

# The Endocrinologist

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY • ISSUE 82

WINTER 2006/07

## The Endocrine Society: an international perspective



SOCIETY FOR  
ENDOCRINOLOGY



1946 2006

▶ **Hormones are important to the smooth-running of the world. So, we might ask, what is the difference between God and the Oxford based-Chairman of the Society for Endocrinology? The answer is, of course, that God is everywhere while the Chairman is everywhere but Oxford. This is entirely understandable and reflects the international nature of academia.**

A couple of years ago, the Society rejected a suggestion that it should rename itself as the British Endocrine Society to better reflect its place in the world. Although the Endocrine Society is American, it is far from showing any similar inclination. However, it has moved to present itself in a more global perspective. Previously it was isolationist in the neglect of its significant international membership. Having now become more internationally aware, it has been accused of imperialism, thereby undermining fellow societies such as the newly formed European Society. On page 11 of the issue, Andrea Dunaif, the immediate Past-President of the Endocrine Society, eloquently describes and defends her Society's approach to international relations. She makes a powerful case that a more inclusive 'American' Endocrine Society is to everyone's benefit.

November saw two noteworthy landmarks for our Society - its 60th anniversary and the last of its annual autumn meetings. The Society has much to celebrate on its 60th anniversary. In the last decade, together with its commercial subsidiary BioScientifica, the Society has developed from a small academic organisation, whose principal activity was two scientific meetings per year, into a successful publisher, the supplier of secretariat support to other societies, a provider of training and an advocate for the subject. The Society's acromegaly register has the ultimate goal of improving patient care, and is highlighted by Debbie Willis in her article on page 7. Furthermore, the newly created undergraduate essay prize is featured on page 9. It has been established to raise our profile among the next generation of basic and clinical scientists.

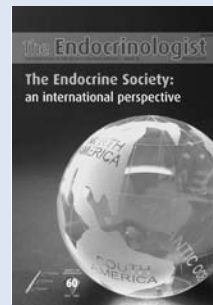
Ahead of all the honourable men who have chaired the Society, it is a woman, namely the Executive Director Sue Thorn, who must take most credit for its present flourishing state. She has developed an organisation which is capable of recognising and responding to changing circumstances, exemplified in its realisation that the autumn meeting has run its course and that resources could be better redirected. Competition from the global proliferation of specialist conferences resulted in a decline in the number and quality of new data abstracts submitted to the autumn meeting, bringing with it a gradual loss of critical scientific mass. You can bid a fond farewell to the autumn meeting by taking a look at some photographic highlights from last November on page 16.

At the same time as the autumn meeting has struggled to maintain its place in the endocrine calendar, there has been an increasing, unmet need for specialist endocrine training for the growing numbers of doctors specialising in the unholy trinity of endocrinology, diabetes and internal medicine. Exposure to internal medicine and diabetes is unavoidable in any district general hospital. However, these provide little of the endocrine experience that is normally only available in specialist academic units.

Modernising Medical Careers is altering the structure of training, including the additional joy of an exit exam, while GMC reforms will mean experienced clinicians having to revalidate. The Society is therefore to fill the vacancy created by the demise of its autumn conference with a clinical update meeting directed at doctors-in-training, newly appointed consultants and more senior clinicians in search of an update on the state-of-the-art. The residential, three-day meeting will cater for about 200, who will be given ample opportunity to interact with a large resident faculty. The course will reflect the, as yet unpublished, Postgraduate Medical Education and Training Board endocrine curriculum, and will be delivered through a combination of short lectures, breakout groups and case presentations. It will represent another step in the Society's development.

PETER TRAINER

*This is Peter Trainer's last installment as Editor of The Endocrinologist as he steps down at the end of 2006. Joy Hinson will take over the Editorship in 2007 with John Newell-Price as Associate Editor. See Committee News on page 6 for more details.*



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Company Limited by Guarantee  
Registered in England No. 349408  
Registered Office as above  
Registered Charity No. 266813

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#### 2007 Advertising Rates

Advertise your event in *The Endocrinologist!*  
Members: Mono - Half page £110  
Mono - Full page £170  
Others: Mono - Half page £325  
Mono - Full page £500  
Colour - Full page £1300

Deadline for news items for the Spring  
2007 issue: **22 December 2006**. Please send  
contributions to the above address.



# Young Endocrinologist Prize Lectures

► The Society for Endocrinology and Clinical Endocrinology Trust are very pleased to announce that Dr Gareth Lavery from University of Birmingham has submitted the winning abstract for the basic science prize lecture and that Dr Robert Semple from Addenbrooke's Hospital, Cambridge was the winner of the clinical prize lecture. Both these members will present their lectures during the Society for Endocrinology BES Meeting on 5-8 March 2007 and will be presented with their honoraria of £2500 each. We congratulate them both.

## OBITUARY

### Sir Richard Bayliss

► Sir Richard ('Dick') Bayliss, physician extraordinary, died on 21 April 2006. His distinguished career included 11 years as Physician to the Queen, as well as a lifetime of service to his patients in the NHS and in private practice.

Born in 1917, Dick trained at Cambridge and at St Thomas' Hospital, and qualified in 1941. After service with the Royal Army Medical Corps in India, he joined the Royal Postgraduate Medical School at the Hammersmith Hospital, and also spent a year as Rockefeller Fellow in Medicine at Columbia University, New York.

He became a highly respected consultant physician and endocrinologist at the Westminster Hospital, where his skills as a clinician, teacher and organiser led to his election as Dean of the Medical School in 1960. A severe coronary thrombosis unfortunately meant he had to give up the Deanship a few years later. Dick retired from the NHS in 1981 but continued in clinical practice until his mid-eighties, despite a series of illnesses, including emergency surgery for a dissection of the aorta.

Dick was the complete physician, extraordinarily erudite, kind, perceptive and a charming person whom it was a privilege to know, whether as a colleague, patient or friend. He kept himself up to date with the many advances in medical science and applied them to clinical practice for the benefit of his patients, who were always his first priority.

He was a general physician and a specialist in endocrinology. He published several papers on steroids and also on oedema in women, and had a particular interest in diseases of the thyroid gland. Dick had great clarity of thought and expression, and was the first author of a book for patients, entitled *Thyroid Disease: the Facts*. First published in 1982, the third edition (1998) was reprinted many times.

Dick was the first Chairman and later a Trustee of the British Thyroid Foundation, a lay organisation which started in 1991. He was also a staunch supporter of the Thyroid Club, later the British Thyroid Association, intended for clinicians and scientists interested in thyroid disorders. His warmth, wit and humanity will be missed by all who knew him, and we extend our sincere condolences to his family.

MICHAEL TUNBRIDGE

## SOCIETY CALENDAR

21 February 2007  
**Clinical Cases Meeting**  
Royal Society of Medicine, London

5-8 March 2007  
**Society for Endocrinology BES 2007 Meeting**  
ICC, Birmingham  
*Early-bird registration deadline:*  
5 January 2007

4-6 September 2007  
**Endocrine Nurse Training Course**  
University of Glasgow

5-7 November 2007  
**Clinical Update**  
Royal Victoria & Albert Hotel,  
Manchester  
*Details to follow shortly*

## MEMBERS ON THE MOVE...

**M I Butt** to Royal United Hospital, Bath; **E Charmandari** to St James' University Hospital & Leeds General Infirmary; **K Davies** to University College Hospital, London; **P D K Lee** to Serono Inc., Boston, MA, USA; **M Tomaszewski** to University of Leicester; **A K Viswanath** to New Cross Hospital, Wolverhampton.

## Fund-raising concert

A concert to raise funds for the Society will take place at Lindley Methodist Church, Huddersfield at 19.00 on 6 January 2007. We thank Jenny Dixon, who is organising this event.

