

ATA Signal



VOLUME 12 NO. 2, MAY 2009

The Newsletter of the American Thyroid Association

ATA sets sights on 80th Annual Meeting

The 80th Annual Meeting of the American Thyroid Association will be held at The Breakers Hotel in Palm Beach, Florida September 23–27, 2009.

An excellent scientific program has been planned by program chairs Matthew Ringel and Kathryn Schuff. Our destination is the breathtaking Breakers Hotel on the Florida coast.

The meeting will open with a session on Recent Developments and Future Challenges

in Thyroidology, an overview of recent breakthroughs, discussion of future challenges and a preview of critical data to be presented at the meeting (which

received superlative evaluations last year in Chicago) starting at 5:45 pm on Wednesday, September 23.

Highlights of this year's program include plenary lectures by stem cell expert, John Gearhart, from the Institute for Regenerative Medicine

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ATA holds Research Summit and Spring Symposium on the Thyroid and Pregnancy

The American Thyroid Association held its "Research Summit and Spring Symposium on the Thyroid and Pregnancy" April 16 – 17 in Washington, D.C. at the Madison Hotel.

The two-day event featured internationally prominent experts on issues such as: the changes in and the stress placed upon the thyroid gland during

pregnancy, the impact of hypothyroidism and hyperthyroidism, screening during pregnancy, clinical trials and the issues regarding intervention and treatment.

The ATA planned and designed this two day gathering of experts in response to the need to

raise the awareness of the women's health

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Important ATA Member Notices — visit www.thyroid.org for more information

- 80th Annual Meeting Early Bird Registration Deadline: July 15, 2009
- Reminder to Members — please take a few moments to update your profile/contact information by going to 'Edit My Profile' in the Members' Only Section at www.thyroid.org.

President's Comments



It is a privilege for me to serve as your President and to work with the Board,

Executive Committee, Chairs and Members of ATA Committees and ATA Members. The ATA office has been especially helpful and diligent. In order to address present concerns and issues and to help foresee and plan for future issues, the Board has a monthly conference call and the Executive Committee, in addition, has conference calls twice a month. Multiple additional conversations

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In this issue of *ATA Signal* we have highlighted the recent and upcoming annual meeting of the ATA and have included detailed updates for the membership from Drs. Burman and Kloos. These updates demonstrate the exciting and continued forward momentum of the ATA. They also explain the impact of the current financial realities on the ATA, as described in detail in Dr. Kloos' report to the membership. With the long list of new members and donors, the exciting program for our upcoming annual meeting, the summaries of the spring and thyroid cancer meetings, and Dr. Burman's report of the board activities highlighted in *Signal*, in addition to our publications, guidelines, research funding, patient advocacy, and other efforts, it is clear that the energy and enthusiasm of

our members and full-time staff are unwavering. Continuing to engage our new members to become actively involved in the ATA, reaching out to our colleagues and trainees involved in thyroid research and/or clinical practice to consider membership, and, when possible, increasing our own volunteerism will all help to maintain and expand the high level of programming, services, and collegiality we all enjoy as members of our organization. I look forward to seeing everyone in Palm Beach at our annual meeting and appreciate your deep commitment to the ATA.

Respectfully Yours,

Matthew D. Ringel, MD
Editor, *Signal*

President's Message, *continued from page 1*

occur and substantive emails are, of course, transmitted. There are many exciting developments. For example, the ATA Spring Research Summit chaired by Dr. Gregory Brent on "Thyroid Hormone in Pregnancy and Development" was held on April 16, 2009, and the Spring Symposium on "Thyroid Dysfunction and Pregnancy: Miscarriage, Preterm Delivery and Decreased IQ" chaired by Dr. Elizabeth Pearce and Dr. Alex Stagnaro-Green occurred on April 17, 2009. On April 18, 2009 we held our first joint meeting with the FDA focusing on the use of antithyroid medications. This latter conference was conceived and formulated by Dr. David Cooper. Further, we are preparing for our annual meeting in September, 2009 in Palm Beach, FL. Dr. Matthew Ringel and Dr. Kathryn Schuff have been preparing an excellent program. In the context of these superb positive initiatives and programs, the world wide economic financial concerns have also, unfortunately, affected the ATA. Dr. Kloos addresses these issues in a contemplative manner in his Secretary's Report in this issue of *The Signal*. For my report, I have chosen to focus on another critical issue for the ATA—strategic planning. In the words of Yogi Berra "If you don't know where you are going, you will wind up somewhere else". It seems especially important in these financial times for the ATA to have well-conceived and feasible strategic plans so we can succeed and flourish as an organization regardless of the daunting challenges. Accordingly, I have taken the Strategic Planning initiative as a major focus of my Presidency and I thought it would be worthwhile to inform you regarding our process and plans in this arena.

We decided that Strategic Planning should concentrate on what The Board considered the most critical challenges in the future. Potential issues were discussed and we then met for two days at the Winter Board Meeting in January, 2009 in Miami, FL to concentrate on these issues and

develop plans for proceeding over the next five years. The four areas of focus were: Infrastructure, Education and Meetings, Finance and Development, and Other Future Issues (e.g., membership growth, society functions such as guidelines, and awards). Based on experience and interest, Board Members were divided into these four groups and were tasked to identify the important issues and to develop specific implementation plans over the short term (less than one year), medium term (1-3 years) and long term (3-5 years). These recommendations will be reviewed over the next several months, discussed at the Board Meeting in June, 2009 in Washington, DC, and then implemented during or after the Board Meeting in September, 2009 in Palm Beach, FL. Input of ATA members is considered crucial and the Strategic Plan Initiatives when formulated in draft form will be sent to ATA members for comments and input. All comments by ATA members regarding these initiatives and suggestions for additional areas of focus will be welcomed. I would like to now summarize the activities of the four Strategic Planning Groups.

