



**American Thyroid Association
Annual Business Meeting**
Renaissance Esmeralda Resort & Spa
Indian Wells, California

Thursday, October 27, 2011

2010-2011

President

Gregory A. Brent, M.D. (2010-2011)
Los Angeles, California

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Richard T. Kloos, M.D. (2007-2011)
Columbus, Ohio

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Grand Junction, Colorado

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Jacksonville, Florida

Gerard M. Doherty, M.D. (2010-2014)
Ann Arbor, Michigan

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Minutes

Dr. Gregory Brent called the meeting to order at 6:00 pm on Thursday, October 27, 2011.

Dr. Richard Kloos welcomed the membership and thanked them for coming to the Business meeting. The minutes from the annual business meeting in Paris, France at the 14th ITC on September 16, 2010, which have been reviewed and corrected by the Board, are available at each seat. For the past year, the minutes have been posted on members only with notices included in the enews.

MOTION: A motion to accept the minutes from the 2010 Business Meeting in Paris, France, held on September 16, 2010 was seconded and unanimously approved by the members in attendance.

Report of the President. Dr. Greg Brent reports:

Thanks, Rick. I've been counseled that the briefer I am, the better for everyone, although I would like to reflect just a bit, and hopefully you'll allow me a few minutes. It's been a wonderful year. It's certainly great to be surrounded by friends, here, in such a beautiful setting.

I have had the privilege of serving as president the past year and will share a few highlights of my experience. It is impossible to list all of the programs and people that have contributed to the outstanding success we have experienced in the past year, Rick Kloos has not only done a superb job as Secretary/COO, but in the current issue of Signal has beautifully summarized the accomplishments of the ATA during his term. I encourage all members to read through this to appreciate all that has occurred.

I am grateful to Terry Davies, who provided a smooth transition and encouraged me to pursue our goals of mutual interest during my time as president. I will try to highlight several domains that illustrate the way that the ATA touches a very wide range people, and the impact that it has had on me.

Representing the ATA internationally was a high point of my year. One of these trips was directly on ATA business, to go with Rick Kloos and represent the ATA at the WTF meeting held in conjunction with the ETA meeting in Poland in September. It was a great experience in Krakow

Poland spending time with many colleagues in the ETA, and ATA colleagues that made the trip. I took 3 other trips as President-Elect or President to Korea, China, and Istanbul Turkey, not supported by the ATA, but as a guest. These trips included talks at national endocrine or thyroid meetings, and the chance to interact with thyroid leaders in these 3 countries. Many of you have taken similar trips, but I felt a special honor and responsibility representing the ATA. In Istanbul, Turkey, the program at Achibadem University, included current and past ETA presidents, Peter Laurberg and Wilmar Wiersinga, the trip to China was with ETA colleagues Victor Popp and Bernadette Biondi. Whether I was in Korea, China, or Turkey, every academician I met was proud to tell me of the laboratory in Europe or the US that they had trained. Despite the significant scientific progress in all these countries, especially Korea, the connection to mentors in the US and Europe remains a key to career development. Korea and China have very large thyroid associations of their own. These groups have upwards of 500 members, have their own meetings, and like the ATA, are characterized by very close connections between endocrinologists and surgeons. They are adapting guidelines for their own countries, promoting research, and reaching out to educate primary care physicians. The value of impact of organizations is significant. How should the ATA partner and support these efforts, yet continue to foster ATA members and growth? We are a global organization in membership and among those that attend our meeting, and I believe we can identify strategic partnerships directly with these groups that can extend our reach.

We have made progress in our goal to reach out and partner with other societies. We developed a partnership with the Society of Nuclear Medicine on patient programs through a meeting I attended here in Palm Springs last winter, as well as our continued partnership with AACE and Endocrine Society, especially for rapid response to issues, such as radiation exposure from the Japanese nuclear accident. Bobbi, Rick and I represented the ATA at the Endocrine Sister Societies, hosted this year by the Endocrine Society. We have operated under what I would term a hybrid guideline policy, primarily producing our own guidelines and then asking for endorsements, but have embarked on some partnership with joint guideline projects. We have had executive leadership in the past, that promoted or supported joint guidelines, including in one case, myself. Although there are a number of excellent reasons for such partnerships, it is rarely, if ever an equal enterprise. In the majority of our guidelines, which we initiate and control, we invite participants across disciplines, societies, and in most cases international representation, to be sure that there is the greatest impact. The success of this approach is reflected in the incredible impact our guidelines have had. The practice of asking for endorsements after guideline preparation, although practiced by The Endocrine Society and others, engenders significant criticism, often by those groups closest to us, including thyroid sister societies. Do we need partners to increase the impact or visibility of our guidelines? This this does not seem to be the case as we have repeatedly shown. This will continue to be a source of discourse and discussion, but our recent history shows the strong benefits we have reaped in developing our own guidelines.

The surgical task force has transitioned to committee status this year, co-chaired by Ralph Tufano and now Barry Inabnet, selected to replace Gerry Doherty who was elected to a position on the Board. The surgical affairs committee has identified and implemented programs that have been highly successful in engaging our surgeon members. This year we have looked at surgeon

representation across the committees to continue to grow this segment of our membership. We have, in some cases, worked to have representation that will stimulate membership by groups not currently represented in large numbers. An example is representation by pathologists. Terry Davies initiated a pathology task force led by Sylvia Asa that made recommendations we have implemented to encourage pathologist members. Examples of other groups we would like to increase participation from are basic scientists, pediatric endocrinologists, nuclear medicine physicians, and medical oncologists. These discussions have also caused the board to revisit issues of designated positions within the board of directors for specific constituencies, which will be part of a proposed bylaw change we will vote on tonight. I support such an approach and look forward to how this will be implemented. We also continue to target representation by younger and newer members. In order to continue to grow the ATA needs to engage all medical and scientific disciplines with an interest in the thyroid and thyroid diseases.

Our publications have a major impact on the outreach and stature of our organization. Charles Emerson has done an outstanding job as Editor of Thyroid. Building on the foundation of the founding editor, Jerry Hershman and then Terry Davies, Charles has taken Thyroid to its highest impact factor ever, 4.3. This puts our journal in the top tier of endocrine journals. Such an impact factor is a major stimulus for submission of manuscripts, especially from Europe and Asia where the impact factor of published articles is directly used in calculations for academic promotion. Jerry Hershman took over Clinical Thyroidology, our digest publication, from the outstanding leadership of Ernie Mazzaferri, and with his associate Editors has done an outstanding job. Alan Farwell and his colleagues then modify these articles to produce the very popular Clinical Thyroidology for Patients. Peter Kopp has done an outstanding job in providing leadership to the publications committee during a very active time period. He completed a survey to assess member attitudes about our publications, which he is using, as well as taking a careful look at the management of our publication portfolio, which will be a topic of our winter board retreat.

