

# ATA Signal



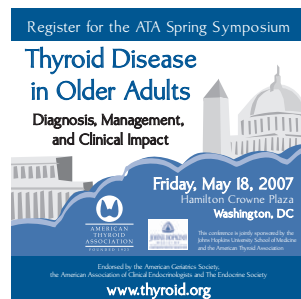
AMERICAN  
THYROID  
ASSOCIATION  
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THE NEWSLETTER OF THE AMERICAN THYROID ASSOCIATION

## ATA Spring Meeting to Spotlight Thyroid Disease in Older Adults

Our upcoming spring symposium, “Thyroid Disease in Older Adults: Diagnosis, Management, and Clinical Impact” will impart the latest information on the impact of thyroid disease on older adults, especially those factors which might adversely affect healthy aging. The meeting, endorsed by the American Geriatrics



Society, will take place Friday, May 18, 2007 at the Hamilton Crowne Plaza in Washington, DC.

“Thyroid conditions, such as subclinical hypothyroidism and thyroid nodules, are very common in this population,” said Jerome Hershman, MD, meeting program co-

*continued on page 6*

## ATA Makes Progress on Public Health and Clinical Affairs Initiatives

The ATA is currently launching several new clinical affairs activities, as well as making significant strides on the public health front. The following is a summary of these important initiatives.

### Thyroid Ultrasound Guidelines

The Clinical Affairs Committee, chaired by Carol Greenlee, MD, is currently developing thyroid ultrasound guidelines. The Committee determined the need for the ATA to be *the* leading source for information on thyroid-related procedures and guidelines when they were recently

asked for their expertise on the important features of an office thyroid ultrasound machine. Their research found that previous guidelines were incomplete and vague.



Carol Greenlee, MD, chair of the Clinical Affairs Committee

The Committee is currently compiling a list of notable ultrasound characteristics. They will also be providing corresponding photos with the guidelines, as well as information on ultrasound machines that are currently available. The guidelines should be completed by the end of 2007.

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### President's Message



As I write this Presidential message, it is hard for me to believe that my

term of office is almost half over. Perhaps that is because the last six months have been extremely busy and productive. Much of our effort has focused on the development of new practice guidelines.

The Medullary Thyroid Cancer Guidelines task force, chaired by Rick Kloos, has

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### Important ATA Member Notices

- Register for “Thyroid Disease in Older Adults,” the spring meeting of the ATA online at [www.thyroid.org](http://www.thyroid.org)
- Call for Abstracts for 78<sup>th</sup> Annual Meeting (page 6)

### Wartofsky Leads The Endocrine Society

**Leonard Wartofsky, MD, MPH**, past-president and past-secretary of the ATA, is currently serving a one-year term (2006-2007) as president of The Endocrine Society.

### Baxter and Braverman Honored with The Endocrine Society Laureate Awards

**John D. Baxter, MD**, University of California at San Francisco, received the prestigious Fred Conrad Koch Award, the highest honor bestowed by The Endocrine Society in recognition of exceptional contributions to endocrinology.

**Lewis E. Braverman, MD**, Boston University School of Medicine, was honored with the Robert H. Williams Distinguished Lectureship Award. This award is presented in recognition of outstanding leadership in fundamental or clinical endocrinology as exemplified by the recipient's contributions and those of his/her trainees and associates to teaching, research, and administration.

### Walshfish Receives CMA Medal of Service

**Paul G. Walshfish, MD**, professor emeritus of Medicine, Pediatrics, & Otolaryngology at the University of Toronto School of Medicine has been selected to receive the 2007 Canadian Medical Association (CMA) Medal of Service for his considerable contributions to the advancement of the science of medicine, best exemplified through his leadership and contributions to the study of thyroid disease.

The CMA Medal of Service is awarded to individuals who have demonstrated excellence in service to the people of Canada in raising the standards of medical practice in Canada and personal contributions to the advancement of the science of medicine. The presentation of this award, which recognizes contributions in the advancement of health care in Canada, will take place during a special ceremony on August 22 at the Annual CMA Meeting in Vancouver.