Infrastructure. (Subcommittee Members Dr. Bahn (Chair), Dr. Burman, Dr. Kloos, Dr. Fagin and Ms. Smith). The ATA office infrastructure functions are under the excellent leadership of Ms. Bobbi Smith. We are also extremely fortunate to have Mr. Jared Hoke and Ms. Adonia Coates in the office. It is believed that the ATA office functions very well at present, but that physical expansion is necessary; the Office will look into options of purchasing additional space. There will also be reassessment of ATA office activities and structure. We are developing transition policies in case of incapacitation of officer(s) and/or CEO. We have formed an Ethics Committee which advises the Board on relevant issues and policies regarding that interaction are being formulated.

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ATA Signal

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Published by the

American Thyroid Association
6066 Leesburg Pike, Suite 550
Falls Church, Virginia 22041
Phone: 703 998-8890
Fax: 703 998-8893
E-mail: bsmith@thyroid.org
Web: www.thyroid.org

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American Thyroid Association

Secretary's Special Report



Impact of the Global Financial Crisis on the American Thyroid Association (ATA)

It would be my wish to report that the ATA is immune to the effects of the worldwide financial crisis. Unfortunately, this is not the case, despite our conservative investing, spending, and fiscal planning. Because of this, the ATA Board of Directors and I feel it critical to update the membership regarding the impact of the global financial situation on the ATA. In this letter, I will focus on changes in our sources of income,

and guests, or both.

Besides industry support, the ATA generates income from several sources; the largest of which are the annual membership dues and annual meeting registration. As the 2009 membership dues have already been assessed, the remaining opportunity for financial income to address our budget shortfall for this year must be derived from the annual meeting. It is eye-opening when one recognizes the costs to produce our meetings and how financially sheltered we have been with our industry partners. In round numbers, our small Spring Meeting cost about US \$100,000 per

The leadership of the ATA has held numerous discussions and budgetary revisions to optimize our approach to an unpleasant situation on behalf of our members and the public.

the concept of the hotel “room block”, and how these factors impact on our budget. Finally, I would like to apprise members on how the ATA is planning to respond to these challenges to maintain and cultivate a productive, exciting, and economically healthy organization.

While industry partnerships are increasingly controversial, the ATA and other professional societies have benefited in recent years from financial support from our industry partners via variable mechanisms of funding including educational grants, CME symposium sponsorship, exhibitor fees, and support for other services such as meeting bags. In recent years, 32- 44 percent of the annual ATA budget has been derived from industry partnerships. As these corporations now also face financial challenges, their support for medical education has been severely reduced. As a result, in order to avoid substantial financial losses, the services that the ATA provides to members and the public must be curtailed and service costs must be passed on to our members

day with an audience of about 100-150 people. Similarly, our annual meeting costs about \$1 million US dollars. If this cost is shared by 1000 attendees, then the meeting registration cost per attendee would be US \$1,000. This is actually the cost already paid by many professional organizations for similar meetings.

The leadership of the ATA, including the Executive Committee, Board of Directors, Finance and Audit Committee, and ATA staff, has held numerous discussions and budgetary revisions to optimize our approach to an unpleasant situation on behalf of our members and the public. We revisited the Mission and core services of the ATA. We concluded that to the best of our abilities the ATA is committed to maintaining our annual meeting, our journal, our research awards, and reduced costs to professionals-in-training (e.g. fellows). Beyond these core activities, we viewed the remaining activities as subject to significant budgetary reductions or elimination, including initiation of new

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guidelines, Clinical Thyroidology, and Spring Symposia (beyond the existing 2010 Spring Meeting contract). The Annual Meeting was scrutinized in detail for cost-savings including streaming video, audio visual support, email kiosks, printed materials, and food. This was an arduous and painful process. We have reduced costs, eliminated some enjoyable yet non-vital services, such as meeting bags, and remain compelled to increase the cost of registration to maintain financial viability of our association. To negotiate the lowest rates and secure prime meeting dates, the ATA has historically booked our meeting venues well in advance. As a result, we have signed contracts with hotels through 2015. As we move forward, the balance between hotel costs, housing options, geography, and meeting venues will continue to be carefully considered as we strive to satisfy the varied needs of our members and guests.

The "room block" for meetings is recognized by many as a convenient opportunity to stay within the headquarters' hotel. Few consumers realize that two components are common elements of the overall hotel contract: the number of sleeping rooms reserved for meeting attendees (using a meeting code) and a minimum dollar amount spent for food. The cut-off date allows the hotel to sell the unsold rooms, but does not lift the contractual agreement between the hotel and the Association for unsold rooms. Together, these elements (and others) secure our meeting space and allow for other meeting services such as receptions, and food and coffee breaks. Negotiating a room block may allow for reduced room rates by group purchasing; yet variable amounts of these savings are consumed by the added services we provide at the meeting. In an unfavorable scenario to the ATA a member is able to stay at the headquarters' hotel at a cheaper rate by booking their room outside of the ATA room block, which saves the guest money, but (usually unknown to the guest) works against the interests of the ATA (and other meeting attendees). In the worst case scenario, the ATA is unable to fill the room block which, by contract, triggers stiff financial penalties. This unfortunate situation happened at the January 2009 Thyroid Cancer Workshop where the ATA initially reserved a large room block, recognizing that the hotel typically sold out each winter and was able to negotiate a favorable rate.

Over 200 registrants enjoyed an outstanding educational meeting of the highest academic standards. Unfortunately, the economic crisis reduced both the number of overnight guests attending our meeting as well as vacationing guests to the hotel, such that the hotel was unable to fill our unused room block with vacationers. The hotel now seeks to collect on the contracted "attrition penalty" of approximately US \$88,000. Subsequent negotiations have reduced this amount to US \$50,000; however, the amount remains a serious financial loss to our Association.

