Medical Teaching - the next generation

PLUS...
Can You Help Belarus?
A. N. Endocrinologist OBE - nominate now!
BES 2002: the camera never lies
As the computer rapidly becomes man’s best friend, I find I certainly see more of mine than I do my dog! Still, even I was shocked by the image of Andy Levy’s Lara Croft-like SHO undertaking discrete infra-red coupling, captured so vividly by Simon Farr’s caricature. Those of you who want to learn more about the medical student of the future should turn to page 8.

This issue has a theme of education, and it is very encouraging to read about the new ‘BSc in Medical Sciences with Endocrinology’ established at Imperial College by Glenda Gillies (page 9). Hopefully, this will train a new generation of academic endocrinologists and, judging by the first students’ comments, it is a great success.

Certainly it will give the ‘ambassadors’ from the Society something to talk about should they return to the Belarus Embassy. Turn to page 4 to learn how you can help the Belarusians tackle the legacy of Chernobyl.

Webspinning is always a favourite - and I have already consulted ‘Of mice and men’! We are indebted to Melissa Westwood for her constant vigilance whilst surfing the net (page 6). This issue also has a fine selection of book reviews (pages 11 and 12). The hard work associated with reading the book is compounded by the need to say something intelligent without offending your reader or the author. We are grateful to the reviewers of ‘Advances in Gynecological Endocrinology’, ‘Diabetes Annual 2002’ and ‘Endocrine Facets of Ageing’ for their reviews which all pass the test with distinction.

Finally, for those of you who wish to relive the happy moments of Harrogate, turn to the montage on page 16 and enjoy! I thank that well-known figure in the endocrine paparazzi, our deputy editor Saffron Whitehead, for gathering together this visual feast to jog our memories.

RICHARD ROSS
Nominations needed!

Council Professors V K K Chatterjee, A Logan and R J M Ross will retire from the Society's Council in November 2002. Ordinary Members are invited to submit nominations to fill these vacancies. Forms are included with this mailing, and should be returned to the General Secretary at the Bristol office by 31 July 2002. A ballot will be conducted amongst the membership if necessary and the results will be announced at the 2002 AGM.

Clinical Committee Nominations for new members of the Committee are needed to fill vacancies created by retiring members. In addition, nominations are sought for an SpR representative, who should be below consultant grade, and will be required to attend meetings of the RCP Specialist Advisory Committee. Forms are available from the Society's web site or from Julie Cragg in the Bristol office, and must be returned to Julie by 31 July 2002. A ballot within the Committee will be held in both instances if required.

Members on the move...

K Abouglila to North Tyneside General Hospital, North Shields; S Astle to University of Warwick, Coventry; M Banerjee to Royal Preston Hospital, Preston; D M Barton to City General Hospital, Stoke on Trent; S M A Bennett to Royal Victoria Infirmary, Newcastle upon Tyne; N Brooks to Cancer Biscience, Macclesfield; M N Carson to Royal Infirmary, Edinburgh; S Ghosh to Hope Hospital, Manchester; R S Jackson to East Surrey Hospital, Redhill; N Jarrah to National Center for Diabetes, Endocrinology and Genetics, Jordan; P Kaminski to St George's Hospital Medical School, London; E G Khan to Nobles Hospital, Isle of Man; M B Kredan to Royal Liverpool University Hospital, Liverpool; L C Lai to International Medical University, Malaysia; R M Reynolds to Royal Infirmary, Edinburgh; C R Squire to Royal Lancaster Infirmary, Lancaster; S G I Suliman to Stoke Mandeville Hospital, Aylesbury; A Talbot to Medeval Ltd, Manchester; J P Warne to Hammersmith Hospital, London; P Yeoh to London Clinic Centre for Endocrinology, London.

Web accessibility

We are reviewing the accessibility of our web site for blind and partially sighted users. We hope that it is generally fairly easy to use with facilitative devices such as synthesisers, but would welcome feedback on any difficulties that users may have encountered. Please email jon.seagrave@endocrinology.org with your comments.

Endocrine Nursing News

Spring 2002 saw the launch of this new Society newsletter. It is designed specifically for endocrine nurses, and aims to promote a sense of community. Future issues will carry special features written by nurses, as well as news about forthcoming events and reports from nurse sessions at meetings and training courses. Endocrine nurses who have not received their own copy should contact Ann Lloyd in the Bristol office (ann.lloyd@endocrinology.org). To contribute an article, please contact Maggie Carson on 0131-5362619.

Society Meeting

The Royal College of Physicians now requires us to pay for a lunch for all delegates at the annual meeting. Reluctantly, the Council has decided that the Society can no longer subsidise this catering element. A modest registration fee will therefore be introduced to cover members' catering costs. This will come into effect from the November 2002 meeting. The situation will be reviewed should a suitable alternative London-based venue be identified. We are also looking at introducing other measures to reduce costs.

S FRANKS
Focus on Belarus

The Chernobyl accident took place 16 years ago, but ex-Soviet countries are still contending with its legacy. In the Republic of Belarus, 22% of the country's agricultural land cannot be farmed because of the fall-out, and the human toll includes a dramatic rise in thyroid cancer among children.

Earlier this year, the Belarus Embassy in London requested the Society's help in supplying Journal of Endocrinology to the Belarus National Academy of Sciences. Sue Thorn and Tom Parkhill from the Society's Bristol office subsequently met the Belarus Ambassador, Dr Valery Sadokha, and First Secretary, Dr Zoya Kolontai, at the Embassy on 12 April. As Dr Sadokha explained, Chernobyl's legacy means that the Belarus Government is keen to establish links with endocrine organisations in Western Europe. Because of its good connections with thyroid specialists, the Society offered to help make introductions to try and aid treatment of patients in Belarus.

