

The background of the cover is a photograph of the Christ the Redeemer statue in Rio de Janeiro, Brazil. The statue is shown from the waist up, with its right arm extended horizontally to the left. The sky is a clear, deep blue, and a thin crescent moon is visible in the lower-left quadrant. The statue's face is in the upper right corner, looking slightly to the right.

ISSN 0965-1128

# The Endocrinologist

THE NEWSLETTER OF THE SOCIETY FOR ENDOCRINOLOGY • ISSUE 87

SPRING 2008

Is this  
your ticket  
to Rio?

## PLUS

New Society  
for NETS

Endocrine nursing  
in Turkey

Do you need a  
helping hand?



► Why does the cover show the statue of Christ in Majesty which dominates the skyline of Rio de Janeiro? Those of you planning to attend the International Congress of Endocrinology in November will need no explanation: ICE 2008 is being held in Brazil. If you are a clinical trainee who plans to attend this meeting, turn to page 7 to find out how the Clinical Endocrinology Trust could help you get to Rio. Deadlines for other travel awards and news of grants recently awarded by the Society can be found on page 6. The Society supports an amazing range of activities!

I am delighted that this issue announces the Society Retreat for junior members, which will be held this autumn. Rob Fowkes and the Science Committee have put much thought and effort into this event, which I expect to be very popular indeed. It's a chance for junior members to get together, talk about research and meet some of the more senior members of the Society, all in lovely surroundings. Turn to page 4 for more information.

I suspect that, for most Society members, the name BioScientifica is familiar, but that you can't quite explain what it does. Well, as the commercial arm of the Society for Endocrinology, BioScientifica bankrolls much of the Society's work. Its work is increasingly important to the financial well-being of the Society, particularly given the current risks to journal income. Importantly, it also offers a 'can-do' service for use by members who want to run a conference, publish proceedings, and much else besides. Do take a look on pages 10 and 11 and read about the roles of the people working for BioScientifica.

There is more news from the Special Interest Groups on pages 14 and 15, with details of the two new Obesity and Endocrine Disruptor SIGs, as well as updates from the established SIGs dedicated to the Pituitary and to PCOS and the Metabolic Syndrome. John Newell-Price writes about the newly established UK and Ireland Neuroendocrine Tumour Society (UKINETS) on page 13. A multidisciplinary organisation, it will promote training, education, research and collaboration in this important area.

On page 16, Maggie Carson shares her experience of endocrinology in Turkey. And if that's not enough, for more action read about Hotspur's experience of a 'senior' squash tournament (page 17).

As spring arrives with this issue of *The Endocrinologist*, I look forward to seeing you in Harrogate!

Best wishes

JOY HINSON  
(j.p.hinson@qmul.ac.uk)

B R I T I S H  
**THYROID**  
FOUNDATION

Calling all Nurses interested in Thyroid Disorders!

**Evelyn Ashley Smith Awards 2008**

The BTF is offering two awards of £500 to enable nurses with a specialist interest in thyroid disorders to provide improved care to thyroid patients. Applications are invited from nurses within the UK and Eire. The award will be offered to (a) support training needs including conference attendance, (b) support a specific project lasting 1 year, (c) reward a piece of work already completed, but not yet published. Applicants must demonstrate that the supported activity will enhance the care of patients with thyroid disorders. Application forms are available from [www.btf-thyroid.org](http://www.btf-thyroid.org) or BTF Endocrine Nurse Award, PO Box 97, Clifford, Wetherby LS23 6XD, UK.

**THE CLOSING DATE FOR THEIR RECEIPT IS 1 JULY 2008**

*This award was made possible by the late Evelyn Ashley Smith,  
for many years a BTF member.*



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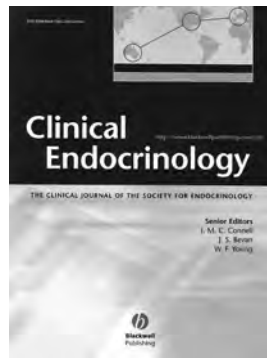
**2008 Advertising Rates**

Advertise your event in *The Endocrinologist!*  
Members: Mono - Half page £110  
Mono - Full page £170  
Others: Mono - Half page £325  
Mono - Full page £500  
Colour - Full page £1300  
Outside back cover - Full page colour £1600

Deadline for news items for the Summer  
2008 issue: **28 March 2008**. Please send  
contributions to the above address.



# New editors for *Clinical Endocrinology*



► Prof Jayne Franklyn is standing down after a marathon 5-year stint as Senior Editor of *Clinical Endocrinology*. She is owed a considerable debt of gratitude by both the Society and the publisher, Blackwell Publishing (now part of Wiley-Blackwell). During Jayne's term of office, the journal has seen a sustained rise in impact factor and international prestige. *Clinical Endocrinology* has changed substantially in design, layout and focus during this time.

The Society's official clinical journal will see Prof John Connell continue as Senior Editor, now joined by Prof Bill Young (Mayo Clinic, Rochester, MN, USA) and Dr John Bevan (Aberdeen Royal Infirmary). Broadening the base of the senior editorship will retain the clinical focus while enhancing the international impact of the content. Profs Aart van der Lely and Stephen Judd continue their editorial responsibilities for manuscripts submitted from continental Europe and Australasia/Japan/South East Asia, respectively.

*Clinical Endocrinology* continues in robust health and is a journal of which the Society is justifiably proud. As you will read in the article on the Clinical Endocrinology Trust on page 7, the more our clinical journal is supported, the more the Trust can do for the good of clinical endocrinology. The new editorial team keenly awaits your very best papers!

## Your e-votes needed now!

► The Society is conducting an electronic ballot to elect two new members of Council. If you are a Full Member and we have your email address, you will have already received an invitation to vote electronically. Please remember to exercise your entitlement to vote by the deadline of 1 April 2008.

Note you will not be invited to take part if your membership subscription is not in good standing or if we do not have your valid email address. Please go to [www.endocrinology.org](http://www.endocrinology.org) and log on to the members' secure area to check your details and that your subscription has been paid.

## Society at Edinburgh Science Festival

The Society, in conjunction with the Medical Research Council, is running an event for the public at this year's Edinburgh International Science Festival. Entitled 'How hormones rule our lives', the session will see Prof Richard Sharpe (MRC Human Reproductive Science Unit) and Dr Mandy Drake (University of Edinburgh) discuss how lifestyle choices, hormones in our bodies and environmental factors can interact to affect our health and that of our children. Writer and broadcaster Vivienne Parry will chair the event at 18.00 on Wednesday 2 April 2008 at the National Museum of Scotland, Edinburgh. For more information, contact [jennie.evans@endocrinology.org](mailto:jennie.evans@endocrinology.org).

## CONGRATULATIONS...

to the winners of Young Endocrinologist prize lectureships. Dr Nicholas Morton (Edinburgh) won the basic science prize lecture, with his abstract entitled '11beta-HSD1 and metabolic disease: a mouse's tail'. The winner of the clinical prize was Dr Rachel Batterham (London), for her abstract entitled 'Peptide YY: food for thought'. Both will present their lectures at the Society's BES meeting in Harrogate on 7-10 April, and each will receive an honorarium of £2500.

## Society medallists

We are delighted to announce the following medallists, who have been approved by Council following their recommendation by the Awards Committee. Each will give their plenary lecture at the Society for Endocrinology BES Meeting in 2009.

### Jubilee Medal

Prof John Wass (*Oxford*)

### Dale Medal

Prof Michael Thorner (*Charlottesville*)

### Transatlantic Medal

Prof Larry Jameson (*Chicago*)

### Society for Endocrinology Medal

Prof Andrew Hattersley (*Exeter*)

### European Medal

Prof Wilmar Wiersinga (*Amsterdam*)

### International Medal

(previously known as the Asia & Oceania Medal)

Prof Mike Kawata (*Kyoto*)

## SOCIETY CALENDAR

7-10 April 2008  
Society for Endocrinology  
BES 2008 Meeting  
Harrogate International Centre

6-8 October 2008  
Clinical Update 2008  
Bristol, UK

## CAREERS FAIR BOOST

The Society's new careers web site was on show at the recent BSF Life Sciences Careers Conferences at King's College London and the University of Bristol. These 1-day conferences are held annually to inform life science undergraduates and postgraduates about career and training options in the biosciences. Our stand was a great success, attracting lots of interest from students wanting to find out about careers in endocrinology. You can see our new careers service at [www.endocrinology.org/careers](http://www.endocrinology.org/careers).

# Junior Members' retreat

► The first of our new retreats for junior members will take place in autumn 2008. This initiative aims to further meet the educational needs of junior members and to promote applications for the Society's postgraduate diploma.

Led by Dr Rob Fowkes, the retreat will:

- ▷ provide an informal setting for PhD students/early post-docs to gain experience in presenting work
- ▷ encourage younger members to actively participate in an event
- ▷ provide networking opportunities
- ▷ encourage participants to undertake/complete the postgraduate diploma in endocrinology (with priority being given to those who have already registered)

For further information, email [kate.openshaw@endocrinology.org](mailto:kate.openshaw@endocrinology.org)

## STRATEGY UPDATE

The status of the Society's strategic plan will be reviewed shortly. This will include the main strategies and headings adopted, the financial situation, the progress under each heading and discussion of new or expanded projects. In this way we will obtain a clear overview. The Officers, Clinical and Science Committee Chairs, the Chair of the Grants Panel, the Education Representative, two additional Council members and key Bristol staff will all take part.

## Members on the move...

**S Ashwell** to James Cook University Hospital, Middlesbrough; **M Christ-Crain** to University Hospital Basel, Switzerland; **M Debono** to Royal Hallamshire Hospital, Sheffield; **P Grant** to Eastbourne District General Hospital; **M Hewison** to UCLA Hospital, Los Angeles, USA; **B Huda** to Queen Elizabeth Hospital, London; **B Jose** to Good Hope Hospital, Sutton Coldfield; **V Sharp** to Imperial College London; **C Strey** to Wansbeck Hospital, Ashington.

### WITH REGRET

We are very sorry to announce the death of Dr NMI Kovacic. Dr Kovacic had been a member since 1961

## COMMITTEE NEWS

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

**Awards** We are pleased to welcome our new Chair, Steve Hillier (Edinburgh), and we thank retiring Chair Paul Stewart for his commitment to the committee.

**Clinical** The Map of Medicine is a web-based visual representation of evidence-based patient care journeys covering 28 medical specialties. The Society is engaged in developing the section of the map relating to endocrinology, and Trevor Howlett (Leicester) will continue to lead our involvement. The initial areas of interest will be thyroid, pituitary and adrenal.

