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**Clinical Thyroidology**

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# Clinical THYROIDOLOGY

VOLUME 23 • ISSUE 1

JANUARY 2011

## EDITORS' COMMENTS

*Clinical Thyroidology* was “launched in 1988 by Dr. Ridha Arem for the purpose of informing endocrinologists about the best clinical studies in thyroidology—wherever published—and providing commentary about those studies. As founding editor, Dr. Arem nourished the journal wisely, so that it became a valuable source of information about new studies in the field.” This statement is quoted from the editorial of Bob Utiger in March 2001 when the journal became a publication of the American Thyroid Association and Bob Utiger became the Editor-in-Chief. Three issues were published each year. Utiger’s summaries and incisive commentaries based on his encyclopedic knowledge of thyroidology made very informative and pleasurable reading. In 2008, Ernie Mazzaferri took over the editorship and introduced more detailed reviews of outstanding clinical papers. His reviews included colorful figures of the data that were a very significant addition to the review. Ernie’s commentaries were also tempered by a wealth of experience, especially in the area of thyroid cancer. *Clinical Thyroidology* became a monthly in 2009. Following in the footsteps of these giants in thyroidology is a difficult task. Nevertheless, I am honored to have been selected by the Publications Committee and Board of the American Thyroid Association to be the Editor-in-Chief of *Clinical Thyroidology*.

I am especially fortunate to have four outstanding Associate Editors: Albert Burger, Stephanie Lee, Jorge Mestman, and Steve Spaulding. The broad expertise of these editors will enlarge the scope of literature that will be summarized. The journal will continue as a monthly publication. It will revert back to the more concise one-page summaries of outstanding papers with commentaries, as exemplified under the Utiger editorship. The basis for this decision is my belief that the readers are very busy people who want to understand the main points and conclusions of a paper as quickly as possible. They want to know whether the information can be integrated into their clinical practice, whether the paper is a harbinger of an advance that may eventually see the light of day for clinicians, or whether the paper provides an advance in pathophysiologic understanding. To fulfill the interests of the readers, the editors (who are also the authors of the reviews) plan to present summaries of 6 to 10 articles each month. I welcome feedback from readers and will be happy to publish letters to the Editor concerning the material presented. *Clinical Thyroidology* will continue to list important review articles without commentary.

For endocrinologists with a special interest in thyroidology (I assume that this includes all clinical endocrinologists), I hope that *Clinical Thyroidology* will become a “must-read” each month. After all, the best things in life are free.

— Jerome M. Hershman, MD

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who have recurrent disease. Arora et al. at New York Presbyterian Hospital compared 66 patients with PTMC and 136 patients with larger PTC (1). Recurrence was found in 17% of the patients with PTMC patients and in 21% with larger PTC; this was not a significant difference. PTMC recurred in 11 patients. Eleven of those with PTMC had recurrence, but 8 had multifocal tumors, 6 had lymph-node metastases, 3 had angiolymphatic invasion, and 2 had distant metastases. Patients with these features would have been excluded from the Italian study. Tzvetov et al. in Israel reported a series of 225 patients with differentiated thyroid carcinomas <1 cm (98% PTMC) (2); the median size was 7 mm. Multifocal disease was found in 50%, bilateral disease in 32%, extrathyroidal extension in 16%, lymph-node metastases in 26%, and distant metastases in 2.4%; 96% were treated by total thyroidectomy. Not surprisingly, 11% had recurrent disease, as compared with 32% of 543

patients with macroscopic differentiated thyroid cancer at the same institutions.

Putting this together, I conclude that the follow-up recommended by Durante and colleagues is appropriate for patients with PTMC who have no features of aggressive disease but that more extensive follow-up is necessary for patients with PTMC who have findings indicative of more aggressive disease. The patients with aggressive PTMC require aggressive therapy and careful monitoring for recurrence.

All PTMC cannot be put into the same basket. It is necessary to individualize therapy in patients with these small tumors based on the findings at initial clinical evaluation, pathology, and routine follow-up in the first year.

— Jerome M. Hershman, MD

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## Call for Proposals – American Thyroid Association (ATA) Research Grants Deadline: January 31, 2011

**Electronic Submission:** Proposals should be submitted electronically through the research grant application feature on the ATA website, [www.thyroid.org](http://www.thyroid.org).

The American Thyroid Association (ATA) is pleased to announce the availability of funds to support new investigator initiated research projects in the area of thyroid function and disease. Topics may include, but are not limited to, Thyroid Autoimmunity, Iodine Uptake and Metabolism, Thyroid Cancer, Medullary Thyroid Cancer, Clinical Disorders of Thyroid Function, Thyroid Hormone Action and Metabolism, Thyroid Imaging, Thyroid Nodules and Goiter, Thyroid Development and the Brain. Research awards are intended to assist new investigators in obtaining preliminary data for submission of a more substantial application (i.e., to the NIH). Research grants, up to \$25,000 annually, will be awarded for two year terms based on receipt and review of a satisfactory progress report from funded investigators in the fourth quarter of the first year of funding.

