

# ATA Signal



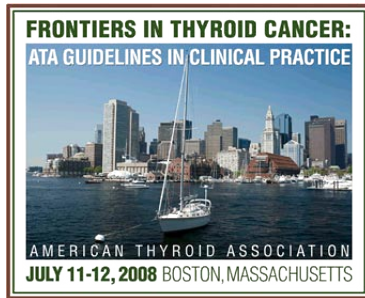
AMERICAN  
THYROID  
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VOLUME 11 NO. 2, AUGUST 2008

THE NEWSLETTER OF THE AMERICAN THYROID ASSOCIATION

## Regional Thyroid Cancer Workshop Presents Guidelines for Managing Thyroid Cancer

The ATA hosted the first in a series of regional workshops to present the latest recommendations in thyroid clinical care through the discussion of the ATA's guidelines for patients with thyroid nodules and differentiated thyroid cancer. The two-day workshop, "Frontiers in Thyroid Cancer: ATA



Guidelines in Clinical Practice," took place on July 11-12, 2008 at the Boston Park Plaza Hotel in Boston.

The evidence-based guidelines, developed by an ATA task force headed by David Cooper, were published in *Thyroid* in 2006. They are actively being updated and

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## ATA Spring Symposium Highlights Cardiovascular and Metabolic Issues in Thyroid Disease Patients

Thyroid experts met to share the latest information on cardiovascular and metabolic issues associated with thyroid disease at the ATA's



Meeting Participants listen to a presentation at the ATA Spring Symposium.

Spring Symposium, "Cardiovascular and Metabolic Issues in Patients with Thyroid Dysfunction: Implications for treating Hypo- or Hyperthyroidism." The day-long scientific meeting took place on March 28 in Washington, DC.

"The symposium addressed the most common metabolic and cardiovascular

issues arising in patients with mild to severe thyroid dysfunction, from both a pathophysiological, as well as a therapeutic perspective,"

said Reed Larsen, MD, meeting program co-chair and a Professor of Medicine at Harvard Medical School and Clinical Director of the Thyroid Section at Boston's Brigham and Women's Hospital.

The speakers covered a host of significant topics, including lipid alterations in

*continued on page 4*

### President's Message



The ATA 2008 Spring Symposium, "Cardiovascular and Metabolic Issues in Patients

with Thyroid Dysfunction: Implications for Treating Hypo- or Hyperthyroidism" and associated Research Summit took place in Washington, DC during the peak of the National Cherry Blossom Festival.

The Symposium, organized by Reed Larsen and John Baxter, was directed towards endocrinologists, internists and other health care providers who treat thyroid disease. It featured presentations on the clinical consequences of

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### Important ATA Member Notices

- ▶ Click here to register for "Frontiers in Thyroid Cancer: ATA Guidelines in Clinical Practice"
- ▶ Click here to register online for the ATA Annual Meeting — [http://www.thyroid.org/ann\\_mtg/2008\\_79th/registration.html](http://www.thyroid.org/ann_mtg/2008_79th/registration.html)

### Larsen Receives The Endocrine Society Koch Award

**P. Reed Larsen**, professor of Medicine at Harvard Medical School and clinical director of the Thyroid Section at Boston's Brigham and Women's Hospital, received the prestigious Fred Conrad Koch Award, the highest honor bestowed by The Endocrine Society in recognition of exceptional contributions to endocrinology.

### Kloos Honored with OSU Clinical Excellence Award

**Richard T. Kloos**, co-director, The Ohio State University Thyroid Cancer Unit, and secretary/chief operating officer of the ATA, received the 2008 Clinical Excellence Award. The award was presented in recognition of providing superior clinical care towards patients and families through demonstrating clinical knowledge and compassion, facilitating teamwork among multidisciplinary teams, developing innovative approaches that contribute to the improvement of the quality and the cost-effectiveness of patient care, and demonstrating excellent leadership skills.