## COMING SOON

### Clinical Update

5-7 NOVEMBER 2007, MANCHESTER

A NEW national training event to replace Summer School

Over a three-year period, the scientific programme will cover the PMETB/RCP curriculum in endocrinology and diabetes

Of interest to specialist registrars and newly appointed consultants

FURTHER DETAILS WILL BE AVAILABLE IN THE NEW YEAR



**Society for Endocrinology**

## Society at your service!

► The Society Services team runs the huge range of services that the Society offers its members. We liaise closely with all the other Society departments, and work in consultation with members. The team offers support, guidance and advice on all aspects of academic, committee and Society governance issues and is the fount of all knowledge for all internal and external queries! Our work encompasses:

- ▷ All aspects of membership services
- ▷ Grants for travel to labs, clinical departments, the annual Society meeting and overseas conferences
- ▷ Professional liaison with the Biosciences Federation and other academic societies
- ▷ Administration of research grants
- ▷ Administration of the prize lectures and medals

From left:  
Rachel Evans,  
Ann Lloyd,  
Christine Davis  
and Julie Cragg.



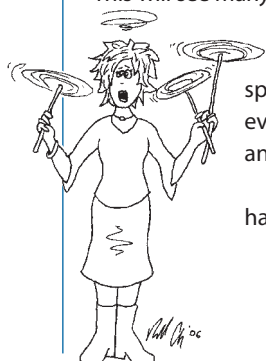
- ▷ Handling the Society's support of the annual Clinical Excellence Awards
- ▷ Administration of the Clinical Interdepartmental Peer Review scheme
- ▷ Administration of the scientific programme for the Society's events
- ▷ Handling the logistics for seven of the Society's ten committees, actioning decisions, and maintaining the committee member database
- ▷ Organising the AGM, EGM and associated ballots
- ▷ Providing timely information for *The Endocrinologist*
- ▷ Updating the web site
- ▷ Compiling the Society's annual report
- ▷ Organising the UK tour of the Clinical Endocrinology Visiting Professor before the Society BES meeting.

In fact, a glance at our job descriptions may conjure up a picture of a circus act where multiple plates spin on top of sticks, needing constant attention to prevent them from crashing spectacularly to the ground!

Our busy hands are also 'spinning plates' to set in motion the results of the Society's major strategic review. This will see many new grants, especially for undergraduate and PhD students, with a view to encouraging young people into the specialty. Plans also include several new events, such as a clinical update, roadshows and sponsored regional seminars.

Contact us at the Bristol office if you have any queries or suggestions.

**RACHEL EVANS, PROFESSIONAL AFFAIRS OFFICER**  
**JULIE CRAGG, SOCIETY SERVICES MANAGER**  
**ANN LLOYD, SOCIETY PROJECTS ADMINISTRATOR**  
**CHRISTINE DAVIS, SECRETARY TO SOCIETY SERVICES MANAGER AND MEMBERSHIP SECRETARY**



## SOCIETY FOR ENDOCRINOLOGY AND NICE

(the National Institute for Health and Clinical Excellence)

► The Society for Endocrinology has participated in various appraisals, guidelines, and interventional procedures. Most of these are reviewed on a regular basis. Below is a list of current involvement as of November 2006 and the urls where further details can be found. If you would like this article electronically, please contact [christine.davis@endocrinology.org](mailto:christine.davis@endocrinology.org)

- ▷ Growth hormone in children - NICE has now postponed this review, so that new indications can be considered. There is no indication of timescale at present  
<http://www.nice.org.uk/page.aspx?o=260967&c=endocrine>
- ▷ Growth hormone in adults - The review of this guidance has been postponed until 2009  
<http://www.nice.org.uk/page.aspx?o=TA64&c=endocrine>
- ▷ Osteoporosis (primary prevention) - In development, Society responded to ACD Oct 06. This is likely to go to appeal once guidance is issued  
<http://www.nice.org.uk/page.aspx?o=appraisals.inprogress.osteoporosisprevent&c=musculoskeletal>
- ▷ Osteoporosis, secondary prevention including strontium ranelate appraisal - as above  
<http://www.nice.org.uk/page.aspx?o=207028&c=musculoskeletal>
- ▷ Osteoporosis (guideline) - still in development, date of issue TBC  
<http://www.nice.org.uk/page.aspx?o=guidelines.inprogress.osteoporosis&c=musculoskeletal>
- ▷ Brain tumours - Guidance issued June 2006  
<http://www.nice.org.uk/download.aspx?o=csghn&c=guidance>
- ▷ Breast cancer (hormonal treatments) - Due Nov 2006  
<http://www.nice.org.uk/page.aspx?o=appraisals.inprogress.hormonesbc&c=cancer>
- ▷ Obesity guidance - The Society has responded to the first consultation on the guidance. Due for issue 13 Dec 2006  
<http://www.nice.org.uk/page.aspx?o=obesity&c=publichealth>
- ▷ Hyperparathyroidism - cinacalcet HCl - Due Jan 2007  
<http://www.nice.org.uk/page.aspx?o=260174&c=endocrine>
- ▷ Hypertension (partial review)- NICE still to issue this guidance, expected soon  
<http://www.nice.org.uk/page.aspx?o=278167&c=cardiovascular>
- ▷ Service Guidance for the NHS in England and Wales Improving Outcomes in Head and Neck Cancers Issued 2004, review date TBA  
<http://www.nice.org.uk/page.aspx?o=csghn&c=cancer>
- ▷ Fertility guidance - due for review, Feb 2008  
<http://www.nice.org.uk/page.aspx?o=CG011&c=gynaecology>
- ▷ Retrobulbar irradiation for thyroid eye disease - interventional procedure, no review date  
[http://www.nice.org.uk/page.aspx?o=IP\\_257&c=endocrine](http://www.nice.org.uk/page.aspx?o=IP_257&c=endocrine)

# Wendy Peters Royal College of Surgeons 2035



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**Posology and method of administration:** Dosage is individual via subcutaneous injection, usually daily. Generally recommended daily dosages: Children: GH insufficiency 25-35 µg/kg [0.07-0.1 IU/kg] body weight or 0.7-1.0 mg/m<sup>2</sup> [2-3 IU/m<sup>2</sup>] body surface area. Turner's syndrome and chronic renal disease: 50 µg/kg [0.14 IU/kg] or 1.4 mg/m<sup>2</sup> [4.3 IU/m<sup>2</sup>]. SGA: 35 µg/kg [0.1 IU/kg] or 1 mg/m<sup>2</sup> [3 IU/m<sup>2</sup>] until final height; discontinue if HV <-2 cm/year and at closure of epiphyseal growth plates. Adults: very low starting dose e.g. 0.15-0.3 mg/day (0.45-0.9 IU/day) increased gradually at monthly intervals. Maintenance dosages vary but seldom exceed 1 mg/day (3 IU/day). Dose requirements decline with age. **Contraindications:** Hypersensitivity to ingredients. Active tumour, tumour therapy. Pregnancy and lactation. Acute critical illness. Treatment should be discontinued at renal transplantation. **Precautions:** Children should be regularly assessed by a specialist in child growth. Treatment should be instigated by a physician with special knowledge of GH insufficiency. No skeletal growth can be expected after epiphyseal disc closure. Growth disturbance in chronic renal disease should be established by monitoring growth for 1 year on optimal treatment for renal disease. In SGA children: rule out other reasons for growth disturbance before starting treatment; measure fasting insulin and blood glucose before start of treatment and annually thereafter; oral glucose tolerance testing should be performed in patients with increased risk of diabetes mellitus; growth hormone should not be administered if overt diabetes occurs; measure IGF-1 levels before start of treatment and twice a year thereafter; if IGF-1 levels >2 SD compared to reference consider dose adjustment taking into account IGF-1/IGFBP-3 ratio; initiation of treatment near onset of puberty not recommended; some height gain may be lost if treatment stopped before final height reached; experience with patients with Silver-Russell syndrome limited. Monitor for glucose intolerance (if on insulin there may be need for dose adjustment); thyroid function; renal function in patients with chronic renal insufficiency; and in patients with history of an intracranial lesion for tumour progression or recurrence. In the event of severe or recurrent headache, visual problems, nausea and/or vomiting, a funduscopy is recommended. If papilloedema is confirmed, a diagnosis of benign intracranial hypertension should be considered and if appropriate the growth hormone treatment discontinued. Monitor for signs of scoliosis, slipped capital femoral epiphysis or Legg-