### Upcoming Meetings

#### LATS XII MEETING

April 27–30, 2007  
Santiago, Chile  
[www.lats.org](http://www.lats.org)

#### 9<sup>th</sup> European Congress of Endocrinology

April 28–May 2, 2007  
Budapest, Hungary  
[www.ece2007.com](http://www.ece2007.com)

#### ATA Spring Symposium—Thyroid Disease in Older Adults: Diagnosis, Management, and Clinical Impact

Friday, May 18, 2007  
Hamilton Crowne Plaza  
Washington, DC  
[www.thyroid.org](http://www.thyroid.org)

#### The Endocrine Society ENDO 2007

June 2–5, 2007  
Toronto, Canada  
[www.endo-society.org](http://www.endo-society.org)

#### 32<sup>nd</sup> Annual Meeting ETA

Leipzig, Germany  
September 1–5, 2007  
[www.eurothyroid.com](http://www.eurothyroid.com)

#### 78<sup>th</sup> Annual Meeting of the ATA

October 4–7, 2007  
New York City  
[www.thyroid.org](http://www.thyroid.org)

#### 8<sup>th</sup> Workshop on Resistance to Thyroid Hormone and Action

October 9–11, 2007  
Ponta Delgada, San Miguel, Azores/Portugal  
Phone: +351 - 296 302 091  
Fax: +351 - 296 629 289  
Joao\_Anselmo@SAPO.pt  
Website: [www.8thiwrth.org](http://www.8thiwrth.org)

**For more information, visit [www.thyroid.org](http://www.thyroid.org)**



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ATA **Signal**

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Please notify the ATA of changes in contact information.

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Dr. Donald Catlin, recently profiled in *USA Today*, is a pioneer in the field of detecting drugs that athletes use to illegally enhance their performance. He directs a laboratory that has been testing for these substances for over 25 years. Don is a Professor of Molecular and Medical Pharmacology at UCLA and lectures to the second year medical students in a course I have chaired for the past three years. I have been impressed with his keen intellect, but especially with his unwavering devotion and endless energy to uncover deception. One of his recent successes was identifying the “designer” anabolic steroid, norbolethone. The compound, developed by Wyeth over 30 years ago, was tested but never mass-produced or marketed. The chemical identification was challenging, but its illegal use was ultimately linked to a number of athletes at the Sydney Olympics in 2000. Another designer steroid, tetrahydrogestrinone (THG), was recovered and identified from washings of a “spent” syringe submitted anonymously by a coach. Don is an advocate of strict guidelines, testing, and verification, but readily admits that those with the intent of cheating and deceiving are always a step ahead of those charged with detecting deception. In order to maintain his credibility in the midst of frequent attacks and challenges, he must practice the highest standards of scientific rigor and personal ethical conduct. We in the ATA have been challenged by what it means to operate in a transparent and ethical manner, and to assess our own preparation to detect deception in its many forms.

We are near the conclusion of a major transformation in our governance that has dramatically changed the way that we do business. We have an Executive Director responsible for the staff and management of our association. This change has allowed us to more effectively and efficiently manage our increasingly complex operations. The ATA board is now appropriately recognized as the governing body of our association. This role comes with an increased expectation of engagement and service from board members. The bylaws have been updated to reflect our core structure, but we have moved many of the details of governance to a more flexible operations manual. The restructuring of committees is the last piece of the transformation and is currently in progress.

A major focus of the board over the past year has been to review and update our conflict of interest policies. We began by instituting a more restrictive policy for the officers, no longer allowing consulting or receiving compensation from industry or taking on positions with other professional organizations. This was coupled with a decision to provide a stipend to the Secretary and Treasurer in recognition of the time spent on ATA business, as well as the limitations on opportunities for outside income. The officers are

most directly involved with decisions about the business that goes before the board, allocation of funds, and our public statements. This change has streamlined our ability to conduct ATA business. In addition to annual written disclosure by board members, we have instituted a practice of individual oral disclosure at the beginning of each board meeting. This approach, practiced by many organizations including the National Academies of Science, ensures that each member is given the opportunity to hear about and discuss potential areas of conflict.

A final stage of this transformation of the governance of our association is to define and commit to our fiduciary responsibilities, as well as anticipating and managing the ethical issues that confront our association. Much of the focus of our recent winter retreat in San Diego, with the help of a board consultant, was to discuss and consider these issues. We reviewed and discussed the challenges that we had faced as an association with issues of professional behavior, plagiarism, conflict of interest in our publications, industry conflicts, guideline development, lay communications, legal and ethical exposure of the ATA. We congratulated ourselves on the policies we had in place, as well as the ones that we were exploring.