Co-incidentally, the European Federation of Endocrine Societies (EFES) was organising a short course in the Belarusian capital, Minsk. The Embassy in London offered to arrange a meeting between the Belarusian Minister of Health and Professor John Wass (President of EFES and Chair of the Society's Clinical Committee) during the meeting.

The people of Belarus can certainly benefit from contact with endocrinologists in the West, and we hope that the Society can contribute to this in some way. If you feel that you could help, please contact Tom Parkhill in the Bristol office (tom.parkhill@endocrinology.org).

Nurses at the BES

The new interactive workshops for nurses at this year's BES were a big success. Over 30 nurses took part in the two sessions. Following very positive feedback, we plan to include similar workshops at future meetings. The main Nurses session, 'Advances in diagnostic imaging', followed the workshops. It was well attended as always, with more than 70 nurses and clinicians in the audience. Our thanks go to all who participated, and to Serono Pharmaceuticals for providing a real Yorkshire tea (cake and cheese!) - not to mention a few trees!

MAGGIE CARSON

Congratulations...to Peter Clayton of the Royal Manchester Children's Hospital and the Endocrine Science Research Group, University of Manchester, who has been awarded a personal chair in Paediatric Endocrinology and Child Health at the University of Manchester.

...to Ieuan Hughes who has been appointed as the new Chair of the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) by the Food Standards Agency from 1 April 2002.

A copy of an original Polaroid image transfer of Clematis alpina on watercolour paper by Dr Stephen Nussey, St George's Hospital, London (Email: s.nussey@sghms.ac.uk).
UK National Honours

The Society is actively seeking nominations from the membership to put forward for the next round of UK National Honours. Nominated individuals should have demonstrated outstanding or innovative service to others that brings distinction and quality to UK life. Your suggestions do not have to be restricted to academics or clinicians, and can include anyone who has made a contribution to endocrinology, for example in patient support group work.

All nominations will be treated in the strictest confidence, and nominees should not be informed, to avoid unfairly raising their expectations. Your suggestions will be considered by the Society’s Awards Committee, with the final selection being made by the Officers. Further details will be required if the name you suggest is chosen. The actual allocation of any honour will clearly be at the discretion of the Government, as will the level of the honour.

If you would like to nominate a Society member, please email julie.cragg@endocrinology.org with a brief résumé by 31 July 2002. More details can be found at www.cabinet-office.gov.uk/uceremonial/index/honours.htm

Call for medal nominations

Nominations are now requested for recipients of the following medals, which are awarded annually by the Society, in recognition of outstanding contributions to endocrinology. Names should be sent to Julie Cragg in the Bristol office by 8 July 2002.

2003 European Medal (previously I Hultaneimi, B Vennstrom, J-Å Gustafsson, B Groner, E R de Kloet, G Schutz, H Gronemeyer and P Chambon)
2003 Asia & Oceania Medal (previously E R Simpson, I J Clarke, R Smith, J K Findlay, P D Gluckman, S Seino and J W Funder)
2004 Transatlantic Medal (previously K Parker, J R G Challis, B O’Malley, J M Friedman, D M Stocco, J F Strauss III, J C Marshall and D LeRoith)

Grants galore!

Grants are available to Junior and Young Endocrinologist members to attend the events listed below. All details can be found at www.endocrinology.org/sfe/grants.htm. The deadlines for applications are shown. These grants are in addition to the overseas conference grants that are available to younger members earning less than £30,000 pa. The next deadline for overseas grant applications is 15 September 2002.

- Molecular Endocrinology Workshop at Summer School 2002
  (9 July 2002)
  Deadline: 28 June 2002

- ICN 2002
  (31 August–4 September 2002)
  Deadline: 19 August 2002

- 4th World Congress on Stress
  (12–15 September 2002)
  Deadline: 19 August 2002

- 193rd Meeting of the Society for Endocrinology
  (4–6 November 2002)
  Deadline: 21 October 2002

- 4th International Symposium on Molecular Steroidogenesis
  (24–27 April 2003)
  Deadline: 11 April 2003

6th EUROPEAN CONGRESS
OF ENDOCRINOLOGY
LYON, FRANCE, 26-30 APRIL 2003

Key topics:
- stem cell therapy in endocrine diseases
- ghrelin
- selective nuclear receptor modulators
- energy metabolism
- usefulness of T3 treatment
- bone biology
- new concepts in lipid metabolism
- new treatment for erectile dysfunction

Special deal for young endocrinologists in training
€520 for registration fee, four nights’ accommodation in a double room and three lunches
- but Hurry as a restricted number of these places are available!

Abstract deadline: 15 November 2002

Contact: Congress Agency Scientific Secretariat, Transit Communications,
18 Place Tolozan, F-69001 Lyon, France
(Tel: +33-4-72985858; Fax: +33-4-72985898;
Email: info@endocrinology2003.com; Web: www.endocrinology2003.com)
Webspinning
Highlighting the best on the web

Of mice and men
research.bmn.com/mmtmd
This comprehensive database of phenotypic and genotypic information on mouse knockouts is regularly updated and reviewed by an international board. Simple searches can be based on gene or mutation name, though there’s also the option to limit by phenotype and gene function. All users can view basic information which is linked to the relevant Medline entry, though for access to details such as nature of allele, origin of mutation, embryonic stem cell/background strain and specifics of phenotype, an institutional subscription is necessary. Start lobbying your librarian now!
SERVICES: D, L, S, O; STRONG POINTS: Links; WEAK POINTS: None; RATING: Very Good.

