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# President's Message

by John D. Baxter

## Visit Philadelphia in June for the Cardio-ENDO Experience

Dear Colleagues,

I am very excited about what is shaping up to be a fantastic meeting this June at ENDO 2003 in Philadelphia. My theme this year, cardiovascular endocrinology, is an area that has not been historically recognized within The Endocrine Society. However, as a growing number of you are aware, endocrinology and cardiovascular research and practice intersect in many ways. We have made enormous basic science contributions to understanding how hormones affect the cardiovascular system, hypertension, hyperlipidemia, vascular biology and other aspects of cardiovascular biology. As clinical endocrinologists we play major roles in the diagnosis and treatment of patients with cardiovascular risk factors including those with hyperlipidemia, hypertension, obesity, diabetes, metabolic syndrome and other hormone excess and deficiency states. And as a Society we have much to gain by focusing on this area and attracting more scientists and doctors who are interested in this area into our membership.

I expect that ENDO 2003 will shine a spotlight on these contributions for our membership, for other scientists and clinicians, and for the public at large. As The Endocrine Society and others begin to recognize the overlap of expertise in cardiovascular disease, the result will be improved patient care. We are working to attract a record media presence in Philadelphia.

The cardiovascular endocrinology theme has been incorporated into many of the scientific sessions at ENDO 2003, including four Plenary Lectures (on Aldosterone; Atherosclerosis; Cardiovascular Genetics and Epidemiology; and Hormones, Bone and the Heart) and multiple Symposia and Meet the Professor sessions. The theme will also be reinforced through special activities during the conference.

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Let me highlight some of these events and activities and personally invite you to take part.

- **Run for the Heart** is a 5K Run/Walk that will take place on Saturday, June 21, from 6:00 – 8:00 am, along the banks of the Schuylkill River.
- **Cardio-ENDO Health Check** will offer you an opportunity to get a cardiovascular endocrine health check-up on site. Here's your chance to get a check-up and expand your knowledge at the same time. The health check center will be located in the Exhibit Hall and will include several stations with experienced health care professionals. Although the list of tests is not yet finalized, several cardiovascular disease screening tests will be available to attendees. Abbott Diagnostics is sponsoring this feature of the meeting.
- **Cardiovascular Endocrinology Dinner and Reception** will be hosted for all ENDO 2003 meeting attendees with an interest in cardiovascular endocrinology. Bill Young, the ENDO 2003 theme Chair, and I will be your hosts. We plan to highlight the key roles that endocrinologists play in research and clinical practice and encourage discussions about what can be done to help foster cardiovascular endocrinology within the Society. The dinner will be held at the Pennsylvania Convention Center on Friday, June 20 at 7:00pm. There is a cost to attend the event, and you need to register for it. I would love to see you there. I expect it to be an excellent networking opportunity for those of us involved in cardiovascular endocrinology.
- **Wake Up Walks.** Each morning meeting delegates and their guests are invited to participate in early morning "Wake Up Walks." The tours will be led by professional tour guides and will take place in historic Philadelphia neighborhoods. The walks are free and advance registration is not required. It will be a great way to start your day.

The Society's Web site also includes a **Cardio-ENDO Web page**, which lists all the cardiovascular activities at ENDO and provides details of how to participate in the various events. The page will also have a monthly **Cardio-ENDO Challenge**,

consisting of a case-based study with multiple choice questions that highlight “bite-sized” pieces of cardiovascular endocrinology insights that are relevant to the practicing endocrinologist, but may not be widely appreciated. Bill Young and his Cardiovascular Task Force have had fun creating it. Be sure to visit the site and test your knowledge.

*Please visit The Society’s Cardio-ENDO Web page at <http://www.endo-society.org/scimeetings/endo2003/cardio.cfm> to learn more about the special events. As I mentioned, some require registration and a fee, so check on that in advance.*

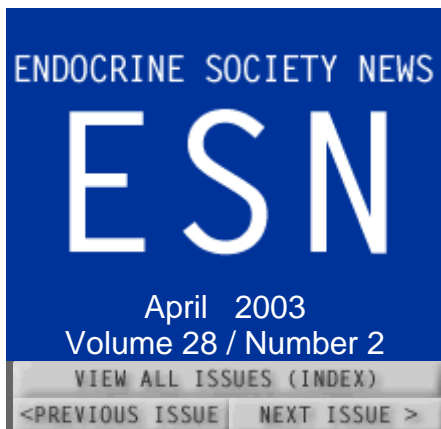
I look forward to seeing you in Philadelphia! As always, I welcome your thoughts and comments. Either email me directly at [president@endo-society.org](mailto:president@endo-society.org) or catch me at the meeting.

Sincerely,

John D. Baxter, President

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## 2003 Annual Awards

The Endocrine Society's Awards Committee is pleased to announce the recipients of the 2003 Annual Awards. The 2003 Award recipients are:

- Fred Conrad Koch Award - Maria I. New
- Robert H. Williams Distinguished Leadership Award - Armen H. Tashjian, Jr.
- Edwin B. Astwood Award Lecture - Jeffrey S. Flier
- Clinical Investigator Award Lecture - Elizabeth Barrett-Connor
- Sidney H. Ingbar Distinguished Service Award - Robert B. Jaffe
- Gerald D. Aurbach Award Lecture - Gilbert Vassart
- Distinguished Educator Award - Leslie J. De Groot
- Distinguished Physician - Arlan L. Rosenbloom
- Roy O. Greep Award Lecture - Richard P. Lifton
- Ernst Oppenheimer Award - Donald P. McDonnell
- Richard E. Weitzman Memorial Award - Ana C. Latronico

All awards will be presented in June during ENDO 2003 in Philadelphia, Pennsylvania. The Call for Nominations for the 2004 awards will be sent in February. Nominations must be received by **April 18, 2003**. Please contact Jeanie Dow, (301) 951-2612 or e-mail [jdow@endo-society.org](mailto:jdow@endo-society.org) for additional information.

