

ATA Signal



AMERICAN
THYROID
ASSOCIATION
FOUNDED 1923

VOLUME 12 NO. 3, DEC 2009

The Newsletter of the American Thyroid Association

ATA Spring 2010 Meeting: *Thyroid disorders in the era of personalized medicine*

May 13–16, 2010, Minneapolis, Minnesota



Program chairs, Virginia Sarapura and Yaron Tomer

The promise and pitfalls of personalized medicine

Imagine the following office encounter: Your patient with type 2 diabetes and benign multinodular goiter has come for a routine visit asking about a new genetic test she heard about in direct-to-consumer

advertisements. The test, which costs around \$500, promises to screen her genome for variants that confer risk for “heart attack” and “cancer.” Since she is worried about her risk for coronary events and thyroid cancer, she wants to do the test and asks your opinion. This scenario is not at all unlikely given the genomics revolution during the

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News from the ATA’s 80th Annual Meeting 2009

The American Thyroid Association’s 80th Annual Meeting, held in Palm Beach, Florida and attended by over 750 researchers and clinicians, featured sessions on the latest thyroidology research, public health risks, policy issues — such as thyroid screening — clinical trials updates and practice guidelines. Many sessions generated considerable media interest.



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

“This ATA Meeting was extremely successful,” said Dr. Kenneth Burman. “The program committee co-chairs, Dr. Kathryn Schuff and Dr. Matthew Ringel, did a fine job. The presentations and discussions not only reviewed a wide range of topics within thyroidology, but also

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

- **ATA 2010 Spring Meeting Registration Deadline: March 14, 2010**
- **Reminder to Members — please take a few moments to update your profile/contact information by going to ‘Edit Member Profile’ in the Members’ Only Section at www.thyroid.org.**

President’s Comments



My first duty is to congratulate Ken Burman on a highly successful Presidential year and to

express my appreciation for Rick Kloos our COO and Bobbi Smith our Executive Director who work so hard for our association. We have survived this past year’s financial nightmare with remarkable success ably helped by David Sarne our Treasurer.

I’m not sure whether people become President of an association because nobody else really wants to do it or because it becomes an ego trip for the incumbent. For

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American Thyroid Association

Secretary's Report



It has been a privilege to serve as the ATA Secretary and COO for now half of my 4 year term. In 1 year the next ATA Secretary-Elect will be announced and

I welcome suggestions of names to be sent to me or an ATA Board member for consideration.

I wish to thank the many people who have helped me move forward the mission of the ATA including the ATA Staff, the Executive Committee, the Board of Directors, the Committee and Task Force chairs, the Committee

Together, the revenues derived from our meeting registration and annual membership dues support many important activities in addition to the costs of the meetings.

and Task Force members, and the ATA membership. Specifically, I would like to thank Ken Burman for his active role as both a thought leader and hard worker during his year as ATA President and I look forward to his continued service on the Executive Committee as the ATA-Past President.

While the Chairs of the many dedicated ATA Committees and Task Forces have updated the membership of their many activities serving the mission of our Association during the ATA Business meeting, I want to now focus on the big-picture financial and service aspects of the organization.

As an Association we are undergoing a sea-change of the Business that the ATA conducts and how this is funded. We are clearly proud of the services and standards of the ATA, yet there is no question that these activities require financial support. As a society focused on the thyroid our prospects for philanthropic and corporate sponsorship remain narrow and each of these partners has suffered in the economic crisis of the past year that has

included many job losses and cut-backs. Thus, our funding from external sources has been reduced and, as expected and despite our increased costs for the 2009 successful Annual Meeting, and the expected costs for 2010 membership and registration for our 2010 Spring Meeting, we expect to operate at a loss both this year and next year.

Why are our meeting registration and membership fees so costly? It is important to note that the ATA is more than just an Association that conducts meetings and publishes a journal. Our charges for meeting registration do not simply cover the costs of the meeting because this

would require our membership fees to be much higher and we fear would seriously discourage ATA membership. Together, the revenues derived from our meeting registration and annual membership dues support many important activities in addition to the costs of the meetings. These revenues provide free membership for our young members in training and reduced membership costs for their first 2 years after graduation. We provide *Clinical Thyroidology* and *Clinical Thyroidology for Patients* to both members and non-members currently at no charge. Our staff is required to generate extensive documentation for non-profit government reporting, the ATA takes action to influence National policy, we undertake costly maintenance and development of our website featuring our Fellows' Corner and extensive information to the public and members including Find-a-Physician search capabilities. The ATA is active in multiple low-cost Guidelines that influence care, standards, and policy throughout

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American Thyroid Association Officers and Directors Installed at 80th Annual Meeting

Terry F. Davies, MD is ATA President

Terry F. Davies, MD, an internationally recognized expert in thyroid disease, has been installed as President of the American Thyroid Association (ATA) during the 80th Annual Meeting of the ATA.

Dr. Davies has a long and distinguished record of significant contributions to understanding the endocrine physiology and pathology. He has published more than 400 scientific papers, chapters and books, mostly in the area of thyroid disease at a basic level, in the areas of immunology and genetics, and in the clinical arena of autoimmune thyroid disease and pregnancy.

Dr. Davies is a Fellow of the Royal College of Physicians and has received the Pitt Rivers Lecture of the British Endocrine Society and the ATA's Sidney Ingbar Distinguished Lectureship Award, among others.

"I am honored to have been elected to serve as ATA President," said Dr. Davies, Florence and Theodore Baumritter Professor of Medicine at the Mount Sinai School of Medicine in New York and the Director of the Division of Endocrinology and Metabolism at the James J. Peters VA Medical Center. "The ATA is an exceptional organization and I look forward to working alongside my colleagues on the Board of Directors to continue improving the lives of patients with thyroid diseases, especially the large number of women who get thyroid disorders."

Board of Directors' Election Results

Members of the American Thyroid Association have elected Gregory A. Brent, MD President-elect and selected two new board members, Elizabeth N. Pearce, MD, MSc and Peter Kopp, MD. Election results were announced by ATA Secretary/Chief Operating Officer Richard T. Kloos, MD at the ATA's 80th Annual Meeting held in Palm Beach, Florida in late September.

Gregory A. Brent, MD is ATA President-elect

Dr. Brent, professor of medicine at UCLA, serves as the chief of the Endocrinology and Diabetes Division at the Veterans Administration's Greater Los Angeles Health Care System, will serve a one-year term as president-elect followed by a one-year term

as president and a subsequent one-year term as past-president. He has been an ATA member since 1988 and served as ATA secretary/chief operating officer from 2003 to 2007. His research includes the molecular mechanisms of the thyroid hormone and retinoic acid action, iodine transport in hormone-dependent cancers, and thyroid disease during pregnancy.