Bright ideas
wos.mimas.ac.uk/dii.html
Get a glimpse of the technology and therapeutics we might expect in the future from the ‘Derwent Innovations Index’. You can search by topic or inventor to find out what patents have been applied to your field of interest over the last 20 years. There are certainly some imaginative researchers out there - this site makes fascinating reading!
SERVICES: D, N, S, O; STRONG POINTS: Easy to use, interesting information; WEAK POINTS: Need to have an Athens password; RATING: Good.

Biochemical pathways
www.expasy.ch/cgi-bin/search-biochem-index
Many of you will have ruined your eyesight and tested your patience looking for information on the Boehringer Mannheim ‘Metabolic Pathways’ and ‘Cellular and Molecular Processes’ charts that adorn many a lab wall. Squint no longer - for now you can access searchable digitised versions that also link into the extensive enzyme database held on the ExPasy server of the Swiss Institute of Bioinformatics. This site’s good for recent metabolic research in many life science fields, including molecular biology, cell biology, receptors and immunological interactions.
SERVICES: D, L; STRONG POINTS: Links; WEAK POINTS: None; RATING: Very Good.

Thanks to Kevin Ahern and Genetic Engineering News. Don’t forget to visit the Society for Endocrinology on the web: www.endocrinology.org; tell us about your favourite web site: melissa.westwood@man.ac.uk.

KEY

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<td>G</td>
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<td>Others - e.g. Innovative use of web tools, appearance, editorial point of view</td>
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Ratings: Excellent, Very Good, Good
Nothing below good will be reported here.

Metopirone
Technical difficulties associated with a change in manufacturing site have led to a shortfall in Metopirone (metyrapone) capsules (250 mg), as supplied by Alliance Pharmaceuticals. MCA approval has now been granted for a new manufacturing process which will overcome the problems. Alliance apologies for the inconvenience caused, and will be contacting customers directly to confirm the status of their outstanding orders. If you have any questions, please contact either Medical Information (01249-466966) or the Sales Office (01249-466974) at Alliance Pharmaceuticals.

CET’ seeks feedback
Originally set up by Blackwell, the Clinical Endocrinology Trust derives its income (around £100 000 per year) from the profits of the journal Clinical Endocrinology. As many of you will know, the Trust supports a Visiting Professor and Lecturer, who both lecture at the BES meetings. It supports endocrinology in a number of other ways as well:
- financing travel grants for the Society for Endocrinology and BES meetings (£15 000 pa)
- funding a research fellowship for 2003
- campaigning for improved public and media awareness of endocrinology, in collaboration with the Society for Endocrinology
- promoting visits of trainee registrars to other departments
- facilitating clinical audits in endocrinology
- providing funds to help patient support groups.

The Trust’s overall aim is to boost endocrinology and help young investigators, so encouraging research and the best clinical practice. The views of Society members on how funds should be allocated are welcomed. Please write to John Wass, Secretary, Clinical Endocrinology Trust, Radcliffe Infirmary, Woodstock Road, Oxford OX2 6HE.

HypoCCS winner
Congratulations to Márta Korbonits of St Bartholomew’s Hospital who been awarded the fifth HypoCCS Award for her extensive studies using a hypothalamic perfusion technique to examine the mode of action of growth hormone secretagogues.
Serving schools

Schools will soon be able to use a database to contact professionals who can speak on a range of scientific subjects. The database is supported by the Education Committee of the UK Life Sciences Committee. See www.biology4all.com/talks_index.html for a pilot version, and www.biology4all.com/talksindex.asp for a postcode search (this currently covers a limited area, but try a Manchester postcode, e.g. M22 1AA).

One of the Society’s primary functions is to promote science education, and so we would encourage members (or others) to assist with this programme. You can register via email@biology4all.com.

BUPA Awards 2002

The annual BUPA Foundation Awards are made to health care and medical professionals in recognition of excellence in the following categories:

- long-term study of a chronic disease
- improving communication between professionals and patients
- occupational medicine
- development of care for older people
- improved outcomes using a multi-disciplinary approach
- best emerging UK medical researcher

Award winners receive £10,000 and will be invited to the Awards dinner in November 2002.

For full details and application forms contact:
Awards Administrator,
BUPA Foundation,
5th Floor, BUPA House,
15-19 Bloomsbury Way,
London WC1A 2BA
(Tel: 020-76562246;
Fax: 020-76562725).
Closing date: **1 July 2002**.

