



# ATA SIGNAL

THE NEWSLETTER OF THE AMERICAN THYROID ASSOCIATION

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## Update On ATA's 75<sup>th</sup> Annual Meeting

Where will the world's best basic and clinical thyroidologists be September 16-21? Attending the ATA's 75<sup>th</sup> Annual Meeting at The Breakers in Palm Beach, Florida.

"It's hard to pick highlights," said ATA Program Committee Co-chair Rebecca Bahn. "My Co-chair, Bryan Haugen, and I are very excited about this year's program emphasizing translational thyroidology. We planned several sessions to highlight the important synergy between basic and clinical research."

Translational thyroidology is this year's theme—from start to finish. The meeting kicks off with a symposium on medullary thyroid cancer, covering pathogenesis, surgical approaches, and treatment for metastatic disease.

The translational theme will continue with a plenary "State-of-the-Art" lecture called "Promises and Pitfalls of Proteomics" by Mark Duncan, of the University of Colorado. The meeting's final symposium will focus on autoimmune thyroid disease, describing how approaches used to treat other autoimmune conditions could potentially be applied to thyroid disease.

This year's meeting will continue the tradition of featuring both "clinical" and "basic" tracks for symposia. ATA executive officer and treasurer, David Cooper, of Sinai Hospital of Baltimore and Johns Hopkins University will launch the clinical track with a keynote lecture entitled "Historical Perspectives and Current Understanding of Mild Thyroid Failure."

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## PRESIDENT'S MESSAGE



ATA members and leadership continue to be energetic in support of thyroid initiatives. The

successful KI conference, co-sponsored with AACE, was due to the collaborative efforts of the respective society's leadership, and program organizers David Becker, John Morris, Lew Braverman and Paul Ladenson. The Subclinical Thyroid Disease Consensus Conference produced a consensus statement

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**National Academy of Sciences** *Committee to assess the distribution of potassium iodide issue: Proposed committee members include David V. Becker, Lewis E. Braverman, S. Dillwyn Williams See "Assessment of Distribution of KI" page 2*

## CMS recommends coverage for RAI scan negative, Tg positive (>10 ng/mL) thyroid cancer

The Centers for Medicare and Medicaid Services (CMS) issued a decision memorandum in April 2003 recommending coverage for FDG PET scanning in patients with thyroid cancer of follicular cell origin previously treated by thyroidectomy and RAI ablation who have serum Tg > 10 ng/mL. For more information, go to [www.thyroid.org](http://www.thyroid.org).

## Experts Discuss Potassium Iodide Distribution in Case of Nuclear Incident

The importance of having potassium iodide (KI) on hand in case of a nuclear emergency—along with other related policy, legislative, logistical, and medical issues—was the focus of discussion at a symposium in Washington, D.C., on Feb. 28, 2003.

Thyroid experts from around the world gathered for the event, "Public Health Strategies for Protecting the Thyroid with Potassium Iodide in the Event of a Nuclear Incident," to examine the impact of nuclear accidents on the incidence of thyroid cancer as well as distribution strategies for getting KI to people who live near nuclear facilities. The symposium—sponsored by the American Thyroid Association (ATA) and the American Association of Clinical Endocrinologists—also brought together public health professionals, physicians, government officials, consumer advocates and allied health care professionals.

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## ATA Members Share Concerns with FDA

Physicians treating thyroid disease know how essential it is for patients to reliably receive the precise amount of hormone they need with each dose. Yet the current U.S. Food and Drug Administration (FDA) "guidance" for assessing "bio-equivalence" of levothyroxine products may allow products with very different potency and bio-availability to appear to be the same, or bio-equivalent.

Thanks to the ATA and other organizations, that may change. On March 13, several members of the ATA shared their concerns with the FDA's Advisory Committee for Pharmaceutical

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## An Assessment of Federal and State Guidelines for the Distribution of Potassium Iodide in the Event of a Nuclear Accident or Nuclear Terrorism

The ATA is pleased to announce that three ATA members, experts in the issues involved in the distribution of potassium iodide, have been proposed to serve on a National Academy of Sciences committee to formulate an assessment and recommendations to the President and Congress. They are David V. Becker, Lewis E. Braverman and S. Dillwyn Williams.

The Board on Radiation Effects Research (BRER) of the National Research Council has put together a slate of individuals to assess the distribution of potassium iodide (KI). On the basis of

this assessment, that committee will make recommendations to the President and Congress within 9 months regarding: (a) the projected benefits and harms of a KI distribution program as part of a nuclear incident preparedness program; (b) the most effective and safe way to distribute and administer KI on a mass scale to prevent radiation effects; (c) the populations that should be included in the program (e.g., distribution of KI to people living within 20 miles of nuclear facilities); (d) the appropriate roles for local, state and federal agencies in such a preparedness program; (e) any additional

issues that need to be researched, resolved, or addressed. The outcome of this study will be recommendations for the safest and most effective way to distribute KI on a large scale. The study director will be Dr. Isaf Al-Nabulsi, a member of the BRER staff. The first meeting of the committee will be May 29 at the Keck Center of the National Academies at 500 5th Street, N.W., Washington, DC. You can follow the progress of the committee at the National Academies' current projects website ([www.nationalacademies.org](http://www.nationalacademies.org)) and enter KI in the Quick Search box.

### President's Message

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which has been submitted for publication. While the ATA, AACE and Endocrine Society did not endorse the draft per se, members of our respective societies worked hand in hand, under the leadership of Martin Surks, to craft the manuscript. Special thanks to David Cooper who carried the respective society's comments and suggestions to the Consensus committee. Another issue requiring close cooperation among societies dealing with thyroid disorders is the all-important matter of thyroxine bioequivalence. The ATA has been well-represented by members of our Public Health and Clinical Affairs Committees in presenting our thoughts to the FDA, and will continue to do so.

The ATA Council has a new member; Steve Sherman, who stood for election to

the Executive Council last year, has agreed to serve out the remainder of Greg Brent's Council term (through 2004, since as Secretary-elect, Greg automatically sits on the Council). Welcome, Steve, and thanks for your willingness to serve.

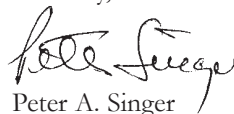
Welcome also to Patrice Dickens, who joined the ATA staff as Staff Associate Manager replacing Roslyn McKee, who decided that matrimony offered more security than an ATA career. All the best to Roz.