The Society aims to support services and training in obesity, and Sadaf Farooqi (Cambridge) is to act as convener of the newly formed Obesity Special Interest Group (see page 14) and has been co-opted onto the Clinical Committee. Alistair McLellan (Glasgow) has taken over from Peter Selby, whose term of office on the committee ended in December 2007, and whom we thank for his support. Andy Toogood (Birmingham) will shadow Steve Ball during 2008, before taking over as Programme Advisor in 2009.

Following the compilation of a new curriculum on diabetes and endocrinology, the Postgraduate Medical Education and Training Board has now formally approved the assessment tools submitted by the Specialty Advisory Committee, based on case-based discussions.

The Clinical Strategy Group aims to capture your ideas for ways in which the Society for Endocrinology can develop its role in clinical endocrinology. The Clinical Update training course is an extremely successful recent committee initiative. As a first step in developing super-specialist accredited training, the Society is now to define the characteristics of good speciality services, starting with pituitary. The Society's peer review of endocrine services will have generated some information that will be useful in defining the characteristics of a 'good' pituitary service. As a first step to issuing a set of guidelines for rare diseases, the Society will draw up and prioritise a list of these conditions, perhaps including diseases like MEN-1 H2, Von Hippel-Lindau disease, and disorders linked to succinate dehydrogenase.

**Science** The committee welcomes Alan McNeilly (Edinburgh), who took over from Barry Brown as its Chair in January. At the same time, Paul Chapple (London), Waljit Dhillon (London) and Ruth Andrew (Edinburgh) replaced retiring members Marta Korbonits, Kevin Docherty and Iain McEwan. Our thanks go to all for their work during their terms of office.

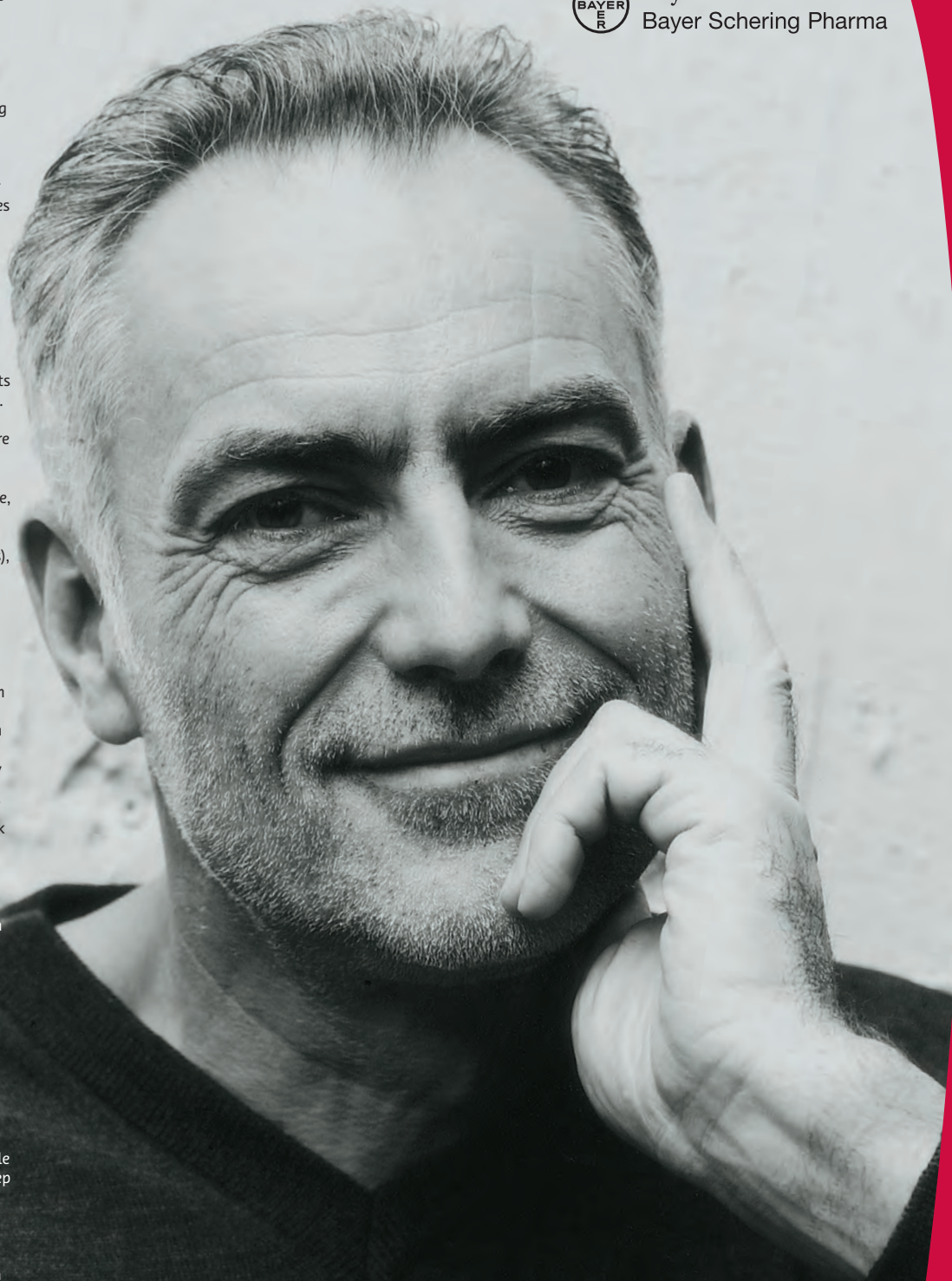
We continue our close work with the Biosciences Federation, and participated via Chris McCabe in the recent task force: Review of Science in the Health Service. You can read the full response at [www.bsf.ac.uk/responses/DoH-strategy\\_BSF.pdf](http://www.bsf.ac.uk/responses/DoH-strategy_BSF.pdf). We have also recently finalised our proposal for the scientific programme at the Society for Endocrinology BES 2009 meeting.



**PRESCRIBING INFORMATION Testogel® (testosterone) Presentation:** Sachet containing 50mg testosterone in 5g colourless gel. **Uses:** Testosterone replacement therapy for male hypogonadism when testosterone deficiency confirmed by clinical features and biochemical tests. **Dosage:** One 5g gel sachet daily. Can be adjusted in 2.5g gel steps, to a maximum of 10g gel daily. Once sachet opened, apply immediately onto clean, dry healthy skin over both shoulders, or both arms or abdomen. Do not apply to genital areas. **Children:** Not for use in children. Not evaluated clinically in males under 18. **Contra-indications:** Known or suspected prostate or breast cancer. Hypersensitivity to testosterone or any constituents of the gel. **Warnings and precautions:** Before therapy exclude prostate cancer. Examine prostate and breast at least annually, or twice yearly in elderly or at risk patients (clinical or familial factors). Monitor serum calcium concentrations in cancer patients at risk of hypercalcaemia (and hypercalcaemia). Testogel may cause oedema with or without congestive cardiac failure in patients with severe cardiac, hepatic or renal insufficiency. In this case, stop treatment immediately. Use with caution in patients with ischaemic heart disease, hypertension, epilepsy and migraine. Periodically check testosterone concentrations, haemoglobin, haematocrit, liver function (tests), lipid profile. Possible increased risk of sleep apnoea especially if obesity or chronic respiratory disease present. Improved insulin sensitivity may occur. Irritability, nervousness, weight gain, prolonged or frequent erections may indicate excessive androgen exposure requiring dose adjustment. If severe application site reactions occur, discontinue if necessary. Testosterone may produce a positive reaction in anti-doping tests. Not for use in women. Testosterone gel can be transferred to others by close skin to skin contact and can lead to adverse effects (inadvertent androgenisation) if repeated contact. Inform patient of transfer risk that is prevented by clothing or washing of application site. Testogel should not be prescribed for patients who may not comply with safety instructions (e.g. alcoholics, drug abusers, psychiatric patients). Pregnant women must avoid any contact with the application sites. Interactions reported with oral anticoagulants, ACTH or corticosteroids, and thyroxin binding globulin in laboratory tests. **Side-effects:** Most common (10%) were: skin reactions. Also reported were: changes in laboratory tests (polycythaemia, lipids), headache, prostatic disorders, gynaecomastia, mastodynia, dizziness, paraesthesia, amnesia, hyperaesthesia, mood disorders, hypertension, diarrhoea, alopecia, urticaria. Other known reactions to testosterone treatments are: muscle cramps; nervousness; depression; hostility; sleep apnoea; skin reactions; libido changes; more frequent erections; hypersensitivity reactions; rarely: jaundice, liver function tests, priapism, prostate abnormalities, prostate cancer (inconclusive), urinary obstruction. During high dose and/or prolonged treatment: weight gain, electrolyte changes, reversible interruption or reduction of spermatogenesis, water retention, oedema, rarely hepatic neoplasms. Frequent applications may cause irritation and dry skin. **Basic NHS Price:** £33.00 per pack of 30 x 5g sachets **Legal Classification:** POM **Product Licence Number:** 16468/0005 **Product Licence Holder:** Laboratoires BESINS INTERNATIONALE 5, rue du Bourg L'Abbé 75003 Paris France **Distributed by:** Schering Health Care Ltd., The Brow, Burgess Hill, West Sussex RH15 9NE **Testogel is a registered trademark of Laboratoires BESINS INTERNATIONALE PI revised:** 4 July 2007 **References:** 1. Testogel Summary of Product Characteristics, 2003. 2. Wang C *et al.* *J Clin Endocrinol Metab* 2000; **85**(8): 2839-2853. 7TEST10c October 2007.



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Andrology

Information about adverse reaction reporting in the UK can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) Alternatively, adverse reactions can be reported to Bayer plc by email: [phdsguk@bayer.co.uk](mailto:phdsguk@bayer.co.uk)



# Grant news

Find out more about the Society's grants, and download application forms, at [www.endocrinology.org/grants](http://www.endocrinology.org/grants).

## New Summer Studentships!

The Society has set up a Summer Studentship scheme for undergraduates. The scheme started this year offering students £125 per week for up to 10 weeks, together with a sum for the host department for consumables. A good number of applications were received and the studentship will be offered again next year. Look out for details at [www.endocrinology.org/grants](http://www.endocrinology.org/grants).

