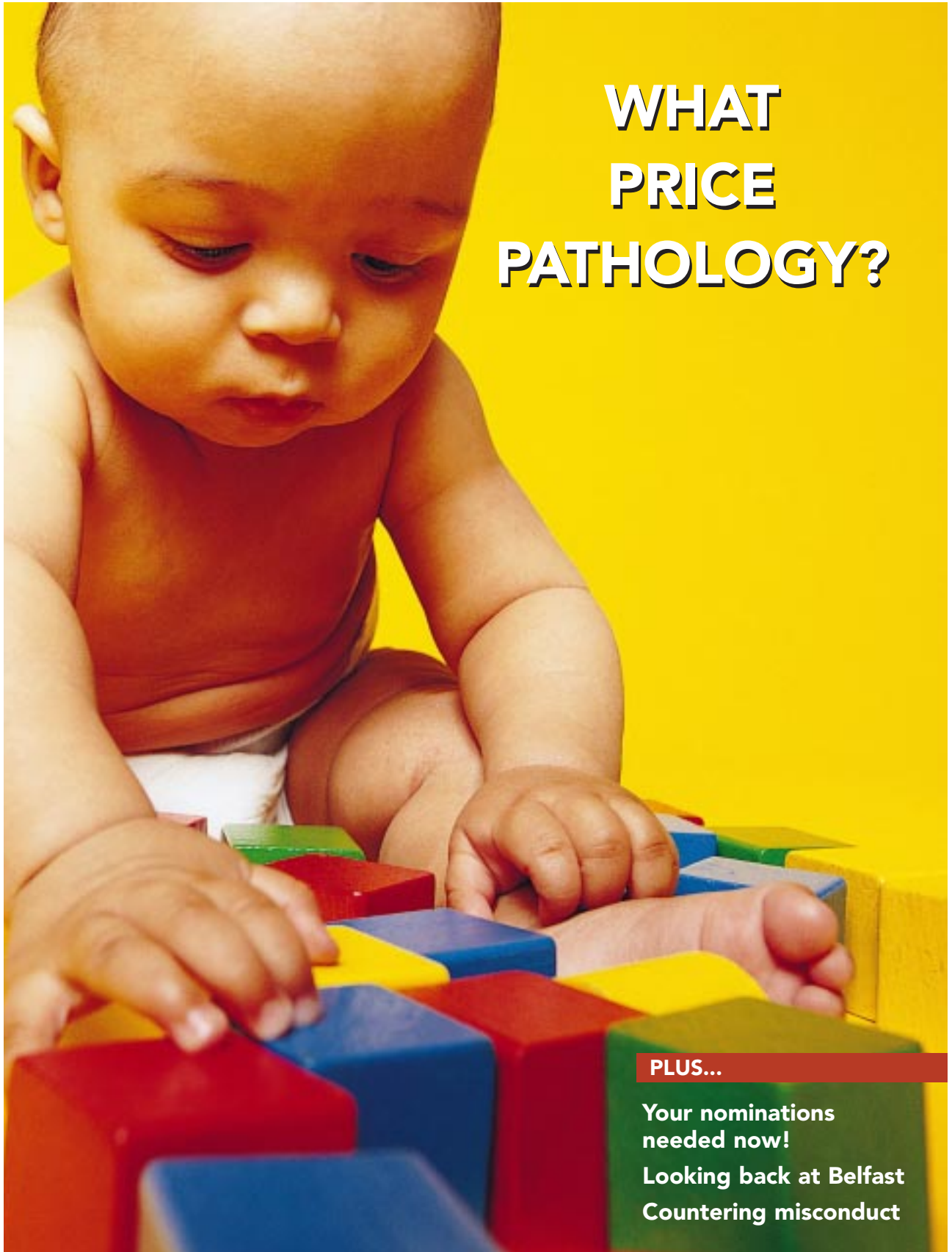


THE **Endocrinologist**

NUMBER 60 • SUMMER 2001

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY



WHAT PRICE PATHOLOGY?

PLUS...

**Your nominations
needed now!**

**Looking back at Belfast
Countering misconduct**

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Advertise your event in *The Endocrinologist*!
Members: Mono - Half page £100 Full page £150
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Deadline for news items for
the Autumn 2001 issue: **3 August 2001**.
Please send contributions to the above address.

We all saw the headlines ... 'MONSTER' declaimed *The Express*. 'He stole their hearts, brains, lungs, kidneys, livers, eyes, stomachs, EVERYTHING but their souls,' said *The Mirror*. 'Brutal betrayal of the innocents,' announced *The Daily Mail*. The outrage expressed in Britain's newspapers earlier this year, amplified further through radio and television, lasted several days. It was triggered by the publication of findings from an inquiry into the retention of organs after necropsy at the Royal Liverpool Children's Hospital, Alder Hey.

The report concluded that over 2000 organs had been stored without parents' knowledge or consent. A second report confirmed that 210 other centres throughout the country were preserving a total of 105 000 organs, body parts and fetuses. In response to both documents, the Government promised 'urgent changes' to ensure that the law governing post mortem examinations was based on informed consent.

The resulting Retained Organs Commission is currently overseeing an initiative to ensure that every hospital trust carries out an audit of its pathology specimens, confirming when and from whom they were taken - and whether relatives were asked or informed. Hospitals have spent months tracing organs in their pathology departments and producing full reports on what they have. The public dissemination of gathered information will lead to specimen retrieval by many relatives.

At the core of the whole problem was the widespread but erroneous assumption that the merits of organ retention were so self-evident that they did not require explanation. Since the furore, health professionals have been dismayed by the drop in supply of organs for transplantation, as accident victims' relatives have begun to decline permission for their use. Clearly, too, clinical research needs human organs and tissues, and the reduction in specimen availability is already severely impacting research progress.

There should be no doubt of the continuing need for experiments on human organs, so long as they are removed with full, informed agreement and are treated with the dignity they deserve. On page 9, Jeanne Bell eloquently describes the current status of the crisis, and how pathology departments are coping with the aftermath. She points to the emerging hope of open and informed consent for this important practice.

Stress is part and parcel of life, and how we deal with it seems to affect the ageing process. It is perhaps no surprise to hear that men and women deal differently with stress. Lisa Melton describes the hormonal and genetic basis for these gender differences on page 10. And the thorny question of scientific fraud is raised on page 11, where Carolyn Cowey argues the case for an enforceable code of conduct.

These important features combine with the hottest news, views and events from the world of endocrinology to make this issue of *The Endocrinologist* required reading for all!

ANN LOGAN

BRITISH THYROID FOUNDATION

RESEARCH AWARD 2001 – £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 Nevans, BTF, PO Box 97, Clifford, Wetherby, West Yorkshire LS23 6XD, UK

Closing date for applications: **31 August 2001**

Young Endocrinologists Basic Science Review Lecture

Applications are invited from scientists who are no more than 6 years post PhD to present a 30 minute review lecture on any endocrine subject. This will probably relate to an area of personal research, either in progress or recently completed.

The successful applicant will present their lecture during the Society's annual meeting on 3-4 December 2001 at the Royal College of Physicians in London, and will receive a £500 honorarium from the Society.

Applicants must be members of the Society and under 35. Older applicants may be considered if there are extenuating circumstances. Abstracts should be submitted on a single A4 sheet, accompanied by a mini-CV on a second A4 sheet. The latter should include up to five publications of relevance to the lecture topic. Please also supply the name, address, telephone number and email address of your head of department to assist in the selection process. Applications should be sent to Julie Cragg in the Bristol office by **29 June 2001**.

The Society's Awards Committee will judge submissions using the standard criteria of originality, scientific quality and general relevance/impact.

Members on the move...

C S Arun to Royal Victoria Infirmary, Newcastle upon Tyne; **D Barton** to New Cross Hospital, Wolverhampton; **V Belin** to Guy's, King's and St Thomas' School of Biomedical Sciences, London; **J M Brameld** to University of Nottingham; **C R W Edwards** to University of Newcastle, Newcastle upon Tyne; **D P Finn** to University of Nottingham; **L Fugazzola** to Istituto di Scienze Endocrine, Milan; **A Horsfall** to School of Neurosciences and Psychiatry, Newcastle upon Tyne; **P M Jamieson** to The Salk Institute, La Jolla, CA; **S A Y Kouta** to Bury General Hospital, Bury; **S Morris** to Frankston Hospital, Melbourne; **J Reeve** to Strangeways Research Laboratory, Cambridge; **R G G Russell** to Nuffield Orthopaedic Centre, Oxford; **C J de Souza Hoff** to Centre for Reproductive Biology, Edinburgh; **J Townsend** (formerly Brooks) to University of Bristol; **M H Vuotila** to Vaasa Central Hospital, Finland.