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

thyroid hormone deficiency and excess, including lipid alterations, body weight changes, cardiovascular disease and osteopenia, and discussed innovative uses of thyroid hormone and its analogues. These talks will soon be available by streaming video on the ATA website. The Research Summit, held on the preceding afternoon, was organized by Tony Bianco and included state-of-the-art talks on thyroid hormone signaling, deiodination and metabolic rate in health and disease, and thyroid hormone receptor (TR) isoforms and metabolic control. The Summit was attended by interested scientists and representatives from the NIH who participated in a subsequent roundtable on funding opportunities in this area.

The Spring Symposium and Research Summit were inspired by recent scientific advances surrounding thyroid hormone as a key metabolic player that might be harnessed for therapeutic benefit. The promise of thyroid hormone as a treatment for metabolic disease has been, in the past, frustrated largely by its pleiotropic actions in multiple tissues that result in unacceptable side-effects, such as osteopenia and atrial fibrillation. Recent discoveries, including the manipulation of specific iodothyroidine deiodinases to alter thyroid hormone signaling and the designing of TR $\beta$  selective ligands, will overcome this obstacle and lead to the development of powerful new therapeutic agents to the benefit of many patients. Indeed, emerging clinical trial data show that the positive effects of thyroid hormone excess, without the detrimental, can be obtained using thyroid hormone analogues to treat metabolic syndrome, dyslipidemia and heart failure.

The emergence of these novel therapies will also carry important implications for the ATA as our traditional field of interest and expertise broadens to include the treatment of these common conditions. This will positively impact recruitment of new members from clinical and scientific fields not previously considered thyroid-related. In addition, new avenues of commercial support for our meetings, research grants, fellows' track opportunities, and other activities will be opened up. Because we are heavily dependent on commercial supporters, diversification of this support is important both for balance and to safeguard against diminished support from our limited number of traditional supporters.

We are at the threshold of an exciting new era in thyroidology that will energize our clinical and our scientific membership and help to assure that the ATA maintains its position as a vital and relevant organization.

Rebecca S. Bahn, MD  
ATA President



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# ATA Signal

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## In Memoriam: Jacob (Jack) Robbins 1923–2008

Jack Robbins, past president of the ATA, was well-known for his groundbreaking work on the function of the thyroid and the treatment of thyroid cancer—particularly cancer caused by exposure to radioactivity—died of cardiac arrest on May 12, 2008. He was 85.

“This is a sad shock and a real loss to the thyroid community of a wonderful man,” said Rick Kloos.

Jack was scientist emeritus in the Clinical Endocrinology Branch of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health (NIH). He and his longtime friend and colleague, ATA Member Joseph “Ed” Rall—who died in February—were the first to demonstrate the biologically active form of thyroid hormone. They are known for their formulation of the free thyroxine hypothesis, which proposed that the concentration of free hormone in the blood is directly related to the hormone’s action on cells and metabolism.

Jack was also recognized for his work on pediatric thyroid cancer resulting from radioactive fallout. He and Ed completed follow-up surveillance on survivors of the Hiroshima and Nagasaki bombings and studied Marshall Island inhabitants inadvertently exposed to radioactive fallout from U.S. hydrogen bomb testing in the Pacific. They also studied thousands of children who were exposed to radiation after the 1986 Chernobyl disaster in the Ukraine and helped devise therapies to prevent thyroid disease in similar catastrophes.

“Dr. Robbins was an outstanding leader in the field of thyroid diseases,” said Stephanie Lee.

Jack joined the NIH in 1954, after completing his residency at Sloan-Kettering, and became chief of the

Clinical Endocrinology Branch in 1963. He was a member of the Public Health Service for more than 40 years. He retired in 1995, but kept an office at NIH and continued to stay busy with his research, including work on the long-term effects of the Chernobyl disaster.

In 1975, Dr. Robbins was elected president of the ATA, and in 1983, he received the Distinguished Service Award for his outstanding service. In 1955, he received the ATA’s Van Meter Prize, which recognizes a young investigator for outstanding contributions to research on the thyroid gland or related subjects. Dr. Robbins had been an ATA member since 1960. He served as chair of many important committees, including the Public Health Committee, and continued his active participation until the time of his death.

