

*News and Announcements  
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# Society President Expanding International Activities

Dear Colleagues,

At a time when the United States is involved in difficult and complex international matters, I find it refreshing and reassuring that our Endocrine Society is expanding its involvement internationally. This initiative is clearly one of my top priorities and I am searching for creative ways to make

The Endocrine Society's international activities durable, self sustaining, and valuable to our members. Let me first provide you with the statistics of our international membership, some of which may surprise you.



*Chip Ridgway, M.D.*

At the end of 2002, international members represented 32 percent of all active members. That percentage has remained consistent over the last several years, which means that international membership has grown at the same good pace as U.S. membership. The countries from which the majority of our international members come are Japan, Canada, United Kingdom, Italy, and Australia. I want to acknowledge the excellent and enthusiastic response of Gwen Childs' Membership Committee in nurturing this international growth.

In terms of constituencies, we find that 52 percent of our clinical researchers are international, compared to 29 percent of our basic researchers and 25 percent of our

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clinical practitioners. In terms of degrees held by our members, we find that 65 percent of those members who hold both a M.D. and a Ph.D. are international members. This data will be useful as we plan meetings, activities and services for each of the Society's constituencies, and it may lead the way to fruitful collaborations in different parts of the world.

We have already made a number of changes in Society services that reflect this international diversity. For example, the Worldwide Endocrine Events Calendar on our Web site provides information for over 150 endocrinology meetings – 55% are international meetings. The new International Resources section on the Society Web site lists 43 international endocrine organizations and includes links to their respective Web sites. There are no other such access points, and we have been working hard to secure these listings and keep them up-to-date. This is a useful service for any member seeking collaborations worldwide.

At the recent ENDO 2003 meeting in Philadelphia, two new activities occurred: an international reception and the "pilot project" of an International Scholars Program. The Society hosted a reception in honor of the leadership of international societies in conjunction with John Baxter's President's reception. At the reception, U.S. Society leaders interacted enthusiastically on personal and professional levels with leaders from the different countries that attended ENDO. The reception was very well received by the honorees and the hosts, and we plan to repeat it at ENDO 2004 in New Orleans.

One of the high points of the reception occurred when John Baxter recognized the six young Brazilian endocrinologists in training who participated in ENDO 2003 in the initial phase of a new International Scholars Program. Under this pilot program, several senior members mentored the six Brazilian investigators throughout ENDO. In conjunction with the Society's annual Job Fair, Society members interviewed the scholars as applicants for training positions at their laboratories. All six young Brazilians

were offered and accepted training positions in the U.S.

I would like to thank the senior endocrinologists from the Brazilian Endocrinology and Metabolism Society who selected these outstanding young scholars, the U.S. members who accompanied the students during their ENDO visits, as well as those who have offered these students training positions in their labs. The new program was received enthusiastically by the endocrine international community who recommended that it be continued. This coming year we are considering expanding the program to include scholars from Eastern Europe and Finland. I urge all of you with training laboratories to consider hosting one of the outstanding scholars who will be coming to ENDO in New Orleans. You'll be hearing more about this as plans develop.

In my presidential committee appointments, I made a considerable effort to increase international representation on virtually all of the Society's committees, as have my predecessors. Close to 14 percent of the new committee appointments made in 2003 were international members. I am very pleased that the Society's Corporate Liaison Board (CLB) recently expanded its international role by adding a major non-U.S. based pharmaceutical company, Ipsen, to its membership, in direct response to the Society's international emphasis. In 2004, the CLB will invite a second non-U.S. based company to join its membership. We are also working to increase the number of international members on the editorial boards of our four journals, and tracking trends to evaluate our success. These initiatives are made more practical as advances in electronic manuscript submission and reviewing technology have facilitated communication around the globe.

Other technology advances have created opportunities for instantaneous online delivery of the content of our journals worldwide, and we are investigating financial models that will cover our costs and still permit this rapid dissemination of the excellent science we publish to "developing"

countries (as defined by the world bank). In addition, through our relationship with Highwire Press, the Society now provides free, seamless online access to institutions in World Bank designated low-income developing nations. We are also negotiating with our publications' vendor, CADMUS Press, to provide international members with a better option for expedited journal delivery starting in 2004. Not only will the new service be faster than the current option, but it will be less expensive for our non-U.S. members.

We continue to be sensitive to the communication interfaces between the Society and the international community. Many members of the Society's staff are bilingual and assist in everything from phone and email inquiries, to translation of membership application information, to onsite assistance for international participants at Society meetings. The Membership Committee now accepts curriculum vitae in any language and maintains a reference notebook of international credentials and board certifications to facilitate the membership process for non-U.S. applicants.

I just returned from our first Annual Meeting Steering Committee (AMSC) meeting for the 2004 ENDO meeting in New Orleans. I will be telling you more about this meeting in the near future but wanted to share an outstanding international success. Twenty percent of our Plenary and Symposia speakers and chairs will be international; seven percent will be minorities. This is a record for both, and I am exceptionally indebted to the AMSC members for their enthusiastic response to my challenge.

John Funder, M.D., PhD., who just completed his term on The Endocrine Society Council, heads our international thrust. John's International Task Force, consisting of representatives from eight countries, has provided leadership and direction that has already brought success. His group has been ably supported by Terry Jacobson, the Society's Director of Membership. At this time we are actively considering the migration of this task force into a new

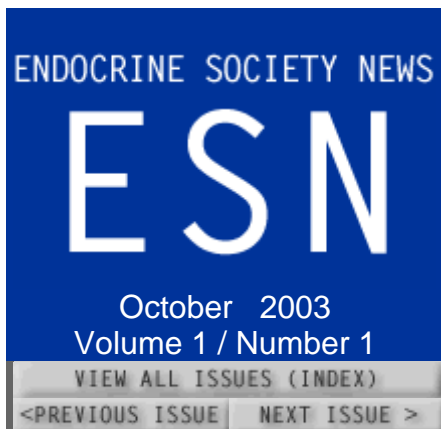
standing international committee of the Society, confirming our commitment to serve our international constituency and furthering international collaborations and cooperation.

Please feel free to communicate your thoughts and suggestions about our international outreach, or any other topic of interest, to me at [president@endo-society.org](mailto:president@endo-society.org) I welcome your input and involvement.

Sincerely,  
E. Chester Ridgway, M.D.  
President

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## Member Honors

**Zvi Laron, MD** Professor Emeritus at Tel Aviv University and Director of the Endocrinology & Diabetes Research Unit, Schneider Children's Medical Center of Israel, has received the International Society for Pediatric and Adolescent Diabetes (ISPAD) prize for achievements in Science, Education and Advocacy in Childhood Diabetes. The prize will be awarded at the 29<sup>th</sup> Annual ISPAD Meeting. Professor Laron also received a prize from the Spanish Pediatric Endocrinology Society for his contributions in Pediatric Endocrinology.

**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).

**Christopher Kovacs, MD, FRCPC, FACP** received the 2003 Gold Medal in Medicine from the Royal College of Physicians and Surgeons of Canada. This award recognizes Dr. Kovacs' accomplishments in medical research, specifically his contributions to the understanding of PTH, PTHrP, and their complementary roles in the regulation of skeletal mineralization during fetal development. The Medal Ceremony took place at the annual meeting of the Royal College on Sept 12<sup>th</sup> in Halifax. The award comes with the cash prize of \$5,000, a gold medal emblazoned with the crest of the Royal College, a featured lecture at the meeting of the Canadian Diabetes Association and the Canadian Society for Endocrinology and Metabolism, plus the opportunity to participate in the Visiting Medalist Program to visit and speak at other faculties of medicine in the country.