Don't hesitate to nominate!

Now's your chance to play a part in running your favourite Society. Nominations are invited for a wide range of posts. For further information, contact Julie Cragg in the Bristol office, or e-mail info@endocrinology.org, clearly stating the post(s) concerned. Unless indicated otherwise below, nomination forms can be found at www.endocrinology.org, or requested from the Society office, and should be returned to Julie by the deadline shown.

Society Officers (*deadline 31 July*) Professors S Franks (Chairman), S R Bloom (General Secretary) and M G Parker (Programme Secretary) are all due to retire from office in November 2002. Nominations for replacements are invited from Ordinary members. Please contact Julie Cragg or Sue Thorn in the Society's office if you would like more information or to make a nomination.

Council members (*deadline 31 July*) Professors A B Grossman, P M Stewart and G P Vinson are due to retire from Council in December 2001. Ordinary Members are invited to submit nominations to fill these vacancies. To balance numbers of basic scientists and clinicians on Council, we would particularly welcome suggestions for basic scientists on this occasion. Nomination forms are included with this mailing, and should be returned to the General Secretary at the Bristol office.

Clinical Committee Chairman (*deadline 31 July*) Professor J A H Wass' term of office comes to an end next year. All members are invited to submit nominations for a Chairman Elect, who will shadow Professor Wass for a handover period.

Prize winners

Dr D Fowler, from Boston's Pilgrim Hospital, and Dr C Parkinson, of the Christie Hospital in Manchester, came first and second respectively to win Clinical Endocrinology Trust prizes at the Society's recent Clinical Cases Meeting in London.

SOCIETY CALENDAR

9-13 July 2001

Summer School 2001
Monkbar Hotel, York

13 July 2001

Focus on Endocrinology
St William's College, York

11-13 September 2001

Endocrine Nurse Training Course
Kelvin Conference Centre, Glasgow

3-4 December 2001

**192nd Meeting of the
Society for Endocrinology**
Royal College of Physicians, London

27 February 2002

Clinical Cases Meeting
Royal Society of Medicine, London

8-11 April 2002

BES 2002
Harrogate International Centre, Harrogate

Public Relations Committee (*deadline 1 July*) Please make nominations to replace the three members who are due to retire in November 2001. Retiring members may apply for re-election. A ballot will be conducted within the Committee if required.

Education Committee (*deadline 31 July*) Nominations are requested to replace two members who are due to retire this year. Retiring members may apply for re-election. A ballot will be conducted within the Committee if required.

Young Endocrinologists Committee (*deadline 6 July*) All Society members are invited to nominate replacements for the five Committee members who are due to retire in July 2001. Existing members are eligible to stand again if they are under 35 and less than 6 years post PhD/MD/MRCP.



An abashed Mr Pepys responds

Regular readers will enjoy the latest in this chain of correspondence! It appears from this previously unpublished sample of Samuel Pepys' verse form that Pepys may have had a much greater influence on the work on Lewis Carroll than was previously thought...

'Twas not brillig

O frabjous day! Callooh! Callay!
 What is the Jabberwock to say?
 He truly bungled
 And now found out
 Can but extenuate his snout
 Upon yon grindly crackly ground
 And ask young uffish scienceman
 Forgive, forgive, this knavish hound.
 'Twas just mere mirth
 That led to dearth
 Of trusty troth and truthsome worth.
 A pint of meade is yours I say
 While with my tail I'll creep away.
 The Jabberwock his brain so flayed
 No more will thorples in the glade
 He burred thus with vorpal blade
 That manxsome foe he durstly made.
 Beware the Jabberwock my son
 A mighty pen is quite undone.

S PEPYS (AKA AB GROSSMAN)
 (WITH APOLOGIES TO DR DODGSON)

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

Congratulations...

to Nicola Bell from the University of Reading, who has been awarded the Society's 2001 Prize Studentship. Her project - the placenta as a neuroendocrine organ - will be supervised by Professor Phil Lowry.

Israel Doniach

We are sorry to announce the recent death of Professor Israel Doniach, an Honorary Member of the Society. An obituary will follow shortly.

Press Release

The British Neuroendocrine Group has changed its name to the British Society for Neuroendocrinology. See www.neuroendo.org.uk for details.



BRISTOL • UK

31 August -

4 September 2002



Contact Helen Gregson at BioScientifica for details
 Tel: 01454-642210 Email: ICN2002@endocrinology.org
 Web: www.bioscientifica.com/icn2002.htm

Reaching to the Regions

Watch out for Society representatives in your region soon! A new network of Regional Co-ordinators will soon be promoting endocrinology across the UK.

This new scheme is to be launched at the start of the next academic year. Co-ordinators will gather valuable 'grass roots' feedback from members, and also ensure that the Society's conferences, training activities, grants and fellowships are widely publicised, so encouraging more people to join.

Eight UK regions will each have their own Co-ordinator:

North West & North Wales: Dr J Vora (Liverpool)

Midlands & East Anglia: Dr R Bland (Birmingham)

South & South East: Dr N Hanley (Southampton)

North East: Professor C Ingram (Newcastle upon Tyne)

South West & South Wales: Dr B Evans (Cardiff)

Scotland: Dr H Jabbour (Edinburgh)

(Posts for London and Ireland are yet to be filled.)

In addition, every major research and clinical institution will have a Local Co-ordinator. Please contact Julie Cragg (julie.cragg@endocrinology.org) if you would like to volunteer.

Regional and Local Co-ordinators will be asked:

- to arrange permanent noticeboard space for Society material at their institution
- to supply membership forms and other relevant publicity to new students, researchers and clinicians, and to promote the benefits of membership
- to have publicity leaflets, and abstract and registration forms available
- to ensure that current information on all conferences, courses and other activities is displayed
- to place Society posters at relevant points in their institution, and
- to provide feedback to the Society regarding the views of members.

Endocrine Nurse News

BES 2001 saw our third symposium, 'Looping the growth hormone loop', which was attended by about 80 delegates (including 2 from Australia)! Stimulating talks by Drs Gregory and Trainer were followed by excellent nurse speakers from across the UK. Pfizer kindly sponsored the preceding welcome lunch, which gave us the opportunity to mingle.

Nominations to fill vacancies on our Committee are requested for the next meeting on 20 July. We are grateful to retiring members for their commitment, and hope that they will continue to let us have their ideas and suggestions.

'The growth and development of the endocrine system' is the theme of this year's training course, to be held on 11-13 September in Glasgow (www.endocrinology.org/sfe/train.htm#nurse). Registration forms and programmes are available from ann.lloyd@endocrinology.org

Finally, the Nurses session at this year's Society meeting in London (www.endocrinology.org/sfe/confs.htm) will be on Monday 3 December at 14.00-16.30, entitled 'A legacy from birth'.

MAGGIE CARSON

Medal nominations

Deadline: 7 July 2001

Nominations are now requested for recipients of the following medals, which are awarded annually by the Society, in recognition of outstanding contributions to endocrinology.

2002 Society Medal

(previously P M Stewart, S O'Rahilly, S Franks, J R Seckl, A J L Clark, J Franklyn, R Thakker and J C Buckingham)

2002 European Medal

(previously B Vennström, J A Gustafsson, B Groner, E R de Kloet, G Schutz, H Gronemeyer, P Chambon and S W J Lamberts)

2002 Asia & Oceania Medal

(previously I Clarke, R Smith, J Findlay, P D Gluckman, S Seino, J W Funder and H Imura)

2003 Dale Medal

(previously D T Baird, B McEwen, J Folkman, S Moncada, R Ekins, H Burger, M New and K J Catt)

2003 Transatlantic Medal

(previously J R G Challis, B O'Malley, J M Friedman, D M Stocco, J F Straus III, J C Marshall, D LeRoith and J S Richard)

The European, Asia & Oceania and Transatlantic (North American) Medals all aim to promote links between the UK and the respective areas of the globe, and their recipients should be endocrinologists working in those regions. The Society Medal is awarded to a British endocrinologist. The Dale Medal is the highest accolade bestowed by the Society, and is awarded to an individual whose studies have changed our understanding of endocrinology in a fundamental way.

Forms are available at www.endocrinology.org or from Chris Davis in the Bristol office. They should be returned by **7 July 2001**.

FREE alerting services!

Our **journal services** will send you contents pages upon publication, with hyperlinks to the articles' abstracts on our Web site. Choose any or all of *Journal of Endocrinology*, *Journal of Molecular Endocrinology* and *Endocrine-Related Cancer*.