In summary, members and guests are encouraged to recognize the value to the ATA of booking their lodging within the ATA room block. Secondly, ATA members and guests are about to experience unpleasant changes in the costs and services provided by our Association given marked reductions in corporate sponsorship. For some, this may provide the reduced financial dependence on industry that they have long desired. For others, these increased costs may limit the number of meetings they can attend. Regardless, our members and guests will now more directly pay the full price for the services that they receive and the ATA has been forced to re-prioritize the services we provide and the initiatives we undertake. As we develop the 2010 budget this summer, we will analyze the dues structure and membership benefits to evaluate how to best serve the needs of the ATA.

As a professional membership organization, we are interested in your suggestions for how to address the challenges described briefly in this letter. We would also welcome the ideas that you have for the health and well-being of our society.

It is our plan that the ATA will maintain our reputation of excellence while fulfilling our core mission and preserving the loyalty of our membership despite the financial challenges we are now facing. Now is an important time to recruit new members to the ATA and to encourage your colleagues to enjoy the camaraderie and unparalleled educational opportunities found at our meetings.

Sincerely,



Richard T. Kloos, MD

Secretary, Chief Operating Officer, ATA

**CLINICAL
THYROIDOLOGY
ONLINE**

Editor: Ernest L. Mazzaferri, MD

CLINICAL THYROIDOLOGY, published online monthly, is a broad-ranging look at the clinical and preclinical thyroid literature. The Editor searches the world literature for excellent thyroid studies and then summarizes them and provides expert commentary.

<http://thyroid.org/professionals/publications/clinthy/index.html>

Frontiers in Thyroid Cancer: ATA Guidelines in Clinical Practice

Presented at January 23–24 Scientific Meeting

Thyroid cancer experts presented the latest recommendations in thyroid clinical care through the discussion of the American Thyroid Association's (ATA) updated guidelines for patients with thyroid nodules and differentiated thyroid cancer at a workshop in South Florida which took place on January 23–24, 2009 in Miami Beach.

The evidence-based guidelines, developed by an ATA task force of thyroid cancer experts, were published in *Thyroid* in 2006. The purpose of the updated guidelines was to provoke new ideas and address controversies regarding the diagnosis and initial management of thyroid cancer, given the rising incidence of the disease during the past three decades.

“The ATA is bringing its updated 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 is to help medical professionals and their patients by advancing the diagnosis and treatment of thyroid cancer,” said Richard Kloos, M.D., program chair and secretary/ chief operating officer of the ATA.

The workshop brought together endocrinologists, surgeons, nuclear medicine physicians and respective

subspecialty fellows to address a variety of thyroid cancer topics, including:

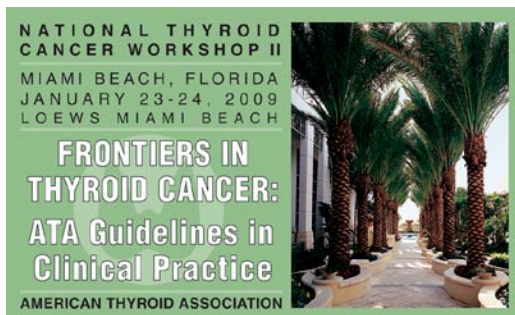
- Recent developments in the management of thyroid cancer and integration of new diagnostic and follow-up paradigms and the latest thyroid cancer therapies
- Integrating changes in treatment that result from the evolving demography of thyroid cancer
- The pathophysiology of thyroid cancer as it relates to new thyroid cancer drug therapies
- New drugs in the management of differentiated thyroid carcinoma and medullary thyroid carcinoma

In 2008, thyroid cancer is expected to reach a record number of 37,340 newly diagnosed people in the United States, according to the U.S.

Department of Health and Human Services and the American Cancer Society. Papillary thyroid cancer is the most common type, making up about 70% to 80% of all thyroid cancers and can occur at any age.

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.



ATA Annual Fund 2009

The American Thyroid Association's 2009 annual fundraising support thyroid research education, patient resources and fellows travel to the annual meeting. The Association represents the leading organization worldwide for thyroidologists to share new information and approaches that improve prevention, detection and treatment of thyroid diseases. It does so in a collegial context of shared professional development.

Many ATA members cannot envision what their professional lives would be like without the opportunities created by their unique society. The ATA meets your professional needs by:

- Bringing thyroidologists together from around the world
- Providing access to ATA's annual meeting and international conferences
- Serving as a sophisticated patient education resource at www.thyroid.org

- Promoting thyroid drug safety and efficacy
- Maintaining a centralized list of clinical trials in thyroidology
- Funding thyroid research, along with partnering voluntary lay groups
- Developing thyroid disease management guidelines, in collaboration with other societies

Generous philanthropic support from our friends and members--above and beyond annual dues--permits the ATA to enhance its invaluable services. We are proud to recognize the generosity of past annual fund donors, who simply confirm their annual contribution on their dues renewal form. We invite you to increase your previous gift. Join your officers and many dedicated members in donating to the ATA's vital and effective programs.

All donated funds will be dedicated to support of the ATA Research Grant Program, the ATA Fellows Track and annual meeting related travel, and online ATA Patient Education.

Thank You to Our Annual Fund Donors 2008–2009

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 2009. 144 members have donated a total of \$34,595 since September 1, 2008 to the Annual Fund.

ATA Annual Fund Donors as of 5/1/2009

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Ethical guidelines for Board members are being tightened to help avoid a potential real or perceived conflict of interest. The compensation packages of the ATA Secretary and Treasurer are being reviewed. The four year terms of the Secretary/COO and Treasurer are being offset to enhance corporate memory and transition. For similar reasons, the Immediate Past President will now be recognized as an officer and continue as an official member of the Executive Committee for one year. All 26 committees and task forces were reviewed and the need for each was confirmed. We also discussed, approved and hired a half time CFO to work at the ATA office.