I was able to represent the ATA at fellows programs at meeting of APDEM at the Endo Soc meetings in San Diego and in Boston. We can be proud of the wide range of services that we offer fellows: our fellow's corner on the web, our offers of free associate membership, and Thyroid subscriptions. Susan Mandel, and ATA member and APDEM president, challenged the other sister societies to step up. The growth in membership and diversity of our association and success of our annual meeting is the result of the passion of our members who have faithfully supported and contributed their money, time and energy to our association for 20, 30 and for a significant number of members, more than 50 years. It is those mentors who have forever touched our personal and professional lives by investing in our training and passing on their passion for science and clinical medicine. It is a direct result of the efforts many members have made to reach out and invite colleagues to join and become engaged in the work of the ATA.

Stimulation of Basic Science in the ATA remains challenging. Tony Bianco and his colleagues have a draft of a report from a group begun by Terry Davies, STRATEGIES AND METHODS FOR RESEARCH ON THYROID HORMONE HOMEOSTASIS, METABOLISM AND ACTION. Jim has appointed an outstanding basic science chair, research, partnering with Gordon Conferences, NIH, and Thyroid Resistance.

Steve Sherman launched the ATA Corporate Leadership Council, which is moving forward under the guidance of current development chair Greg Randolph and his committee. A measure of the health of an association, however, is the commitment of its members to providing financial support. For many of us, whether introduced to the ATA by a colleague or mentor, the association has been our primary professional home and has served as a foundation that has launched our professional paths. Opportunities to provide financial support to the ATA are many and varied and include contributing to research, special recognition funds, or--the most flexible option--to our general operations. The most direct way to ensure that others can enjoy the same opportunities in the future is to preserve and strengthen the ATA through monetary gifts.

My most recent time representing the ATA was at the Thyroid Cancer Survivor Association (ThyCa's) annual meeting for patients in Los Angeles, where I led a workshop. What a privilege to be with Gary Bloom and his colleagues for a conference with over 500 patients. I was moved by the stories patients told, their families that came with them, the father I spoke with there on behalf of his daughter, now 15, operated on at age 12 for papillary thyroid cancer, the recently diagnosed woman now with lung metastases. ThyCa has raised almost \$700,000 in research funds, which the ATA has distributed through the work of our research committee. I shared with them the impact that their contributions have made. ThyCa is a Spartan meeting, with water as the only refreshment on site and Gary copying material and stuffing envelopes. Gary told me that they happily conduct their meetings in this way, so they can direct all the money they receive to support research. My own mother had died from metastatic breast cancer just a few days earlier, and it was fitting that I was with this group of patients. I was deeply moved by these patients suffering from advanced thyroid cancers and their loved ones, and their dedication to support research.

I am humbled by the dedication of our board and officers, by the selfless work that committee chairs and members perform. I will be passing the presidential gavel into the capable hands of Dr. Jim Fagin at the close of the annual meeting, as Terry Davies passed the gavel to me last year. Jim has been fully engaged in the work of the ATA board and executive committee as president-elect this past year, and has already been making his committee appointments and developing initiatives for the coming year. Dr. Rick Kloos will be completing his term as Secretary/Chief Operating Officer this year. Rick has provided outstanding leadership to the ATA, guiding our association through a very challenging time and leaving us stronger than ever. I hope that every member will take the time to personally thank Rick for his contributions and dedication in this position that has become more complex and demanding as our association has grown. The personal and professional sacrifices necessary to do the job in the way that Rick has done it are beyond what anyone knows. Dr. John Morris brings a long record of service to the ATA and outstanding leadership skills as our incoming Secretary/Chief Operating Officer and I know will do an exceptional job. Finally, our ATA staff, under the leadership of Bobbi Smith, continues to provide outstanding administrative support to our ever expanding programs. Bobbi has nurtured a nimble staff, cross-trained in several roles, and strategic use of consultants, to leverage our modest-sized administrative team to accomplish a large amount of work. Despite the complexity of our organization, our staff have maintained the warm and personal touch that make each member feel valued and important, and you are.

What are the issues of the future? Our financial support and industry relations are central, how can we continue to improve income stream in ways that are acceptable to members? We need to continue to foster and grow our younger members, engaging them in the work of the ATA and identifying and meeting their needs. We need to maintain our diversity of disciplines, a core reason for our strength, without deviating too much from our base. How do we leverage our position as the recognized world's leading thyroid association?

Dr. Richard Kloos acknowledges Dr. Brent's service to the ATA:

And I also would like to just take a brief moment to acknowledge the closing of Greg's term, and recognize all that he's given to the ATA, over the past 25 years of membership. Greg has served many roles throughout those 25 years. Many of us recognize those most recent roles as Secretary, then President-Elect, and President, and all that he has given to this organization. It's impressive, to me, his knowledge of the history – the breadth and the depth of our organization, our many members and constituents – and how much he advocates for them. This was apparent even this afternoon, as he reviewed the breadth of expertise in thyroidology, well beyond traditional disciplines, in speaking with potential corporate partners about all that we who study basic, translational, and clinical thyroidology may have to offer. So, at this point, I also want to acknowledge Greg's service, and give him the pin of the ATA, as his outgoing presidency is recognized. This says, "Thyroid," engraved on the bottom, and it says, "The American Thyroid Association." And it's the bust of Doctor Graves.

Report of the Treasurer. Dr. David Sarne reports:

The market was up some 350 points, today, and is actually on track to have the best October in the history of the market. So, we hope that holds up for two more days, at least.