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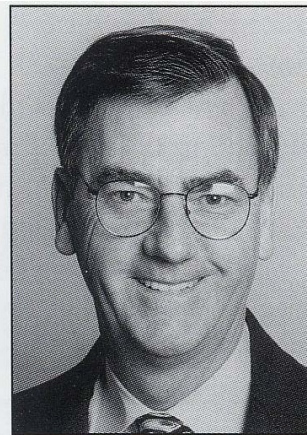
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# Billing for Dehydration Suspected Partial ADH Patient with Polyuria

by Richard A Dickey, MD, FACP, FACE Chair, CI CPT and RUC advisor, member AMA Practice Ex



Richard A. Dickey, M.D., FACP, FACE

This edition of the *Coding* using various coding systems in de The following example dem describe a complex procedure an analysis of endocrine tes published in the past<sup>1,2,3</sup>. Pl experiences in handling this a can share these with others.

Case Study:

A 44 year old man with undetermined etiology had endocrinologists and internis polydypsia. The current c suspected the patient had a p hormone (ADH) due to an undetermined defect either in the

On one day a dehydration test was done in which the patie came to the office at 9:00 a.m. He was followed hourly from were collected hourly for osmolality and specific gravity. the study and submitted for electrolytes, plasma osmolalit two to three hours of physician review of the literature dehydration test the physician saw the patient hourly to be problems as a result of no fluid intake.

Solution:

To code and bill for these services, the following were su record everything done as part of the dehydration test. Cc report of the findings and the physician interpretation of document in the patient's chart why this test was necessa from the medical literature on the workup and treatment endocrinology reference text such as Williams<sup>4</sup> or Felig<sup>5</sup> at methodology, such as Lavin<sup>6</sup>).

For the charges and Current Procedural Terminology (CP specific gravity [84315], urine osmolality [83935], electro [83930] tests, charge separately for each done, using the - was performed by a party other than the treating or reprc ADH assay but be aware some payers (e.g. Medicare) c cover it. In the case of any non-covered service, charge t for the ADH assay(s)] provided your contract with the paye non-covered services discussion in my October, 2002 Codi

For physician time, charge a face-to-face established (or r

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99205, respectively). Document the physician time spent per physician did, pointing out the risk to the patient of the procedure of the patient by the physician. In addition to the office visit for the extra time beyond the office visit code used (e.g. 99205 was used, use 99354 for the next 30-74 minutes and 99355 for

Use the consultation (clinical pathology) code [80502] to cover the face-to-face and written report of the findings requiring additional physician interpretation. For this non-face-to-face work, the 99358 and 99359 prolonged services codes. If the patient recommendation visit, use an office visit code to cover the time that may be best to actually perform the interpretation and consult with the patient at that visit, to recoup all of the time required for resource review.

Please let me know the outcome of such an approach and your claim, assuming it is accurate. *For more information contact Agustín Cruz, Associate Director, Clinical & Scientific Affairs*

Notice: The approved new coding replacing the code 255.11 starting October 1, 2003. A fifth digit ICD-9-CM classification is Primary Aldosteronism; 255.11 Glucocorticoid-remediable mineralocorticoid excess syndrome; 255.13 Bartter's syndrome; and 255.14 Other

### References:

1. Endocrine Test Codes, *CPT Assistant* 4: 1-8, Summer, 1994.
2. Evocative/Suppression Testing, *CPT Assistant* 4: 8-18, Fall, 1994
3. Dickey RA, Coding for Endocrine Services: Using the New Codes *Endocrine Practice* 2: 193-196, 1996
4. *Williams Textbook of Endocrinology*, 10<sup>th</sup> Edition, Ed. Larsen, Kronenberg
5. *Endocrinology and Metabolism*, 4<sup>th</sup> Edition, Philip Felig & Lawrence A F
6. *Manual of Endocrinology and Metabolism*, 3<sup>rd</sup> Edition, Ed. Norman Lavi
7. CPT is a trademark of the American Medical Association. All Current codes, descriptions, numeric modifiers, instructions, guidelines, and Association. All Rights Reserved.

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## SAVE THE DATE FOR ENDO 2004

Mark your calendar—ENDO 2004, The Endocrine Society's 86<sup>th</sup> Annual Meeting will be held June 16-19 in New Orleans, Louisiana. Join your colleagues and hear about the latest advancements in endocrine practice and research while enjoying the unforgettable atmosphere of one of the world's most entertaining cities.

Referred to as "The Crescent City," "The Big Easy" and "The City That Care Forgot," New Orleans is famous for its festive spirit, lively music, and flavorful cuisine. With more than 35,000 registered, historic landmarks, the city embraces visitors with its unique blend of French heritage and U.S. Southern hospitality.

Comprised of 90 blocks of 17<sup>th</sup> Century architecture lined with intricate iron balconies, the famed French Quarter is home to the world's best Creole and Cajun kitchens, Mardi Gras Carnival, and the Birthplace of Jazz. For a glimpse into the history and mystery that make the city so unique, stop by the Louisiana State Museum in Jackson Square.

With over 3,000 restaurants, New Orleans is filled with aromatic flavors that beckon visitors to sample local fares such as spicy crawfish, Po-Boy sandwiches, gumbo, muffalettas, Bananas Foster and pecan pralines. And a "must have" on every list—hot beignets and café au lait from Café Du Monde.

Hop on the St. Charles Streetcar and view the stately mansions that line the prominent Garden District. Add a little mystery to your tour with a stroll through one of the city's renowned cemeteries where tales of ghosts and spirituality abound. And, no trip to New Orleans would be complete without a ride on an authentic riverboat on the mighty Mississippi. To learn more about these attractions and others, visit the New Orleans

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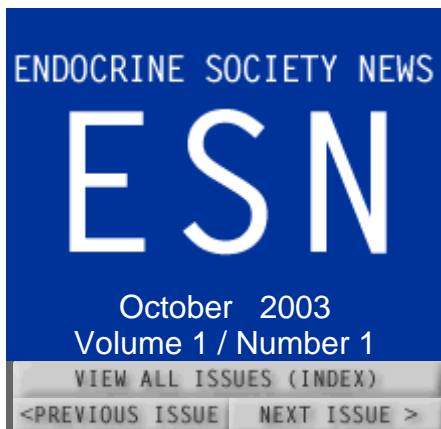
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Metropolitan Convention and Visitors Bureau  
at [www.neworleanscvb.com](http://www.neworleanscvb.com)

Save the date! ENDO 2004 is your premier  
opportunity to learn the latest in  
endocrinology and experience the colorful  
character of New Orleans.

Please visit The Endocrine Society's Web site  
at [www.endo-society.org](http://www.endo-society.org) for more  
information on ENDO 2004 as it becomes  
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# Don't Miss Out - CEU 2003 Registration Still Available!

## Clinical Endocrinology Update 2003

**October 24-27**

**Fontainebleau Hilton - Miami Beach, FL**  
**Robert Kreisberg, MD, Program Director**  
**Lynnette Nieman, MD, Program Chair**

Clinical Endocrine Update (CEU) is the premier annual event for scientifically valid and clinically relevant reviews and updates on advances affecting the practice of endocrinology. CEU 2003 will cover all areas of endocrinology, including thyroid, diabetes, obesity, adrenal, hypertension, calcium/bone, reproduction, pituitary and cardiovascular endocrinology.