Calvé-Parthes disease. Experience with prolonged treatment in adults is limited. Experience above 60 years of age is lacking. **Undesirable effects:** *Very common:* in adults: peripheral oedema. *Common:* in adults: headache, paraesthesia, arthralgia, joint stiffness, myalgia. *Uncommon:* in adults: carpal tunnel syndrome, muscle stiffness, pruritus, diabetes mellitus type 2; in children: headache, injection site reaction; in adults and children: injection site pain. *Rare:* in children: arthralgia, myalgia, peripheral oedema, rash. *Very rare:* cases of benign intracranial hypertension, hypersensitivity, decrease in serum thyroxin, increase in alkaline phosphatase have been reported. Formation of anti-somatropin antibodies are rare – where observed the antibodies have not interfered with response to Norditropin. **Legal category:** POM, CD4.

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**Information about adverse event reporting can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk). Adverse events should also be reported to Novo Nordisk® Ltd – Telephone Novo Nordisk® Customer Care 0845 6005055.**

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#### References

1. National Institute for Clinical Excellence: Guidance on the use of human growth hormone (somatropin) in children with growth failure. Technology Appraisal Guidance No. 42, May 2002.

2. Sas T, et al. *J Clin Endocrinol Metab* 2000;

85(10):3786-3792.

3. van Pareren Y, et al. *J Clin Endocrinol Metab* 2003;

88(1): 347-353.

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# Committee News

*The latest from each of the Society's committees*

## Council of Management

Professors Martin Hewison, Steve Shalet and Raj Thakker retired from Council at the AGM. We are very grateful to them for the time they have devoted to their roles over the last four years. Three new members have been elected to replace them following the email ballot. We are pleased to welcome Dr Nigel Brooks, Professor Peter Clayton and Professor Steve O'Rahilly and look forward to working with them.

Council last met in September. The new meeting format means that a significant amount of time is spent discussing future strategy and current Society issues. Council has now approved:

- ▷ applications for Senior Membership from Dr J S Caio, Dr F W Chu, Dr R J M Corral and Dr D P Gilmore
- ▷ the list of new members for election at the 2006 AGM
- ▷ the appointment of Professor Kevin Docherty and Dr Rob Fowkes to represent Council on the Publications Committee
- ▷ the remit of the newly established Nominations Committee.

The new Nominations Committee will work proactively with Council and the committees to widen participation in the Society's work by its members, and will publicise Council and committee vacancies. It will also review nominations for the Officers' posts against the requirements defined for the roles, and recommend names for election.

## Awards

We are pleased to welcome Professor John Funder from Clayton, Victoria to the Committee. Professor Evan Simpson's term of office has ended and we thank him for all his work over the past four years.

## Clinical

We are pleased to announce that Dr Peter Trainer became Chair of this Committee in December. We are very grateful to our retiring Chair, Professor Michael Sheppard, for his enormous input during his term of office, for his expertise in all matters clinical and for his charm and diplomatic manner. He has now taken over the reins from Professor Anne White as Society Treasurer, and we welcome him to this post that he will hold for the next five years.

## Finance

Professor Iain Robinson from the National Institute for Medical Research and Professor Gareth Williams from the Hammersmith Hospital have joined the Committee. We look forward to working with them over the next four years.

## Nurses

The Committee ran a very successful training course in Southampton in September and are now planning the programme and details for the next course in Glasgow. Next year's topic will be 'Endocrine nasties - the investigation and treatment options of endocrine malignancies'.

## Programme

We have received over 400 abstracts (including speakers' abstracts) for the Society for Endocrinology BES 2007 meeting, at the International Conference Centre, Birmingham on 5-8 March. The delegate abstracts are currently being marked before the Committee makes a decision on the final programme. Register online before 5 January 2007 to receive the early-bird discount! For registration details and further information see [www.endocrinology.org/sfe/bes2007/default.htm](http://www.endocrinology.org/sfe/bes2007/default.htm)

## Science

We welcome Dr Jonathan Johnston to the Committee from 1 January 2007. Professor Mary Forsling's term of office has come to an end; we thank her for her huge input over the last four years.

## Young Endocrinologists

The Steering Group are planning Young Endocrinologist sessions at future Society BES meetings. Dr Alia Munir and Dr Karen Forbes have joined the Group recently.

## Publications

Thanks go to Robert Abayasekara and Joy Hinson who retired recently, and we welcome Joy to her new role as Editor of *The Endocrinologist*, which she takes over from Peter Trainer in January. We thank Peter for his hard work and contribution to the newsletter, and also welcome John Newell-Price as Associate Editor.

The Committee has approved the Society's policy on Open Access, currently applicable to Wellcome- and MRC-funded papers, and this will be publicised on the web site. We are delighted to announce that Professor Evan Simpson has agreed to stay on as Editor-in-Chief of *Journal of Molecular Endocrinology* until the end of 2007. Discussions are underway with a potential successor. We are pleased that plans for retrodigitisation of the Society's journals have been approved and we aim to begin during the first half of 2007.

## Strategy update

The plans outlined in the last newsletter (page 9) are now progressing. Academic leads are being identified for each of the areas. Details of new initiatives will be available on the web site shortly.

## Congratulations

► Professor Henry Burger, Emeritus Director at Melbourne's Prince Henry's Institute, has been selected as the recipient of the 2006 NAMS/Procter & Gamble Pharmaceuticals Morrie M Gelfand Leadership Award in Androgen Research. The award recognises an individual whose outstanding research has advanced our understanding of the role of androgens in postmenopausal women.

# UK National Acromegaly Register

► Established nearly a decade ago, the UK Acromegaly Register has undergone a major make-over in the last two years.

In order to comply with changing ethics regulations and to improve data handling, we have completely redeveloped the database set-up and software. A centralised register now replaces the previous arrangement, where centres each maintained a local database and submitted a subset of data to the national register. They will now add their information directly onto a central database held on a secure server in a locked room of the Bristol office.

They will access the server via the web, subject to strict security measures. Access to the register is restricted by the appropriate firewalls. There is password control to enter the server and also on entering the register, to restrict users to seeing only their own data. Local centres will be set up with SSL (secure sockets layer)/TLS (terminal services) certificate authentication. This will allow secure transmission of data via encryption, as well as server and client (down to an individual computer) authentication, to prove the identities of the individual parties involved in secure communication.

The amounts of data collected and free text that can be entered have been reduced for easier data entry and analysis. Rewriting the database was undertaken in collaboration with the German Endocrine Society, who use the software under licence from the Society for Endocrinology for the German Acromegaly Register.

Transferring data from the old database to the newly developed software remains a major challenge for the project. It will continue to rely on the patience and dedication of all those in the local centres, members of the steering committee and project staff. The steering committee are indebted to the Clinical Endocrinology Trust for their additional financial support this year, to help with this fundamental task.

The project has also benefited from long-term financial support from Novartis in the form of an unrestricted grant, so enabling retrospective and prospective data on over 2000 patients from 29 centres to be captured in the register. This reflects a massive commitment in terms of time and effort from a dedicated team responsible for data entry at each local centre.

This is an exciting time for the project as it looks to the future and the launch of the new register. This year has seen publication of its first full paper, on radiotherapy in patients with acromegaly (Jenkins *et al.* 2006 Conventional pituitary irradiation is effective in lowering serum GH and IGF-I in patients with acromegaly. *Journal of Clinical Endocrinology and Metabolism* 91 1239-1245). Future studies with the Office of National Statistics (ONS) will see the UK Acromegaly Register Study Group continue to publish on areas of importance in acromegaly. Approval has been granted for all patients on the register (subject to their consent) to be flagged with the ONS. This places the project in a strong position to obtain information on cancer registration and mortality in a large series of acromegalics.