## Free places at Society BES meeting

The Society recently decided that all meeting expenses for the forthcoming Society BES meeting should be awarded to eligible applicants who had yet to choose endocrinology as a specialism (up to a maximum of 50 prizes). The deadline for applications was 30 November, and the incentive proved very popular, with 31 applicants receiving their free places at the 2008 meeting! In addition, 111 travel grants were awarded to Society members following the 15 December 2007 deadline for applications. Most of these will also be used to attend the Society BES meeting, which takes place on 7-10 April in Harrogate.

## Sense about Science Workshop

The Society is pleased to offer grants to attend this event. Full details can be found on page 9 of this issue.

## Success for Small Grant Programme

In May 2007 we awarded a total of almost £100 000 under the small grant programme to 10 recipients, having received 35 applications. The number and quality of applicants led Council to increase the funds available, and there are now two rounds of awards each year.

Last November's round saw 29 applications, of which 7 were successful. We congratulate **Dr Ruth Andrew** (Queen's Research Institute, University of Edinburgh), **Dr Alison Douglas** (School of Biomedical Sciences, University of Edinburgh), **Dr Jack Ham** (University of Cardiff), **Dr Steven Morley** (Queen's Medical Centre, University of Edinburgh), **Dr Claire Perks** (University of Bristol), **Prof Shanta Persaud** (King's College London) and **Dr Kirsty Smith** (Imperial College London), each of whom received between £8000 and £10 000.

### GRANT DEADLINES

Forthcoming deadlines for applications are as follows:

Travel grants 1	15 April 2008
Small grant programme	27 May 2008
Sponsored seminar grants	27 May 2008
Sponsored poster sessions	27 May 2008
Travel grants 2	15 August 2008

Society members may apply for seminar grants and poster sessions at any time.

## Other grant success

We congratulate the following recipients of Society grants.

**Dr Eva Fernandez-Rodriguez**, of University Hospital Santiago, Spain, received a grant of £2000 for a clinical department visit for a young endocrinologist in training.

**Dr Aled Rees**, of the Centre for Endocrine and Diabetes Sciences, Cardiff University, was awarded £2064 for a Society for Endocrinology sponsored poster session. The session will take place at the spring meeting of the Welsh Endocrine and Diabetes Society on 5 June 2008 at the Celtic Manor Resort, Newport.

**Dr Marta Korbonits**, of the William Harvey Research Institute, Queen Mary University of London, received a Society for Endocrinology sponsored seminar grant of £1520 to fund the following four seminars run by the St Bartholomew's Hospital Endocrine Lunchtime Club, at the Derek Willoughby Lecture Theatre, William Harvey Research Institute, John Vane Science Centre, Charterhouse Square, London EC1M 6BQ.

25 February 2008: *Catecholamines in blood urine - biochemical modern diagnosis of pheochromocytoma*, Dr Steven Ball (Newcastle) & Dr Bob Peaston

10 March 2008: *Dynamics of pituitary hormone gene expression - lighting up living cells*, Prof Julian Davis (Manchester)

### UPCOMING:

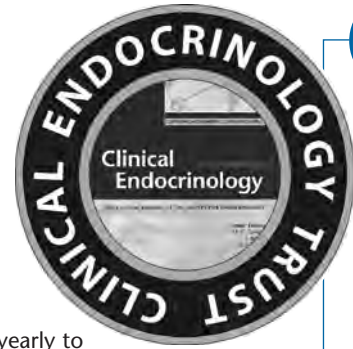
9 June 2008: *Pituitary tumours and treatment*, Dr Stephan Petersenn (University of Duisberg-Essen)

30 June 2008: *Glucocorticoids and cardiovascular disease*, Prof Brian Walker (Edinburgh)

## Don't miss out on ICE 2008!

The Society is pleased to announce it has made funds available for members to travel to the International Congress of Endocrinology (ICE) in Rio de Janeiro, Brazil, to be held 8-12 November 2008. Applications for travel grants to ICE should be submitted by the 15 August. Receipt of a grant to attend ICE will not affect your eligibility to apply for other overseas conference grants within a 12 month period.





# Why supporting *Clinical Endocrinology* is good for you!

► 2008 sees the Silver Jubilee of the Clinical Endocrinology Trust (CET). A registered charity, the CET derives its income from a profit share of the Society for Endocrinology's official clinical journal, *Clinical Endocrinology*, published by Blackwell Publishing (now part of Wiley-Blackwell).

From small beginnings in 1983, the CET distributed a remarkable £242 843 during 2006-2007, the vast majority of which went to Society-linked activities. This success reflects the increasing profile of *Clinical Endocrinology* as a major international clinical endocrine journal. It follows that the more support the journal receives from Society members - through subscriptions and submission of papers - the more the Society and its individual members will benefit from CET funding of clinical endocrinology.

The CET has five trustees. Professor Dame Lesley Rees was chairperson for several years until Professor Tony Weetman took over in January 2008. The others are Ms Elizabeth Whelan (Blackwell Publishing), Professor Julian Davis and Dr John Bevan (Secretary and Treasurer). The Society for Endocrinology Chairman (currently Professor John Wass) attends CET meetings as an observer.

The trustees meet twice yearly to review applications for support and to award grants. During 2006-2007, the CET transferred over £70 000 to the Society for conference travel grants and to support media and public relations. The CET regularly supported the Society's Summer School and will continue to support the newly established Clinical Update meeting.

A central aspect of CET activity is to promote three plenary lectures at the annual Society BES meeting (the CET Visiting Professor, CET Lecturer and BTA Pitt-Rivers Lecturer). The Visiting Professor's UK tour is also funded by the CET, and benefits Society members in up to ten regional centres across the UK. The trustees are keen to support auditing of clinical endocrine practice and have awarded recent grants for Departmental Peer Review, the UK National Acromegaly Register and CaHASE, the study of adults with CAH.

So now you all know about the Trust. Strong support for *Clinical Endocrinology* doesn't just mean good news for the CET, but good news for the Society for Endocrinology and good news for Society members - a win-win-win-win situation!

JOHN BEVAN

*The CET is a registered charity (UK-288679).*



## Could CET be your ticket to Rio 2008?

► If John Bevan (see article above) hasn't convinced you of the importance of the Clinical Endocrinology Trust (CET), then these fellowships will!

The trustees are pleased to announce ten CET Travelling Fellowships to the forthcoming International Congress of Endocrinology (ICE) in Brazil in November 2008, funded by the Clinical Endocrinology Trust. Each worth £1000, they will be awarded to UK clinical trainees below consultant grade, to enable them to travel to Rio de Janeiro for the meeting.

Successful applicants will have been an author or co-author of a publication in *Clinical Endocrinology* during the past 5 years. Although the grants will be payable before ICE 2008, the CET trustees wish to receive a short report after the congress (no more than 500 words) describing how the trainee benefited from attending.

Applications should be emailed to Dr John Bevan (johnbevan@nhs.net) by 30 April 2008, and must cite the relevant *Clinical Endocrinology* publication(s). The decision of the CET trustees will be final. Note that the successful applicants will be responsible for their own ICE 2008 registration and travel and accommodation arrangements.





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Minimising peaks and troughs,  
and avoiding accumulation<sup>1-3</sup>

Andrology

**PRESCRIBING INFORMATION Nebido® (testosterone undecanoate)** Presentation: Ampoule with 4ml solution for injection containing 1000mg testosterone undecanoate. **Uses:** Testosterone replacement therapy for male hypogonadism when testosterone deficiency confirmed by clinical features and biochemical tests. **Dosage:** One ampoule (1000mg) injected intramuscularly every 10 to 14 weeks. **Starting treatment:** Measure serum testosterone levels before start and during initiation of treatment. If appropriate, first injection interval may be reduced to a minimum of 6 weeks. **Maintenance:** Injection interval within 10 to 14 week range. Monitor serum testosterone regularly; adjust injection interval as appropriate. **Children:** Not for use in children. Not evaluated clinically in males under 18. **Contra-indications:** Androgen-dependent prostate cancer or breast cancer. Past or present liver tumours. Hypersensitivity to testosterone or any of the excipients. **Warnings and precautions:** Limited experience in patients over 65. Before therapy exclude prostate cancer. Examine prostate and breast at least annually, or twice yearly in elderly or at risk patients (clinical or familial factors). Periodically check testosterone concentrations, haemoglobin, haematocrit, liver function. Androgens may accelerate the progression of sub-clinical prostate cancer and benign prostatic hyperplasia.

Monitor serum calcium concentrations in cancer patients at risk of hypercalcaemia (and hypercalciuria). Rarely, liver tumours have been reported. Nebido may cause oedema with or without congestive cardiac failure in patients with severe cardiac, hepatic or renal insufficiency or ischaemic heart disease. In this case, stop treatment immediately. Use with caution in patients with renal or hepatic impairment, epilepsy, migraine or blood clotting irregularities. Improved insulin sensitivity may occur. Irritability, nervousness, weight gain, prolonged or frequent erections may indicate excessive androgen exposure requiring dose adjustment. Withdraw treatment if these symptoms persist or reappear. Pre-existing sleep apnoea may be potentiated. Testosterone may produce a positive reaction in anti-doping tests. Not for use in women. Not suitable for developing muscles or increasing fitness in healthy individuals. Inject Nebido extremely slowly to avoid the coughing or respiratory distress reactions that occur rarely with injection of oily solutions. Interactions reported with oral anticoagulants (requires dose monitoring), ACTH or corticosteroids, and thyroxin binding globulin in laboratory tests. **Side-effects:** Most common reactions are injection site pain (10%). Also reported are: diarrhoea; leg, breast or testicular pain; arthralgia; dizziness; increased sweating; headache; respiratory, skin or prostate disorders; acne; gynaecomastia; pruritus;

subcutaneous haematoma at injection site. Other known reactions to testosterone containing preparations are: polycythaemia (erythrocytosis); weight gain; electrolyte changes; muscle cramps; nervousness, hostility, depression; sleep apnoea; very rarely jaundice and liver function test abnormalities; skin reactions; libido changes; increased frequency of erections; interruption or reduction in spermatogenesis; priapism; prostate abnormalities; prostate cancer (inconclusive data); urinary obstruction; water retention; oedema; hypersensitivity. **Basic NHS Price:** £76.70 per 1 x 4ml **Legal Classification:** POM **Product Licence Number:** 0053/0350 **Product Licence Holder:** Schering Health Care Ltd., The Brow, Burgess Hill, West Sussex RH15 9NE **Nebido is a registered trademark of Bayer Schering Pharma AG (formerly Schering AG).** **PI revised:** 28 June 2007. **References:** 1. Behre HM et al. *Eur J Endocrinol* 1999; **140:** 414-419. 2. Von Eckardstein S et al. *J Androl* 2002; **23(3):** 419-425. 3. Nebido Summary of Product Characteristics (2004), October 2007 7NEBI74c



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# BTF Research Awards 2007

► **Dr Ramzi Ajjan, from the Department of Endocrinology, University of Leeds, and Dr Duncan Bassett, from Imperial College London, are the recipients of the British Thyroid Foundation (BTF)'s two research awards for 2007.**

Ramzi Ajjan's research will investigate the link between thyroid dysfunction and thrombosis potential. Overactivity of the thyroid gland (thyrotoxicosis) is a common condition, associated with an increased risk of heart attacks and strokes. A pilot study of six subjects showed that individuals with overactive thyroids form blood clots with a compact structure. This loosens when thyroid function returns to normal after medical treatment. This may explain, at least in part, the increased risk of heart attacks and strokes in people with an overactive thyroid. To confirm the preliminary findings, Dr Ajjan will extend the study to include 24 subjects with overactive thyroids, and analyse their clot structure before and after normalisation of thyroid function. Results will be compared with a group of normal control subjects.

