The Endocrinologist
THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY • ISSUE 102

How to excel as a woman in endocrinology!

PLUS
Coming of age:
Special Interest Groups
Ask for Evidence ...
Live life: drink
vintage port

Published by BioScientifica
On page 11 Anne White considers a career in Endocrinology from the female perspective and asks whether the discipline is particularly suited to women or whether female endocrinologists suffer from a male-medic dominated environment. I have always been surrounded by strong female role models. In my own institution, women have held prominent positions at School, Faculty and University level and I have certainly benefitted from the support and mentoring of wonderful, male, as well as female, colleagues. So I have never experienced any form of discrimination as a female scientist; in fact, my only anecdote on the matter is of my husband, a clinical academic, being patronisingly asked when introduced to a male professor at a work dinner as my partner, “so what do you do?” It did make me wonder whether academic snobbery plays a greater part than gender. Judging by some of the contributions to Anne’s article, not everyone has been so fortunate but perhaps we should follow Hotspur’s lead and be more optimistic for the future (page 14). Now surely this is a topic that’s worthy of a Letter to the Editor!

Of course our Society has a long history of electing women to key roles – just look at the current and past Council and Committee membership – and it’s good to see that Karen Chapman will Chair the Science Committee from January next year. On page 4 she contemplates her new role and the purpose of the Committee; it will be interesting to see how one of the major issues Karen has identified – retaining the interest and membership of basic scientists over the coming years – is tackled.

Anyone involved or interested in the care of adolescents and young adults should turn to page 6 to find out about the Society’s newest Special Interest Group (SIG) and the benefits of becoming a member. Convened by Helena Gleeson and Paul Dimitri, the Group’s manifesto includes a national audit, training and support for clinicians and engaging young people in their care provision. Another way the Society helps develop patient support is through the award of grants to groups dedicated to supporting patients with specific endocrine conditions. These are very much appreciated and can make a real difference, as illustrated on page 8, in reports from four recent grant recipients.

Louise Chambers-Davies, one of our Nurse Members, is also exploring ways to support patients; on page 9 she describes her demanding but satisfying role as a neuroendocrine tumour clinical nurse specialist and describes her plans to develop the future (page 14). Now surely this is a topic that’s worthy of a Letter to the Editor!

The Society for Endocrinology is supporting a new national campaign, ‘Ask for Evidence’, launched by Sense About Science, which aims to reduce the number of misleading government bodies and other organisations to substantiate their claims. If the public’s enthusiasm (and ability) for helping to progress other aspects of science, such as galaxy spotting, are anything to go by, this new venture should be a great success!

So come on, don’t be shy – let us know what you think about the issues raised in these articles, or anything else endocrinological for that matter; see page 4 for information on how to get in touch.

MELISSA WESTWOOD

**NEW PUBLIC ENGAGEMENT GRANTS**  
**UP TO £1000 AVAILABLE**

In August, the Society launched its new Public Engagement Grant scheme, designed to provide funding for outreach activities to schools and the general public. If you’ve got a great idea that will capture the public’s imagination and reveal just what it is that drives you as a scientist, from hosting an event at a science festival to bringing a class of children into your lab, find out how to make it a reality at www.endocrinology.org/grants. A limited number of these grants will be awarded to paid members with rounds running 1 August–31 July each year.

**SfE BES meetings**

**Don’t forget**  
Next year’s meeting is on 19–22 March in Harrogate.  
Travel grants deadline: 15 December 2011  
Early bird registration deadline: 13 February 2012

**And planning has started for 2013**

We are keen to receive a good number of suggestions for the programme. Please submit your ideas by 31 January 2012 using the online form at www.endocrinology.org/meetings/ScientificSessions/index.aspx

**COMMITTEE MEMBERSHIP NEWS**

Following the call for nominations earlier this year, and a ballot within each committee, we are delighted to welcome the new committee members:

**Dr Helena Gleson, Dr Aled Rees** (Clinical Committee)  
**Dr Mark Gurnell** (Finance Committee)  
**Ms Nadia Gordon, Mrs Jean Munday** (Nurse Committee)  
**Ms Lisa Shepherd** (Vice Chair, Nurse Committee)  
**Dr Liz Crowne, Dr Colin Duncan, Professor Bill Farrell, Dr Robert Semple, Dr Andy Toogood** (Programme Committee)  
**Professor John Wass, Lord Robert Winston** (Public Engagement Committee)  
**Dr Anthony Coll, Dr Peter King, Professor Philippa Saunders** (Science Committee)  
Also, Professor Saffron Whitehead becomes Chair of the Public Engagement Committee in January.

Our thanks go to those retiring committee members for providing their invaluable expertise and their hard work during their term of office:  
**Professor Ashley Grossman** (Chair, Public Engagement Committee)  
**Professor Alan McNeilly** (Chair, Science Committee)  
**Dr Alastair McLellan, Dr Andy Toogood** (Clinical Committee)  
**Professor Brian Walker** (Finance Committee)  
**Ms Christine Gibson** (Vice Chair, Nurse Committee)  
**Ms Anna Hawkins, Ms Lisa Shepherd** (Nurse Committee)  
**Professor Peter Clayton, Professor Waljit Dhillo, Professor Karim Meenan** (Programme Committee)  
**Professor Karim Meenan, Dr Stephen Orme, Professor Richard Ross, Professor Stephen Shalet**, (Public Engagement Committee)  
**Dr Ruth Andrew, Dr Paul Chapple, Professor Waljit Dhillo** (Science Committee)

**Have your say – voting for Council members**

An online ballot will be held early in 2012 to decide on one new Council member. Please note that you will only be able to participate in the ballot if your membership subscription is in good standing.
Sponsored Seminar Grant

We used this grant from the Society to invite seven school students from East London to spend two days in Oxford. These students come from a fairly underprivileged area: some had not left Bow before. We showed them the Department of Endocrinology and and introduced them to patients with various endocrine diseases including acromegaly, thyrotoxicosis and Addison’s disease; they applied their knowledge of biology when discussing symptoms. They enjoyed talking to our young doctors, medical students and nurses, and we were able to give them some valuable interview practice.