## Board Review Session October 22-23

This unique and interactive workshop preceding CEU 2003, the Board Review Session offers an intensive review of eight key areas of endocrinology. It's a great opportunity to prepare for your 2003 board exams.

On-site registration, is still available!

For complete registration and program details for CEU, Board Review and the Thyroid Workshop, please visit [www.endo-society.org/scimeetings/ceu2003/index.cfm](http://www.endo-society.org/scimeetings/ceu2003/index.cfm)

## Special Thyroid Sonography Hands-On Workshop October 27

An interactive session taught by a leading endocrinologist experienced in thyroid sonography. Presenters will teach general evaluation of the thyroid ultrasound and attendees will have an opportunity to utilize the ultrasound equipment and learn the

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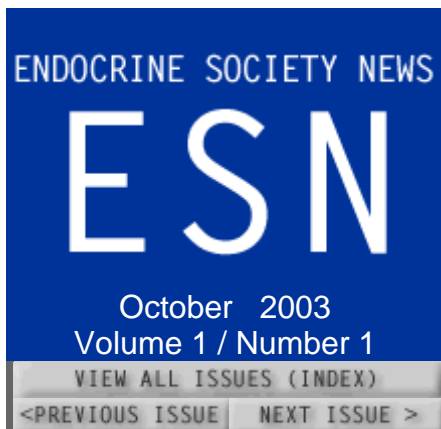
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procedure of aspirate biopsy.

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Services at [societyservices@endo-society.org](mailto:societyservices@endo-society.org)  
or call (301)-941-0210.



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# Protect Yourself and Your Patients: Use Secure E-mail for Patient Communication

Consumers now expect to be able to conduct virtually all business online. They want to manage their finances, make airline reservations, and purchase the latest books and CDs, all from the comfort of their home. Increasingly they are seeking similar conveniences for the management of their health. However, unsecured e-mail (AOL, Yahoo, Hotmail, etc.) shouldn't be used between physicians and patients as this vehicle is neither authenticated nor encrypted. Sending a message by e-mail is similar to sending a postcard in the U.S. mail; it can be intercepted and read by others as it travels across the Internet to its intended recipient. In addition, patients often use their employer-provided e-mail addresses for these communications, making the content of these communications the property of their employers.

In response to the liability concerns of using unsecured email for physician and patient communication, Medem, Inc. established a secure environment that is compliant with e-Risk and HIPAA guidelines. Medem's Secure Messaging and Online Consultation services are encrypted and confidential, so only the intended recipient can read a message. Because a user ID and password are always required to view both patient and physician messages--which are stored in a secure server environment--the identities of both parties must be authenticated before messages are read. Medem also provides physicians with sample office protocols, terms of service, informed consent language, and other tools to maximize communication security and minimize practice liability.

Medem Network services are free to

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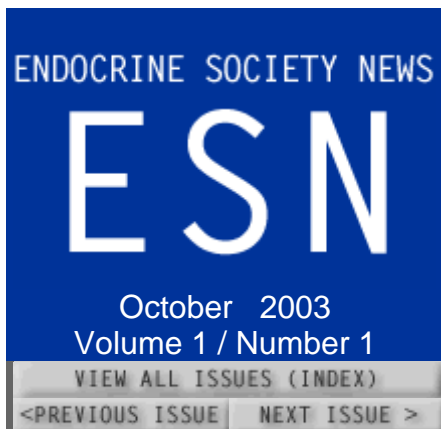
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Endocrine Society members. If you are interested in learning more about these services, please contact Kelly Fischer, Manager of Society Services, at 301-941-0247, [kfischer@endo-society.org](mailto:kfischer@endo-society.org) or visit <http://www.endo-society.org/membership/medem.cfm>.



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# Research Subject Advocacy -- a New Way to Enhance Integrity in Clinical Research

by Stanley G. Korenman, M.D. and Laurie Shaker-Irwin, Ph.D. David Geffen School of Medicine, University of California at Los Angeles

**“There’s many a slip between the hand and the lip” -- in this case between the lip and the hand -- as principal investigators (PIs) carry out their promises to Institutional Review Boards (IRBs).**

**Recent evidence of unacceptable research conduct and serious adverse outcomes of approved clinical studies indicate that IRBs, despite their great successes, have significant weaknesses that interfere with their ability to fully protect research subjects. These weaknesses include: inadequate oversight of the progress of research programs; failures of accountability; institutional conflicts of interest; a presumption both of trustworthiness and accountability on the part of all principal investigators; and a tendency to overlook indiscretions of faculty because of their value to the institution.**

**Furthermore, although IRBs have mandated responsibilities for monitoring clinical research, they were never funded to fulfill those functions nor were they organized with the appropriate expertise. They remain remote from the research activity<sup>1</sup>.**

**To improve both scientific quality and participant safety, the Research Subject Advocacy (RSA) program of the General Clinical Research Centers (GCRCs) was developed.**

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Endocrinologists frequently utilize GCRCs heavily, so it seems relevant to describe the RSA program and our practical ethical experience with it at UCLA over the past two years. Judy Vaitukaitis, Director of the National Center for Research Resources at NIH and a member of the Society, conceived the RSA idea and convinced the Office of Management and Budget to provide funding for it at every GCRC. At UCLA the funding supports a full time research subject advocate, Laurie Shaker-Irwin, a clinical director, Stanley G. Korenman, and a half time administrative assistant to monitor over 240 protocols.

The designated office, the Office of Research Participant Advocacy (ORPA), was charged to provide a source of support for individual research participants, to provide accountability for each research protocol and to educate study teams in responsible research. It developed a process for examining protocols and consent forms as well as data and safety monitoring plans and reports. With the unit nurses the RSA monitors the progress of studies as they apply to individual participants. In this report we describe a significant number of ethical lapses that may provide some enlightenment as to the value of the RSA function and prepare faculty for its anticipated eventual application to all clinical research.

### **Consent forms:**

Often PIs design consent forms that are consonant with those used for clinical care until they learn of the many complex requirements for research. They are unaware of the 10<sup>th</sup> or lower grade readability requirement, Health Information Privacy and Portability Act (HIPPA) requirements, tissue and genetics rules, as well as the need to describe rare and common, serious and simple adverse events. They don't know that consent forms must be updated when significant new safety information is obtained or when the protocol is changed. We continue to find:

**A number of consent forms that are unusually jargon-filled and surely incomprehensible to participants.**

**A few consent forms that have not been amended to describe new adverse events.**

**The consent process being carried out in groups without private opportunities for questions.**

**Questions about the presence or availability of the PI, co-PI, or an appropriate translator as required, during the consenting process.**

### **Data and safety monitoring:**

**Conceptually, Data and Safety Monitoring Boards (DSMBs) were formed to monitor double-blinded studies. Someone must be knowledgeable as to how the study is progressing and determine whether significant benefit or disproportionate harm has accrued in one or another arm of the study. DSMBs need to know whether the predicted power remains achievable and whether subject accrual is progressing satisfactorily.**

**For example, a DSMB closed the “estrogen plus progesterone” arm of the Women’s Health Initiative study as deleterious and cut short the Diabetes Prevention Program trial because of proven superiority of the intensive treatment arm. The important functions of the Data and Safety Monitoring Boards should be extended to any study in which significant participant risk occurs.**

**We found that the data and safety monitoring process is almost entirely unregulated as to composition and objectivity. While some NIH grants required DSMBs, others did not. Investigator-initiated studies still rarely require them. The composition of DSMBs in pharmaceutical company-sponsored studies was extremely variable. There were no reporting rules so materials**

conveyed to the IRB and ORPA often failed to provide anything beyond the simple decision to continue the trial. The membership of a DSMB did not have to be revealed so its objectivity could not be evaluated.