MCT8's role in skeletal development and maintenance of adult bone mass will form the focus for

Duncan Bassett's research. Osteoporotic fractures are a major health care priority, affecting 50% of women over 50, and costing the NHS over £1.7 billion each year. Thyrotoxicosis is an important cause of osteoporosis and is associated with an increased risk of fracture. Developing bone is exquisitely sensitive to thyroid hormone, and abnormal thyroid hormone signalling during development has a major effect on the structure of the adult skeleton. Studies have also identified thyroid hormone receptors as a potential new drug target for the prevention and treatment of osteoporosis. The amount of intracellular thyroid hormone that can activate these receptors is controlled by the hormone's transport into the cell, and preliminary experiments have shown that a recently identified thyroid hormone transporter, MCT8, is expressed in bone cells. Dr Bassett plans to analyse the skeletons of mice that lack MCT8, to examine whether it is essential for normal bone development and for maintaining the structure and mechanical strength of adult bone. The MCT8 thyroid hormone transporter may represent a new drug target for pharmacological manipulation.

## COMMUNICATION WORKSHOP

► **Sense about Science is a charity that promotes the use of good science in public debates. Their Voice of Young Science (VoYS) programme helps researchers who are at an early stage in their career to get involved in public discussion of scientific issues. VoYS runs media workshops for young researchers, where they can hear from top science journalists and science communicators about the successes and difficulties of communicating science. These excellent workshops combine discussion of science-related controversies in media reporting with practical guidance to help younger scientists make a greater contribution to public debates. More information is available at [www.senseaboutscience.org.uk/index.php/site/about/11](http://www.senseaboutscience.org.uk/index.php/site/about/11).**

The next workshop takes place on 6 June at the Institute of Biology in London. Places are limited, but the Society has negotiated to offer five guaranteed places, and is also offering associated travel grants of up to £200. The receipt of this travel grant will not affect a member's normal travel grant allowance. Applicants should be Scientists-in-Training, Clinicians-in-Training or Associate Members of the Society. Application forms are available at [www.endocrinology.org/grants](http://www.endocrinology.org/grants).

## Cancer treatment and reproductive functions

► **About 11 000 patients aged between 15 and 40 are diagnosed with cancer each year. For many of these younger patients, fertility is (or will become) extremely important. The Royal College of Physicians, the Royal College of Radiologists and the Royal College of Obstetricians and Gynaecologists in the UK have now published new guidance on the effects of cancer treatment on reproductive functions.**

This report aims to improve standards of management of fertility for these patients, calling for nationwide provision and funding, and for a scientific approach to future developments. More information about the guidelines can be found at [www.rcplondon.ac.uk/pubs/brochure.aspx?e=238](http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=238).



# Giving you a hand...

Organising that meeting, sorting out all those abstracts, raising a bit of corporate sponsorship, liaising with a pharmaceutical company, updating a membership database and handling enquiries from the press: are these just a few of the things you're trying to juggle alongside your day job? Our bet is that you're probably not inundated with offers of help.

It's easy to take on a multitude of tasks that seem easy in principle. Soon, you wish you could sweep them to one side to concentrate on the important job of research or clinical practice. If this sounds familiar then you'll be pleased to know that the Society's commercial subsidiary BioScientifica has the expertise to make light work of your load. Watch the Society's own staff nurture your pet projects - and have the satisfaction of knowing that their very reasonable fees go straight back into supporting endocrinology.

This insight into BioScientifica's work gives just a flavour of the huge breadth of expertise that's available to help you. To find out more contact [nigel.garland@endocrinology.org](mailto:nigel.garland@endocrinology.org) or see [www.bioscientifica.com](http://www.bioscientifica.com).

## Abstract ambition

*Small yet perfectly formed, the abstract is crucial in communicating the latest research.*

► Every day, knowledge in the medical world increases, and the need to share information and research with colleagues and those in other fields grows. Conferences and scientific journals provide important channels for this exchange amongst researchers, academics, medical professionals and industry. Presentation and discussion of material must be carefully organised, and it must be reviewed appropriately, to establish its relevance and significance to the fields of interest.

Conference presentations form a key part of an academic career, and are competitively coveted. The process by which people's research is invited to be a part of the meeting must be managed effectively. Abstract submission is the crux upon which the selection of research for inclusion at a meeting rests.

The process of accepting and preparing abstracts for presentation at an academic conference is termed abstract management. The abstracts undergo peer review, after which those accepted by the conference chair or committee are allocated to conference sessions.

An abstract typically states the hypothesis, tools used in research or investigation, data collected, and a summary or interpretation of the data. Reviewers of abstracts will typically look for information that is likely to generate broad interest, and originality of ideas. Information that proves relevance, importance, interest and scientific merit to the conference and its audience will score highly. Accepted abstracts may be presented orally or as an illustrated poster, and are often published as conference proceedings, perhaps in academic journals or online.

The abstract management process is closely tied to the need to provide continuing education to professionals. Many annual meetings hosted by specialty societies provide educational credit hours, so that attendees may keep up to date in that field and maintain their professional certifications.

Historically, abstract management was a time-consuming, manual process requiring the handling of large amounts of paper and a considerable administrative workload. More and more organisations now use an

electronic or web-based system to streamline and automate the process. For instance, the Society for Endocrinology uses a system provided by their commercial subsidiary, BioScientifica. BioScientifica provides abstract management either through the Endocrine Abstracts Management Service, or as part of a conference management service.

The Endocrine Abstracts Management Service provides an easy to use and reliable online abstract submission system and publication package. It has been used by BioScientifica clients over several years, the largest being the European Society of Endocrinology, who use it for the European Congress of Endocrinology. The online submission system can be tailored to the specific needs of a client.

The process of abstract management and publication is highly detailed. It requires a dedicated team of organised individuals who understand the great importance of the abstracts, not only to the conference committee to ensure a well balanced programme of presentations, but also to the world of medicine, providing new research with a place to be viewed and discussed. BioScientifica aims to become a world leader in abstract management and publication service provision, ensuring continuing education for conference delegates and journal readers, and providing a platform upon which original and ground-breaking work can be acknowledged.

KATE OPENSHAW

## Industrial relations

*What do pharmaceutical companies expect from the clinicians they work with?*

► Clinicians and the pharmaceutical industry have a long history of co-operation. This is not only important for both parties, but also of benefit to patients at large. Clinical trials are clearly an area of joint interest. As well as ICH and CCP guidelines, trials are governed by standardised agreements. There are, however, many other areas where the relationship needs to be carefully defined.

Pharmaceutical companies employ healthcare professionals on a consulting basis. When entering an agreement with industry, either generally or for a specific



## Managing your meetings

*There's more to managing a meeting than meets the eye. It could well be time to get the experts in.*

► Meetings are becoming an ever more popular forum for sharing knowledge, problem solving and providing education and training. There is, however, a world of difference between holding a meeting and creating a successful occasion which meets attendees' expectations, achieves the set objectives and provides really meaningful and valuable take-home messages.

In my experience, organising meetings, both small and large, is on many occasions best managed by experts. A team of people led by an experienced events manager will plan and manage a meeting to a successful outcome.

Specialised events experts have many specific skills at hand that may well not be available in our own departments. A very wide range of skills is required to successfully manage a meeting from the creation and planning stages, through the management of the event itself, to the final financial reconciliation. The events manager will also be able to assist in developing programmes to ensure that objectives are met and that the content is relevant to all.

The events team will conduct venue research and selection, including negotiation of costs. This may well be to a background of a very tight brief and strict cost limitations. They will be able to assist with delegate recruitment, and will provide delegates with effective and unobtrusive management for all their travel and accommodation needs.

Their venue management expertise will ensure hassle-free registration for delegates on arrival, and continue to ensure smooth running of the meeting and an enjoyable and beneficial experience throughout the event. They can assist speakers and organise any required rehearsals and will arrange full audiovisual support.

Events management experts can, if required, co-ordinate the design and production of branding to create a meeting identity. Provision of meeting materials and report writing with executive summaries is also part of their service.

So, you may well ask, 'Why use an external organisation when we have staff who can organise events?' However, unless your organisation has its own dedicated events team, organising such activities will not be their day-to-day diet and may not even constitute any part of their normal job function. If they have to change their priorities, other essential functions may suffer as a result: 'Sorry - I would have finished it, if I didn't have to organise this meeting.'

Devolving the responsibility to experts with a proven track record will provide peace of mind and ensure a highly successful outcome, but at what cost? You may be pleasantly surprised at how economical it can be to use a specialist organisation.

BioScientifica, a wholly owned subsidiary of the Society for Endocrinology has a specialised events team whose life is centred on planning and organising scientific and clinical meetings for medical organisations and societies. Perhaps you could join their expanding list of highly satisfied clients?

JOHN WASS

project, consultants should disclose similar agreements with other companies. Although additional consultancies may not necessarily mean a conflict of interest, as many projects are healthcare- rather than drug-related, the disclosure will help the future working relationship. It gives both parties the opportunity to openly discuss a potential conflict and take an informed decision on entering a binding agreement.

Most countries have stringent ethical and legal guidelines to prevent allegations of bribery or corrupt behaviour. Parties who intend to work together should therefore define any co-operation in appropriate written agreements, explaining the type and amount of advice expected. These agreements are binding contracts, and all provisions must, of course, be met by both parties. This may, for example, mean that if consultants agree to participate in two advisory board meetings over a certain period, they must make every effort to fulfil this obligation, if appropriate alternative dates are offered. It is, of course, a prerequisite to keep all project plans and data obtained during the consultancy confidential.