Education and Meetings (Subcommittee Members: Dr. Bianco, Dr. Davies, Ms. Coates, Dr. McDermott and Dr. Tuttle (Chair)). Recruitment of young active members is the quintessence of the organization and efforts are being expended to enhance their access to and integration into ATA activities, including lower costs for attending meetings. Under the coordinated leadership of Dr. Bernet (Chair, Internet Communication Task Force) and Dr. Brent (Chair, Trainees Task Force), there will be a Fellows' Corner on the ATA website which contains relevant clinical and administrative information for Trainees. For all members, the possibility of developing a web based clinical question and answer format, as well as additional web based interactions, is being explored. This subcommittee also thought it beneficial to develop Clinical Guidelines with cooperation from other Societies. Dr. Kloos has already implemented this policy and has requested and received the endorsement of the ATA Medullary Thyroid Cancer Clinical Guidelines by multiple other Societies. This type of cooperation will help disseminate the ATA Guidelines and lead to their wider application. Future guidelines will focus on formulation or revision in the five key areas of thyroid cancer, thyroid nodules, hyperthyroidism, hypothyroidism and laboratory testing.

Finance and Development (Subcommittee Members: Dr. Hay, Ms. Slaughter, Dr. Samuels and Dr. Sarne(Chair)). Dr. Kloos has addressed many important issues and concerns of this Subcommittee in this issue of *The Signal*. In addition, the development of a Corporate Board comprised of ATA members and Corporate Members was discussed and is thought to represent an excellent concept. The possibility of a Philanthropic Advisory Board and the implementation of electronic advertising in ATA publications were also discussed. Wider interaction with various endocrine

related industry representatives (e.g., ultrasound machine manufacturers, pharmaceutical companies, oncologic focused companies) was also encouraged.

Future Issues (Subcommittee Members: Dr. Farwell (Chair), Dr. Greenlee, Mr. Hoke and Dr. Ringel). This group discussed the philosophy of membership growth and whether it is more appropriate to maintain a relatively small membership which enhances the friendly, cooperative interaction nature of the Society, or to expand the focus of activities and enhance membership growth. This group was in favor of planning to expand the ATA focus and

It seems especially important in these financial times for the ATA to have well conceived and feasible strategic plans so we can succeed and flourish as an organization regardless of the daunting challenges.

membership by approximately 20–30 percent, which, hopefully, will maintain its collegial atmosphere but allow for wider participation. The present Society Award system was reviewed and discussed. It was decided that it would be appropriate to offer new Awards for the best clinical abstract and the best oral presentation at the annual meeting. It is hoped that such awards will help increase the quality and number of abstracts

submitted and will also give recognition to both newer and more experienced members. We are also considering co-sponsoring specific symposia with affiliated Societies. Enhanced interaction with patient-oriented groups was also considered important as are outreach programs to societies with a common interest to ours (e.g., Thyroid surgeons, Oncologists, Pediatric Endocrinologists, Pathologists, Radiologists).

I would like to personally thank each member of the Board for their enthusiastic support and active participation in the Strategic Planning Process and, as mentioned, we welcome the input of all ATA members. The Strategic Planning process assumes an even more critical function in this economic environment. The ATA is presently functioning in its 86th year. I am certain that with the fundamentally sound economic plan being formulated, in the context of a detailed, relevant strategic plan which hopes to preserve and expand issues the ATA considers critical, that the ATA will continue to support physician and patient education, research and relevant clinical and administrative issues in a collegial, interactive manner for many decades in the future.

Sincerely,



Kenneth D. Burman, MD

New ATA Members in 2009

We are pleased to welcome a total of 104 new ATA members in the first 5 months of 2009 — 79 active, 23 associate, and 2 corresponding. This is an impressive increase of 173% from last year, as we had welcomed only 38 new members at this time in 2008. Thank you to our members for inviting colleagues into our society. We look forward to welcoming many more new members to the association during the remainder of the year.

ACTIVE MEMBERS

Mandana Ahmadian, MD
Bellevue, WA

Mustafa Alabousi, Sr., M.B. Ch.B.
Salalah, OMAN

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New Delhi, INDIA

Danielle Beaudoin, MD
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Eduardo A. Nillni, PhD
Providence, RI

Mohammed Soubhi Nizam, MD
Layton, UT

Jennifer Braemar Ogilvie, MD
Pittsburgh, PA

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ACTIVE MEMBERS *continued from page 8*

Shatul L Parikh, MD
Marietta, GA

Kepal Patel, MD
New York, NY

Terri Louise Paul, MD
London, ON CANADA

John Roland Porterfield, Jr., MD
Birmingham, AL

Jeerreddi A Prasad, MD
Claremont, CA

Katherine Ann Roberts, MD
Williamsburg, VA

David Rosen, MD
Philadelphia, PA

Ashok R. Shaha, MD
New York, NY

Satendra Singh, MD
Delhi, INDIA

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Miami Shores, FL

Hans C Steinert, MD
Zuerich, TANZANIA

Stacy Stratmann, MD
Plano, TX

Constantine G. A. Theoharis, MD
New Haven, CT

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Park Ridge, IL

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Abbott Park, IL

Gunjan Tykodi, MD
Bellevue, WA

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Mount Laurel, NJ

Arnold Vera, MD
Ormond Beach, FL

Elliott Russell Weidman
Houston, TX

Charles Jerome Wilson, MD
Ocean Springs, MS

Mone Zaidi, MD, PhD, FRCP
New York, NY

Elzbieta Zakrzewska, PhD
Burlington, VT

Charles Joseph Zeller, IV, DO
Indianapolis, IN

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Rosemaria Prince Alappat, DO
Valhalla, NY