The students were completely fired up by their visit to Oxford. Six out of seven ended up wanting to do endocrinology! I think this is just the sort of thing that the Sponsored Seminar Grants should be doing for endocrinology and I have little doubt that we have some young converts into our specialty as a result of the visit.

JOHN WASS

SCE results

A total of 143 candidates sat the Specialty Certificate Examination in endocrinology and diabetes this year; 66% passed. Next year’s timetable is:

1 February – 24 April 2012: UK registration period
1 February – 1 March 2012: Overseas registration period
30 May 2012: Exam

What do I see as the main issues facing the Science Committee? A big concern for me, as for previous Chairmen of the committee, is retaining the interest and membership of basic scientists, particularly those in their postdoctoral and junior fellowship years. The Society grants play a key role in this, but it is also important to keep the conferences – and especially the Society BES meeting – relevant and interesting to the basic science membership. The Science Committee is responsible for organising symposia on topical subjects for the Society BES meeting and other meetings, and this is a crucial part of keeping the Society relevant to scientists. Again, any comments or ideas from the membership on this subject are very welcome.

The next few years are likely to see major changes around us: in higher education, in the National Health Service, and in society in general. The Society for Endocrinology is in good shape to meet the substantial challenges ahead, and I look forward to the Science Committee playing its role in keeping the Society a natural home for all those interested in basic research relevant to endocrinology.

KAREN CHAPMAN

SUMMER STUDENTSHIPS 2012

A number of summer studentships are available to assist undergraduate students in gaining experience by working in a research environment. Applications are invited from students whose host supervisor is a Society member. A stipend of £185 per week is offered for a period of study of up to 10 weeks, together with £1000 for host department consumables.

For further details, see www.endocrinology.org/grants/grant_summerstudentships.html
Deadline: 12 March 2012

Synthetic ACTH (Synacthen) use in asthma patients

The Society for Endocrinology has issued a position statement that supports amendments that appear in the section on Tetracosactide (Tetracosactrin; section 6.5.1) in the current issue of the British National Formulary (http://bnf.org). Professor Ashley Grossman (University of Oxford) wrote the statement on behalf of the Society in the hope that it would be of help to endocrinologists in their practice. The position statement is available at www.endocrinology.org/policy

Letters to the Editor

Sometimes it’s difficult to know what you’re all thinking about. We’d like to open the floor to the discussion of contentious or important issues in endocrinology, or direct feedback on the newsletter via The Endocrinologist’s Letters to the Editor page. Contact info@endocrinology.org.
Hypogonadism – an endocrine issue which causes significant morbidity and substantial reduction in quality of life

References:
2. Dumas C. Poster presented at the 25th Scandinavian Meeting of Urology, Göteborg, June 2005
3. MIMS June 2011
4. Tostran® data calculation - ProStrakan data on file 2011
5. Tostran® Summary of Product Characteristics June 2010

Tostran® – a simple solution to a serious problem

Control
- Tostran® returns and maintains hypogonadal patients T levels to normal
- The metered dose system allows for easy dose titration

Concentration
- Tostran® is the only 2% testosterone gel

Cost
- Tostran® represents a 14% cost saving compared to Testogel® at the lowest and highest approved doses

Convenience
- Tostran® – easy to use, metered dose canister

Tostran® Abbreviated Prescribing Information
Tostran (testosterone) 2% Gel Prescribing Information
Please refer to Summary of Product Characteristics (SPC) before prescribing.

Presentation
Tostran 2% Gel contains testosterone, 20 mg/g.

Indications
Replacement therapy with testosterone for male hypogonadism when testosterone deficiency has been confirmed by clinical symptoms and laboratory analyses.

Posology
The starting dose is 3 g gel (60 mg testosterone) applied once daily at approximately the same time each morning to clean, dry, intact skin, alternately on the abdomen or to both inner thighs. Adjust dose according to clinical and laboratory responses. Do not exceed 4 g of gel (80 mg testosterone) daily.

Patients who wash in the morning should apply Tostran after washing, bathing or showering. Do not apply to the genitals. Do not use in women, or children under the age of 18 years.

Contraindications
- Known or suspected carcinoma of the breast or the prostate;
- Hypersensitivity to any of the ingredients.

Special warnings and precautions for use
Tostran should not be used to treat non-specific symptoms suggestive of hypogonadism if testosterone deficiency has not been demonstrated and if other aetiologies responsible for the symptoms have not been excluded. Not indicated for treatment of male frailty or sexual impotence. All patients must be pre-examined to exclude a risk of pre-existing prostate cancer. Perform careful and regular monitoring of breast and prostate. Androgens may accelerate the development of subclinical prostatic cancer and benign prostatic hyperplasia. Oedema with/without congestive heart failure may be a serious complication in patients with pre-existing cardiac, renal or hepatic disease. Discontinue immediately if such complications occur. Use with caution in hypertension as testosterone may raise blood pressure. Use with caution in ischaemic heart disease, epilepsy, migraine and sleep apnoea as these conditions may be aggravated. Care should be taken with skeletal metastases due to risk of hypercalcaemia/hypercalcuria. Androgen treatment may result in improved insulin sensitivity. Inform the patient about the risk of testosterone transfer and give safety instructions. Health professionals/carers should use disposable gloves resistant to alcohols.

Interactions
When androgens are given simultaneously with anticoagulants, the anticoagulant effect can increase and patients require close monitoring of their INR. Concurrent administration with ACTH or corticosteroids may increase the likelihood of oedema and caution should be exercised.

Undesirable effects
Very common (*1/10): application site reactions (including paresthesia, xerosis, pruritis, rash or erythema); common (*1/100, <1/10): increased haemoglobin, haematocrit; increased male pattern hair distribution, hypertension, gynaecomastia, peripheral oedema, increased PSA. Certain excipients may cause irritation and dry skin. Consult SPC for other undesirable effects of testosterone.