"The ATA is most fortunate to have such an experienced President-Elect as Greg Brent," said Terry Davies, President of the ATA. "He just completed his term as Chief Operating Officer in 2007 and his astute command of the ATA in the past will ensure a steady path for the future as our Association changes with the times and adapts to new realities."



Terry F. Davies



Gregory A. Brent



Elizabeth N. Pearce



Peter Kopp

Elizabeth N. Pearce, MD, MSc and Peter Kopp, MD elected to the Board of Directors

Newly elected board member Dr. Pearce, an associate professor of medicine at the Boston University School of Medicine in the Section of Endocrinology, Diabetes and Nutrition, has been an ATA member since 2003 and most recently chaired the ATA's Public Health Committee for two years. Dr. Pearce's work includes iodine dietary sufficiency in the U.S. and thyroid function during pregnancy.

Dr. Kopp is associate professor of medicine in the Division of Endocrinology, Metabolism and Molecular Medicine at the Feinberg School of Medicine at Northwestern University. He has served on ATA's Program Committee for a number of years and has been an ATA member since 1997. His research and clinical activities focus on thyroid dysfunction and thyroid cancer.

Dr. Pearce and Dr. Kopp will serve four-year terms as board members.

"With the election of Drs. Pearce and Kopp, the ATA Board will continue to be a source of wise counsel to its executives," said Dr. Davies. "The Board has been more energized and is more deeply involved in the many disparate activities of the Association than ever before. They will help ensure that the ATA and thyroidologists continue to thrive and achieve our goals of promoting thyroid health seeking new insights and improved treatments for thyroid disease."

For a complete list of the 2009–2010 ATA Board of Directors go to

<http://www.thyroid.org/about/people.html>

THE AMSTERDAM DECLARATION

Graves' Orbitopathy: Improving Outcomes for Thyroid Eye Disease



ATA president Terry Davies signs the Amsterdam Declaration during the 10th International Symposium on Graves' orbitopathy

On the 30th of October several professional medical societies and patient-led organisations joined forces in signing the Amsterdam Declaration. The ceremony took place during the 10th International Symposium on Graves' orbitopathy.

The Amsterdam Declaration is about improving care for people with thyroid eye disease focusing on early diagnosis and intervention, collaborative research and education.

In total 68 cosignatories (14 international professional societies, 43, national professional societies, 11 patient-led organisations) have thus far supported the Amsterdam Declaration. See a complete list of all cosignatories online at www.thyroid.org.

For further information on the Amsterdam Declaration contact Dr Petros Perros petros.perros@nuth.nhs.uk.

Graves' orbitopathy: improving outcomes for Thyroid eye disease

The Amsterdam Declaration 2009

Graves' orbitopathy affects hundreds of thousands of people in the world every year. It causes pain, discomfort, double vision, disfigurement and sometimes blindness. People suffering with Graves' orbitopathy have a poor quality of life and long-term psychosocial morbidity. The quality of care received by the majority of people affected by this condition can be improved. Conventional treatments are effective when used appropriately and by centres with expertise. Not all patients are offered effective treatments either because most are not referred early or not at all. People at high risk of developing Graves' orbitopathy can be identified and effective risk management can potentially lessen the severity of the disease.

The care of people with Graves' orbitopathy can be improved vastly by making centres of excellence more accessible to them.

In October 2009, international experts on Graves' orbitopathy, representatives of professional organisations and

patient representatives met in Amsterdam and unanimously agreed on the following:

Health care providers and professional organisations should recognise the need to improve the care of people with Graves' orbitopathy and support plans for implementing better care and prevention.

The general objectives are:

- to minimise the morbidity associated with Graves' orbitopathy and improve the patients' experience and quality of life
- prevent the development of Graves' orbitopathy in people at high risk

The 5-year targets are:

- Raise awareness of this condition among health care professionals and managers
- Establish pathways of referral and care
- Support existing centres of excellence in management of this condition
- Create new centres of excellence in localities where they are lacking
- Establish audit and monitoring mechanisms of quality assurance of provision of care to people with Graves' orbitopathy
- Implement measures to reduce the incidence and morbidity of the disease by
 - o halving the time from presentation to diagnosis
 - o halving the time from diagnosis to referral to a centre of excellence
 - o appropriate management of thyroid dysfunction including use of radioiodine
 - o vigorous anti-smoking measures in patients at risk of or with Graves' orbitopathy
- Improve the existing research networks and develop further international collaborative research

German Thyroid Board

my part, I feel like it is an obligation that I welcome. It is a way to return all the support and friendship I have found within the ranks of the ATA membership. I can well remember my first ATA meeting (the 53rd Annual Meeting) in Cleveland in September 1977 when John Nicoloff and Carole Spencer made me feel so welcome. It was my first month in the USA and I had travelled to Cleveland by bus. This bus was my first meeting with "real" Americans. I was not impressed with the somewhat rough people that often seemed to travel that way at that time. However, my family, supported by an NIH Fellowship, had just been declared in "poverty" by Maryland State Social Security Service, so I was certainly in the right company. In fact, I have no recollection of spending any monies at that meeting whatsoever. My registration was paid for. There was free food. I stayed in the room of a colleague visiting from the UK. That is how to have Fellows fall in love with the ATA. Bring them to us without charge. We cannot use our resources in any better way. More than 30 years later we still have a serious need to attract Clinical Fellows and Post Doctoral Fellows to our meetings and Greg Brent, our new President-Elect, has been working hard with his colleagues on our Training and Career Advancement Committee to put programs in place to help the ATA attract and retain the thyroidologists of tomorrow. Stephanie Fish will be continuing this important role in the coming years and I hope that we can garner the resources to emulate my original visit to the annual meeting so that Fellows attend at no charge whatsoever.

The ATA is always at a crossroads — trying to emphasize clinical training and practice on one side and research and science on the other. This dichotomy is part of our *raison d'être* and is not something to be disappointed with. There is no road less travelled. Both roads must be taken and we must always be sure that we have the right balance. Clearly in Palm Beach this last month we did not have the right balance. The scientific sessions were often poorly attended and the clinical sessions were jammed. There is no evidence

The ATA is always at a crossroads — trying to emphasize clinical training and practice on one side and research and science on the other.

that cost kept many scientists away. It may have been true for a few very vocal members but not for significant numbers, although I am in favor of keeping our costs much lower than in the past. I think the reason was much simpler. The clinical sessions were excellent. The scientific sessions were less so. Yet the ATA is full of magnificent scientists. So we must make striving for scientific excellence at our annual meeting just as important as clinical excellence. When I recently surveyed NIH grants awarded for thyroid-related research, there were 488 awards. This body of work should be well represented at our annual meeting and we must be sure the forum is appropriate. We need to see less competing oral sessions which empty out the science presentations. In turn the science presentations have to be tailored to the junior audience with appropriate introductory presentations. And we need more stars from the outside scientific community. Scientists learn a great deal from clinical medicine and clinicians can learn a great deal from good science well presented and cutting edge.