Diana Tristan Albay, MD
Los Angeles, CA

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Bethesda, MD

Ana Cecilia Apaza, MD
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Tempe, AZ

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Boston, MA

Saima Durvesh, MD
Hershey, PA

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Rochester, MN

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New York, NY

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Duarte, CA

Hoda Ghanem, MD
Phoenix, AZ

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Edmonton, AB CANADA

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New York, NY

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New York, NY

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Los Angeles, CA

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Winston-Salem, NC

Shehzad Topiwala, MD
Buffalo, NY

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Brussels, BELGIUM

Mikio Watanabe, MD, PhD
Suita, JAPAN

Member News

Dr. Leslie J. DeGroot delivered “**The Twenty-fifth Boris Catz, MD Lectureship**” at Cedars-Sinai Medical Center on March 11, 2009. His topic was “Causes and Cures of Graves’ Disease.” The Boris Catz Lecture was established at Cedars-Sinai in 1985 to honor Dr. Catz’ longstanding contributions to clinical thyroidology. Dr. Catz has been an ATA member since 1954, and received the ATA’s award for Distinguished Service in 2001. Dr. DeGroot was president of the ATA in 1982.

community regarding the profound impact that pregnancy has on the thyroid.

During pregnancy, the thyroid gland produces about 50 percent more thyroid hormone as compared to when a woman is not pregnant; the glandular demand for iodine increases and, if iodine nutrition is not adequate, the thyroid increases in size and the risk for developing hypothyroidism rises.

The Research Summit was held April 16. Graham Williams, MD, PhD, FRCP, Hammersmith Hospital, London, UK, discussed the role of thyroid hormones in fetal and post-natal bone development. "Hypothyroidism delays bone formation," said Dr. Williams. "However, thyrotoxicosis accelerates skeletal development and is an important risk factor for osteoporosis in adults." According to Dr. Williams, in trials with laboratory animals with mutated or deleted thyroid hormone receptors of two different types, bone growth was delayed in one case and accelerated in the other.

“Maternal hyperthyroidism can have adverse outcomes for gestational physiology and for the fetus.”

“The studies provide new insight regarding thyroid hormone receptor action during skeletal development and highlight a fundamental role for thyroid hormones in chondrocytes during skeletal development that ultimately establishes the structure of adult bone,” explained Dr. Williams.

Samuel Refetoff, MD, professor of medicine, pediatrics, genetics and molecular medicine at the University of Chicago, discussed how “the importance of the transporter MCT8 on neural development became apparent with the identification of mutations in the MCT8 gene in humans” in his talk titled “The Role of Thyroid Hormone Membrane Transporter MCT8 in Neural Development.” “Mutations of the thyroid hormone specific cell membrane transporter produce severe mental and neurological impairment in males in addition to unusual but characteristic thyroid test abnormalities,” said Dr. Refetoff, as he explained further that it is believed that the psychomotor defect is caused by the inability of thyroid hormone to reach important areas of the brain. Thus, it is not surprising that treatment with the usual doses of thyroid hormone has not been effective. Studies in mice deficient in MCT8 showed that a thyroid hormone agonist enter cells “mostly independently of MCT8.”

According to Erik K. Alexander, MD, Division of Endocrinology, Diabetes and Hypertension at Brigham and Women’s Hospital and the Harvard Medical School, an average of a 40 percent increase in Levothyroxine is required to cope with the increasing thyroid hormone demand during early pregnancy, but large individual differences exist.

“This increase usually occurs prior to a patient’s initial obstetrical visit,” explained Dr. Alexander. “However, the

demand is sustained throughout the pregnancy and returns to baseline post-partum.” Uncertainty exists, said Dr. Alexander, over questions such as: what does thyroid sufficiency mean? how can sufficiency be maintained? how often should thyroid function be tested during pregnancy? and how should patients be counseled to modify their L-T₄ dose once pregnant?

These issues were discussed in Dr. Alexander’s presentation “Maintaining Thyroid Hormone Sufficiency in Pregnancy: Thyroid Supply to Mother and Fetus.”

“This Research Summit aims at targeting resources and setting priorities to effectively answer these unknowns,” Dr. Alexander said.

The Spring Symposium was held on April 17 and featured Dr. Daniel Glinoe of the Free University of Brussels, speaking on “Thyroid Function and Physiology in Normal Pregnancy” and the vicious circle of iodine-deficiency induced thyroid changes during pregnancy by which the thyroid gland of the pregnant mother, under

excessive thyroid stimulation, increases both its size and its demand for iodine to produce more thyroxine (T₄). “Goiter formation is pregnancy is the hallmark of iodine deficiency,” said Dr. Glinoe. “But, that hallmark represents only the visible tip of the ‘iceberg.’ The underlying mechanism is relative hypothyroxinemia and the resulting rise in serum Thyroid Stimulating Hormone (TSH), within or above the normal range.”

Elizabeth N. Pearce, MD, MSc, associate professor of medicine at Boston University, discussed the importance of iodine in pregnancy focusing on iodine needs, impacts and controversies. “Iodine sufficiency in pregnant women is imperative,” explained Dr. Pearce. “Iodine deficiency has myriad potential harmful consequences for a fetus or an infant.” The adverse effects spectrum for iodine deficiency (IDD) includes spontaneous abortion or stillbirth, increased perinatal and infant mortality, neologic cretinism, and mental deficiencies. Prenatal IDD can result in a child’s retarded mental and physical development.