Pack Size and Price
Packs containing one or three 60 g metered-dose canisters per pack. Price £26.67 per canister.

Legal Category POM
Further information is available from the Marketing Authorisation Holder ProStrakan Limited, Galabank Business Park, Galashiels, TD1 1QH, UK.

Marketing Authorisation Number PL16508/0025
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Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to ProStrakan Limited on 01896 664000.
Do you know what the current trends in smoking, mental health problems and sexually transmitted infections are in adolescence? Are you comfortable discussing these issues with the teenagers and young adults attending your clinics? Do you have the skills to work with teenagers and young adults to change behaviour or improve engagement?

“The effects of poor health during the teenage years can last a lifetime. Keeping adolescents healthy is a valuable investment in the nation’s future”

As clinicians we feel comfortable in dealing with patients in the context of their endocrine condition. Comfort levels can change if we consider patients in the context of their age: how do you feel with those outside your core patient group?

“One of the main cultural obstacles for young people is the lack of recognition of them as distinctly different from children as well as from adults”

Adolescents and young adults frequently attend endocrine services either with long-term endocrine conditions or presenting for the first time. The real challenges around working with this age group are often lost in the enthusiastic push to improve the process of transitional care. Despite this enthusiasm many endocrinologists struggle to feel that they are providing a quality service for adolescents and young adults. This is partly explained by a lack of training in managing this age group, current health service design, not to mention time and funding shortages.

“Young people should have easy access to health services they trust, for example accredited ‘You’re Welcome’ young people friendly services”

With the RCPCH and RCP working on providing more age-appropriate care, this is an ideal time for endocrinologists to be actively involved through a dedicated SIG: the Adolescent and Young Adult SIG (AYASIG).

Our aim is to recruit from all regions in the UK; we would like our members to be trained in adult or paediatric endocrinology, as endocrinologists, endocrine specialist nurses or trainees, and membership can be active or virtual (from those with an interest, to those keen to keep pace with or develop age-appropriate care).

A busy work programme for the SIG is planned, with Clinical Endocrinology Trust funding in place for a national audit, and the possibility of the development of a website to champion the experiences and opinions of young people. AYASIG will also work on training, sharing good practice, raising awareness at BSPED and Society for Endocrinology events, and the participation of young people in their care provision. By joining AYASIG you will receive a newsletter full of useful resources to assist with your local service.

To register interest with the AYASIG and to receive communications from convenors about relevant issues and forthcoming meetings, please visit www.endocrinology.org/sig

REFERENCES
Will it be easy to do?

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Whatever their concerns, make sure they’re not about growth hormone therapy

To find out more please call 0800 521249

Date of preparation: September 2011 GEN3332
Supporting Patient Support

Patient support groups carry out vital work by supporting patients with a wide range of conditions, and creating a sense of community for patients and their families. There are many groups in the UK dedicated to supporting patients with specific endocrine conditions; as many of these conditions are relatively rare, the groups are often small and run by dedicated staff and volunteers. The Society for Endocrinology is committed to assisting these endocrine patient support groups to carry out their valuable work through a variety of channels.

The Patient Support Grant scheme, which currently runs every other year, is one of the main ways the Society supports these groups. Through this scheme, we provide grants of up to £4000 to fund specific projects. Any project is considered, though the group must always show evidence of a direct patient benefit, with a clear focus on information and education. Projects funded in the past include website redesigns, the production of patient information leaflets, training days for group volunteers, and attendance at endocrine clinics to provide support to newly-diagnosed patients. All applications for funding are marked by a dedicated judging panel who meet to examine the value of the project itself (assessing both the need for the project and how well it has been planned) and the work and running structure of the organisation as a whole.

The Society for Endocrinology is delighted to be able to support patient groups through this initiative; opposite is feedback from some of the groups we supported in the last grant round, and how the projects benefited patients. Applications are now closed for the 2011 round of this grant scheme and the successful applicants will be announced soon. If you are interested in finding out more about the opposite is feedback from some of the groups we supported in the last grant round, and how the projects benefited patients. Applications are now closed for the 2011 round of this grant scheme and the successful applicants will be announced soon. If you are interested in finding out more about the Society’s work with endocrine patient support groups, please email public@endocrinology.org or go to www.endocrinology.org/public

In the 2010 grant round, grants were provided to the following groups:

- ALD Life – www.aldlife.org
- Anorchidism Support Group – www.asg4u.org
- Association for Multiple Endocrine Neoplasia Disorders – www.amend.org.uk
- Hypoparathyroidism UK – www.hpth.org.uk
- Klinefelter’s Syndrome Association UK – www.ksa-uk.co.uk
- National Association for Premenstrual Syndrome – www.pms.org.uk
- Pituitary Foundation – www.pituitary.org.uk
- Prader-Willi Support Association (UK) – http://pwsa.co.uk
- Thyroid Eye Disease Charitable Trust – www.tedct.co.uk

‘I cannot thank the Society for Endocrinology enough for awarding a grant to the Anorchidism Support Group towards the running cost for our small group. As we are such a small support group, funding for the basic items such as telephone line rental, upgrading equipment and postage costs can become a struggle at times, but with the help of the grant, it has made providing our services and support to patients much easier. We made sure that every penny counted.’

LORRAINE BOOKLESS, ANORCHIDISM SUPPORT GROUP

‘This grant was used to review, revise and amalgamate two of our flagship publications, ‘What is PWS?’ and ‘How can we help?’. It has enabled the Association to produce a leaflet featuring modern, positive images of people with Prader-Willi syndrome (PWS) and their families, which will inform parents with newly-diagnosed children about the main characteristics of PWS in simple language, and to provide them with hope, via statements from other parents, that things may not be as bad as they feared. We had very positive feedback about the new leaflets and would like to thank the Society for Endocrinology for making this possible.’