DEBBIE WILLIS, PROJECT MANAGER & PETER TRAINER, CHAIRPERSON

For more information about the project see [www.endocrinology.org/sfe/acromegaly.htm](http://www.endocrinology.org/sfe/acromegaly.htm).

The following centres are participating in the register: Aberdeen Royal Infirmary; Royal Victoria Hospital, Belfast; Queen Elizabeth Hospital, Birmingham; Bradford Royal Infirmary; Bristol Royal Infirmary; Addenbrooke's Hospital, Cambridge; University Hospital of Wales, Cardiff; Ninewells Hospital, Dundee; Edinburgh Royal Infirmary; Royal Devon and Exeter Hospital; Glasgow Western Infirmary; Hull Royal Infirmary; The General Infirmary at Leeds; Leicester Royal Infirmary; Royal Liverpool University Hospital; St Bartholomew's Hospital, London; King's College Hospital, London; The Christie Hospital, Manchester; Manchester Royal Infirmary; Royal Victoria Infirmary, Newcastle; Churchill Hospital, Oxford; Royal Preston Hospital; Northern General Hospital, Sheffield; Southampton General Hospital; City General Hospital, Stoke; York Hospital.



Society for Endocrinology

## Postgraduate Diploma for SCIENTISTS

FREE TO MEMBERS

### Why do I need this diploma?

The Society for Endocrinology's accreditation scheme for basic science postgraduate students provides a broader education in endocrinology. This complements the in-depth and focused study of a PhD.

### What do I have to do?

To receive a diploma you need to collect ten credits over three years. Following the change to one Society BES meeting per year, from 1 January 2007 the criteria over the period of study will be:

- 1 credit for each Society meeting attended (2 required)
- 1 credit for attendance at a specific session at that meeting (2 required)
- 1 credit for presentation (either oral or poster as first author or co-author) at a Society for Endocrinology BES meeting (2 required)
- 1 credit for each annual 3000-word essay making up an assessed portfolio (3 required)
- 1 further credit can be gained from any of the above

All students must be members of the Society for Endocrinology in good standing for the duration of their study programme.

Contact Julie Cragg at the Bristol office for an application form (Tel: 01454-642200; Email: [julie.cragg@endocrinology.org](mailto:julie.cragg@endocrinology.org); Web: [www.endocrinology.org](http://www.endocrinology.org))

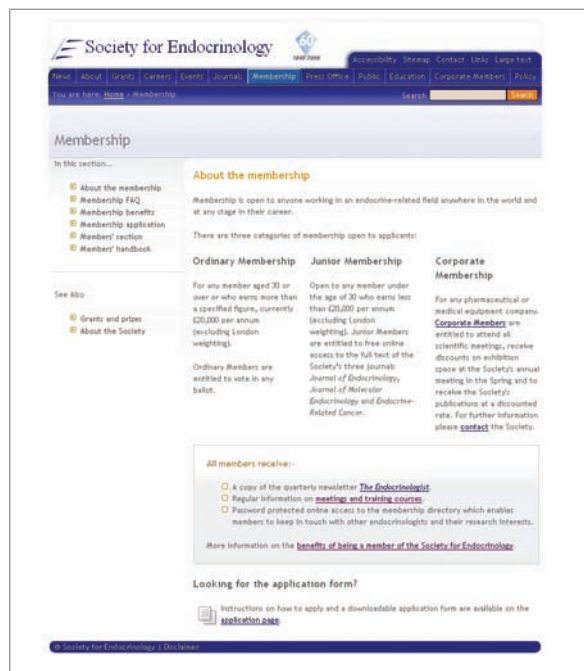
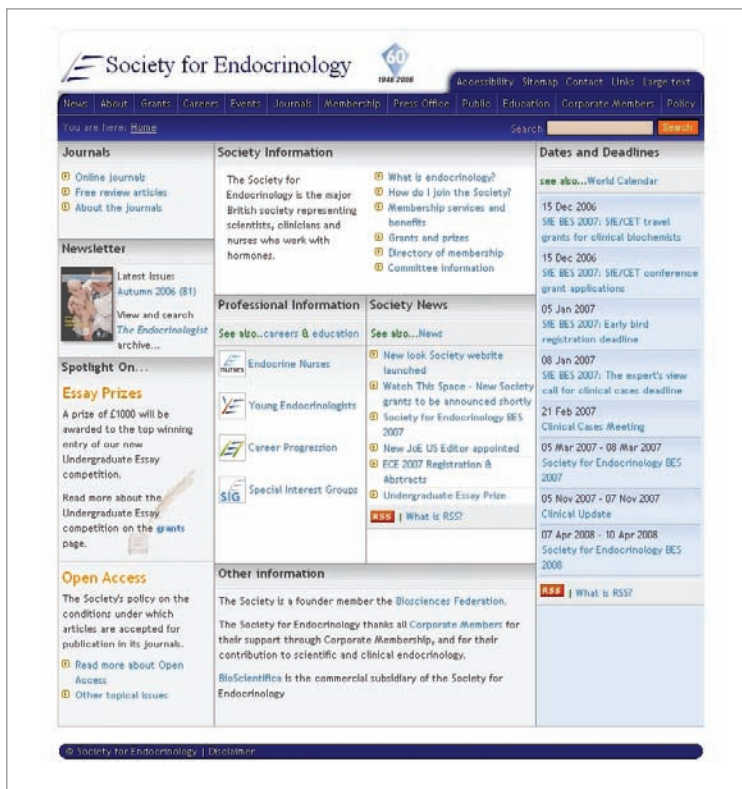
# New web site launched

► The new Society web site was launched in early November, in time for the November meeting. Its improved navigation means that information about grants and other key topics is easier to find. To keep you up to date, the home page also has some news items and the main forthcoming deadlines, like early-bird registration for the Society BES 2007 meeting. The site also complies with accessibility standards.

The new section on education has its own search facility. It currently brings together training course handouts and selected articles from *The Endocrinologist* that we think will be of use to teachers and students. We plan to expand this section in the future, and this will be led by the Council education representative, Dr Joy Hinson. Let us know which educational materials you would like to see here by emailing [rachel.evans@endocrinology.org](mailto:rachel.evans@endocrinology.org).

The contents of the events list ([www.endocrinology.org/](http://www.endocrinology.org/) meetings), links to other sites ([www.endocrinology.org/](http://www.endocrinology.org/) links) and news ([www.endocrinology.org/news](http://www.endocrinology.org/news)) are all generated in real time from BioScientifica databases, so ensuring that they are always up to date. You can submit items for inclusion in the BioSci Events database via [www.bioscievents.com/submit](http://www.bioscievents.com/submit).

Congratulations to Steven Perry for managing the redesign project, including designing the new site. If you have any general comments, please email [steven.perry@endocrinology.org](mailto:steven.perry@endocrinology.org).





## Sense About... Homeopathy

► On 1 September 2006, new regulations came into force that permit homeopathic products to make medical claims, but exempt them from providing any scientific evidence that they are effective. This is the first time in its history that the regulation of medicines has moved away from science and from clear, meaningful information for the public. What is more, it happened without parliamentary time or public debate.

The new regulations (The Medicines for Human Use [National Rules for Homeopathic Products] Regulations 2006) amend the Medicines Act 1968, which introduced strict rules about the safety and efficacy of new medicines requesting a licence. Since 1968, no new homeopathic products have been licensed as medicines in the UK, because they lack efficacy data. The regulations mean that, for the first time in more than 30 years, homeopathic products will be able to make medical claims such as 'For the relief of...'. Such claims, however worded, imply efficacy where none has been proven.