In November of 2007, he joined a distinguished group of thyroidologists who met with Dr. Marburger, the science advisor to the White House to present the position of the ATA on potassium iodide distribution around nuclear power plants.

“Jack Robbins was a giant in our field. He was an intellectual powerhouse who used his inquisitiveness, his ingenuity, and his compassion for the well-being of others to drive his research discoveries,” said Richard Robbins. “He was the heart and soul of the ATA for decades.”

Jack was born in Yonkers, N.Y., and received an undergraduate degree in 1944 and a medical degree in 1947, both from Cornell University. Dr. Robbins published more than 260 papers over the course of his career and was active in a number of exchange programs that brought thyroid specialists from Europe and Japan to NIH.

“Jack was truly a gentleman and a scholar, in all the finest interpretations of those words,” said Steve Sherman.



Jacob (Jack) Robbins

## Editor’s Corner: *Thyroid* Reaches New Heights; *Signal* and *Clinical Thyroidology* Go Electronic!



### Matthew Ringel, MD, ATA Signal Editor

These are big times for ATA publications! I am pleased to report that *Thyroid* has achieved its highest ever impact factor of 2.692. This represents a substantial rise in the impact factor for our journal. Congratulations to Terry Davies and Charles Emerson, the previous and current Editors-in-Chief of *Thyroid*, the *Thyroid* Editorial Board, and Mary Ann Liebert for this achievement. We hope to see this trend continuing in the future years! To further update members on *Thyroid*, Charles Emerson will be sharing his vision for *Thyroid* in the next issue of *Signal* and will begin a periodic column to inform members of important manuscripts published in *Thyroid*. *Clinical Thyroidology*, now under the editorial leadership of Ernest

Mazzaferri, also has some changes in the near-future. *Clinical Thyroidology*, will be moving to an electronic format. This change will allow for much greater flexibility in the length, style, and number of manuscript reviews in each issue. Finally, beginning with this issue, *Signal* will also be moving to an electronic format. It is my hope these changes will positively impact *Clinical Thyroidology* and *Signal* in terms of both content and formatting. Please be sure to update your member profiles on the ATA website to be sure the email addresses are accurate. Thank you all for supporting our ATA publications. I particularly appreciate the efforts and input of the hard-working ATA publications committee during our recent editorial transitions and I hope to continue to receive helpful comments and suggestions from all of our members!

## In Memoriam: Joseph Edward Rall 1920–2008

Ed Rall, past president of the ATA, an eminent thyroid scientist and clinician, died on February 28, 2008 shortly after his 88th birthday. A graduate of North Central College, Naperville, IL and Northwestern University Medical School, Chicago, he began his career in thyroidology in 1945 at the Mayo Clinic working on thyroid iodine kinetics under Raymond Keating, Alexander Albert and Marschelle Power. In 1950 he joined Rulon Rawson at the Memorial Sloan-Kettering Cancer Center in New York City to study treatment of thyroid cancer with radioiodine and was key in developing the still-used method for assessing bone marrow radiation and defining the safe treatment dose of I-131. With Robert Conard of Brookhaven National Laboratory he investigated thyroid cancer resulting from radioiodine fallout after atomic bomb testing in the Marshall Islands, leading to his later work with the National Academy of Science Committee on Biological Effects of Ionizing Radiation. Exploration of radioiodine-labeled products in blood of patients treated with I-131 led to work, initiated at MSKI in New York and continued after 1955 at the National Institutes of Health in Bethesda, MD, on thyroid iodoproteins, especially thyroglobulin, and thyroid hormone transport proteins in blood. In 1960, Ed and Jack Robbins published a landmark paper in *Physiological Reviews*, “Proteins associated with the thyroid hormones”, in which they developed the then revolutionary, now classic, hypothesis that the free hormone, a tiny fraction of the total, is the physiologically active hormone.