The Society's **news service** will advise you of grant information, remind you of abstract deadlines and keep you up to date with Society news, as well as highlighting interesting hormone-related articles in the media.

Simply fill in your email address at www.endocrinology.org/sfe/forms/mailings.htm

A similar service for *Clinical Endocrinology* is available at www.blackwell-synergy.com

Register
online now to
receive these free
services from the Society



Céad Míle Fáilte!

A real Irish welcome greeted the BES, who returned to the Emerald Isle in March for their 20th Joint Meeting. Excellent science combined with great hospitality to provide a superb conference. These pages give just a taste of the event ...



Media view

With plenty of potential 'stories' bubbling away in your abstracts, it was a difficult task to pick out just nine to form the focus of the meeting's press release. Once again, the local, UK and international media were swift to pick up on events at the BES.

The Daily Mail's 'Good Health' section featured research into testosterone and the brain, carried out by a team from the Royal Liverpool University Hospital. Dr Probal Moulik spoke about their work, which was also discussed in a live interview on BBC Radio Belfast.

Effects of the stress hormone cortisol on memory function attracted the attention of 'Web MD' - the health

information pages on the Microsoft Web site. They interviewed Professor David Diamond and Dr John Newcomer, two of the speakers at the meeting's *Hormones and Memory* session.

Professor David Hill and Evan Joannette's research into stem cell treatment as a cure for diabetes was covered by 'BBC Health Online'. This prompted coverage in the team's home country - with articles in Canadian papers (*The London Free Press* and *The National Post*), as well as a report on the Discovery Channel and an interview for the Montreal Breakfast Show on CBC radio. *New Scientist* also interviewed David for an article in one of their April issues (further details

were unavailable when we went to press).

Media coverage is vital in raising the profile of endocrinology. Research is brought to the attention of the public and to other medical and scientific professionals. The more we are able to raise awareness of our members' work, the more it will be valued. David Hill has commented that the coverage of his work in the Canadian press has already proved beneficial to his research programme!

If you think of anything which may be newsworthy, please contact tom.parkhill@endocrinology.org or victoria.withy@endocrinology.org

VICTORIA WITHY

An Endocrine 'Boomerang'...

BioScientifica, the Society's trading company, directly helps you as a Society member. Read on to find out why - and how the boomerang fits in!

Why does BioScientifica matter?

BioScientifica's profits help fund the Society's research grants. Between 1996 and 2000, it has given the Society £429 287, and hopes to provide another £120 000 this year. We expect to give away £227 000 in grants in the current financial year.

How does it generate these funds?

It uses the skills of the Society's staff to provide services for others - including publishing, organising conferences and secretariats, running Web sites, handling public and media activities, etc. BioScientifica itself has no premises, no staff and no assets - a very efficient way to run a company!

Who uses BioScientifica's services?

Lots of people - other societies, industry, pharmaceutical companies... It could be you next!

Why use BioScientifica?

We will work with you as partners, rather than having an inflexible client/supplier relationship. We can offer swift and cost-effective publication for journals, books and newsletters. We can organise meetings for any number of delegates. We have a custom-written database for membership processing

and can handle mailings and other aspects of society secretariats. We currently manage a number of Web sites. We can deal with all public and media enquiries.

Would I know any BioScientifica products?

The *European Journal of Endocrinology* has been published by BioScientifica since 1997; we also publish *EFES News* and run the EFES Web site. Conferences include meetings of the British Society for Paediatric Endocrinology and Diabetes, and the forthcoming 5th International Congress of Neuroendocrinology. We handle membership administration for the Bone and Tooth Society, and public and media enquiries for the Association for the Study of Obesity.

... and the Boomerang?

It's the bonus that, when you pay money to BioScientifica to publish a journal, organise a meeting, etc, it will come right back into endocrinology as a Society grant!



For more information, contact the following staff at the Bristol office: Journals - Steve Byford; Books and newsletters - Tom Parkhill; Conferences - Helen Gregson; Membership handling and society secretariats - Julie Cragg; Web sites - Tom Parkhill; Public and media activities - Tom Parkhill.

First-time impressions...

Every year, new speakers present their work for the first time at the BES. Just how does that feel? Read on to find out...

A small army of us (well, five) travelled to this year's BES from London, Canada - all presenting a poster, a talk or both. The new Waterfront Hall conference centre in Belfast certainly provided a great forum for me and my labmates to meet some pre-eminent experts in the field of endocrinology!

Nerves at the prospect of talking in front of scientists who practically 'invented' endocrinology were settled with the support of my lab and by the keen interest of all the people at the meeting. My labmates told me that my talk went well, but I wouldn't really know. I went into that auto-talk mode where it seems like you're having an out-of-body experience. Did I really get up on that stage and talk to all those people?

Visiting a new city (or continent for that matter) brings the opportunity to see the sights. The BES chose some excellent spots to entertain us in the evenings. Eating dinner in a stone castle was quite a memorable experience, but, then again, so was the banquet at City Hall, the very heart of town. Somehow TV and pizza back home don't seem quite so fancy anymore.

I'm glad I travelled to Belfast. I definitely got a feel for the hard work and dedication that labs all over the world give to scientific research. The meeting certainly left an impression on me. I hope that my labmates and I were able to leave a small impression on the other attendees.

From the point of view of a new graduate student, raised in a small town in Canada, presenting a talk at a conference isn't so bad ... especially with the added bonus of doing it on another continent!

EVAN JOANETTE

February 2001: An envelope awaits. 'Your abstract has been accepted for oral communication ... 10.30, Tuesday 27 March...' Oh my God I've got a talk! Someone thinks my science is worth hearing about! ... Oh my God ... I've got a TALK! Belfast wouldn't be my first BES, but it would be my first as a speaker. Never before had my talks been witnessed by the very great and the very good. Elation was accompanied by a sinking feeling...

27 March 2001, 03.00: The sinking feeling intensified. I was awake and would remain so. I was prepared - my supervisors had wisely made me write well in advance and practise obsessively - but that, and an extremely nice Chinese meal recently consumed in the 'Red Panda', were of little comfort.

08.20: Await supervisors and laptop. Attempts to look professional in my suit only slightly undermined by colleagues' comments about the rare appearance in public of my legs: 'But you're wearing a skirt!'

09.30: Having been jittery all morning, I was dispatched to set up the laptop and check that technology was on my side. Confidence boosted by this success, I found a quiet spot to calm down, having been banned from drinking coffee (a tad unfairly I thought).

10.00: The session started promptly. Became increasingly aware that speakers were using slides rather than Powerpoint.

10.30: I walk calmly to the lectern - to discover that technology is not playing ball. Data projector sulking deeply. Fortunately, paranoia meant I had slides, so the next talk was brought forward as I, high-heels and all, hot-footed it to the slide room.

10.45: The ever-reliable slides worked, and I gave my first talk in front of Malcolm Parker, Robert Winston, Krishna Chatterjee... I thought I saw Bert O'Malley, but I could be wrong. Belfast attracted some of the world's best scientists, and I couldn't have wanted better for my first audience.

30 March 2001: Reflect on excellent memories of Belfast: the high calibre of the meeting, especially Bert O'Malley's superb lecture and the orphan receptors symposium, the wonderful banquet (six courses, and fantastic entertainment), and the chance to meet the very great and very good.

My advice? Paranoia is good!

CHARLOTTE WATERS



Award winners

Congratulations to this year's prize winners at BES 2001!

Andrew Baird received the major £10 000 BES Award, supported by Pharmacia, for clinical and basic science laboratory research proposals in the field of endocrine growth factors.

Travel grants of £500 were awarded to the runners-up:

Paul Jenkins, Blerina Kola, Jennifer Pell, Claire Perks and Valerie Speirs.

The Novartis Awards of £1000 for the best submissions by young endocrinologists went to **Sarah Frankton and Evan Joannette.**

The Michael White Memorial Prize of £500, for the best communication on endocrine neoplasia from a young endocrinologist, was won by **Jeremy Turner.**

Thanks go to the organisations who funded the awards, for their continued support.

Webspinning

Highlighting the best on the Web

Cancerpage

www.cancerpage.com

This site blends information of general interest with useful details about many specific cancers. Visitors can find up-to-the minute news about a range of diseases (including breast, prostate, adrenal, pancreatic and thyroid cancer), participate in chat sessions, learn about clinical trials, 'ask a nurse', and search the considerable material available at the site. Nothing is below par on this superb set of pages.