In recent years, much of the effort by the ATA has gone into improving clinical thyroidology and this must continue. We need to also develop our relationships with sister societies representing oncologists, nuclear physicians, pathologists, surgeons, ophthalmologists and otolaryngologists in the life of the ATA. But beyond this, we also exist to develop an understanding of thyroid physiology and disease mechanisms so that we can translate this knowledge into enhanced clinical care. Nurturing and funding young investigators must also remain a major priority for the ATA.

Sincerely,



Terry F. Davies, MD
ATA President

**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>

the world. The ATA expenses include activities in Public Relations and the media, we provide a structure and culture that fosters the advance of clinical and basic sciences, we fund and distribute Grants and Awards funded by the ATA and other meritorious organizations utilize our infrastructure of grant reviews and administration to award grants in collaboration with the ATA but at an administrative cost to the ATA. While receiving charitable donations would seem to be simple, this requires administrative effort and registration in multiple states throughout the country to receive these monies including those from the United Way, and Health and Medical Research Charities.

To conduct the activities of the ATA amid these changing financial times the ATA has actively looked to reduce cost and to carefully evaluate the merits of each of our activities. We limited non-members speakers at this meeting to just 3 people while continuing the ATA tradition of members receiving no honoraria, travel support, or waived registration fees for the meeting including the speakers, committee members, board members, and members of the Executive Committee. We eliminated streaming video from this meeting, unfunded meeting bags, eliminated printing and postage costs of mailing *Clinical Thyroidology* and membership voting. We eliminated the cost of printing a separate Abstract book (and apologize that the electronic abstracts were not available 1-2 weeks ahead

of the meeting as planned). We have eliminated our winter Board of Director's meeting and will substitute in its place a conference call, we have changed to an inferior yet less expensive phone conference call system and changed our bank for credit card processing fees, while our home office staff have made due with our small office space by splitting their offices.

Going forward, I believe that the ATA is financially and philosophically solid and governed by an engaged and dedicated Board of Directors. We are optimistic in our future and mission oriented goals to serve the public and our members. We will continue to contain costs, seek to expand our scope of members and sponsors, carefully consider the value and costs of our endeavors, and scrutinize the value of activities that are not self-sustaining. However, the landscape of professional societies like the ATA is changing and it is likely that our members and guests will continue to more fully share the financial burden of our activities rather than enjoy the more extensive corporate subsidies that we have in the past.


**I believe that the
ATA is financially
and philosophically
solid and governed
by an engaged and
dedicated Board
of Directors.**

Sincerely,




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


DEDICATED TO SCIENTIFIC INQUIRY, CLINICAL EXCELLENCE, PUBLIC SERVICE, EDUCATION, AND COLLABORATION.




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- Patient sources online.

Thank you for supporting the ATA's vital mission and goals in 2010!

Thank You to Our Annual Fund Donors 2009–2010

2010 ATA Annual Fund Donors

34 ATA members have donated a total of \$8,335 to the 2010 Annual Fund since October 1, 2009. These funds are dedicated to support of the ATA Research Grant program, the ATA Fellows Program: encouraging attendance at our annual meeting, providing travel grants and a specialized educational track customized for their benefit, and to ATA Patient Education online.

Donations received between October 1, 2009 and December 7, 2009.
(See 2009 Annual Fund Donors for additional donor recognition.)

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2009 ATA Annual Fund Donors

158 members, faculty and staff donated a total of \$35,895 to the 2009 Annual Fund. These funds are dedicated to support of the ATA Research Grant program, the ATA Fellows Program: encouraging Fellows' attendance at our annual meeting, providing Fellows' travel grants and a specialized Fellows' educational track, and to ATA Patient Education online.

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| Active members | 810 |
| Corresponding members | 134 |
| Associate members | 328 |
| Senior members | 38 |
| Emeritus members | 50 |
| Honorary members | 2 |
| Total | 1362 |

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focused on newer aspects of research, clinical care or relevant administrative issues that will likely have practical implications in the near future.”

Risk and benefit

“Risk and benefit” was a focus of a number of presentations as researchers presented clinical data and opinions. Kenneth Burman, MD, outlined the risks and

benefits of anti-thyroid drugs by examining mechanisms of action, clinical use and potential adverse effects of anti-thyroid drugs, particularly methimazole and propylthiouracil.

“These agents are effective in lowering thyroid function tests, but serious adverse effects can include low white blood cell counts, liver toxicity and liver failure,” Dr. Burman told attendees.

Similarly, the risky potential side effects of radioiodine therapy were discussed by Stephanie L. Lee, MD, PhD, who suggested that the risky side effects of radioiodine therapy, such as sialentitis, a reduction in salivary function and xerostema, a reduction or lack of saliva due to salivary gland dysfunction, could be avoided, along with loss of taste, nausea and vomiting, neck swelling, fertility issues and risks for secondary malignancies after treatment.

Andrew Bauer, MD, spoke on the increased risk for malignancy for children with thyroid nodules. “The child rates of malignancy in thyroid nodules may be 15 to 20 percent, up to four times the risk experienced by adults,” said Dr. Bauer, adding that the malignancies are developing in “a different physiological background in a growing patient” with longer life expectancy.

“Do certain toxic chemical exposures risk disruption of thyroid function?” asked Gregory Brent, MD. He spoke on the ground water presence of ammonium perchlorate (AP), used in munitions and fireworks manufacture and detected in groundwater supplies in California, Nevada and Utah. Dr. Brent noted that AP is known to interfere with iodine uptake and in the past was used to treat hyperthyroidism.

Policy issues debated

With U.S. Food and Drug Administration participation, a joint ATA and International Thyroid Oncology Group panel discussed the design and implementation of thyroid cancer clinical trials and examined a number of related issues, including design, endpoints and analysis on both differentiated thyroid cancer and medullary thyroid cancer. Discussion also focused on improving care for patients with

“Do certain toxic chemical exposures risk disruption of thyroid function?” asked Gregory Brent, MD

advanced thyroid cancer. Fifteen panelists participated.

Cres Eastman, AM, MD shared “lessons learned” when the dairy industry in Australia phased out iodine containing sanitizers that for forty years had helped maintain iodine sufficiency through diets. Because of costs, the food industry is reluctant to add iodine to other foods. “The result is that the World Health Organization now regards Australia as being mildly iodine deficient,” said Dr. Eastman. Public health, medical association advocacy and media attention have helped shed light on the problem, he added and urged the food and pharmaceutical industries to cooperate.

Screening policy issues once again took the spotlight as Anne R. Cappola, MD, ScM suggested that in the absence of data to recommend universal screening for thyroid disease, screening efforts should seek out those at high-risk, but once those at high risk are identified, policies on whom to treat must be hammered out.