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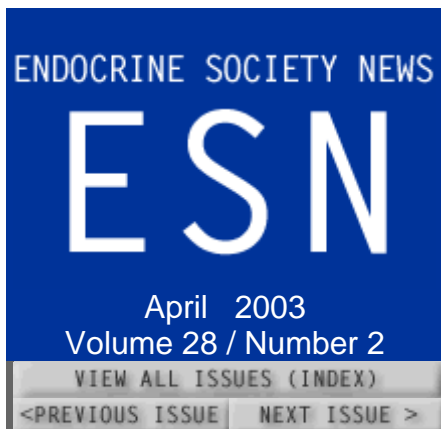
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## AMA Press Breifing

### Society Members Featured in AMA's Hormonal Disorders Press Briefing

On January 23, 2003, The Endocrine Society participated in an American Medical Association (AMA) press briefing on hormonal disorders in New York City. The briefing, which attracted more than 30 reporters, covered several important areas of endocrinology, such as pituitary disorders, thyroid disease and hormone replacement therapy. Several Endocrine Society members participated in the briefing, including Drs. Paul Ladenson, Lorraine Fitzpatrick, George Chrousos, Edward Laws, Shereen Ezzat and Hossein Gharib.

Dr. Yank Coble, the current President of the AMA and an endocrinologist, as well as Dr. Vivian Pinn, Associate Director for Research on Women's Health and Director of the Office of Research on Women's Health at the National Institutes of Health, provided opening remarks during the briefing.

"I am confident that today's discussions will reaffirm the importance of understanding pituitary abnormalities in girls and women, as well as in men, and their related hormonal conditions, while highlighting the newest endeavors of research and advocacy that will open the portals of needed knowledge, and reassurance, that those who suffer with these conditions seek," stated Dr. Pinn.

The press briefing also featured an exciting new study from *The Journal of Clinical Endocrinology & Metabolism*. The study, which was presented by Dr. Sarah Berga from the University of Pittsburgh, focused on the relationship between polycystic ovary syndrome (PCOS) and weight loss through high carbohydrate/low protein and low carbohydrate/high protein diets. Dr. Lisa Moran and her colleagues in Australia found that weight loss, through either diet, improves reproduction, menstruation and insulin resistance in overweight women with PCOS, a

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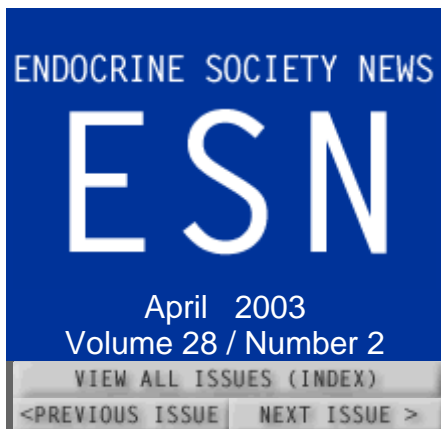
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common female endocrine disorder. According to the research, women with PCOS who reduce their calorie intake may also have an easier time conceiving.

For additional information about the press briefing, please visit the AMA's Web site at <http://www.ama-assn.org/ama/pub/article/4197-7150.html> To learn more about The Endocrine Society's public relations activities, please contact Marisa Lavine, Manager, Public Relations at [mlavine@endo-society.org](mailto:mlavine@endo-society.org)



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## Career Programs

### Exciting Career Programs Planned For fellows and Students at ENDO 2003

The Associates Council and the Student Affairs Committee are excited to announce several special activities for fellows and students attending ENDO 2003.

The fifth annual **Career Development Workshop** will be held on Wednesday, June 18 from 8:00a.m. until 4:15p.m. Clinical and basic fellows, as well as undergraduate, graduate and medical students, can take advantage of multiple unique opportunities to develop and enhance essential career skills.

The workshop will begin with a panel of five distinguished endocrinologists discussing their diverse career paths in industry, private practice, traditional Ph.D., translational research and a non-traditional path (Ph.D./J.D.). Then, participants can choose among the five in-depth career path discussions to suit their career goals as each faculty member will lead separate small groups. The faculty will guide the participants through the practical aspects of career decisions and the steps to launch their career after training is completed.

Throughout the afternoon, there will be several breakout sessions that will include grant writing and budgeting, getting published, making effective slides and posters, clinical practice, public speaking, government, CV and interviewing skills, clinical trials, and topics for international trainees – visas, funding, and career transitions.

Over the past four years, the Career Development Workshops have been well attended and enthusiastically received by trainees from around the world, and we anticipate even higher participation this year. Register early because space is limited!

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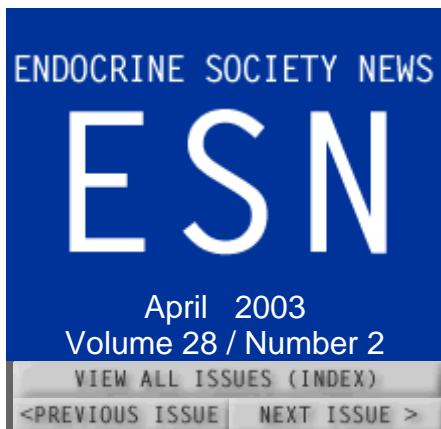
For additional information about ESN, please email [ESN@endo-society.org](mailto:ESN@endo-society.org)

The **Fellow and Student Reception** will be held on Wednesday, June 18, from 6:00 p.m.-7:00 p.m. All fellows and students attending ENDO are invited to attend this popular event to catch up with colleagues and friends, enjoy the light refreshments and join the Society in honoring all of the ENDO 2003 abstract award and travel grant recipients.