We discovered and rejected DSMBs solely utilizing study investigators or sponsor staff, suggesting local monitors in those cases. Now, investigators, often without prompting, frequently insist on unconflicted DSMB members because they realize the importance of objectivity in data monitoring.

To deal with uninformative DSMB reports we developed a set of reporting criteria. The reports continue to come in slowly and on occasion need to be upgraded, but the criteria have resulted in great improvements to the process overall.

### **Clinical practices:**

ORPA was charged to encourage good research practices, to advocate for the participants, and to ensure that the clinical needs of the participants were properly handled. However, the office also became a bridge between those carrying out the research (nurses, study coordinators, dieticians, etc.) and the PIs. Because ORPA was independent of both the research team and the GCRC, it could voice concerns to the PI about the execution of a protocol and successfully bring about constructive change. Providing this communication link was the most important unexpected function of ORPA.

On two occasions employees of a principal investigator were consented as study subjects. This represents coerced consent on *prima facie* grounds and is not permitted. One cannot be sure that even the most enthusiastic employee does not feel an obligation to the boss.

A related problem occurred when a PI participated in her study herself and experienced a serious adverse event. She was conflicted between attending properly

to her medical problem and underplaying her illness to preserve the research. We had to intervene to insure her physical well being.

A case of diffusion of responsibility (and therefore no responsibility) at a critical moment occurred in a trial where pregnancy was an exclusion criterion and therefore tested for. The involved personnel each had thought that someone else was responsible for monitoring the pregnancy test. Evidence of the pregnancy was not discovered until after a set of perturbation tests were carried out. The participant terminated the pregnancy for personal reasons.

In another case, a participant returned to the GCRC when the PI was out-of-town, having lost much weight. Those left in charge were not clinicians and did not know what to do. ORPA arranged a medical evaluation. In fact, that case led to the discovery that there was no system to provide urgent care in the GCRC with the exception of bringing participants to the emergency room. Now, the chief residents in medicine and pediatrics have been assigned to be on call for clinical management of important medical issues that might arise, particularly at night and on weekends.

In another instance, a participant was convinced that he had rectal bleeding as a result of the study activities. The PI found no GI bleeding but did not think to report this as an adverse event. The fact that it was an adverse event from the perspective of the participant should have been sufficient for its inclusion.

### **Conclusions:**

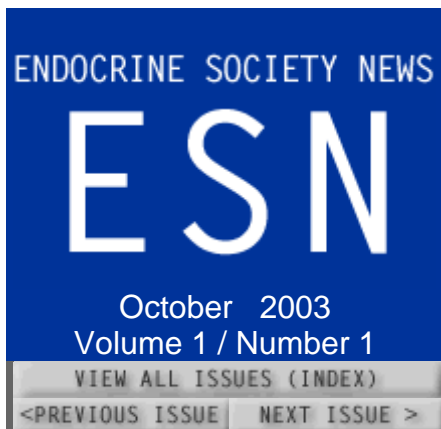
It has been the policy of ORPA to examine and resolve issues with the PIs as they arise. Our goal has been to use each event as an opportunity to improve the system as well as the study and to educate those involved. In our view, when such an event becomes confrontational the process has failed.

**Our experience has repeatedly demonstrated that rules, policies and guidelines can carry only so far and that the confusion of human interactions leads to a certain degree of slippage even of the best intentioned. We believe that careful monitoring of protocols, performance, and results of clinical research will greatly improve safety of the participants and, to a significant degree, the quality of the research. The Research Subject Advocacy process ensures ethical research practices and should be expanded to all clinical investigation.**

1. Califf RM, Morse MA, Wittes J, et al. Toward protecting the safety of participants in clinical trials. 2003; *Controlled Clinical Trials* 24:256-271.

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# Hormone Foundation Works to Increase Resources for the Public

by Robert B. Jaffe, M.D., President, The  
Hormone Foundation

Dear Colleagues,

I am writing to share with you with the great strides that The Hormone Foundation has made over the last year. In 1997, The Hormone Foundation was established as the public education affiliate of The Endocrine Society. Its mission is to serve as a resource for the public by promoting the prevention, treatment and cure of hormone-related diseases. The Foundation does this through public outreach and education. Today, the Foundation offers many patient programs and materials on different endocrine diseases and conditions, such as menopause, pituitary disease and polycystic ovary syndrome. These programs continue to expand and flourish due to the hard work of the members and leadership of The Endocrine Society and The Hormone Foundation as well as the superb full-time Hormone Foundation staff.

## Current Programs and Activities

Endocrinology covers an enormous range of diseases and conditions, all of which are in need of clear, accurate and balanced patients information. The Hormone Foundation is working with some of the top experts in the country to help bring information and education to patients. Our current activities and programs include:

**Women's Health:** Following on the heels of the premature termination of the estrogen/progestin arm of the Women's Health Initiative (WHI) study in July 2002, physicians were besieged and women were

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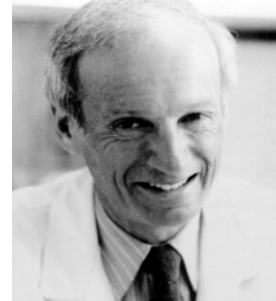
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apprehensive. In response to the news, the Foundation reacted quickly to meet the public's need for information by updating the Foundation website ([www.hormone.org](http://www.hormone.org)) and publications. In addition, to clarify the confusion, we developed a Question & Answer fact sheet entitled, "Menopause Management in Light of the Women's Health Initiative Study," which was distributed in pads of 50 to over 25,000 physician offices and posted on the Foundation's Web site ([www.hormone.org](http://www.hormone.org)).



*Robert B. Jaffe, M.D.*

More recently, at ENDO 2003, the Foundation hosted a media roundtable entitled, "Menopause Management: Current Issues and Treatment Options," to clarify lingering questions around the WHI and other studies released just this year. The roundtable featured presentations on the various health risks associated with menopause (i.e., osteoporosis, cardiovascular disease, breast cancer, dementia, etc.), discussed short-term and long-term use of hormone therapy, and presented alternative treatment options to manage the symptoms of menopause.

Stories based on the information presented at the roundtable appeared in *The Wall Street Journal*, WebMD, *The Houston Chronicle*, and *AnmedNews* (print and online), generating more than six million impressions. We are pleased at the success of the roundtable in reaching the public with important health messages.

**Growth:** The Foundation recently received a grant to develop a comprehensive brochure on growth entitled, "Get the Facts: Growth Hormone Issues in Children and Adults." This publication will address the different conditions attributed to growth hormone deficiency, as well as appropriate uses of growth hormone replacement therapy and treatment of idiopathic short stature.

**Hormone Abuse:** Since the November 2002 meeting on adolescent hormone abuse, which

was organized by The Hormone Foundation, the hormone abuse program has made great strides. In June 2003, the House of Delegates of the American Medical Association (AMA) passed a resolution calling for a ban on the sale of over-the-counter dietary supplements containing anabolic steroid-like ingredients (steroid precursors), and called for a coordinated nationwide campaign to turn back the rising tide of adolescent hormone abuse. The resolution was based on a Hormone Foundation White Paper on adolescent hormone abuse that was developed in conjunction with the Council on Scientific Affairs of the AMA and The Endocrine Society.