Colleagues, please note that the Campaign for Thyroid Discovery is winding down, and will draw to a close at year-end. I don't think it's necessary to remind all of you of the importance of thyroid research, and would urge you to make a gift to the Campaign. We have fallen short of our original goal, and now is the

opportunity to close the gap. In that vein, I would like to express my gratitude to Gary Bloom, Executive Director of ThyCa, for ThyCa's generous research grant.

Finally, as President-Elect Clark Sawin begins to think of committee assignments, it's time for you to let him know how you would like to serve our organization. Experience not needed—just a willingness to help the ATA in its mission. Please contact Bobbi Smith in the ATA office and let her know of your interests.

Sincerely,



Peter A. Singer

### Update on ATA's 75<sup>th</sup> Annual Meeting

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Symposia in the clinical track will explore such topics as thyroid hormone's skeletal and cardiac effects, ultrasonography's utility in thyroid disease, surgical approaches to thyroid cancer, and multi-nodular goiter. In the basic track, symposia will address such topics as the thyroid and deafness, molecular pathways in thyroid carcinogenesis, thyrocyte development, autoantibody interactions with the thyrotropin receptor, and thyroglobulin's role in thyroid disease. A staggered schedule will allow participants to attend both clinical and basic sessions on a given subject.

And don't forget Continuing Medical Education Symposia (CMES). "We are especially pleased with the strong and diverse industry-supported symposia being offered this year," said Program Committee Co-chair Bryan Haugen. "Topics and speakers will complement and enhance the overall program." For a

more informal learning experience, take advantage of "Meet the Professor" workshops. At these interactive luncheon sessions, experts on thyroid disease and pathophysiology will present their research. Participants will get an update on Chernobyl and potassium iodide prophylaxis, for example. They'll hear about the latest biomedical research tools, including RNA inhibition and tissue arrays. And they'll learn more about the following topics:

- Nongenomic actions of thyroid hormone.
- Biomarkers in thyroid cancer.
- Clinical applications of thyroid hormone analogues.
- Gene therapy for thyroid cancer.
- PET imaging in thyroid cancer.

Meeting-goers have another chance for interaction at poster sessions. To optimize opportunities for give and take, this year's

meeting features longer viewing time for poster sessions in large venues. Some sessions coincide with sponsored lunch breaks. Both poster and oral abstract sessions are built around common themes, sometimes combining basic and clinical investigation.

As for Clinical Grand Rounds, this year's offerings will be devoted to discussions of laboratory testing and cases involving patients with unusual levothyroxine requirements.

According to Dr. Bahn, the meeting is a must. "Come and learn the latest in clinical thyroidology and thyroid-related basic investigation," she urged. "The pleasant setting will promote scientific and social exchange." For more information, go to [www.thyroid.org/ann\\_mtg/2003\\_75th/index.htm](http://www.thyroid.org/ann_mtg/2003_75th/index.htm).

## SECRETARY'S REPORT



ATA Members should be pleased and proud about our association's growing impact and influence. ATA's recent symposium on "Public Health Strategies for Protecting the Thyroid with Potassium

Iodide in the Event of a Nuclear Incident," which was co-supported with AACE, represents a milestone in extending our association's expertise and influence to public health and other government officials. The co-sponsorship with the Endocrine Society and AACE of the Subclinical Thyroid Disease Consensus Conference is another important collaboration, both in its execution and in the evaluation of the outcome. The ATA Council is enthusiastic about collaborating with the Centers for Disease Control in presenting a symposium on "Maternal and Neonatal Thyroid Health" in 2004. The ATA is beginning the program planning for a "Horizons in Thyroidology" conference in the spring of 2005 in Baltimore.

The 2003 Annual Meeting should be our most successful ever. The Program Committee, co-chaired by Rebecca Bahn and Bryan Haugen, has designed a stimulating agenda; and the Breakers Resort in Palm Beach will again be a delightful venue for members and their guests to

enjoy an extended meeting schedule that will permit us all to enjoy some leisure activities. Pre-meeting activities will include a satellite symposium on "Resistance to Thyroid Hormone" in Miami Beach, coordinated by Sheue-yann Cheng and Paul Yen, and an AACE/ATA Thyroid Ultrasound course being presented in Palm Beach by AACE. Annual Meeting abstracts will be published in THYROID.

We continue to strengthen our collaborations with other societies. In addition to collaborating in the sponsorship of our recent symposia, ATA is an active member of the Sister Endocrine Societies, which has been a powerful "force magnifier" for our views about a number of important issues, including NIH study section reorganization, stem cell research, and FDA standards for thyroxine bioequivalence.

Your Executive Council recently held our weekend-long winter meeting, which has been invaluable for thoughtful long-range planning ever since Pepper Davis initiated this session during his presidency. This year, Council focused on our association's plans for greater involvement in thyroid patient education and advocacy. Guided by feedback from the recent survey of our membership, Council further defined our goals and is beginning to seriously evaluate potential partners.

Under the adroit hand of our Executive Director Bobbi Smith, the ATA's

administrative office and staff are more effective and imaginative than ever. Our new Secretary and Treasurer, Greg Brent and Charlie Emerson, are learning the ropes and preparing for a smooth transition at the Annual Meeting. Despite concerns about future industry support in an era when thyroxine manufacturers face the prospect of an increasingly "generalized" market, our finances remain very favorable, and our investments have borne up much better than most of our individual retirement accounts.

I urge you all to become ambassadors for recruitment of new ATA members. Our Membership Committee is now prepared to act positively on the applications of clinicians with a serious commitment to thyroid patient care; an extensive record of thyroid publications is not required. Share the satisfaction of being a part of our association's unique combination of serious intellectual commitment and collegial intimacy.

In my fifth and final year, it remains a great privilege and pleasure to serve as your Secretary.

Respectfully submitted,

Paul W. Ladenson, M.D.