The slide shows our assets as of the end of 2010, which is our last audit statement. And you can see, going back over a little more than 10 years, what we have managed to build. And, obviously, most of this is actually in our endowed funds. We have built up an operations reserve, now. We didn't used to have any, at all. And this has helped us through some points when things are a little – not going quite as well. And all of that money is kept quite liquid, and the rest of our money, which is mainly our endowment, as you can see, is predominantly split between stocks and bonds. This is our performance over the last six years, with the yellow bar representing the Standard & Poor's, and the blue bar representing us. The biggest cause of a difference is the fact that Standard & Poor's is just invested in the United States, and we have foreign investment, as well. You can see, in some years, that's helped us do better, and, unfortunately, in the last two years, we haven't done quite as well, because of that. But, again, it's part of keeping our investments diversified. This is our – where our money goes. And you'll notice that a lot of it goes to running the association, but after that, the largest amount of money that we put out goes to support research and education. As you'll also note that, in 2010, there was no annual meeting, so there was no expense; there was also no revenue. And, ordinarily, we do make money from our annual meeting, so this is comparing what we take in and what goes out. And you'll notice that, through 2009, that was positive, but in 2010, there was an operating loss. And, again, that really just comes of the fact that it was a non-annual meeting year, and we did not have anything to substitute for that, as we've sometimes had, in the past. So, we continue to review costs and benefits. We've worked, over the

last few years, to minimize the increase in meeting registration fees and the increase in the annual dues, even as we have dealt with lower corporate support. And we've had to make some changes, such as the elimination of "Meet the Professor" lunches, to try and keep the cost down. Again, we're doing a lot of things with the money that comes in. We're, of course, supporting research grants; the guidelines, which you've already heard about; our publications, including *Thyroid*, *Clinical Thyroidology*, and *Clinical Thyroidology for Patients*; education and ongoing efforts in public policy, which, again, were very important, this year, with what happened in Japan. So, again, we face the same challenges: we want to maintain and expand our patient educational services; we want to support more research; we want to develop more guidelines; and all of this needs financial support. Again, we've seen a continued reduction in industry support, a trend that's occurring to all organizations such as ours. We'll continue to look for new revenue sources, increase contributions, and we would like to continue to grow the endowment so that we can support all of those things that we want to do.

The only credit card in the world that bears the ATA logo is available to you through Capital One Card Lab Connect. Why should you do this? Well, if you just get the card and use it once, the ATA gets 50 dollars from Capital One, and every time you use it after that, we get between one and two percent. There's no fee for foreign transactions, and my daughter assures me, every time she uses it, she feels so good about spending money, knowing that she is supporting the ATA.

So, please, if you – just get it and use it once. We get 50 dollars from every card. Thanks. So, I do want to assure you that, as part of the audit, we did confirm that no officer traded their ATA memorabilia for tattoos.

And we do want to thank Shirlyn and Bobbi for all their help in preparing this report, and all of our documents through the year, as well as the Finance and Audit Committee and Rick Kloos. Rick and I came on together five years ago. He gets to step down; I'm here for two more years. But I do want to echo the comments that have already been made – and I'm sure a lot more of it we're going to hear – that the association has really been very well served. You can only begin to imagine the amount of time and effort he's expended on our behalf, over these five years, and we really appreciate everything he's done. And with that, I conclude my remarks and ask if there are any questions? Thank you.

Awards Committee Dr. Yaron Tomer reports:

It's been a pleasure to serve on the Awards Committee. This year, we had a significant increase in the number of nominations; at least, in my tenure, it's the highest one. We had 22 nominees for six different awards: the Van Meter, the Ingbar, the Paul Starr, the newly established Braverman Distinguished Lectureship Award, the Distinguished Service Award, and the Pathophysiology Medal. For the new Braverman Award, we have close to 200,000 dollars in pledges, and collected over 150,000 dollars. So, thank you to everybody that's donated.

And I want to conclude by, again, encouraging everybody to nominate people for awards. A few months ago, I had the distinct pleasure of notifying the six awardees, and I cannot tell you how – whether they've been long-term members or newer ones – touched they were by the recognition of

their peers. It only amounts to a letter of recommendation and a CV, and think how many letters of recommendation you write every month, for your post docs and your students. So, take the time. We want many nominations, because there are many worthy individuals in this room, for these awards. Thanks.

Report of the Bylaws Committee. Dr. Edward Merker reports:

In accordance with the Board's wishes, we have bylaws revisions that are detailed for you on the green sheet which I will guide you through it. You received this by email 2 months ago for your review and consideration.

The first revision is about corresponding members not having a local organization to which they belong, and therefore that shouldn't be a persistent requirement. The thought that seniors are still worth their weight, most of the time, and therefore should be eligible to vote in society elections. The Board using its discretion about people who miss three meetings in a row; just a change of verbiage – changed to “may,” rather than “shall,” so there's an option expressed, there. A variable number of directors on a yearly basis – between two and four, in accordance with the amount of people that are left on the Board, depending on elections. And a very important comment that was mentioned, already, about directors representing different professional segments of the organization. The option, under Article Three, that two of the officers – the Secretary and the Treasurer – have the option to extend, with Board approval, for another four years, which seems fair to everybody but them, I guess. A comment about the designee for going to the World Thyroid Federation and representing the ATA, there – the option being that the President could appoint someone else. The role of the Treasurer, as expressed here, is really what the role of the Treasurer has become since Bobbi has showed up on the scene. The Treasurer doesn't actual do the books, but is responsible for it, and that's really what that says. In terms of Article Six, it states about voting through electronic media, and that has been the case. So, that's a no-brainer. The worrisome thing is a quorum for elections, as expressed, here. And I think, as discussed with Bobbi earlier today, that's consistent with reality, but 25% as a quorum makes us really wonder, when we all have exposure to the Web, whether we should try to, over the years, increase the voting percentage of the organization. But that's consistent with practicality, at the moment.

MOTION: The motion to accept the proposed changes was discussed, seconded and approved unanimously.

Clinical Affairs (written report submitted)

In 2011 the Clinical Affairs Committee saw the publishing of two major efforts that the committee led to completion:

- [Radiation safety in the treatment of patients with thyroid diseases by radioiodine ¹³¹I: practice recommendations of the American Thyroid Association.](#) American Thyroid Association Taskforce On Radioiodine Safety, Sisson JC, Freitas J, McDougall IR, Dauer LT, Hurley JR, Brierley JD, Edinboro CH, Rosenthal D, Thomas MJ, Wexler JA, Asamoah E, Avram AM, Milas M, Greenlee C. *Thyroid*. 2011 Apr;21(4):335-46. Epub 2011 Mar 18.
- [Current safety practices relating to I-131 administration for diseases of the thyroid: a survey of physicians and allied practitioners.](#) Greenlee C, Burmeister LA, Butler RS, Edinboro CH,

Morrison SM, Milas M; American Thyroid Association Radiation Safety Precautions Survey Task Force. *Thyroid*. 2011 Feb;21(2):151-60.

The Committee reviewed and updated the patient brochures and approved by the Patient Education and Advocacy Committee chair are being formatted and finalized in English and Spanish to post online.