JACKIE WATERS, PRADER-WILLI SYNDROME ASSOCIATION

‘Thanks to the grant awarded to the Association for Multiple Endocrine Neoplasia Disorders (AMEND) from the Society for Endocrinology, we have been able to completely update, redesign and reprint our very popular series of patient information books on multiple endocrine neoplasia 1, 2a and 2b, FMTC and MTC. These updated booklets have enabled both registered AMEND patient members and non-member patients alike to better engage in their care pathways by becoming better informed about their disorder. The more professional appearance of the publications has encouraged increased interest from patients, medical professionals and potential new patient groups through the world, not just for the information they contained, but also in the association itself and the other services we provide.’

JO GREY, ASSOCIATION FOR MULTIPLE ENDOCRINE NEOPLASIA DISORDERS

‘The Society for Endocrinology Patient Support Grant has assisted greatly in the Pituitary Foundation Leaflet Project. The leaflet project not only aims to update current titles, but also to add new much needed titles, thus addressing the concerns our community communicated to us through the social research projects we undertook recently. Since we made the request, we have accomplished a great deal with this project. The grant, by way of our booklets, has provided vital information to patients and their families. The ‘well-being series’ in particular, derived from our social research programme, has been extremely popular and we are pleased to have completed the series to date.’

PAT MCBRIDE, PITUITARY FOUNDATION

You & Your Hormones

The Society thanks the new contributors to our exciting new public website, You & Your Hormones. For a full list of contributors, visit www.yourhormones.info/about

Dr H Haniff (Leeds); Professor M Korbonits (London); Dr N Krone (Birmingham); Dr J Kyaw Tun (Leeds); Dr J Lynch (Leeds); Dr I Pernicova (Leeds); Dr M Westwood (Manchester)
Nurses’ News

This year’s Endocrine Nurse Update, again held at Stratford-upon-Avon in September, was well attended and received very positive feedback, despite a last minute panic when several speakers dropped out due to ill-health. I am very grateful to those brave people who stepped in at the last minute, thus ensuring that the sessions could go ahead as planned. It was a busy two days but, judging by the comments received, it was enjoyed by all. See you all in Stratford next September! Congratulations to Alice Jordan (South Tyneside District General Hospital, Newcastle upon Tyne) who was presented with her Certificate of Adult Endocrine Nursing at the meeting.

Thank you to Louise and Maggie for writing articles for this issue – all without any coercion from me! Louise has given us an interesting article on neuroendocrine tumours and how her role as a specialist nurse supports the patient. It is great to see that Maggie is busy training undergraduate nurses in endocrinology, and it is hoped that this will prompt more nurses to think of developing careers in endocrinology. Keep up the good work Maggie!

Finally, Chris Gibson and Anna Hawkins will be leaving the committee at the end of this year and I would like to take this opportunity to thank them both for all their hard work over the last four years. I hope you all have a very happy holiday season, and a happy and healthy new year.

NIKKI KIEFFER, CHAIR, NURSE COMMITTEE

Adult Endocrine Nursing: new honours option offered by Edinburgh University

This September saw the introduction of the first undergraduate module in adult endocrine nursing in the UK. The course, developed and run by Maggie Carson, is offered as an honours option (Level 10) for the University of Edinburgh Bachelor of Nursing (Hons) programme. Fifteen students enrolled this year, stating that ‘the lecture content looked very interesting’ and that they wished to explore endocrinology further, having enjoyed it in previous modules.

The ten-week course is delivered as a series of lectures and tutorials alongside optional clinic visits. While the majority of content is delivered by Maggie, several visiting speakers from Edinburgh and Glasgow assist. These include Helen Cook and Wendy Young (Edinburgh Western General Hospital), nurses with a specific interest in pituitary surgery.

The module content covers specific endocrine conditions; alongside these specifics, issues such as compliance with prescribed treatment, quality of life, psychological support and patient self-management are explored. Two of the students have registered to attend the Pituitary Foundation’s national conference in Sheffield, and one of the students has based her dissertation on an endocrine topic.

For further information about the course please contact Maggie at m.n.carson@ed.ac.uk

NURSING FOR NEUROENDOCRINE TUMOURS

NETs: a brief overview

Neuroendocrine tumours (NETs) are a complex rare cancer: the prevalence is approx 2–5 per 100 000.1 Derived from the diffuse neuroendocrine system, NETs are most common in the digestive system and lung. The management of NETs is complex, requiring input from many different specialities, including endocrinology, hepatology, liver surgery, nuclear medicine, oncology and radiology. NETs are usually classified according to their location in the body and the type of hormones they produce.

The nursing role

The NET clinical nurse specialist role is complex and challenging, as it involves working across many different disciplines, but I find it very rewarding.

My role is to counsel, advise and support NET patients. I also discuss treatments, timelines and the sequence these treatments may occur with patients. For example, a patient may be prescribed a somatostatin analogue (SSA) injection every 4 weeks to combat diarrhea and flushing; this treatment may take 2–5 years, sometimes even longer. As the NET clinical nurse specialist, I often advise patients on which medications to purchase to counteract the most common SSA side effects, including diarrhea immediately after eating, flatulence and stomach cramps. Loperamide-based products (often branded ‘Imodium’ in the UK) are an effective relief for diarrhea, but I advise patients to take it only in the first month or two as it is necessary to determine if the SSAs are having any effect on symptom control. Stomach cramps could be a result of excess flatulence, but if the pain does not ease then I arrange an urgent clinic appointment, or if out of hours, I suggest the patient seeks medical advice. Pancreatic enzymes can be prescribed if the patient reports diarrhea immediately after eating, as this could be an absorption problem.

The future

As the NET clinical nurse specialist I am hoping to set up a ‘drop in’ day once a month, so that NET patients can meet each other, as such patients can feel an overwhelming sense of isolation: I feel an important part of my role is to find ways to support all patients.