Sense About Science is a charity that promotes good science and evidence for the public. At the start of September, in response to the regulations, we released a statement on evidence-based medicine. As I write this, over 700 individuals and many organisations, including patient groups, professional and learned societies, GPs and funders of medical research, have responded by sending in comments to show their support for evidence-based medicine and to object to the new regulations.

Sense About Science's statement made the following points:

- ▷ evidence-based medicine was a major public gain of the 20th century
- ▷ homeopathy is not evidence-based medicine
- ▷ the new regulations compromise standards of evidence and clear labelling
- ▷ the policy change is damaging to patients' best interests
- ▷ evidence-based medicine is essential to public health; the growth of the homeopathic industry does not contribute to public health
- ▷ rules for the regulation of medicines should not allow homeopathic products to make unsubstantiated health claims.

On 9 October, Sense About Science summarised the hundreds of responses already received for Parliament. The level of concern prompted an annulment debate in the House of Lords on 26 October, where issues with the new regulations were raised.

The Sense About Science web site ([www.senseaboutscience.org](http://www.senseaboutscience.org)) will give further updates on this topic. You can also access the evidence-based medicine support statement from the site, as well as further information about homeopathy.

FRANCES DOWNEY  
PROGRAMME RESEARCHER, SENSE ABOUT SCIENCE

## Society joins HINARI

► *Journal of Endocrinology*, *Journal of Molecular Endocrinology* and *Endocrine-Related Cancer* are now part of the Health InterNetwork Access to Research Initiative (HINARI).

This programme, set up by WHO together with major publishers, gives developing countries free or low cost access to one of the world's largest collections of biomedical and health literature. About 3500 titles are available to health institutions in 113 countries, so benefiting thousands of health workers and researchers and contributing to improved world health. Find out more at [www.who.int/hinari](http://www.who.int/hinari).

## Undergraduate essay prize

► A prize of £1000 will be awarded to the winner of our new undergraduate essay competition. The closing date is 23 March 2007. For more information see [www.endocrinology.org/grants](http://www.endocrinology.org/grants).

## CUSHING SYNDROME NETWORK OF EXPERTISE

► DG SANCO (The Health and Consumer Protection Directorate-General) has selected six networks of centres of reference for rare diseases from six EU countries. Amongst these is the European Centres of Expertise Network for Cushing Syndrome, which is directed by Dr Susan Webb of University of San Pau, Barcelona, Spain. Collectively they will serve as pilot projects for reference networks of Centres of expertise. Special thanks go to Tom Parkhill for facilitating this initiative.

## Autism and testosterone

► Studies of girls who make an unusually large amount of male sex hormone have supported the idea that autism is caused by an 'extreme male brain'. Professor Simon Baron-Cohen and Dr Sally Wheelwright found that testosterone and other sex hormones that are thought to shape sex differences may cause autism through brain development beyond that of a typical male. The study, published in *Hormones and Behavior*, included 34 girls with congenital adrenal hyperplasia (CAH) who, for genetic reasons, had high levels of a form of testosterone. It compared them with 24 unaffected sisters. Those with CAH developed some male physical characteristics and had more autistic traits than typical females.

## NIH plan for diabetes research

► The National Institutes of Health (NIH) has released a long range plan to help guide research in type 1 diabetes for the next decade. 'Advances and Emerging Opportunities in Type 1 Diabetes Research: A Strategic Plan' identifies objectives in exploiting recent scientific advances in combating this autoimmune form of diabetes. See [www.niddk.nih.gov/fund/diabetesspecialfunds/plan](http://www.niddk.nih.gov/fund/diabetesspecialfunds/plan) for further information.

## Spotlight on the...

# Klinefelter's Syndrome Association

► **The Klinefelter's Syndrome Association (KSA) was founded in 1990 and became a registered charity in 1996. It exists to support men and boys who are directly affected by Klinefelter's syndrome, and their relatives, carers and friends.**

Klinefelter's syndrome is a common condition, found in around 1 in 650 live male births. It is a congenital condition present from conception, and caused by the presence of one or more additional X chromosomes. Men with Klinefelter's syndrome are often tall with a lack of facial or body hair. They may have small, firm testes and the vast majority are infertile. Some have breast development which may require plastic surgery. Almost all have low testosterone levels and need testosterone replacement therapy (TRT) on approaching puberty and throughout their lives.

Only a small proportion of such men are ever diagnosed in time to prevent or reduce poor quality of life. Early diagnosis leading to the provision of TRT can prevent conditions like osteoporosis or spondylosis, which often require expensive NHS treatment. Late diagnosis can lead to huge resentment and continued low self-esteem as well as mental health problems and social/relationship difficulties.

The KSA maintains a membership support group and provides an annual conference, regional meetings, activity weekends and a quarterly newsletter. Members are able to meet others with similar experiences, to share what they have learned and then learn more together.

The Association seeks to assist everyone who comes into contact with Klinefelter's syndrome. This goes beyond those who live with the syndrome everyday. It could, for instance, include a teacher searching for ways to put together an educational action plan for a boy with Klinefelter's, a doctor or other health professional seeking to put a patient in contact with someone with more experience, or anyone else who needs to know more.

In seeking to preserve and promote the health and welfare of everyone affected by Klinefelter's syndrome, the Association seeks to raise the profile of the condition within the medical profession, other public and private bodies and the general public. In this way, it is hoped that all will understand its implications, not only for directly affected individuals, but also for all those with whom they have contact during their lives.

The Association's public-facing activities include its web site at [www.ksa-uk.co.uk](http://www.ksa-uk.co.uk). Furthermore, in response to the huge variety of incomplete and misleading information about the condition, the KSA has published two booklets as general guides for parents and adults, as well as an education paper for use by teachers. These publications individually acknowledge the sponsorship which aided their production and the contributions of healthcare professionals.

The Association has forged links with similar Klinefelter's syndrome support groups in the Netherlands, France, Belgium, Germany and Norway. We seek to build a European consensus in terms of common objectives in consistency of diagnosis, management and patient choice.

The KSA's particular concerns include: (a) inconsistency in diagnosis (how to help GPs recognise the condition), (b) inconsistency in management of the newly diagnosed (few are offered counselling, though the diagnosis can be overwhelming), (c) inconsistency in management of TRT (how best to get GPs to refer patients to an endocrinologist, and how to enable the GP to find one with relevant experience), (d) patient choice (how to ensure that all options are explained so that the patient can make an informed choice of TRT delivery method), and (e) the paucity of TRT delivery options for patients aged under 18 (why so few products are licensed for their use).

We maintain a good relationship with the medical and nursing professions, whose members have generously donated their time to speak at our conferences and regional meetings. We are especially grateful to those who act as our advisors and who help us deal with the more difficult enquiries that we occasionally receive.

The Association has no paid employees. It is funded by membership subscriptions and donations. We are particularly grateful for the support of external bodies like the Lloyds-TSB Foundation, who made possible the creation of our first booklets, as well as the pharmaceutical companies who have assisted us, via unrestricted educational grants, with various projects including our regional meetings.

With the assistance of our advisors, we are reviewing our publications with the aim of updating them to include more details about each aspect of the syndrome. This will lead to a series of booklets, which we hope to publish over the next 12 months.

For further information about the KSA contact the National Co-ordinator, 56 Little Yeldham Road, Little Yeldham, Halstead CO9 4QT, UK (Tel: 0845-2300047; Email: [chair@ksa-uk.co.uk](mailto:chair@ksa-uk.co.uk); Web: [www.ksa-uk.co.uk](http://www.ksa-uk.co.uk)).