As part of the “Global Impact and Issues in Iodine Deficiency” symposium, data and conclusions offered from a controlled trial of universal screening versus case findings found that case findings “missed the majority” of cases of hyperthyroidism and hyperthyroidism during pregnancy. Based these findings, researchers recommended that all high-risk women should be screened and that “serious consideration” should be given to universal screening.

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| ATA 80th Annual Meeting Registration Sept 23–27, 2009 • Palm Beach, FL | | |
|---|-------------|--------------------------|
| | Registrants | Percentage of attendance |
| Members | 347 | 40% |
| Non-members | 193 | 22.2% |
| One Day Passes | 34 | 3.8% |
| ATA Fellows' Track (clinical/basic) | 34/7 | 4.2% |
| Associate Members and Non-member Fellows (clinical/basic) | 76/37 | 13.1% |
| Press | 5 | 0.6% |
| Exhibitor Personnel/ATA Staff | 62/5 | 7.1%/.6% |
| Spouse/Guest | 49 | 5.6% |
| Cancelled Registrations | -22 | 2.3% |
| TOTAL | 849 | 100% |

Clinical trials updates

As part of the Arthur Bauman Clinical Symposium, Alex Stagnaro-Green, MD, presented an update on two clinical trials. A randomized trial of thyroid drug therapy for pregnant women suffering from hypothyroidism or hypothyroxinemia is being carried out at the Eunice Kennedy Shriver National Institute of Child Health to determine if thyroxine treatment is associated with decreased risk for an infant's developmental delay at 12 and 24 months and an improved intellectual function for children at five years of age. A secondary aim is to establish if thyroxine treatment for pregnant women suffering from hypothyroidism positively affects their offspring's potential for behavioral problems and attention deficit.

Dr. Stagnaro-Green also presented an update on the Controlled Antenatal Thyroid Screening Study (CATS) being conducted in Cardiff, Wales, London, England and Turin, Italy.

"The purpose of the CATS trial is to determine both the impact of a 'case finding' strategy where symptomatic women are identified and treated versus a universal screening strategy and, secondly, to determine the impact on maternal and fetal complications when thyroid disease is treated," he explained.

New guidelines in the pipeline

Rebecca Bahn, MD, presented an update on the draft ATA and American Association of Clinical Endocrinologists (AACE) practice guidelines for treating hypothyroidism and covering Grave's disease, drug therapies and the use of radioiodine and thyroidectomy.

"The guidelines are a work in progress," Dr. Bahn told session attendees. "We want to develop useful advice for endocrinologists, internists and primary care practitioners by providing evidence-based recommendations where possible."

ATA thyroid cancer treatment guidelines, in press, were presented by David S. Cooper, MD and Richard T. Kloos, MD. Dr. Cooper presented revised ATA guidelines for managing thyroid nodules and differentiated thyroid cancer, covering nodule evaluation, surgery, therapy and criteria for being "free of disease."

Dr. Kloos presented new guidelines for treating medullary thyroid cancer, published in May 2009, *Thyroid*. "Medullary thyroid cancer is a rare, challenging and complex disease accounting for about four percent of all thyroid cancers in the U.S.," said Dr. Kloos. "The new ATA guidelines promote optimal care grounded in evidence-based literature by an international and interdisciplinary panel."

CME and Sponsors

The ATA partnered with The University of Colorado Denver School of Medicine to offer 40.5 credit hours for attending all medical education activities. The educational and scientific aspects of the ATA annual meeting were given in-kind and grant support from 12 companies. Ultrasound machines were essential

for the advanced and the Fellows workshops; the use of which were donated by: GE Healthcare, Medison America, Mindray Ultrasound, Toshiba Ultrasound, and Ultrasonix Medical Corporation. Grants for the Fellows' Track, the three early-risers, keynote lectures, and symposia were received from Abbott Laboratories, Bristol Myers-Squibb, Genzyme Corporation, the International Thyroid Oncology Group, Inc., KRONUS, Inc., Onyx Pharmaceuticals and Bayer HealthCare Pharmaceuticals. The ATA also appreciates the participation of exhibitors and has launched a "virtual" exhibit hall to acknowledge the presence of industry support on our website www.thyroid.org.

Audio Tape Sales

For the first time in many years, the audio version of our annual meeting is being offered for sale. Go to www.thyroid.org for more information.

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ATA Fellows' Tracks in Palm Beach, FL, September 2009



ATA 80th Annual Meeting Clinical Fellows Track.

The 3rd Annual Basic Fellows' Track, chaired by Ann Marie Zavacki and Steve Huang, sponsored 7 participants this year in a very well-received program that included an opening session "Tips for Establishing a Research Career" offered by the chairs and other junior faculty members which was followed by a lively discussion. Basic fellows' session "Grant Writing 101" given by Greg Brent offered very helpful insights on a variety of topics ranging from selecting a grant topic, grant components and what to include in them, and how to respond to reviewer's critiques. Notably, this session was also attended by many other junior ATA members, in addition to the basic fellows.

The last session offered was a joint session with both the clinical and basic fellows entitled "Science in the Clinic" where Steve Huang and Jerome Hershman

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provided examples of how a clinical observation turned into a compelling basic science research project. Finally, Charles Emerson also talked about what is needed to get findings published from the journal's perspective. Again, it appeared that fellows were interested and engaged, and from comments afterwards were happy to see someone present the mysteries of paper writing to them in a formal way.

A goal for the future is to recruit all who would benefit from the information presented in these sessions, thereby increasing involvement in the ATA. Anyone working in a lab as a medical student or PhD student should be invited. Science mentors could identify the basic fellows, medical students, PhD students doing basic science to nominate for participation in the track.

The 5th Annual Clinical Fellows' Track was chaired by Stephanie Fish and Andrew Gianoukakis. This year the combined sessions for clinical and basic fellows were increased for the benefit of the entire group.

The clinical fellows track at the Annual ATA meeting in Palm Beach, Florida was a huge success. Thirty-five clinical fellows participated in special sessions designed to complement the meeting program. These sessions included a hands-on ultrasound course which provided a great opportunity to learn about normal thyroid structure and thyroid nodule appearance. The fellows were also able to prepare and evaluate cytology slides.

In addition, the fellows submitted challenging cases for our thyroid experts to review. Dr. Peter Singer and Dr. Mary Samuels led a great discussion on thyroid function tests. Dr. Mike Tuttle and Dr. Ian Hay had a lively debate regarding the treatment of thyroid cancer.

The fellows also had a chance to discuss career opportunities in endocrinology. Dr. Eric Alexander, Dr. Carol Greenlee and Dr. Jim Magner reviewed their career choices and answered many questions from the audience. There was also an interesting presentation explaining the details of setting up your own thyroid practice.

Finally, we had the opportunity to hear Dr. Steven Huang and Dr. Jerome Hershman discuss how an individual patient inspired aspects of their research careers. This was followed by a discussion from Dr. Charles Emerson which provided guidance for getting one's research published.