LOUISE CHAMBERS-DAVIES, QUEEN ELIZABETH HOSPITAL BIRMINGHAM

REFERENCES
ICE/ECE 2012:
15th International Congress of Endocrinology &
14th European Congress of Endocrinology
5-9 MAY 2012, FORTEZZA DA BASSO, FLORENCE, ITALY

On behalf of the International and European Societies of Endocrinology, we are delighted to invite you to the 15th International and 14th European Congress of Endocrinology. It is a very great pleasure to be hosting this prestigious joint meeting which will enable us to discuss the latest advances in endocrinology, and will also provide an opportunity for participants to meet and network with colleagues from across the globe.

Our joint programme promises to be challenging and stimulating: our 400-strong faculty will present lectures, workshops, expert sessions and debates covering a wide range of topical issues. The Programme Organising Committee (POC) have established clinical, translational and basic science strands for the programme, and introduced a dedicated nurses’ strand this year.

The full scientific programme is now available online at www.ice-ece2012.com. Holding the congress jointly with the International Society of Endocrinology and European Society of Endocrinology allows us to significantly increase the number of sessions offered across a diverse range of subjects. The scientific programme will be complemented with new data abstracts; online abstract submission is now open and the deadline is 6 January 2012. Online registration and payment is also now open:

ESE members receive a reduced registration rate. Early bird registration rates are available until 16 March 2012.

The POC would also like to invite you to join the congress a day early to take advantage of one of the hands-on pre-congress courses on medical writing and thyroid ultrasound. A new congress blog is available at www.ice-ece2012.blogspot.com and a congress smart phone ‘app’ will be joined by two features successfully introduced at ECE 2011 in Rotterdam: the personal programme planner and i-posters.

To use social networking sites for the latest news, visit: www.facebook.com/EuropeanSocietyofEndocrinology www.twitter.com/ESEndocrinology

If you are tweeting about the congress, we ask that you use #iceece12 to allow interested parties to follow the feed of tweets about the meeting.

We hope you will join us in Florence for what promises to be a vibrant and significant joint congress.

MARTIN REINCKE, CHAIR OF THE PROGRAMME ORGANISING COMMITTEE
GIANNI FORTI, CHAIR OF THE LOCAL ORGANISING COMMITTEE
PHILIPPE BOUCHARD, PRESIDENT OF ESE
PAUL STEWART, SECRETARY GENERAL OF THE ISE

Ask For Evidence

The Society for Endocrinology is supporting Sense About Science’s new national campaign ‘Ask for Evidence’, which highlights the need for consumers, patients and voters to ask companies to substantiate any scientific claims they make. The aim of the campaign is to encourage more members of the public to ask advertisers, companies, government bodies and other organisations to set out the evidence they have for their claims. It is hoped this will help reduce the number of misleading claims about science and medicine that appear in the media and prompt people to question and evaluate the evidence behind these claims for themselves.

‘We have been working with scientists and the public for some years to challenge misinformation,’ said Tracey Brown, Director of Sense About Science, on launching the campaign, ‘it’s often very effective but no sooner is attention turned elsewhere than misleading claims creep back up again. To make a permanent difference, we need the public to be evidence hunters.’

The campaign is also supported by high profile representatives from the worlds of science and celebrity including Sir Paul Nurse, Professor Colin Blackmore, Lord Krebs, Derren Brown, Jonathan Ross and Dara Ó Briain. To read their views on the campaign and find out how you can get involved, visit the campaign website at www.senseaboutscience.org/askforevidence.

“Asking for and examining evidence is of the utmost importance in science and medicine. In order for us to know whether a medicine is effective and safe to use, we need to make sure it has been properly tested in a rigorously designed clinical trial. If you don’t ask for evidence that a company can substantiate its scientific claims, you risk being taken in by incorrect statements and wasting your money. Worse still, untested medical treatments can cause real damage to the body, lead to unpleasant side-effects and may delay a patient from receiving the correct medical diagnosis and treatment.”

PROFESSOR JULIA BUCKINGHAM, PRESIDENT, SOCIETY FOR ENDOCRINOLOGY

IMPORTANT DATES
Abstract submission deadline:
6 January 2012
Early bird registration deadline:
16 March 2012
CONGRESS SECRETARIAT
BioScientifica Ltd
ice-ece2012@bioscientifica.com
+44 (0) 1454 642240

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‘We have been working with scientists and the public for some years to challenge misinformation,’ said Tracey Brown, Director of Sense About Science, on launching the campaign, ‘it’s often very effective but no sooner is attention turned elsewhere than misleading claims creep back up again. To make a permanent difference, we need the public to be evidence hunters.’

The campaign is also supported by high profile representatives from the worlds of science and celebrity including Sir Paul Nurse, Professor Colin Blackmore, Lord Krebs, Derren Brown, Jonathan Ross and Dara Ó Briain. To read their views on the campaign and find out how you can get involved, visit the campaign website at www.senseaboutscience.org/askforevidence.

“Asking for and examining evidence is of the utmost importance in science and medicine. In order for us to know whether a medicine is effective and safe to use, we need to make sure it has been properly tested in a rigorously designed clinical trial. If you don’t ask for evidence that a company can substantiate its scientific claims, you risk being taken in by incorrect statements and wasting your money. Worse still, untested medical treatments can cause real damage to the body, lead to unpleasant side-effects and may delay a patient from receiving the correct medical diagnosis and treatment.”

PROFESSOR JULIA BUCKINGHAM, PRESIDENT, SOCIETY FOR ENDOCRINOLOGY

IMPORTANT DATES
Abstract submission deadline:
6 January 2012
Early bird registration deadline:
16 March 2012
CONGRESS SECRETARIAT
BioScientifica Ltd
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There are numerous articles and web sites devoted to women in science and to the issue of ‘getting to the top’ in your chosen career path.1–4 There is also plenty of evidence that women are now in the majority as medical students, and that more women are applying to do non-clinical PhDs. However, in many areas of biomedical research the statistics suggest that there are fewer women in senior roles, in particular, fewer female professors and even fewer female professors with children!

In endocrinology, I think that there are a lot of women with successful research careers both in laboratory-based research and in the clinical setting. So is it just chance or is it that endocrinology is a good career choice for women?