We have had our share of “crises” during my term, but none greater than a few months ago when we returned from our winter board retreat. We were alerted to what was eventually revealed to be a long-term and systematic fraud perpetuated by a trusted member of the ATA staff. All members recently received a letter that detailed this episode. Due to the organization and effectiveness of our staff and the foresight of our treasurer, Charles Emerson, the monetary loss should be completely compensated by insurance. We have a new staff member in place, Jared Hoke, and have already returned to the business of operating the ATA. We have spent a great deal of time reflecting on how to improve our operations and prevent any similar breaches in the future. We have closed all the loopholes identified in our systems, and have been able to help a number of other non-profit associations that were victims of a similar method of fraud. We move forward as a wiser and more vigilant organization, but also recognize how dependent we are on the integrity of our members and staff. There is no policy or security system that can anticipate every mode of deception any more than Dr. Catlin can anticipate the drugs that will be used in the future to enhance performance on the stage of international athletic competition. We will increase our efforts to be good stewards of our resources and our reputation. We ultimately, however, must appeal to all members and especially to those in positions of leadership and service in our association, to aspire to the highest ideals of conduct. We will strive to model this behavior and ask all those who are a part of

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## Highlights—ATA Board of Directors Meeting

January 26–28, 2007, The Del Coronado, Coronado, California

President David Cooper read and reviewed the ATA's Code of Conduct; Conflict of Interest Statements; and Financial Disclosure and Duality of Interest Standards, which are signed by every member of the ATA Board of Directors. Individuals who become officers, directors, and "agents" of not-for-profit organizations are subject to the laws pertaining thereto, individually and collectively, and must conduct themselves in accord with these requirements. (The documents are available for your review online in members only at [www.thyroid.org](http://www.thyroid.org)).

- **Rules of Conduct** include specifics on Antitrust, Conflicts of Interest, Informed and Reasoned Decisions, Supervision, and Confidentiality.
- **Conflicts of Interest** State laws define this issue in different ways. However, all of these laws essentially prohibit individuals using their positions in not-for-profit organizations to advantage themselves or anyone other than "the membership." In other words, it must be the organization's purpose and the officer's and director's purposes to serve the "common good" of all or the majority of members, and they must not seek to advantage themselves or any minority at the expense of the majority.
- **Financial Disclosure**—The discussion extended to the importance of having ATA committee members, chairs and publication editors agree to and comply with the conflict of interest requirements. The ATA Board of Directors and staff verbally disclosed financial conflicts, if any, in compliance with policy set in 2006.
- **Public Statements and Press Releases**—The Board determined that all public statements and press releases should be issued by the ATA without attribution to specific members or committees. This approach better reflects that all such communications are ultimately reviewed and approved by the ATA Board of Directors. The Secretary and President are authorized to respond, on behalf of the board, to media inquiries for information and interpretation of ATA public positions and statements.
- **National Thyroid Cancer Meeting**—Ernest Mazzaferri presented a well-defined proposal for a national thyroid cancer meeting in 2008. The development of many new chemotherapeutic agents for thyroid cancer provides a strategic opportunity to broaden the audience for ATA scientific meetings and membership to the oncology community. It is also intellectually attractive to foster interaction between the two communities on the platform and in the audience. The audience is anticipated to be diverse and include oncologists, nuclear medicine physicians, endocrine surgeons, and trainees in these fields.
- **ATA Alliance Initiatives**—A new brochure for patients has been approved for the benefit of all ATA Alliance groups

to be supplied to clinicians in the ATA physician referral network. ThyCa: Thyroid Cancer Survivors' Inc. Support Groups will be encouraged in select cities through a special request to clinicians in the ATA physician referral network.