Maternal hyperthyroidism can have adverse outcomes for gestational physiology and for the fetus, said Susan J. Mandel, MD, MPH of the University of Pennsylvania School of Medicine. “Graves’ disease can complicate pregnancy and Graves’ disease diagnosed for the first time during pregnancy can have a variety of presentations,” explained Dr. Mandel, who presented her data on the. “Outcomes depend on the severity of the disease at the time of pregnancy.” Dr. Mandel discussed hyperthyroidism diagnosis in pregnancy and other therapeutic issues, including the use of TSH receptor

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immunoassays, the use of antithyroid drugs, and the range of adverse outcomes. One focus will be on judging how the competing inhibition of maternal antithyroid drug therapy, and the stimulation by maternal antibodies, can affect fetal thyroid.

Robert C. Smallridge, MD, of the Mayo Clinic, Florida, discussed the issues in postpartum thyroid dysfunction (PPTD) including the role of autoimmunity, postpartum effect on Graves' disease, PPTD and depression, PPTD symptoms, diagnostic approaches, and management of PPTD. "Women with a personal or family history of thyroid disease may be at risk of developing a thyroid problem either during or after pregnancy, and should speak to their doctor about being tested for a thyroid disorder," said Dr. Smallridge.

"What happens when mother, fetus or both are hypothyroid?" asked James E. Haddow, MD of Women and Infants Hospital and Alpert Medical School at Brown University, asks in his presentation and panel discussion focused on hypothyroidism and child IQ and other developmental issues. "Published evidence shows that when the mother is hypothyroid, LT_4 treatment by 10 weeks gestation preserves a child's IQ and avoids CNS morbidity," said Dr. Haddow. "When both mother and fetus are hypothyroid, iodine treatment up to the end of the second trimester largely protects the fetal brain from the effects of iodine deficiency. Later treatment does not improve neurologic status."

Dr. Rosalind S. Brown, director of clinical trials research, Endocrine Division, Children's Hospital, Boston, presented her findings on fetal and neonatal "thyroidology," and described the importance of the hormone thyroxine (T_4) and T_4 transfer between mother and fetus. "Normally, unless there is a gradient between maternal and fetal circulation,

there is little placental transfer of T_4 between mother and fetus," said Dr. Brown. "Babies with no thyroid gland have normal intellectual development so long as the maternal thyroid function is normal and post-natal therapy is sufficiently early and adequate." However, emphasized Dr. Brown, the most severe intellectual defects during child development occur when both mother and fetus

are hypothyroid.

"Unlike congenital hypothyroidism, the effects of maternal hypothyroidism are not reversible with postnatal therapy," explained Dr. Brown.

The Universal Screening Debate was the subject of the final session April 17 as leading experts debated the pros and cons of universal

thyroid screening during pregnancy. To screen or not to screen?

- Should all pregnant women be screened for thyroid function?
- Should only 'high risk' pregnant patients be screened?
- Which tests should be performed and when?

Moderator Kenneth D. Burman, MD, chief of the Endocrine Section at the Washington Hospital Center and professor of Medicine at Georgetown University, Washington D.C., was joined by Gregory A. Brent, MD (UCLA) and Daniel Glinoyer, MD, PhD (Free University of Brussels) to examine the prevalence of hypothyroidism among pregnant women, the adverse effects and complications of abnormal maternal thyroid function during pregnancy, and whether all pregnant women should be screened with thyroid function test measurements. Approximately one-third of pregnant women with thyroid disease are not identified by a strategy of testing only high-risk women. The discussion included evaluation of case studies, the costs and benefits of thyroid function screening, and approaches to identifying pregnant women with thyroid disease.

“Unlike congenital hypothyroidism, the effects of maternal hypothyroidism are not reversible with postnatal therapy.”

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Join Us!

**ATA SPRING MEETING
MAY 13-16, 2010
HYATT REGENCY MINNEAPOLIS
MINNEAPOLIS, MINNESOTA**

Registration opening in winter 2009/early 2010

*Visit the ATA Website at www.thyroid.org for
registration and meeting updates as available*

at the University of Pennsylvania, and Robert Kerbel of the Sunnybrook Health Sciences Centre in Toronto. Kerbel's talk will center on the impact of endothelial cell recruitment as a predictor of effective combination therapies for cancer.

Eight Meet the Professor workshops daily will focus on clinical care and thyroid investigation. Original scientific abstracts, both oral and poster presentations, will be a focus throughout the meeting. Three daily Poster Review Sessions

As noted in the Secretary's Report (and the recent letter emailed to the membership), our sponsorship funding has decreased significantly this year. In the past, educational grants funded more than half of our annual meeting costs. As a result of the anticipated financial loss, we have been forced to increase our meeting registration costs. While painful, this change allows us to continue providing the quality program our attendees love and respect. We hope you will support the

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http://www.thyroid.org/ann_mtg/2009_80th/index.html

will round out the scientific sessions.

The 4th annual clinical fellows' track, chaired by Stephanie Fish and Andrew Gianoukakis, and the 3rd annual basic fellows' track, chaired by Ann Marie Zavacki and Stephen Huang, will provide clinical and basic fellows a program integrated with the scientific meeting featuring specialized and customized workshops targeted to maximize their interest in thyroidology.

The Welcome Reception will follow the opening session on Wednesday. The ATA Business Meeting (for ATA members only) will be held on Thursday afternoon. Friday evening, the annual banquet will be held as last year's event was very successful (see photo spread on pp. 17–22). Our Schedule-At-A-Glance is available online at www.thyroid.org to review the daily program layout.

ATA through this difficult time and work with us to help the ATA remain the leading association in thyroid information.

New this year, the ATA is pleased to offer hotel room booking at The Breakers Hotel as part of the general registration process. Visit the ATA website at www.thyroid.org to register for the meeting and book your hotel reservation. Please make your reservation early at The Breakers Hotel as the ATA is committed to the hotel for a large room block over our meeting dates. Failure to book within our designated room block could result in an attrition penalty and eventual loss of income for the Association.