I would argue that endocrinology lends itself to collaborative research, and that women are good at collaborating, whereas some research disciplines are more ‘testosterone driven’. But it’s not all down to hormones; in endocrinology, the majority of our male colleagues are incredibly supportive and teamwork is an essential feature of all our working lives.

That said, I would advise all women wanting to carve out a career in research to read ‘Walking out on the boys’ by Frances K Conley.5 This is one woman’s account of a career in academic neuroscience, and while this is only one side of the story, I am sure many of my female colleagues will identify with at least some of the situations described in the book. The moral of the story may be that despite all the progress, we can’t prevent injustices happening. So when they happen it’s how a woman deals with the situation and the calibre of her colleagues in supporting her, which often leads to a successful outcome.

We have some wonderful examples of very successful women who have worked in the field of endocrinology. Rosalyn Yalow was one lady who made a huge contribution to endocrinology: her obituary details just how much harder she had to fight than her male colleagues for recognition.6

We need highly intelligent scientists to lead endocrinology research and, if we only support the careers of the men, we miss 50% of the population. So if you are a young female endocrinologist thinking of making your career in the discipline, what barriers are there and how might the Society for Endocrinology support you? At the beginning of your training, your decisions are focussed on which area to specialise in, but if you have a partner then where you are based is a big issue. If you then decide to have children, the ability to juggle your career with other commitments is really challenging. For those of you struggling with young children and wondering if it is all worth it, I would argue that it is very important for you to keep going. Science needs researchers who can multi-task, and those with the range of skills that comes from bringing up a family are very valuable. I have a sticker that says ‘I can cope with anything – I’ve got children!’

In our Faculty at the University of Manchester we recognise that women tend not to put themselves forward for promotion, so we have an informal group that meets to share ways of improving CVs, discuss child-care issues and highlight top tips for making us more efficient.

Another concern which can affect female endocrinologists is the barrier to promotion for non-clinical scientists in a clinical setting. This is partly because they can’t choose endocrinology as a first degree, so come into endocrine research needing to learn the discipline. More importantly they are often working in a clinical department, which may focus only on career progression for its clinical staff: if you are a female scientist and more reticent to fight your corner, this is a ‘double whammy’!

One of my role models when I started as a research fellow was Professor Lesley Rees. I loved her enthusiasm for research and we had a common interest in the hypothalamic–pituitary–adrenal axis. But it was the high-heeled shoes she wore at conferences and her anecdote about answering an important business call while at the Elizabeth Arden beauty salon that made me realise that I could enjoy research and still ‘shop ’til I drop’!

So, I’m convinced that endocrinology as a discipline needs a strong contingent of women in research, but how do we prevent all our female trainees from having to rediscover the wheel? I asked a number of women to give me their tips on how to have a successful career in endocrinology. Their anecdotes (continued overleaf) have been most enlightening!

**ANNE WHITE, UNIVERSITY OF MANCHESTER**

**REFERENCES**

3. www.athenaforum.org.uk/
Endocrinology from the female perspective!

QUESTION & ANSWER

Q What makes a young female endocrinologist successful?

A I feel more stubborn than successful!
Anonymous

A My survival/success has largely been down to a ‘bloody-minded’ attitude and not taking ‘no’ for an answer.
Philippa Saunders, MRC Centre for Reproductive Health, Edinburgh

Q Are women scientists over-sensitive or just more perceptive?

A Women are perhaps reluctant to ask for help for fear it will be seen as a sign of weakness; a sign that we are not as capable as our male colleagues. In his book ‘Advice to A Young Scientist’ Nobel Laureate Dr Peter Medawar reminds us to ‘never be afraid to ask our friends for help’ …
Laura Maille, University of North Carolina at Chapel Hill, NC, USA

Q Is endocrinology a good choice of discipline for female scientists?

A Of course it is! Life for the female (or male for that matter) endocrinologist is never going to be boring! The breadth of the topic gives plenty of scope for imagination and diversity of interests – in my research time I have studied large animals, rodents, human tissues switched from female to male and back again, looked at development, maturation, molecular changes, and been blown away by the insight gained from techniques such as live cell imaging and confocal imaging of tissues stained with four different antibodies.
Anonymous

A ‘Spirit is a condition of perfect functioning of the endocrine glands’ said Lin Yutang in 1937; it took me quite some time working in the field of endocrinology to realise that this is true. I also believe that there is no other discipline for women to choose as a substantial proportion of the patients can be diagnosed and treated as outpatients, so it’s possible to do it part-time, many of the patients are tied to the clinic long-term and need ‘looking after’; an aspect women are usually excellent at.
From the research point of view one of the most important things, which is more and more difficult in today’s difficult financial climate, is to allow young colleagues to attend conferences. I think conferences are crucial for scientific development; they present many opportunities and encourage ‘free thinking’, which will eventually lead to new ideas in both clinical and basic research.
Márta Korbonits, Barts and the London Medical School, London

Q Do female endocrinologists suffer from lack of career choices, job security and a male-medic dominated environment?

A Well yes I guess we all have horror stories to tell of bosses saying ‘you don’t really want to do a PhD, surely you would be happy as a technician?’ (first boss), ‘you are quite ambitious aren’t you?’ (recent boss during appraisal). The second comment was said in a shocked tone – I doubt anyone would have said that to a male professor!
I have derived huge support and encouragement from fellow female staff and from outstanding childcare (which took most of my wages for many years, but something must have gone right because the children consider their ‘carer’ a friend and extra mentor). When I got my first proper job (age 38, and pregnant for the second time) the people who were most pleased were contemporary female scientists who said ‘it is wonderful to see a woman succeed in getting a job for a change’.
I wish I’d had a mentor when I was a postdoc wondering if I was doing the right thing, working flat out trying to keep my career alive. My conviction is that the only way forward is to support our fellow female endocrinologists in every way possible – collaborate, share experiences, share our horror stories, apply for grants together, and nominate other women for positions and promotion.
Some of the most useful time I have spent in the last few years has been as a mentor to postdocs who are taking their first steps on the career ladder, juggling pregnancy and work pressures: if we want to make a long-term difference mentorship and networking are key, especially when times are tough for all.
Philippa Saunders, MRC Centre for Reproductive Health, Edinburgh

Q Would positive discrimination help female scientists?