- **Clinical Guidelines**—Board Members Michael McDermott and Gilbert Daniels are prioritizing a list of upcoming guidelines topics for task force appointments in 2007. Currently in progress are medullary thyroid cancer and hyperthyroidism. Laboratory Services and Clinical Affairs committees will be involved in the process. Please forward your suggestions for topic areas to the executive director at [bsmith@thyroid.org](mailto:bsmith@thyroid.org).
- **Iodine Deficiency**—Dr. Cooper has asked Jerry Burrow to be the American representative to the ICCIDD. The ATA intends to consider ways to support the international efforts to make a global impact on iodine deficiency by expanding the web presence related to the ICCIDD, forming a subcommittee of public health to develop initiatives, and submitting an editorial to *THYROID*.
- **Governance Workshop**—A non-profit governance consultant, Steven Carey, PhD, directed a workshop on fiduciary responsibilities of non-profit board directors. Extensive review of the oversight and legal obligations was presented to the ATA Board of Directors.
- **Membership**—The membership chair and board liaison will have primary responsibility for recommending new members for approval to the board. The Membership Committee will focus on recruitment and retention of members.
- **Honoring Long-time Members**—George Hennemann was unanimously approved as an Honorary member. The Board approved the proposal from the ATA president that 50-year members and Honorary Members would be honored at the annual banquet and business meeting.
- **Editor-in-Chief, *THYROID***—The search committee for the Editor-in-Chief (EIC) of *THYROID* is in the process of identifying and reviewing qualifications of EIC candidates. It is expected that the new Editor-in-Chief of *THYROID* will begin to transition into the position during the 4<sup>th</sup> quarter of 2007. Dr. Davies completes his second term as EIC on December 31, 2007.
- **The Sawin Library**—The ATA is collaborating with The Endocrine Society on how to best conserve the ATA Thyroid Archives and materials to be used as a resource by all endocrinologists. Gregory Brent is serving as the ATA representative on the Sawin Library Committee of The Endocrine Society.
- **Finance and Audit**—The Board set a goal to have reserves of 50 percent of operating expenses up to \$750,000. The benchmark is 3–6 months of reserves.

► **International Thyroid Congress in Paris in 2010—**

The Board nominated representatives to the 14<sup>th</sup> ITC: Board Members Steven Sherman and Antonio Bianco, and Associate Editor of *THYROID* Yaron Tomer.

► **78<sup>th</sup> Annual Meeting in New York—**A new Basic Fellows track will be inaugurated this year to provide opportunities for basic fellows to have special programs in parallel with the annual meeting scientific program. This program should also encourage basic scientists towards membership in the ATA.

**President's Message,** *continued from front page*

met and is hard at work. The task force consists of experts from the United States and Europe, which will give these guidelines international impact. In addition, representatives from The Endocrine Society, the American Association of Endocrine Surgeons, and the Pediatric Endocrine Society are participating in the process of providing the most comprehensive expertise possible. It is anticipated that these guidelines will be completed by Summer 2007.

Next, Rebecca Bahn, our President-Elect, has graciously agreed to chair a newly-appointed task force to develop evidence-based guidelines for the management of hyperthyroidism. The task force is composed of experts in clinical thyroidology, autoimmunity, nuclear medicine, surgery, and epidemiology, and also includes a representative from Europe, Dr. Peter Laurberg. The first meeting of this group will take place at the end of April. It is my hope that these guidelines will provide much-needed direction to clinicians around the world.

Finally, the task force that developed the Thyroid Nodule and Thyroid Cancer guidelines, published in February 2006 in *Thyroid*, has embarked on the process of revision. The group is reviewing the guidelines, identifying new relevant research studies, and will be meeting in June in Toronto. We have added two thyroid cancer experts from Europe to the task force, Dr. Martin Schlumberger and Dr. Furio Pacini. The participation of these two individuals should help to give our guidelines a greater degree of international visibility. I should mention that periodic updating of all published ATA guidelines is now official ATA policy.

Another project that will soon be "coming to life" is our spring meeting, focused on thyroid disease in the geriatric population: "Thyroid Disease in Older Adults." The meeting will be held on May 18, 2007, in Washington, DC, and is designed to attract endocrinologists, geriatricians and health policy experts. The Program Committee, co-chaired by Jerry Hershman and Linda Fried, will cover both basic and clinical aspects of thyroidology, as they relate to aging. For those of you who do not know Dr. Fried, she is the Director of the Division of Geriatric Medicine and Gerontology at Johns Hopkins and is on the Board of Directors of the American Geriatrics Society. Our keynote speaker will be Dr. Christine Cassel, current President and CEO of the American Board of Internal Medicine, former Dean of the Oregon Health and Science University, and a distinguished geriatrician. The ATA will be holding its first-ever research summit in a follow-up workshop with key staff members from the National Institute

on Aging to discuss future initiatives in research related to thyroid physiology and pathophysiology in aging.