The Foundation also continues to support legislation (H.R. 207), in conjunction with The Endocrine Society, to include steroid precursors found in dietary supplements on the controlled substances list. We are also currently preparing the White Paper for publication in a scientific journal and adapting it for the public to increase public awareness about the issue.

***www.hormone.org:*** The Hormone Foundation's Web site ([www.hormone.org](http://www.hormone.org)) continues to be the main avenue in which the Foundation reaches the public. Since I last wrote to you, traffic to the Web site has increased from 30,000 monthly visitors to over 45,000. The online physician referral database – “Find-An-Endocrinologist” – continues to be the most visited resource on the site. At beginning of the year, the referral directory was experiencing about 10,000 visitors per month. As of July, the visitor count was more than 17,000 per month.

In addition, the Foundation has updated many publications and added new resources on several topics to the Web site, including the 2003 edition of the “Patient's Guide to Low Testosterone,” and the transcripts and presentations from the media roundtable on menopause management.

#### **Contributions to the Hormone Foundation**

The Hormone Foundation's goals are to educate the public about hormone-related conditions, the field of endocrinology, and the

critical role of the clinician and scientist in clinical care and in research.

While the Foundation obtains some support from the pharmaceutical industry, and philanthropic and professional organizations, contributions from the members is invaluable not only for supporting our goals, but also for demonstrating to potential donors that the activities of the Foundation have the tangible support of the membership.

We are grateful to those of you who have contributed your tax-exempt donations and hope that you will continue to contribute generously. (Please see The Hormone Foundation contribution option in this fall's membership invoice.)

### **Hormone Foundation Staff**

The activities of the Hormone Foundation are carried out by two full-time staff members as well as members of The Endocrine Society's staff, who work with the Foundation on an as needed basis. I want to take this opportunity to introduce you to our staff: Molly Wade, Director of the Foundation, and Paula Correa, the Foundation's Program Manager.

Molly has had more than twenty years of management, consulting and resource development experience in nonprofit, philanthropic and private sector organizations. She has specialized in strategic and operational planning, capital campaign planning, feasibility studies, board development and training, program assessment, and program management. She has brought all of those skills, plus a delightful, thoughtful and perceptive personality, to her work with the Foundation.

Paula Correa has done a superb job as our Program Manager. Her primary responsibility is to plan and implement the Foundation's public education programs, including program design and marketing communications. Importantly, she also has been responsible for the development and management of the Foundation's website and publications. Paula has previous experience managing national public education campaigns to promote math and science in schools, developed training materials for teachers about new educational

strategies in reading and language arts, and worked in various international public health/development programs in nutrition and reproductive health for underserved communities in developing countries. Her multilingual capabilities were an asset in those activities as they have been for the Foundation. She's energetic, enthusiastic, highly motivated and a joy to work with.

Both Molly and Paula are invaluable assets to the Foundation. I feel extremely fortunate to be able to work with them.

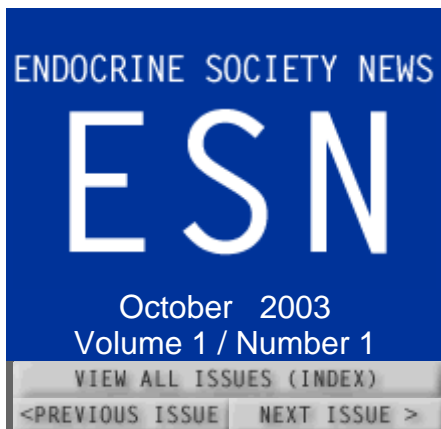
I will continue to update the Society's membership on the Foundation's future activities. For more information about Hormone Foundation programs,, contact Paula Correa at [pcorrea@endo-society.org](mailto:pcorrea@endo-society.org) or 301-951-2604. To register for the online physician referral contact Society Services at [societyservices@endo-society.org](mailto:societyservices@endo-society.org) or 301-941-0200.

Robert B. Jaffe, M.D.  
President

The Hormone Foundation

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# Nominations Sought for Medical Student Achievement Awards

The Endocrine Society is still accepting nominations for the 2003 Medical Student Achievement Awards. These awards were established to recognize excellence during endocrine training and provide each institution with the opportunity to recognize one of its graduates who has performed meritoriously in the discipline. Most importantly, the awards encourage outstanding students to pursue careers in endocrinology and related fields of medicine and basic science. The Society expanded this flourishing award program in 2003 by inviting international members and their institutions to participate. Today, there are 205 participating institutions representing 29 countries.

Medical Student Achievement Awards are presented to senior medical school students who have shown exceptional ability and interest in endocrinology. Because endocrinology is an integrative discipline spanning basic science and clinical medicine, it is taught in a variety of ways. Therefore, each school has the flexibility to establish its own selection process and criteria for the award. After selecting the winner, the contact person from the institution simply returns the completed nomination form to the Society. Each winner of the award receives an 18-month complimentary Fellow/Student Associate membership in the Society, an 18-month subscription to *Endocrine Reviews*, their name added to a plaque at their institution, and an award certificate which is presented to them during their school's awards ceremony. Additionally, the recipient will be acknowledged on the Society's Web site [www.endo-society.org](http://www.endo-society.org) and in the August issue of *Endocrine Society News*.

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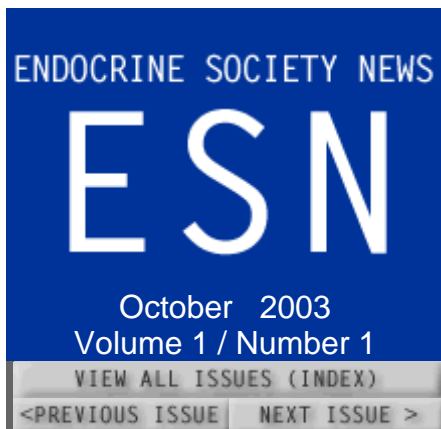
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To nominate a student from your institution for the award, please refer to the list of participating institutions on the Society's Web site at <http://www.endo-society.org/about/medical.cfm>. A contact person has been established at most institutions. Please contact that person directly to submit your nomination. If your institution or a contact is not listed and you would like more information about participating in the awards program, please contact Colleen Gorman at [cgorman@endo-society.org](mailto:cgorman@endo-society.org) or 301-951-2611.



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# New Awards for Endocrinology and Molecular Endocrinology Manuscripts

The Endocrine Society is pleased to establish awards for outstanding first authored student papers published in *Endocrinology* and *Molecular Endocrinology*. These awards are designed to encourage and recognize student contributions to the study of endocrinology. The Editors of the two journals and the Student Affairs Committee of The Endocrine Society will select the awardees, which are restricted to trainees (students, fellows). These awards are not intended for faculty level individuals.

*Endocrinology* and *Molecular Endocrinology* will each sponsor two awards per year. Awardees will receive a \$1,000 award and free registration to the annual Endocrine Society meeting. Awardees will be selected from papers accepted for publication from January 1 to December 31 of the previous year. Therefore if your paper has been accepted to these journals since January 1, 2003, you will be eligible for the 2004 award. Awardees will be notified in April 2004.

If your paper is eligible, please contact the managing editors at *Endocrinology* ([endocrinology@endo-society.org](mailto:endocrinology@endo-society.org)) or *Molecular Endocrinology* ([molendo@endo-society.org](mailto:molendo@endo-society.org)) with the manuscript number. If you plan to submit an eligible manuscript, note that the E-Review Manuscript Submission form now provides a direct way to notify the editorial offices.