In Bethesda Ed organized and led the Clinical Endocrinology Branch in the National Institute of Arthritis and Metabolic Diseases (later NIDDK) that became one of the world’s leading centers for basic and clinical



Joseph Edward (Ed) Rall

“He enjoyed and lived his life in the fullest sense...”

thyroid research, with a stable core of senior scientists and a continuing influx of trainees from many countries. Even after Ed became Scientific Director of NIDDK, a position that he held for more than 20 years, his continued involvement with the CEB and other endocrine groups at NIH was enlivened by his wide breadth of knowledge, his enthusiasm and his interest in career development of trainees. As Scientific Director of NIDDK, and after 1983 as Deputy Director for Intramural Research for NIH, Ed was an influential leader in developing and maintaining the academic nature of the NIH laboratories within a rapidly growing government agency. In 1991 Ed returned to the laboratory and in 1995 retired to Scientist Emeritus, still continuing research on invertebrate hormone receptors with a small group of international fellows until failing health began to limit his activity.

Ed received many honors: the Van Meter Award from the ATA in 1950 and the Distinguished Service Awards of the ATA and The Endocrine Society, membership in the Association of American Physicians, the National Academy of Sciences, USA, the Societe de Biologie, France, and the Royal Academy of Medicine, Belgium, and honorary degrees from the University of Naples, Italy and Charles University, Prague. He was also a devoted tennis player and sailor, he helped manage a farm on the banks of the Potomac River with several NIH colleagues, and his home, with his charming and gracious wife Caroline and his son and daughter, was a frequent meeting place for friends and colleagues from all over the world. He enjoyed and lived his life in the fullest sense and has left his mark on several institutions, on his field of work, and especially on the many individuals who came to know him.

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

subclinical and overt hypothyroidism, thyroid dysfunction and body weight changes, and recent data about thyroid hormone analogues to treat cholesterol disorders, atherosclerosis, obesity and diabetes.

“Both mild and overt derangements in thyroid gland function pose a set of issues related to the cardiovascular system,” said John Baxter, MD, meeting program co-chair and Senior Member of The Methodist Hospital Research Institute, Houston, Texas. “The meeting was an excellent opportunity to understand the clinical picture when there are these variations in thyroid gland dysfunction and what to do about them, and also to provide a perspective of exciting possibilities of treatment modalities that may come in the future.”

### Research Summit

The previous day, scientists in the thyroid and metabolism community and NIDDK officials convened for a half-day Research Summit on Thyroid Hormones and Metabolic Control. The summit was chaired by Antonio Bianco, MD, PhD, Chief of the Thyroid Section at the Brigham and Women’s Hospital, where he is also a co-Chair of the Cardiovascular, Metabolism and Diabetes Research Center. Summit speakers provided information and updates on the current state-of-the-art research in thyroid hormones and metabolic control.

Reporters from *Clinical Endocrinology News*, *Endocrine Today* and *Endocrine News* wrote at least nine articles on topics discussed during the spring symposium and research summit.



The purpose of *SIGNAL* is to communicate the activities of our organization to our membership. One of the focal activities of the ATA is our annual fall meeting and one may think that halfway between meetings would be a slow point.

Such an assumption would, of course, be wrong. In truth, I have yet to find such a slow time, despite my looking for it, and I fear that it may not exist!

The ATA Executive Committee and the Board of Directors oversee over 20 Committees and Task Forces. Each of these Committees and Task Forces are connected to the Board in several ways, including a Board of Director, who serves as a liaison, and an ATA Staff Member, who is assigned to each Committee. The work of these Committees is carried out by dedicated ATA members who volunteer their time and skills. Like the volunteer Board of Directors, this workforce still pays full price for ATA membership, *Thyroid*, and all of our meetings. This is a financial reality of the ATA, although indirectly, it creates a common bond between the members and the leaders of the ATA who are all demanding the most for our money!