## WINTER COUNCIL MEETING HIGHLIGHTS - MARCH 1-2, 2003

- The ATA's role in patient education and possible closer collaboration with existing patient education groups was a major topic of discussion, which included Patient Education and Advocacy Committee chair Alan Farwell and guest Larry Wood, President of the Thyroid Foundation of America.
- The success of the symposium "Public Health Strategies for Protecting the Thyroid with Potassium Iodide," was celebrated. Council thanked the organizing committee consisting of John Morris, Lew Braverman, David Becker and Paul Ladenson.
- Council expressed satisfaction with our collaborations with AACE, which included sponsorship of the KI symposium. The ATA and AACE have planned an ultrasound workshop before the ATA Annual Meeting in September, 2003. ATA is exploring collaboration with AACE for Thyroid Awareness Month in 2004.
- Council made a commitment to sponsor a symposium on "Material and Neonatal Thyroid Health" in 2004.
- A "Horizons in Thyroidology Conference" is being planned for Spring, 2005.
- The ATA budget was on track and in the black for 2003. See Dr. Cooper's related article on page 6 "Investment Policy: Frequently Asked Questions."
- Council expressed unanimous support for the proposed bylaw change that would add "Other Healthcare Professionals" to those eligible for ATA membership, along with "Physicians and Scientists." Council urged all members to vote for this change at the Annual Business Meeting in September, 2003.
- Council directed the Development Committee to develop a plan for completion of the Campaign for Thyroid Discovery by the end of 2003.
- The Clinical Affairs Committee reported that the Centers for Medicare and Medicaid Services was reconsidering the ATA's input regarding reimbursement for PET scanning in thyroid cancer patients. (ATA subsequently learned that PET use has now been approved in certain circumstances - announcement on page 1).
- David Cooper reported that ATA will not endorse the Subclinical Thyroid Disease consensus statement arising from a conference in September, 2002. Endocrine Society and AACE are also withholding endorsement of this statement.
- Council directed the staff to publish the declared conflicts of interest of officers and committee chairs in the 2003 Annual Meeting Program Book.
- Councilor Stephanie Lee reviewed proposed design alternatives for a new ATA logo, which Council agreed should be adopted.

## ATA Members Share Concerns with FDA

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Science. Other clinician groups and levothyroxine manufacturers also testified.

In current practice, determining bioequivalence entails administering a single supraphysiological dose to normal subjects and then measuring thyroxine concentrations in their blood over the next one to four days. But that method just doesn't work for a medication like levothyroxine, ATA members told the committee.

That's because pharmacologic bioequivalence doesn't tell the whole story when it comes to levothyroxine. The medication's biologic effect also needs to be assessed, they said, noting the complex interplay of exogenous and endogenous thyroxine and other factors. Explaining that the pituitary's secretion of thyroid stimulating hormone (TSH) provides important feedback about a dose's actual impact, they argued that determining levels of TSH in the blood would be a more appropriate method of assessing a medication's effect.

In addition, levothyroxine has a prolonged half-life of about a week. The current guidance, however, doesn't take this half-life into account. By assessing bioequivalence after an acute supraphysiological dose, the guidance doesn't give the

hormone the time it needs to equilibrate in a patient's tissues. Measuring serum TSH four to six weeks after administration would account for this long half-life, allowing a medication's true biological equivalence to be assessed.

Members testifying before the committee also questioned whether a supraphysiological dose in a person with an intact thyroid was truly comparable to a dose in a patient with reduced thyroid hormone production or none at all.

In a follow-up letter to FDA Commissioner Mark McClellan, MD, PhD, ATA President Peter A. Singer, MD; Endocrine Society President John D. Baxter, MD; and American Association of Clinical Endocrinologists President Hossein Gharib, MD, underscored the importance of revising the guidance.

Noting the very fine line between therapeutic and toxic doses of levothyroxine, they explained that small variations can make a big difference. The current method for determining bioequivalence, they warned, puts patients at risk for such problems as atrial fibrillation, osteoporosis, and uncontrolled hypercholesterolemia.

That increased risk of adverse events isn't the only problem with the current

guidance, they added. It also increases health care costs. Patients, physicians, and payers switch formulations from time to time, they pointed out. When physicians prescribe a new, potentially nonequivalent product to patients, patients must undergo multiple tests and make additional office visits to retitrate their doses.

Together they urged the FDA to convene a panel of clinical endocrinologists and other experts to consider these problems and revise the guidance as necessary. "To fail to examine this issue and permit continued use of the current faulty bioequivalence standard constitutes, in our view, a great disservice to patients and physicians," they wrote. Noting that their organizations represent more than 10,000 physicians and scientists, they offered to nominate members who could join pharmaceutical and pharmacokinetic experts on a committee.

The FDA appears to be open to such suggestions, said ATA Secretary, Paul W. Ladenson, MD.

"Informal feedback from the FDA indicates that they have heard the concerns of clinical thyroid experts," he said. "The FDA is developing a growing appreciation of the need for more advice before making a final decision."

**IN MEMORIAM: JEAN-H DUSSAULT (1941-2003)**

Long-time ATA member, Dr. Jean-H Dussault of Sainte-Foy, Canada, died on Saturday, March 23, 2003 at 61 years of age, thus ending a remarkable career filled with outstanding scientific achievements. His earliest scientific contribution in 1972 was the development of a neonatal screening test for congenital hypothyroidism which led to the development of screening programs, which he pioneered. For the next three decades, he continued to significantly contribute to our understanding of the mechanisms of action of thyroid hormone in the developing brain.

Dr. Dussault had been a member of the ATA since 1971. Among other prizes, he received the ATA Van Meter Award in 1980 and a nomination for the Nobel Prize of Médecine in 1982. He was the author of more than 200 publications and more than 300 communications.

Jean Dussault was born and grew up in Quebec City, Canada. He received his bachelor's degree from the University of Montreal in 1960 and his M.D. in 1965 from the University of Laval. He undertook his internship followed by a two-year residency in Medicine at the *Enfant-Jesus* Hospital in Quebec City. His formal research training began in 1967 as a research fellow in Endocrinology under the mentorship of Dr. R. Volpe at Wellesley hospital (University of Toronto, Canada) and then in the department of Pediatrics and Medicine, UCLA, Harbor General Hospital (Torrance, California) under the mentorship of Drs. D.A. Fisher and D.H. Solomon. He and Inder

Chopra were fellows together at UCLA in 1969-1971. Dr. Chopra remembers Jean as a "smart man, a pleasant colleague and a good friend." In 1971, he returned to Quebec City and the Laval University School of Medicine, and ultimately rose to the rank of Professor of Medicine in the department of Endocrinology and Metabolism. He was the director of the Screening Program for Congenital Hypothyroidism, the Quebec Network for Genetic Disease; and served as Chief of the Unit of Molecular Medicine Genetics at the CHUL Research Center. Numerous investigators trained by Jean can now be found in leading endocrine laboratories around the country and, indeed, around the world.

Jean was a fine physician and many patients were referred to him at the *CHU Laval*. His patients regarded him as warm and thoughtful, remaining in close touch over the years.