The fellows track was a great opportunity to teach the fellows about the thyroid and to allow them to interact with leaders in the field of thyroidology.

This year we achieved a good balance of special fellows' track programming and meeting participation. We look forward to the clinical fellows track at the Spring 2010 ATA meeting in Minneapolis.

Media Re-cap

Media interest in the ATA's 80th Annual Meeting was high as members of the media attended or responded to ATA media releases and fact sheets placed on "NewsWise," a science and medical news distribution service. Reporters responded with questions and requests for interviews both on-site and for telephone interviews before, during and after the meeting.

Deborah Browser, writing for Medscape Medical News, generated stories about universal screening for pregnant women; pregnant women with Lupus and thyroid disease at-risk for preterm deliveries; and minimally invasive thyroid surgery. Endocrine Today covered the Annual Meeting and published stories on targeted screening of pregnant women; deficits in gray brain matter in children with congenital thyroidism; and combined TSH, I-131 therapy as safe and effective in goiter reduction in adults.

The greatest number of Web-based stories or reprints of ATA media releases referred to the ATA thyroid cancer guidelines revisions.

ATA releases were reprinted by many professional, organizational and consumer health web sites such as: bioportfolio.co.uk, regator.com, ihealthbulletin.com, curezone.com, nutritionhorizon.com, health-know.org, todaysseniornetwork.com, and silobreaker.com.



2009 Conference

80th Annual Meeting of the American Thyroid Association

The Breakers Hotel, Palm Beach, Florida, September 23-27, 2009

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Highlights of the ATA 80th Annual Meeting



ATA Program Chairs Kathryn Schuff and Matt Ringel, who also was honored as the Van Meter Prize Awardee.



2009 Distinguished Service Award presented to Ernest Mazzaferri by Ken Burman.



Ingbar Award presented to John Baxter by President Ken Burman.



ATA Board of Directors



Paul Walfish is presented with John B. Stanbury Pathophysiology Medal.



Mary Samuels and Peter Singer lead lively discussion at ATA Clinical Fellows' Track session.



Meet the Professor Session led by Stephen Huang who also chaired the Basic Fellows' Track.

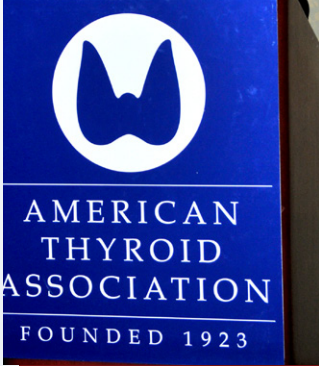
ATA 80th Annual Meeting Fellows' Track Session



Meet the Professor Session led by Carole Spencer.



Rick Kloos welcomes Banquet guests.



Annual Meeting session



Aldo Pinchera, Len Wartofsky and Paul Walfish enjoy the Annual Banquet.



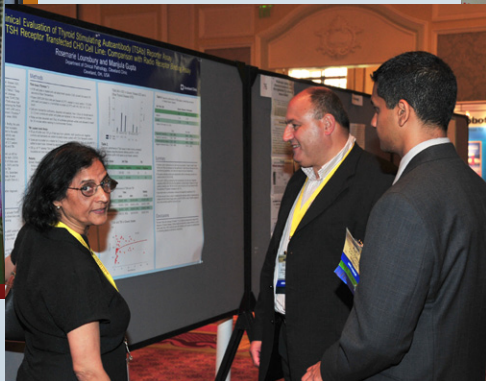
ATA 80th Annual Banquet.



Friends and colleagues from around the world at the Annual Banquet.



ATA Poster Sessions well attended.



past few years resulting in the availability of many genetic and genomic tests, some offered direct to consumers. Therefore, knowledge of the strengths and pitfalls of “personalized medicine” is essential for all practicing physicians.

The premise for personalized medicine is that a “one size fits all” kind of medicine does not always work well. Traditionally, medicine tried to group diseases and their treatments into unified categories in order to facilitate rational diagnostic and treatment decisions.

However, the same disease in different individuals will progress differently, develop complications differently, and will respond to medications in varying ways. Therefore, there is a need to individualize therapy for patients. While individualization of therapy encompasses many factors, such as environmental exposures, diet, treatment adherence, and patient’s culture and beliefs, personalized medicine specifically focuses on individualizing therapy based on molecular and genomic markers.

For example, the response of breast cancer to chemotherapy is well-known to be influenced by the genes expressed by the tumor (estrogen receptor, HER2). Incorporating molecular biomarkers and genetic information into clinical practice is already happening and some genetic tests have already received FDA approval. To name a few recent examples, variants in the TPMT gene are tested to predict bone marrow aplasia in patients who are treated with azathioprine and 6-mercaptopurine; variants in the VKORC1 and CYP2C9 genes can predict response to Warfarin, and many more



Minneapolis Spring 2010 ATA Program Chairs: Virginia Sarapura and Yaron Tomer

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genetic variants are now in different stages of testing. Therefore, it is clear that we are at the beginning of a new age in medicine where personalized medicine will be integrated into routine care.

Genetic and molecular biomarker testing could offer critical information for patient care decisions. They could offer information about disease susceptibility, which is at the essence of preventive care. They could provide information about disease progression and likelihood of complications, which is critical when deciding how aggressive therapy should be, for example in thyroid cancer. And, they

could offer critical information about response to medications. Incorporating genetic and biomarker information into predicting positive and adverse responses to drug therapy is the basis of the new field of pharmacogenomics. Pharmacogenomics will transform medicine, enabling physicians to screen patients for genetic variants that will provide a better response to a medication, will help determine the dose, and will also identify patients that will likely develop adverse effects. Such a test would be of tremendous help when, for example, deciding on thionamide therapy for Graves’ disease, or when giving new kinase inhibitors for thyroid cancer.

The ATA Spring Symposium aims to introduce personalized medicine to practicing clinicians in endocrinology, internal medicine, oncology, family practice, surgery, pediatrics, obstetrics and nuclear medicine. The meeting will emphasize both general concepts in personalized medicine as well as specific issues relating to thyroid disease.

Editor’s Corner



“On the sunny side of the street...”

It is difficult to escape the overall sense of malaise when so many arrows point downward. These negative trends, be they real or perceived, affect the ATA in many ways, as outlined in Rick Kloos’ commentary. The ATA exists because we, its members, believe we are serving a greater cause. We sustain it through our creativity, expertise and financial support. So then, how are we doing? I see much to admire and be proud of. Although we can always find fault with aspects of the ATA annual meeting, it continues to be a superb forum for presentation of the newest trends and discoveries in clinical and basic thyroidology. The society journals are also gaining in strength and impact. The ATA clinical guidelines have become extraordinarily useful tools for practicing physicians. These standards of care are financially supported by your

organization, and participating members worked tirelessly to develop them. Do you know that the ATA support for research grants represents approximately 10% of our operating budget, which comes from contributions (public and members) and membership dues. In addition, the ATA reviews and administers grants donated by THANC and ThyCa, two wonderful organizations that rely on our scientific and administrative infrastructure to disburse their funds (wouldn’t it be wonderful if a similar percentage of the US federal budget were invested in research?). These difficult times have forced us to think carefully about our priorities and the essence of our mission. All of us should participate in this debate, and the ATA *Signal* is a good forum for doing this. Feel free to write to us, and in future newsletters I will do my best to incorporate your thoughts.