SERVICES: D, L, O (chat, other miscellaneous information);

STRONG POINTS: Well-organised information; WEAK POINTS: None; RATING: Excellent

Interactive Statistical Calculations

members.aol.com/johnp71/javastat.html

Working on the premise that 'If we can put a man on the moon, we should be able to do statistics on the Web', these pages speak for themselves. The calculations are exactly the type of thing you always think should be online, but can never find! The host of tests includes probability distribution functions, *t*-tests, ANOVAs, Chi-squared tests, regression analyses, correlation, etc. Descriptions of the statistical principles are offered, with calculations and representations where appropriate. An amazing collection of useful information.

SERVICES: T, L, O (statistics online); STRONG POINTS: Good broad coverage;

WEAK POINTS: None; RATING: Excellent

The Art of Grantsmanship

www.hfsp.org/how_to_apply/how_to_apply_grantsmanship.htm

An online tutorial, providing sound advice and occupying a niche with little competition. Writing grants is the core business of academic science, and useful information is hard to come by, online or off. The information here is well organised, and the advice is clear, concise and helpful, especially to the grant-writing novice. This site should be visited by many grant writers, new and experienced alike.

SERVICES: O (online tutorial); STRONG POINTS: Useful grant writing advice;

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: a.logan@bham.ac.uk

KEY

Services provided at Web sites:

T Tools - Analytical computing tools

D Data - Searchable or downloadable database information

G Goods - FTP delivery of useful items (e.g. full package, bug fix or demo software)

L Links - Useful links to other sites

N News - News of interest

S Support - Feedback in response to users' enquiries

O Others - e.g. Innovative use of Web tools, appearance, editorial point of view

Ratings: Excellent, Very Good, Good
Nothing below good will be reported here.

Metopirone

Alliance Pharmaceuticals has been experiencing a shortfall in supply of 250mg Metopirone (metyrapone) capsules following a manufacturing site change in 2000.

The company apologises for any inconvenience. They will be contacting customers directly to discuss requirements and the status of outstanding orders, and also to confirm plans for on-going supply. Meanwhile, if you have any questions, please contact Alliance at 01249-466966 or info@alliancepharma.co.uk

Homeopathic hormone patented!

Members may be interested to learn that Biomed Comm, Inc has recently been awarded the US patent for its innovation entitled 'Homeopathic Preparations of Purified Growth Hormone'.

The patent covers methods of use of purified recombinant human growth hormone (rhGH) at a broad range of molar concentrations and homeopathic dilutions. The company, based in Seattle, claims that homeopathic rhGH is clinically proven to improve body functioning, including: reducing body fat, increasing lean body mass, restoring energy and improving sleep patterns, and increasing psychological health. You can read more at their Web site: www.biomedcomm.com

Hormone Group

Nominations Sought!

Please send your nominations to fill three vacancies on the Group's Committee

Society members should

- send their suggestions to PooleyL@hri.sari.ac.uk
- include a brief description of their research interests, and
- supply the names of two supporting members of either the Society for Endocrinology or the Biochemical Society

The Hormone Group's new Chairman and Secretary from January 2001 are Iain McEwan and Linda Pooley.

Taking Heart

In the wake of the Bristol and Alder Hey enquiries, pathology practice has entered the full glare of public scrutiny. That scrutiny proved very hostile when it became clear that whole organs were often retained at autopsy, without the full knowledge of relatives. Aided and abetted by shock newspaper headlines and adverse political comment, the 'organ crisis' was for a while the lead news story.

As usual, the short attention span of the media soon moved the spotlight elsewhere. But this matter still merits serious consideration, because changes have been set in motion which will have long lasting effects on pathology practice.

The crisis centred on the outrage and heartbreak which some relatives, especially parents, experienced when they discovered that they had not been consulted about the retention of whole organs. That outrage was very vocal. More muted was the reaction amongst pathologists. Although there was considerable shock that they had caused pain to families, there was similar distress caused by being pilloried for retaining organs despite the likely presence of pathology. After all, this has been part of best autopsy practice for decades.

Of course the paediatric pathologist and cardiac surgeon need to review at leisure a complex malformation, to consider recent practice and future approaches to treatment, to coach their trainees in surgical methodology. As for neuropathologists, there is no doubt that optimal examination of the brain is dependent on fixation of the whole organ for 2 weeks or so before histological sampling. The danger of missing lesions is very real if the brain is sectioned at the time of autopsy. The sad irony is that pathologists believed that they had the relatives' consent for autopsy practices. The problem has arisen because of the mismatch between pathologists' perception that organ retention was covered by that permission, and relatives' belief that only small pieces were retained.

Consent for autopsy practice is now fenced in with detailed documentation that reflects 'fully informed' agreement

to every step of the process, including ultimate disposal of tissue and organs. The autopsy rate has declined to less than 10% of deaths in many hospitals. Many pathologists are now apprehensive about keeping anything at all from autopsies. This will impact significantly on the quality of the autopsy. All too often, permission to retain material for research and teaching is specifically deleted, which represents tragic limitation of the possible opportunities for medical advancement. In neuropathology, the discovery of vCJD is a well known example of the benefits of careful clinicopathological teamwork.

So what is to be done? There is a real need for further education of the public. Of course the reasons for keeping organs are not widely known, because we haven't explained them. Like other pathologists, I am now out there meeting parents' groups, expressing my regret for what has happened, and answering the 'Why?' questions ('Why were organs retained?' 'Why weren't we asked?'). I am trying to build bridges so that relatives understand the risks to best diagnostic practice, and research and training, which will result from unresolved turmoil about the scandal. There is a worry that on-going confusion will also reduce the consent obtained for donor transplant organ removal, despite the fact that these procedures are quite separate from routine autopsies.

Relatives also need to be aware that, if an autopsy is instructed by the coroner (or Procurator Fiscal in Scotland), they do not have the right to decide upon organ retention. There may be good reasons for keeping the brain (e.g. sudden infant death syndrome, suspected non-accidental injury in infancy), where detailed examination may have profound implications for the family and for the pursuit of justice. Prompt liaison with the family in such cases will do much to alleviate the distress which is caused by subsequent discovery that organs have been retained.

There is no doubt that the ethical and legal issues which are relevant to organ retention have been somewhat obscure. Pathologists might have the view that it is unethical not to perform autopsies to the best possible standard, which inevitably sometimes includes organ retention. The general public might have a quite opposite view. This division of opinion will now be consigned to the past because it will be illegal for any organ to be retained from a hospital-based autopsy without specific consent from the family.

Pathology departments are now coping with the aftermath of the crisis. Each is developing databases which may have to document every tiny piece of tissue, every block and every slide from each individual autopsy. Since most departments have retained blocks and slides dating back over 20

years (best practice guidelines again!), this is a huge task. We hope that emerging advice from working parties examining these issues will balance the possible gains of this activity against the certain huge time implications.

The eventual outcome will be an improvement on past practice. For those who have no objection to organ retention and who retain their trust in the medical profession, we can continue to provide a full diagnostic autopsy service. The current procedure should also identify others to whom our regular practice is a grave affront, and we can therefore avoid offending them. We have the opportunity to establish more open procedures, so allowing us to pursue ethically approved research and to make this valuable resource of autopsy tissue available to scientists interested in health-related issues. One day soon we shall be able to turn our full attention back to tissue-based investigation of genomic expression, in full partnership with an informed public who understand and approve of our autopsy practices.

JEANNE E BELL
DEPARTMENT OF PATHOLOGY
UNIVERSITY OF EDINBURGH



Destiny's Genes

This article is based on a presentation at the Novartis Foundation Symposium: *Endocrine Facets of Ageing in the Human and Experimental Animal*, which was held in London on 30 January-1 February 2001.

Hoping to cheat old age? Then try to keep stress at bay, say the experts. But sitting under a tree watching life go by may not be feasible or indeed necessary. What really counts is how we respond to life's ups and downs. According to new research, it is our genetic make up that will dictate how well - or how badly - we handle stress, and ultimately, how successfully we age.

That stress accelerates ageing has been known for a long time, but there has only been evidence from animals to back up this claim. Mice are kept in cages, so it is relatively easy to change their cushy environments for something more demanding and compare how fast they age. For humans, however, it has been impossible to separate normal ageing from the wear-and-tear of everyday life.

A team of Swedish researchers led by Per Björntorp finally got round this problem. They took 'successful' elderly men who retained the vigour of youth and compared their stress responses to 'burnt out' individuals of the same age who complained of depression and anxiety.