Despite his many accomplishments and widespread recognition, Jean remained a modest man. He always declined to apply for a patent for the neonatal blood test for congenital hypothyroidism that he developed because he considered his discovery a part of the public domain. Dr. Jack

Puymirat said, in remembering Jean Dussault that "we should focus on his personal example as a physician-scientist who could be intellectually rigorous and highly productive, while at the same time most compassionate and gentle in his manner towards all."



Jean-H Dussault  
1941-2003

## Negotiating Managed Care Contracts

*(At the time of submission of this article to the SIGNAL, all or part of this article had been accepted for publication in The First Messenger, AACE's newsletter)*

Recently, a group of practicing endocrinologists in Oklahoma City appealed to the American Thyroid Association (ATA), the American Association of Clinical Endocrinologists (AACE), and the Endocrine Society (EndoSoc) for help in resolving a problem they experienced with one particular HMO regarding reimbursement for diagnostic and therapeutic radioactive iodine. Traditionally they, as well as all physicians around the country who use these isotopes, would request reimbursement for two separate charges from either an insurance company or Medicare. Code 79000, for example, would be submitted for the professional component of the treatment of hyperthyroidism while codes W4142 / W4143 are used for the cost of the isotope, with reimbursement based on an invoice from the radiopharmaceutical company.

These Oklahoma City endocrinologists received retroactive denial for all the isotope charges for the patients of that HMO whom they had evaluated or treated with radioactive iodine. Effectively, the HMO decided unilaterally, without discussion with any involved physicians and without notice, to "bundle" the two fees into one. Therefore, the doctors received only a reimbursement for the professional component and were not reimbursed for the substantial isotope costs that they had incurred. They appealed for help.

An ad hoc Radiopharmaceutical Reimbursement Task Force consisting of members of ATA, AACE, and EndoSoc determined that the problem was the result of an unfavorable contract that had been executed by the physicians and the HMO. Under the terms of their contract, the HMO had the right to change the fee structure, as they did.

### What can be learned?

Physicians, and in particular thyroidologists, administering radioiodine therapy, should be circumspect when entering contracts with third parties for radioiodine therapy. Rates offered to large radiology groups, for example, may be financially disastrous for thyroidologists. Large groups may be able to reap profits despite relatively low reimbursement rates because they are either:

- a) capitated by an insurer (receive a fixed amount of money for each of the insurer's members regardless of whether or not services are delivered), or
- b) provide a high volume of services at a favorable "bundled" (combining professional and technical fees, such as the cost of isotopes) rate that is based on an average rate for a wide variety of services

### Some suggestions:

1. Contracts need to be read carefully, preferably by the physicians involved, but also by someone experienced in reading contracts, such as a health care attorney.
2. Negotiate any unfavorable features of a contract
3. Look carefully for language that refers to the ability of the insurance company to bundle, down-code, deny, or delay payment. These are situations that many companies try to do, and are the basis of a large class action lawsuit against six specific HMOs.
4. Try not to get locked into a fee schedule that specifies a "percentage of Medicare allowable," because that situation gives the company too much leeway into adjusting fees to their advantage.

Elliot G. Levy, M.D., ATA Board of Directors  
Chairperson, Radiopharmaceutical Task Force Committee, ATA, AACE, EndoSoc

## American Thyroid Association Investment Policy - Frequently Asked Questions

**1. Why do we need an investment policy?** For most of the Association's history, our funds were invested in conservative fixed-income vehicles, such as treasury notes, bonds, and certificates of deposit. Although this investment approach served us well for many decades, by the end of the 1990s it seemed apparent that the Association had missed out on opportunities for growth of its investments. Furthermore, we had just received a large contribution for our Endowment, the Campaign for Thyroid Discovery, and it was felt that it was our fiduciary responsibility to invest the money prudently but wisely.

Therefore, beginning at 1998, the Council charged the Chair of the Finance and Audit Committee and past-Treasurer Bob Smallridge and Treasurer-elect David Cooper to develop an investment policy. The purpose of the policy was to define in great detail the Investment Objectives of the ATA, which was, for the first time, contemplating investing in instruments with greater potential both for reward and risk. The policy was approved by Council in 1999, presented to the membership at the 1999 Annual Meeting and approved by the membership at the 2000 Annual Meeting.

**2. Who wrote the investment policy?** The investment policy was written by David Cooper with Bob Smallridge and the Finance and Audit Committee, with additional input from Marty Surks (Immediate Past ATA Secretary and then Chair of the Endocrine Society's Finance Committee), and was patterned after similar policies of other non-profit organizations.

**3. What are the basic elements of the investment policy?** The investment policy sets forth: 1) the investment Objectives of the ATA, 2) the Responsibilities of the Treasurer, the Council and the Finance and Audit committee with respect to the investments, 3) the fact that the management of the investments would be under the auspices of a Professional Manager, 4) the parameters of Asset Allocation (the types of investment and risk tolerance), 5) the Spending Policy of investment proceeds, and 6) the mechanism for Performance evaluation and Reporting. The following is a brief summary of each of these elements:

**Objectives:**

1. To maximize return on investments while taking a limited amount of investment risk;
2. To increase the corpus by at least the rate of inflation over the longer-term;
3. To provide current income and long-term support for academic programs, especially the support of young investigators and research.

**Responsibilities:** Council is responsible for establishing the policy that will guide the Treasurer and the Finance and Audit committee in investing the endowment funds.

**Delegation of Authority:** The Treasurer is authorized to invest the funds through a professional investment manager selected by Council. The Treasurer has the responsibility to administer it, oversee expenditures from endowment funds, to maintain the records of the investments, and to report to the Finance and Audit committee the performance and composition of the investment portfolio.

**The Investment Manager:** The manager will be selected from among leading professional investment managers with proven records of superior performance. The manager is given full discretion to invest the assets to best achieve the stated objectives and performance standards within the guidelines.

**Asset Allocation:** The Council initially agreed upon an asset allocation that was based on various models of risk and award. This allocation, determined in the winter of 1999, was at the time a fairly conservative one, with assets divided in the following manner:

<b>Fixed Income</b>	<b>Target</b>	<b>(range)</b>	<b>Equities</b>	<b>Target</b>	<b>(range)</b>
<b>Total</b>	<b>60%</b>	<b>50-70%</b>	<b>Total</b>	<b>40%</b>	<b>30-50%</b>
Bonds	45%	(20-50%)	Large Cap Stocks	25%	(20-30%)
T Bills	10%	(0-70%)	Small Cap Stocks	10%	(5-15%)
Cash	5%	(0-70%)	International stocks	5%	(0-7.5%)

It is recognized that equities could provide income and appreciation of principal, but also exposed the association to greater volatility than fixed income securities.

