Advisory Environmental Health Sciences Council. Dr. Talamantes also recently joined the grants review panel for the National Center for Minority Health and Health Disparities.

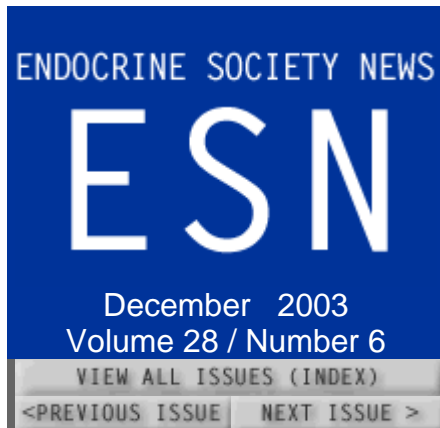
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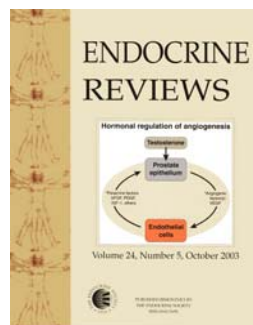
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CALL FOR NOMINATIONS AND APPLICATIONS FOR

Dr. E. Brad Thompson will complete his five-year term as the Editor-in-Chief of *Endocrine Reviews* on December 31, 2005, 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 *Endocrine Reviews* from members of the Society. The new EIC will formally assume responsibility on January 1, 2006, but must be available to work with Dr. Thompson to prepare joint review solicitations beginning in January 2005 and be set up to assume unsolicited review duties by October 2005. The official term will end December 31, 2010, but the EIC must be available, during the editorial office's phase out operations, until January 31, 2011.

Applicants should be dynamic, nationally recognized endocrinologists willing to devote a significant portion of their time to journal affairs. They should maintain and enhance *Endocrine Reviews'* reputation for providing a mix of basic, transitional and clinically relevant articles and lead the journal to achieve outcomes consistent with The Endocrine Society Strategic Plan.



Endocrine Reviews is The Endocrine Society's most highly cited journal, with an Impact Factor of 21.643, ranking it 1st among endocrinology journals in the ISI's 2002 Science Citation Index and 19th among 5,876 scientific journals surveyed.

The new EIC will work with a managing editor located in the centralized editorial office at the Chevy Chase, MD, office of The Endocrine Society. The EIC will maintain an office and one administrative editorial assistant at his/her institution. The EIC receives administrative support from The Endocrine Society Office, particularly the Senior

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Director of Journal Publications, who manages all of the publishing business activities of the journal, and the Senior Director of Business Operations, who oversees the administration of the budget of the journal.

There are several differences between *Endocrine Reviews* and the other Society journals. Review articles are lengthy and pedagogical; the page allocation for *Endocrine Reviews* is lower; and the publication schedule less frequent. The first difference is significant in terms of the amount of work involved relative to the material published. Moving a review article from proposal to publication is an intensive process taking anywhere from six months to three years and involving multiple revisions and reviews. Although review articles are a vital part of scientific literature, researchers by necessity give precedence to activities requiring immediate attention, such as grant writing, conducting and publishing original research, teaching and clinical practice. The EIC should be prepared to deal with this inherent challenge and committed to advancing the field of endocrinology by promoting review articles that introduce new advances in other fields to endocrinologists.

The EIC is responsible for the content and direction of the journal, subject only to the approval of the Publications Committee and Council. During the past 12 months, *Endocrine Reviews* received 37 manuscripts for review, 20 of which were basic and 17 of which were clinical. Of the manuscripts received, 19 were solicited and 18 were unsolicited. *Endocrine Reviews* publishes 800 pages annually. The current EIC is assisted by four associate editors, an advisory board of two and an editorial board of 17. 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. An additional responsibility of the EIC of *Endocrine Reviews* is overseeing the publication of *Recent Progress in Hormone Research*, which since 2001, has consisted of solicited papers based on the theme of the previous year's Annual Meeting of The Endocrine Society. The *RPHR* Editor, appointed by the EIC of *Endocrine Reviews*, is directly responsible for this publication.

Applications must be submitted by February 23, 2004. 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 13, 2004, 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

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assistant. (The Endocrine Society Finance and Publications Directors will prepare the centralized editorial office budget in consultation with the new EIC). The Publications Committee **will interview finalists in person at its September 11, 2004, 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, review 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 23, 2004**, to Dr. Fred Schaufele, Chair of the *Endocrine Reviews* 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.***

Fred J. Schaufele, Ph.D.

Univ of California San Francisco

Dept of Med/Metabolic Res Unit

513 Parnassus Avenue-HSW 1119

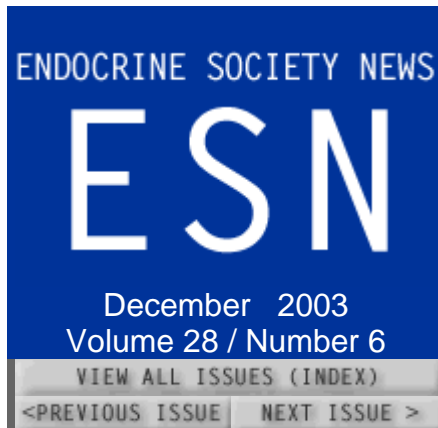
San Francisco, CA 94143-0540

Email: freds@diabetes.ucsf.edu

Individuals with questions regarding this position may contact Dr. Schaufele at (415) 476-7086, email: freds@diabetes.ucsf.edu; Dr. Agi Schonbrunn, Ph.D., Chair of the Publications Committee, at (713) 500-7470, email: Agnes.Schonbrunn@uth.tmc.edu; Dr. Thompson, current EIC of *EDRV* at (409) 772-2271, email: [Printed: 8/17/2005 10:14:34 AM || URL: <http://news.endo-society.net/index.php3?id=16&aid=232> || Page: 3](mailto:endoreviews@endo-</p></div><div data-bbox=)

[society.org](#); Senior Director of Publications, Lenne P. Miller, at (301) 941-0235, email:
lmiller@endo-society.org

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Why Obesity?