A Positive discrimination does not help the cause of women in any way, but the absence of negative discrimination is key. Women may be less ‘pushy’ in terms of demanding promotion, and we need to be supported by our peers – both male and female – in terms of promotion applications and taking on senior roles. Women are
generally excellent organisers, not least because they're experienced in juggling the demands of family and work. The culture of making decisions 'over a pint in the bar' is all too commonplace and doesn't help the female cause. If women are good, they'll make it to the top.

Anonymous

Q What do female researchers need to get ahead?

A To get ahead you need (or at least I needed):
- The 'right' partner
- Reliable childcare
- The availability of part-time work
- Children who are never ill
- Children who are good at school so instead of sitting with them to do homework, you can have fun
- An understanding and supportive boss
  ‘Congratulations, you are pregnant ... again’ (A boss with 6 daughters is a special advantage)
- Great colleagues
- An ability to function without much sleep
- Lots of luck

I was preparing a clinical study for many months (protocol design and writing, ethics permission, patient identification etc.) and everything was ready when I left for maternity leave, so I was expecting to start the study when I returned (a unique opportunity for somebody who is a female, working part-time, on no proper pay, from abroad, with qualifications not fully accepted). However, I was told by the big boss on my last day at work (baby already well overdue) that a young male colleague would be taking over, running and writing up the study while I was away. Of course I was devastated ... but when I returned it turned out that the male colleague had not been doing much and the study was at exactly the same point that I had left it several months earlier. So then the study was run, written and published in no time ... by me. This taught me to realise that if I do things properly and believe in them, then somehow, despite sometimes unfavourable circumstances, they will actually happen the way I hope they will happen.

Márta Korbonits, Barts and the London Medical School, London

A My Top 5 Pet Peeves:
1. Mean spiritedness.
2. Charlatans with titles in important positions.
3. Women in academia killing other women.
4. Academic politics.
5. Women academics must achieve 10-fold (even 100-fold) more to obtain equal recognition as men in academia.

Charis Eng, Cleveland Clinic Genomic Medicine Institute, OH, USA

A Science has come a long way since the days when women had to leave toilet windows open to be able to climb back into a building, in order to carry out their research work after hours (www.guardian.co.uk/news/2001/jul/30/guardianobituaries.physicalsciences). Yet there is still some way to go to achieve real parity.

Serendipity, networking and seizing the right opportunities are all key, but peer and management support are essential for retaining women in science, particularly after a career break – one friend took a 13 year career break to bring up her 3 children, during which time PCR was invented! It takes real effort and a great deal of support and confidence to re-enter the profession after a break. Even returning to work after a 6 month maternity leave can be a hurdle. Greater recognition of the barriers and more support has made a difference in recent years, but women with young children at an early career stage are still leaving the profession in droves. What are the biggest issues now? How can we improve things through the Society? Any ideas are very welcome, please forward them to info@endocrinology.org!

Karen Chapman, University of Edinburgh, Scotland
There are many outstanding and remarkable medically qualified women who have managed to make significant contributions both to medicine and to society at large. Rita Levi-Montalcini, aged 102 years, is one such woman; she is a Nobel Laureate, a Knight Grand Cross and a life member of the Italian Senate.

Born in Turin, Levi graduated as a doctor and soon went into research but her career was interrupted by Mussolini’s 1938 Manifesto of Race and the subsequent introduction of laws barring Jews from academic and professional careers. She decided to remain in Italy and continued her neurological research in a home laboratory.

In 1946 she began a long stay in the USA, where she isolated nerve growth factor, NGF, for which, in 1986, with colleague Stanley Cohen, she received the Nobel Prize.

In 1961 she returned to Italy to become director of the Research Centre of Neurobiology in Rome and later founded the European Brain Research Institute. In 1999 she was appointed Ambassador to the Food and Agriculture Organisation of the United Nations, and wrote and engaged in public activity to combat world hunger.

Since 2001, she has served in the Italian Senate as a Senator for Life. She takes an active part in debates, taking a centre-left position, and recently, despite being hard of hearing and nearly blind, vowed to remain a political force in the country.

She remains an extraordinary person, blessed with great longevity: a subject, which given my age of 67 years, is of more than academic interest. There are many reasons why a man in the third age might wish to live until the age of 100 years or more, and these include: watching the grandchildren grow up, writing the book that one had always promised to write, and even more obviously, as Woody Allen might have said, “it beats the alternative”.

To this list we can now add 2009 vintage Port … about which, more later.

Recent studies have provided even more reasons to be positive about life as they have indicated that both men and women who remain optimistic have a lower risk of heart disease and death. The latest study, on nearly 100 000 women, published in the journal Circulation, found pessimists had higher blood pressure and cholesterol; even taking these risk factors into account, attitude alone altered risk. Optimistic women had a 9% lower risk of developing heart disease and a 14% lower risk of dying from any cause after more than 8 years of follow-up. In comparison, cynical women who harboured hostile thoughts about others or were generally mistrusting of others were 16% more likely to die over the same timescale.

I have always tried to follow the commandment ‘love thy neighbour as thyself’ but now I have an extra incentive to do so, longevity. So why mention Port? Well 2009 has been declared a Port vintage year; such declarations are only made when the shippers are convinced that the quality of the wines is outstanding. The very best of these Ports, however, may not peak until 2040 or 2050, a time unlikely to find me at my peak. Still, I am keen to taste the Port even if I may need some help to open the bottle.

In the meantime I shall remain in a permanent state of high optimism, emanating love in all directions, and maintaining my tastebuds in working order.

The JOE/JME prize recognises an outstanding young researcher who has made a significant contribution to research in basic endocrinology. The prize is awarded on alternate years by Journal of Endocrinology and Journal of Molecular Endocrinology.