**Spending Policy:** The annual payout will be calculated as a percentage of the moving average of the market value of the funds using the three preceding year-end market values, but will be no more than 4%. Exceptions may be made for restrictive gifts, which call for annual payments that may differ from the standard policy.

**Performance Evaluation:** The Finance and Audit committee is responsible for monitoring the performance of the investment manager. Quarterly reports will be submitted to the committee and the Treasurer detailing the performance and composition of the portfolio. An independent accountant engaged by the ATA shall audit endowment funds. Each equity investment will be judged in accord with benchmarks (e.g., Standard & Poor's 500 Stock Index for large capitalization stocks, the Russell 2000 Index for small capitalization stocks, the Lehman Brothers Aggregate Index for fixed income investments). Thus far, our portfolio has performed better than the benchmarks. Of course, we have sustained losses in the stock portion of the portfolio. The manager should request from the Finance and Audit committee any changes in the investment objectives that are appropriate.

**Operating Procedures:** Endowment funds are pooled for investment purposes. The record keeping and administration of each named endowment is maintained separately in order to track revenue, expenditures, and current balance.

**Statement of Social Responsibility:** The ATA Council recognizes the moral and social implications of investing the endowment and has the right to review all investment decisions.

**4. How was the money manager selected?** The Treasurer solicited information from three money managers, one from AlexBrown in Baltimore, who is the manager of Sinai Hospital pension funds, another from Alliance Capital, a manager of the Endocrine Society's funds, and a third from Solomon Smith Barney, who previously had handled the ATA's investments. After reviewing each manager's recommendations for our investments, the financial objectives, the benchmarks for performance, and their fees, Council selected Barry Garber (note: no relationship to SIGNAL editor) from AlexBrown to be our manager. An agreement was signed in January 2000 to begin converting approximately 50% of our fixed income holdings into stocks.

**5. What are the fees that the ATA is charged?** The ATA pays 0.25-1% on fixed income purchases, but nothing to manage the bulk of the fixed income portfolio. We pay 1.5% on the large capitalization equity portfolio, and do not pay "loads" to purchase mutual funds, even for those funds that traditionally are not "load" funds. On average, we have paid approximately \$1500-\$2000 a year for Mr. Garber's services. We recently invested in the Calamos bond fund, which also has a fee associated with it of 2%.

## Nineteenth Annual Boris Catz Lectureship



Dr. Basil Rapoport (standing), Dr. Jerome Hershman (seated left), and Dr. Boris Catz (seated right), gather at a dinner for the Nineteenth Annual Boris Catz Lectureship in Los Angeles.

**D**r. Jerome Hershman, the nineteenth annual Boris Catz Visiting Professor joined the first Visiting Professor, Dr. Basil Rapoport, in Los Angeles to honor Dr. Boris Catz. The Boris Catz, MD Thyroid Lectureship at Cedars-Sinai Medical Center was established in 1985 as a tribute to Dr. Catz's humanitarian, professional, and community achievements. Each year an outstanding thyroidologist is selected and comes to Los Angeles to present a number of lectures for endocrinologists and internists. Through the years, the honorees have included eminent thyroidologists from around the world, all of whom have been regular or corresponding members of the ATA.

## New Members

**T**he ATA Executive Council approved the new members reviewed and nominated by the ATA Membership Committee, chaired by Antonio Bianco. The ATA expresses appreciation to the sponsors who are responsible for recommending and introducing colleagues to the benefits of membership.

### Welcome to new ATA members:

#### Active

Electron Kebebew, MD  
Yan-Yun Liu, PhD  
Rui M. Maciel, MD, PhD  
Paul Mystkowski, MD  
James O. McCallum, MB, BCh  
Elizabeth N. Pearce, MD

#### Associate

Gereben Balaz, PhD  
Geeta Lal, MD

#### Sponsors

Orlo Clark, MD  
Gregory Brent, MD  
Antonio C. Bianco, MD, PhD  
Paul W. Ladenson, MD  
George Dailey, III, MD  
Lewis Braverman, MD

Antonio C. Bianco, MD, PhD  
Orlo Clark, MD

## In Memoriam - Prince Takamado of Japan 1954-2002

**P**rince Takamado, a cousin of Emperor Akihito, died of heart failure in November. Keenly interested in medicine, the Prince had welcomed participants to the 12th International Thyroid Congress held in Kyoto two years earlier. After the opening ceremony, he attended a symposium and viewed several poster presentations.

Martin I. Surks, MD, who was the ATA's President that year, remembered the Prince as a highly educated and charming man. At a pre-conference dinner, the Prince remarked upon the frog pattern on Dr. Surks' tie and described how his children captured tadpoles and released them in the palace ponds. Dr. Surks found himself explaining the critical role that thyroid hormone plays in tadpoles' metamorphosis into frogs. Fascinated, the Prince incorporated the idea into his opening remarks. "For me, meeting the Prince was one of the event's high points," said Dr. Surks. "I was greatly saddened when I learned of his sudden death."

## Experts Discuss Potassium Iodide Distribution in Case of Nuclear Incident

*continued from front page*

“The symposium is the outcome of a long-standing interest of the ATA in having KI widely available for use to minimize exposure from I-131 released from a catastrophic event at a nuclear power plant,” said David V. Becker, MD, co-chair of the symposium. “The purpose was to present an undefined and uncertain risk situation and to explain the usefulness of a simple, preventive medical measure—KI—within an acutely volatile political context.”

The experts emphasized that KI should be taken six to 12 hours before or within the first few hours after exposure to radioactive iodine, also pointing out that babies, children up to 18, and pregnant women are the most important groups to receive KI after exposure.

The seminal event that opened the world’s eyes to the importance of KI distribution was the 1986 Chernobyl nuclear accident, releasing a fallout cloud that spread radioactive iodine and other radionuclides throughout eastern and central Europe. Starting a few years later, infants and children who had been exposed to the fallout were diagnosed with an unusual and aggressive form of thyroid cancer, except in Poland where the government had distributed KI pills.

International experts discussed experiences in Poland, France, and Ireland from the Chernobyl accident and how those lessons learned influenced current policies and nuclear preparedness.

