



AMERICAN
THYROID
ASSOCIATION
FOUNDED 1923

ATA SIGNAL

THE NEWSLETTER OF THE AMERICAN THYROID ASSOCIATION

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The ATA Heads for Beautiful Vancouver

Excitement is stirring for the ATA's splendid destination at the end of September — the beautiful bay and mountains of Vancouver, British Columbia, Canada. The Westin Bayshore Resort and Marina offers views of the city, mountains, and waterfront and provides easy walking access to town and miles of seawall around Stanley Park.



The scientific program, organized by Mary Samuels, MD, and Jim Baker, MD, and the Program Committee, continues the ATA tradition of having both “basic” and “clinical” track symposia on a variety of topics.

The Arthur Bauman clinical symposium on the first day of the meeting will address *continued on page 9*

PRESIDENT'S CORNER



The key initiative of the presidency of Clark Sawin is to update the ATA's Strategic Plan,

a living document that provides a road map for guiding the ATA into the future. The ATA Council recently held a workshop to begin the process, starting with updating the ATA mission, vision, and values; identifying critical success factors, and beginning on an action plan.

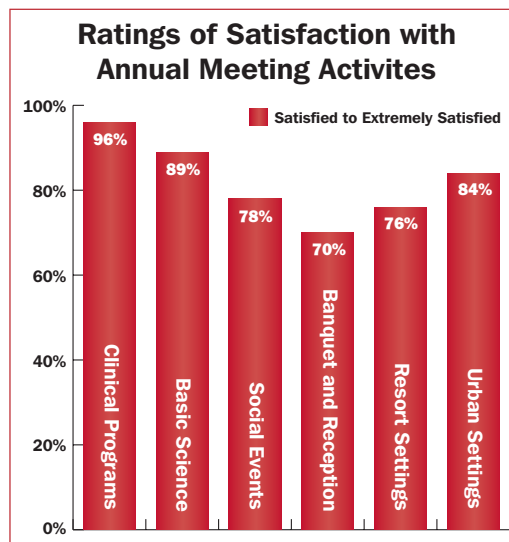
The Council considered where the ATA wants to be in five years and described

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Members Provide Input for Future Directions

A survey was completed by 213 members, almost one-third of the ATA's active membership, during the period of December 2003 to January 2004. Questions were designed to provide a profile of the membership, a sense of the degree of satisfaction with what the ATA is doing, and guidance for where the organization should be going. In addition to the structured questionnaire, many members wrote narrative comments. The complete results of the survey are available in the “members only” section of the ATA web site.

The survey respondents were a representative cross-section of the membership with regard to age, primary discipline, and geographic origin. Nearly 50



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IMPORTANT ATA MEMBER NOTICES

- Visit the ATA web site, www.thyroid.org, to see the ATA in the news discussing the impact of maternal thyroid status on pregnancy and fetal and childhood development.
- Register for the ATA 76th Annual Meeting in Vancouver — see page 11.

Secretary's Report — Gregory A. Brent, MD



We are well into the process of assessing our progress in meeting the goals set out in our Strategic Plan of 2001 and we are looking ahead. We are using a number of tools to measure our progress and to get feedback for our future direction. These tools include a recently completed member survey and a survey to Council members and committee chairs. The full results of the member survey are available on our web site and are summarized in this issue. The winter/spring council meeting focused entirely on this process with a professional facilitator on hand to guide the process. A “fine tuning” of our mission, vision, and values statements were crafted and are outlined in the President’s Corner (see p. 1) in order to solicit comments from members. The pace of change in our organization has been staggering and, yet, we need to plan for even greater changes ahead.

A major goal of our 2001 Strategic Plan was to work towards taking leadership in public health and policy issues and to expand our collaborations. This was demonstrated in a dramatic manner at the recent one-day CME course, *Impact of Maternal Thyroid Status on Pregnancy and Fetal and Childhood Development*, held in Old Town Alexandria, Va., under the able direction of Bob Smallridge and Stephen LaFranchi. In partnership with AACE, we organized a conference that drew a lively and engaged audience.

A position statement advocating a comprehensive program of education and research for maternal thyroid health in pregnancy — now available on the ATA web site — was introduced at the conference. An informative media kit was developed and distributed to a number of media representatives, several of whom were present.

Notably, *Associated Press* reporter Lauran Neergaard wrote an excellent article, released on May 10, about the issue of screening for maternal thyroid dysfunction. The ATA’s position was prominently featured along with mention of the symposium. The focus on the ATA is greater than any other feature story in my memory. With the broad reach of AP, this information is reaching a tremendous audience. We’ve already begun receiving very positive comments from the public.