I attended the Board of Directors meeting of the International Council for the Control of Iodine Deficiency Diseases (ICCIDD) in Manila, the Philippines in February. As many of you know, this important organization was founded in 1985 with the support and vital participation by many members of the American Thyroid Association, especially our esteemed friend, the late John Dunn. I have asked the current Chair of ICCIDD, Jerry Burrow, to serve on our Public Health Committee. We have asked Jerry and Public Health Committee Chair Joe Hollowell to appoint a subcommittee on iodine deficiency, in order to explore ways in which the ATA can promote ICCIDD's mission: a world free from iodine deficiency disorders. I feel strongly that the ATA needs to be more involved in this important international humanitarian effort.

Peter Kopp and Mike McDermott, Chairs of our Annual Meeting Program Committee, are finalizing what I know will be an outstanding program for our 78<sup>th</sup> meeting in New York City in October. As in the past two years, there will be a clinical fellows track during the meeting with special sessions and seminars for invited clinical fellows. New this year will be a basic fellows track for postdoctoral fellows who are engaged in basic science research. This exciting addition to our program should enhance the participation in our meeting by fellows oriented toward basic research, and will hopefully serve as an incentive for them to become members of our organization.

I hope that this brief summary has given you an idea of how busy your Executive team and many of our members have been over the last six months. None of this would have been possible without the expert leadership and guidance of our Secretary and Chief Operating Officer Greg Brent, our Treasurer Charlie Emerson, and especially our capable staff led by Executive Director Bobbi Smith. I wish you the best for a rejuvenating spring season, and hope to see you at our meeting in Washington on May 18. I do hope that you will contact me if you feel that there are ways in which I can serve you and our Society more effectively.

Sincerely,



David S. Cooper, M.D.  
ATA President

## Call for Abstracts for the ATA 78<sup>th</sup> Annual Meeting

The ATA announces its call for abstracts for the 78<sup>th</sup> Annual Meeting, taking place October 4–7, 2007, at the Sheraton New York Hotel & Towers in New York City.

Meeting Co-chairs Peter Kopp and Michael McDermott, along with the Program Committee, are laying the plans for an informative and exciting meeting and welcome your participation in the call for abstracts.

The deadline for **regular abstracts** is Wednesday, May 30, 2007. Regular abstracts are presented either by a 10-minute oral talk or by poster and are published in the proceedings of the meeting. Abstracts must be submitted online at [www.thyroid.org](http://www.thyroid.org). Authors will be notified by email regarding

oral and poster presentations before June 30, 2007.

**Short call abstracts**, which should represent the very latest in thyroid-related research, are open for submission on Wednesday, August 15, 2007, and the deadline is Thursday, August 30, 2007. Five Short Call abstracts will be selected for 10-minute oral presentations. The remaining accepted Short Call Submissions will be presented at the meeting in a special section of posters. Short call presenters will be notified on or before September 5, 2007.

For more information, go to [www.thyroid.org](http://www.thyroid.org) or call the ATA at 703-998-8890.

### ATA Spring Meeting, *continued from front page*

chair, distinguished professor of medicine, UCLA School of Medicine and associate chief, endocrinology and diabetes division, VA Medical Center, West Los Angeles. “Attendees at this meeting will hear the latest synthesis of vital information about thyroid diseases in the elderly and learn the best current management of thyroid conditions in the elderly.”

The goal of this year’s spring symposium is to bring information about the effects of thyroid disease and thyroid function on older adults to the attention of various healthcare workers and professionals, as well as the general public.

“The speakers are outstanding authorities in various areas of thyroid disease and geriatrics,” said Dr. Hershman.

The symposium will discuss the following issues:

- The influence of frailty and comorbidities on thyroid disease and outcomes in the geriatric patient
- Alterations in the regulation of thyroid function and thyroid hormone metabolism and action with aging
- Alteration of immune function and its effect on autoimmune thyroid disease in the elderly

- The influence of drugs on thyroid function (effects of drugs on thyroid hormone absorption in patients taking thyroxine, the problems of polypharmacy, and drug-related thyroid disease).
- Frequency, clinical manifestations, diagnosis, and therapy related to the impact of hypothyroidism and subclinical hypothyroidism and hyperthyroidism and subclinical hyperthyroidism in the elderly
- Impact of subclinical thyroid dysfunction on the cardiovascular system
- Impact of thyroid dysfunction on neurocognitive function in the elderly
- Differentiated thyroid cancer in the elderly: frequency, clinical manifestations, diagnosis, therapy

This program is being supported in part by unrestricted educational grants from Abbott Laboratories.

