WHAT PRICE PATHOLOGY?

PLUS...
Your nominations needed now!
Looking back at Belfast
Countering misconduct
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 future, 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!
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, Kings 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; I 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 of 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 trusthnome 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 thorple in the glade
He burbled thus with vorpal blade
That manxsome foe he durstly made.
Beware the Jabberwock my son
A mighty pen is quite undone.

S PEPS (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.
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 tell 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

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**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

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**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 Vennstrom, J A Gustafsson, B Groner, E R de Kloet, G Schutz, H Gronemeyer, P Chambon and S W J Lambert)

**2002 Asia & Oceania Medal**

( previously I Clarke, R Smith, J Findlay, P D Gückman, 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**.
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 Joanette’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!

Evan Joanette

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 Joanette.

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.
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

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.

KEY

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

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.
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 GH-secreting adenomas. A third group, from Sydney, had presented work on the clinical value of measuring TSH receptor antibodies. My interest 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.”

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 polariised trafficking of gonadotrophin and thyrotrophin receptors. Despite the jet lag, I returned to the lab full of enthusiasm!”

N J JORDAN

“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
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 17β-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 PPARα and PPARγ respectively. PPARα reduces the inflammatory response by negatively interfering with NF-κB 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 fibrates can successfully treat inflammation. In vitro studies have demonstrated that PPARγ 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 Endocrinology 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. ERβ was only expressed intensely in testis prenatally, and so perhaps regulates germ cell production. Intense expression of ERα in the efferent duct throughout suggests oestrogen’s involvement in the duct’s development and in regulation of spermatozoan concentration. ERα 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, ERα was found in the muscle of the vas deferens, supporting previous suggestions that oestrogen regulates contraction during spermatozoan transportation. Intense ERα and ERβ 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)
6th International Congress of Endocrine Disorders
Tehran, Iran, 5-8 October 2001
Contact: Fereidoon Azizi, PO Box 19395-4763, Tehran, Iran (Tel: +98-21-2416282; Fax: +98-21- 2416246; Email: iced@icr-tran.com; Web: http://www.icr-tran.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 300, 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, 20-23 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: BiobioScientia 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
Contact: Local Organizing Committee, Toshihisa Matsumoto, First Department of Internal Medicine, University of Tokushima School of Medicine, 3-18-15 Kuramoto-cho, Tokushima 770-8533, Japan (Tel: +81-88-6337120; Fax: +81-88-6337121; Email: toshimat@clin.med.tokushima-u.ac.jp; Web: http://square.umm.ac.jp/cibd/)
192nd Meeting of the Society for Endocrinology
London, UK, 3-4 December 2000
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@endo-society.org; Web: http://www.endo-society.org)
2nd International Haixua 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: +852-2369-0052-4; Fax: +852-2723-9044; Email: pc@pc tourshk.com; Web: http://www.endocrine-hk.org/huaixua2001).
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
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@endo-society.org; Web: http://www.endo-society.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@endo-society.org; Web: http://www.endo-society.org)
29th European Symposium on Calcified Tissues
Contact: Tel: +44-1453-549929; Fax: +44-1453- 548010; Email: admin@ectsoc.org; Web: http://www.ectsoc.org
ENDO 2002: 84th Annual Meeting
Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 300, 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, Endenicher Allee 11-13, D-53115 Bonn, Germany (Fax: +49-228-732499; 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: iccn5@endo-society.org; Web: http://www.bioscientifica.com/iccn5/2002.html)
28th Meeting of the European Thyroid Association
Contact: Dr Ernst Nystrom (Email: euro-thyroid-asrm@asrm.org).
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).