Clinicians may agree to provide training or to be employed as a chair or speaker at symposia or workshops organised by pharmaceutical companies. Speakers should be open to suggestions that would benefit the overall format and topic of the symposium, so long as scientific integrity is maintained in all aspects. As many companies provide printed handouts for meeting attendees, the clinicians should deliver their slides within previously determined deadlines, to allow adequate preparation of materials. Likewise, last minute changes to agreed presentations should be avoided, particularly if written material has been prepared. Of course, just as in any other professional area, speakers must come prepared. Even experienced speakers who have often talked on a specific subject should review their slides before the presentation.

Conferences arranged by third parties (e.g. specialist associations) may be sponsored by the pharmaceutical industry. Here, co-operation with industry is generally achieved through a medical association rather than a single physician. The sponsoring company, just like the medical association, will have a natural interest in both the overall success of the meeting and the satisfaction of attendees. Consequently, the responsible representatives on the medical board should openly communicate and discuss issues like exhibition areas, build-up times, timing of satellite symposia, number of attendees etc. For example, the European Society for Paediatric Endocrinology Corporate Liaison Board has established an excellent working relationship with industry on all organisational matters concerning its meetings, while clearly maintaining full integrity regarding all scientific issues, and this has benefited both parties.

Generally, there is a clear trend towards well-defined and structured working relationships between physicians and industry. In the face of increasingly stringent rules regarding the services that may be provided, both pharmaceutical companies and clinicians must make every attempt not to compromise each other's integrity by either offering or demanding extraordinary benefits.

ISABELLA NOWAK, EVENT PARTNER AUSTRIA KEG

# A little DNA can make a big difference

Jennie Evans takes a trip to a new exhibition that aims to get the general public thinking and talking about their genes.

► **Should you be able to have genetic tests to discover if you are at high risk of certain diseases? Should the police have access to a database of the nation's DNA to help them solve crimes? Is it right to screen embryos to eliminate genetic diseases? Should you be held responsible for illnesses that you develop if you fail to adopt a healthy lifestyle?**

These are just some of the ethical dilemmas posed by a new touring science exhibition that explores the role of genomics in human biology and how modern technology drives new moral questions. 'Inside DNA: a Genomic Revolution' is a £1.5m project, developed by At-Bristol on behalf of Ecsite-uk, with funding from the Wellcome Trust and support from the Sanger Institute. It aims to reach more than 1 million people across the nation over the next 5 years

The exhibition seeks to inform the public of advances made in genomics and the resulting possibilities. It aims to determine the public's views of these advances and how society feels we should manage the technology available to us. It consists of interactive displays and is designed to appeal to visitors from a wide range of backgrounds, and especially to those most elusive science exhibition attendees, secondary school students.

Leading scientific and ethical experts, including Society member Professor Steve O'Rahilly, have contributed to the project. They can be seen discussing

their views in the interactive displays around the exhibition, which features over 100 video clips from more than 35 researchers and commentators. Visitors will be able to explore issues surrounding the impact that genomics may have on our lives, including the implications for future health care, how the field of forensic science may advance and how genetically similar we really are to each other and to other members of the ape family. There is also a closer focus on specific genes, like that for alcohol dehydrogenase, giving an insight into how information stored in a gene is translated into a functioning protein in the body.

'The arrival of this touring exhibition could not have come at a more appropriate time, as scientific breakthroughs in the field of genetics are constantly under scrutiny from an eager public, wanting to find out more about their own health and how genes affect our susceptibility to certain diseases,' says Clare Matterson, Director of Medicine, Society and History at the Wellcome Trust. The Dialogue Zone is a key area of the exhibition, allowing visitors to submit their views on the issues raised. These responses will be reviewed by the Human Genetics Commission and used to inform policy decisions.

At the exhibition's opening, Sir John Sulston, winner of the 2002 Nobel Prize for Medicine for his work on the genetic regulation of organ development and programmed cell death, recounted the history of research into genetic inheritance and DNA since Mendel and Darwin. He summarised how the findings of the last 150 years have impacted the modern world.

The ensuing lively debate involved the audience and a panel of scientists including Professor Anthony Monaco, Director of the Wellcome Trust Centre for Human Genetics, Professor George Davey-Smith, Scientific Director for the Avon Longitudinal Study of Parents and Children, and Professor Marcus Pembrey, Emeritus Professor of Paediatric Genetics at University College London. Discussion ranged from the individualisation of future medical treatments, to the potential that gene therapy has to treat to a wide variety of diseases, and as far as whether humans are the best that evolution can manage.

At the end of the evening, discussion turned to consider the most exciting developments in genomics in the next 5 years. Suggestions included our ability to analyse genomes faster, leading to increased knowledge about our diversity, and improving our understanding of why individuals respond differently to infection and disease.

'Inside DNA: a Genomic Revolution' will be at At-Bristol until September 2008, before touring the country, starting with Newcastle and Glasgow. For more information, visit [www.insidedna.org.uk](http://www.insidedna.org.uk).



BRITISH  
THYROID  
FOUNDATION

## Research Awards 2008

Two 1-year awards of up to £10 000 each are available to enable medical researchers to supplement existing projects or to pump-prime existing research ideas. The BTF aims to fund one basic science and one clinical project or two clinical projects each year. Funds will be awarded for consumables, running costs and necessary items of equipment. The successful project must be specifically directed to the study of thyroid disorders or an investigation into the basic understanding of thyroid function.

A panel appointed by the BTF's Trustees in conjunction with the British Thyroid Association and the BTF will referee all applications. These will be graded according to the merit of the project, and the awards will be given to those that achieve the highest scores.

Further information and application forms are available from BTF Research Award, PO Box 97, Clifford, Wetherby LS23 6XD, UK. Application forms can also be found at [www.btf-thyroid.org](http://www.btf-thyroid.org).

**THE CLOSING DATE FOR THEIR RECEIPT IS 31 AUGUST 2008**

JENNIE EVANS



# NETS bag new Society

We are pleased to announce that BioScientifica will be providing secretariat and conference support to UKINETS.

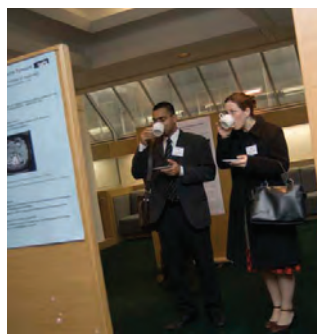


*John Newell-Price knows that the new UK and Ireland Neuroendocrine Tumour Society is ready to face the challenges ahead.*

► Relatively infrequent and diverse presentations, and a variable clinical course and response to treatment, makes managing patients with neuroendocrine tumours (NETS) a considerable challenge. These tricky tumours include, but are not limited to, carcinoids.

An increasing awareness of NETS and the associated difficulties in diagnosis and management stimulated a multi-disciplinary meeting in 2000, followed by formation of the steering committee of the UK-NETwork. For the first time, this brought together a wide range of disciplines to focus on the better understanding and management of patients with these tumours. These include endocrinology, gastroenterology, oncology, surgery, radiology, nuclear medicine, genetics, pathology and nursing.

The UK-NETwork has been highly successful in promoting multidisciplinary teams and clinics centred on



NETS around the UK. It has interacted with individual specialist societies and runs national conferences to promote collaboration and to further clinical and scientific study.

Anyone who has attended these meetings will be aware of the

refreshing discussions that take place, the stimulation of interacting directly with others outside one's own immediate field of endocrinology, and the benefits that this brings to clinical management and ideas for new avenues of investigation. The true multidisciplinary nature of these conferences is evident from the programme of the latest meeting, which reads as follows: important management controversies including the survival benefit of surgery for small bowel primary and liver metastases; state of the art symposia on pheochromocytoma and nuclear medicine imaging (including PET); and plenary lectures on the origin of NETS and molecular drug development.

There has been such a rich interaction between disciplines, and advances in diagnostic and therapeutic modalities, that UK-NETwork is now being formalised



as a society. The UK and Ireland Neuroendocrine Tumour Society (UKINETS) is a newly formed organisation that aims to promote research, education, training and best clinical practice across a multidisciplinary area in the field of endocrine tumours. Amongst its members, UKINETS includes leading endocrinologists, gastroenterologists, oncologists, surgeons, radiologists, nuclear medicine physicians and pathologists.

We are currently co-ordinating a national study on chemotherapy in NETs, as well as an international study on the role of somatostatin analogues as anti-tumour agents in non-functional NETs. UKINETS is active in preliminary trials of new agents. The offshoot from such studies is the ability to collect samples for basic science research. UKINETS is currently sponsoring studies to assess chromogranin A assays. We are also establishing a database in association with a European registry.

Membership of UKINETS includes membership of the European Neuroendocrine Tumour Society (ENETS), and UKINETS is already seen as a leading light within ENETS.

There are many benefits of joining UKINETS. These include an invitation and discounted registration fee for UKINET's annual conference; a subscription to the journal *Neuroendocrinology*; a twice-yearly newsletter; updates on clinical trials and research developments; access to the password-protected members' section of the web site (when launched) with access to the online members' directory, electronic copies of newsletters and journals, and the ability to discuss topics with other members; and also inclusive membership of ENETS.

Above all, UKINETS offers the opportunity to meet colleagues, gain support for your career, share research interests and exchange scientific knowledge with your peers

Anyone involved in the management of NETS is encouraged to join UKINETS and to attend the national conferences. For more information see [www.ukinets.org](http://www.ukinets.org).

JOHN NEWELL-PRICE

UK-NETwork has received generous sponsorship from Ipsen and Novartis, UK.



*John Ramage's presentation at the UKI NETS annual conference, held 3 December 2007, Royal Society of Medicine, London*

# More SIG-nificant news

*The Society's special interest groups (SIGs) were formed to provide a focus for sub-specialities within endocrinology. Here, the newly formed SIGs on obesity and endocrine disruptors explain how they aim to meet this goal, while the more established groups on pituitary and PCOS and metabolic syndrome bring you up to date with their latest developments.*

## Obesity

► **The rising prevalence of obesity in the UK represents a major challenge for all those involved in its prevention and management. Endocrinologists, often by default, play a leading role, but we need a more co-ordinated approach to support training, research and provision of specialist clinical services, and to facilitate communication and interaction with others in related disciplines, like diabetes.**

Several national and international bodies are involved in raising academic, governmental and public awareness of obesity and its prevention, but none specifically focuses on specialist clinical services. Whilst the Obesity SIG will support the efforts of these groups, its focus will be on issues associated with the management of patients with severe obesity: the patient group for whom endocrinologists are largely responsible.