For those seeking a position in the fields of endocrinology, plan to participate in the Society's **Job Fair** at ENDO 2003. You can post your CV to the online Resume Database, receive position descriptions for all registered positions, and participate in interviews on-site.

On behalf of the Associates Council and the Student Affairs Committee, we hope that you will participate and enjoy these special events that were developed specifically for you. We welcome your suggestions for new programs and your feedback on these events.

*For more information on the Job Fair, please visit the Society's placement service Web page at <http://www.endo-society.org/membership/membersonly.cfm>*  
*For complete information on all other fellow and student activities at ENDO, please visit the Society's trainee Web page at <http://www.endo-society.org/students/index.cfm>. If you have any questions, please contact Colleen Gorman at [cgorman@endo-society.org](mailto:cgorman@endo-society.org) or (301)-951-2611.*



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# Coding Corner

by Richard Dickey

## New CMS Policies Change Coding in 2003: Use of Diagnosis/ICD-9-CM

The rules for entering diagnosis codes on claims vary little between payors and the Centers for Medicare and Medicaid Services (CMS) sets the pattern for many payors. Recently the CMS alerted the healthcare community about the appropriate code for diagnoses and diagnostic testing. This edition of the Coding Corner outlines some of the most important aspects of the CMS' policies.

The Health and Human Services Secretary's final rule designated the ICD-9-CM and its *Official ICD-9-CM Guidelines for Coding and Reporting* as an approved code set for use in reporting diagnoses and inpatient procedures. The rules for ICD-9-CM coding for diagnostic tests made the physician responsible for the accuracy of the information submitted on a bill. Doctors can simplify adherence to the rules by

- a) Determining the appropriate primary ICD-9-CM diagnosis code for tests ordered due to signs and/or symptoms;
- b) Determining the reason for the test;
- c) Incidental findings and unrelated/co-existing conditions/diagnoses;
- d) Ordering diagnostic tests in the absence of signs and/or symptoms (e.g., screening test and
- e) Using of ICD-9-CM to the greatest degree of accuracy and completeness.

In determining the appropriate primary ICD-9-CM diagnosis code for tests ordered due to signs and symptoms, use the confirmed, primary diagnosis. Code signs and symptoms as secondary diagnoses if they are unexplained fully by or unrelated to the confirmed primary diagnosis. When no confirmed diagnosis is established, code the signs and/or symptoms that prompted the request for the test(s). Do not code suspected, unconfirmed diagnoses. Diagnosis codes must be to the highest degree of certainty.

In determining the reason for the test, the referring physician must provide diagnostic information to the

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testing entity when the test is ordered and the treating physician must provide the order for non-institution inpatients or outpatients. The order must be communicated from the treating physician. If the order is communicated by telephone, the order must be documented by the ordering physician and the testing entity in their record of the beneficiary tested. If the patient or the patient's medical record is used as the source of the diagnosis, the referring physician should be contacted to confirm that diagnosis.

When the physician's interpretation of the test result is unclear or confusing, the attending physician or the physician performing the test must decide on the diagnosis used and, if no diagnosis has been established at the time the bill is submitted, the symptom or diagnosis provided by the referring physician should be used for billing the test.

Incidental findings or unrelated or co-existing conditions or diagnoses may be reported as secondary diagnoses by the physician interpreting the test but should not be used as the primary diagnosis.

Diagnostic tests ordered in the absence of signs and/or symptoms (e.g., screening tests) should be reported to the testing entity or interpreting physician using the screening code as the primary diagnosis except where current statutory payment guidelines require otherwise e.g., when a lesion is found during a covered screening study, such as a screening colonoscopy. In this case the lesion found should be the primary diagnosis.

In summary, the testing entity or interpreting physician codes the diagnosis code offering the highest degree of completeness and accuracy for the diagnosis established by the test or for the symptom(s) or sign(s) that caused the test to be requested.

Finally, updates on two other important items that we described in the last edition of Coding Corner. First, CMS has not yet approved the use of revised code 36415 in place of the temporary code G0001 for routine venipuncture. So, until instructed otherwise, continue to use code G0001 as before. Also, several codes recently came to my attention as I assisted in a request for a specific CPT<sup>#</sup> level I code for the initiation of insulin pump therapy. Of special interest to those treating patients with diabetes, it is noted that there are three pertinent, *temporary* HCPCS II codes in the 2000 edition of *HCPCS II*. The new code, S9145, is for "Insulin pump initiation, instruction in initial use of pump (pump not included)". Two other HCPCS *temporary* codes, S9140, for "Diabetic management program, follow-up visit to non-MD provider", are

S9141, “Diabetic management program, follow-up visit to MD provider”, may be useful as we await more specific, *permanent*, and favorable coding for this work.