Going forward the committee is considering a project on thyroid Ultrasound (US) in Clinical Practice. The goal if this project is to compile an US image library and practical information regarding the set-up of office-performed thyroid ultrasound (US) and ultrasound-guided FNA. This is geared principally to graduating fellows and novice users of US who are looking to incorporate US into clinical patient care. The various documents for this project have been drafted and are to be reviewed by the Internet Communications Committee to determine where best to place them on the ATA website (this is where the next actions stand – to communicate with this committee). The documents will need to be reviewed by the committee periodically to ensure the information is current.

Another topic of interest to the committee is the role of complementary medicine in the management of thyroid cancer patients, gene profiling/new technology applications role in thyroid cancer. The committee will further discuss this topic along with others once the new 2012 members are on board.

Development Committee. Dr. Greg Randolph reports:

We've had some good progress in the Development Committee. I want to thank Bobbi and Kelly for their tremendous efforts, in this regard. The CLC, or Corporate Leadership Council, was put together – initially conceived by Steve Sherman, and we've had seven corporations represented at the meeting, today, with generation of about 45,000 dollars' worth of membership fees. We have had many of the Development Committee members active in eliciting those corporate invitations. And so, we met today for the first CLC meeting with ATA leadership and these corporate representatives. Doctors Brent and Kloos spoke, and we phrased out the different areas of potential interaction. We had generated an Ethics and Transparency document to help guide these interactions. With Bryan McIver's help, tried to phrase out the basic spheres of interaction between the ATA and corporate interests. And it rose to the top an issue of something that the corporations are especially interested in – is their communication to the ATA: FDA notifications, change in label, information availability of clinical trials. And so, we'll be working on that as the project that comes from the meeting. And so, the only other topic is that the Development Committee was asked by the Board to look at the non-corporate revenue streams, and so we've reviewed the Combined Federal Campaign, and individual and annual fund donations, and nonmember donations, and came up with a list of five recommendations that were submitted in our Board Report. And so, because these are just general ideas, we will be asking the Board to potentially consider either a retreat or a taskforce to further explore these development ideas. Thank you.

Ethics Advisory Committee. Pepper Davis reports:

The principal role of the Committee is to review petitions from officers – the elected officers and members of the Board of the Association, who perceive that conflicts of interest may arise – potential conflicts of interest in service that they may provide, ordinarily, to for-profit industries. We've reviewed three such petitions, in the past year; all petitions met the criteria for – that the – of the Guidelines of the ATA, which have been widely published, and the service obligations were approved. I would – because we have new officers coming in, again, I would remind all of the members of the new leadership that conflicts of interest are defined in the guidelines in the following way: One, the perception of a conflict of interest must be appreciated by those who serve for-profit organizations; Two, a timely filing to the Society, and, ultimately, to the Ethics Committee, is required; Three, there must be a recusal from voting on issues that relate to the for-profit group, which may be utilizing the skills of members of the ATA; and then, we want no personal inurement, and we want travel expenses reimbursed at a fair level. I think these are fair, and I'm pleased with the petitions that have come to the Committee, in the past two years. Each of those reflected, very adequately, the current Guidelines. Several members of the Committee would like to have the Guidelines reviewed, at some point in the next one to two years, and have asked whether or not there could be a society meeting or two, at which there might be a presentation for two or three hours dealing with the definitions of conflicted interest. I would particularly like to state appreciation for the professional ethicists who serve on the Committee: Sara Rosenthal and Stuart Finder, who have been – have done yeoman duty for us. And then, of course, Glenn Braunstein, Rita Hayes, and Marty Surks.

History and Archives Committee. Joel Ehrenkranz reports:

Archives Committee continues to maintain and update the Thyroid Timeline, to develop thyroid classics features for *Thyroid*, to review historical questions and issues which are brought to the attention of the History and Archives Committee, and lastly, during the past year, we've spent time working closely with our sister societies to create a History Committee for the World Thyroid Federation. Thank you.

Internet Communications Committee. Stephanie Lee reports:

I'm presenting this report for Matthew Kim, who cannot be here. Over the last year, we've done five major things: we've overseen the reorganization of the ATA Web site, to implement a consistent page layout and navigation scheme; we have overseen the implementation of Web-based applications, including thyroid nodule volumes, Calcitonin and CEA doubling times; and we've also improved the access of our Web site to our patients, including streamlining content posted for public consumption, and facilitating access to patient brochures, published guidelines, member resources, and trainee resources. We've also thought – felt that it's been important that we have been reviewing the links and advertisements that are submitted for our consideration, to make sure they are consistent with our society's guidelines. In the future, we're planning to actually change to a new content management system, so we will make sure that we will have a seamless conversion to that new system, and that we will continue to track our usage in metrics. Thank you.

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World Thyroid Federation. Rick Kloos reports:

As mentioned earlier, by Doctor Brent. We met in Krakow, at the ETA meeting; therefore, the next meeting will be at the next ATA meeting. In Krakow, we discussed a number of topics. We received a report – a breakdown of the financials of the meeting in Paris, and one of the main items that the ATA put forward, knowing that the next international meeting – 2015 – is ours, we created a draft initial document of what we thought would be universally acceptable standards for an international meeting: to have certain things available, including access to the meeting by the various staff and components; of the staff to have access; areas to meet. And this was a multi-page document that arose out of what we thought were good ideas, as well as any experiences we had had in previous meetings, that we thought all could be approved – improved on. We've asked all of the other societies to take a look at this, to offer suggestions back; and, in the end, the goal would be to have, really, for the first time, a written document of expectations – you know, of the international meeting, and how it would run. And hopefully, we'll hear back in the next year, perhaps finalized at the next World Thyroid Federation meeting.

Membership Panel. Virginia Sarapura reports:

The Membership Panel had a very good year for applications, this year, again. We have 226 new members, so far, which is over the total we had, last year, of 209, with the help of Lester Reed, Mabel Ryder, Sissy Jhiang, our Board Liaison, and Sharleene Cano, Staff Liaison. And I just wanted to share, also, a few statistics in our membership. And I thank Kelly Hoff from the office, for putting this together. So, the total number of members is around 1,600, now, and more than half, active members; about a third, associate members. We are 38% women which is quite a lot more than a number of years ago, and 37% under the age of 40, many of whom are associate members and we hope to continue to keep them as active members, now. There's – let's see. About – from the information that we have, about three-quarters of our members – actually, we only have about a total of 1,000 members we have data on, but three-quarters are endocrinologists, and about 160, surgeons, at this point. And as far as practice settings, we have information from about 500, and there's 370 who are in academic health centers, and 106 who are in private practice. So, I just wanted to share an idea of what our membership is like, right now. Thank you.