Our web site remains the center of activity for our society. The availability of *Clinical Thyroidology*, edited by Bob Utiger, and complete lay versions of all of the summaries are a wonderful addition. Streaming videos of many of the symposia from the last Annual Meeting present our meeting content in a professional and appealing format. We responded to a number of public health and patient care issues rapidly with leadership and guidance provided by the respective committees and their chairs, Vic Bernet and Mike Tuttle. An informational posting on perchlorate exposure in water was

provided for members and media inquiries. A summary of the recent subclinical thyroid disease conference publication in *JAMA* was generated and posted within a week of the publication of the article. Representatives of the three societies sponsoring the subclinical thyroid disease conference — ATA, AACE, and The Endocrine Society — are meeting now to review the article and generate a joint response. The ATA representatives to this group are Mike Tuttle and Peter Singer.

We continue to take the leadership role in the issue of thyroxine bioequivalence standards by the FDA. Paul Ladenson, in conjunction with leadership at AACE and The Endocrine Society, has worked tirelessly to move this initiative forward. All of the correspondence and the workshop proposal are available on our web site.

The ATA participated, for the first time, with AACE in the January Thyroid Awareness campaign. This was the culmination of an effort that has included Jeff Garber, Hossein Gharib, Peter Singer, and Elliot Levy working towards this cooperation. Thyroid Awareness Campaign material was distributed to ATA members. Bobbi Smith was on hand for the media launch in New York City, and I joined AACE President Donald Bergman and President-elect Carlos Hamilton by phone for a radio media interview tour throughout the country. AACE has endorsed our continued involvement, and we hope for greater participation in the development of materials in the coming year.

Our Annual Meeting co-chairs, Mary Samuels and Jim Baker, have assembled an exceptional program. The venue in Vancouver, British Columbia, will be an inspiring setting for what is certain to be an outstanding meeting.

Support of research continues to be a high priority. Our research committee, chaired by Jim Fagin, has refined criteria for research grants and identified highly meritorious investigators and applications for support. ThyCa has renewed their support for a thyroid cancer research grant. Abbott has completed their gift of \$1 million to the Campaign for Thyroid Discovery, and Genzyme has continued to contribute \$25,000 annually. Monarch/Jones made a first gift at the Annual Meeting of \$250,000. We are looking forward to continued progress with the Campaign for Thyroid Discovery under the direction of Pepper Davis.

Much has been accomplished, but our continued success will depend on our ability to respond and adapt to the changing landscape in clinical care, research, and available resources. We have a dedicated and highly professional staff, led by our Executive Director, Bobbi Smith, who keep our organization strong and responsive to our members.

It is a privilege to serve as your Secretary.

Gregory A. Brent



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ATA SIGNAL

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UPCOMING MEETINGS

12th International Congress of Endocrinology
August 31- September 04, 2004, *Lisbon, Portugal*

European Thyroid Association Meeting
Sept. 18–22, 2004, *Istanbul, Turkey*

**Thyroid Ultrasound and FNA Biopsy
Accreditation Course**
Sept. 27–28, 2004, *Vancouver, BC, Canada*

**76th Annual Meeting of the American Thyroid
Association (ATA)**
Sept. 29–Oct. 3, 2004, *Vancouver, BC, Canada*

**Annual Meeting, American Society for Bone
and Mineral Research**
Oct. 1–5, 2004, *Seattle, Washington*

Second Joint AACE-AME Congress
Nov. 5–7, 2004, *Rome, Italy*

ATA 2005: Thyroid Cancer Frontiers
April 15–17, 2005, *Baltimore, Maryland*

AAAS Annual Meeting
February 17–21, 2005, *Washington, D.C.*

For more information visit www.thyroid.org.

President's Corner

continued from front page

characteristics that should reflect the organization's make up in 2009. These traits served as the foundation for creating the new mission, vision, and values statements.

The goal for the new mission was to have a simple, straight-forward statement of purpose, and the Council believes that the proposed new mission statement captures the essence of the ATA's role: *The ATA leads in promoting thyroid health and understanding thyroid biology.* The Council also created a new statement of values, which it believes defines what the ATA stands for: *The ATA values scientific inquiry, clinical excellence, public service, education, collaboration, and collegiality.*

Using both the mission and values statements and the description of the ATA in 2009, the Council formulated a new, more expansive vision statement: *The ATA is the leading organization focused on thyroid biology and the prevention and treatment of thyroid disorders through excellence and innovation in research, clinical care, education, and public health.*

This statement may later be expanded drawing upon the key components of the description of the ATA in 2009. These components include —

- ATA's membership is diversified by gender, ethnicity, specialty, and country;
- ATA supports and effectively integrates the needs of lay organizations into its programs;
- ATA is a highly visible organization among physicians and scientists, patients, the lay public, professional societies, funding agencies, and public officials;

- ATA is the strongest, most authoritative and effective voice related to thyroid health and research;
- ATA is financially strong with funding from diversified sources to support its expanding programs;
- ATA has a capable professional staff;
- ATA maintains a strong research orientation and has a substantial research endowment from which it makes a number of grants each year; and
- ATA is known as the ultimate resource about the thyroid for clinicians, scientists, patients, and policy makers.