The secret of the energetic group turned out to be perfectly balanced stress hormones - more specifically, a resilient hypothalamic-pituitary-adrenal (HPA) axis. Normally, stress reactions occur along the HPA axis and culminate with the production of the stress hormone cortisol. In healthy individuals, cortisol follows a daily pattern of peaks and troughs. In 'stressed-out' people, however, the overall production of cortisol over 24 hours is elevated.

Permanently high levels of cortisol are not good news. Cortisol increases the risk of disease by encouraging the accumulation of body fat, insulin resistance, dyslipidaemia and hypertension - the constellation of symptoms that accompany old age. In healthy types, cortisol regulates its own production. After a stressful event, cortisol sends a stop signal to the brain to dampen down the messages flowing down the HPA axis. If the axis malfunctions, these control signals remain unheeded and cortisol soars.

The Swedish team focused on the HPA axis in their search for genes that herald successful ageing. Their first target was the glucocorticoid receptors

(GRs) responsible for mediating cortisol's stop signals. The researchers found certain polymorphisms of the GR gene to be strongly associated with increased cortisol production, while others were protective. Björntorp's group is now following participants from this experiment to ascertain whether a benign polymorphism really does translate into a longer life.

Stressed women are quite different. To them, testosterone is the main risk factor. Healthy women normally produce androgens as well as cortisol. But the female body is protected from masculinising effects by an aromatase enzyme that converts androgens to oestrogen. Björntorp has now found that the length of the gene encoding this enzyme may decide between health and disease. When the aromatase gene is in the short version, enzymatic activity plummets and androgens persist in blood. As a result, heart disease and type-2 diabetes increase. On the other hand, in women with perfect health and perfectly balanced hormones, the aromatase gene is longer than average.

Björntorp's results tell us that stress has a huge impact on ageing. But it is ultimately written in our genes whether we will age gracefully or not.

LISA MELTON
SCIENCE WRITER-IN-RESIDENCE
NOVARTIS FOUNDATION

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New Corporate Membership Scheme!



The Society for Endocrinology and British Endocrine Societies have revised their schemes for corporate relations.

The aim is to extend the range of benefits and to broaden the appeal of a structured relationship with the Society and the BES.

The new scheme came into operation on 1 January 2001 and replaces Society Corporate Membership and BES Benefactorship. Two levels are available: Premier and Ordinary.

The Society and the BES greatly value the support they receive from all their corporate members.

For more information, or company contacts, please contact Tom Parkhill in the Bristol office.

Premier Level Membership

Aimed at companies with substantial interest in endocrinology.

Benefits include:

- **discounted exhibition space at major meetings**
- **priority booking for both exhibition space and satellite meetings**
- **advance information about Society activities**

Premier Level Members

AstraZeneca; BioScientifica; Eli Lilly & Company; Ferring Pharmaceuticals; GlaxoSmithKline Pharmaceuticals; Ipsen; Novartis Pharmaceuticals; Novo Nordisk Pharmaceuticals; Pharmacia; Schwarz Pharma; Serono Pharmaceuticals

Ordinary Level Membership

This would suit companies whose interest in endocrinology is developing, or for whom endocrinology does not form the major part of their product portfolio. It provides:

- **a simplified level of discounts**
- **information about developments at the Society and BES**
- **contact with Society members**

Ordinary Level Members

Abbott Laboratories; Endocrine Pharmaceuticals; Randox Laboratories

Conduct Unbecoming?

Considering the number of scientists, experiments and publications, the incidence of scientific misconduct is reassuringly low. But the implications of wrong-doing are great. Falsified data can waste time and money - and, potentially, lives. Such practices put at stake the reputation of scientists and their institutions.

Generally, the motivation behind lying seems to be cutting corners to prove something that a researcher genuinely believes to be true - rather than a desire to falsify. Competition for research funds, the pressure to publish, and the fight for recognition can all be blamed.

Many have argued the case for an enforceable code of conduct, which would make corners more difficult to cut, and remove the temptation. As Bruno Zimmermann, the current head of research affairs at the Deutsche Forschungsgemeinschaft (DFG), has said, 'the right to self-regulation is not sacred. It must be earned by showing the public that we are ensuring that research is being carried out in full honesty'.

The Hermann and Brach scandal is a famous recent example of misconduct. A task force set up by the DFG used computer programs to examine 347 papers published by Hermann, a clinical researcher, for evidence of copying or manipulation. Their report, published in June 2000, revealed that 94 papers were suspect, 53 of which were published jointly with Brach, a molecular biologist. Both researchers were expelled. The DFG now says it will withdraw funding from any institute that lacks satisfactory procedures for dealing with misconduct and encouraging good scientific practice by 2002.

Misconduct's impact is undeniably serious. But what sort of code of conduct could prevent fraud in the face of the pressures on scientists? And how could such a code be implemented?

In the first place, science must be seen as open and honest. A 1998 editorial in *Nature* advocated the maintenance of good laboratory notebooks, which should be archived for 10 years. In response, Angelides and Pianelli pointed out that the highly individualistic practice of note taking could render even the best-kept notebooks incomprehensible, and recommended that a standardised recording protocol be adopted, like that used in medicine. (Ironically, Angelides was later found guilty of falsifying data.) Such archived records should be regularly checked by colleagues, who, by signing, would share responsibility for the work. The material should also be available to anyone who has good reason to wish to view it (competitors excluded).

Honest and open practice should include regular discussion of findings at staff meetings. Scientists should also be prepared to speak with the public if the need arises. Upon submission of papers for publication, all authors should sign statements accepting responsibility for the content. This is already required by the NIH in the USA to prevent honorary authorship, and would perhaps have helped in the Hermann and Brach case, where Hermann maintains that he was not aware that Brach was fabricating data.

The second issue is autonomy. Motivation must be by social responsibility and the advancement of science, rather than financial gain. All findings should be reported even if they are to the detriment of their sponsor, and equally, the sponsors must not ignore or discourage publication of such information. Researchers cannot be fired because they don't produce the desired results, but only because they don't perform to acceptable standards. In addition, scientists

should remain unbiased and avoid conflicts of interest, for instance in peer review.

Thirdly, adequate training and support must be provided for students and young researchers, who should learn and abide by the code of conduct. Each should be allocated a supervisor who must meet with them regularly. Sufficient levels of support should reduce any pressures on young scientists to fabricate data. Incentive schemes could be introduced to encourage good supervision.

Fourthly, just as their superiors should report a student's failure to comply with the codes of conduct, young scientists should feel able to report misconduct amongst more senior colleagues. Institutions should identify an ombudsman to address concerns about the honesty of other scientists. The whistleblower in the Hermann and Brach case said that an ombudsman might have been helpful, and a group of retired professors has since been established to act in this capacity.

Backlash against whistleblowers should be catered for by regulations. In the case of Angelides, he tried to sue his institute, its investigating committee members, and several former colleagues who gave evidence against him, for slander and ruining his career. The lawsuit was dropped when the final federal administration decision found him guilty.

Any code of conduct should also embrace environmental and ethical guidelines. A centralised regulatory body should apply standards such as those relating to animal welfare.

Finally, employers must treat all employees fairly, and the same standards and opportunities must apply to all, regardless of gender, race or age. Annual reviews should assess salary and career prospects, and concerns about discrimination should be discussed.

It is always the case that some individuals will conspire to undermine regulations and guidelines, however well-conceived these may be. However, with an enforceable code of conduct in place, we can only hope that those scientists who choose to ignore the rules will be doing so with a sense of guilt and shame for the dishonour they are doing their co-workers, and society as a whole.

CAROLYN COWEY

BES 2002

21ST JOINT MEETING OF THE

British Endocrine Societies

Harrogate International Centre, Harrogate, UK
8-11 April 2002

Preliminary programme available September 2001
Further details available from the Bristol office



The Society is always pleased to support its members with travel grants to enable them to attend meetings around the globe. Last Autumn, many members took the opportunity to attend ICE 2000 in Australia, and several took in other events during the course of their trip. Here are just a few of their recollections...

11th International Congress of Endocrinology

Sydney, 29 October-2 November 2000

"The size of the Congress meant my poster reached a wide audience of scientists working in many branches of endocrinology. The meeting provided highlights of current research in different areas, and was a very valuable experience. I also took the opportunity to attend Neuroendo 2000, and to present a seminar at the Howard Florey Institute."

MIKE LUDWIG

"Neuroendo 2000 was a satellite of ICE. The diverse symposia included Appetite and body weight, Seasonal and circadian cycles, Plasticity of the HPA axis, and Sex steroids and the brain. All gave a good insight into topical research and were relevant to my own studies. My poster presentation provided an excellent opportunity to discuss my research with other delegates."