Nominating Committee. Donald St. Germain reports:

Thanks, Rick. First, I'd like to thank Greg for letting me chair this very important committee, this year, and thank the committee members, who really did outstanding work. We had the privilege of recommending to the Board two outstanding candidates for the office of President-Elect, and also six candidates for two open positions for the Board of Directors. The decision to place six candidates on the ballot for two positions was really in direct response to the directive that we received from the Board, which the committee strongly approved of, and endorsed, that the slate of candidates presented to the membership would reflect the diversity of the association, in terms of professional interests, gender, and other considerations. We anticipate that, in the future, because of this important directive, that the committee will probably need to be a bit more proactive in expanding the pool of nominees, so that we can meet the diversity mandate. So, thank you.

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Patient Education and Advocacy. Alan Farwell reports:

Thank you, Rick. First of all, I want to certainly thank Bobbi and Adonia, in the ATA Staff Office, for all their help, as well as Karen Durland and Jane Arrington, for their work on the publication of *Clinical Thyroidology for Patients*. That continues to be the primary focus of the committee, and we are not quite at monthly publication, but we hope to get there in the next year. In terms of the patient information that we have on our Web sites, by far the most popular part of our Website – 1.3 million hits, last year, in the Patient Area; over 800,000 were for the brochures, with *Clinical Thyroidology for Patient* being the next most common. *Clinical Thyroidology for Patients* gets about 3,000 – 4,000, 5,000 hits every time it comes out for an issue, and the issues are sent out to the Friends of the ATA, of which there's over 15,000, at the present time. We also have been involved – in the past, has been mainly working on brochures, which has been superseded by the journal. Now, we did get two brochures out: the radioactive iodine update, after the ATA put out *Reactive Iodine Guidelines or Practice Study*, and, within a couple of days after the events in Japan, we had an updated *Nuclear Radiation of the Thyroid* up on the Web site. But because of our main work on the journal, we ceded updating the other brochures to the Clinical Affairs Committee, and they've done a terrific job. And we hope to get everything up by the end of the year.

Program Committee. Anthony Hollenberg reports:

On behalf of Martha Zeiger and me, we would like to thank Bobbi, Adonia, and the rest of the staff for all their help putting together the program. We had a great committee. They're on page seven of the annual meeting program book. Thanks to everyone for helping to put together this meeting. We work really well together, and the committee was very helpful, with great suggestions for an office symposia. I'm happy to report that, as of four o'clock today, 964 people registered for the meeting, which is well beyond our attendance in Palm Beach, in 2009, well above budget attendance, and approaching the heydays in New York and Chicago, from a few years ago. So, again, thanks to the staff, the executives, and our Program Committee for doing this.

Publications Committee. Peter Kopp reports:

The Publication Committee has completed a survey of thyroid assessing benchmarks, such as processing of manuscript, time to final decision, and change in impact factors, among others. In this context, it's certainly important to highlight the increase of the impact factor of thyroid, and thank Charlie Emerson for his outstanding work as Editor-in-Chief. [APPLAUSE]

We have now initiated the search for a new Editor-in-Chief of *Thyroid*. And committee consists of the Publications Committee, complemented with four ad hoc members – Doctors Braverman, Davies, Fagin, and Morris. And I hope to receive applications. The deadline is January 1st, and of course I will be happy, also, to discuss with any interested applicant here, at the meeting. The beginning of the five-year term will be January 1st, 2013. We have also been active in assessing whether there's an interest in an online version for *Thyroid*, proposed by the publisher, to go to online only, and to have a print version as an optional solution. We felt that the price structure for this proposal was not entirely transparent, and we would like to evaluate this in more detail before any decisions are made. It also was apparent, from the survey among our members, that most of the members are still interested in having the print version. Next, the Publications Committee has, in part, been involved in selecting the winner of the *Thyroid* Prize, and the two winners – both in the

Clinical and in the Basic category – will be announced prior to the Van Meter Award Lecture on Saturday morning. Before I close, though, I would also add that I have to thank for Sharleene Cano for all her assistance in these endeavors, and, of course, also Bobbi Smith. Thank you very much.

Public Health Committee. Elizabeth Pearce reports (for Jim Hennessey):

The Public Health Committee had a very busy April, responding to the Japanese disaster. There was an enormous flurry of e-mails for a few weeks, and some public health statements put together on behalf of the ATA, and in collaboration with the Endocrine Society. Since then, it's been a much quieter year. We continue to sort of work with Representative Ed Markey's office on issues around potassium iodide distribution around nuclear reactors, continue to sort of have discussions around iodide in prenatal multivitamins, and to sort of monitor issues around environmental disruptors that could have thyroidal impacts. Thank you.

Public Relations Committee. Jim Fagin reports:

We have primarily been responsible for fielding the numerous requests from the press, the media, and from freelance writers to respond to various issues that are relevant to the association. Around the time of the Fukushima nuclear reactor accident, there was a peak of requests. Many of these were fielded by the leadership, but we attempted to select experts within the organization that could deal with the individual inquiries as they came along. The structure of the Public Relations Committee is being changed by trying to select key experts in different areas of thyroidology that will be able to respond in a rapid way, because there is no time for the committee to deliberate each time a request comes in. So we are planning to reorganize the committee so that we can actually have go-to people for each area.

Research Committee. Sissy Jhiang reports:

This year, we received 29 initial applications, 11 invited for full application, and five grants selected for funding, based on the rank. And everything ran pretty smoothly. Thank you.

Surgical Affairs Committee. Ralph Tufano reports:

I'd like to acknowledge my co-chair, Barry Inabnet. The ATA Surgical Affairs Committee has been very active, over the last year, working on many projects and position statements. These essentially will serve as supplements to expand on the current ATA Guidelines, and then, also, for considerations to include in future guidelines. First project is the consensus review of the anatomy terminology and rationale for lateral neck dissection undifferentiated thyroid cancer. This is now, and has been, completed for a bit of time, and is in its first revision, submitted to the journal *Thyroid*, and I'd like to thank Brendan Stack for his leadership on that effort. Sally Carty was essential in completing an interdisciplinary communication piece for the care of the patient with thyroid cancer, and this has just been submitted to *Thyroid*. Greg Randolph has worked very hard with his group on a very complicated – on the complicated issue of the prognostic significance of nodal metastases in differentiated thyroid cancer. And this manuscript will be submitted to the Board, hopefully within the next week or two. Rob Udelsman helped to complete the feasibility of elective central neck dissection trial, which will be submitted to the journal *Thyroid*. And now, we are going forward with our next project, which Dave Terris is going to help lead, with Sam Snyder. And this is going to look at considerations for safely performing outpatient thyroid surgery. So, this

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will be a daunting task to take on, but I think we have the right people for it. So, we are excited about the upcoming year.