“The meeting was meant to provide information about the importance of KI distribution around nuclear power facilities, a position that the ATA has support-

ed for many years,” said John C. Morris, MD, co-chair of the symposium. “However, only recently has this issue received greater priority by government officials. We provided an opportunity for experts, both scientific and public health, to share their ideas, data, and experiences with people who are positioned to make decisions about this important issue.”

The center of much debate at the symposium was the length of time it has taken for the U.S. government to recognize that KI needs to be made available for communities at highest risk. After decades of inaction on this issue, in December 2001, the Nuclear Regulatory Commission offered free KI pills to the 34 states that either have nuclear reactors or are within 10 miles of another state’s plant. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 calls for distribution of KI to people living within 20 miles of nuclear facilities, as of June 2003. The ATA supports this action but advocates much wider KI distribution. Based on the bioterrorism bill, individual states must determine their areas of risk and the distribution of the drugs.

Bringing in the state perspective on this issue, public health professionals from Maryland and Vermont outlined their current efforts in distributing KI to their communities living close to reactors. They also detailed important issues such as cost, barriers, and distribution and public education strategies.

“This issue has taken on increased urgency with the events of Sept. 11 and has added new complexity to the concerns

about nuclear safety,” added Dr. Becker. “The symposium also explored the various ways to educate the public about KI use and involve the public in planning. In the event of a radioactive release, the public must continue to get reliable, understandable information.”

Participants in the symposium included:

- H. Jack Baskin, MD, Florida Thyroid Clinic, Orlando
- David V. Becker, MD, The New York Presbyterian Hospital, New York City
- André Bouville, PhD, National Cancer Institute, Bethesda, Md.
- Lewis E. Braverman, MD, Boston Medical Center, Boston
- Jan K. Carney, MD, MPH, State of Vermont, Burlington
- Peter G. Crane, Potassium Iodide Consumer Advocate, Seattle
- John T. Dunn, MD, University of Virginia Health System, Charlottesville, Va.
- Yves Garcier, MD, Electricité de France, Saint Denis Cedex, France
- Hossein Gharib, MD, President, AACE, Mayo Clinic and Medical School, Rochester, Minn.
- Paul W. Ladenson, MD, Johns Hopkins School of Medicine, Baltimore
- Congressman Edward J. Markey, U.S. House of Representatives
- John C. Morris, III, MD, Mayo Clinic and Medical School, Rochester, Minn.
- David G. Orloff, MD, U.S. Food and Drug Administration
- David Rogers, MD, MPH, Calvert County Health Department, Prince Frederick, Md.
- Michael J. Sharon, MPA, Maryland State Department of the Environment, Baltimore
- Peter A. Singer, MD, President, ATA, University of Southern California School of Medicine, Los Angeles
- Peter A. Smyth, MSc, PhD, University College Dublin, Ireland
- Sir E. Dillwyn Williams, MD, FRC-Path, University of Cambridge, United Kingdom
- Jan Wolff, MD, PhD, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Md.

For more information on KI, go to - [www.thyroid.org/publications/statements/ki/index.html](http://www.thyroid.org/publications/statements/ki/index.html)



# ATA SIGNAL



**AMERICAN THYROID  
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Please notify the ATA of changes  
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## UPCOMING SOCIETY MEETINGS

Endo 2003: 85th Annual Meeting of the  
Endocrine Society  
June 19-22, 2003  
Philadelphia, Pennsylvania  
contact: Beverly Glover  
phone: 301 941-0200  
fax: 301 941-0259  
e-mail: [bglover@endo-society.org](mailto:bglover@endo-society.org)  
web: [www.endo-society.org](http://www.endo-society.org)

Sixth International Workshop:  
Resistance to Thyroid Hormone  
September 13-16, 2003  
OceanPoint Resort and Club  
Miami Beach, Florida, USA

AACE/ATA Thyroid Ultrasound Accreditation  
Course  
September 15-16, 2003  
The Breakers  
Palm Beach, FL  
Contact: AACE Meetings Department  
Phone: (904) 353-7878  
Website: <http://www.aace.com/edu/symposia.php>

75th Annual Meeting of the American Thyroid  
Association (ATA)  
September 16-21, 2003  
The Breakers  
Palm Beach, Florida  
Phone: (703) 998-8890  
Fax: (703) 998-8893  
Web: [http://thyroid.org/ann\\_mtg/2003\\_75th/index.html](http://thyroid.org/ann_mtg/2003_75th/index.html)

29th Annual Meeting of the European Thyroid  
Association - 2003  
Location: Edinburgh International Conference  
Centre, (EICC) Edinburgh, Scotland, UK  
Dates: 18-22 October 2003  
Symposium Chairman: Dr Anthony Toft  
European Thyroid Association (ETA)  
c/o Royal Infirmary of Edinburgh  
Endocrine Dept, Lauriston Place, Edinburgh,  
EH3 9YW.  
Organisers: Claire Watson ([Claire@in-conference.org.uk](mailto:Claire@in-conference.org.uk)),

American Board of Internal Medicine  
November 5, 2003  
2003 Certification Examination in  
Endocrinology, Diabetes and Metabolism  
contact: Registration Section, ABIM  
phone: 800 441-2246 or 215 446-3500

AFES 2003 & AOTA 2003  
12th Congress of the ASEAN Federation of  
Endocrine Societies (AFES) &  
7th Congress of Asia & Oceania Thyroid  
Association (AOTA)  
November 30 - December 4, 2003  
Raffles City Convention Centre - Singapore  
contact: Celestine Lee or Jocelyn Fan  
phone: 65 326 6690 or 65 321 3564  
fax: 65 223 9789  
Email : [afes\\_aota@sgh.com.sg](mailto:afes_aota@sgh.com.sg)  
Website : [www.afes-aota.com](http://www.afes-aota.com)

American Association of Clinical  
Endocrinologists  
April 28-May 2, 2004  
Sheraton Boston & John B. Hynes Veterans  
Memorial - Boston, Massachusetts  
Convention Center  
web: [www.aace.com](http://www.aace.com)

Endo 2004: 86th Annual Meeting of  
The Endocrine Society  
June 16-19, 2004  
New Orleans, Louisiana  
contact: Beverly Glover  
phone: 301 941-0200  
fax: 301 941-0259  
e-mail: [bglover@endo-society.org](mailto:bglover@endo-society.org)  
web: [www.endo-society.org](http://www.endo-society.org)

International Society for Endocrinology  
Congress 2004  
September 1-4, 2004  
Lisbon, Portugal  
phone: +44 20 76064012  
fax: +44 20 77964676

76th Annual Meeting of the American Thyroid  
Association (ATA)  
September 29-October 3, 2004  
Westin Bayshore Resort & Marina - Vancouver  
British Columbia, Canada  
Phone: (703) 998-8890  
Fax: (703) 998-8893  
Web: [www.thyroid.org](http://www.thyroid.org)

ATA Conference: Horizons in Thyroidology  
April 13-16, 2005  
Marriott Waterfront, Baltimore, Maryland

13th International Thyroid Congress  
October 30-November 4, 2005  
Buenos Aires, Argentina  
Web: [www.lats.org](http://www.lats.org)

**American Thyroid Association  
REGISTRATION FORM**



75th Annual Meeting of the ATA  
The Breakers Hotel  
Palm Beach, Florida  
September 16-21, 2003

Deadline for receipt of advance registration is September 5, 2003.