Why Obesity? Some of you may have wondered why a “card-carrying” thyroidologist would choose the topic of Obesity as the theme for my term as President of The Endocrine Society. After all, there are many broad areas that tuck more neatly under the rubric of thyroid related disorders -- areas that also have broad appeal and with which I have more experience and affinity. One good example would be Translation: From Clinical Research to Basic Molecular Mechanisms.



Chip Ridgway, M.D.

Type II Diabetes Mellitus, and the newly-recognized danger of Metabolic Syndrome.

The obvious fallout to our citizens is poorer health, social isolation, reduced employability, and shorter, less productive lives. The economics and dollar cost of this tragedy is staggering. Estimates suggest that \$122.9 billion dollars are spent each year on Obesity-related health problems. More frightening is our collective realization that we have few medical solutions, including few drugs with limited efficacy and borderline tolerability and safety. Bariatric surgery becomes the most dramatic and expensive last resort, reserved for our most

However, after a good bit of thinking and talking with colleagues, focusing the Society on Obesity was really an obvious and important decision. Our nation, as well as many of our international constituents, faces a series of appalling demographic statistics. Thirty percent of US citizens are obese with Body Mass Indexes (BMIs) of equal to or greater than 30. Sixty-five percent of our population is overweight or obese with BMIs over 25. Our children are no longer lean and trim but have been ensnared by the vicious cycle of inactivity, excessive caloric intake, weight gain, and more inactivity. Obesity becomes an absolutely critical link to insulin resistance,

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desperate and incapacitated patients with BMIs greater than 40. As a result, collectively as a nation, we have turned our attentions to creative preventive programs engaging local, state and national initiatives. How successful these programs will be has yet to be demonstrated rigorously, and their effectiveness over time has been their point of greatest vulnerability. It is based on this drastic landscape that I decided to make Obesity the theme for my Presidential year.

I have appointed an Obesity Task Force (OTF) to facilitate elaboration of this theme throughout the Society activities this year. The OTF is chaired by Michael Jensen, M.D. from the Division of Endocrinology at the Mayo Clinic in Rochester, MN. Task force members include:

1. Claude Bouchard, Ph.D., Pennington Biomedical Research Center at Louisiana State University
2. George Bray, M.D., Pennington Biomedical Research Center at Louisiana State University
3. Susan Fried, Ph.D., University of Maryland, Baltimore VA Medical Center
4. James Hill, Ph.D., University of Colorado Health Sciences Center
5. Terry Maratos-Flier, M.D., Joslin Diabetes Center
6. Steve O'Rahilly, M.D., University of Cambridge
7. Mike Schwartz, M.D., University of Washington Harborview Medical Center
8. Holly Wyatt, M.D., University of Colorado Health Sciences Center
9. David York, Ph.D., Pennington Biomedical Research Center at Louisiana State University

The charge to the task force is broad -- to advance and advocate for the Obesity theme within the fabric of The Endocrine Society and The Hormone Foundation. First, the OTF has played a critical role in assisting the Annual Meeting Steering Committee (AMSC) in planning for plenary, symposia, and meet-the-professor sessions at the ENDO 2004 Annual Meeting in New Orleans. The OTF prepared a list of compelling topics and speakers which have been incorporated into the

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program. The task force divided the suggestions to AMSC into five areas of Obesity-related endocrine science: clinical obesity topics, regulation of energy expenditure, neuroendocrine control of energy balance, adipose cell biology, and nutrient sensing. Obesity genetics will cut across all of the other five areas. Holly Wyatt and George Bray represented the OTF at the AMSC meeting in August 2003. A wonderfully exciting program has been created, and speakers are currently being invited. Like previous Presidential themes, Obesity will be reflected in about 20-25% of the meeting content.

Second, the OTF is working with the meetings department of The Endocrine Society to create ways to celebrate the theme during the Annual Meeting. These ideas will offer multiple experiential opportunities for participants, including some or all of the following:

1. Fitness health check
2. Athletic performance analysis
3. Registered dietitians on site
4. Exercise physiologists
5. Tests such as BMI, lipid profile
6. Pedometers for participants
7. Daily aerobics classes/equipment demonstrations
8. Healthy cooking demonstrations by local chefs

Third, the Obesity Task Force is working with our Journals Department and our Editors in Chief to identify authors and solicit Obesity-related articles, mini-reviews, and reviews for our journals. The last volume of Recent Progress in Hormone Research will be dedicated to articles that span the continuum from John Baxter's theme of Cardiovascular Endocrinology to this year's theme of Obesity.

Fourth, the OTF is working closely with the Development Committee to identify industrial partners to sponsor the multiple Obesity related programs at ENDO 2004 and other related satellite meetings on this theme.

Fifth, the OTF is working closely with our Hormone Foundation to develop programs and enduring educational materials for advocacy with the public. Clearly, there is an increasing demand for the public sector and patients to understand the science of this distressing national problem and potential preventive, medical, surgical and future therapies.

Sixth, we will ask the OTF to help identify topics and develop new and imaginative educational formats for our members -- including all of our major constituencies. The Hot Topics meeting format which has produced two excellent basic science meetings in the fall of 2002 and 2003 is being re-evaluated, and new venues and possible collaborative opportunities are being considered.