In addition, the Council identified five critical success factors to help the ATA maintain this momentum while carrying out current programs and developing new initiatives. These success factors are —

1. New and increased sources of revenue,
2. Expanded and diversified membership,
3. Increased visibility,
4. Expanded professional staff and infrastructure, and
5. Involvement of lay organizations.

The workshop concluded by underscoring that the ATA's ultimate success will be dependent upon membership support. The Council, officers, and staff want these statements to stimulate thought and discussion as well as feedback on what resonates and what does not with members' visions of the future of the ATA. Please call, 703-998-8890, or e-mail, admin@thyroid.org, the ATA with any comments.

ATA Symposium and Statement Focus on Maternal Thyroid Health

The ATA/AACE symposium, titled *Impact of Maternal Thyroid Status on Pregnancy and Fetal and Childhood Development*, brought together researchers and clinicians in obstetrics and gynecology, neonatology, and thyroid diseases to explore important clinical challenges, to educate health professionals about the best diagnosis, treatment, and monitoring strategies as well as public policy issues that influence how care is provided. This was also the forum for release of a statement on maternal thyroid disease, developed by the ATA Public Health Committee, under the leadership of Chair Vic Bernet and Steve Lamm.

Held in Alexandria, Va., the speakers addressed an audience of endocrinologists, obstetrician gynecologists, pediatricians, developmental psychologists, and public health professionals. In addition, there were representatives from NIH, the Centers for Disease Control and Prevention (CDC), the March of Dimes, and the Learning Disabilities Association. The symposium was chaired by Steve LaFranchi and Bob Smallridge.

Issues discussed included —

- Maternal/fetal thyroid physiology,
- Maternal thyroid disorders,
- Impact on fetus and offspring,
- Environmental influences, and
- Post-partum issues

Gabriella Morreale de Escobar, of Madrid, Spain, discussed the impact of iodine nutrition on the developing fetus. “Intellectual impairments of many children could be easily prevented by promoting the use of iodine supplements taken before pregnancy throughout gestation and lactation,” she said.

The ATA statement concurs, emphasizing that pregnant and nursing women should take daily vitamin supplements that contain iodine, at least 220 micrograms a day for pregnant women and 290 micrograms daily for lactating women. It was noted at the conference that only 35 percent of prenatal vitamins contain iodine. The statement highlighted new data indicating that some U.S. women of reproductive age may be at risk for slightly deficient iodine intake.

The effect of environmental agents on thyroid function and iodine nutrition was another important topic discussed

at the symposium. Tom Zoeller, a Professor of Biology at the University of Massachusetts in Amherst, said that ammonium perchlorate is known to reduce the ability of the body to use existing iodine. He also identified PCBs and

thiocyanates in cigarette smoke as culprits. “Chemicals in the environment can affect thyroid function in the mother and fetus and thyroid hormone signaling action in the developing brain,” he concluded.

Brian Casey, an obstetrician at the University of Texas Southwestern Medical Center at Dallas, pointed out that prematurity is the most common recognized cause of neuropsychological dysfunction in children. After

reviewing the association of subclinical hypothyroidism with preterm birth, he concluded that “Prematurity may explain some of the neurodevelopmental abnormalities associated with maternal thyroid insufficiency.”

The ATA statement emphasizes this research finding, stating that “pregnant mothers with overt or subclinical hypothyroidism are at an increased risk for premature delivery.” Other important research findings highlighted by the ATA statement include —

- Pregnant mothers with detectable thyroid autoantibodies and normal thyroid function are at an increased risk for miscarriage and for postpartum thyroid disease,
- Pregnant mothers with thyroid hormone deficiency or TSH elevation during pregnancy may have children at risk of mild impairment in their intellectual function and motor skills, and

• Pregnant women being treated with thyroid hormone replacement often require a 30–50 percent increase in their thyroid hormone dose.

At the conference, Reed Larsen, from Brigham and Women’s Hospital, emphasized that the “threshold should be low for identifying at-risk women for screening. These factors include women who have a family or personal history of thyroid disease, goiter, diabetes, history of miscarriage, or symptoms suggesting hypothyroidism.” The ATA statement also makes this recommendation.

As for women who have known hypothyroidism before conception, Dr. Larsen strongly advised that physicians



should provide pre-pregnancy counseling about the risks and changes in therapy that are needed. It is also important that these women have their thyroid hormone levels — TSH, in particular — checked as soon as pregnancy is confirmed.

“With these steps, as well as careful monitoring of TSH, we should be able to maintain normal thyroid hormone availability to the fetus during this critical period of development before fetal thyroid maturation occurs,” added Dr. Larsen.