*Forward your suggestions for coding to the Endocrine Society offices, attention Chris Rorick [crorick@endo-society.org](mailto:crorick@endo-society.org). This allows the coding representatives for the Society to initiate the steps necessary to advocate changes in the complex coding and reimbursement process which are helpful in clinical endocrinology.*

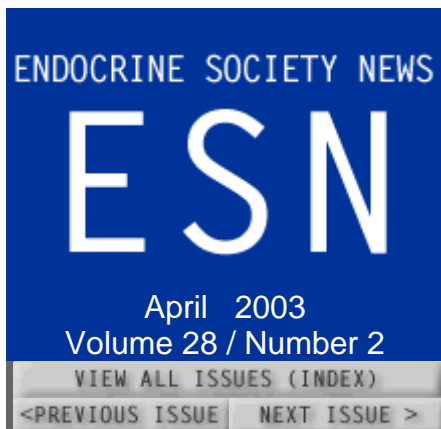
NOTE: Note: Information in a newsletter published monthly by Rink & Robinson, PLLC, consultants to the medical profession, is gratefully acknowledged. To contact Rink & Robinson, PLLC call (828) 322-5813. E-mail at [solutions@mrinkcpa.com](mailto:solutions@mrinkcpa.com)

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## Diversity at ENDO

### Make Plans to Attend Diversity Programs at ENDO 2003

During ENDO 2003, The Minority Affairs Committee will host activities targeted toward providing minority students and faculty the opportunity to address issues in minority health, network with peers and learn more about membership benefits and Society programs. Planned activities include:

#### Student Day Program

The Student Day Program is presented to invited students from undergraduate institutions where Endocrinology Shortcourses have been presented. Students are presented with an introduction and overview of ENDO and an in-depth endocrine presentation by an invited speaker. This event will take place on Thursday, June 19, 2003, from 11:30 a.m. to 3:30 p.m.

#### Shortcourse Orientation Breakfast

In order to address the shortage of speakers for the Shortcourse Program, Dr. James Mrotek will present a one hour orientation program explaining the Shortcourse Program. All minority members of the Endocrine Society are invited to attend this event set for Friday, June 20, 2003 from 7:00 a.m. to 8:00 a.m.

#### Minority Mentoring Reception

This networking opportunity is open to all ENDO 2003 minority registrants. Advisors at "topic tables" will be on hand to address career challenges facing minority students, postdocs, fellows and faculty. The reception provides a great networking opportunity to students and mentors. This event will take place on Friday, June 20, 2003 from 6:30 p.m. to 8:30 p.m.

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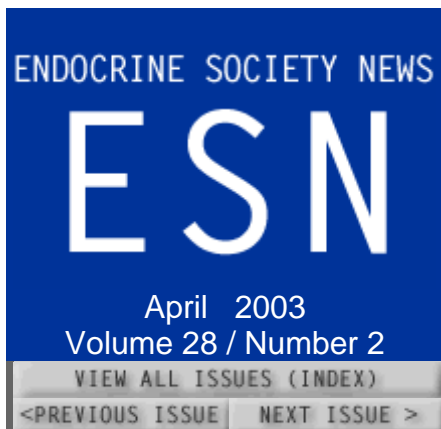
Member Honors

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## Volunteer to be a mentor at the Minority Mentoring Reception

The Minority Affairs Committee is currently seeking mentors for the Minority Mentoring Reception during ENDO 2003. For more information on how to become a mentor, please contact Veronica Parcan or Kirsta Suggs at 1-888-ENDOCRINE or [mac@endo-society.org](mailto:mac@endo-society.org)



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# ENDO 2003

Philadelphia, Pennsylvania

June 19-22, 2003

For the latest information on ENDO 2003,  
Visit [www.endo-society.org](http://www.endo-society.org)

## You're Invited...

All ENDO 2003 meeting attendees are invited to join colleagues for refreshments and entertainment at the Opening Reception on Thursday, June 19 at 6:30 pm in the Grand Hall of the Pennsylvania Convention Center. Previously home of the Reading Railroad, the Grand Hall features an awe-inspiring, 90-foot ceiling and is one of the largest suspended structures in the U.S.

## Early Bird Registration Ends April 25

Register now and secure your meeting and housing reservations through the online registration site. Simply go to the ENDO 2003 Web site at <http://www.endo-society.org/scimeetings/endo2003/index.cfm> and click on "Registration and Housing Information" on the left sidebar. The convenient online registration process will provide you with an automatic confirmation. Register by the April 25<sup>th</sup> Early Bird deadline to save money and receive your *Program and Abstracts Book* by mail before the meeting.

## The ENDO 2003 Housing Challenge

When you register for ENDO, make your housing reservations at the same time through The Endocrine Society. When housing reservations are not made through the Society, it severely impacts the meeting's overall history and the Society's ability to negotiate for ENDO in future cities and to gain competitive hotel rates on your behalf.

Before you book individual housing reservations through another agent or Internet source, please consider that the Society works

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diligently to secure accommodations and is contracted to have the lowest possible rate at participating hotels. If you become aware of lower rates at participating hotels, please promptly notify the Meetings Department at [meetings@endo-society.org](mailto:meetings@endo-society.org)

### **Introducing ENDO Communications Central**

This year, ENDO attendees will have access to expanded Internet and E-mail services. ENDO Communications Central will be comprised of three components: (1) Internet service for Web browsing and accessing external E-mail accounts; (2) I-Communicate for leaving text messages for onsite attendees; and (3) I-Mail for sending E-mail messages to offsite recipients. These combined services will replace both the Internet Café and Message Center and can be accessed from any of three convenient locations in the Pennsylvania Convention Center.

*These services are supported by unrestricted grants from Pfizer and GlaxoSmithKline.*

### **Organize for ENDO with the Online Itinerary Builder**

Starting in May, ENDO 2003 registrants can build personalized schedules for use at the annual meeting. The Itinerary Builder allows users to search by topic, title, author, affiliation, and presentation format or presentation time. Access to the full text of all accepted abstracts is included, too. The Itinerary Builder is also personal digital assistant (PDA) compatible. This invaluable tool saves time and ensures that you won't miss any exciting ENDO events! Watch ESN Live! for the launch date.