James A. Fagin, MD
Editor, *Signal*

The ATA invites you to
Join Us!

American Thyroid Association Spring 2010 Meeting

Thyroid Disorders in the Era of Personalized Medicine

MAY 13-16, 2010 • HYATT REGENCY MINNEAPOLIS, MINNESOTA

Invited Audience...

The community of endocrinologists, surgeons, scientists, other physicians and health care professionals who wish to broaden and update their knowledge of the thyroid gland and its disorders.

Program Design...

Features innovative talks on clinical topics, "meet-the-professor" workshops, interactive sessions, state of the art information and unparalleled collegiality.


American Thyroid Association

Dedicated to scientific inquiry, clinical excellence, public service, education, and collaboration.

Registration opening in late 2009/early 2010

Meeting information: www.thyroid.org

SPRING 2010 MEETING-AT-A-GLANCE

| TIME | THURSDAY May 13, 2010 | FRIDAY May 14, 2010 | SATURDAY May 15, 2010 | SUNDAY May 16, 2010 |
|---------------------|--|--|--|---|
| 6:45 AM - 8:00 AM | FELLOWS CONFERENCE | EARLY RISER SYMPOSIUM | EARLY RISER SYMPOSIUM | |
| 8:00 AM - 8:15 AM | | SPRING WELCOME | BREAK | |
| 8:15 AM - 9:15 AM | ATA BOARD MEETING (7:30 AM-4:30 PM) | PLENARY LECTURE (8:15-9:00) | PLENARY LECTURE (8:15-9:00) | SYMPOSIUM (8:00-9:30) |
| 9:15 AM - 9:45 AM | ULTRASOUND WORKSHOP (9:30 AM-1:30 PM) | COFFEE BREAK (9:15-9:45) | COFFEE BREAK (9:15-9:45) | SYMPOSIUM (9:30-11:00) |
| 9:45 AM - 11:15 AM | | SYMPOSIUM (9:45-11:15) | SYMPOSIUM (9:45-11:15) | <i>Program subject to change</i> |
| 11:15 AM - 12:45 PM | | SYMPOSIUM (11:15-12:45) | SYMPOSIUM (11:15-12:45) | |
| 12:45 PM - 1:30 PM | LUNCH BREAK | LUNCH BREAK | | |
| 1:30 PM - 2:30 PM | INTRODUCTORY ULTRASOUND WORKSHOP (12:45-6:00) | ATA COMMITTEE MEETINGS (12:45-1:30) | MEET THE PROFESSOR WORKSHOPS (3) (1:30-2:30) | |
| 2:30 PM - 4:00 PM | | MEET THE PROFESSOR WORKSHOPS (3) (1:30-2:30) | MEET THE PROFESSOR WORKSHOPS (3) (1:30-2:30) | |
| 4:00 PM - 4:30 PM | WOMEN IN THYROIDOLOGY MEETING (4:30-6:00) | SYMPOSIUM (2:30-4:00) | SYMPOSIUM (2:30-4:00) |  AMERICAN THYROID ASSOCIATION FOUNDED 1923 www.thyroid.org |
| 4:30 PM - 6:00 PM | | COFFEE BREAK (4:00-4:30) | COFFEE BREAK (4:00-4:30) | |
| 6:00 PM - 7:30 PM | WELCOME RECEPTION (6:00-7:30) | SYMPOSIUM (4:00-6:00) | PLENARY LECTURE (4:30-5:30) | |
| | | ATA BUSINESS MEETING (6:00-7:00) | ATA RECEPTION AND BANQUET (7:30-11:00) | |

JOINTLY SPONSORED BY THE AMERICAN THYROID ASSOCIATION
 AND THE UNIVERSITY OF COLORADO DENVER SCHOOL OF MEDICINE





American Thyroid Association Spring 2010 Meeting
Thyroid Disorders in the Era of Personalized Medicine
MAY 13-16, 2010 • HYATT REGENCY MINNEAPOLIS, MINNESOTA

REGISTRATION FORM

Early-Bird Registration Deadline:
March 14, 2010

ALL REQUESTED INFORMATION MUST BE PROVIDED TO PROCESS REGISTRATION FORM. ALL FEES ARE IN US DOLLARS.

NAME: FIRST _____ MIDDLE _____ LAST _____ NICKNAME FOR BADGE _____

PROFESSIONAL TITLE _____ PROFESSIONAL DEGREE(S) (PLEASE CHECK ONE):
a. MD b. PhD c. MD, PhD d. RN e. DO f. OTHER _____

ORGANIZATION _____

ADDRESS 1 _____ PLEASE SPECIFY: HOME OFFICE OTHER _____

ADDRESS 2 _____

CITY _____ STATE/PROVINCE _____ ZIP CODE + 4 COUNTRY _____ IF OUTSIDE THE U.S., COUNTRY/CITY CODE _____

PHONE _____ FAX _____ E-MAIL ADDRESS _____

SPECIAL NEEDS/DIETARY RESTRICTIONS _____

EMERGENCY CONTACT: _____ DAYTIME PHONE: _____ EVENING PHONE: _____

REGISTRATION CATEGORIES & FEES (PLEASE CHECK APPLICABLE FEES):

| | EARLY BIRD (received by March 14) | DISCOUNTED (received between March 15 – April 25) | FULL FEE (received after April 25) |
|---|---|---|--|
| (M) ATA MEMBER | <input type="checkbox"/> \$525 | <input type="checkbox"/> \$560 | <input type="checkbox"/> \$595 |
| (N) NON-MEMBER | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$725 | <input type="checkbox"/> \$795 |
| (A) ATA FELLOWS (ASSOCIATE MEMBERS) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$245 |
| Focus: <input type="checkbox"/> (AC)Clinical or <input type="checkbox"/> (AB)Basic | | | |
| (AN) NON-MEMBER FELLOWS/STUDENTS/RA* | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$275 |
| Focus: <input type="checkbox"/> (NC)Clinical or <input type="checkbox"/> (NB)Basic (*Verification req.; Send letter from Prog. Dir. to 703-998-8893 / thyroid@thyroid.org) | | | |
| (P) PRESS (VERIFICATION REQUIRED) | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$0 |