Seventh, the OTF is being asked to help with The Endocrine Society's legislative initiatives in Congress on Obesity. To bring you up to date on the activities, the Governmental Relations Committee has identified Obesity as an important element in the Society's legislative agenda. In particular, we have been working with Senator Bill Frist (R-TN) and Representative Mary Bono (R-CA) to further the Improved Nutrition and Physical Activity Act (IMPACT Act). This legislation would amend the Public Health Service Act to address issues of weight and obesity. It would also create grant programs at the local level to promote increased physical activity and improved nutrition. The Society was successful in getting a provision included in the bill that would require The National Institutes of Health (NIH) to report to Congress on research with regard to causes and health implications of Obesity and being overweight, including Metabolic Syndrome.

Parting thoughts: When one looks at the field of Obesity from the outside, one cannot help but come to the sobering conclusion: "Big Problem, Limited Knowledge, Few Solutions". However, if you let your imagination roam a little it becomes possible to envision that Obesity is a perfect "poster-child" for Dr. Elias Zerhouni's NIH Roadmap which was recently made public. This Roadmap is a strategy intended to accelerate fundamental discovery and translation of that knowledge into effective prevention and treatment. The Obesity problem clearly

needs more knowledge at every level -- and we need this knowledge “yesterday”. Cross disciplinary teams of investigators are essential -- from the most basic genetic investigations, to the creation of novel protein inventories and the production of expanded potential drug targets and libraries. Expanded bioinformatics and computational capabilities to expand and abbreviate our searches will cut years off of the time it takes to develop solutions. Capable, informed, interactive, unhindered clinical research teams are needed. Open and collaborative interactions between academia, NIH, and industry are an essential and, if impeded, could slow the progress to a crawl. Open access by the public to the clinical trial apparatus facilitated by primary care providers will increase the power of our conclusions and ensure the durability of the results. Clearly, all of our multi-talented constituencies will have to be involved.

Dr. Zerhouni has avoided naming candidate diseases in order to keep the Roadmap open. This, of course, does not prevent investigators or teams of investigators representing multiple institutions or multiple endocrine disciplines from using the Roadmap concept to advance the broad field of Obesity. Although there is clearly a valid concern over the future of NIH R01 grant funding, perhaps the Obesity constituency can use this time in our history to create the Obesity Roadmap. I am hopeful that a vibrant theme like Obesity will lift our eyes from the landscape to the horizon and create interactions that will be enriched by multiple, rather than few, solutions.

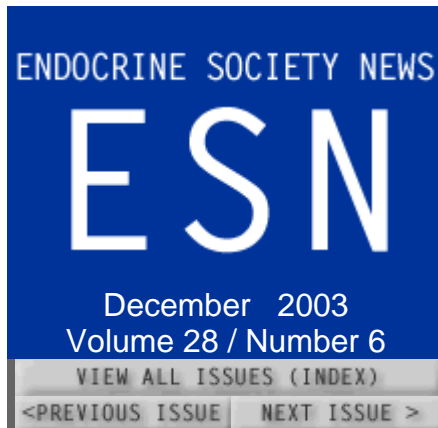
I will be pleased to hear your comments and suggestions. Please email me at president@endo-society.org with any of your thoughts on how I might maximize the success of the Obesity theme for the Society and our membership.

Sincerely,

E. Chester Ridgway, M.D.

President, The Endocrine Society

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The Ethical Challenges of Family Secrets

Is it ever acceptable for a physician to withhold information from their patient? Is a physician ever morally or legally obligated to breach patient confidentiality? What do you do when your responsibility to your patient conflicts with the interests of society?

The accompanying article by Dr. Barron Lerner, ran in the September 16, 2003 issue of the New York Times. The article illustrates that sometimes, “doing the right thing” can be quite challenging!

--Ann Danoff, M.D., Ethics Advisory Committee

member

Cases; When a Doctor Stumbles on a Family Secret

By Barron H. Lerner, M.D.
The New York Times
September 16, 2003

A group of health professionals were evaluating potential donors for a kidney transplant recently when they received a surprise. Through routine genetic testing, the group inadvertently learned that one of the adult children was not the child of the man with kidney failure.

The transplant team struggled with the question of what to do with this information. Should the family be told? To whom did the knowledge belong? Was it ethical to use the child's kidney without telling him?

Keeping family secrets used to be a routine part of medicine. But over the past few decades, as patient autonomy and informed consent have come to dominate clinical practice, disclosure has become more commonplace. Every now

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and then, however, physicians confront complicated family secrets. What they should do about them is far from clear.

Much of the earlier secrecy stemmed from the Hippocratic Oath, the code that stresses doctor-patient confidentiality.

This principle led generations of doctors to keep their mouths shut. For example, psychiatrists preserved the confidences of patients who threatened potentially violent actions against family or friends. Similarly, physicians concealed venereal diseases, even when patients' spouses were at risk of infection.

But in the 1970's and 80's, as American society increasingly questioned the authority of doctors and promoted individual rights, things changed. Thus, in the 1976 Tarasoff case, a court in California ruled that a psychiatrist should have disclosed his patient's homicidal thoughts to the man's girlfriend. The woman, never warned, had been killed by the patient.

And as AIDS spread, states passed laws to require notification of partners, something previously recommended only for venereal diseases. Doctor-patient confidentiality was no longer absolute if others were at risk.

But as the case of the kidney transplant shows, the boundaries of such disclosures are not always clear. Incidental information obtained about false paternity during transplant screening, warns Dr. Francis L. Delmonico, a professor of surgery at the Harvard, can be "a disaster for a family."

If a test is conducted in connection with a possible transplant, Dr. Delmonico says, a good case can be made for concealment. Indeed, that is what occurred in the recent case: the patient did receive a kidney from his non-biological son.

Linda Wright, an ethicist at the University of Toronto, pointed out the potential advantages of such secrecy in the journal *Seminars in Dialysis*, noting that disclosure could stigmatize the child, direct anger at the mother or compel the child to withdraw as a kidney donor.

Yet when a transplant team in Toronto recently confronted its own case of false paternity, it chose to disclose the information -- gradually and carefully -- to the potential donor and her family. Ms. Wright listed several justifications for doing that: the duty to be truthful, respect for autonomy, the medical value of telling children their true genetic heritage and the risk of future disclosure.