Trainees and Career Advancement Committee. Stephanie Fish reports:

Our committee has continued to do some focused things on the fellows – supporting the fellows, and really getting the fellows involved in the ATA, as Greg mentioned, at the beginning: first, to know that any fellow can have free associate membership in the ATA, and that gives them access to the journals, as well as, on our Web site, we have a special Fellows Corner that we've developed – Vic Burnett developed that, and it has special – the guidelines, and things like that, and educational programs for the fellows, through the Web site. The other program that we've continued to work on is the Fellows Track that is going on, right now, during this meeting, and has been going on with our annual meetings, so that there's fellows who've stayed for – who've stayed on for the whole meeting; with special programs and experts in the field to talk to them; with career development programs, as well as case studies, and things like that. And so, we've really worked hard to get the fellows more involved, and get them started in the ATA early. Thanks.

Anaplastic Thyroid Cancer Guidelines Task Force. Robert Smallridge reports:

The ATC Taskforce started two years ago, at this meeting, in Palm Beach. We've met approximately once a month by teleconference, and, more recently, every three weeks, as we've set a two-year agenda to finish this report. I'd like to individually acknowledge people, quickly, who are members, because I didn't, last year, but Ken Ain, Sylvia Asa, Keith Bible, Jim Brierley, Ken Burman, Electron Kebebew, Nancy Lee, Yuri Nikiforov, Sara Rosenthal, Manisha Shah, Ashok Shaha, and Mike Tuttle were on this taskforce, representing a very multidisciplinary approach to this deadly disease. There will be an overview of the content presented on Sunday morning, so I won't go into any details, other than to say, except for a few loose ends that we expect to tie up in the next month. I hope to have a document to submit to the Board for review by the end of November. We would then like it to be posted for a month, for general membership content; after we receive that and take action, and then we'll submit it for publication.

Basic Science Research Guidelines Task Force. Antonio Bianco reports:

Thank you. So, we had a slow start, a couple of years ago, but I think that this year was a turning point. We really achieved a lot. We identified nine topics that we want to cover – for example, how to measure thyroid hormones in rodents – and I think that, by studying it, we got a good feedback. I want to thank the members for contributing tremendously. We have, now, a framework; we have a basic skeleton for the final report. And I hope that, within – maybe next summer, we should have very close to the end. Thank you.

Hyperthyroidism Guidelines Task Force. Rebecca Bahn reports:

My report will be short, so – The guidelines were peer-reviewed extensively before they were submitted to *Thyroid* and *Endocrine Practice*. They were endorsed by 15 sister and associated societies, and then published in May, in both *Thyroid* and *Endocrine Practice*.

Medullary Thyroid Cancer Guidelines Task Force. Rick Kloos reports:

I've been asked by Greg Brent and Jim Fagin to lead a revision of that document, something I plan to start after my term completes in about 15 minutes.

Pediatric Thyroid Cancer Guidelines Task Force. Andrew Bauer reports:

We had about eight conference calls over – since the last meeting, with several additional subcommittee conference calls. And the progress that we've made is – we're probably at about a 70% draft document, which we circulated to the taskforce in February, and then, over the summer, had a recovery period to digest what we had put together. And now we're reenergizing to move it for the last, hopefully final, stretch, so we can submit it to the Board. So, tomorrow, we have a meeting at one o'clock, and Gary Francis couldn't make it, today, and he left us with the small task of coming up with a consensus on the use of radioactive iodine and thyroglobulin for long-term follow-up.

We hope it's going to be a productive 45 minutes.

[LAUGHTER]

For a consensus. So, I think, over-all, we're making slow and steady progress. Everyone believes that we can come to some consensus, despite being a lot of expert opinion and moderate amounts of data, compared to the Adult Taskforce. And all of us still believe that the end product will be clinically useful, and really help guide future research. So, I just want to say thanks to Gary for his leadership to the taskforce, to – so, despite the international composition, we still – and multiple time zones, we still seem to get together and have productive phone calls; Sharleene for organizing it, and the Board for sponsoring it. So, we're moving forward. Thanks.

Pregnancy and Thyroid Taskforce Guidelines Task Force. Alex Stagnaro-Green reports:

In regards to the Thyroid and Pregnancy Guidelines that are published in this month's *Thyroid*, I'd like to take the opportunity to thank Rick Kloos, who gave tremendous guidance through the whole process; Adonia, who gave wonderful administrative support; for the five anonymous reviewers from *Thyroid* who had 20 pages of single-spaced comments –

[LAUGHTER]

All of which were incredibly insightful, helpful, and painful. And, finally, to Charlie Emerson, who really was terrific in reviewing the manuscript multiple times, and probably knows it as well as I do. In terms of the taskforce, the taskforce has, as its major goal over the last two years, to have 150 micrograms of potassium iodide included in all prenatal vitamins that are given to women in the U.S. during pregnancy and breastfeeding. And I will, in 60 seconds or less, go through all the avenues that we've gone forward, and I'm sorry to say that, in many ways, I feel like we're no closer to accomplishing this than I was two years ago. So, what we have done is we've gone to the CDC and found out the only way to do it through the CDC is to get an act of Congress. To go to the FDA, it costs 10 billion dollars and 10 years, if we use the folate exercise as a prototype. We have written to the Institute of Medicine officially, through the Board of the ATA, and received a response back that they think it's an important area to study, but they don't have the funding. We worked through pharmaceutical, and had the Number One pharmaceutical company in the United States add potassium iodide to their prenatal vitamin, but unfortunately they were closed down by the FDA three months later for other reasons, and are not going back into prenatal vitamins. We've worked with the Council of Responsible Nutrition, which is the parent – well, the – it's a trade organization

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of all of the non-brand minerals and vitamins in the United States. Their board was very supportive of this; however, they do not set policy, they just advise their member organizations. And therefore, I don't think much has been accomplished, in that regard. We've specifically sent a request from the Board to the March of Dimes, asking them to endorse this, and after a year, they came back, at least unofficially, in conversations with members of the Board, saying that they will not endorse this unless ACOG – the American College of OB-GYN – endorses it. And finally, ACOG has been studying it for the last year, and I'm told they'll take another six months, but it should be noted that ACOG does not endorse prenatal vitamins for women. It has a list of all minerals and vitamins that women should take, at what level, during pregnancy, and then a woman is supposed to figure out how to accomplish that. So, our taskforce is going to have a meeting tomorrow, to figure out what the next step is. And there are a variety of possibilities, but I think the one that we're going to come up with is a call for an expert conference – about 20 or 30 individuals – with members of all these organizations, to try and figure out how we can accomplish this.