BES 2003

**22ND JOINT MEETING OF THE**
**British Endocrine Societies**

24-27 March 2003
**Glasgow, UK**

**Symposia**
- Androgens and prostate cancer
- Prolactin: novel aspects
- Apoptosis/survival signalling
- Trophic control of size
- The adipocyte as an endocrine organ
- Emerging hot topics
- Dominant endocrine tumour syndromes
- Radio-iodine biology in the 21st century

**plus Plenary Lectures, Clinical Management and Molecular Endocrinology Workshops, 'What would the Expert do?', Focused Science Session, Oral Communications, and Young Endocrinologists and Nurses Sessions**

Preliminary programme available August 2002

**Abstract deadline: Friday 15 November 2002**

Further details from:
Alison Parker, BES, 17/18 The Courtyard,
Woodlands, Bradley Stoke, Bristol BS32 4NQ
(Tel: 01454-642210; Fax: 01454-642222;
Email: conferences@endocrinology.org;
Web: www.endocrinology.org/sfe/conf.htm)
Features - and the future

You are about to witness something that you will never see again. Thus spake the Dean, sotto voce, with a confident smirk, before dispatching himself in a flurry of black serge and tassels from our lonely front row seats, to confront the massed ranks of new medical students fresh from their gap year adventures. The ‘something’ was their spontaneous silence and rapt attention, to be achieved this one time only in a packed lecture theatre without the use of frantic semaphore, hand clapping, wolf whistling or levitation. But did they stop talking...?

I turned to the happily oblivious gathering responsible for the composite roar of conversation and considered their astonishing intellectual prowess. Amongst their 600 top grade A-levels, these people sported degrees and doctorates like confetti. I played a little game with myself, trying to guess which ones were the chess players and water colourists who had represented their countries internationally. And which of the Adonis-like young men and radiant young women (some only 17 years old) were, in their spare time, the Olympians, musicians and fashion models that I knew were there?

More pressing was the question of why they were there and why, after 5 years of the MBChB programme (into which we pour our not unlimited energy and goodwill), do so few of these spectacularly capable young people remain in the profession? For how long, given persistently adverse media attention and an increasingly entitled, demanding and litigious clientele, not to mention relatively poor pay and uncomfortable and dangerous working conditions, will they bother to beat a path to our tutorial room door?

Exactly what are we trying to teach them and what is the nature of the knowledge that we want them to acquire? The fact that a core curriculum seems still to be beyond definition suggests that nothing less than a degree in epistemology is required to approach the subject.

The trouble, of course, is that knowledge is not a stack of blocks to which further ingots of learning can be added, but a puddle of warm asphalt and grit that quietly collapses into a pothole of ignorance if you turn your back on it for more than a moment. Life-long you have to keep shoving at the edges and piling more on top to create an effective heap of knowledge. Even then, you cannot aspire to do a moment. Life-long you have to keep shoving at the edges and piling more on top to create an effective heap of knowledge. Even then, you cannot aspire to further ingots of learning can be added, but a puddle of warm asphalt and grit that quietly collapses into a pothole of ignorance if you turn your back on it for more than a moment. Life-long you have to keep shoving at the edges and piling more on top to create an effective heap of knowledge. Even then, you cannot aspire to.

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Endocrine education: thinking afresh

The General Medical Council's document Tomorrow's Doctors sets a challenge to those of us in medical education, as many of you will be aware. It emphasised a need for clearer integration of the scientific and clinical aspects of traditional courses, with a focus on teaching in the clinical context.

In 1998, Imperial College took the bull by the horns and launched a completely new medical curriculum. A 'systems and topics' approach was key to this, and although the disappearance of familiar names like physiology and biochemistry was mourned, we were heartened by new 'ologies'! Endocrinology is one such, now forming part of the core teaching, received by all undergraduates, as well as being a 'BSc Pathway' option for up to 20 students. So, despite remaining largely a postgraduate discipline, it is now possible to obtain a BSc in Medical Sciences with Endocrinology.

During the first 2 years, the core course gives students a grounding in the development, structure and function of the peripheral endocrine organs and the hypothalmo-pituitary axis, along with the major clinical conditions arising from their over- and underactivity, and the principal treatment options.

The BSc Pathway begins in the third year, with a 6-week foundation course. This provides generic, transferable skills that are common to all Pathways, but in the context of the endocrine system. Academic and practical training in scientific method is given, including formulation of hypotheses, research method, experimental design, ethics and law in animal and human research, data evaluation and presentation. Critical evaluation of the scientific literature and participation in group discussions are other skills developed through the 'Journal Club' sessions, which continue as a key feature throughout the course. The endocrine context focuses on the central role of the hypothalamus and its neuropeptides in endocrine and metabolic regulation, and interactions between the endocrine and cardiovascular systems. The practical class studying the blood pressure effects of garage music (a specific stress - at least to some of us) has proved most entertaining!

The fourth year of the BSc course is the 'Science Year', which is wholly dedicated to endocrinology. It is modular, built up of 3-week blocks, the first five of which are taught, while the remaining four are dedicated to a 12-week research project. The students eloquently describe this part of the course below.

While the new curriculum provides an integrated BSc within a 6-year medical course, it also allows us to enrol BSc students from other institutions. This currently requires a background equivalent to the 'core' teaching in endocrinology in the first 2 years of a medical course, with some directed reading where appropriate.

We should, however, keep an open mind about developing such a course for broader intake in the future.

KATHLEEN COLLIER, LAURA FISHMAN AND SHANKAR SIKRI

The students speak

We are part of the first group to undertake the new course. All of us have really appreciated the variety of interesting and stimulating material and the consistent high quality of teaching at the forefront of research that have been part of the BSc Pathway in endocrinology.

In our 'Science Year', the five taught modules have given us a deeper understanding of many key endocrine topics, and have also challenged previous assumptions and introduced new concepts. The modules have covered molecular endocrinology, endocrine-related cancer, type II diabetes, stress and disease, and steroid hormone actions in the brain from early life to old age. Teaching has been through seminars, and it has been good to work less formally, in smaller groups, with very approachable module organisers.