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In this case, things worked out. Ms. Wright reported that although family members at first responded with "shock and distress," there was resolution. The patient's daughter was especially grateful, announcing that she would have hated the medical personnel had she found out the facts later.

An interesting parallel to that situation occurs with assisted reproduction. Since the first test-tube baby was born, in 1978, physicians have helped produce hundreds of thousands of babies. Among the strategies employed are using surrogates, women who carry and bear the child for the future mother, and surrogate eggs, which are implanted in the mother.

One might expect that children born with the help of such technologies would eventually be told of their parentage. After all, it has become entirely routine for parents of adopted children to divulge similar information. In addition, as Dr. Richard J. Paulson, a fertility specialist at the University of Southern California, says, the increasing ability of people to obtain their genetic information raises the very real possibility of future surprise disclosures.

Yet in the case of surrogacy, Dr. Marcelle I. Cedars, a reproductive endocrinologist at the University of California at San Francisco, notes that children may never be told. Although women requesting egg donations meet with psychologists, they are given options, but not advised to disclose. Thus, when a younger sister donates an egg, her niece may never learn that she carries one-half of her aunt's genetic material.

The situation is different from adoption, in which there is often no biological connection or physical resemblance between parents and child. In egg donations, children may share some genetic material with one or both parents and are therefore less likely to perceive differences. Even if a donor is used, mothers often carry the fetus and deliver the child.

Moreover, there is a long history of anonymous sperm donation. In those cases, some children never learn details about their biological fathers.

How should physicians and other health professionals respond to family secrets?

There are some practical strategies. In kidney transplants, for example, routine testing in the recent case of the father and child for the gene group, called human leukocyte antigen, may not be necessary. Not ordering potentially

troublesome tests can therefore help ease some of the problems.

What about the larger questions raised by concealment? Dr. Nancy K. Newman, a family physician at the University of Minnesota, worries about the perpetuation of "toxic secrets" that "involve the erosion of trust in relationships within the family or between family members and others."

Dr. Newman said she did not believe that doctors should disclose all secrets.

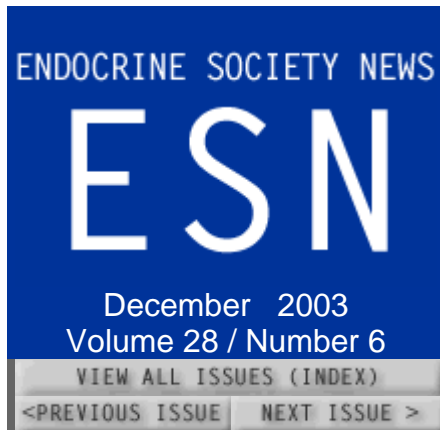
"In the case of the kidney transplant," she said, "I'm not sure if the doctors' knowledge of the secret makes it any more toxic."

But she worries about knee-jerk or reflexive decisions to keep quiet. Family secrets, she argues, are an opportunity for physicians to encourage better communication among patients and their relatives.

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For additional information regarding the Ethics Advisory Committee, please contact Jeanie Dow at jdow@endo-society.org

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Hormone Foundation Seeks Nominations for Board of Trustees

The Hormone Foundation, the public education affiliate of The Endocrine Society, is seeking nominations for individuals to serve on its Board of Trustees, beginning in June 2004.

Trustees have leadership responsibility for the Foundation, in conjunction with the professional Foundation and Society staff. A complete description of the mission and activities of the Foundation can be found on its website at www.hormone.org

The term of service for Foundation Trustees is three years, with the option to renew once. The Board meets four times each year (January, March, June, and October).

The qualifications for Trustees include:

- An appreciation for the Foundation and its role in the Society's mission and strategic plan, and
- A commitment to an active leadership role in conjunction with the Foundation and Society professional staff.

Nominations are open to all members of The Endocrine Society, and those non-members who have an interest in practice and research in the field of endocrinology.

The Foundation's Nominating Committee will review nominations and make its recommendations to the Foundation Board of Trustees and subsequently to The Endocrine Society Council, so that appointments can be made at the time of the

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June 2004 Council meeting.

Nominations, expressions of interest and self-nominations should be submitted by **January 1, 2004**. Nominations may be mailed to Chair, Nominating Committee, The Hormone Foundation 8401 Connecticut Avenue, Suite 900, Chevy Chase, MD 20815, or faxed to 301-941-0259. Nomination forms may be printed from www.hormone.org or requested from Society Services by calling 1-888-363-6762 or 301-941-0210.

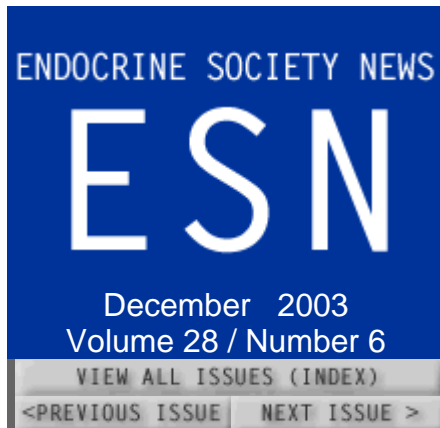
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Endocrine Society Closes An Active Year on Capitol Hill

Medical Research Funding

The outlook on funding for medical research grew darker on September 10 when the Senate passed its version of the 2004 Labor, Education, Health and Human Services Appropriations Act. The Senate approved appropriations act included only a 3.7 percent increase in funding for the National Institutes of Health (NIH) for fiscal year 2004. Earlier this year, the House passed its version of the same appropriations act which included a 2.5 percent increase. Both versions of the bill will be considered in a conference committee that will result in a final appropriations bill that will be sent to the President. While lawmakers can add to funding during the conference committee, it is considered unlikely that NIH will receive any funding above four percent. Congressional leaders are citing pessimistic economic outlooks, increased homeland security and foreign commitment spending, and rising deficits for the relatively small increase in NIH funding.