Thyroid Research Funding Taskforce. Anthony Hollenberg reports:

We had just one or two conference calls, and then my responsibilities as Program Chair gave me an excuse not to focus on this. So – but this is a great idea, and I hope the executive next year will choose to continue this mission to try and identify external funding sources for thyroid research across the country.

Thyroid Hormonal Replacement/Thyroid Hormonal Analogues. Antonio Bianco reports:

On behalf of Jackie Jonklaas and me, this new taskforce has been charged by the Board to look at the basic research data, and also clinical data, that will support, fundamentally, the monotherapy versus combined therapy for treatment of thyroidism – or for hyperthyroidism, and also at the use of – potential use of thyroid hormone analogues. We're going to meet the first time Saturday night. I think that's a great and exciting topic for us to review, and hopefully we'll make progress. Thank you.

Secretary's Report. Richard Kloos:

Thank you. I do note that I covered a little bit more extensive version that was delivered earlier this week, in our eSignal, where I expand on some of the items I'll mention, as well as really try to tie back to the past. And part of it is in, really, recognition, humbly, that anything that I've accomplished here is really on the backs of all of those who went before me in the service of this organization. And I truly recognize all of their contributions, as well as the many people who have served now, in our recent years. This gives me a chance, though, to reflect, just briefly, on some of the people who were important in my life, nurturing my career and development, and that included Tom Murphy, as a medical student, for me, at Case Western Reserve, where he was an attending physician for me, and then, subsequently, my internship and residency at MetroHealth Medical Center. Subsequently, the two really influential people in my development during my fellowship were Bram Shapiro and Ron Koenig, and I thank them for all that they taught me and gave me. My current recognition goes to Matt Ringel, who continues to be a close friend, colleague, collaborator, providing endless support, advice, humor – and I thank you, Matt. I also want to acknowledge the work of the current and past ATA staff, who supported me throughout my term. It's incredible, the amount of work that this small number of people do, by working smartly and efficiently – really, led

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by Bobbi Smith, and our full- and part-time staff, Adonia, Kelly, Sharleene, Shirlyn, and Jane Arrington. It's – what we do could not have happened without all of their labors. I also want to recognize the board members who served with me when I began in this role, in 2007 – with David and Rebecca, and their tireless efforts, including our monthly telephone conference calls. And here are the most recent Board of Directors and Officers, and recognizing, again, the executive committee is on the telephone with me for three weeks out of the month for at least an hour when we discuss business, and then divide up tasks and move forward. Your Board of Directors has become incredibly involved in this organization. They're able to speak at great length about our efforts, our interests, our direction, and I appreciate all of their support. As I mentioned, I know that this print is really small, but our organization has a long and proud history, and there is – the people here have contributed so much to where we are, now, and I want to pay them their credit for bringing us to where we are, now, in 2011, and again state we wouldn't be here without our past presidents, our past secretaries, who have served in this role that I've been honored to have, as well as, outside of these leadership, those people of the Distinguished Service Award who have served for so many years, in so many capacities. And I think this is an – a nice resources for you to be able to review on the ATA Web site, where we keep all of this information. It's updated. And we should be proud of all of – that they've done for us. You just heard a long report of our ATA committees and taskforces. I wanted to list them, again, here in one place, each of these being led by a chair, a liaison, and then a long list of ATA members who contribute to each of these. And I appreciate their service, and they should be proud of what they've accomplished. You know, the – when Rebecca, David, and I stepped in to – you know, this role, the ATA was in a very good place, and we were busy talking about all of the expansive things that we would take on. And then, very shortly thereafter, the world went through this economic crisis. In some ways, I hate to say it, but it was a good thing for the American Thyroid Association, when it forced us to really go back and say, "What is it that we are? What are we going to take forward and how are we going to do that?" and it forced us into a mode of, instead of expanding, perhaps to shrink, and ask about our core missions. And these are the ideas that really came out of that: is that we are an annual meeting that's an important place for all that we do collegially, education, recruiting young members to take us forward, show our science, et cetera. And so, the annual meeting remains a major focus of the organization. The money raised there go a long way to cover the rest of the activities that we do. The next, you've heard a lot about ATA guidelines, and – you know, it's – we're in that era, now, that guidelines are really important for name recognition, for establishing the brand of the ATA. They've driven up the impact factor of our journal, which is also incredibly important to us, and we've made a focus in guidelines. You've heard some of those reports, and I'll show you some summary in just a moment. We recognize that a core part of what we do is our journal, and we are – you know, grateful to our past and current editor for all that they've done to help showcase thyroidology and the American Thyroid Association flagship journal. We recognize that research is critical to what we do, and if we ever forgot it, Terry Davies was there to remind us about the importance of research as part of our core mission. And that has remained, and you'll see a little bit about that. And then, we recognize how important education is, and the growth of our membership, and a commitment to our young people and our trainees. And there have been many people who have contributed in that effort, but probably none more than Greg Brent, who – this has also been a critical area of his focus. So, I'll expand on that just briefly: the ATA meeting, you just heard high numbers, rave reviews. They continue to do well, and we are very proud of our annual meeting.