Clinical teaching has also been integrated into the course, with opportunities to visit Chelsea and Westminster Hospital. At the William Harvey Research Institute, we were shown around the labs and had ample opportunity to gain a real feel for a career in research by talking to academics working there. The 'Journal Club' sessions actively encourage students to critically appraise new scientific findings, and have greatly improved our ability to read papers, and our confidence in presenting. Time was also timetabled for directed study and the preparation of in-course assessments.

Attending the Society for Endocrinology's annual meeting last December was undoubtedly a highlight. A special lunchtime lecture discussed endocrinology as a career and gave us more information on the Society, including the benefits it can offer students. Though some of the symposia moved a little fast, we found many that were stimulating and highly relevant to our course, especially the symposium on syndrome X, which related strongly to our module on type II diabetes.

Seeing the cutting edge of science was particularly inspiring, as we were all about to start our research projects; we also gleaned some useful tips to help us prepare for our project presentations.

Our research is now underway, with projects selected from a wide choice, stretching from neuro-endocrinology through to hormone-dependent cancers and more clinical or library-based projects. Apart from being very enjoyable, the idea that we are contributing to original findings really concentrates the mind on working methodically, and is likely to benefit our future in clinical medicine as well as research.

Completing this course with specific expertise in endocrinology will serve us well for specialisation in the future. However, far from restricting our choices, we will have a firm foundation that will be relevant to many branches of medicine. This is a course to be recommended.

KATHLEEN COLLIER, LAURA FISHMAN AND SHANKAR SIKRI

GLENDA GILLIES COURSE CO-ORDINATOR
193rd Meeting of the
Society for Endocrinology

4-6 November 2002
Royal College of Physicians, London

European Medal Lecture  I Huhtaniemi
Asia & Oceania Medal Lecture  E Simpson
Society for Endocrinology Medal Lecture  ICAF Robinson

Symposia
Maintenance of pregnancy
Transcriptional control of endocrine development and function
Ageing and cellular senescence
Novel aspects of thyroid disease

plus Debate, Oral Communications, Poster Presentations,
Young Endocrinologists and Nurses Sessions

New for 2002!
Additional day in association with Diabetes UK

Lectures
PPARγ - M Gurnell
Polycystic ovary disease - S Franks
PKC inhibitors and glucose toxicity - P Dodson

Obesity symposium
Appetite control - S Bloom
Human mutations causing obesity - S O’Rahilly
Current therapeutics of obesity - N Finer

plus SpR posters, Ask the expert (impotence, thyroid lumps) and Workshop

Further information from:
Alison Parker, Society for Endocrinology,
17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK
(Tel: 01454-642210; Fax: 01454-642222; Email: info@endocrinology.org;
Web: www.endocrinology.org)

Abstract deadline: Friday 9 August 2002
Advances in Gynecological Endocrinology


The 8th World Congress of Gynecological Endocrinology was held in Florence, Italy in December 2000, and this book summarises its proceedings. The editors are prominent in the field of gynecological endocrinology, and have assembled a group of no fewer than 47 colleagues as authors, most of whom are European.

As always in such compilations, the depth and content of chapters varies considerably. Some chapters are lengthy and highly readable, in particular (for this reviewer) the work on herbal treatment of polycystic ovary syndrome, genetics of postmenopausal complications and aspirin in recurrent miscarriage. However, other chapters are hopelessly brief and unreferenced, representing either the opinion of one particular group (e.g. management of post-menarchal menstrual disorders, and ovulation induction in PCOS), or just too short (assessment of quality of life in the climacteric).

The book itself is divided into ten sections, ranging from obstetrics - which mainly deals with implantation and implantation failure - to endometriosis, PCOS and gynaecological oncology. Given the wide-ranging nature of the text, I think that most endocrinologists will find something of interest here, but that few would wish to sit down and read the book from cover to cover. Many of the authors are prominent and respected in their research fields, and the book offers a useful collection of references, albeit mostly only up to the end of 1999. Overall, the book represents an interesting mélange of chapters, and those prepared to browse are rewarded with some interesting insights into gynaecological endocrinology.

At a more serious level however, it is hard to see quite where this book will find its niche. It is too detailed and patchy in its coverage of gynaecological endocrinology for candidates for the membership examination, but is inevitably out of date as a source of review material for researchers in a specific area. Perhaps it might serve as a source of stimulation for the imagination and source of inspiration for those looking to diversify their own research and reading.

WILLIAM LEDGER
UNIVERSITY OF SHEFFIELD

Diabetes Annual 2002

Anthony H Barnett (Ed), Martin Dunitz, 2002, 214 pp, £35.00, ISBN 1 84184 038 6

Of the nine chapters, the highlights are the three on hypertension, thiazolidinediones and insulin analogues. All are up-to-date, informative and readable. The lows are those on hypoglycaemia and erectile dysfunction. The chapters on epidemiology and new diagnostic criteria, the prevention and treatment of vascular disease, the relationship between diabetes, obesity and cardiovascular disease, and new therapies for neuropathy are competent and worthy reviews without being inspiring.

The editor has set his authors a challenge by asking each to answer a question. For example, the first chapter is ‘Diabetes: epidemiology, classification and new diagnostic criteria - implications for clinical practice?’ It would appear that the answer is ‘none that a diabetologist doesn’t already know’. The chapter on hypoglycaemia peters out in the mid-1990s, with 65% of the references being pre-1995, and with perhaps too much emphasis on work from the senior author’s own department. The chapter on erectile dysfunction is a rewrite of a chapter published 6 years ago (even one of the photographs is reused), with the addition of a section on sildenafil, though apomorphine receives only a brief mention, lumped together with yohimbine and other ‘disappointing’ treatments. The indexer has committed one of my bêtes noires: look up ‘neuropathy’ and you are redirected to ‘diabetic neuropathy’ (ditto ‘nephropathy’ but not, for some reason, ‘retinopathy’) - and this in a book devoted to diabetes!