A core group of members will act as the SIG Committee, including clinical/academic endocrinologists with experience in obesity management, and obesity surgeons. As SIG Convenor, I will initiate and manage communication amongst members and between members and the Society. The Committee will develop the remit of the SIG, and formulate and disseminate proposals. The SIG will aim to:

- ▷ provide a focus for training, education and research within endocrinology to ensure that it becomes the key discipline in addressing clinical and academic issues relating to obesity and associated diseases (specifically promoting the training of Specialist Registrars in Diabetes and Endocrinology in obesity and related disorders)
- ▷ encourage greater involvement of endocrinologists and endocrinology trainees in service development and provision, and of basic and clinical endocrinologists in research in obesity
- ▷ increase the profile of endocrinology amongst non-endocrinologists involved in the management of obesity
- ▷ encourage closer links between endocrinologists, diabetologists and colleagues from other disciplines involved in obesity management
- ▷ strengthen links between the Society and other obesity-related organisations such as the European and International Associations for the Study of Obesity to further basic and clinical research in obesity.

SADAF FAROOQI (CAMBRIDGE)

## Endocrine disruptors

► **The SIG on endocrine disruptors (EDs) will succeed the present expert group on the subject, which has represented the Society as a source of expert contact, in particular for the media. While this contact was largely *ad hoc*, we twice took part in conferences with journalists, where presentations by members were followed by question and answer sessions; these proved highly successful.**

Provision of expert advice on EDs to the media will remain a key role. However, equally important is providing a forum for Society members to share their opinions and establish links to facilitate research collaborations within and outside the Society. This is timely considering the continuing 'roller-coaster' debate about whether or not individual EDs really do impact on human health (as they clearly can do in wildlife), which needs better communication between those with differing views. Furthermore, the issue of 'ED mixtures' is just about to 'hit the press', and has major implications for us all.

Most research on EDs has focused on establishing dose-response characteristics and exposure levels for individual chemicals, enabling informed risk assessment for that chemical. This is the foundation for the regulatory framework that determines safe levels of human exposure to environmental chemicals. Now, several published and upcoming studies have shown that mixtures of EDs, containing concentrations at which no chemical alone induces a significant endpoint effect, can induce dramatic and highly significant effects, *in vitro* and *in vivo*.

These effects are 'concentration additive', and have been shown to apply to environmental oestrogenic agonists and to environmental anti-androgens. These findings have huge implications, demonstrating that the safety of a specific chemical cannot be evaluated on its own, but must be assessed in the context of other chemical exposures for that human or animal. Mixture studies have also shown that when weak environmental oestrogens are added at individually non-effective levels to oestrogen-responsive cells that are exposed concomitantly to a potent oestrogen at a submaximally stimulating level, then the weak environmental compounds are each able to add to the effect of the potent oestrogen.

Clearly, this has implications with regard to lifetime exposure to oestrogens and the associated risk of breast cancer. However, our most daunting task is how to prove or disprove 'cause and effect' for EDs in humans or wildlife, when the 'cause' may involve mixtures of an unknown number of chemicals - perhaps in the tens or hundreds. New modelling approaches are being developed, but these are untested and are bound to have their problems.

This SIG can be a forum and catalyst for orchestrating inter-disciplinary research collaborations to tackle the monumental task that the mixtures issue poses. Through its members, the SIG can play a guiding role in maintaining a scientific and balanced perspective in an area that is likely to grow in importance in the coming years.

RICHARD SHARPE (HULL)  
IEUAN HUGHES (CAMBRIDGE)



## PCOS and the metabolic syndrome

► Our mission statement has been 'to promote multi-disciplinary collaboration between basic scientists and clinicians from all branches of medicine interested in PCOS and the metabolic syndrome'. To achieve this goal, we set a target of at least one high profile national meeting each year, including basic science, translational and clinical content, to encourage multi-disciplinary networking. We also aimed to provide a forum to foster cross-boundary collaborative research across the UK, and an educational forum for basic and clinical trainees, to encourage further interest in the subject.

Our inaugural meeting at BES 2005, and those at ECE 2006 in Glasgow and the Society for Endocrinology BES meeting in Birmingham last year have all featured superb talks. We were very fortunate to be able to attract international speakers to Birmingham, with Helen Mason, Anna Maria Colao and Ulrika Blume-Petavi. We also thank Shire Pharmaceuticals for their support through unrestricted funding for the last three meetings.

Has it been a success? Well, the SIG has provided a much needed forum to allow scientists and clinicians in disparate disciplines to meet and talk in informal surrounds. And, aside from this, it has socially been great fun! However, where does the future lie?

As a Society, we must ensure and foster collaboration between the disciplines to ensure that high quality science continues and thereby attracts urgently needed grant funding. Increasingly, we need everyone who is interested in the subject to come and train, and for those in research to make connections both nationally and internationally for their personal success.

If that happens then the vision of the Society will have been fulfilled.

STEVE ATKIN (HULL)  
HARPAL RANDEVA (WARWICK)

Visit [www.endocrinology.org/sig](http://www.endocrinology.org/sig) to find out more about these SIGs and the other groups focusing on steroids (convenors: Mike Wallace (Glasgow) and Wiebke Arlt (Birmingham)) and bone and mineral (convenors: Neil Gittoes (Birmingham) and Bronwen Evans (Cardiff)). There are discussion boards on the web site to allow you to easily communicate with other members interested in any SIG.

In order to receive email alerts from the convenors of the SIGs, please register your interest by contacting Cherry McGinnity ([members@endocrinology.org](mailto:members@endocrinology.org)). For general information about SIGs please contact Abhi Vora ([abhi.vora@endocrinology.org](mailto:abhi.vora@endocrinology.org)).

## The SIG-nificant Seven

The Society is pleased to announce the recent formation of its seventh SIG - the Andrology SIG. More details will follow in the next issue.

## Pituitary

► This SIG was set up to address the needs and interests of Society members whose research interests centred on the pituitary gland and related neuroendocrine science. Our approximately 100 members are a varied mix of clinicians, academics and students, many of whom attended the inaugural symposium in 2005.

We aim to raise the profile of pituitary research in the UK, to provide a source of information for both basic and clinical science and a forum for its exchange, and to bring together interested parties for collaborative studies. SIG members have considerable knowledge and expertise and we hope that the web site will also provide a question and answer forum ([www.bioscientifica.info/sfe/sfemembers/discussion/index.aspx](http://www.bioscientifica.info/sfe/sfemembers/discussion/index.aspx)).

Over the coming year, our activities are intended to encourage increased participation by SIG members, to generate a database of member interests and resources, to plan new symposia and other pituitary-related symposia for Society BES meetings, and to launch a formal collaboration with the British Society for Neuroendocrinology.

As the current convenors, we are actively seeking input from other basic scientists or clinicians who are willing to help promote our activities and drive the future success of the group.

Our aims are currently under review, but include raising the profile of research into the physiology and pathophysiology of the pituitary gland in the UK, providing a forum for clinicians in terms of improving diagnosis and management, encompassing any other areas of common interest (such as comparative physiology of non-human pituitary glands), and providing a forum for young or novice researchers to develop their interests in the pituitary gland.


ROB FOWKES (LONDON)  
JACK HAM (CARDIFF)

**Scientist at the Seat of Power**

**Zuckerman:**  
Scientist extraordinary

BY BERNARD DONOVAN

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Prosecutor at the Zoological Society of London, Professor of Anatomy at Birmingham University, Scientific Advisor to the Royal Air Force and Chief Scientific Advisor to HM Government, Solly Zuckerman associated with the best in artistic, social and military fields, and was friendly with George Gershwin, A J Ayer and Lord Mountbatten.

This book asks, "Did he use or abuse his power? Should he have done more to encourage the input of scientific advances in British industry? Was he frustrated by an unreceptive establishment? How could he deny a fundamental scientific concept - the portal vessel theory?"

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# Turkish delight

Maggie Carson  
relates her  
extremely  
fulfilling  
experience with  
nurse colleagues  
in Turkey.

► Currently, very few (if any) endocrine specialist nurses practise in Turkey. There are, however, experienced nurse specialists in diabetes, who are either actively looking to move into endocrinology, or who are expected to expand their role to include the specialty.

Last spring, I accepted an invitation from Professor Kelestimur, President of the Society of Endocrinology and Metabolism of Turkey (SEMT), to lecture at a 1-day endocrine nurse course that the SEMT were planning as part of their annual meeting. This was soon followed by an email from the Associate Professor, Seyda Ozcan, at the Florence Nightingale School of Nursing at Istanbul University in Turkey. She was keen for the Turkish Diabetes Nursing Association (TDNA) to organise the first Turkish endocrine nurse education programme, in association with the SEMT, and requested my help.

The TDNA has organised diabetes courses for over 10 years, but was unsure what to include in an endocrine programme. One big issue they face is how to develop the endocrine nurses' role in Turkey.

Over the next few weeks, Seyda and I explored the views of Turkish nurses. They felt that diagnostic endocrine testing shouldn't become the main focus of their jobs. They were keen to explore this issue by learning more about specific endocrine tests and finding out what happens in the UK. Specifically, they were keen to learn about the role of the endocrine nurse, nursing assessment and nursing diagnosis, some important and common endocrine diseases, and emergencies.

As we began to map out suggestions for the programme, I was delighted to learn that I would be joined by Kate Davies (London) and Shashana Shalet (Manchester) as invited speakers. Together with the TDNA, Kate, Shashana and I put our heads together and developed a full day's programme.

As well as feeling strongly that we should focus on practical nursing issues that would be as applicable in Turkey



as they are in the UK, we were also conscious that we did not know how much endocrine experience our audience would have. We chose to cover some key themes, namely patient support and education, compliance/concordance, patient choice and patient safety. We decided that we could best illustrate these by incorporating them into presentations covering specific endocrine conditions.

My suggestion to include Turkish nurse speakers as well as ourselves was declined as we were told they would 'prefer to listen to three well-experienced endocrine nurses and learn from your expertise more'. Instead, the key Turkish nurses from the TDNA agreed to introduce the day's programme and to chair the different sessions. The programme was finalised, with Kate, Shashana and I each preparing several sessions to make up a very full programme lasting from 9.00 to 18.00. It was to be a satellite meeting of the Turkish Endocrine and Metabolic Association's annual meeting in Antalya in October 2007.