During the course of deliberations on the Senate floor, Senator Arlen Specter (R-PA) offered an amendment to the Appropriations Act that would have increased funding to NIH by 9.2 percent for 2004. Unfortunately, this amendment failed on a vote of 52-43 after needing 60 votes to pass. It will be the task of The Endocrine Society, and the entire research community, during the course of this next year to convince Congress that funding medical research at appropriate levels is imperative if we are to build on the progress made during the five year doubling period. It is estimated that only 21 new non-bioterrorism grants can be funded by the suspected three percent increase for 2004.

Medical Malpractice Legislation

Hopes for passing meaningful medical malpractice reform legislation this year are

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dwindling despite a renewed effort from the American Medical Association (AMA). Attempts to pass reform legislation in the Senate have failed as Senators cannot agree to terms on caps for damages. Earlier this year the House passed legislation that: 1) allows injured patients to recover unlimited economic damages; 2) limits attorneys' contingency fees on a sliding scale; 3) caps non-economic damages at \$250,000; and 4) allocates damages by holding defendants liable only for their portion of responsibility. Senate leadership is now considering legislation that would protect those medical specialties most affected by the threat of rising malpractice costs, rather than blanket reform for all physicians.

Year-End Activities

Congressional leaders are optimistic that they can adjourn for the year by the end of November. A November adjournment would most likely mean that the Senate will pass an omnibus appropriations package, which includes all those appropriations acts that are still outstanding in one large bill. It would also mean that conference committee members working on the outstanding Medicare reform bill would have to come to a consensus soon. The reform legislation includes a provision to avert another 4.2 percent physician fee cut scheduled for next year. As you may recall, The Endocrine Society and the AMA lobbied Congress to avert the physician fee cut in 2003 and are hopeful Congress will act to avert it again in 2004, and hopefully pursue a permanent solution next Congress.

For additional information about The Endocrine Society's legislative activities, please contact Chris Rorick at crorick@endo-society.org or 301-941-0254.

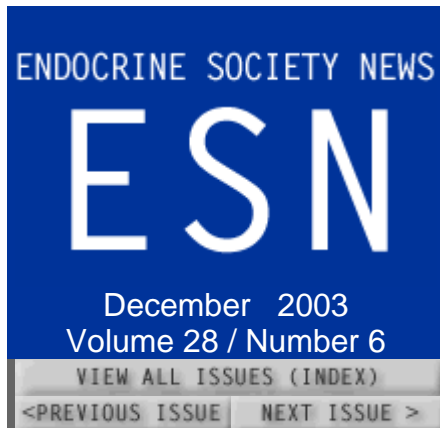
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Women in Endocrinology Seeks Nominations for Mentor Award, Abstract Awards and Mentors

Women in Endocrinology (WE) is an organization that represents a broad cross-section of endocrinologists. WE's primary mission is to promote the scientific advancement and recognition of female endocrinologists. With this goal, WE presents an annual Mentor Award at The Endocrine Society's annual meeting to recognize outstanding scientists who have encouraged and promoted female endocrinologists and have been instrumental in changing institutional policy toward professional women. The WE Mentor Award is sponsored by a grant from Pfizer, Inc. The awardee receives an honorarium of \$1000 and travel expenses to the annual WE dinner meeting, which is held in conjunction with the annual Endocrine Society Meeting. Past recipients of the WE Mentor Award include Neena B. Schwartz, Peng Loh, Anita Payne, William F. Crowley, Jack Gorski, William Chin and Phyllis Wise.

Nomination packets should include a letter of nomination, the curriculum vitae of the nominee, and at least two letters of support. The letters of nomination and support should describe how the nominee has aided the scientific careers of others and should include the following types of information: the names of individuals who were mentored by the awardee and their subsequent achievements, the participation of the nominee in organized activities aimed at promoting the careers of junior investigators, efforts of the nominee to enhance career development of women scientists. New applications must be submitted on behalf of previously nominated candidates for reconsideration.

The recipient of the Mentor Award will be announced by April 10, 2004 and the award will be presented at the WE annual dinner during ENDO 2004 in June.

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Please send four copies of the nomination packet by **January 9, 2004** to:

Janet E. Hall, M.D.
Chair, WE Awards Committee:
Reproductive Endocrine Unit
BHX-5, Massachusetts General Hospital.
55 Fruit St.
Boston, MA 02114
FAX: 617-726-5357
E-mail: jehall@partners.org

For more information about the nomination process please visit
http://www.women-in-endo.org/Pages/mentor_award_nom.html

Women in Endocrinology Abstract Awards

Don't miss your chance to be one of WE Abstract Award winners! Award winners receive \$500 each and will be invited guests at the annual WE dinner meeting. Approximately twenty to twenty-five awards are given, with two named awards given to the most outstanding applicants:

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

Check future issues of ESN for details regarding the WE Abstract Awards application process. WE Abstract Awards are provided to help cover travel expenses associated with attendance at ENDO, the annual meeting of The Endocrine Society. For further details visit the WE web site http://www.women-in-endo.org/Pages/travel_awards.html

WE Mentoring Program

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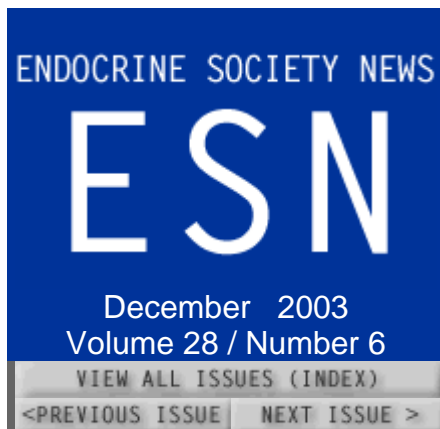
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Piloting the first Web-based mentoring program for the international scientific/medical community, the WE is inviting all Society members to participate. This program was launched at the WE annual dinner earlier this summer. Below are details for joining either as a mentor or mentee.