For most readers this curate’s egg of a book will be one for the departmental library rather than for the personal bookshelf. It does beg the question of the place of the printed ‘Annual’ in 21st century communication. It is inevitably out-of-date as soon as it is published (only 4% of references are from 2001). A web-based publication with limited free viewing time for each chapter would allow the reader to decide which chapters were of interest, and these could then be downloaded for a small fee. I suspect that many clinicians would pay £2 for each of three or four chapters, the publisher would probably make more money and only the printer would suffer.

HENRY CONNOR
COUNTY HOSPITAL, HEREFORD
Endocrine Facets of Ageing
Johannes D Veldhuis (Chair), John Wiley & Sons, 2002, 290 pp, £75.00, ISBN 0 471 48636 1

‘One aspect of research philosophy that I like is that one can identify areas of ignorance honestly ... because one can then address the corresponding issue.’ So states the Chair in his introduction to these proceedings, taken from a Novartis Foundation Symposium in early 2001. This seems an appropriate theme for a book covering our knowledge of ageing across a wide variety of endocrine axes. Overall, we learn that many endocrine changes are associated with ageing, but that their precise details remain controversial, their significance is uncertain, and the benefits of treating them is unclear. Fertile ground for future research indeed!

Beginning with a helpful review of endocrine changes in healthy ageing in men, later chapters cover changes in insulin, bone and water homeostasis, as well as different axes: corticotrophic (including stress-related changes), somatotrophic, reproductive (in men and women) and thyroid.

Although peri-menopausal changes in the female reproductive axis are reviewed, the recurring therapeutic theme of the book appears to be androgen replacement in men. In men, there seems to be general agreement that there is a significant fall in total and free testosterone, oestradiol, DHEAS and IGF-I, with a rise in SHBG and variable changes in LH. However, there seems much less certainty about the physiological and pathological consequences of these changes, and differentiating between ‘healthy ageing’ and disease remains difficult. The conclusion is that androgen replacement in ageing men appears promising but not proven (except in the frankly hypogonadal), but that there is no good evidence to support the safety or efficacy of replacement with DHEAS or GH/IGF axis in ageing alone.

Chapters deal mostly with human studies, and typically present a useful review of background literature and new data. Each chapter includes a transcript of the discussion at the symposium, which is frequently helpful in clarifying the scientific background, delineating areas of uncertainty, and pointing the reader towards additional relevant studies.

I suspect that all of us will become more interested in the endocrinology of ageing and its treatment in the future (and not only because we become exposed to its effects ourselves!). This book certainly represents a useful starting point to review our current knowledge.

TREVOR HOWLETT

Guidelines for the Management of Thyroid Cancer in Adults

Prepared by a multidisciplinary working party under the auspices of the British Thyroid Association, these guidelines will be an essential reference for all involved in the treatment of thyroid cancer patients.

They aim to:
• increase long-term overall and disease-free survival
• enhance health-related quality of life
• improve referral pattern and management

The guidelines are in accord with the latest requirements for cancer management, as detailed in the NHS Manual of Cancer Services Standards.

Available at £18.00 (UK), £20.00 (overseas) from the Royal College of Physicians, 11 St Andrews Place, London NW1 4LE (Fax: 020-74865425; Email: publications@rcplondon.ac.uk)

A joint publication of the British Thyroid Association and the Royal College of Physicians of London (ISBN 1 860161 57 X)
Genistein analogue’s anti-oestrogenic action

Found naturally in soya, genistein has been implicated as an anti-cancer agent. It affects many biological pathways, including cell differentiation and apoptosis. Because of this, its analogues have been studied for immunosuppressant and anti-tumour activities.

Now Somjen and colleagues have examined the oestrogenic and anti-oestrogenic properties of a new analogue, 6-carboxymethyl genistein, and compared them with genistein itself and raloxifene (an anti-oestrogen). Cells were hundreds of times more sensitive to 6-carboxymethyl genistein than to genistein when assessed by stimulation of DNA synthesis, but the analogue didn’t inhibit cell growth as genistein does at high concentrations.

The authors used computer modelling to try and explain the analogue’s anti-oestrogenic properties, utilising energy minimisation and docking techniques to model the effect of the 6-carboxymethyl group. Look no further than the current cover of Journal of Endocrinology to see how the molecule fits into the oestrogen receptor binding groove!

(See the full article in Journal of Endocrinology 173(3), June 2002)

Progress in RT-PCR

RT-PCR describes a range of techniques for measuring the amount of mRNA in a batch of cells at a particular time, and underpins much molecular medicine and biotechnology research. In this article, Bustin summarises the available methods, and analyses each part of the process in depth, covering use of robots, new instrumentation and methods, novel molecules such as quenchers, web sites and emerging standards.

But these are new technologies, and bring with them many misunderstandings and problems. This review carefully highlights the pitfalls alongside the advantages, and attempts to identify the best methods, concluding with a seven-point list of ideas to remove the ‘general feeling of unease when confronted with quantitative RT-PCR’.