Our Turkish nursing colleagues made us very welcome as soon as we arrived, and we must thank Seyda, Hulya, Semra and Sevgi in particular for their hospitality. Their experience of running many, many diabetes meetings previously was immediately evident.

Kate, Shashana and I found we had a very attentive and appreciative audience, who actively listened throughout the day. Senior Turkish endocrinologists joined us for every talk, and were able to add a local perspective. They complimented us all on our knowledge and perhaps more importantly our ability to share this knowledge in a friendly and informative way. Certainly, as I said in my closing remarks at the time, we hoped we had enthused and motivated at least a few of our audience to jump ship to endocrinology from diabetes. We shall wait and see!

MAGGIE CARSON

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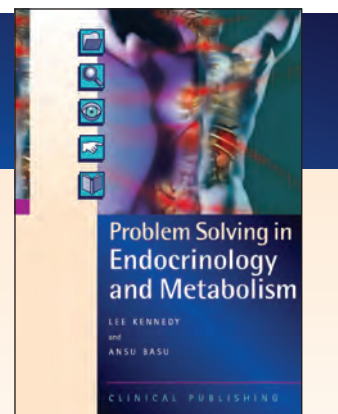
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# Triumph or a long life?

► **If you can meet with triumph and disaster and treat those two imposters just the same...'** Surely everyone knows, or has been exposed to, these lines from Rudyard Kipling's poem 'If'? Kipling, a true word-warrior, remains the youngest individual ever to win the Nobel Prize for Literature, which he garnered in 1907 at the age of 42. Quite a triumph for what is a lifetime career award.

He also moved and operated within the top spheres of society. So I can only surmise that his concept of what constituted a triumph and a disaster exceeded by far the goal that I had set my heart on - to win the over-60s tournament at my local squash club.

By age 1 only just qualified and, as I was also reasonably fit, I felt my prospects were promising. The competition was played out over one evening and to American rules. Each player played each of the other players, the first to 15 points won the match and points could be scored both on one's own serve and on the opponent's serve. The age difference counted such that the older player had an advantage of one point for every year by which his age exceeded that of his opponent.

On sight of the broken down bunch of wrecks that constituted my opponents, my spirits soared: protuberant bellies, varicose veins, hearing aids and a profusion of bandages. But, less welcoming a sight was Duggie, the club legend, aged 90 years and still playing rugby, tennis and squash. All he literally had to do was step on court and, without lifting his racket, victory was his; it was known as doing a 'Duggie'. For, of course, as soon as one of his size eights stepped into play, the score would immediately be 30-0 to him - game over!

Fortunately, on this occasion the courts were glass-backed, so one could see him approaching. Still it made practice uncomfortable, as it could only be performed with one's backside pressed against the inside of the court door, for fear that Duggie 'the legend' might attempt a forced entry!

As the evening's events unfolded it was clear that Duggie was the least of my problems. In quick succession I lost to players with coeliac disease, sarcoidosis, chronic obstructive airways disease, facial palsy and metastatic prostate cancer. The prostate cancer defeat I found particularly galling as I realised that his endocrinology had been manipulated by GnRH analogue therapy and he was testosterone-deficient with all the usual implications of reduced muscle mass and power; yet he beat me 15-4 and thanked me profusely for the game.

How did I know all their medical histories? Easy, each of them asked my professional opinion about the management of their medical disorders whilst warming up before the match started. This wide-ranging collective profile of disease was reminiscent of the gathering of patients that I had seen previously at MRCP examinations. I lost every match that night and, with grim reluctance, realised I was a whisker away from a full house. If I could find opponents with a cardiomyopathy

and chronic renal failure then I would have achieved defeat against a series of medically afflicted individuals with disorders of virtually every system within the body!

In full knowledge that I was unlikely to acquire talent at squash at this late stage of life, I knew I needed another strategy. It was then I remembered Albert.

In the spring of 2007, Albert, a black-browed albatross, was seen on a rocky outcrop between the Outer Hebrides and the Shetland Isles. In fact, Albert had been spotted repeatedly over the last 40 years searching desperately for a soul mate throughout the Scottish coastlines. Unfortunately, however, the black-browed albatross is native to the South Atlantic, some 8000 miles away. It is believed that the lonesome seabird was probably blown over the equator during a storm in the 1960s, and has since wandered the northern hemisphere alone. His romantic but unsuccessful efforts in Scotland date back to when 'Silence is Golden' by the Tremeloes was number one in the charts. Repeated performances of his standard courtship ritual to gannets have met with unmitigated failure.

But Graeme Madge of the Royal Society for the Protection of Birds pointed out that however unlucky in love Albert may be, the fact that he has been flying around the northern hemisphere has probably kept him alive since the 1960s. In the South Atlantic, black-browed albatross numbers have been ravaged by long-line fishing and few get to reach old age. The species has seen its population crash so sharply that it is now classified as endangered.

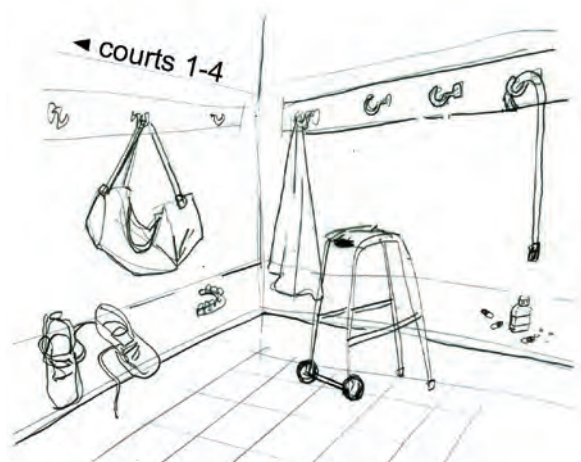
Thus lusting after the wrong partner in the wrong part of the world, and the very act of losing at squash to a series of geriatrics with a variety of medical disorders, was keeping Albert and me alive.

If I can last another 15 years I will do a 'Duggie' and that trophy will be mine.

'HOTSPUR'

*Hotspur's got his eye on the prize, it's just a case of lasting the course.*

**'IF I COULD FIND OPPONENTS WITH A CARDIOMYOPATHY AND CHRONIC RENAL FAILURE THEN I WOULD HAVE ACHIEVED DEFEAT AGAINST INDIVIDUALS WITH DISORDERS OF EVERY SYSTEM IN THE BODY!'**



## Thyroid disease in Tayside

Thyroid disease is common in the UK and its causes are varied. Hypothyroidism is usually managed with primary care, while hyperthyroidism and other thyroid conditions typically need to be referred to hospital specialists. Understanding the occurrence of thyroid disease is critical in order to assess the impact it will have on the use of healthcare resources.

Several studies have shown geographical variation in the incidence of thyroid disease, but few have investigated the variation within a single location. Leese and colleagues have carried out a population-based study to determine the changing incidence and prevalence of different thyroid conditions in Tayside, Scotland. They found that the prevalence of all thyroid disease increased from 2.3% to 3.8% of the population over 8 years (1994-2001). This 63% increase is due to an increased incidence of hyperthyroidism in females (6.3%) and primary hypothyroidism in males (4.1%). Earlier diagnosis may also be a factor, and the authors report a 36% increase in the number of thyroid tests performed during the study period.

The reported increase in prevalence and incidence of thyroid disease indicates that general practitioners and endocrinologists will be subject to increasing workloads in the future. **SE**  
(See the full article in *Clinical Endocrinology* **68**(2), 2008)

## Jak2 and PRLr downregulation

The prolactin receptor (PRLr) is implicated in many biological functions, including mammary gland development and lactation, and plays an important role in mammary tumorigenesis. However, signalling events that mediate PRL-induced degradation of PRLr remain to be elucidated.

Swaminathan and colleagues have examined the contribution of Jak2 kinase to PRL-induced phosphorylation, ubiquitination, endocytosis and degradation of PRLr. Their data

# HOT TOPICS

More breaking research from the Society's journals, summarised by Sarah Esberger, Jayanthi Mondri and Andrew Lowe.

establish Jak2 as an important component of PRLr signalling that restricts the magnitude and duration of downstream signalling by accelerating the degradation of the PRLr. They demonstrate a central role for Jak2 kinase in ligand-induced activation of the PRLr and its subsequent endocytosis and degradation. Thus, they suggest that Jak2-mediated PRLr degradation is an important mechanism for controlling the magnitude and duration of response to PRL.

This is the first description of the mechanism of ligand-induced PRLr downregulation and constitutes a landmark advance in our understanding of how responses to PRL are regulated. **JM**  
(See the full article in the *Journal of Endocrinology* **196**(2), February 2008)

## Pax4 in pancreatic islet $\beta$ -cell expansion

Blood glucose homeostasis is achieved by the regulation of insulin and glucagon secretion from pancreatic islet  $\beta$ - and  $\alpha$ -cells. Diabetes mellitus, which comprises a heterogeneous group of hyperglycaemic disorders, results mainly from inadequate mass and function of islet  $\beta$ -cells.

The islet-specific transcription factor paired box4 (Pax4) has been shown to be essential in establishing  $\beta$ -cell lineage during development. However, recent accumulating evidence now suggests that Pax4 is

also crucial for mature  $\beta$ -cell expansion and survival in response to physiological cues, and that mutations or polymorphisms of Pax4 are associated with both type 1 and type 2 diabetes. Aberrant expression of Pax4 confers protection against apoptosis to insulinomas, whereas it promotes cell growth in lymphocytes.

This review by Brun and Gauthier summarises promising new published results supporting the important function of Pax4 in mature islet  $\beta$ -cell physiology and its contribution to pathophysiology where deregulated. **AL**  
(See the full article in *Journal of Molecular Endocrinology* **40**(1,2), February 2008)

## Sex steroids in breast DCIS

It is well known that sex steroids play important roles in the development of invasive ductal carcinoma (IDC) of the human breast. However, the biological significance of sex steroids remains largely unclear in ductal carcinoma *in situ* (DCIS), which is regarded as a precursor lesion of IDC. This is partly because the intratumoural concentration of sex steroids has not been examined in DCIS.

Shibuya and colleagues have examined the intratumoural concentrations of oestradiol and 5 $\alpha$ -dihydrotestosterone (DHT) in DCIS. Both were present at threefold higher levels in DCIS than in non-neoplastic breast tissues, and oestrogen- and androgen-producing enzymes were abundantly expressed in DCIS. The intratumoural concentration of DHT was significantly lower in IDC than DCIS, while the expression of aromatase mRNA in carcinoma cells and intratumoural stromal cells was significantly higher in IDC than in DCIS.