- Endocrine Society members (both women and men) are invited and encouraged to participate as mentors. If you know someone who would be a wonderful mentor, please encourage her/him to enroll by visiting <https://www.3creekmentoring.com/WE/>
 - The access code for the Mentor is 151963.
- In order to participate as a mentee, you need to be a member of WE. Please visit <http://www.women-in-endo.org/Pages/membership.shtml> to join.
 - The access code for the Mentee is 335177

If you have any questions or suggestions, please feel contact Karen Miller at KKMiller@Partners.org or Andrea Gore Andrea.Gore@mail.utexas.edu



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NIH Announces NEW Roadmap Funding Opportunity in Metabolomics

A recently released NIH Roadmap initiative, “Metabolomics Technology Development,” <http://grants1.nih.gov/grants/guide/rfa-files/RFA-DK-04-001.html> is aimed at stimulating development of innovative technologies to enhance understanding of metabolic pathways and networks. For more information about this initiative, please visit the Frequently Asked Questions at <http://www.nihroadmap.nih.gov/grants> For general information on the NIH Roadmap, including other funding opportunities, please visit: <http://www.nihroadmap.nih.gov/index.asp>

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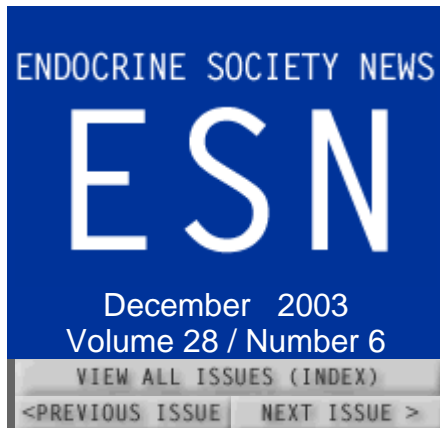
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Diagnosis Coding for the Care of Patients with the Dysmetabolic Syndrome X and Associated Conditions

by Richard A Dickey, MD, FACP, FACE

Coding and payment for endocrinologists services to treat the metabolic syndrome, syndrome X or the dysmetabolic syndrome X, which is the term used in the ICD-9-CM diagnostic classification system for this problem is always a topic that brings up many questions. Hopefully, this edition of *Coding Corner* will address some or most of these questions.

Several years ago, after almost two years of effort, we requested diagnosis coding for the metabolic syndrome or syndrome X. Dr. Gerald Reaven, who has so elegantly studied and published on this syndrome, supported this plan. In response to our request, one new diagnosis code was provided 277.7 for dysmetabolic syndrome X (DSX). This was the term assigned by the National Center for Health Statistics (NCHS), the center that reviews and approves changes to the International Classification of Diseases (ICD-9-CM) coding system. When this four digit diagnosis code, 277.7, is used, the coding book directs one to “use additional code for associated manifestation, such as: cardiovascular disease (414.00-414.06) and obesity (278.00-278.01).” Coding those other conditions is optional, even though there are many other associated manifestations such as hypertension and diabetes.

While the NCHS selected the above two associated conditions as examples, and while a majority of patients with the DSX may be obese, most are treated primarily for other associated conditions (hypertension, diabetes, and lipid disorders). Few are treated primarily for obesity, perhaps because the policies of

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many insurers/payers do not include coverage for treatment of obesity per se or for the pharmacologic therapies used for weight loss and control of weight.

The problem I have been asked to address, and the problem you may face, is that when one uses diagnosis code 277.7, coverage may be denied because of the presence of obesity, even when the obesity codes are not submitted on your claim. Where this is a problem, you are advised to avoid use of code 277.7 and to code only other DSX-associated conditions being treated, such as hypertension. When one is treating a patient for obesity but no other DSX-associated condition, use the proper diagnosis code for obesity 278.00 for obesity, unspecified or 278.01 for morbid obesity. Do not use the DSX code. Finally, it is wise to inform any patient for whom you submit the ICD-9-CM codes for obesity, 278.00 or 278.01, that a payment claim is often, even usually, denied for coverage of the services for which these diagnosis codes are submitted.

Please advise me of your experience with the use of the above approach. To help me include items of interest and value to you in upcoming issues of the *Coding Corner*, send your inquiries or suggestions to Augie Cruz at 301-951-0261 or email acruz@endo-society.org

Please Note:

The Endocrine Society is currently seeking two physician advisors now one to take the place as the Society's advisor to the CPT Editorial panel and the other to serve as an advisor to the Resource Based Relative Value Update Committee (RUC). Volunteers for these positions must be nominated by the Society and approved by the American Medical Association and will begin serving next August and September. Please consider serving the needs of clinical endocrinologists and your Society in one of these two important roles. Inquiries and nominations can be directed to Susan Koppi at skoppi@endo-society.org

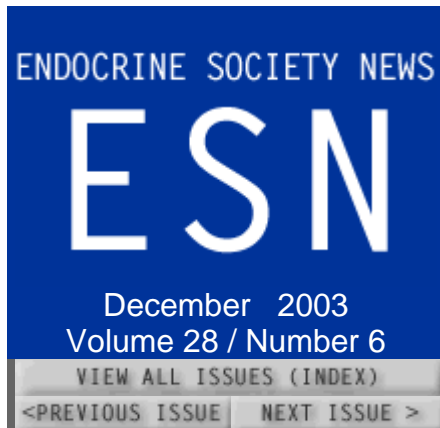
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2004 Travel Grants, Fellowships & Awards

In 2004, The Endocrine Society will offer numerous travel grants, fellowships and 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.