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## MAC Member Hosts FASEB Visiting Scientist

Since its inception in 1982, the FASEB Visiting Scientist Program has aimed to strengthen the research and teaching capabilities at minority institutions by sponsoring visits of prominent scientists who are active members of the FASEB Constituent Societies. These scientists provide valuable guidance to science departments, faculty and students of the host minority institutions. Throughout the program, the visiting scientist presents lectures and seminars of general and practical interests; provides advice on research, curriculum, and graduate opportunities; discusses career trends and opportunities in the biomedical/ behavioral sciences; and assists in the preparation and development of grant proposals. Follow-up visits by the scientists are encouraged as a means of fostering collaborative research opportunities, as well as creating opportunities for reciprocal visitations by faculty and students from the host minority institutions. Visiting Scientist travel expenses and funds for necessary supplies, slides reproduction, etc, are provided by the FASEB MARC Program.

In August 2003, The Federation of American Societies for Experimental Biology (FASEB) announced that California State University (CSU) Dominguez Hills, in Carson, California was selected to host a Visiting Scientist under the Federation's Visiting Scientist Program funded by the Minorities Access to Research Career (MARC) Program, which was approved by the National Institute of General Medical Sciences (NIGMS). Dr. Thomas Landefeld, founder of The Endocrine Society's Minority Affairs Committee (MAC), hosted visiting scientist Dr. Mary Frances Lopez, current MAC member, at CSU Dominguez Hills in September 2003. Previous Endocrine Society visiting scientists

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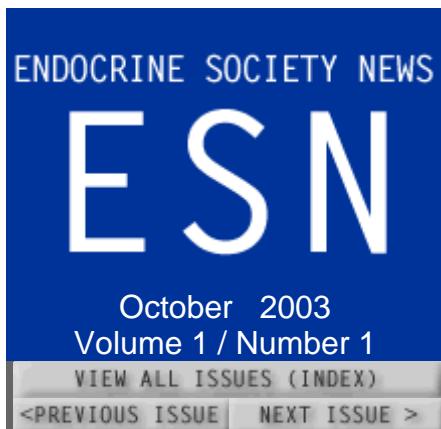
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to minority institutions have included, Dr. Lovell Jones, Director, Center for Research on Minority Health, University of Texas MD Anderson Cancer Center and former MAC member, and Dr. Thomas Landefeld.



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## History Project Still Seeks Past President Photos

The History Project would like to thank Dr. Clark Sawin, committee chairman, for sending the following photographs: Dr. CE deM Sajous, Dr. Lewllys Barker, Dr. J.B. Collip and Philip E. Smith.

The History Committee also expresses its appreciation to the Archives Department of the Mayo Clinic, Dr. Carl Cassidy and Dr. Norman Mason, for their generosity in providing photographs of Dr. Edgar Allen, Dr. Harold L. Mason, Dr. LG Rowntree, Dr. Edward Rynearson and George W. Thorn .

We are still attempting to obtain photographs, not only from families, but from institutions in which past presidents had been active or served as members of the university faculty. Additionally, the list of missing photographs is available online at

[http://news.endo-society.net/index.php3?](http://news.endo-society.net/index.php3?iid=13)

[iid=13](http://news.endo-society.net/index.php3?iid=13) Also, the History Committee is still seeking old endocrine memorabilia such as, books, equipment, award plaques etc. Please forward photos and memorabilia to Dr. Adolph Friedman at The Endocrine Society's home office. For additional information about the History Project, please contact Dr. Friedman at 301-941-0200.

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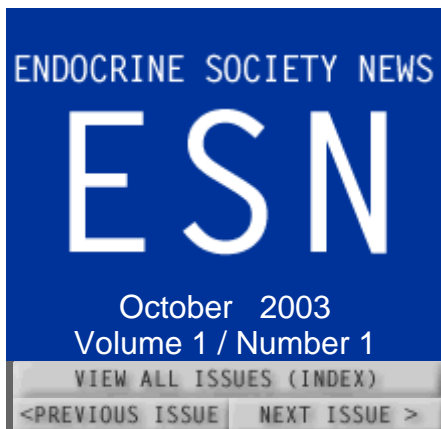
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# Endocrine Society Offers Clinical Investigators Workshop

The Endocrine Society is excited to announce a new workshop for clinical investigator trainees. The Associates Council designed this two-day workshop to introduce and educate 15 first or second year clinical fellows to hypothesis-driven research. The workshop, which was created to foster interaction between the fellows and the faculty of five senior clinical scientists, will also provide a knowledge-base for the fellows to develop a career in clinical research.

The Clinical Investigators Workshop will be held in Boston at the Fairmont Copley Plaza Hotel on January 23-25, 2004. The Society will sponsor travel grants for the 15 fellows selected to attend this exciting workshop. Program Directors are encouraged to nominate individuals in their fellowship program who meet the specified criteria and whose education would be most enhanced by attending the workshop.

Nominations must be received by The Endocrine Society office no later than November 14, 2003. For more information about the program and an application, please visit (*insert web address*) or contact Colleen Gorman at [cgorman@endo-society.org](mailto:cgorman@endo-society.org) or 301-951-2611.

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# New Members

## NEW MEMBERS

On behalf of The Endocrine Society, the Membership Committee is proud to present its newest Active Members and Associates who were accepted into the Society between June 27, 2003 and August 20, 2003. These members have demonstrated their commitment and contributions to the field of endocrinology. Please join us in wishing them a warm welcome. We look forward to their participation in all Society programs and events.

## UNITED STATES

### ALABAMA

Toussaint Adams  
Daphne D. E. Arnold  
Jason R. Burrell  
Andrew Martin Chandler  
Rea R. Chaverest  
Valerie H. Collins  
Irish E. Coverson  
Eboné L. Dailey  
Stephanie N. Daniels  
Tiffany Renee Dudley  
Courtney D. Edwards  
Codie S. Foster  
Kelvin B. Jefferson  
Cielita Arnia King  
Ronald Clive Miller  
Rosalyn A. Morgan  
Alicia Ann Price  
Alexandria C. Pruitt

### ARKANSAS

John A. Baldrige  
Nisa M. Maruthur

### ARIZONA

Derrick Aipoalani  
Tristan Joseph Dow  
Leondra M. Howard

### CALIFORNIA

Tyler Aguinaldo  
Akbar Attary  
Meenakshi Bhasin  
Eric C. Buxton  
Joselito C. Cabaccan  
Brian E. Chavez  
Suzana da C. Lima  
Harry W. Daniell  
Steven L. Eng  
Robert A. Horlick  
Sarah Kerfoot  
Sun H. Kim  
Srinivas Kothakota  
Anastasia Kralli  
Philip L. Miller  
Phuong U. Nguyen  
Roshanak Ramezani  
Edson D. Rodrigues  
Bei Shan  
Tiana J. Stephens  
Shahrad Taheri  
Philip S. Tsao  
Reynaldo Vargas

### COLORADO

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George T. DiCarlo  
Lisa Marie Hubbard