A J DOUGLAS

"My interest is mainly in cellular signalling and reproduction. I particularly enjoyed Robert Winston's opening lecture on reproductive engineering, and the series of sessions discussing the signalling pathways that follow cell surface receptor activation. Mark Caron's lecture on G-protein signalling and the sessions on female reproduction were also very interesting, as were the discussions on nuclear receptor signalling and steroidogenesis."

DIAN DEWI

"Neuroendo 2000 was exceptionally beneficial for a newcomer to neuroendocrinology, covering a huge breadth of current 'hot' topics. It was followed by ICE, where there were so many highlights I would have liked to have been able to be in three places at once! I especially enjoyed Professor Nagata's lecture on apoptosis. I received some invaluable feedback following my poster presentation, and am looking forward to continuing some of the discussions I started with new found friends in Australia."

J F MURRAY

"My research focuses on somatostatin in breast cancer, and I was interested to hear a group from Milan reporting work on the mechanisms of resistance to somatostatin in GH-secreting adenomas. Another group, from Stockholm, had investigated the use of telomerase activity and hTERT expression as predictors of malignancy in pheochromocytomas and abdominal paragangliomas. My posters were well received and I enjoyed meeting people who were working in the same field."

NICOLA DRUMMOND

"Plenty of symposia were of interest to me, covering the thyroid gland, mechanisms of hormone resistance in man, molecular action of thyroid hormones and the sodium iodide symporter. I particularly enjoyed Micheline Misrahi's dissection of the mechanism of polarised trafficking of gonadotrophin and thyrotrophin receptors. Despite the jet lag, I returned to the lab full of enthusiasm!"

N JORDAN

"The work presented by my group was well received and we hope that our new contacts will produce useful collaborations in due course. Some of the sessions were very useful to me as a university teacher, and will contribute to my own lectures in the near future."

KAY MARSHALL

"I travelled to the 12th International Thyroid Congress, in Japan, on my way to ICE. My interests include thyroid auto-immunity, and particularly thyroid-stimulating and -blocking antibodies, for which I have developed clinical assays. Consequently, the workshop on the clinical value of measuring TSH receptor antibodies was a highlight for me. When I moved on to ICE, I was able to attend Nancy Carrasco's exciting account of studies on the sodium iodide symporter, which I had missed in Kyoto. I also found the sessions on congenital adrenal hyperplasia and the differential diagnosis of hyperthyroidism very interesting. I greatly enjoyed both meetings, and the opportunity to talk with experienced researchers in endocrinology."

CAROL EVANS

Time for Basic Science Training!

SUMMER SCHOOL - YORK

Young Endocrinologists Introductory Day, 9 July

TALKS - Pituitary, Adrenal and Thyroid glands

GROUP DISCUSSION - Interactions within endocrine axes

Molecular Endocrinology Workshop, 10 July

TALKS

- Proteomics I: high throughput analysis - 2D gel electrophoresis, mass spectroscopy, protein sequencing
- Proteomics II: advances in the study of cellular protein interactions
- Functional genomics of inherited renal tubulopathies - Bartter's, Gitelman's, Liddle's syndromes
- Screening for mutations and its pitfalls
- Advances in mutation and polymorphism detection
- Laser capture microdissection and expression profiling by cDNA microarrays

FOCUS ON ENDOCRINOLOGY - YORK

Cloning non-mammalian genes, 13 July

TALKS

- Renin-angiotensin genes - some successes, some failures
- Molecular genetics in the insect
- Ubiquity of PTHrP gene

DEBATE - Voracity of cloning techniques in non-mammalian species

UK-based young endocrinologist members qualify for grants of up to £150 - deadline 29 June!

Further details from www.endocrinology.org or ann.lloyd@endocrinology.org

REGISTRATION EXTENDED DEADLINES:

30 June (Summer School); 2 July (Focus on Endocrinology)

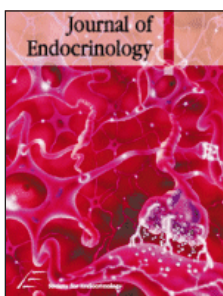
ACCOMMODATION DEADLINE: 4 June (both events)

Hot Topics

Highlights from the latest endocrine research, selected for you by the journal editors and summarised by Carolyn Cowey.

Leptin's role in athletes

Reproductive and skeletal problems can affect female athletes who exercise intensively, as Warren and Perlroth examine. Restricted food intake, notably by gymnasts, can lead to hypoestrogenism. GnRH release is suppressed, and thus also LH and FSH, so limiting ovarian stimulation and oestradiol production, and causing delayed menarche or amenorrhoea. Low bone mineral density can accompany these fertility problems. The bone trophic hormones T3 and IGF-I are lowered by reduced energy intake, leading to weakened bones that are more liable to injury. Leptin levels are chronically low in amenorrhoeic women, and leptin receptors have been found on hypothalamic neurones that control GnRH release, and in bone, indicating a role for leptin in adaptation to caloric deficit. Reproductive dysfunction may be reversed and bone accretion stimulated by weight gain or reduced exercise. HRT can curb further bone loss, but treatment to correct metabolic abnormalities, such as IGF-I, may be more effective.

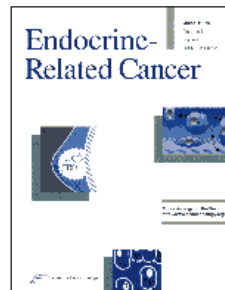


(See the full article in the *Hormones and Sport special section*, Journal of Endocrinology **170**(1), July 2001)

Phytoestrogen efficacy

Chemotherapy can predispose women to early menopause. Because breast cancer is oestrogen-dependent, HRT cannot be recommended to relieve menopausal symptoms. This and colleagues reviewed the use of soy phytoestrogens as a natural alternative, in light of the absence of controlled

trials of their safety and efficacy. Evidence to recommend them for the prevention of osteoporosis or cardiovascular disease is lacking, though they may relieve hot flushes. An effect on breast cancer cells will depend on intramammary genistein (a phytoestrogen) and 17 β -oestradiol (E₂) concentrations, which depend on tissue metabolism. *In vitro*, high genistein concentrations inhibit cancer cell proliferation by inhibiting the tyrosine kinase activity of growth factor receptors. Moderate doses can slightly inhibit cell growth by competing with E₂ for oestrogen receptors, or have a stimulatory effect if E₂ concentrations are very low. The authors suggest that phytoestrogens should only be considered as a treatment for hot flushes in patients with a good prognosis, a long time after diagnosis. This is a highly controversial area, and the role of phytoestrogens in promoting or inhibiting tumour growth needs significantly more study.



(See the full article in *Endocrine-Related Cancer* **8**(2), June 2001)

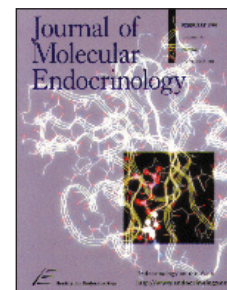
PPARs and inflammation

Peroxisome proliferator-activated receptors (PPARs) may have a modulatory role in inflammation, according to Delerive and colleagues. Lipid-lowering fibrates and anti-diabetic glitazones are synthetic ligands, activating PPAR α and PPAR γ respectively. PPAR α reduces the inflammatory response by negatively interfering with NF- κ B and AP-1 transcriptional activities. These control proinflammatory genes such as cytokines, metalloproteases and acute phase proteins. Clinical trials in coronary artery disease have shown that fibrate can successfully treat inflammation. *In vitro* studies have demonstrated that PPAR γ also regulates the inflammatory response, though the mechanism for this is

unclear. *In vivo* studies using glitazone have so far yielded conflicting results. The authors conclude that PPAR ligands could potentially treat chronic inflammatory diseases. They also recommend studies to determine whether the beneficial effects of certain dietary fatty acids on the immune response are PPAR-mediated and whether PPAR activation results in a permanent reduction in inflammation. (See the full article in the *Eurosterone special section*, Journal of Endocrinology **169**(3), June 2001)

Male ERs explored

Research into oestrogen's role in male reproduction is relatively recent. Now Mowa and Iwanaga have mapped expression of oestrogen receptors (ERs) in prenatal through to adult male rats using *in situ* hybridization. ER β was only expressed intensely in testis prenatally, and so perhaps regulates germ cell production. Intense expression of ER α in the efferent duct throughout suggests oestrogen's involvement in the duct's development and in regulation of spermatozoan concentration. ER α was also detected in the epididymis, so indicating a role in its development, and in modulating the secretion of organic compounds that promote the viability of spermatozoa. In adults, ER α was found in the muscle of the vas deferens, supporting previous suggestions that oestrogen regulates contraction during spermatozoan transportation. Intense ER α and ER β signals were detected in the developing and adult accessory glands respectively, alluding to their involvement in growth of and/or secretion by these glands. This study provides a foundation for understanding the role of oestrogen in male reproduction.