Aside from its critical coverage of RT-PCR, this article demonstrates the importance of a thorough background knowledge in using common laboratory techniques. Read it in full, free of charge, at journals.endocrinology.org/revaricom.htm

(See the full article in Journal of Molecular Endocrinology 28(3), June 2002)

MRI in breast cancer

Following the coverage of breast cancer chemoprevention in the previous issue of Endocrine-Related Cancer, Esserman comprehensively surveys the use of magnetic resonance imaging (MRI) in primary breast cancer management.

The use of MRI is relatively new in this field, due to a lack of information, worldwide clinical trials and suitable techniques until about 5 years ago. The technique has now been shown to be 95-100% sensitive to cancers as small as 1-2mm. This review discusses its merits compared with other imaging techniques (such as the mammogram and ultrasound).

Can it be used for large-scale screening? Is it too expensive to consider routinely? Are the 3D images and the ability to scan dense tissue important enough to outweigh the need for contrast agents and the difficulties in interpretation? Can it help avoid unnecessary surgery? When are other methods better? How are its difficulties being resolved?

It is in this last area that the article makes much headway, discussing ongoing trials and new possibilities (clinical and technical) while, at the same time, voicing appropriate notes of caution. This optimistic and forward-looking review ends ‘All MRI scans are not equivalent... A poor quality MRI examination is worse than forgoing MRI, even where there is a strong indication.’

(See the full article in Endocrine-Related Cancer 9(2), June 2002)
ENDO 2002: 84th Annual Meeting of the Endocrine Society
Contact: Beverley Glover, Administrative Assistant, Meetings, The Endocrine Society, 4300 East West Highway, Suite 500, Bethesda, MD 20814-4110, USA (Tel: +1-301-922-0210; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: www.endo-society.org).

4th UCLH Course in Reproductive Medicine
Contact: Pauline Beck, University College Medical School, Department of Obstetrics and Gynaecology, 86-96 Chums Mews, London WC1X 8DH, UK (Tel: +44-20-70700506; Fax: +44-20-73837429; Email: p.beck@ucl.ac.uk; Web: www.reproductivemedicine.org.uk).

Bone and Tooth Society Annual Meeting
Cardiff, UK, 24-26 June 2002.
Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley GL11 6DS, UK (Tel: +44-1453-549029; Fax: +44-1453-548919; Email: jane@amnh.com; Web: www.batsoc.org.uk).

2nd Annual Conference on Orphan and Nucleic Receptors: Strategies for New Therapeutic Interventions
Contact: Society for Endocrinology, 1718 The Courtyard, Woodlands, Bradley Stoke, Bristol BS2 4NQ, UK (Tel: +44-1454-642220; Fax: +44-1454-642222; Email: info@endo-society.org; Web: www.endo-society.org).

1st International Congress of Neuroendocrinology
Bristol, UK, 31 August-4 September 2002.
Contact: Bionfinitsa Ltd, 16 The Courtyard, Woodlands, Bradley Stoke, Bristol BS2 4NQ, UK (Tel: +44-1454-642220; Fax: +44-1454-642222; Email: info@biofinitsa.net; Web: www.bionfinitsa.com; www.icn2002.htm).

Signalling the Future, Celebrating 100 Years of Biochemistry in Liverpool and the UK
Liverpool, UK, 3-6 September 2002.
Contact: Dr Andrew Bates, School of Biological Sciences, University of Liverpool, Life Sciences Building, Crown Street, Liverpool L19 2BZ, UK (Tel: +44-151-794439; Web: www.signal2002.com).

28th Meeting of the European Thyroid Association
Goteborg, Sweden, 8-11 September 2002.
Contact: Dr Ernst Nystrom (Email: euro-thyroid association@fch.d.uu.se; Web: www.eurothyroid.org).

Society for Endocrinology Endocrine Nurses Training Course
Contact: Society for Endocrinology, 1718 The Courtyard, Woodlands, Bradley Stoke, Bristol BS2 4NQ, UK (Tel: +44-1454-642220; Fax: +44-1454-642222; Email: info@endo-society.org; Web: www.endo-society.org).

11th International Congress of the International Society for Neuroimmunomodulation
Contact: Craig C. Smith, Integrative Neural Immune Program, National Institute of Mental Health, 36 Convent Drive, Rm A23 MSC 4020, Bethesda, MD 20892-4020, USA (Tel: +1-301-4904561; Fax: +1-301-4906695; Email: cc@codon.nih.gov).

10th Meeting of the European Neuroendocrine Association
Munich, Germany, 12-14 September 2002.
Contact: Prof AB Grossman, Department of Endocrinology, St Bartholomew’s Hospital, London E1C 7BE, UK (Email: secretary@endo-society.org; Web: www.enea2002.de).

4th World Congress on Stress
Contact: Northern Networkwring, 1 Tennant Avenue, East Kilbride, Glasgow G74 5NA, UK (Tel: +44-1355-244966; Fax: +44-1355-249959; Email: stress@glasgow.ac.uk; Web: www.stressconf.co.uk).

2nd European Congress of Andrology
Contact: Malmo Kongressbyr å, Österängå, 21125 Malmo, Sweden (Tel: +46-40-258350; Fax: +46-40-258359; Email: info@malmo-congress.com; Web: www.malmo-congress.com).

12th Asia-Oceania Congress of Endocrinology
Contact: Congress Secretariat, PO Box 68 439, Taipei, Taiwan (Tel: +886-2-23236017; Fax: +886-2-23777479; Email: tcm@tuochi.hinet.net).