**CONNECTICUT**  
Maria Olga Cardenas

**DISTRICT OF COLUMBIA**  
Ganiyat O. Oladapo  
Hallgeir Rui

**FLORIDA**  
Michel S. Habashy  
Montrice Leatherwood  
Gulnaz Mirza  
Lisa A. Smith  
April R. Wimberly

**GEORGIA**  
Jason A. Berner  
Ashley M. Leverett  
Yiming Lin  
Alexander Evan Moore  
Jifeng Zhang

**HAWAII**  
Karl William Brewer  
Alisa K. Sato

**IDAHO**  
John E. Liljenquist  
Carl D. Vance

**ILLINOIS**  
Lei Bao  
Richard H. Bertenshaw  
Arnold Bolisay  
Susan Felicia Burke  
Carl R. Carter  
Angela Michelle Dixon  
Robert Courtland Doss  
Luma Ghalib  
Isil Halac  
Sudhi Kurup  
Alexander B. Lurie  
Ryan Matika  
Brooke Miller  
Madhusudhan Papasani  
Nalini M. Rajamannan  
Judy Peih-Ying Tsai

**INDIANA**  
Abdallah Altarshan

**IOWA**  
Denise Kay Mielke

**KANSAS**  
Amy Hogan  
Marilyn Nichols

**KENTUCKY**  
Jaspreet K. Chahal  
Dena Bou Dubal  
Amy C. French

**LOUISIANA**  
Sandrika T. Barnes  
Rebecca Chilvers  
Korye Terese DeLarge  
Susan Morris  
Mario A. Muralles  
Demian Obregon  
Sharel Shenise Sly

Tremeka Lynette Todd

**MARYLAND**

Rosalie Naglieri  
Cong Ning  
Faith Renee Rowland  
Paul Sack  
Alfred F. Shwayhat

**MASSACHUSETTS**

Harveen Dhillon  
Xiaocheng Dong  
Megan R. Loomer  
Marie E. McDonnell  
Greeshma K. Shetty  
Soo Yeon Shin

**MICHIGAN**

Janna Hutz  
Adam Benjamin Raff

**MINNESOTA**

Julie Hallanger-Johnson  
Helen Karakelides  
Debra Ann Vogelsang

**MISSISSIPPI**

Alicia Nicole Williams

**MISSOURI**

Manu V. Chakravarthy  
V́ctor G. D́vila-Román  
David W. Gardner  
André Wyatt Hite  
Kelly Jean Seiler  
Gretchen Shull

**NEBRASKA**

Matthew P. Brester  
Katie J. Mclvor

**NEVADA**

Brent Weed

**NEW JERSEY**

Javier Aisenberg  
Ricardo M. Attar  
Laurie Bevelock  
Margaret Ciechanowska  
Nozer M. Mehta  
Jill Miller-Horn  
Shujian Wu  
Aihua Zhang

**NEW MEXICO**

Vidushi Sood

**NEW YORK**

Gul Bahtiyar  
Romy Jill Block  
Ronda Lynn Bloom  
Angelo M. Capricchione  
Abhinav Binod Chandra  
Kathryn L. Curran  
Rita R. Gonzalez  
Demetrios T. Herodotou  
Lainie J. Hurst  
Rajinder Jain  
Elia Kassab  
Sanjiv V. Kinkhabwala  
Wanli Kuang  
Clara Lengyel-Kremenec  
Gemma C. Lim  
David Portnoy

Jonathan A. Robbins  
Irina Serebnitsky  
Lori Wang

**NORTH CAROLINA**

Wajdi Mohamed Alsaedi  
Tracy Lynn Armstrong  
Kenneth W. Batchelor  
Kristal Lyn Brown  
Andrew Bryant Collins  
Nicholas Brian Dimeng  
Lauren A. Douglas-Byrd  
James Franklin Evans  
George Mark Freeman  
Diana Maria Galloway  
Jeffrey B. Hodgins  
Len Darrow Holmes  
Amber Nicole Locklean  
Yaqoob A. Mahyuddin  
Meera Menon  
Ralph Kojo Mensah  
Teresa Karen Neff  
Carolyn James Parsons  
Charles Daniel Peterson  
Tammy J. Smith  
Indee Denene Smith  
Meredith L. Storms  
Olga R. Tarkington  
Tianshun Xu

**OHIO**

Manya Warriar

**OREGON**

Diane L. Elliot  
Linn Goldberg

**PENNSYLVANIA**

Constance Baldwin  
Nefertiti A. Brown  
Heather W. Collins  
Marjorie D. Derol  
Alex Gifford  
Samantha L. Halpin  
Scott Robert Herrle  
Dennis Kimmel  
Rebecca Kuk  
Daniel Jensen Moore  
Katherine E. Waltman

**RHODE ISLAND**

Geetha Gopalakrishnan

**SOUTH CAROLINA**

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Tiffany Chenise General  
Hloy Tenora Green  
John Bennett Schenck  
Tonetta Yvette Scott

**SOUTH DAKOTA**

Deborah A. Simon

**TENNESSEE**

Larry Wilson Anthony  
Stanley A. Boucree  
Latanya Deon Buford  
Ian James Concepcion  
Tamika Nicole Esho  
Annis Morrison Marney  
Joseph Morrell  
Jesse Earl Scruggs  
Marcia E. Sumrall  
Kibwe Akin Weaver

**TEXAS**

Idelberto Raul Badell  
Marion Betancourt-Albrecht  
Warren Dinges  
Rachel Edelen  
Pedram Fatehi  
Jason Scott Fish  
Young Shin Kim  
Lymperis (Perry) Koziris  
Sean P. Nikravan  
Leslie Marian Pickett  
Janagi Thirugnanasampanthan  
Mark W. True  
Velair Kelvina Walton

**UTAH**

Jaren H. Blake

**VIRGINIA**

Jehanara Ahmed  
Josef C. Dvorak  
Rene D. Fredstrom  
Martha D. Gay

**WASHINGTON**

Kathy J. Lee

**WISCONSIN**

Angel K. Aumock  
Eric David Bruder  
Carlynn H. Crevier  
Sarah J. Lena  
Alex Schabel

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ESN

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# New International Members & Upgrades

## INTERNATIONAL ARGENTINA

Nora Meller

## AUSTRALIA

Anastasia Susie Mihailidou  
Leo Rando

## AUSTRIA

Attila Brehm

## BELGIUM

Thierry Hertoghe  
Michel Letiexhe  
Hernan G. Valdes-Socin  
Bart Vets

## BRAZIL

Ana Gregória de Almeida  
Joroastro Ramos Junior  
Claudia Aguiar Lopes  
Gilvan Cortês Nascimento

## CANADA

Kristen Chen  
Rebecca Fine  
Shoba Sujana Kumar  
Kimberly Morishita  
Arzu Ozturk  
Selene Sze Lam Yuen

## CHILE

Francisca E. Croxatto  
Yalitza Quintero Rivas

## COLOMBIA

Fernando Lizcano

## FINLAND

Matej Oresic

## FRANCE

Michael Edelstein  
Marielle Rebuffé-Scrive  
Vincent Rohmer  
Régis Saladin

## GERMANY

Burkhard Lorenz Herrmann  
Susanne B. Schneider

## PEOPLES REP OF CHINA

Sammy Chen Pak Lam

## INDIA

Sridhar R. Gumpeny

## IRELAND

Yvonne Buggy  
Aaron Yie Loong Liew

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[ESN@endo-society.org](mailto:ESN@endo-society.org)

**ISRAEL**

Roe Gutman  
Michael Kinori

**ITALY**

Maria Luisa Appetecchia  
Antonino Belfiore  
Paolo Mannella  
Massimo Mannelli  
Salvatore Monti

**JAPAN**

Toshiharu Iwasaki  
Naotetsu Kanamoto  
Takashi Yoneda

**MEXICO**

Carlos Ortega

**NETHERLANDS**

Jan Willem Frederik Elte  
Petronella Geelhoed-Duijvestijn

**NEW ZEALAND**

Marianne Susan Elston

**NIGERIA**

Bello Akeem Ayodimeji

**ROMANIA**

Carmen Vulpoi

**SAUDI ARABIA**

Mohammed M. Salem

**SPAIN**

Jaime Lorenzo Carrero  
Francisco E. Alvarez  
Jordi Espinosa Garcia

**SWEDEN**

Charlotte Hoybye

**SWITZERLAND**

Pietro Giuseppe Gerber

**UPGRADES**

Please join the Society in congratulating the following members who were Fellow/Student Associates and have upgraded their membership between June 27, 2003 and August 20, 2003.