*This product is supported by an unrestricted grant from Eli Lilly & Company.*

### **Online Exhibit Planner**

Create a personalized exhibit planner that you can print out and bring with you to the ENDO 2003 Exhibit Hall. This online service allows you to browse through exhibitor product descriptions and search by product category to

decide which exhibits you want to visit. Now available at <http://endocrine.convention.com/scientific>

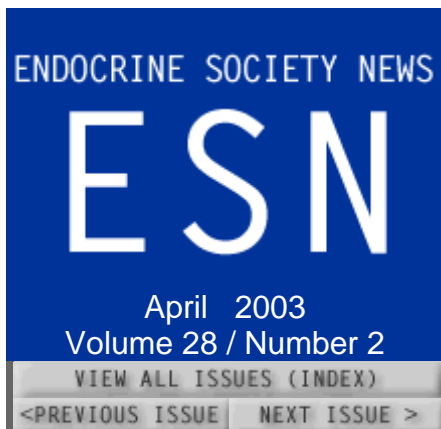
### **ENDO Abstracts on CD-ROM**

Society members that do not attend ENDO 2003 will receive abstracts on CD-ROM instead of the traditional print abstract book. (Only meeting attendees will receive the print abstract book.) The CD-ROM allows all abstracts to be searched by topic, title, author or affiliation and also provides easy access to ENDO 2003 science. Meeting attendees may pick up a complimentary copy of the abstracts on CD-ROM at the GlaxoSmithKline booth in the Exhibit Hall at ENDO 2003.

*This product is supported by an unrestricted grant from GlaxoSmithKline Pharmaceuticals.*

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## Ethics

### Conflicts of Interest: Dilemmas and Conundrums

**Consider the following sets of circumstances:**

❖ You have agreed to review an article for a journal, and when you read it you find that it reports work similar to that which your lab is just completing. If the publication of this paper is delayed it's possible that yours could come out first.

❖ You've identified and patented a new peptide which you think could have benefits for the treatment of cancer. You are now setting up a Phase II study to test the concept prior to large scale testing. If this study is successful, it is likely that you will be able to sell the patent to a pharmaceutical company for a very substantial sum.

❖ You're looking for recruits for an important study of the treatment of hypertension in diabetes. During a routine clinical consultation, one of your patients asks you whether he should participate.

❖ This year, the World Congress is in Venice and you'd love to go. You chat with a representative from a large pharmaceutical company, complaining that with air fares the way they are you can't afford it. A couple of days later you receive in the post a letter from the company offering to pay a business class air fare and full accommodation costs to help you to attend the meeting.

Have you ever been in one of these situations? If you were, what would you do? How would you know if you had made the right decision?

Each of the examples quoted above involves some form of duality or conflict of interests (COI). Dualities and COIs arise in many contexts, including in everyday clinical practice and research, in teaching, and in the

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work of professional associations and institutions. They often raise perplexing problems about actual and hypothetical risks and how we should act.

Because of the importance of this issue, the Ethics Advisory Committee, in consultation with other committees of the Society, has developed a document entitled “Ethical aspects of conflicts of interests” to provide assistance regarding the identification of COIs and what to do about them. This document provides guidelines outlining general principles of action and contains many examples to illustrate the problems it is addressing. It is intended to provide a resource for those faced with potential conflicts of interest and to stimulate reflection and discussion within the community. It can be found in full on the Society’s website at <http://www.endo-society.org/pubrelations/ethics.cfm>, where it is available for comment by members and other interested parties.

Naturally, if we are to clarify how to deal with COIs we need to define precisely what we mean by the term. Defining COIs is not completely straightforward, however, and many alternatives have been proposed. In general, all refer in some manner to the existence of relationships based on trust or dependence in which a potential conflict arises between different duties that exist simultaneously. Accordingly, we define an “interest” as a “commitment, goal or value arising out of a social relationship or practice.” We also introduce what we think is an important distinction between conflicts and “dualities” of interest. A *duality* arises when two or more interests are potentially in conflict, depending on the specific circumstances of an individual case. A *conflict of interest* exists when a particular relationship or practice gives rise to two or more contradictory interests.

By adopting this approach, we have tried to emphasize some important points:

- ❖ The existence of dualities of interest is a fact of modern life, which reflects the diversity of modern societies and the

plurality of roles individuals occupy within them. Often, different roles give rise to varying obligations, which on occasion, may erupt into conflicts.

❖ Whereas in common usage, the term “COI” is often taken to imply the existence of unethical behaviour, in reality, conflicts generally arise structurally, in the absence of unethical behavior. That is, COIs arise out of the facts; they do not reflect states of mind or malign motivations. As a result, no ignominy should be attached to finding oneself in real or potential conflicts.

❖ Conflicts and dualities of interests include both financial and non-financial issues. In the clinical and research settings, non-financial interests are often the most important. Most researchers undertake their work not primarily for financial gain but for less tangible rewards, such as the advancement of careers, prestige, and fame, in addition to the personal satisfaction associated with contributing usefully to society.

Once a duality or conflict of interest has been identified it is necessary to decide what to do about it. Often, of course, there will be legal implications. Indeed, the area of COI is subject to a complex array of government and institutional requirements which vary from context to context. All individuals need to ensure that they are familiar with the rules that apply in their own work settings.

Let us return to the situations above. When a duality has been recognized and you have satisfied yourself that there are no legal implications how do you proceed? In general, the key to effective management of COIs lies in a systematic approach that involves identification, clear declarations and maintenance of openness and transparency, and the development of appropriate structures to deal with specific issues. The actual details of what is needed depends on the circumstances of individual cases; furthermore, general principles must always be applied with common sense and flexibility.

Dualities and conflicts should always be dealt with in an open and transparent manner.

However, in many cases, disclosure alone will not be enough. Here, a more or less complex sequence of events is required, such as the following:

- ❖ When either financial or non-financial dualities of interest are identified these should be declared.

- ❖ These should then be considered by the relevant community – for example, the patients, an ethics committee or the hospital executive board.