Our annual meeting is now more than a million dollar enterprise that takes more than a year's worth of effort to craft, and few truly understand the time and effort that goes into each of these magnificent productions. The work of Erik Alexander and Sissy Jhiang as our current Program Chairs and their Committee Members for our October 2008 Annual Meeting in Chicago promises to be another display of the highest clinical and scientific caliber. Yet, it has become clear that many great potential program ideas are suggested either after the program has been finalized, or before the Program Chairs are in place (which typically occurs around 16 months before the meeting). Thus, to benefit from the insight and creativity of our membership, we are creating a place in the "Members Only" area of the ATA website to submit program suggestions year-round, including during and right after the ATA annual meeting, when these ideas are fresh in your thoughts!

Continuing with the explanation of how the ATA works, the Board of Directors meets face-to-face three times each year for prolonged business meetings with Herculean efforts to finish the agenda before departure, and then they talk on monthly teleconferences to address ongoing business and undertake new projects. Similarly, the ATA Executive Committee holds teleconferences every two weeks, and each Executive Member is in constant communication with the ATA Executive Director via emails and/or telephone.

To mention a few of the current ATA activities underway are two that at first seem to be at opposite ends of the spectrum: mourning the loss of our older members, and the beginning of new activities and outreach to new members. The losses of Jacob (Jack) Robbins and Joseph (Ed) Rall are deeply felt and plans are underway to recognize their contributions to thyroidology and to the ATA. Yet, much of their legacies were their interactions and nurturing of young thyroidologists. Our members have long desired to reach out to the youth in our profession, and the youth of our country. In a new venture for the ATA, we are pleased to be part of "Drewstock", a musical tribute to the life of the musician Andrew Glackin on September 21, 2008 in Easton, PA <http://www.drewstock.com/>. Drew died of undiagnosed thyroid disease and the ATA has been asked to educate the audience about thyroid disease and its symptoms. This may be a special audience to additionally include the important issues of thyroid disease in pregnancy. Along these lines,

Alex Stagnaro-Green and his Task Force have undertaken the daunting challenge of influencing incorporation of iodine in all prenatal vitamins. The next time you visit the grocery store or your local pharmacy, please take a look at the variety that patients have to choose from, and the variable iodine content. Wouldn't it be rewarding to see those that contain the proper amount of iodine proudly displaying the phrase "as recommended by the American Thyroid Association"?

Another area of expansion has been outreach to surgical colleagues with an interest in thyroidology, both clinically and in the laboratory. The ATA is a place where surgeons of different training backgrounds (such as general surgery, surgical oncology, and ENT) can come together to share and advance their knowledge and passion of this field. Please invite your local and referring thyroid surgeons to experience the ATA and please offer to write a brief letter of support for their membership! Our outreach to these experts has been felt across the country and is reflected by the well-attended "Frontiers in Thyroid Cancer: ATA Guidelines in Clinical Practice" meeting recently held in Boston. Part of this interest is the ATA Guidelines on Thyroid Nodules and Differentiated Thyroid Cancer, chaired by David Cooper, and the anticipated update of this highly successful guideline, but also the growing anticipation of the release of the ATA Guidelines on Medullary Thyroid Cancer, which is nearly complete.

While the number of our members is relatively low compared to some very large medical societies, and our numbers are expected to remain low given our narrow area

... our level of national and international influence remains at the pinnacle because of your unwavering expertise.

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# Thank You to Our Annual Fund Donors 2008

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 2008.

Donations received October 1, 2007 – June 13, 2008.

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## The ATA is honored to receive donations made in memory of Jack Robbins (as of June 26, 2008).

Steven I. Sherman, MD, on behalf of the National Thyroid Cancer Treatment Cooperative	Study Group Stephanie L. Lee, MD, PhD Ernest L. Mazzaferri, MD David H. Solomon, MD	Colum A. Gorman, MB, ChB John H. Lazarus, MD Arthur B. Schneider, MD, PhD Ellen Greenebaum	Robert Kimmel, MD Stuart and Sylvia Danovitch Vivian Cody, PhD Joseph G. Hollowell, MD
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## ATA Welcomes New Members

We are pleased to welcome our new ATA Members. In 2007 the ATA accepted a total of 97 new members — 47 active, 41 associate, and 9 corresponding. In 2008 the ATA has welcomed 38 new members — 19 active, 17 associate, and 2 corresponding. Thanks to our members for inviting colleagues into our society. We look forward to welcoming many more new members to the association in 2008.