DAILY REGISTRATION RATE

| | | | |
|--|--------------------------------|--------------------------------|--------------------------------|
| (MD) MEMBER | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$350 |
| (ND) NON-MEMBER | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$450 | <input type="checkbox"/> \$500 |
| Indicate day(s): <input type="checkbox"/> (F) FRI 5/14 (includes Thursday Welcome Reception) <input type="checkbox"/> (S) Sat./Sun. 5/14 & 5/16 | | | |

(G) SPOUSE/GUEST \$95 \$95 \$95
(Spouse/Guest registration admits attendee (with badge only) to the welcome reception, coffee breaks, exhibit hall and Spring banquet at reduced rate)

(1) Spouse/Guest Name: _____
(2) Spouse/Guest Name: _____

(DS1) Do you want to participate in the "Bring A Colleague" Registration Discount of \$105 per registrant? Yes No
(NOTE: Offer applies to one member/one non-member registration combination only—both registrants must register independently and provide the email address of the attendee they wish to share the discount with below.)
Bring a Colleague Partner Name: _____
Bring a Colleague Partner Email Address: _____

- I require a CME certificate for my attendance at this meeting.
- I consider myself primarily (please list one): _____
a. Clinician b. Educator c. Scientist d. Other: _____
- My work is best described as (please list one): _____
a. Endocrinology b. Nuclear Medicine c. Surgery
d. Internal Medicine e. Family Medicine f. Oncology
g. Other _____
- My place of work is (please list one): _____
a. Academic b. Private Practice c. Administration
d. Hospital e. Government/Military f. Corporate/Industry
g. Managed Care h. Other: _____
- What is your membership affiliation (other than ATA)?
a. ENDO b. AAES c. AAO-HNS d. LWPES e. AACE
z. Other: _____
- How did you hear about the ATA Annual Meeting?
a. ATA Website b. ATA E-mail c. ATA Mailed Promotional Piece
d. ATA Publication z. Other: _____
- ATA Photo Release: ATA uses photographs of conference participants in our promotional materials and journals. By virtue of your attendance at this meeting, ATA reserves the right to use your likeness in such materials.

MEET THE PROFESSOR WORKSHOPS

Meet the Professor (MTP) workshops will be open to attendees at no charge on a first-come, first served basis. There is open seating during each time slot. There will be three workshops offered on Friday and Saturday. Please review the meeting agenda at www.thyroid.org for MTP speaker names and topics.

SPECIAL ACTIVITY REGISTRATION (CHECK ALL THAT APPLY)

- \$325 (U1) ADVANCED ULTRASOUND LECTURE AND PRACTICUM
THURSDAY, 5/13, 9:00 AM – 1:30 PM (Limited seating, 1st-come-1st-served basis)
- \$295 (U2) INTRODUCTORY HANDS-ON ULTRASOUND LECTURE AND PRACTICUM
THURSDAY, 5/13, 12:45 – 6:00 PM (Limited seating, 1st-come-1st-served basis)
- \$0 (ACO) ATA Committee Meetings
FRIDAY, 5/14, 12:45 – 1:30 PM (For current ATA committee members only)
- \$0 (WIT) Women in Thyroidology THURSDAY, 5/13, 4:30 – 6:00 PM
- \$0 (REC) ATA Welcome Reception THURSDAY, 5/13, 6:00 – 7:30 PM
- \$55 (BAN) Registered Attendees or Spouse/Guest—Spring Banquet Fee
SATURDAY, 5/15, 7:30 – 11:00 PM (NOTE: Registered Fellows' Rate is \$25)
- \$95 (BNQ) Non-Registered Attendees, Spouse/Guest or Press—Spring Banquet Fee
SATURDAY, 5/15, 7:30 – 11:00 PM

TOTAL FEES (PLEASE TOTAL EACH LINE ITEM IF MORE THAN ONE):

- \$ _____ Attendee Registration Fee (sum all appropriate fees here)
- \$ _____ Spouse/Guest Registration Fee (\$95 per guest)
- \$ _____ Introductory Ultrasound Lecture and Practicum (\$295) # _____
- \$ _____ Advanced Ultrasound Lecture and Practicum (\$325) # _____
- \$ _____ ATA Meeting Registrant—Spring Banquet Fee (\$55) # _____
- \$ _____ Registered Spouse/Guest—Spring Banquet Fee (\$55) # _____
- \$ _____ Non-Registered Attendee/Guest/Press—Banquet Fee (\$95) # _____
- \$ _____ Donation to Fellows' Travel Fund
- \$ _____ TOTAL DUE (provide a check or credit card for this amount)

SUBMISSION AND PAYMENT

- Checks and money orders for registration payable to the American Thyroid Association in U.S. dollars drawn on a U.S. bank.
- MasterCard VISA American Express

CARD NUMBER _____

EXPIRATION DATE (MONTH/YEAR) _____ 3 OR 4 DIGIT SECURITY CODE _____

PRINT CARDHOLDER'S NAME _____ SIGNATURE _____

REGISTER ON-LINE at the secure ATA web site www.thyroid.org.
FAX completed form with credit card payment to 678-341-3081. If you **FAX**, DO NOT MAIL.
MAIL your completed registration form with payment to: ATA Registration, c/o QMS, 6840 Meadowridge Court, Alpharetta, GA 30005. Phone: 678-341-3056.
ATA REFUND POLICY: Refund requests must be submitted in writing (e-mail to thyroid@thyroid.org). Requests submitted by fax or e-mail before March 28, 2010, will receive a registration refund less a 50% processing fee. No refunds will be made if submitted after March 28, 2010. Refunds will be processed 30 days after the meeting.
Please keep a copy of this form for your records.

Spring 2010 Meeting of the American Thyroid Association
Thyroid Disorders in the Era of Personalized Medicine
 Hyatt Regency • Minneapolis, Minnesota • May 13–16, 2010