- ❖ An assessment should then be made by the members of this community concerning whether the dualities constitute a potential or actual conflict.

- ❖ If it seems that a conflict of interest is present or likely, practical strategies need to be devised to separate the pursuit of the conflicting interests.

- ❖ The decisions and practical outcomes need to be communicated to the constituency, affected to ensure continuing transparency.

What action is taken depends on the specific circumstances of the case. Sometimes the result of the process will be merely a public declaration of the existence of a duality. In other cases, strong action may be needed, such as a decision to cease the activity being considered or to recuse oneself from a committee. In yet other cases, independent persons may need to be appointed to conduct one of the functions. In other cases still, relatively complex organisational arrangements may be needed, such as the appointment of committees or groups of individuals to discharge particular functions involved.

Thus, in the case of the journal reviewer mentioned above it may be sufficient merely to make an appropriate disclosure. In the case of the researcher with the patent, it may be necessary to set up an independent data monitoring committee that is responsible for the actual conduct of the study. In the case of the diabetic patient, it might be enough to ask a colleague to take over the consent process.

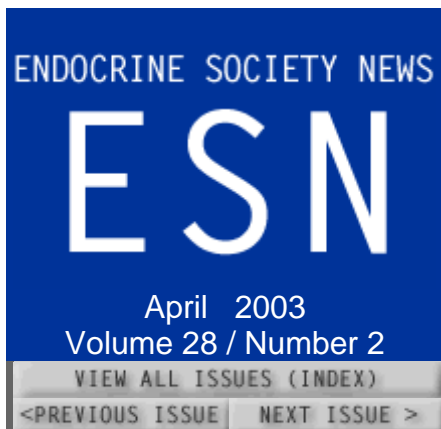
In the case of the trip to Venice there may,unfortunately,be no alternative but to decline it regretfully.

The overall purpose of Ethics Advisory Committee's (EIC) guidelines document is to contribute to the achievement and preservation of the highest quality of individual and community health care and research, to the benefit of both medicine and the broader community. It is hoped that it will assist you both in clarifying your personal views and in enhancing your abilities to recognize and analyse settings that could give rise to COIs. Members are invited to visit the website and to read it for yourselves. If you do so, we will very much appreciate any comments and suggestions you might have.

*For additional information about the EIC, please contact Jeanie Dow at [jdow@endo-society.org](mailto:jdow@endo-society.org)*

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# Exciting Opportunity for Investigators Conducting Clinical Trials to be offered at ENDO 2003

Back by popular demand, **ENDOTrials: Education - Building a Clinical Trials Program: A Management and Professional Symposium** will be presented on Wednesday, June 18<sup>th</sup> 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 clinical as well as academic investigators. Also, the program has been shortened and broken into two parts to cover topics in more detail. Therefore, this year's program will feature two programs: an overview program covering the entire clinical trial industry and a more focused program discussing, in-depth, preparing a working budget HIPPA guidelines and informed consent and other topics. More information will be included in the final program and can be found at [http://www.endo-society.org/scimeetings/endo2003/pre\\_conference.cfm](http://www.endo-society.org/scimeetings/endo2003/pre_conference.cfm)

Register online at <https://www.one-stop-registration.com/endo/>

Preliminary plans are underway for The **ENDOTrials: Network Exchange** which will be a special area on the exhibit floor where sponsors of both pharmaceutical and government sponsored clinical trials will network with potential investigators to discuss opportunities. This area will be the place to visit to find out about the latest research and learn how to become more actively involved in conducting endocrine clinical trials. In addition, other clinical education topics such as "How To Prepare for an FDA audit," will be presented at special lunchtime workshop sessions. Look for more information as it becomes available at <http://www.endo-society.org/scimeetings/endo2003/>

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## Hot Topics

### The Role of Nuclear Receptors in Cardiovascular Disease- Attend the 2003 Hot Topics in Endocrinology

The Endocrine Society will continue its highly-focused **Hot Topics in Endocrinology** series in October 2003 with a basic science symposium entitled *The Role of Nuclear Receptors in Cardiovascular Disease*. The program, developed under the auspices of the Society's Cardiovascular Endocrinology Task Force and its Meetings and Educational Programs Committee, is targeted to academic and industrial researchers and clinical investigators interested in the role of nuclear receptors and their ligands in all aspects of cardiovascular disease.

“The 2002 Hot Topics symposia were absolutely superb scientific meetings,” said Paul Webb, Program Chair of the 2003 **Hot Topics in Endocrinology** symposium. “We look forward to presenting a program that matches the quality of last year’s symposia,” he continued. The 2003 symposium will be held October 8 – 12 at the Hotel Del Coronado on beautiful Coronado Island in San Diego, California.

#### **Highly-Focused Science Featuring Renowned Experts**

Keynote speakers, Bert W. O’Malley, MD, and Peter Libby, MD, will kick off the symposium on Wednesday, October 8. Dr. O’Malley, Chair of the Molecular and Cellular Biology Department at the Baylor College of Medicine in Houston, TX, will present *Nuclear Receptors: Mechanisms and Modulation*. Dr. Libby, of Brigham and Women’s Hospital in Boston, MA, will address *The Cardiovascular System and Nuclear Receptor Drug Targets*.

Call for Abstracts

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Oral and poster presentation opportunities will be available at this symposium. Watch for the *Call for Abstracts* announcement on the Society's Web site, [www.endo-society.org](http://www.endo-society.org). Do not miss this opportunity to present your late-breaking science. The fee is \$55, and the deadline to submit your online abstract is July 1, 2003.