To learn more about the meeting, visit the ATA web site [www.thyroid.org](http://www.thyroid.org).

### Secretary’s Report, *continued from page 3*

the ATA to join us, and to hold us and each other, fully accountable.

*“..this organization is not stagnant but is aggressive and always seeking to improve upon the known and the tried. We are a diversified group, working in different fields; but we have never been content with the status quo, and have striven to approach the many problems involved, with an open mind and*

*a progressive cooperative spirit.”*—Claude Hunt, MD ATA President 1953



Gregory A. Brent, MD  
ATA Secretary

# Thank you to our Annual Fund Donors 2007

The ATA's Annual Fund supports scientific and educational programs and provides travel grants that enable younger physicians and scientists to attend ATA meetings. The ATA extends its appreciation to all the members and staff who contributed to the Annual Fund for 2007.

Donations received November 15, 2006 – April 2, 2007 total \$27,096.50 from 186 contributors.

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### Recommendations for I131

There are wide variations in the instructions given to patients (i.e. safety precautions) after they receive doses of radioactive iodine (I131) for the treatment of thyroid cancer and hyperthyroidism. The Clinical Affairs Committee is beginning the process of creating safety recommendations for I131. (Unfortunately, evidence-based guidelines can't be developed, as there is very little published "evidence" to base the recommendations on.)

The Committee's first step will involve distributing an ATA membership survey to find out what members currently recommend for post-I131 safety precautions. "We hope to compile and publish these survey results," said Dr. Greenlee, who is heading up this effort, along with the thyroid ultrasound guidelines. "That alone will be very interesting and revealing."

After analysis of the survey findings, the Committee will develop a "best practices" recommendation for I131 safety precautions on thyroid cancer treatment, to be completed by the end of the year. They will also formulate recommendations for I131 in the area of hyperthyroid treatment at a later date.

### Letter To the White House Addressing KI Issue

The Public Health Committee, headed by Joe Hollowell, Jr, MD, MPH, recently wrote a letter to President Bush urging him to finalize guidelines to establish a program (according to Section 127 of the 2002 Bioterrorism and Response Act) that would increase the availability of potassium iodide (KI) to state and local governments for persons within 20 miles of a nuclear power plant.

These guidelines have long been pending in the White House Office of Management and Budget as a result of objections raised by the Nuclear Regulatory Commission (NRC). The NRC believes that removal and isolation of contaminated products is equal to or superior to KI protection of the thyroid gland after radioactive iodine release. Contrary to this, the ATA believes that KI ingestion is the only tested and proven approach to protect against thyroid cancer. The White House has not yet responded to this letter. To read the letter to President Bush, go to [www.thyroid.org](http://www.thyroid.org).

### Resolutions To End Iodine Deficiency Disorders

Thyroid experts around the world demonstrated their concern that iodine deficiency disorders (IDD) remain a serious public health problem by passing resolutions at two recent thyroid meetings.

On October 29, 2005, the delegates to the 13th International Thyroid Association meeting in Buenos Aires, Argentina, including ATA representatives, signed a resolution to eliminate IDD throughout the world. Most recently, national representatives of the International Council for Control of Iodine Deficiency Disorders (ICCIDD) of 33 countries from West Central Europe unanimously approved a resolution to work to eliminate IDD at its annual meeting, September 2, 2006 in Naples, Italy.

Both resolutions identified IDD as a major threat to preventable brain damage to millions of children, as well as threats of cretinism, miscarriage, stillbirth, and physical impairment. They also support the effort to achieve Universal Salt Iodization and recognize that regular consumption constitutes one of the most cost-effective interventions in public nutrition contributing to economic and social development.

### Update on Perchlorate Exposure and Potential Effects on the Thyroid

On December 13, 2006, the ATA issued a public health statement in response to the Centers for Disease Control and Prevention (CDC) report of environmental perchlorate exposure published in the journal, *Environmental Health Perspectives*. The CDC published data on urinary perchlorate, nitrate, and thiocyanate levels that were measured from a nationwide health survey conducted in 2001-2002 [NHANES 01-02].