The 2012 prize is to be awarded by Journal of Endocrinology.

The prize consists of a certificate and €2000. The winner’s name and details will be published in the Society’s newsletter and on the website.

In recognition of the fact that both Journal of Endocrinology and Journal of Molecular Endocrinology are official journals of the European Society of Endocrinology, the award will be presented during the annual European Congress of Endocrinology. The recipient of the prize will be expected to give a short presentation on their research at the time of the award and submit a review article to the journal awarding the prize.

The deadline for nominations is 31 December 2011

Further details can be found at www.endocrinology.org/grants/prize_joejmeprize.html
l-arginine protects β-cells from cytokines
L-arginine levels are decreased in type 2 diabetics, coinciding with pancreatic β-cell dysfunction. Krause and colleagues manipulated the concentration of l-arginine and cytokines, and looked at the effect on β-cell insulin secretion, metabolism, redox status and integrity. They found that l-arginine is able to stimulate β-cell insulin secretion, and enhance antioxidant and protective responses, thus protecting the functional integrity of β-cells in the presence of cytokines.
Read the full article in Journal of Endocrinology 211 87–97

GPR55 in metabolism
The endocannabinoid system is thought to modulate several metabolic processes. GPR55 is a putative cannabinoid receptor with an unknown role. Romero-Zerbo and colleagues found high GPR55 mRNA and protein levels in rat pancreatic islets and insulin-secreting β-cells. The GPR55 agonist O-1602 increased intracellular calcium handling and increased glucose-stimulated insulin secretion. GPR55 thus plays a role in glucose homeostasis.
Read the full article in Journal of Endocrinology 211 177–185

Ovarian steroid secretion
Cortisol levels rise sharply in the hour following awakening. An altered cortisol awakening response (CAR) is associated with various health issues, including depression. Ahn and colleagues investigated plasma vaspin concentrations in men, with regular menstrual cycles. Ovarian steroid concentrations in saliva also peak in the hour after waking, in women with regular menstrual cycles. Ovarian steroid concentrations could therefore be used as an index for ovarian function.
Read the full article in Journal of Endocrinology 211 287–297

Hepatic sex differences in ZDF rats
Protection from the metabolic syndrome in ZDF rats with various health issues, including depression. Ahn and colleagues investigated plasma vaspin concentrations in men, with regular menstrual cycles. Ovarian steroid concentrations could therefore be used as an index for ovarian function.
Read the full article in Journal of Endocrinology 211 177–185

SLC30A8 and type 2 diabetes
SLC30A8 encodes zinc transporter-8; rs13266634 is the only known variant causing increased type 2 diabetes susceptibility. Pound and colleagues demonstrate SLC30A8 expression in human pancreatic β- and α-cells, describing conserved regions in the gene promoter and intron 2. They also identified variant rs62510556, which modulates enhancer activity, but has no type 2 diabetes link. This study provides a framework for future SLC30A8 studies.
Read the full article in Journal of Molecular Endocrinology 47 251–259

Endocrine-Related Cancer

Rare germline RET mutations
RET mutations are associated with medullary thyroid carcinoma. Cosci and colleagues analysed the transforming activity of 6 rare RET mutations. S904F and M848T displayed high transforming ability with low aggressiveness, whilst T338I, V648I, M918V and A883T displayed low or no transforming ability. This is the first paper to directly and favourably compare in silico assays (a less expensive and time-consuming method) with in vitro assays.
Read the full article in Endocrine-Related Cancer 18 603–612

BRAFV600E in thyroid cancer
The BRAFV600E mutation is involved in papillary thyroid cancer (PTC), the most common endocrine malignancy. To search for epigenetic mechanisms in BRAFV600E PTC tumorigenesis, Hou and colleagues performed a genome-wide DNA methylation analysis on thyroid cancer cells. They found that BRAFV600E has numerous targets, including genes with metabolic and cellular functions. A shRNA knockdown on 6 genes demonstrated that two, HMGB2 and FGFD1, are directly oncogenic.
Read the full article in Endocrine-Related Cancer 18 687–697

Vaspin in obesity and atherosclerosis
Obesity is a major health concern. Vaspin, an insulin-sensitizing adipokine, has been shown to improve glucose tolerance and insulin sensitivity in obese mice. Choi and colleagues investigated plasma vaspin concentrations in obese mice. Choi and colleagues investigated plasma vaspin concentrations in obese mice. They found that vaspin concentrations were significantly higher in metabolic syndrome males, compared to control. In women, vaspin concentrations were associated with coronary atherosclerosis. Further studies are needed to investigate these sex differences.
Read the full article in Clinical Endocrinology 75 495–500

Aortic root ectasia in acromegaly
Growth hormone (GH) excess results in cardiac complications, reducing life expectancy in acromegaly. However, the specific vascular consequences of excess GH are unknown. In their commentary, Colao and Grasso discuss the emerging problem of increased aortic root diameter in acromegalic patients. They focus on research by Casini and colleagues demonstrating that the prevalence of aortic ectasia was higher in acromegalic patients compared with controls.
Read the full article in Clinical Endocrinology 75 628–635

Clinical Endocrinology

BRAFV600E in thyroid nodule sonography
Ultrasoundography (US) can assist in distinguishing between malignant and benign thyroid nodules. BRAFV600E is a useful papillary thyroid carcinoma diagnostic marker. Lee and colleagues combined BRAFV600E status with US techniques, finding that the BRAFV600E mutation is significantly associated with malignant features found via US. The application of BRAFV600E mutation analysis can improve the diagnostic accuracy of thyroid nodules.
Read the full article in Clinical Endocrinology [in press]
Growth hormone therapy has proven benefits in adults with GHD 1-9

Patients with GHD treated with GH therapy enjoy improved quality of life and healthcare utilisation is reduced.6

What difference will it make?

Whatever their concerns, make sure you’re not about growth hormone therapy

To find out more please call 0800 521249

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