All requested information must be provided to process registration.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Nickname \_\_\_\_\_

**Professional degree(s)** (please list one): \_\_\_\_\_  
a. MD    b. PhD    c. MD, PhD    d. RN    e. Other

Organization \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code + 4 \_\_\_\_\_

Country \_\_\_\_\_ If outside the U.S., country/city code: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**1. I require a CME certificate for my attendance at this meeting.** \_\_\_\_\_  
The CME form to be completed will be in your registration packet. Please complete and hand in at the end of the meeting. Your certificate will be mailed to you.

**2. I consider myself primarily** (please list one): \_\_\_\_\_  
a. Clinician    b. Educator    c. Scientist    d. Other

**3. My work is best described as** (please list one): \_\_\_\_\_  
a. Adult endocrinology    c. Pediatric endocrinology    e. Other  
b. Basic science    d. Internal medicine

**4. My place of work is** (please list one): \_\_\_\_\_  
a. Academic    d. Hospital    g. Managed care  
b. Private practice    e. Government/military  
c. Administration    f. Corporate/industry

**5. Registration fees** (please circle applicable fees):

	Early Bird (postmarked by July 18)	Discounted (postmarked between July 18 and Sept. 5)	Full Fee (received after September 5)
(M) ATA member	\$400	\$425	\$450
(A) ATA Assoc./fellow/student Research Assistant	\$125	\$125	\$150
(N) Non-member	\$575	\$600	\$625
Florida One-day fee	\$125	\$150	\$175
Indicate day: <input type="checkbox"/> (W) Wed. <input type="checkbox"/> (T) Thurs. <input type="checkbox"/> (F) Frid. <input type="checkbox"/> (S) Sat.-Sun.			
(G) Spouse/guest	\$ 90	\$ 90	\$ 90

**Spouse/guest name:** \_\_\_\_\_  
(Guests must register for Wednesday social event and Annual Banquet. Guests are not eligible to receive continuing medical education credit.)

**6. Special needs.** Please indicate special needs on a separate sheet and mail to: ATA Meetings, 6066 Leesburg Pike, Suite 650, Falls Church, VA 22041 or e-mail: pdickens@thyroid.org.

**7. In case of emergency, please contact:**

Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

**Refund policy:** Refund requests must be submitted in writing. Requests postmarked before August 15, 2003 will receive a registration refund less a 25% processing fee. Requests postmarked between August 15, 2003 and September 5, 2003 will receive a registration refund less a 50% processing fee. No refunds will be made if postmarked after September 5, 2003. Refunds will be processed 30 days after the meeting ends.

**8. Meet the Professor Luncheon Workshops**  
(Complimentary for Fellows)

**Wednesday, September 17, Noon – 1:30 pm** (please circle one):

- 1. PET imaging in thyroid cancer *Steve Larson* .....\$35
- 2. Thyroiditis *Gil Daniels* .....\$35
- 3. Clinical applications of thyroid hormone analogues *Irwin Klein* .....\$35
- 4. Gene therapy in thyroid cancer *Christine Spitzweg*.....\$35
- 5. Thyroid disorders in animals *Charles Capen* .....\$35
- 6. New tools in Biomedical research - RNA inhibition *Stefan Grebe*.....\$35
- 7. Strategies for detecting and managing residual/recurrent thyroid cancer  
*Mike Tuttle/Paul Walfish*.....\$35

**Friday, September 19, Noon – 1:30 pm** (please circle one):

- 8. Therapeutic approaches to patients with advanced thyroid cancer  
*Kenneth Ain* .....\$35
- 9. Nongenomic actions of thyroid hormone  
*Faith and Pepper Davis*.....\$35
- 10. Update on Chernobyl and KI prophylaxis *Lew Braverman*.....\$35
- 11. Cytologic analysis of follicular lesions *Yolanda Oertel* .....\$35
- 12. New tools in biomedical research: Tissue arrays *Wilma Lingle* .....\$35
- 13. Mouse models of TR mutations *Bjorn Vennstrom*.....\$35
- 14. Biomarkers in thyroid neoplasia *Norman Eberhardt*.....\$35

**9. Special events** (please circle events that you plan to attend):

- (TUES) Fellows' Conference Tuesday, September 16 7-5 pm.....\$30
- (REC) Welcome reception Tuesday, September 16 7-9 pm.....No charge
- (UST) Ragtops Wednesday, September 17 7-10 pm.....(See Fees Below)
- (BAN) ATA annual reception & banquet Saturday, September 20 7:30-11 pm.....\$95
- (FEL) Fellow's Special rate for reception & banquet.....\$40

**10. Total fees**

- \_\_\_\_\_ Attendee registration fee
- \_\_\_\_\_ Spouse/guest fee
- \_\_\_\_\_ September 17, 2003 Meet the Professor Workshop
- \_\_\_\_\_ September 19, 2003 Meet the Professor Workshop
- \_\_\_\_\_ Number of tickets for Ragtops @ \$70 (Guests/Exhibitors)
- \_\_\_\_\_ Number of tickets for Ragtops @ \$25 (Mbrs/Non-Mbrs/ATA Assoc.)
- \_\_\_\_\_ Number of tickets for Banquet @ \$95
- \_\_\_\_\_ Number of tickets for Banquet @ \$40 (ATA Assoc.)
- \_\_\_\_\_ Donation to Young Investigators' Travel Fund
- \_\_\_\_\_ TOTAL

**11. Fellows special discount hotel rooms – shared accommodations**

The ATA will make the reservation by rooming list. Check in at hotel registration desk. Gender \_\_\_\_\_ (male/female) Arrival \_\_\_\_\_  
Departure \_\_\_\_\_ Preferred roommate \_\_\_\_\_

**12. Submission and payment**

Make checks and money orders for registration payable to the **American Thyroid Association** in U.S. dollars drawn on a U.S. bank.