We look forward to joining you in meeting new colleagues in thyroidology and enjoying time with old friends, all under "one roof" — the hallmark of the ATA meeting.

We hope to see you at the Breakers!

ATA Upcoming Meetings

2nd Forum on Endocrine Disruptors: Best Science for Risk Management and Policy

Tuesday, June 9, 2009

To register online, please visit, <http://registration.experient-inc.com/showEND091/Default.aspx>

Co-sponsored by The Endocrine Society and the American Thyroid Association

World Congress on Thyroid Cancer

August 6–10, 2009

Toronto, Canada

Phone: (416) 978-2719

Fax: (416) 946-7028

Website: www.thyroid2009.ca

Co-sponsored by the American Thyroid Association

34th European Thyroid Association Annual Meeting

September 5–9, 2009

Lisbon, Portugal

Contact: Dr. Joao Jácome de Castro

E-mail: endoc.hmp@sapo.pt

80th Annual Meeting of the American Thyroid Association

September 23–27, 2009

The Breakers Hotel

Palm Beach, Florida

Website: www.thyroid.org

International Symposium on Graves' Ophthalmopathy

October 29–30, 2009

Amsterdam

Website: www.eugogo.org

9th Asia and Oceania Thyroid Association Congress

November 1–4, 2009

Nagoya Congress Center,

Nagoya, Japan

Contact: Dr. Yoshiharu Murata

E-mail: ymurata@riem.nagoya-u.ac.jp

Website: www.congre.co.jp/aota9/

ATA Spring Meeting 2010

May 13–16, 2010

Hyatt Regency Minneapolis,
Minneapolis, MN

14th International Thyroid Congress

September 11–16, 2010

Paris, France

www.itc2010.com

Visit the ATA website at www.thyroid.org for updates and information on all upcoming ATA events.

Annual 80th Meeting

September 23-27, 2009 📍 Palm Beach • Florida

AMERICAN THYROID ASSOCIATION

KEY DATES AND DEADLINES

- **Early Bird Registration Deadline:**
July 15, 2009
- **Short Call Submission:**
August 8, 2009 - August 22, 2009
- **Discounted Registration Deadline:**
August 31, 2009
- **ATA Hotel Special Room Rate Reservation Deadline:**
August 31, 2009
- **Full Registration Fees:**
September 1, 2009 - September 27, 2009



www.thyroid.org

Annual 80th Meeting



Palm Beach, Florida
September 23-27, 2009
AMERICAN THYROID ASSOCIATION

Bring a
non-member
colleague and
SAVE \$200 each!
(online registration only)

CME jointly sponsored by the University of Colorado Denver

ATA Members: Bring a non-member colleague to the ATA 80th Annual Meeting and Save!

We understand the ATA meeting is very expensive this year. The ATA would like to offer an online discount if you register for the meeting along with a non-member colleague. For those ATA members whose registration is linked to a non-member attendee, an online discount will be applied to **EACH** registration of **\$200**. To participate in the **"Bring a non-member colleague to the ATA 80th Annual Meeting"** online discount program, please review the rules below. The overall goals of the **"Bring a non-member colleague to the ATA 80th Annual Meeting"** online discount program are to:

- maximize meeting attendance,
- encourage members to assist in increasing ATA membership and attendance, and
- extend a benefit for both the member and non-member for attending the 80th annual meeting.

RULES TO PARTICIPATE (This is an online registration offer only. The "Bring a Colleague" discount is not available with print registration forms.)

- The \$200.00 online discounted rate applies to ATA members (active, corresponding and senior) and non-members for each registration period (early bird, discounted and full rate). This discount does not apply to ATA associate members or non-member fellows.
- One ATA MEMBER must bring in one NON-MEMBER colleague to receive the two-person online registration fee discount. This discount does not apply to two ATA member registrations or two non-member registrations. There must be a member/non-member combination to qualify.
- The ATA member must: (1) register online for the meeting at www.thyroid.org, (2) check the box on the payment section of the registration form to participate in the **"Bring a non-member colleague to the ATA 80th Annual Meeting"** online registration discount, and (3) then provide his/her email address to the non-member sharing the online registration discount. The ATA non-member then: (1) registers online for the meeting, (2) checks the box on the payment section of the registration form to participate in the **"Bring a non-member colleague to the ATA 80th Annual Meeting"** online registration discount, and (3) provides the email address of the member they wish to share the registration discount offer with in the field provided on the online ATA registration form.
- **SPECIAL NOTES:** The ATA member must complete the online registration process before the non-member registers online. The ATA member registration will be held in the registration system until the non-member registers. Once both attendees have completed the registration process, payment will be processed for the amount applicable with the registration date (early bird, discount or full fee). Payment will NOT be processed if either the member or non-member has not completed the online registration process accurately and received initial confirmation.

- No additional discount will be offered for one member registering multiple non-members. This offer only applies to one ATA member and one non-member per discount.
- Any member who has registered online prior to this discount being offered will be allowed to take advantage of this option (a refund will be provided accordingly). Contact the ATA Headquarters to participate.

REGISTRATION DETAILS

Online registration is now open on the ATA website at <http://www.prereg.net/2009/ata/>.

KEY MEETING DEADLINES

- **Early Bird Registration Deadline: July 15, 2009**
- Short Call Abstract Submission: August 8, 2009 – August 22, 2009
- Discounted Registration Deadline: August 31, 2009
- ATA Hotel Special Room Rate Reservation Deadline: August 31, 2009
- Full Registration Fees: September 1, 2009

HOTEL INFORMATION

The Breakers Hotel, One South County Road, Palm Beach, FL 33480

New this year, the ATA is pleased to offer hotel room booking at The Breakers Hotel as part of the general registration process. Visit the ATA registration site at <http://www.prereg.net/2009/ata/> to register for the meeting and book your hotel reservation at the same time. Please make your reservation early at The Breakers Hotel as the ATA is committed to the hotel for a large room block over our meeting dates. Failure to book within our designated room block could result in an attrition penalty and eventual loss of income for the Association. If you would like to book your hotel reservation separate from the registration process, you may do so online at http://www.thyroid.org/ann_mtg/2009_80th/hotel.html.