The results of the study suggest that intratumoural concentrations of oestradiol and DHT are increased in DCIS, which is possibly due to intratumoural production of these steroids. Therefore, oestradiol and DHT may play important roles in the development of DCIS of the human breast. **AL**  
(See the full article in *Endocrine-Related Cancer* **15**(1), March 2008)



### **Molecular Mechanisms of Glucolipototoxicity in Diabetes**

25-26 March 2008, Dublin, Eire.

Contact: Biochemical Society (Tel: +44-20-72804150; Fax: +44-20-72804167; Email: meetings@biochemistry.org; Web: www.biochemistry.org/meetings/programme.cfm?Meeting\_No=SA076).

### **PCICS Europe 2008: European Symposium of the Pediatric Cardiac Intensive Care Society**

27-30 March 2008, Monte Carlo, Monaco.

Contact: Keren Shurkin, 1-3 rue de Chantepoulet, PO Box 1726, CH-1211 Geneva, Switzerland (Tel: +41-22-9080488; Fax: +41-22-7322850; Email: pcics@kenes.com; Web: www.kenes.com/pcics).

### **Early Development and Obesity: Food Preferences, Diet and Appetite Regulation**

28 March 2008, Liverpool, UK.

Contact: Association for the Study of Obesity (Web: www.aso.org.uk/portal.aspx?eventid=468&functionname=ConferencesNav&TargetPortal=37&offset=#conference468).

### **7th International Diabetes Federation Western Pacific Region Congress**

30 March-3 April 2008, Wellington, New Zealand.

Contact: Russ Finnerty, 175 Wadestown Road, Wadestown 6012, New Zealand (Tel: +64-4-4738442; Fax: +64-4-4738442; Email: finnerty@extra.co.nz; Web: www.idfwpr2008.org).

### **Nuclear Receptors: Steroid Sisters**

30 March-4 April 2008, Whistler, Canada.

Contact: Keystone Symposia (Web: www.keystonesymposia.org/Meetings/ViewMeetings.cfm?MeetingID=957).

### **The Developing Brain in Neuro-oncology: the Teenage and Adult Frontier**

1-2 April 2008, Cambridge, UK.

Contact: Wendy Wombwell, CFS Events Ltd, 103a High Street, Stevenage SG1 3HR, UK (Tel: +44-1438-751519; Fax: +44-1438-751520; Email: wendy@cfsevents.co.uk; Web: www.cfsevents.co.uk).

### **Experimental Biology 2008**

5-9 April 2008, San Diego, CA, USA.

Contact: Experimental Biology 2008 (Tel: +1-301-6347010; Email: eb@faseb.org; Web: www.eb2008.org).

### **Islet and Beta-Cell Biology**

6-11 April 2008, Snowbird, UT, USA.

Contact: Keystone Symposia (Web: www.keystonesymposia.org/Meetings/ViewMeetings.cfm?MeetingID=920).

### **Society for Endocrinology BES 2008 Meeting**

7-10 April 2008, Harrogate, UK.

Contact: Shirine Borbor, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK (Tel: +44-1454-642210; Fax: +44-1454-642222; Email: conferences@endocrinology.org; Web: www.endocrinology.org/meetings/2008/bes2008/welcome.html).

### **2nd World Congress on Mild Approaches in Assisted Reproduction**

10-11 April 2008, London, UK.

Contact: Nick Prentice, ISMAAR, St George's House, 3-5 Pepys Road, London SW20 8NJ, UK (Tel: +44-7792-752649; Fax: +44-20-89445800; Email: nick@ismaar.org; Web: www.ismaar.org).

### **Cardio Athena 2008: International Meeting on Cardiovascular Medicine**

11-12 April 2008, Athens, Greece.

Contact: Anastasia Panagopoulou, 1 Kolofontos and Evridikis Street, 161 21 Athens, Greece (Tel: +30-210-7257693; Fax: +30-210-7257532; Email: info@erasmus.gr; Web: www.cardioathena2008.gr).

### **17th Annual Partnerships with CROs**

14-16 April 2008, Las Vegas, NV, USA.

Contact: Allison Rigels, 708 Third Ave, 4th Floor, New York, NY 11040, USA (Tel: +1-212-6613500 ext 3237; Email: arigels@irusa.com; Web: www.cropartners.com).

### **11th Mayo Clinic Endocrine Course**

16-19 April 2008, Palma de Mallorca, Spain.

Contact: Rebecca Hinchley (Tel: +1-507-2842776; Fax: +1-507-2845745; Email: endocourseMMC@sd-a.com; Web: endocourse.mayo.edu).

### **5th Regional Postgraduate Course in Clinical Endocrinology**

17-19 April 2008, Vilnius, Lithuania.

Contact: European Society of Endocrinology (Email: info@euro-endo.org; Web: www.euro-endo.org/meetings).

### **Nicotinic Acetylcholine Receptors 2008**

23-26 April 2008, Cambridge, UK.

Contact: Jemma Beard, Wellcome Trust Conference Centre, Wellcome Trust Genome Campus, Hinxton, Cambridge CB10 1RQ, UK (Tel: +44-1223-495120; Fax: +44-1223-495023; Email: j.beard@wtconference.org.uk; Web: www.wtconference.org.uk).

### **Pan Mediterranean Congress of Endocrinology and Metabolism**

1-3 May 2008, Palermo, Italy.

Contact: Chronos, Scesa Gradoni 11 (Ospedale Vecchio), 88100 Catanzaro, Italy (Tel: +39-0961-744565/707833; Fax: +39-0961-709250; Email: laura@organizzazionechronos.it).

### **Joint 15th European Testis Workshop and Annual Meeting of the Nordic Association of Andrology (NAFA)**

2-6 May 2008, Naantali, Finland.

Contact: Matti Poutanen, Department of Physiology, Institute of Biomedicine, University of Turku, Kiinamyllynkatu 10, Turku 20520, Finland (Tel: +358-2-3337571; Fax: +358-2-2502610; Email: matti.poutanen@utu.fi; Web: etw15.utu.fi).

### **10th European Congress of Endocrinology**

3-7 May 2008, Berlin, Germany.

Contact: German Society of Endocrinology (Web: www.ece2008.com).

### **9th European Congress of Neuropathology (ECNP2008)**

8-10 May 2008, Athens, Greece.

Contact: Dimitris Papastathopoulos, Erasmus Conferences Tours and Travel SA, 1 Kolofontos and Evridikis Street, Athens 161 21, Greece (Tel: +30-210-7257693; Fax: +30-210-7257532; Email: info@erasmus.gr; Web: www.ecnp2008.org).

### **16th European Congress on Obesity**

14-17 May 2008, Geneva, Switzerland.

Contact: Congress Secretariat, 231 North Gower Street, London NW1 2NR, UK (Tel: +44-20-76911900; Fax: +44-20-73876033; Email: eco2008@easoobesity.org; Web: www.eco2008.org).

### **American Association of Clinical Endocrinologists Annual Meeting and Clinical Congress**

14-18 May 2008, Orlando, FL, USA.

Contact: American Association of Clinical Endocrinologists, 245 Riverside Avenue, Suite 200, Jacksonville, FL 32202, USA (Web: www.aace.com/meetings/ams/2008).

### **51es Journées Internationales d'Endocrinologie Clinique**

15-16 May 2008, Paris, France.

Contact: Georges Copinschi, Laboratory of Experimental Medicine, Brussels Free University, CP 618, 808 Route de Lennik, B-1070 Brussels, Belgium (Tel: +32-2-5556238; Email: klotz@ulb.ac.be; Web: www.endocrino.net).

### **9th Congress of the European Society for Pediatric Dermatology**

15-17 May 2008, Athens, Greece.

Contact: Penelope Mitroyianni, Erasmus Conferences Tours and Travel SA, 1 Kolofontos and Evridikis Street, Athens 161 21, Greece (Tel: +30-210-7257693; Fax: +30-210-7257532; Email: info@erasmus.gr; Web: www.espd2008.com).

### **35th European Symposium on Calcified Tissues**

23-27 May 2008, Barcelona, Spain.

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

### **ECTS Training Course: Bone Markers (Satellite to 35th European Symposium on Calcified Tissues)**

24 May 2008, Barcelona, Spain.

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

### **41st Annual Meeting of the Society for the Study of Reproduction**

27-30 May 2008, Kailua-Kona, HI, USA.

Contact: Society for the Study of Reproduction (Web: www.ssr.org/Meetings.html).

### **12th Cosmoderm: Joint Meeting of ESCAD and the Hellenic Society of Dermatology and Venereology**

6-8 June 2008, Athens, Greece.

Contact: Penelope Mitroyianni, Erasmus Conferences Tours and Travel SA, 1 Kolofontos and Evridikis Street, Athens 161 21, Greece (Tel: +30-210-7257693; Fax: +30-210-7257532; Email: info@erasmus.gr; Web: www.cosmoderm2008.gr).

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dosing. Persons with a history of severe hypoglycaemia should have glucagon available. Doses of insulin and/or other hypoglycaemic agents may need to be reduced. Echocardiogram recommended before starting treatment. Patients should have examinations of the ear, nose and throat periodically, and at the occurrence of clinical symptoms, to rule out potential complications or to initiate appropriate treatment. Fundoscopic examination recommended at the start of, and periodically during the course of treatment, and at the occurrence of clinical symptoms of intracranial hypertension. Monitor patients for slipped capital femoral epiphysis and progression of scoliosis. Patients and parents should be advised to seek prompt medical attention in the event of an allergic reaction. **Pregnancy & Lactation:** Mecasermin should not be used in pregnancy unless clearly necessary as there are no adequate data. Breastfeeding while taking mecasermin is not recommended. **Undesirable effects:** Very common: hypoglycaemia, thymus hypertrophy, headache, hypoaacusis, tonsillar hypertrophy, snoring, injection site hypertrophy; Common: cardiomegaly, ventricular hypertrophy, tachycardia, convulsions, benign intracranial hypertension, sleep apnoea syndrome, dizziness, papilloedema, otorrhea, ear pain, fluid in the middle ear, adenoidal hypertrophy, nasal congestion, mouth breathing, vomiting, skin hypertrophy, arthralgia, pain in extremity, myalgia, hypoglycaemic seizure, hyperglycaemia, otitis media, otitis media serous, tonsillitis,

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