- **AstraZeneca Diabetes and Metabolism Research Fellow Awards (5 awards at \$2,000 each)**

These awards are presented to the first authors of abstracts that are clinically relevant to aspects of diabetes, lipids and metabolism. Supported in full by AstraZeneca.

- **Glenn Foundation Endocrinology and Aging Awards (4 awards at \$1,000 each)**
These four awards are presented to the first authors of abstracts that deal with areas of basic biology that closely relate to problems of aging and endocrinology. Sponsored by the Paul F. Glenn Sponsorship Fund in cooperation with The American Federation for Aging Research.

ENDO Abstract Travel Grants (135 awards at \$500-\$1,500 each)

These travel grants are presented to the first authors on abstracts submitted for ENDO. Supported in part by Quest Diagnostics, Mara E. Lieberman Memorial Fund, Ira M. Rosenthal Memorial Fund, and The Endocrine Society.

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

These travel grants to ENDO are 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.

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Lilly Endocrine Scholars Award (1 award at \$47,000 per year for two years)

This award 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)

These awards are 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. Supported in full by The Endocrine Society.

Medical Student Achievement Award

These awards are presented to graduating medical school seniors who have shown exceptional ability and interest in endocrinology. Each winner receives a one-year 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 our Web site at <http://www.endo-society.org/students/awards.cfm> or contact Colleen Gorman at cgorman@endo-society.org or (301) 951-2611.

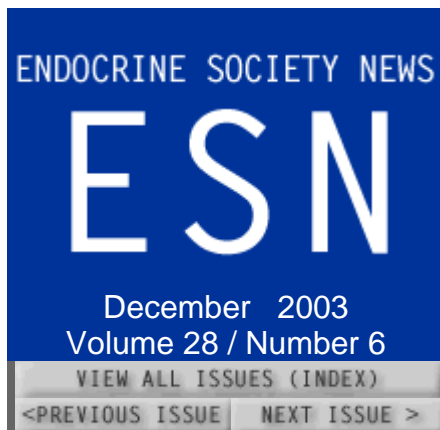
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ENDO 2004 Abstract Submission Site - Now Available!

The ENDO 2004 Abstract submission site is now available at www.endo-society.org/scimeetings/index.cfm. Follow the step-by-step instructions to upload and send your abstract. 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 submissions and will be required to provide the identification number of the sponsoring member. The deadline for abstract submissions is **Wednesday, January 14, 2004**.

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

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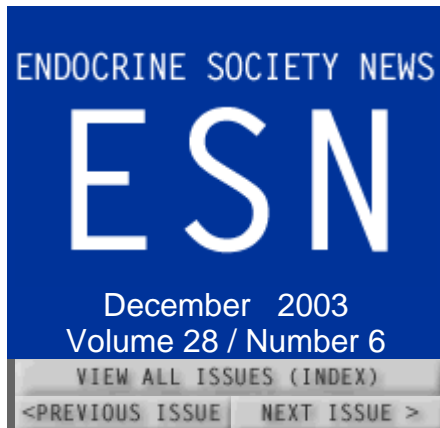
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MAC Celebrates SACNAS' 30th Anniversary

The Minority Affairs Committee (MAC) of The Endocrine Society celebrated the 2003 Society for the Advancement of Chicanos and Native Americans (SACNAS) 30th anniversary with a scientific symposium on several endocrinology topics.

The symposium speakers were:

Luis Haro, Ph.D. Chair; President of SACNAS, University of Texas San Antonio
Ignacio Camarillo, Ph.D. Co-Chair, Purdue University
Juan Bustamante, Ph.D. Candidate, University of Kansas Medical Center
Daisy DeLeon, Ph.D. Loma Linda School of Medicine
Mark Lawson, Ph.D. University of California San Diego

The conference, which was recently held in Albuquerque, NM, offered science students opportunities in mentorship, education and research. MAC members participated in several activities to increase awareness of the Committee's minority outreach programs. Committee members had an opportunity to network with biomedical students from under represented groups encouraging studies in endocrinology and membership in The Endocrine Society. As in previous years, MAC awarded four students for their endocrine related poster presentations. Honored students receive cash prizes, certificates from The Endocrine Society, a one year free student membership to the and a one year free online subscription to *Endocrine Reviews*.

If you would like additional information about MAC, please contact Veronica Parcan at vparcan@endo-society.org or 301-951-2601 or Kirsta Suggs at ksuggs@endo-society.org or 301-941-0244.

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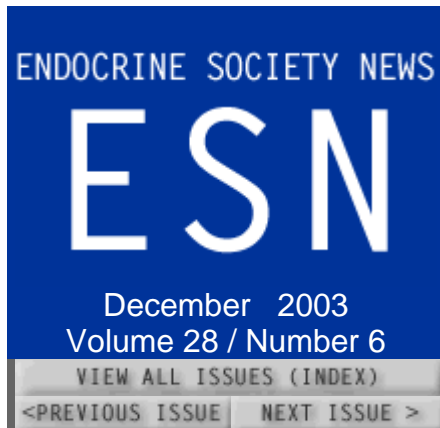
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CMES Seeks Program Suggestions

Attention Members! Do you have ideas for CME courses that would benefit the endocrine community? The Endocrine Society's Continuing Medical Education Services (CMES) department has many of the same capabilities as a medical education company, including soliciting educational grants from industry, development and implementation of any form of CME activity and distribution to health care professionals. CMES welcomes ideas and suggestions for programs from society members.

The Endocrine Society has developed and managed over 30 CME accredited activities this year addressing all areas of endocrinology. Which have been presented to endocrinologists', primary care physicians, and other health care professionals have been developed from proposals received from industry and from members of the society who have proposed program ideas. CMES has been able to successfully develop some of these ideas and secure funding in order to implement them as a CME activity.