# The Endocrine Society: an international perspective

► **What role do international contributions play in the Endocrine Society and, furthermore, what is that Society's role outside the USA? Now I have returned to my life as a simple 'hewer of wood and drawer of water', my views no longer carry the Endocrine Society's stamp of authority. However, it is clear from the international initiatives in the original and new strategic plans, as well as the increasing representation of international members on committees, council and the programme of the annual meeting, that the Endocrine Society now recognises and values highly its international constituency. The challenge has been navigating between the Scylla and Charybdis of imperialism and isolationism.**

International members, approximately one-third of the membership, have long been a vital component of the Endocrine Society. About 70% of submissions to *Journal of Clinical Endocrinology and Metabolism* and 40% of the abstracts at the annual meeting come from outside North America. Before 2002, the Society did not have an overarching vision for any of its constituencies. This situation changed radically with its original 2002 strategic plan, which included increasing the involvement of international members and partnering with international endocrine organisations. Perhaps most importantly, the Society's leadership recognised its international members

as a unique constituency for the first time.

These developments beg the question of the Society's relationship with other international endocrine organisations. I believe that the situation is analogous to

environmental activism. René Dubos, the noted microbiologist, environmentalist and Pulitzer Prize-winning author, who coined the now much overused phrase 'think globally, act locally', observed that issues related to the environment needed to be considered within their 'unique physical, climatic, and cultural contexts'. The result of this local focus would be that 'natural and social units maintain or recapture their identity, yet interplay with each other through a rich system of communications'.

Extrapolating these principles would result in areas such as advocacy, governmental funding of research and healthcare financing being issues for local endocrine organisations. The Endocrine Society would focus on these issues in the USA, the Society for Endocrinology on them in the UK, and so forth. In contrast, scholarly activities, such as meetings and publications, are the rich system of communications that is and should continue to be international. There can be any number of outstanding international endocrine meetings and publications. Finally, there are issues of global importance, such as the epidemics of diabetes and obesity, where international endocrine

organisations should work together to affect change.

The Endocrine Society's original strategic plan has been characterised as inward-looking, whereas its new plan is outward-looking. The Society's international role was an important consideration in this most recent planning process. The collaborative nature of this role with other endocrine organisations is clearly articulated in the new plan. To this end, the Endocrine Society's leadership has begun discussions with the leadership of the European Society of Endocrinology and the International Society of Endocrinology about such collaborative opportunities. The collegiality of these discussions augers well for the future. By co-ordinating our efforts, we will all be able to chart a successful international course between isolationism and imperialism.

## Naked science

► **No, it's not a new hobby (as far as we know), but a very successful attempt to bring science into the public eye. 'The Naked Scientists' is a group of physicians and researchers from Cambridge University. They broadcast regularly on BBC Radio in the east of England and also use live lectures and the web to demystify and communicate science. Recent topics have been as diverse as skin disorders, aeronautic engineering, forensics, paranormal investigations, and antibiotic-resistant 'superbugs'. Broadcasts include interviews with scientists, and listeners are encouraged to call in with questions.**

Their web site ([www.thenakedscientists.com](http://www.thenakedscientists.com)) contains 100 hours of science radio shows in text and audio formats. It also supports other projects that they have been involved with and includes Naked Science articles (a library of articles written by scientists and researchers), as well as a science book review section, which critically appraises new science books and helps visitors select their next read.

Creator Dr Chris Smith, a clinical virologist at Addenbrooke's Hospital, is now also a regular science and medical commentator on BBC Radio Five Live, Australia's ABC Radio National, and other national TV and radio channels. In November, he was awarded the Biosciences Federation's Science Communication Award for his work in communicating science to the public. He has also recently published a book, following in the tradition of the radio shows, entitled *Naked Science* (ISBN 1-905770-01-4). His diverse fellow Naked Scientists currently include a GP, a neuroscientist, a developmental biologist, a geologist and a marine biologist, amongst others.

The Naked Scientists has until now received funding from the Royal Society (COPUS), Cambridge University's Community Active Fund and the BBSRC, while the members of their team give their time for nothing. In June 2005 they were granted a 3-year Society Award by the Wellcome Trust, which supports their present radio, online and podcasting ventures.

To find out more, visit [www.thenakedscientists.com](http://www.thenakedscientists.com).

*Andrea Dunaif, Past-President of the Endocrine Society, takes a global look at endocrinology from the North American viewpoint.*

**'THE ENDOCRINE SOCIETY RECOGNISES AND VALUES HIGHLY ITS INTERNATIONAL CONSTITUENCY.'**



# Professionals don't headbutt

'Hotspur' gets hot under the collar as his patients make his blood boil...

► I never know if the next patient will say it, thus it comes down to verbal speed. If I am complacent, distracted, bored, or all three, and the patient is one of those that will, then I am undone - by a phrase as simple as 'How are you?'

You see, I believe that, in the setting of a doctor's consulting room, those three little words belong to me. I have earned ownership by virtue of my medical qualifications. They are mine, they have a purpose, they inform, and they reinforce my idea of who I am. So you can imagine my consternation when the patient enters the room and, before I have even got through the introductions, he or she says 'How are you?'

**'REMEMBER, CARING IS MY PREROGATIVE, YOU ARE THE PATIENT AND I AM THE DOCTOR.'**

Who cares how I am? Do you really want to know about my painful left hip or the trouble with my ingrowing toenail? Will

acquisition of this knowledge have any bearing on how well I deal with your medical problem? I am not here as a person, whose health status should be of any concern to anyone else. Remember, caring is my prerogative, you are the patient and I am the doctor.

This ability to lose one's cool on the basis of just a few words is not confined to the medical profession. After all, in front of millions of viewers worldwide, Zidane of France, one of the most famous soccer players of all time, headbutted Materazzi of Italy during the 2006 World Cup Final for allegedly insulting his mother and sister!

An even more striking example of this type of behaviour occurred in July at Stratford racecourse, when Paul O'Neill, a 26-year-old jockey, headbutted his horse, City Affair, at the start of the two mile selling hurdle.

It is still not clear exactly what City Affair said that so upset O'Neill. The horse's trainer stated that the horse had simply uttered 'Neigh, neigh'. O'Neill's representatives, however, insist that what City Affair actually said was 'I hear you're gay'. International equine lip-reading authorities of the human variety have been called in to examine the videotape.

Now, of course, even when one is angry, there is no question of headbutting 'the caring patient' in the doctor's consulting room. Such an action is completely out of the question; not least of all, the desk is too wide to reach across! Ah well, there is always the possibility of breaking a few fingers in the handshake...

*'HOTSPUR'*

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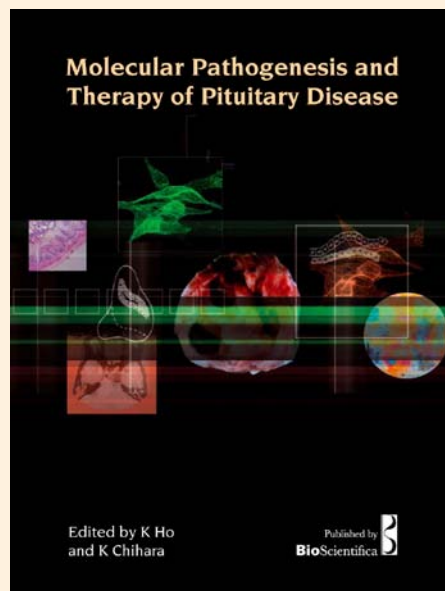
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# CONFERENCE STEREOTYPES

► Professor Bougère tucked his double chin into his starched blue collar, almost obscuring his red and white spotted bow-tie. He peered over his gold-rimmed half-moon spectacles. The chairman of the AGM had invited questions from the floor regarding the society's decision to put all of its journals online.

Bougère thought it rather demeaning to have to raise his hand to ask a question. Without waiting, he simply bellowed, 'I really do think that the society should think carefully before abandoning the printed page. History is made of archives not of web sites. This www dot com arrangement is satisfactory for advertising but not for maintaining true scientific standards.'

It was quite clear that the Professor had not understood that full, refereed printed copies would parallel online access. The chairman, taking an inward breath and raising his shoulders slightly, glanced from side to side at his colleagues seated on the stage. His expression clearly said, 'OK, one of you answer this dotty dot com question. It's not for me.'