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Our guidelines – here’s a brief list of those that are completed, additional guidelines that are getting under way, and those that are about to be revised: our journal, *Thyroid*, moving its impact factor up to 4.327, with the support of our office staff Bobbi and Sharleene, and I think it’s really important to recognize that, in addition to the hard work that Charlie gives us, he’s assisted by associate editors, an editorial board, special editors, editor emeritus and Terry, and then those of us in the membership who review these many articles, and your hard work in timely reviews, high-quality reviews, and turning these manuscripts back to the authors with comments – how important that is, to keep this moving ahead, and I’m grateful from – for your participation. I mentioned research, earlier; through 2010, this – obviously, these numbers will need to be updated, but the ATA Research Grant Program awarded – has awarded 88 grants, totaling almost 2.4 million dollars. This includes 23 research grants focused in thyroid cancer, completely funded by ThyCa, as Greg described, earlier, of over 620,000 dollars. We’ve also awarded out 16 grants, money being raised by THANC, totaling 460,000 dollars. Another resource on the Web site is a list of these recipients, their – and their research projects, where you can review. We also had a session, today, where recent fundees were able to present their work. I’m going to show some of the same numbers that Virginia showed in graphical form; again, she had a little bit newer numbers, as we crest – I think you said 1,600 members. I think when we started the meeting; we were at 1,599, so hopefully those few came in just here, during our meeting. You see that about half are active; another 30% are associate members, making up the composition of who we are. You saw that – you’ve heard the information that about half of us are – consider ourselves practicing in an academic setting; another 20% in a hospital, 12% private practice, and also representation of those in corporate, government, or military and other service. By specialty, 63% are endocrinologists, 12% surgery; as I mentioned earlier, oncology has now moved ahead of nuclear medicine, as we enter into what appears to be a new era of the American Thyroid Association, and some declining numbers in nuclear medicine representation, here. We’re also composed of internal medicine, family member medicine, genomics, and counseling. You’ve heard our numbers as we have worked hard to create gender balance. We’ve had growth in our female members. We’re now, as you heard, about 38% women, 62% men, but of those under 40 – Virginia, you may be able to help me – I think we’re closer to 50-50, for all of – for our young members. So, we’re approaching 50-50, as – if we’re able to retain them, and move forward at this pace. Fellows have clearly been a area of growth, and as our membership, as you heard, reaches 1,600, as we have worked hard to reach out to fellows, to update their space on our Web site, and to consider other ways of keeping them engaged. And I want to, again, thank you for the honor of serving this society. I have all the confidence, moving forward. And Jim Fagin, John Morris, and, of course, as I mentioned, David Sarne, who started with me in this role back in 2006, and, in our elect positions, 2007, and I want to thank you for allowing me this opportunity.

[APPLAUSE]

Acknowledgement of Richard Kloos’ service as Secretary/COO. John Morris:

I want to say just a few words, on behalf of Rick. I’m pleased that one of my last tasks as Secretary-Elect is to thank Rick, the outgoing Secretary, for his tremendous effort on behalf of our society, over the last four years. Needless to say, I have very large shoes to fill. Rick took on the role of Secretary/COO in the fall of 2007, just a few months before the economic crash of 2008. He’s guided the ATA through the economic impact of this event, which has altered the way the

ATA and other similar organizations must conduct their activities and do their business. Revenue streams that were fluid and, in today's terms, relatively robust prior to the fall of 2008 withered or disappeared, altogether. It's been arguably the most challenging period in recent history for our organization. Despite these challenges that were brought on by these events, under Rick's steady hand, high energy, strong negotiating skills, and focus on priorities – or, as you saw, as Rick calls them, “core activities” – the ATA has prospered. Our organization has grown in total membership, in diversity of gender and specialty representation, and in inclusion of fellows and younger members. Despite tight budgets, attendance at the annual meeting has been preserved, and, as you saw, is growing. ATA Guidelines for Thyroid Nodules and Cancer, Thyroid Disease and Pregnancy, Hyperthyroidism, Medullary Thyroid Cancer are generally recognized as the gold standards. Other examples of ATA growth are the success and increased impact factor of our journal, *Thyroid*, and the increased contributions of our organization to thyroid-related research. While, of course, many ATA members, committees, editors, officers, and our capable and hard-working office staff have certainly been instrumental in advancing these forward-reaching efforts, Rick's guiding hand, encouragement, attention to detail, and – usually – gentle reminders are clearly evident in each one of them. Rick, we thank you for your diligent efforts on behalf of the ATA, and look forward to your continuing activities with us.

[APPLAUSE]

We have a gift for you, Rick. It's a very nice desk clock. It says, “Richard T. Kloos, Secretary/COO, 2007 through 2011. American Thyroid Association honors your invaluable service.” It'll help you count down these last few minutes.

MOTION: A motion was made by Richard Kloos, seconded and unanimously approved to accept all the reports of the committees and task forces.

Necrology

Members stand in recognition of our departed members:

John Baxter, Brown M. Dobyns

Edward Merker: I'm not sure how many people in the room remember Brown Dobyns. He was a former president of the ATA, and was a surgeon at Cleveland – at the – I think the Cleveland Clinic, and was a leading mover and shaker in the Collaborative Thyrotoxicosis Study Group that published the long-term follow-up very large-scale studies.

Richard Kloos: Thank you. I think he was at MetroHealth Medical Center. I actually see his daughter on a fairly regular basis – who gave me updates during the past five years or so of his life.

Recognition of outgoing board members

Richard Kloos: I'd like to recognize the outgoing board members Mike Tuttle and Ian Hay and present certificates for their service.

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We'd now like to ask Terry Davies, as outgoing Past-President, to come forward. I'd like to recognize Terry for his past three years of service. He was one of the first to step in – first or second to step into the expanded role of the presidency being a three-year obligation, of which time he gave his time freely to us, contributed his thoughts, and improved our organization, and I want to thank you.

New Business

Terry Davies: Thank you, Rick. Since I'm on my feet, I do have some other business. I just want to make one plea, and that is, while we're all feeling very self-satisfied after all this beautiful presentation, we do have a number of issues that need to be dealt with, and one is the lack of basic young researchers in this society. We have a lot of young people, but the vast majority of them are clinically active, and they're not at the lab bench doing research. And we don't have a program for correcting this. 25,000 dollars for a year in an ATA grant is not going to make a career. And I would like the society to think very carefully about establishing some sort of career awards that would last for two or three years, and would allow young people to actually have some security and establish themselves. So, with that, I'll say thank you. And I have a personal thank-you to you, as well as the team, for all your hard work.

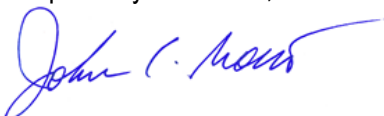
Election Results. Gregory Brent reports:

First of all, to thank all those that ran for office. I think we're seven or eight years into competitive elections. And I think, for most of us, it's one of the few areas that we expose ourselves to this, to put yourself out in that way, and we do deeply appreciate it. And I think we've seen the value of these elections that have gone on, so I will announce the results of the election. So, for Directors, those elected were Martha Zeiger and Eric Alexander, so congratulate them. And then, our new President, after Jim finishes his term, will be Bryan Haugen. So, now, I'd like to invite our incoming President, James Fagin to be escorted to the podium to adjourn the annual business meeting.

Dr. Fagin is escorted to the podium by past-presidents Drs. Braverman and Hershman.

Dr. Fagin adjourns the annual business meeting at 7:10 pm.

Respectfully submitted,



John C. Morris, MD
Secretary/COO



Barbara R. Smith, CAE
Executive Director