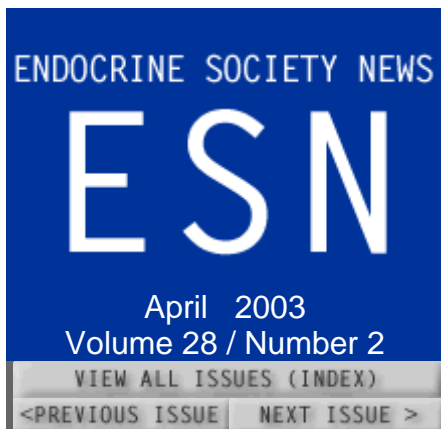
## Travel Grants

The Endocrine Society will offer 25 travel grants of \$500 each to assist students and fellows in attending the symposium. Qualifications are as follows:

1. Must be both first and presenting author on the abstract.
2. In-training post-doc (first through fourth year of fellowship), new faculty (first and second year of appointment) or graduate student (after second year of training).
3. Travel Grant recipients from previous year are ineligible.
4. Pre-registration is not required prior to applying for a travel grant.

The deadline to submit your online abstract is July 1, 2003. The **Hot Topics in Endocrinology** travel grants are supported by The Endocrine Society.

*For the complete schedule of events or additional information about abstract submission, travel grants, registration or housing, visit the Society's Web site at <http://www.endo-society.org/scimeetings/hot-topics-2003.cfm>*



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## Is Your Practice Online Opportunities Are Com

With the Internet continuing to be the most powerful tool available, more and more patients are using it to order services. By 2005, it is projected that approximately 88 million people will use the Internet to seek medical advice and services.\* As demand for these services grows, the number of medical practitioners setting up online services is also on the rise.

The Endocrine Society encourages member practitioners to take advantage of this growing trend by building *free* practice Web sites through Medem. Practice Web sites are an excellent way to keep patients informed, eliminate unnecessary calls, and keep patients informed of post general information such as office hours, street address, fax, and emergency numbers, accepted insurance plans, and registration forms. Practice Web sites can also provide information on specialties, care philosophies, procedures, pre-visit care/instructions, handouts and patient educational materials.

Once a practice Web site has been established, maintaining it is not easy. Physicians can simply begin by placing the Web site on their cards, prescription pads, invoices and receipts, and displaying printouts in the office. New patients can be informed of the Web site, practitioners can send letters to patients and referring physicians.

Aside from providing patients with general office information, Web sites also offer interactive options. Medem's Online Consultation (OC) in conjunction with leading medical professional liability societies, allows patients to pose a clinical question to a physician for consultation, online from their physician. OC is just one of the many services offered by the Medem Network.

The Medem Network includes:

A FREE customizable practice Web site that is HIPAA compliant

Access to new insured patients through links to the number of online physician finders and health plans representing 60 million covered lives

*Secure Messaging - enables secure communication with patients and other providers, with unique features including secure prescription refills, and patient specific access*

*Online Consultation - provides physicians with the ability to meet patient demands for physician email and the option to*

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time on a secure network, that is compliant with  
Guidelines and with currently-proposed HIPAA regul:

HIPAA Resource Center that provides important infor  
privacy act and tools to ensure compliance

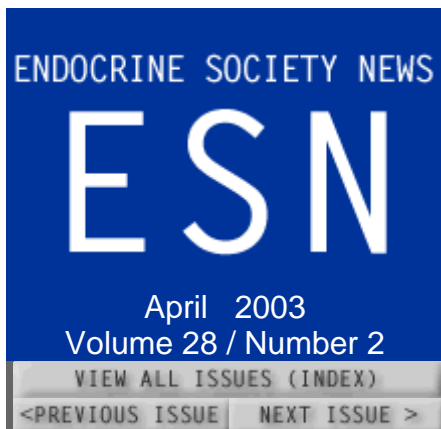
*For more information on building a Web site or usin,  
please contact Kelly Fischer, Manager of Society S  
[kfischer@endo-society.org](mailto:kfischer@endo-society.org)*

\*E-Medicine: The Cyber-Revolution Hits Mec  
Gorney, MD,

[http://www.medem.com/corporate/corporate\\_Addendu](http://www.medem.com/corporate/corporate_Addendu)

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## Legislative Update

### Endocrine Society Advocacy Efforts Prove Successful in Early 2003

The Endocrine Society's newly formed Government Relations Committee, which is chaired by Dr. Daniel Spratt, met for the first time in February. As the Society and the Government Relations Committee pursue the 2003 legislative agenda, several important advocacy efforts have already benefited the Society. In just the first several months of Congress the Society successfully worked to complete the National Institutes of Health (NIH) five-year doubling effort, lobbied to fix a 'Medicare mistake,' introduced two pieces of obesity legislation and worked with coalitions to move forward hormone abuse legislation.

After failing to agree on federal funding for 2003 prior to the adjournment of Congress in 2002, the new Congress finally passed the fiscal year 2003 Omnibus Appropriations Act on February 13, 2003. The measure included two noteworthy provisions for The Endocrine Society. First, House and Senate appropriators provided the NIH with more than 27 billion dollars for fiscal year 2003 in the final version of the Act. This funding completed the five-year doubling effort that increased NIH funding from 13.7 billion in 1998 to 27.3 billion for 2003. Second, intense Congressional lobbying by the American Medical Association (AMA) and its specialty societies, including The Endocrine Society, resulted in a corrective provision regarding Medicare payment cuts. If left unchecked, the Medicare mistake would have implemented a 4.4 percent cut in Medicare payments to physicians on March 1, 2003-resulting in a cumulative 10 percent cut for treating the nation's seniors and disabled over the past two years. This combined lobbying effort highlights the importance of the Society's relationship with the AMA - a relationship that gains strength as more Society members join the AMA.