Adele cleared her throat. 'Ahem, thank you for that. I don't think I know your name?' Bougère's already purple complexion darkened. 'Bougère, pro-Fessor,' he bellowed again. 'Er, well you see professor,' Adele replied, 'as is the usual case, our journals will still be printed and distributed to libraries and personal subscribers, but their contents will also be available at U2canread dot com. Um, is this a satisfactory explanation, and does it answer your question?' Bougère felt somewhat slighted. He sunk his chin further into his bow-tie and glowered over his spectacles at the committee members on the stage.

The AGM was soon adjourned and Bougère, with some distaste, collected his small, brown, lunch-containing carrier bag and sought a vacant chair. He thought a hot buffet and a glass or two of good wine would have been more fitting than this undignified 'picnic'. Times were definitely changing, but at least he could take comfort from what surely must be considered his enviable international renown. He bit into his ham and cheese bap.

Bougère wandered in and out of a few afternoon sessions. He sensed the glances of other delegates, who he presumed were thinking, 'Ah, that must be THE Professor Bougère who has just completed that amazing work showing that pinealectomy can ruin your sex drive!' He was disappointed that no one approached him, though that was understandable given the awe in which they probably held him. He eventually decided to go and 'spruce up' for the banquet that evening.

Seated next to Joanna Wormold, ex-president of the now defunct Pinealectomy Society, Bougère noted that the seat on his left hand side remained vacant. Perhaps someone very important had booked this seat, wanting to make his acquaintance.

At that moment, a dishevelled-looking Sophie made a hasty entrance and looked despairingly round the oak-panelled, candle-lit dining room, trying to find someone she recognised. She was late, as usual, and with all the

diners seated she desperately tried to find a vacant seat. 'Hi Soph,' one of her friends called out, 'this table's full but there's an odd seat on the table next to us.' Sophie duly planted herself next to Bougère. Flustered and breathless, she smoothed her hair.

Preferring the looks of Sophie to Joanna, though disappointed that she was not an eminent pinealologist, Bougère introduced himself with full title whilst shaking Sophie's hand. 'Oh, hi,' said Sophie, somewhat casually. She was starving.

Bougère was soon trying to engage Sophie in all his 'ground-breaking' research and explaining in some detail his evidence of neural connections between the pineal gland and the male sexual organs. By the time coffee arrived, Bougère's arm was draped over the back of Sophie's chair and, as far as Sophie was concerned, very near to touching her shoulders. She sat up straight, arched her back and looked longingly over at her friends laughing at the next table.

'Perhaps we could have a drink after the dinner?' Bougère asked, leaning his face a little too close for Sophie's comfort. 'Well, er, I've arranged to meet some old friends,' she replied hesitantly. Bougère suddenly realised that Sophie was too young to understand his scientific eminence. 'Another time then, it's been a pleasure meeting you Sophie.' Not wanting the evening to end on a bad note and trying to be a little personal, Sophie squinted at Bougère's name badge in the half-darkness. Offering her hand, she said, 'Good night Dr Boger, it's been a pleasure to meet you.'

His ego took a turn for the worse.

'PI-FIVE'

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spotted  
these  
delegates  
at the last  
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## Dimorphic gene expression in rat liver

During an organism's development, the pattern of hormone secretion differs both spatially and temporally between the sexes. This, in turn, leads to gender-specific differences in the expression of target genes.

Gardmo & Mode have investigated this in the rat liver using a gene encoding a plasma protein, *a1bg*, whose expression has previously been shown to be dependent on the female pattern of GH secretion. A novel hydrodynamic transfection technique allowed them to investigate the molecular mechanisms in intact animals. They found that the 160bp proximal part of the *a1bg* promoter seemed to contain elements directing sex-specific expression. Deletion analysis and the generation of point mutations indicated that HNF6 and NF1 binding in this promoter enhance expression in female livers, whilst Stat5 binding enhanced expression in male livers.

It would thus appear that NF1 and HNF6 binding sites form a regulatory unit for producing female-specific effects in the rat liver. **RF**

(See the full article in *Journal of Molecular Endocrinology* 37(3), December 2006)

## DHEA lowers GH requirement in hypopituitarism

GH is used to treat hypopituitary patients and acts via IGF-I. Recent evidence has shown that the required dose of GH is lower in those with normal ACTH than in those who are ACTH-deficient. It is therefore possible that adrenal androgens enhance the amount of IGF-I generated by a given amount of GH. Until now, evidence relating to this hypothesis has been mixed.

This 12-month study has given Brooke and colleagues some of the first significant supporting evidence for this theory. DHEA replacement in female hypopituitary patients was found to reduce the dose of GH required to maintain constant IGF-I levels. The DHEA appeared to enhance the amount of IGF-I generated by a given amount of GH.

# HOT TOPICS

The latest research from the Society's journals brought to you by Richard Foulsham, Vicki Norton and Jayanthi Mondri.



Although this was a small controlled study that may not be replicated in a clinical setting, it suggests IGF-I levels of patients starting DHEA replacement during GH therapy should be closely monitored, to assess the possibility of lowering their GH dose. Further longer-term studies are needed to confirm whether these effects of adrenal androgens are prolonged, as is implied by the authors' results. If they are, they could have positive implications for hypopituitary patients as well as health economic advantages. **VN**

(See the full article in *Clinical Endocrinology* 65(5), November 2006)

## Steroid regulation of stromal cell proliferation

Female sex steroids control the proliferation and differentiation of target cells by altering rates of specific gene transcription. Pretreatment of ovariectomised rat uteri with progesterone increases

the number of synchronously proliferating uterine stromal cells in response to oestradiol. It blocks the oestrogen-dependent nuclear localisation of cyclin D1 in the uterine epithelium but not in the stroma.

Rider and co-workers report that stromal cell proliferation by steroid hormones is regulated through the wnt- $\beta$  catenin pathways. Based on animal and cell culture studies, the authors conclude that progesterone down-regulates GSK-3b, thus driving wnt signalling. However, the subsequent nuclear transport and action of the wnt effector molecules ( $\beta$  catenin) needed for entry into the cell cycle are oestrogen-dependent.

**JM**

(See the full article in *Journal of Endocrinology* 191(3), December 2006)

## Androgen receptor co-repressors and prostate cancer

Prostatic adenocarcinoma is the most commonly diagnosed malignancy and the second largest cause of male cancer death in most Western countries. Prostate cancer development and progression are dependent upon androgen receptor (AR) function. First-line treatment of the disease is designed to specifically inhibit AR activity.

In the last 5 years, there has been an expansion in AR co-repressor discovery. Biochemical analysis of co-repressor action shows that this class of molecule could use widely disparate mechanisms to control AR function. Future investigations into the clinical relevance of AR co-repressors would provide insight into the mechanisms by which tumour cells escape therapy, and could reveal additional execution points for novel therapeutic intervention.

Here, Burd and colleagues provide an extensive review of AR co-repressor proteins. They also discuss the role of some of these AR co-repressors in prostate cancer progression. Coverage includes many different AR co-repressors, including potential co-repressor-type molecules whose details have only recently been published. **JM**

(See the full article in *Endocrine-Related Cancer* 13(4), December 2006)



### Stem Cell Transplantation in Children

San Diego, CA, USA, 16-18 January 2007.

Contact: Julia Robertson, Division of Hematology/Oncology, Cincinnati Children's Hospital Medical Center, 3333 Burnet Avenue, MLC 7015, Cincinnati, OH 45229-3039, USA (Tel: +1-513-6364266; Fax: +1-513-6363549; Email: julia.robertson@cchmc.org; Web: www.register123.com/event/web/53562).

### Congenital Endocrinopathies: New Insights into Endocrine Diseases and Diabetes

Genoa, Italy, 18-19 January 2007.

Contact: Maria Caterina Cogorno, International School of Pediatric Sciences, IRCCS Istituto G Gaslini, Largo G Gaslini 5, 16147 Genova, Italy (Tel: +39-0105-636554 Fax: +39-0103-776590; Email: caterinacogorno@ospedale-gaslini.ge.it; Web: http://congenitalendocrinopathies.sispge.com).