**Guidelines for All Research Grant Proposals:** As mentioned above, research awards are targeted for funding of new investigators to obtain preliminary data for submission of a more substantial application (i.e., to the NIH). Interested investigators should submit a brief description of the proposed research by January 31, 2011.

### Eligibility of Applicant and Use of Funds Guidelines:

1. New investigators are individuals who are less than 6 years from completion of their post-doctoral fellowship and have never been a PI on an NIH RO1 or equivalent grant (recipients of NIH R29, R21 and KO8 awards are eligible).
2. Faculty members (MD and PhD) are eligible.
3. Postdoctoral fellows are eligible if their department provides written confirmation that at the time of the award the applicant will have a junior faculty position.
4. Students working towards an MD or a PhD are not eligible.
5. Investigators and individuals who have previously received ATA, ThyCa or THANC awards are not eligible. In general, investigators who have achieved the rank of associate professor or higher are not eligible.
6. Applications are limited to one per individual researcher.
7. The funds can be used for direct costs associated with the proposal, including technician's salary, supplies or equipment but not for PI's salary.
8. Recipients of ATA grants must be ATA members (submit application online if not already a member). For new members, membership dues for the first year will be waived.

**Proposal Requirements:** The following documents must be submitted online:

1. Grant Proposal (A short proposal that should be no longer than 900 words or three double-spaced pages in 12 point type. These space requirements are absolute and nonconformance will preclude review. )This short proposal should include:
  - Name /affiliation of applicant, complete work/home contact information
  - Title of proposed study
  - Background to the project
  - Hypothesis and/or outline of proposed studies
  - Outline of methodology
  - Anticipated results and implications
  - A short statement of how the grant will aid the applicant
  - References (selected)
2. CV (NIH-style CV – up to 4 pages) - including evidence that the applicant is a new investigator with date of completion of postdoctoral training and current grant support (if any). In the case of postdoctoral fellows, written confirmation from the department chair must be provided that the applicant will have a junior faculty position at the time of the award. **Note: Without a suitable CV, applications will not be considered.**
3. Cover letter

**Grant Review:** The ATA Research Committee will rank proposals according to their scientific merit. Authors of selected proposals will be notified in March 2011 and invited to submit a complete grant application.

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Call for Nominations for the 2011 Awards  
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- Distinguished Service Award ▪ Sidney H. Ingbar Distinguished Lectureship ▪
- Van Meter Award Lecture ▪ Paul Starr Award Lecture ▪
- John B. Stanbury Thyroid Pathophysiology Medal ▪

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**The Van Meter Award Lecture** established in 1930, recognizes outstanding contributions to research on the thyroid gland or related subjects. The award is given each year to an investigator who is not older than the age of 45 in the year of the award. The Van Meter award winner is kept secret until the time of the award lecture during the annual meeting. An honorarium and expenses are awarded to the Van Meter recipient. This award receives support from Mary Ann Liebert, Inc., Publishers.

Nominee: \_\_\_\_\_

Date of Birth \_\_\_\_\_

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**Sidney H. Ingbar Distinguished Lectureship Award** recognizes outstanding academic achievements in thyroidology, in keeping with the innovation and vision that epitomized Dr. Ingbar's brilliant investigative career. The Ingbar award is conferred upon an established investigator who has made major contributions to thyroid-related research over many years. An honorarium will be presented to the Sidney H. Ingbar Distinguished Lectureship Award recipient. This award is endowed by contributions to honor the memory of Sidney H. Ingbar.

Nominee: \_\_\_\_\_

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**The Paul Starr Award Lecture** recognizes an outstanding contributor to clinical thyroidology. An honorarium will be presented to the Paul Starr Award recipient. This award receives support from Dr. Boris Catz.

Nominee: \_\_\_\_\_

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**The Distinguished Service Award (DSA)** honors a member who has made important and continuing contributions to the American Thyroid Association (ATA). The DSA award certificate is presented at the ATA Annual Banquet.

Nominee: \_\_\_\_\_

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**The John B. Stanbury Thyroid Pathophysiology Medal** recognizes outstanding research contributions, either conceptual or technical, to the understanding of thyroid physiology or the pathophysiology of thyroid disease, as evidenced by having a major impact on research or clinical practice related to thyroid diseases. A medal, funded by Dr. John Stanbury, is conferred at the Annual Banquet.

Nominee: \_\_\_\_\_

*Nominated by: (print or type)* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

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**Nominators must submit all of the following electronically to [thyroid@thyroid.org](mailto:thyroid@thyroid.org) to complete the nomination by the deadline of March 31, 2011:**

- 1. Completed and signed Nomination Form (above).
- 2. CV and brief nomination letter, emphasizing major accomplishments.
- 3. List of 2 to 4 most significant publications with PDF or URL to provide access to these papers.