Congresswoman Mary Bono (R-CA) also

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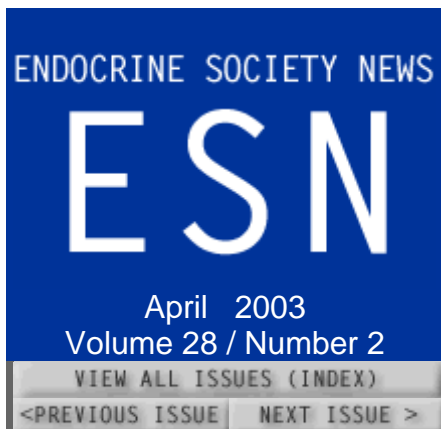
introduced The Improved Nutrition and Physical Activity (IMPACT) Act on February 12, 2003, which included a provision sponsored by the Society. The provision calls on the United States Dept. of Health & Human Services to research: (1) the causes of obesity including nutrition, physical activity and genetic causes such as syndrome X and (2) the prevention and treatment of obesity and related, serious, and chronic medical conditions (including diabetes and cardiovascular disease). Senators Bill Frist (R-TN) and Christopher Dodd (D-CT) are expected to introduce a similar Senate version within the next few weeks. We will continue to update our membership as these measures move forward.

On the issue of hormone abuse, The Endocrine Society and the Hormone Foundation have joined forces with The United States Anti Doping Agency (USADA), NCAA, NFL, American College for Sports Medicine, American Academy of Pediatrics, American Society for Nutritional Sciences and others to support HR 207, which would add steroid precursors to the list of controlled substances. The Endocrine Society will continue to work with this coalition to encourage passage of HR 207.

*If you are interested in becoming involved with The Endocrine Society's advocacy efforts, please contact Chris Rorick, Manager, Government Relations at [crorick@endo-society.org](mailto:crorick@endo-society.org) for more information.*

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## Minority Affairs Committee

### Increase Society's Outreach -- MAC's Fall 2002 Activities

The Minority Affairs Committee's (MAC) outreach activities are central to The Endocrine Society's ongoing mission to increase cultural diversity within the field of endocrinology. Throughout last Fall, MAC was successful in raising the visibility of the Society and its outreach efforts by attending several conferences targeting under-represented students.

For the first time, MAC members participated in the annual meeting of the Hispanic Association of Colleges and Universities (HACU) in Denver, CO, October 25-29, 2002. HACU is the nation's leading advocate for Hispanic higher education. Over 340 colleges and universities attended this meeting seeking information and opportunities to enhance the success of their students.

MAC also exhibited at the Annual Biomedical Research Conference for Minority Students (ABRCMS) in New Orleans, LA, November 13-16, 2002. More than 2,000 undergraduate and graduate students from around the country gathered to share their research data and learn about graduate programs/research fellowships in the biomedical sciences.

While committee members participated in recruiting and several networking activities, including poster judging, students were provided information on the Society's travel grants, abstract awards, summer research fellowships and the Shortcourses in Endocrinology. Four students were selected to receive a cash award and certificate from the Society and a free one year subscription to *Endocrine Reviews* on-line for posters featuring endocrine-related topics.

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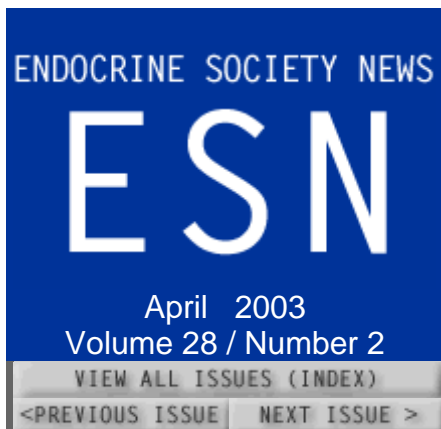
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## Congratulations to the winners:

- Isabel Davila from the University of California, Irvine
- Torian Easterling from Morehouse College
- Sadiat Olatunbosun from Southern University
- David Recinos from Long Island University

MAC also had an opportunity to network with the “best and the brightest” students at the American Indian Science & Engineering Society (AISES) annual conference in Tulsa, OK. Approximately 600 American Indians and Native Alaskan high school, undergraduate and graduate students from around the nation attended.

*For more information contact Veronica Parcan at (301) 951-2601 or [vparcan@endo-society.org](mailto:vparcan@endo-society.org) or Kirsta Suggs at (301)-941-0244 or [ksuggs@endo-society.org](mailto:ksuggs@endo-society.org)*



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**Dr. Eli Y. Adashi**, Presidential Professor of Obstetrics and Gynecology and the John A. Dixon Professor and Chair of the Department of Obstetrics and Gynecology, was awarded a 2.5 million dollar grant from the NIH towards the training of academically committed faculty in the discipline of Women's Health. This five-year award, titled Building Interdisciplinary Research Careers in Women's Health (BIRCWH II) program, for which Dr. Adashi will serve as the principal investigator, will specifically address cognitive, cardiovascular and skeletal aspects of Women's Health. Contributing heavily to this multidisciplinary award were Dr. Donald McClain from the Department of Medicine and Dr. Leigh Neumayer from the Department of Surgery. Also has been selected as the 2003 recipient of the Lifetime Achievement Award by the American Infertility Association. The award ceremony, which will take place in New York, is scheduled for October 2003.

**Prof. Henry Burger** was elected to Fellowship ad eundem of the Royal College of Obstetricians and Gynaecologists at their meeting in Sydney, Australia on October 1, 2002. The award recognizes his significant contributions to the advancement of the science and art of obstetrics and gynecology.

**Dr. Mary Frances Lopez**, Ph.D., Instructor of pediatric endocrinology at Harvard Medical School and Boston Children's Hospital, has been appointed to the Board of Directors for the Society for Advancement of Chicanos and Native Americans in Science (SACNAS).

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