(See the full article in *Journal of Molecular Endocrinology* **26**(3), June 2001)

ENDO 2001: 83rd Annual Meeting

Denver, CO, USA, 20-23 June 2001.
Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: <http://www.endo-society.org>).

A Eurosterone Thematic Workshop, Steroid Signalling: New Frontiers

Edinburgh, UK, 29-30 June 2001.
Contact: Alex Bailey, Centre for Reproductive Biology, University of Edinburgh, 37 Chalmers Street, Edinburgh EH3 9ET, UK (Tel/Fax: +44-131-2283606; Email: enquiries@eurosterone.com).

Bone and Tooth Society Meeting

Warwick, UK, 4-5 July 2001.
Contact: Janet Crompton, The Old White Hart, North Nibley, Dursley GL11 6DS, UK (Tel: +44-1453-549929; Fax: +44-1453-548919; Email: janetcrompton@compuserve.com; Web: <http://www.janet-crompton.com>).

Pediatric Endocrinology 2001

Montréal, Canada, 6-10 July 2001.
Contact: PedEndo Secretariat, 1110 Pine Avenue West, Montréal, Québec, Canada H3A 1A3 (Tel: +1-514-3983770; Fax: +1-514-3984854; Email: pedendo@ums1.ian.mcgill.ca; Web: <http://www.med.mcgill.ca/pedendo>).

Society for Endocrinology Young Endocrinologists Introductory Day at Summer School 2001

York, UK, 9 July 2001.
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org).

Techniques and Applications of Molecular Biology: a Course for Medical Practitioners

Warwick, UK, 9-12 July 2001.
Contact: Dr Charlotte West, Department of Biological Sciences, University of Warwick, Coventry CV4 7AL, UK (Tel: +44-24-76523540; Fax: +44-24-76523701; Email: charlotte.west@warwick.ac.uk).

Society for Endocrinology Molecular Endocrinology Workshop at Summer School 2001

York, UK, 10 July 2001.
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org).

29th British Congress of Obstetrics and Gynaecology

Birmingham, UK, 10-13 July 2001.
Contact: BCOG Secretariat, Congress House, 65 West Drive, Cheam, Sutton, Surrey SM2 7NB, UK (Tel: +44-20-86610877; Fax: +44-20-86619036; Email: info@conforg.com).

Society for Endocrinology Advanced Endocrine Course at Summer School 2001

York, UK, 11-12 July 2001.
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org).

Signalling Homeostasis

Dublin, Ireland, 11-13 July 2001.
Contact: Meetings Office, Biochemical Society, 59 Portland Place, London W1N 3AJ, UK (Tel: +44-20-75805530; Fax: +44-20-73231136; Email: meetings@biochemistry.org; Web: <http://www.biochemistry.org/meetings/>).

Society for Endocrinology Clinical Practice Day at Summer School 2001

York, UK, 13 July 2001.
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org).

Society for Endocrinology Focus on Endocrinology: Cloning of Non-Mammalian Genes

York, UK, 13 July 2001.
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org).

Recent Progress in Hormone Research

Washington, DC, USA, 4-8 August 2001.
Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: <http://www.endo-society.org>).

53rd Harden Conference: Proteoglycans: Messages in the Matrix

Cumbria, UK, 16-21 August 2001.
Contact: The Meetings Office, Biochemical Society, 59 Portland Place, London W1B 1QW, UK (Tel: +44-20-75803481; Fax: +44-20-76377626; Email: meetings@biochemistry.org; Web: <http://www.biochemistry.org/meetings/>).

Physiology of Pregnancy and Parturition (Satellite of the 34th International Congress of Physiological Sciences)

Auckland, New Zealand, 20-21 August 2001.
Contact: Dr Jeffrey A Keelan, Liggins Institute, University of Auckland Faculty of Medical and Health Sciences, Private Bag 92019, Auckland, New Zealand (Tel: +64-9-3737599 ext 6246; Fax: +64-9-3737556; Email: j.keelan@auckland.ac.nz; Web: <http://pregnancy-iups.auckland.ac.nz>).

Actions and Interactions at the Pituitary (Satellite of the 34th International Congress of Physiological Sciences)

Christchurch, New Zealand, 24-25 August 2001.
Contact: Dr J Evans, Department of Obstetrics and Gynaecology, Christchurch School of Medicine, Private Bag 4711, Christchurch, New Zealand (Tel: +64-3-3644642; Fax: +64-3-3644634; Email: john.evans@chmeds.ac.nz; Web: http://www.chmeds.ac.nz/news_releases/pituitarysatellite.html).

27th Meeting of the European Thyroid Association

Warsaw, Poland, 25-29 August 2001.
Contact: Prof Janusz Nauman, Department of Endocrinology, Medical University of Warsaw, Banacha 1A, 02-097 Warsaw, Poland (Tel/Fax: +48-22-6597562; Email: janu@amwaw.edu.pl; Web: <http://www.amwaw.edu.pl/eta>).

34th International Congress of Physiological Sciences

Christchurch, New Zealand, 26-31 August 2001.
Contact: The Conference Company, PO Box 90-040, Auckland, New Zealand (Fax: +64-9-3601242; Email: info@tcc.co.nz; Web: <http://www.iups2001.org.nz>).

20th International League of Associations for Rheumatology World Congress

Edmonton, Canada, 26-31 August 2001.
Contact: Tel: +1-905-2733080; Fax: +1-905-27323611; Email: healthcarecomm@sympatico.ca

Comparative Clinical and Molecular Endocrinology

Utrecht, The Netherlands, 29-31 August 2001.
Contact: Secretariat Symposium CCME, Yalelaan 8, PO Box 80.154, 3508 TD Utrecht, The Netherlands (Fax: +31-30-2518126).

Molecular Techniques for Life Sciences

Glasgow, UK, 3-7 September 2001.
Contact: Dr H McLean, School of Biological and Biomedical Sciences, Glasgow Caledonian University, Glasgow G4 0BA, UK (Tel: +44-141-3313209; Fax: +44-141-3313208; Email: biological.biomedical@gcal.ac.uk; Web: www.sbbs.gcal.ac.uk/short_courses).

11th International Society for Chromaffin Cell Biology Meeting

San Diego, CA, USA, 3-11 September 2001.
Contact: Dan O'Connor, Department of Medicine and Center for Molecular Genetics, University of California, 3350 La Jolla Village Drive, San Diego, CA 92161-9111H, USA (Tel: +1-858-5528585 ext 7373 (office), 2632 (lab); Fax: +1-858-6426331 (office), +1-858-6426425 (lab); Email: doconnor@ucsd.edu; Web: <http://medicine.ucsd.edu/hypertension> or <http://elcapitan.ucsd.edu/hyper>).

Joint Meeting of the British Pharmacological Society and Physiological Society

Bristol, UK, 5-7 September 2001.
Contact: The Physiological Society, Department of Biomedical Science, The University of Sheffield, Western Bank, Sheffield S10 2TN, UK (Tel: +44-114-2222390; Email: meetings@physoc.org).

Society for Endocrinology Endocrine Nurse Training Course

Glasgow, UK, 11-13 September 2001.
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: <http://www.endocrinology.org>).

28th Meeting of the British Society for Paediatric Endocrinology and Diabetes

Sheffield, UK, 13-14 September 2001.
Contact: BioScientifica Ltd, 16 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: <http://www.bioscientifica.com/#Confs>).

Thyroid and Graves Ophthalmopathy Symposium

Graz, Austria, 21-22 September 2001.
Contact: S Ramschak-Schwarzer (Tel: +43-316-3852383; Fax: +43-316-3853428; Email: sigrid.ramschak-schwarzer@klinikum-graz.at).

4th Biennial Congress of the European Society for Sexual and Impotence Research

Rome, Italy, 30 September-3 October 2001.
Contact: SC Studio Congressi, Via F Ferrara 40, 00191 Rome, Italy (Tel: +39-06-3290250; Fax: +39-06-36306897; Email: sc.congressi@agora.stm.it; Web: <http://www.essir2001.it>).