### EMMS-Mayo Advanced Course in Endocrinology

Singapore, 19-21 January 2007.

Contact: Samantha Shoo, 176B Joo Chiat Road, Singapore 427447 (Tel: +65-63464402; Fax: +65-63464403; Email: samanthashoo@themeetinglab.com).

### 2nd CSSAM/ISSAM North American Congress on the Aging Male

Montreal, Canada, 8-10 February 2007.

Contact: Kenes International, 17 rue du Cendrier, PO Box 1726, CH-1211 Geneva 1, Switzerland (Tel: +41-22-9080488; Fax: +41-22-7322850; Email: aging@kenes.com; Web: www.kenes.com/aging).

### Society for Endocrinology Clinical Cases Meeting

London, UK, 21 February 2007.

Contact: Lizy Jones, Society for Endocrinology, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642231; Fax: +44-1454-642222; Email: lizy.jones@endocrinology.org; Web: www.endocrinology.org).

### Society for Endocrinology BES 2007 Meeting

Birmingham, UK, 5-8 March 2007.

Contact: Shirine Borbor, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642210; Fax: +44-1454-642222; Email: conferences@endocrinology.org; Web: www.endocrinology.org/sfe/conf.htm).

### 2nd World Congress on Gender-Specific Medicine

Rome, Italy, 8-11 March 2007.

Contact: Michal Pink (Tel: +972-3-5666166; Fax: +972-3-5666177; Email: gender@gendermedicine.com; Web: www.gendermedicine.com).

### 9th Congress on Controversies in Obstetrics, Gynecology and Infertility (COGI)

Barcelona, Spain, 22-25 March 2007.

Contact: Ruthi Yahav (Tel: +972-3-5666166; Fax: +972-3-5666177; Email: cogi9@comtecmed.com; Web: www.comtecmed.com/cogi/cogi9).

### ECO2007: 15th European Congress on Obesity

Budapest, Hungary, 22-25 April 2007.

Contact: Euan Woodward, European Association for the Study of Obesity, 231 North Gower Street, London NW1 2NR, UK (Tel: +44-20-76911903; Fax: +44-20-73876033; Email: eco2007@easoobesity.org; Web: www.eco2007.org).

### 2nd International Congress on 'Prediabetes' and the Metabolic Syndrome

Barcelona, Spain, 25-28 April 2007.

Contact: Ethan (Tel: +972-3-97277993; Email: egreenberg@kenes.com; Web: www.kenes.com/prediabetes2007).

### 9th European Congress of Endocrinology

Budapest, Hungary, 28 April-2 May 2007.

Contact: Blaguss Ltd Congress Bureau, PO Box 706, 1365 Budapest, Hungary (Tel: +36-1-3747030; Fax: +36-1-3121582; Email: benyhe@blaguss-congress.hu).

### 10th International Symposium on Insulin Receptors and Insulin Action

Stockholm, Sweden, 2-6 May 2007.

Contact: Juleen Zierath, BokningsBolaget (Tel: +46-8-50628500; Fax: +46-8-6631745; Email: congress@bokningsbolaget.se; Web: www.bokningsbolaget.se/congress/ki/ir07).

### ECTS Training Course: Bone Quality - from Bench to Bedside

Copenhagen, Denmark, 5 May 2007.

Contact: Amanda Sherwood, PO Box 337, Patchway, Bristol BS32 4ZR, UK (Tel: +44-1454-610255; Fax: +44-1454-610255; Email: admin@ectsoc.org; Web: www.ectsoc.org).

### 34th European Symposium on Calcified Tissues

Copenhagen, Denmark, 5-9 May 2007.

Contact: Amanda Sherwood, PO Box 337, Patchway, Bristol BS32 4ZR, UK (Tel: +44-1454-610255; Fax: +44-1454-610255; Email: admin@ectsoc.org; Web: www.ectsoc.org).

### 5th European Congress in Newborn Screening

Reykjavik, Iceland, 10-12 June 2007.

Contact: Leifur Franzson, Department of Genetics and Molecular Medicine, Landspítali, University Hospital, Hringbraut 101, Reykjavik, Iceland (Tel: +354-5431000; Email: leifurfr@landspitali.is; Web: www.hi.is/nam/laek/enbs).

### 43rd Drug Information Association Annual Meeting

Atlanta, GA, USA, 17-21 June 2007.

Contact: Marketing Manager, 800 Enterprise Road, Suite 200, Horsham, PA 19044, USA (Tel: +1-215-4426100; Fax: +1-215-4426199; Email: dia@diahome.org; Web: www.diahome.org/product/11362/07001.pdf).

### 17th Scientific Meeting of the International Bone and Mineral Society

Montreal, Canada, 24-29 June 2007.

Contact: IBMS 2007 Meeting, 740 Saint-Maurice, Suite 205, Montreal, Québec H3C 1L5, Canada (Tel: +1-514-7333760; Fax: +1-514-7333947; Email: info@ibms2007.com; Web: www.ibms2007.com).

### 46th Annual Meeting of the European Society for Paediatric Endocrinology

Helsinki, Finland, 27-30 June 2007.

Contact: Linda Nordstrom, Congrex, PO Box 5619, SE-114 86 Stockholm, Sweden (Tel: +46-8-4596600; Fax: +46-8-6619125; Email: espe2007@congrex.se; Web: www.congrex.com/espe2007).

### Bone Research Society Annual Meeting

Aberdeen, UK, 3-5 July 2007.

Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janet@janet-crompton.com; Web: www.brsoc.org.uk).

### Advances in the Molecular Pharmacology and Therapeutics of Bone Disease

Oxford, UK, 10-11 July 2007.

Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janet@janet-crompton.com; Web: www.paget.org.uk).

### International Symposium on Paget's Disease

Oxford, UK, 12-13 July 2007.

Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janet@janet-crompton.com; Web: www.paget.org.uk).

### Society for Endocrinology Endocrine Nurse Training Course

Glasgow, UK, 4-6 September 2007.

Contact: Lizy Jones, Society for Endocrinology, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642231; Fax: +44-1454-642222; Email: lizy.jones@endocrinology.org; Web: www.endocrinology.org).

### 1st World Congress on Controversies in Neurology (CONY)

Berlin, Germany, 6-9 September 2007.

Contact: Ruthi Yahav (Tel: +972-3-5666166; Fax: +972-3-5666177; Email: cony@comtecmed.com; Web: www.comtecmed.com/cony).

### 7th World Congress on Neurohypophysial Hormones

Regensburg, Germany, 18-22 September 2007.

Contact: Dr Oliver Bosch, Institute of Zoology, University of Regensburg, 93053 Regensburg, Germany (Email: wcnh2007@biologie.uni-regensburg.de; Web: www.uni-r.de/wcnh2007).

### 4th ESE Postgraduate Course in Clinical Endocrinology

Wroclaw, Poland, 20-23 September 2007.

Contact: Andrzej Milewicz (Email: milewicz@endo.am.wroc.pl).

### 9th Seminar of the European Society of Contraception - from Abortion to Contraception

Bucharest, Romania, 21-22 September 2007.

Contact: Nancy Habils, European Society of Contraception, Opalfeneweg 3, 1740 Ternat, Belgium (Tel: +32-2-5820852; Fax: +32-2-5825515; Email: escentraloffice@contraception-esc.com; Web: www.contraception-esc.com).

### Society for Endocrinology Clinical Update

Manchester, UK, 5-7 November 2007.

Contact: Shirine Borbor, Society for Endocrinology, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642231; Fax: +44-1454-642222; Email: shirine.borbor@endocrinology.org; Web: www.endocrinology.org/training).

# NOVEMBER MEETING & DIAMOND JUBILEE DINNER

SOCIETY FOR  
ENDOCRINOLOGY