**UNITED STATES**

**ALABAMA**

Lianke Mu

**CONNECTICUT**

Mehtap Berkmen

**FLORIDA**

Erik A. Cohen  
Lucía Estela Gilling  
Pengfei Li  
Edna Lily Tokayer

**ILLINOIS**

Denis John Curtin

**MASSACHUSETTS**

Elizabeth N. Pearce

**MINNESOTA**

Jaroslav Pawel Aniszewski

**NEVADA**

Alan Michael Rice

**NORTH CAROLINA**

Deborah Lynn Swope

**PENNSYLVANIA**

Fida F. Bacha

**TEXAS**

Alice Cua Chiu

**INTERNATIONAL**

**JAPAN**

Rika Moriya

**SPAIN**

Luis Lopez-Penabad

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# Women in Endocrinology Launches Mentoring Program

Earlier this year, Women in Endocrinology (WE) launched the first Web-based mentorship program for a scientific or medical community. The program is designed to provide a mechanism for endocrinologists to benefit from the knowledge and experience of their colleagues. Participants can be at any stage of their careers, in academia, industry, clinical practice and other disciplines and can tailor their own involvement and time commitment when enrolling in the program. A mentor-mentee relationship can be as simple as a single contact, or as complex as a year-long commitment. Also, mentors can opt for single or multiple mentees.

Registration for the program is simple. Visit <https://www.3creekmentoring.com/WE/> The Web-based system matches members with common interests. .

Mentee group code is 335177 (Note: mentees must be or become a member of WE) and the mentor group code is 151963 (Note: mentors must be members of The Endocrine Society).

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## Bulletin Board

**It's time to renew your membership for 2004.** Look for your 2004 membership dues invoice in the mail or visit [www.endo-society.org/membership/renew.cfm](http://www.endo-society.org/membership/renew.cfm)

**CEU 2003 Syllabus –Reserve your copy today!** The CEU 2003 Syllabus is a comprehensive source of the lectures and clinical case discussions presented during the Clinical Endocrinology Update 2003. Preorder a copy for shipment after October 28<sup>th</sup>. For details, see [www.endo-society.org/journals/catalog.cfm](http://www.endo-society.org/journals/catalog.cfm)

**Recent Progress in Hormone Research, Vol. 58.** An authoritative compilation of critical research focusing on the human genome and endocrinology. To order, see [www.endo-society.org.org/journals/catalog.cfm](http://www.endo-society.org.org/journals/catalog.cfm)

**International Endocrine Resources Online**  
Visit [www.endo-society.org/international/index.cfm](http://www.endo-society.org/international/index.cfm) for international meetings and events and a listing of international endocrine organizations. International resources are continuously updated - bookmark the page and visit often.

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# World Wide Endocrine Events Calendar

**November 1-3, 2003: AAP National Conference** in New Orleans, LA. For more information visit <https://s11.a2zinc.net/clients/aap2003/aap2003/>

**November 3-5, 2003: 194th Meeting of the Endocrinology**, London, United Kingdom. For more information visit <http://www.endocrinology.org/sfe/confs.html> call 642210 or email [conferences@endocrinology.org](mailto:conferences@endocrinology.org)

**November 3-5, 2003: Lipid Update**, Stratford upon Avon, United Kingdom. For more information visit <http://www.hamptonmedical.com> call Elaine Oliver (01223) 512345 or email [lipid@hamptonmedical.com](mailto:lipid@hamptonmedical.com)

**November 4-8, 2003: "4th Annual Levine Advances in Diabetes Research: From Cell Biology to Clinical Therapy**, Universal City, CA. For more information visit <http://levinesymposium.coh.org> call Karen Ramos (650) 781-2323 or email [kramos@coh.org](mailto:kramos@coh.org)

**November 5-8, 2003: CFAS 49th Annual Meeting**, Vancouver, Canada. For more information visit <http://www.cfas.ca/english/lurk/meeting.asp>

**November 6-8, 2003: Role of Environmental Factors in the Onset & Progression of Puberty Expert Panel**, Rosemont, IL. For more information visit [http://www.seronosymposia.org/endocrinology/event\\_id=154](http://www.seronosymposia.org/endocrinology/event_id=154) or call Marion Piccuito +781-681-2323

**November 6-8, 2003: XIII Congreso de la Sociedad Argentina de Endocrinología y Metabolismo (SAEM)**, Buenos Aires, Argentina. For more information visit <http://www.saesem.com.ar> call 54-11-4983-9800 or email [ilsesaem@ciudad.com.ar](mailto:ilsesaem@ciudad.com.ar)

**November 10-13, 2003: 3rd General Meeting of the International Proteolysis Society**, Nagoya, Japan. For more information visit <http://www.congre.co.jp/ips2003> call Professor Shigehiko Mizutani 052-744-2262 or email [ips2003@med.nagoya-u.ac.jp](mailto:ips2003@med.nagoya-u.ac.jp)

**November 20-23, 2003: APM 50th Annual Meeting: Priorities for the New Subspecialty**, Coronado, CA. For more information visit <http://www.apm.org/annmtg03.html>

**November 20-22, 2003: American Indian Engineering Society (AISES) Annual Meeting**, Phoenix, AZ

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NM. For more information visit <http://www.aises.org>

**November 20-21, 2003: 31st Meeting of the British Paediatric Endocrinology and Diabetes 2003**, Edin States. For more information visit <http://www.binfo@endocrinology.org>  
contact Liz Brooks +44 1454 642210

**November 21- 22, 2003: 1ST ANNUAL WORLD ON THE INSULIN RESISTANCE SYNDI** Angeles, CA. For more informati  
<http://www.insulinresistance.us> or contact Nava M 1889 or email [insulinresistance@pacbell.net](mailto:insulinresistance@pacbell.net)

**November 22-23, 2003: Osteoporosis: Practical A Prevention, Diagnosis and Management**, Clearw: more information visit <http://www.nof.org> or cor Horton 202-223-2226 or email [michelle@nof.org](mailto:michelle@nof.org)

**November 30, 2003 - December 4, 2003: 12th Co ASEAN Federation of Endocrine Societies (A Congress of Asia & Oceania Thyroid Associat** Singapore, Singapore. For more information visit <http://aota.com> or contact Celestine Lee or Jocelyn Fan at (6 (65)321 3564 or email [afes\\_aota@sgh.com.sg](mailto:afes_aota@sgh.com.sg)

**December 1-6, 2003: LXIII Congreso Nacional d Mexicana de Nutricion y Endocrinologia**, Zacatecas more information visit <http://www.smne.org.mx> or cc Miracle-Lopez at (5255)52-46-94-24  
[smiracle911@msn.com](mailto:smiracle911@msn.com)

**December 3-6, 2003: 2nd Parkinson's Disease ar Disorders Symposium**, Singapore, Singapore. information visit <http://www.nni.com.sg>  
[louis\\_tan@ttsh.com.sg](mailto:louis_tan@ttsh.com.sg)