11th Balkan Congress of Endocrinology

Istanbul, Turkey, 1-3 October 2001.
Contact: The Society of Endocrinology and Metabolism of Turkey, Ankara University Medical Faculty, İbni Sina Hospital, 10th Floor D-Block, 06100 Sıhhiye, Ankara, Turkey (Tel: +90-312-3105350 or +90-312-3094717; Fax: +90-312-3105350 or +90-312-3094505; Email: president@semt.org.tr, gurbuz.erdogan@semt.org.tr or gurbuz.erdogan@tcmd.org.tr; Web: <http://www.semt.org.tr>).

Endocrinology and Diabetes: Delivering Care in the 21st Century

Edinburgh, UK, 4 October 2001.
Contact: Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, UK (Web: <http://www.rcpe.ac.uk/events.html#oct001>).

24th Congress of Endocrinology and Metabolic Diseases of Turkey, Joint Meeting with the American Association of Clinical Endocrinologists

Istanbul, Turkey, 4-6 October 2001.
Contact: The Society of Endocrinology and Metabolism of Turkey, Ankara University Medical Faculty, İbni Sina Hospital, 10th Floor D-Block, 06100 Sıhhiye, Ankara, Turkey (Tel: +90-312-3105350 or +90-312-3094717; Fax: +90-312-3105350 or +90-312-3094505; Email: president@semt.org.tr, gurbuz.erdogan@semt.org.tr or gurbuz.erdogan@tcmd.org.tr; Web: <http://www.semt.org.tr>).

6th International Congress of Endocrine Disorders

Tehran, Iran, 5-9 October 2001.
 Contact: Fereidoun Azizi, PO Box 19395-4763, Tehran, Iran (Tel: +98-21-2416282; Fax: +98-21-2416264; Email: iced@erc-iran.com; Web: <http://www.erc-iran.com/iced>).

Clinical Endocrinology Update: 2001

Illinois, USA, 7-10 October 2001.
 Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: <http://www.endo-society.org>).

American Society of Bone and Mineral Research

Phoenix, AZ, USA, 12-16 October 2001.
 Contact: Tel: +1-202-8571161; Fax: +1-202-2234579; Email: asbmr@dc.sba.com

57th Annual Meeting of the American Society for Reproductive Medicine (ASRM 2001)

Orlando, FL, USA, 20-25 October 2001.
 Contact: ASRM, 1209 Montgomery Highway, Birmingham, AL 35216-2809, USA (Tel: +1-205-9785000; Fax: +1-205-9785018; Email: asrm@asrm.org).

Statins: the End of Coronary Heart Disease?

London, UK, 1 November 2001
 Contact: BioScientifica Ltd, 16 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222).

3rd International Conference on Cancer-Induced Bone Diseases

Awaji Island, Japan, 16-18 November 2001.
 Contact: Local Organizing Committee, Toshio Matsumoto, First Department of Internal Medicine, University of Tokushima School of Medicine, 3-18-15 Kuramoto-cho, Tokushima 770-8503, Japan (Tel: +81-88-6337120; Fax: +81-88-6337121; Email: toshimat@clin.med.tokushima-u.ac.jp; Web: <http://square.umin.ac.jp/cibd/>).

192nd Meeting of the Society for Endocrinology

London, UK, 3-4 December 2001.
 Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: <http://www.endocrinology.org>).

2nd International Huaxia Congress of Endocrinology

Hong Kong, China, 14-17 December 2001.
 Contact: Ms Veronica Cheng, c/o PC Tours & Travel, B128, The Royal Garden Hotel, 69 Mody Road, Tsimshatsui East, Kowloon, Hong Kong, China (Tel: +852-2369-9052-4; Fax: +852-2723-9044; Email: pc@pctourshk.com; Web: <http://www.endocrine-hk.org/huaxia2001>).

8th World Congress on Endometriosis

San Diego, CA, USA, 24-27 February 2002.
 Contact: ASRM, 1209 Montgomery Highway, Birmingham, AL 35216-2809, USA (Tel: +1-205-9785000; Fax: +1-205-9785018; Email: asrm@asrm.org).

Society for Endocrinology Clinical Cases Meeting

London, UK, 27 February 2002.
 Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: <http://www.endocrinology.org>).

BES 2002: 21st Joint Meeting of the British Endocrine Societies

Harrogate, UK, 8-11 April 2002.
 Contact: British Endocrine Societies, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: <http://www.endocrinology.org>).

29th European Symposium on Calcified Tissues

Zagreb, Croatia, 25-29 May 2002.
 Contact: Tel: +44-1453-549929; Fax: +44-1453-548919; Email: admin@ectsoc.org; Web: <http://www.ectsoc.org>

ENDO 2002: 84th Annual Meeting

San Francisco, CA, USA, 19-22 June 2002.
 Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: <http://www.endo-society.org>).

21st Conference of European Comparative Endocrinologists

Bonn, Germany, 26-31 August 2002.
 Contact: 21st CECE, c/o Institute of Zoophysiology, Endericher Allee 11-13, D-53115 Bonn, Germany (Fax: +49-228-732496; Email: esce2002@uni-bonn.de; Web: <http://www.esce2002.uni-bonn.de>).

5th International Congress of Neuroendocrinology

Bristol, UK, 31 August-4 September 2002.
 Contact: BioScientifica Ltd, 16 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: icn2002@endocrinology.org; Web: <http://www.bioscientifica.com/icn2002.htm>).

28th Meeting of the European Thyroid Association

Göteborg, Sweden, September 2002.
 Contact: Dr Ernst Nystrom (Email: euro-thyroid-assoc@cf.ac.uk).

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, October 2002.
 Contact: Web: <http://www.bestforwomen.conf.au>

Clinical Endocrinology Update: 2002

Oregon, USA, 6-9 October 2002.
 Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: <http://www.endo-society.org>).

58th 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: +1-205-9785000; Fax: +1-205-9785018; Email: asrm@asrm.org).

BES 2003: 22nd Joint Meeting of the British Endocrine Societies

Glasgow, UK, 24-27 March 2003.
 Contact: British Endocrine Societies, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org).

30th European Symposium on Calcified Tissues

Rome, Italy, 8-12 May 2003.
 Contact: Tel: +44-1453-549929; Fax: +44-1453-548919; Email: admin@ectsoc.org; Web: <http://www.ectsoc.org>



Time for Clinical Training!

Advanced Endocrine Course, 11-12 July

LECTURES - Cushing's syndrome, Pituitary imaging, Growth hormone, Endocrine hypertension, Acromegaly

SYMPOSIA

Thyroid disease - Sub-clinical disease, Thyroid disease and pregnancy, Goitre, New cancer guidelines

Diabetes - Nephropathy, Diabetes and pregnancy

Paediatrics - Endocrine disease in survivors of childhood malignancy, Congenital adrenal hyperplasia, Bone disease

Adrenal disease - Addison's disease, Advances in adrenal surgery

Clinical Practice Day, 13 July

LECTURE - Disorders of bone metabolism

DEBATE - Should all patients with primary hyperparathyroidism have surgery?

CASES - Calcium-related problems including hypocalcaemia, Hypercalcaemia

UK-based young endocrinologist members qualify for grants of up to £150 - deadline 29 June!

Further details from www.endocrinology.org or ann.loyd@endocrinology.org

Extended registration deadline - 30 June

Accommodation deadline - 4 June



Date for your diaries: Clinical Cases Meeting, London, 27 February 2002!

Statins: the end of coronary heart disease?

A one-day conference at the Royal Institute of British Architects, London, UK, on Thursday 1st November 2001.

Statins promise to revolutionise the way we deal with heart disease. The cholesterol-lowering potency of these drugs means that we will have to reassess both personal health care, and the way national health systems deal with the West's number 1 killer disease.

The near future will see both the launch of important new drugs, and the publication of ATP III, the national US guidelines on lowering cholesterol. To discuss these developments, BioScientifica is gathering a group of internationally-respected scientists for a major one-day conference in London.

SPEAKERS WILL INCLUDE:

Professor Gilbert Thompson, London
Factors influencing response to statins

Dr Malcolm Law, London
Impact of statins on CHD

Dr Fergus McTaggart, AstraZeneca
Pharmacology of statins

Dr John Betteridge, London
Clinical results of statins in diabetes

Professor Roger Illingworth, Portland, USA
Current US guidelines

Professor Anton Stalenhoef, Nijmegen, The Netherlands
How low should we go?

Professor Larry Ramsey, Sheffield
Who should we treat in a resource limited environment?

The meeting will be chaired by Professor Gilbert Thompson and Professor Stephen Bloom (Imperial College School of Medicine, Hammersmith Hospital, London).



For more information on this meeting, please contact:

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