MasterCard     VISA

Card number \_\_\_\_\_

Expiration date (month/year) \_\_\_\_\_

Print cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

**REGISTER ON-LINE** at the secure ATA web site [www.thyroid.org](http://www.thyroid.org).  
**FAX** your completed form with credit card payment (no checks or money orders) to 770 888-2895. If you **FAX**, DO NOT MAIL, you risk duplicate charges.

**MAIL** your completed registration form with payment to: ATA Registration, c/o QMS, 6840 Meadowridge Court, Alpharetta, GA 30005. Phone 770 888-2883.  
**Please keep a photocopy of this form.**

**Meeting at a Glance**  
 75th Annual Meeting of the American Thyroid Association  
 The Breakers Hotel  
 Palm Beach, Florida  
 September 16-21, 2003



Time	Tuesday 9/16/03	Wednesday 9/17/03	Thursday 9/18/03	Friday 9/19/03	Saturday 9/20/03	Sunday 9/21/03
6:00		Abbott Early Riser CMESymposium 6:00 - 7:45	Genzyme Early Riser CMESymposium 6:00 - 7:45	Abbott Early Riser CMESymposium 6:00 - 7:45	Monarch Early Riser CMESymposium 6:00 - 7:45	<b>Ponce de Leon Room</b>
7:00		Welcome 8:00 - 8:15 Keynote Clinical Address 8:15 - 9:00 Plenary: 4 oral abstracts 9:00 - 10:00	Plenary - Ingbar Lecture 8:00 - 8:40 Oral abstract sessions 8:45 - 10:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	Plenary - Van Meter Lecture 8:00 - 8:40 2 simultaneous symposia 9:00 - 10:30 Thyocyte Development Unusual LT4 requirements	Abbott State of the Art Lecture 8:00 - 8:45 Short calls: 5 oral abstracts 8:45 - 10:00	Paul Starr Lecture 8:00 - 8:45 5 oral abstracts 8:45 - 10:00
8:00	AAACE/ATA Thyroid Ultrasound Accreditation Course 8:00-9:00	Break in the Exhibit Hall 10:00 - 10:30 Translational Symposium 10:30 - Noon Medullary Thyroid Cancer	Break in the Exhibit Hall 10:00 - 10:30 2 simultaneous symposia 10:30 - 12:00 Effects of Thyroid Hormone on Skeletal and Cardiac Muscle Molecular pathways in thyroid carcinogenesis	Break in the Exhibit Hall 10:30 - 11:00 Oral abstract sessions 11:00 - 12:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	Break in the Exhibit Hall 10:00 - 10:30 2 simultaneous symposia 10:30 - 12:00 Surgical approaches to papillary thyroid cancer Autoantibody interactions with the thyrotropin receptor	Break (Courtyard) 10:00 - 10:30 Translational Symposium 10:30 - Noon Immune therapies for autoimmune diseases
9:00	ATA Endocrine Fellows Conference 8:00-9:00	Meet the Professor Luncheons 12:00 - 1:30 Steve Larson Christine Spitzweg Gilbert Daniels Charles Capen Irwin Klein S Stefan Grebe Tuttle/Mallish	Poster Review and Lunch Noon - 1:30 pm	Meet the Professor Luncheons 12:00 - 1:30 Ken Ain Yolanda Oertel Faith & Pepper Davis Wilma Lingle Bjorn Vennstrom Norman Eberhardt	Oral abstract sessions 1:30 - 3:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	75th Annual Meeting Ends at Noon
10:00	ATA Council meeting 8:00 - Noon	Oral abstract sessions 1:30 - 3:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	Oral abstract sessions 1:30 - 3:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	Oral abstract sessions 1:30 - 3:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	Oral abstract sessions 1:30 - 3:00 Simultaneous (2) Clinical oral abstracts Basic oral abstracts	
10:30		ATA Annual Business Meeting (ATA members only) 3:00 - 4:30	Break in the Exhibit Hall 3:00 - 3:30 2 simultaneous symposia 3:30 - 5:00 Utility of Ultrasonography in Thyroid Disease	Free Afternoon	CMES 3:00 - 4:15	
11:00		ATA social event at Ragllops (buses leave 6:30)	Historical Vignette 5:00 - 5:30 Monarch CMESymposium 5:30 - 7:00 Wine and Cheese Reception	Major donor reception 7:00 - 8:00 (by invitation)	ATA Annual Reception and Banquet 7:30 - 11:00 (admission by ticket only)	
12:00	ATA Committees Noon - 4:00					
1:30	ATA Council meeting Noon - 5:00 pm					
2:00	Registration opens 2:00 - 6:00					
3:00	Exhibits open 2:00-5:00					
3:30	Endocrine Fellows Conference ends					
5:00	Women in Thyroidology					
6:00	Newcomers' Welcome 6:00 - 7:00					
7:00	Welcome reception 7:00 - 9:00					

**Questions?**  
 Contact ATA  
 Headquarters:  
 American Thyroid Association  
 6066 Leesburg Pike  
 Suite 650  
 Falls Church, VA 22041  
 phone: 703 998-8890  
 fax: 703 998-8893  
 e-mail: [admin@thyroid.org](mailto:admin@thyroid.org)  
 web: [www.thyroid.org](http://www.thyroid.org)

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# ATA SIGNAL

## The American Thyroid Association invites you to...

Program Abstract Submission **Online at [www.thyroid.org](http://www.thyroid.org)**

- Regular submission site closes - Tuesday, May 13, 2003

Short call submission:

- Site opens - Monday, July 28, 2003
- Site closes - Tuesday, August 12, 2003

Location of the 75th Annual Meeting of the American Thyroid Association:

### The Breakers

One South County Road  
Palm Beach, Florida 33480

Toll Free Number: 1-888-BREAKERS (273-2537)



Meeting Information online at [www.thyroid.org](http://www.thyroid.org) or call the ATA at 703 998-8890

- Registration Information
- Exhibitor Prospectus
- Program
- Pre-Conference Workshops:

### Sixth International Workshop: Resistance to Thyroid Hormone

September 13-16, 2003, OceanPoint Resort and Club, Miami Beach, Florida - Transportation provided to the ATA meeting

**AACE/ATA Thyroid Ultrasound Accreditation Course** — *discounted rate for ATA members* —

September 15-16, 2003, The Breakers, Palm Beach, FL