For example, one initiative was the program called, "Women's Reproductive Issues when Diagnosed with Epilepsy or Bi-Polar Disorder." It was developed by CMES as a 60 minute video of experts (endocrinologist and psychiatrists) debating the endocrine related issues of treating women with bipolar disorder or epilepsy. This program was brought forth by Endocrine Society member, Dr. Andrea Dunaif, who identified an educational need for a program addressing the reproductive issues facing endocrinologist and psychiatrist who are treating women faced epilepsy or bi-polar disorder. CMES, with the assistance of Dr. Dunaif, developed the program and solicited funding from industry. The video was released in June 2003. To date more than 1,800 copies have been distributed to physicians.

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If you have an idea or suggestion, please contact Wanda Johnson at wjohnson@end-society.org or submit a program proposal online <http://www.endo-society.org/education/index.cfm>

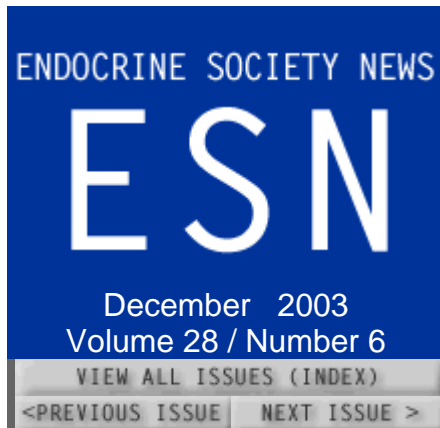
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Save the Date for ENDO 2004!

ENDO 2004 will be held Wednesday-Saturday, June 16-19, 2004 in New Orleans, LA. Watch for the Preliminary Program in your mailbox in January. Visit www.endo-society.org/scimeetings/index.cfm for more information as it becomes available.

CEU 2003 Syllabus – On Sale Now

The Clinical Endocrinology Update (CEU) 2003 Syllabus is a comprehensive source of the lectures and clinical case discussions presented during CEU 2003. To order your copy, go to www.endo-society.org/journals/catalog.cfm

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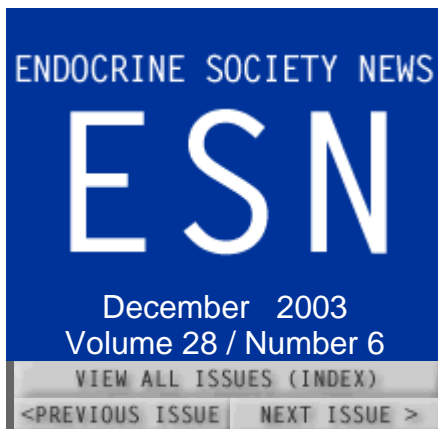
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World Wide Endocrine Events Calendar

January 4-8, 2004: Society for Integrative and Comparative Biology Annual Meeting, New Orleans, LA. For more information visit <http://www.sicb.org/meetings/2004/index.php3>

January 12-13, 2004: From Clinical Trials to Community: The Science of Translating Diabetes and Obesity I National Institutes of Diabetes and Digestive and Kidney Diseases Conference of Translational Research, Bethesda, MD. For more information contact Dr. Sanford Garfield at sg50o@nih.gov

January 17-22, 2004: Clinical Diabetes & Endocrinology in 2004, Snowmass, CO. For more information visit <http://www.mer.org> or email tami@mer.org

January 22-25, 2004: AACE Thyroid Ultrasound Accreditation Course, Snowbird, UT. For more information contact Cora Burns at 336-659-8959 by email abrun@ace.com or visit <http://www.aace.com>

January 25-28, 2004: Signal Transduction Pathways as Therapeutic Targets, European Parliament Conference Center, Luxembourg. For more information visit <http://www.transduction-meeting.lu>

January 28-31, 2004: Chromatin Structure and Gene Expression Mechanisms as Therapeutic Targets, Parliament Conference Center, Luxembourg. For more information visit <http://www.transduction-meeting.lu>

February 2-7, 2004: Society for Maternal-Fetal Medicine Annual Meeting, New Orleans, LA. For more information visit <http://www.smfm.org/index.cfm?zone=calendar&nav=eventlistmonth&StartDate=02/02/2004&EndDate=02/02/2004&Filter=annual&ShowHeader=Yes&C>

February 8-11, 2004: Nutrition Week 2004 - A Scientific and Clinical Forum, Las Vegas, NV. For more information visit <http://www.nutritioncare.org> call 301 587 6315 or email aspen@nutr.org

February 14- 18, 2004: Biophysical Society 48th Annual Meeting, Baltimore, MD. For more information visit <http://www.biophysics.org> call 301-634-7114 or email society@biophysics.org

February 26- 28, 2004: Third Genoa Meeting on Hypertension, Diabetes and Renal Disease, Genoa, Italy. For more information visit <http://www.aristea.com> contact Barbara Rossi at email rossi@aristea.com

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February 26-29, 2004: 11th World Congress of Gynecological Endocrinology, Florence, Italy. For more information visit <http://www.gynecologicalendocrinology.org/congressi/firenze04> call 0039 050 502138 or email biomedical@tin.it

February 26-29, 2004: The Third National Symposium on Pituitary Disorders: New Surgical and Medical Approaches, Clearwater, FL. For more information call 800-852-5362 or email chughlett@hsf.usf.edu

February 26-29, 2004: The 4th World Congress on the Aging Male, Prague, Czech Republic. For more information visit <http://www.kenes.com/aging> or email aging@kenes.com

February 29- March 5, 2004: 7th Mayo Clinic Endocrine Course, Kohala Coast, Big Island of Hawaii, HI. For more information visit <http://www.mayo.edu> or contact Martha Hoag at 507-284-2509 or by email cme@mayo.edu

March 4- 10, 2004: Diabetes Mellitus: Molecular Signaling, Genes and Therapeutics, Keystone, CO. For more information visit <http://keystonesymposia.org> call 970 262-1230 or email info@keystonesymposia.org

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