ATA Group Rate: starting at \$249 U.S. dollars per night exclusive of tax (First come, first served.)

Group Rate Reservation Deadline: August 31, 2009

Phone: or (561) 655-6611 or call toll free to (888) BREAKERS (273-2537)

Fax: (561) 659-8403

Note: If you choose to phone in your hotel reservation, please indicate you are with the ATA to receive the group rate.

QUESTIONS

If you have any questions about the meeting, contact the ATA Headquarters Office at 6066 Leesburg Pike, Suite 550, Falls Church, VA 22041; Phone: 703-998-8890; Fax: 703-998-8893; E-mail: thyroid@thyroid.org; Website: www.thyroid.org.

We look forward to joining you in meeting new colleagues
in thyroidology and enjoying time with old friends,
all under “one roof” — the hallmark of the ATA meeting.

See you at The Breakers!

Highlights of the ATA 79th Annual Meeting

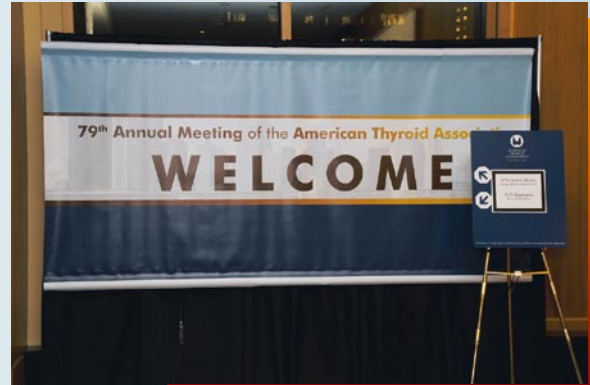
CHICAGO

79th Annual Meeting of the American Thyroid Association

October 1-5, 2008 • Sheraton Chicago Hotel & Towers



Erik Alexander, Clinical Program co-chair welcomes the ATA.



ATA welcomes attendees to Chicago for the 79th Annual Meeting.



Giuseppe Barberino



Anne Cappola



Virginia Sarapura welcomes Women in Thyroidology.



Sissy Jhiang, Program Committee Basic co-chair, speaks at the Women in Thyroidology Network Meeting.



ATA General Session



André Turenne and colleagues



Hans Graf and colleagues.



Meet the Professor Workshops



Bryan Haugen, Meet the Professor

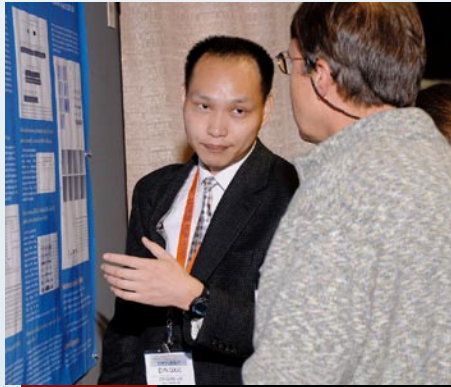




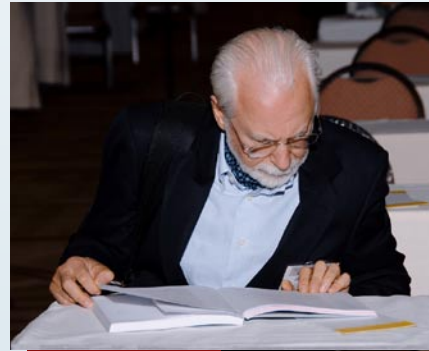
Kathleen Hands poses a question.



Rita Hayes



Dingxie Liu discusses poster with colleagues.



Sam Refetoff



Mike Tuttle and colleagues discuss a poster.



Jim Fagin awarded the Ingbar Award by Rebecca Bahn with Mary Lee Ingbar.



Basil Rapoport and colleagues offer congratulations to Dr. Fagin.

Cytopathology is demonstrated to ATA Fellows.



Mark Lupo demonstrates ultrasound technique.



Stephanie Lee teaches ultrasound to ATA Fellows.



Jim Hennessey demonstrates ultrasound to ATA Fellows.



Furio Pacini receives the Paul Starr Award from ATA president, Rebecca Bahn.



Congratulations offered to Paul Starr awardee, Furio Pacini.



Thyroid Cancer Symposium discussants, Drs. Gagel, Schlumberger, Kloos and Evans.



Terry Davies



President Rebecca Bahn
Secretary/COO Rick Kloos hope
to see you at the 80th Annual
Meeting in Palm Beach, Florida!



ATA Past Presidents in attendance at
the 79th Annual Meeting.



Fran Carr and Jerry
Burrow at the ATA
Welcome Reception.

DSA Awardee,
Paul Ladenson
is honored by
the ATA with
Greg Brent,
Rebecca Bahn
and Sandra
McLachlan.



Chip Ridgway honored with
Stanbury Pathophysiology
Medal with John Stanbury and
colleagues from around the world.



John Morris, Catherine
Spitzweg and Colleagues



Line dancing fun at the Annual Banquet!

The Annual Banquet and dance party draws Fellows in record numbers.



Fellows enjoy the Annual Banquet.



More fun!



ATA staff: Adonia Coates, Jared Hoke, Kathy Lucas, Sheri Slaughter are recognized for meeting success.



Drs. Hiroaki Kimura and Patrizio Caturegli with Executive Director, Bobbi Smith.