### 2007 New Members

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### 2008 New Members (as of June 26, 2008)

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**Secretary's Report**, *continued from page 5*

of focus, our level of national and international influence remains at the pinnacle because of your unwavering expertise. Two examples are recent communications with the FDA and FEMA. The ATA Public Health Committee, under the leadership of Joseph Hollowell, has received communication from the Director of Dietary Supplement Programs at CFSAN, FDA. The FDA is highly interested in the experience of the ATA membership with thyroactive (e.g. T4 and/or T3) containing compounds in nutritional substances, as there is an FDA regulation prohibiting the use of thyroid tissue in food. The FDA has encouraged our members to report adverse events from such supplements through "MedWatch" on the FDA website, <http://www.fda.gov/medwatch/>. Similarly, the Federal Radiological Preparedness Coordinating Committee (FRPCC) Potassium Iodide Subcommittee has requested the ATA help develop and promulgate "best practice" guidelines for the existing State-level potassium iodide (KI) distribution programs within the 10-mile emergency planning zones around nuclear power plants.

In closing, I want to thank the membership for their loyalty and service to the ATA. Our organization exists because of your interest, passion, membership, and contributions. Unlike other specialties, we are not blessed with large numbers of various corporate sponsors. As a result, our annual budget is relatively fragile, being raised from a few dedicated sponsors and from our membership fees. Opportunities to secure the long-term financial stability of the ATA are highly desirable, and can be achieved via estate planning and other generous acts that could contribute to the ATA's long-term preeminence as the leading association for scientific inquiry, clinical excellence, public service, education, and collaboration.

With Warmest Regards,



Richard T. Kloos, MD  
ATA Secretary/Chief Operating Officer

**Regional Thyroid Cancer Workshop**, *continued from front page*

some of the possible changes, and the data behind them, were discussed. The latest information and potential recommendations regarding medullary thyroid cancer (MTC) was also discussed during the workshop. Guidelines are currently being written for the management of MTC and will be published later this year.

The workshop brought together endocrinologists, surgeons, nuclear medicine physicians and respective subspecialty fellows to address a variety of thyroid cancer topics.

"For the first time, the ATA brought its management guidelines into the regional medical community to bring these state-of-the-art documents to life as their authors help clinicians from multiple disciplines apply these guidelines to real patient care. Our goal was to help medical professionals and their patients by advancing the diagnosis and treatment of thyroid cancer," said Richard Kloos, program chair and secretary/chief operating officer of the ATA.

The diagnosis of thyroid cancer raises certain questions concerning which thyroid nodules should be selected for fine-needle aspiration biopsy and the extent of surgery

that is necessary for different types of malignant tumors. The principal authors of the guidelines presented the latest thinking on these topics, all of which are covered in these guidelines.

Likewise, initial treatment and follow-up paradigms for thyroid cancer have evolved especially fast with the advent of recombinant human thyrotropin and very low functional sensitivity thyroglobulin assays. These intricate paradigms were discussed in detail by the people who have largely developed these approaches to management.

The evidence-based Management Guidelines have sparked much interest in practitioners. Over 25,000 free copies of the guidelines were downloaded from the ATA website between 2006-07, underscoring the educational need physicians have for understanding the diagnosis and treatment of thyroid cancer.

The next two-day workshop, "Frontiers in Thyroid Cancer: ATA Guidelines in Clinical Practice," will take place on January 23-24, 2009 at the Loews Miami Beach Hotel in Miami, Fla.

“Our goal was to help medical professionals and their patients by advancing the diagnosis and treatment of thyroid cancer”

For a copy of the management guidelines, go to:  
<http://www.thyroid.org/professionals/publications/guidelines.html>