| | |
|---|--------------------|
| Ultrasound Workshops: | |
| Metastatic Lymph Nodes: Why They Matter | Jennifer Sipos |
| Ultrasound Evaluation of Lymph Nodes | Susan J. Mandel |
| Parathyroid Ultrasound | Stephanie A. Fish |
| Cytology: Preparation and Interpretation | Nicole A. Massoll |
| Physics of Ultrasound | Stephanie A. Fish |
| Ultrasound of Thyroid Nodules | Susan J. Mandel |
| Ultrasound of Diffuse Thyroid Disorders | Erik K. Alexander |
| Ultrasound-Guided Fine-Needle Aspiration | Bryan R. Haugen |
| Drug Screening for Personalized Medicine Using Mutated Drosophila | Ross Cagan |
| Genetic Markers and Personalized Diagnosis of FNA Samples | |
| Yuri Nikiforov, Mingzhao Xing and Stefan Grebe | |
| Recent Developments in Thyroid Cancer | |
| Thyroid Microcarcinoma | Bryan Haugen |
| Vitamin D and Thyroid Cancer | Joshua Klopper |
| Familial Syndromes Associated with Thyroid Cancer | Melanie Richards |
| Personalized Surgical Therapy for Thyroid Cancer | |
| Clive Grant, Ralph Tufano and Christopher McHenry | |
| Pediatric Thyroid Disease | |
| Pediatric Graves' Disease | Rosalind Brown |
| Neonatal Hypothyroidism | Robert Rapaport |
| Treatment of Papillary Thyroid Carcinoma in Children | Geoffrey Thompson |
| Personalized Thyroid Cancer Treatment | |
| James Fagin | |
| Lessons Learned from Thyroiditis-Associated Autoimmune Disorders | |
| Genetic Studies of Vitiligo | Richard Spritz |
| Genetic Studies of Type 1 Diabetes | George Eisenbarth |
| Hypophysitis | Patrizio Caturegli |
| Immunogenetics, Epigenetics and Environmental Triggers of Autoimmune Thyroid Disorders | |
| TSH Receptor Variants in Graves' Disease | Terry F. Davies |
| Genetics of Autoimmune Thyroid Disease and Type 1 Diabetes | George Kahaly |
| Environmental Toxins and Autoimmune Thyroid Disease | Gregory Brent |
| Drugs and Disorders of Thyroid Function | |
| Overview | Giuseppe Barbesino |
| Opportunistic Autoimmune Disorders Triggered by Immunotherapy | Yi-chi Kong |
| Amiodarone | Elizabeth Pearce |
| Pharmacogenomics and Genetic Screening to Prevent Drug Reactions in Children | |
| Michael Hayden | |
| Pregnancy, Postpartum and Thyroid Disease | |
| Assessment of Thyroid Function in Pregnancy | Carole Spencer |
| Management of Graves' Disease in Pregnancy | Linda Barbour |
| Postpartum Thyroiditis | Erin Keely |
| Graves' Ophthalmopathy | |
| Risk Factors for Graves' Ophthalmopathy | Marius Stan |
| Steroid Prophylaxis in Patients Receiving Radioactive Iodine Therapy | George Kahaly |
| Future Therapies for Graves' Ophthalmopathy | Rebecca Bahn |

Society for Maternal-Fetal Medicine
30th Annual Scientific Meeting
(The Pregnancy Meeting)
February 1–6, 2010
Hilton Chicago
Chicago, Illinois
Website: www.smfm.org

2nd Symposium on Thyroid
and Parathyroid Diseases
March 6–7, 2010
Information: 866-229-4351
Website: <http://tulane.edu/cce/>

THANC
19th Annual Controversies in the Management of Thyroid
and Parathyroid Diseases
Endorsed by the American Thyroid Association
March 24–27, 2010
The Ritz-Carlton Hotel, Westchester
White Plains, New York
Website: www.chpnet.org/cme

14th International Congress of Endocrinology
Thyroid Satellite Symposium of ICE2010
March 25, 2010
Kyoto, Japan
Website: www.congre.co.jp/ice2010/official_satellite_symposia.html

AAES 2010 Annual Meeting
April 18–20, 2010
Omni William Penn
Pittsburgh, PA
Call for Abstract Deadline: December 1, 2009
Website: www.endocrinesurgery.org

AACE 19th Annual Meeting and Clinical Congress
April 21–25, 2010
Boston, MA
Website: www.aace.com

**American Thyroid Association SPRING 2010
Thyroid Disorders in the Era of Personalized Medicine**
May 13–16, 2010
Hyatt Regency Minneapolis
Minneapolis, Minnesota
Phone: (703) 998-8890
Fax: (703) 998-8893
Website: www.thyroid.org

The Endocrine Society
ENDO 2010
June 19–22, 2010
San Diego, California
Website: www.endo-society.org

14th International Thyroid Congress
Co-sponsored by the American Thyroid Association
September 11–16, 2010
Paris, France
E-mail: itc2010@mci-group.com
Website: www.itc2010.com

14th Asia-Oceania Congress of Endocrinology
December 2–5, 2010
Kuala Lumpur, Malaysia
Website: www.aoce2010.com
Email: aoce2010@console.com.my

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

14th INTERNATIONAL THYROID CONGRESS

PARIS, PALAIS DES CONGRÈS • 11-16 SEPTEMBER 2010



ATA Thyroid Marketplace

Thyroid MP3 Downloads

<http://www.thyroid.org/marketplace/index.html>



AUDIO PRESENTATIONS available as MP3 Files on CD ROM
80th Annual Meeting of the ATA — Palm Beach, Florida

CAFE PRESS — The place to shop for thyroid stuff!



Ceramic Tumbler



Wall Clock



Stonewashed Cap

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Visit the
ATA homepage!
www.thyroid.org

Refer your
patients to the
PATIENT RESOURCES
offered by
the ATA!

Join the ATA
and have
REFERRALS
from the ATA
homepage!

The screenshot shows the ATA website homepage with a navigation bar at the top containing the ATA logo and links for 'ABOUT THE ATA', 'GIVE ONLINE', 'JOIN THE ATA', 'FELLOWS' CORNER', and 'MEMBERS ONLY'. Below the navigation bar are several content sections: 'SEARCH thyroid.org' with a search box; 'GIVE ONLINE' with a call to action; 'PATIENT RESOURCES' with links to 'Join Friends of the ATA' and 'CLINICAL THYROIDOLOGY FOR PATIENTS'; 'THYROID NEWS' with articles such as 'NIH Seeks High Risk, High Impact Proposals through NIH Director's Pioneer, New Innovator, and Transformative R01 Initiatives', 'Transformative R01 Program', 'ICCID Newsletter August 2009 (PDF File, 738 KB)', 'Clinical Thyroidology August 2009 is now available online', 'The ATA recognizes the serious threat posed by lack of access to treatment due to worldwide medical isotope shortage for patients with cancers, heart disease and many other disorders. We urge you to voice your concern through this link provided by the Society for Nuclear Medicine (SNM).', 'Another Generic T3 Released', 'ATA alert to Florida members: Florida District Court of Appeals retains levothyroxine on state's negative formulation', 'FDA MedWatch alert about PTU (www.fda.gov)', 'ATA and FDA jointly sponsor PTU meeting', 'ATA publishes first comprehensive guidelines for managing medullary thyroid carcinoma', and 'ATA News Update - Possible Isotope Shortage'; 'ATA NEWS' with a link to 'ATA 2009 election guide - Active members: Check your email for your ballot. Vote Now!'; 'UPCOMING ATA MEETINGS' for the 'Annual 80th Meeting' in Palm Beach, Florida, with an 'Online Registration >>' link; 'EVENTS CALENDAR' with a 'Virtual Exhibit Hall' and 'Visit our Exhibitors!' link; and 'CLINICAL TRIALS ONLINE' with a 'Submit your trials' link.