24th Annual Meeting of the American Society for Bone and Mineral Research
Contact: 1-210-3671161, Email: abmr@md.columbia.edu; Web: www.abmr.org.

10th Congress of the Romanian Society of Endocrinology with the American Association of Clinical Endocrinologists
Bucharest, Romania, 26-29 September 2002.
Contact: General Secretary, Sergiu Bogdan Catrina, Department of Endocrinology II, University of Medicine and Pharmacy Carol Davila, PO Box 41-79, 78260 Bucharest, Romania (Tel/Fax: +40-1-2307705; Email: endocrin@u-nu-davila.ro; Web: www.endocrine.uni-nu-davila.ro).

4th International Symposium on Physiology and Behaviour of Zoo and Wildlife Animals
Berlin, Germany, 29 September-2 October 2002.
Contact: Institute for Zoo Biology and Wildlife Research, Alfred-Kowalle-Str. 17, 10315 Berlin, Germany (Tel: +49-30-5186608; Fax: +49-30-5186623; Email: sympo@zw-berlin.de; Web: www.zw-berlin.de).

Joint Scientific Meeting of the Royal College of Obstetricians and Gynaecologists and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Sydney, NSW, Australia, 2-4 October 2002.
Contact: Best for Women Conference Secretariat, QPco Box 2009, Sydney, NSW 2001, Australia (Tel: +61-2-92414780; Fax: +61-2-92513552; Email: obgy@cmansau.com.au; Web: www.best4women.org.au).

23rd Congress of Endocrinology of SMEDIAN, the Moroccan Society of Endocrinology
Rabat, Morocco, 3-6 October 2002.
Contact: Dr Fouad Riahi, 35-40 Al Achaari, Appt 7, Aghal, Rabat, Morocco (Tel/Fax: +212-37-772436).

Boston, MA, USA, 5-9 October 2002.
Contact: Professional Meeting Planners (Tel: +1-770-270-9887; Fax: +1-770-270-9875; Email info @professionalmeeting.com; Web: www.ghigf2002.com).

Neuroendocrine-Immune Interactions
Europeon Conference on Molecular Mechanisms and Clinical Relevance of Brain-Immune Communication
San Guilhelmo, Spain, 31 October 2002.
Contact: Dr JI Hendekovic, European Science Foundation, 1 quai Leyaz-Marnesia, 67080 Strasbourg Cedex, France (Tel: +33-3-88761733; Fax: +33-3-88560887; Email: euroes@esf.org; Web: www.esf.org/euroes).

Clinical Endocrinology Update 2002
Portland, OR, USA, 6-9 October 2002.
Contact: Beverley Glover, Administrative Assistant, Meetings, The Endocrine Society, 4300 East West Highway, Suite 500, Bethesda, MD 20814-4110, USA (Tel: +1-301-9410220; Fax: +1-301-9410230; Email: bglover@endo-society.org; Web: www.endo-society.org).

1st International Workshop on Anti-Mullerian Hormone/Mullerian Inhibiting Substance
Avignon, France, 7-8 October 2002.
Contact: Dr Nathalie Joos, INSERM, 1 rue Maurice-Armou, 92120 Montrouge, France (Tel: +33-4-90129373; Fax: +33-4-90129373; Email: joos@wanadoo.fr; Web: www.serono-amh-mix.com).

4th Annual Meeting of the American Thyroid Association
Los Angeles, CA, USA, 9-13 October 2002.
Contact: ATA, 6066 Leesburg Pike, Suite 650, Falls Church, VA 20241, USA (Email: admrthy@thyroid.org; Web: www.thyroid.org).

88th Annual Meeting of the American Society for Reproductive Medicine (ASRM 2002)
Seattle, WA, USA, 12-17 October 2002.
Contact: ASRM, 1209 Montgomery Highway, Birmingham, AL 35216-2809, USA (Tel:+1-205-9785500; Fax: +1-205-9785018; Email: asrm@asrm.org).

Euroconference on Trafficking and Signal Transduction
San Felim de Guixols, Spain, 12-17 October 2002.
Contact: Dr Jordi Hendelco, European Science Foundation, 1 quai Leyaz-Marnesia, 67080 Strasbourg Cedex, France (Tel: +33-3-88761735; Fax: +33-3-88560887; Email: euroes@esf.org; Web: www.esf.org/euroes).
RESEARCH AWARD 2002 – £10 000

Research must be directly related to thyroid disorders or the basic understanding of thyroid function.

Up to £10 000 is being offered to enable medical researchers to supplement existing projects or to pump-prime new research ideas. Funds will be awarded for consumables, running costs and equipment.

Further information and application forms are available from Mrs B Nevens, BTF, PO Box 97, Clifford, Wetherby, West Yorkshire LS23 6XD, UK

Closing date for applications: 31 August 2002
BES scrapbook

In case it had slipped your mind, here are a few highlights from Harrogate!

If you’re happy and you know it clap your hands!

“I’d like to thank the cast, the director, my family...”

“Now girls, listen carefully - the fire exits are situated here, here and here”

“Fancy meeting you here.”

“Shake, rattle and roll...”

“Wass up Doc?”

“Endocrinologists know good value when they see it!”

Three bottles down, he spotted another and prepared to leap into action.

Luke Noon gives us a tune

The Gland Band

PHOTOGRAPHY COURTESY OF SAFFRON WHITEHEAD, LIZ BROOKES AND RICHARD ROSS. COMPILED BY LARA THOMPSON.