The authors reported that women with low urinary iodine spot measurement (< 100 ug/L) had lower levels of serum thyroxine and higher levels of TSH associated with higher levels of perchlorate in the urine, although these values remained within the normal range. Among the women with urinary iodine values  $\geq$  100 ug/L, serum TSH, but not serum T4 values, were associated with urine perchlorate values. In contrast, there was no association between urinary perchlorate concentration and thyroid function tests in men, irrespective of iodine excretion.

The ATA emphasized that several features of the study may limit the immediate application to guidelines for perchlorate exposure standards. The statement outlined the additional factors that needed to be considered and stressed that further laboratory information is necessary before the implications of the findings can be understood. To read the public health statement, go to [www.thyroid.org](http://www.thyroid.org).

Watch your email for an ATA survey that queries members about current recommendations for post-I131 safety precautions.



### ATA SIGNAL Guest Editorial

#### Why produce guidelines?

Professional organizations need to establish and assert their role in guiding, from the scientific standpoint, the practice in its field of focus. They need to demonstrate authority, particularly when it is not clear what the best courses of action are and large, unnecessary practice variations exist. It is not surprising that an increasing number of endocrinology organizations have decided to invest resources in the production and publication of guidelines.

#### Why produce high-quality guidelines?

High quality guidelines make it easier for the reader to determine why they agree or disagree with the recommendations.

The first reason to disagree with a recommendation is the selection of the evidence brought to bear to support the recommendation. Ideally, guidelines should make use of systematic reviews of the best available research evidence that answers the relevant questions. Unfortunately, many guideline authors do not use explicit eligibility criteria for selecting those references, critically review them for methodological quality, and pool their results statistically. As a result, the authors may selectively cite studies that support the recommendation and neglect studies that fail to do so. So the reader could disagree with a recommendation on the basis of the evidence used to support it.

Sometimes guideline authors do consider the best available evidence but fail to weigh its shortcomings: weak evidence is the norm rather than the exception in endocrinology. Poorly conducted and incompletely reported research, small studies yielding imprecise findings, and studies that only indirectly apply to the recommendation represent weak evidence that is unlikely to yield strong recommendations.

Another reason to disagree with guidelines is that we may be working in settings or contexts in which alternative courses of action are more likely to yield more good than harm. This may be because of the availability of laboratory tests, ancillary services, skilled clinicians and surgeons, and because of specific healthcare policies and costs. (This is why experts in guidelines see the production of evidence summaries as the key role of global organizations and the production of recommendations as a more local activity given the diversity of practice contexts.)

Finally, we could disagree because the values and preferences of the patients we see are such that they would reject the course of action the expert panel has recommended. (This explains why we see a patient who is adamant about undergoing thyroid surgery for Graves'

disease, following another equally reasonable patient, who insists on trying anti-thyroid drugs, while their clinician insists on offering radioactive iodine to both!)

#### What is the state of the art of guideline construction in 2007?

Given the role of evidence, circumstances, and values in decisionmaking, it is absolutely central that guideline authors have the necessary expertise to make recommendations that *explicitly* take into account all these aspects.

State-of-the-art guideline production requires (1) a clear link between the evidence and the recommendation; (2) explicit eligibility criteria for research reports that answer questions stated from the standpoint of the patient and clinicians who are the target audience for the document; (3) use of systematically collected research evidence; (4) use of a scheme to grade the quality of the research evidence; (5) clear statement, when pertinent, of the values and preferences relevant to the recommendation; (5) use of a scheme to explicitly classify recommendations into strong ones (clinicians that do not follow these should be held accountable) and weak ones (in-depth discussion with patients is key for their application).

Many widely-used resources (e.g., UpToDate) and general (e.g., WHO) and endocrine organizations (The Endocrine Society) have endorsed the GRADE scheme for grading evidence and recommendations and are learning how to use it. The main advantages of the GRADE process are its simplicity and its basis on the best science of guideline development, a characteristic that should prove appealing to rigorous scientific organizations.

Endocrinology organizations, including the ATA, need to continue to work on improving the quality of their guidelines. Efforts in this direction will represent tangible evidence of the concern for the well-being of patients with thyroid disorders that inspire ATA members.

— **Victor M. Montori, MD, MSc**  
Division of Endocrinology, Mayo Clinic  
Associate Professor of Medicine, Mayo  
Clinic College of Medicine  
Rochester, MN

#### Correction in the Editor's Corner of the December 2006 issue:

*"An important contributor to the NTIS appears to be starvation, and carbohydrate depletion is known to inhibit hepatic type 1 iodothyronine-deiodinase (D1), leading to elevated T3 and low reverse T3 levels." It should have read, "...leading to a decrease in T3 and elevated reverse T3 levels."*

## Welcome to 96 New Members!

The ATA Membership Committee proudly announces 96 new members who joined from January 1, 2006 to April 3, 2007. The Committee thanks all ATA members who recruited and sponsored new members this past year. Special recognition goes out to Ernest Mazzaferri, Paul Ladenson, and Gregory Brent who each sponsored four new members; along with Robert Udelsman who sponsored three members; and Victor Bernet, Sheue-yann Cheng, Jerome Hershman, Edna Kimura, Stephanie Lee and Theo Visser who sponsored two members.

Virginia Sarapura sponsored five new members and has kindly agreed to chair the Membership Committee again. She encourages all ATA members to invite physicians, surgeons, and scientists interested in thyroidology to join the ATA. Thanks to past chair, Gregorio Chazenbalk, who sponsored 22 new members in 2006!

Membership application forms can be found in the journal, *Thyroid*, or on the ATA web site, [www.thyroid.org](http://www.thyroid.org) — click on “Professionals” and then “Join the ATA.”

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## In Memoriam

### Margita Zakarija, M.D., M.Sc

July 11, 1937 – December 28, 2006

Margita (Gita) Zakarija, MD, M.Sc, a long-time ATA member who was a leader in the field of autoimmune thyroid disease and whose research led to the development of an assay to measure TSH receptor autoantibodies in Graves' disease, died December 28 after a courageous battle with cancer. She was 69.

Gita was a professor of Medicine and of Microbiology and Immunology, and until recently, director of the Thyroid Laboratory in the Division of Endocrinology, Diabetes, and Metabolism at the University of Miami School of Medicine.

"Gita was a pioneer in her field and a respected investigator whose important work was confirmed by the scientific community," says Paul Walfish, MD. "She was also a wonderful person. There wasn't anything that she wouldn't do to help her patients, friends and colleagues."

Margita Zakarija was born in Split, Croatia in 1937. Her father was a widely-recognized physician and specialist in public health and her mother was a nurse. Besides being an outstanding student and athlete in high school and at the University of Zagreb, she became a serious chess player and was the junior chess champion of Croatia at the age of 13.

Gita graduated from medical school in Zagreb in 1965. After a medical residency in Zagreb, she moved with her husband, Bozidar Bakotic, to Montreal in 1966. She became a fellow in the Thyroid Research Laboratory of Dr.

J. Maxwell McKenzie in the Department of Medicine at McGill University. Dr. McKenzie mentored Gita, and she soon became his coworker and colleague. Subsequently, she moved with him to the University of Miami School of Medicine in 1981, where her developing laboratory expertise led to a highly productive research career that continued until her death.

Gita's major academic interests focused on the characterization and measurement of TSH receptor autoantibodies in Graves' disease. Her research led to the development of *in vitro* assays to measure the activity of these antibodies, forerunners of the current *thyroid stimulating antibody (TSAb)* test. She was able to elucidate the significance of TSAb in a number of clinical situations. An important advance was the demonstration that a patient might have both a *thyroid inhibiting antibody* and a TSAb, with the clinical manifestations dependent on the relative concentrations and effectiveness of these opposing antibodies.

Another important area of research that she was pursuing in recent years was the epidemiology of thyroid abnormalities, in collaboration with Janice A. Egeland, Ph.D., in Amish families in Lancaster County, Pennsylvania.

"With Gita's death, an important career in research, teaching, and clinical care was brought to a premature end," adds Dr. Walfish, "She will be missed by a host of colleagues and collaborators as well as many students and patients who greatly admired her."

“There wasn't anything that she wouldn't do to help her patients, friends and colleagues.”

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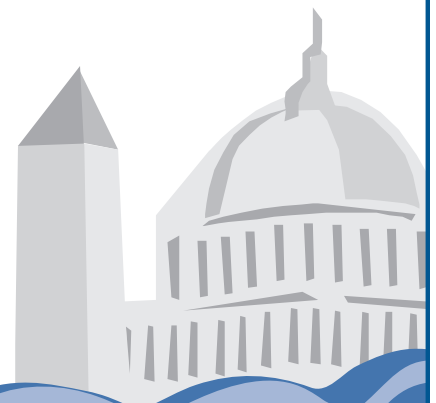
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