John Lazarus, of the University of Wales College of Medicine in Cardiff, Wales, United Kingdom, noted that there is substantial evidence from both retrospective and prospective studies suggesting that early gestational low maternal circulating thyroxine concentrations adversely affect neonatal and child development at least to age 7.

Acknowledging the current lack of clinical trial data, he presented preliminary information about a current randomized, prospective study called CATS (Controlled Antenatal Thyroid Screening), which aims to ascertain if screening for thyroid function in early pregnancy is justified. The study plans to enroll 22,000 women when they are less than 16 weeks gestation and will look at whether treating thyroid disorders with thyroxine therapy during pregnancy

can prevent adverse outcomes. Following delivery, the children will be tested with appropriate psychological evaluation at ages 2 and 5.

“While most of the symposium’s presenters agreed that current scientific data fall short of supporting immediate widespread population screening for thyroid disease and thyroid autoimmunity,” said Greg Brent, “there is sufficient information to recommend some interim measures and guidance for additional data that is required to design an effective screening program.”

The ATA statement includes a “plan for action” that calls on governmental institutions, such as the CDC; professionals organizations, such as the ATA

and AACE; and nongovernmental groups, such as the March of Dimes, to implement a coordinated program of patient education, practice review, and research on the impact of maternal thyroid status on pregnancy and fetal and childhood development.

The ATA statement is available on the ATA web site along with links to the media coverage on the topic. Streaming video of the symposium will be available on the ATA web site in the coming weeks.

According to the ATA statement —

- ▶ Pregnant and nursing women should take daily vitamin supplements that contain iodine, at least 220 micrograms a day for pregnant women and 290 micrograms daily for lactating women,
- ▶ There should be a low threshold for identifying at-risk women for screening, and
- ▶ Pregnant mothers with overt or subclinical hypothyroidism are at an increased risk for premature delivery.

Mechanisms of Building the ATA’s Research Endowment



Ensuring the financial stability of the ATA — particularly, programs that support research conducted by young investigators — is the principal concern of the Development Committee. This goal is an ongoing focus of the committee efforts and will remain a top concern of the ATA in the future. Through

the generosity of Abbott/Knoll and many members of the ATA, \$1.7 million has been raised for the ATA’s endowment in the past five years.

ATA Development Committee Chair Pepper Davis reports that more work lies ahead, requiring involvement on many levels:

- The Development Committee will pursue foundation support for the endowment,
- The ATA leadership will pursue new opportunities for support from industry, and
- The organization will explore the feasibility of a national campaign targeting the general public for support of thyroid research.

“There are other very personal mechanisms by which you and I can ensure that the ATA will continue to meet its fund-raising objectives,” says Dr. Davis. “For example, I will bequeath a portion of my estate to the ATA.” He also describes other ways to contribute, such as with bequests of specific stockholdings, real property, annuities, and charitable remainder trusts.

In addition, he says, “Some of the projected proceeds from my patents have been earmarked for the ATA. Others can follow this model with patents they hold or textbooks they edit. Diverting a fraction of the proceeds these projects yield to the ATA may be successful generators of ATA contributions, serving the goals of the organization well.”

The Development Committee will provide more details in the coming year about how ATA members can include the ATA in their plans for charitable giving.

ATA Executive Council Meeting Highlights

Alexandria, Va. — April 2, 2004

The ATA Executive Council met in Alexandria, Va., for its first meeting of 2004 on April 2–3 to discuss a number of ATA business issues. First and foremost, the President-elect and Council made special mention of concern and regard for Clark and Leslie Sawin as Clark recovers from his recent surgery.



Council Acknowledgements

- Gregory Brent, Bob Smallridge, and Steve LaFranchi were congratulated by the ATA Executive Council on the success of the April 2 symposium on maternal thyroid status.
- Dr. Gregory Brent reported that the membership survey was a success, with more than 200 members responding. The survey will contribute to an updated demographic profile of the association and determine enthusiasm for current and future programs.
- Dr. Brent gave special thanks to Jeff Garber for his contribution as editor of the *Signal* newsletter. He also reported that Rebecca Bahn has agreed to be the next editor. The spring issue will be co-edited, and the newsletter will fully transition to Dr. Bahn for the August issue.

Finance

- Dr. Charles Emerson reported that the ATA continues to be in good financial health. The portfolio is up 2.8 percent, and all equity mutual funds in the portfolio are exceeding their year-to-date benchmarks. The 2003 audit is near completion. The ATA accounting system now reflects a program-based budget.

Public Health

- The ATA Executive Council authorized the Public Health Committee to develop a task force to investigate options to secure key thyroid-related diagnostic and

therapeutic agents no longer available and report back to the Council.

FDA Thyroxine Bioequivalence

- The ATA is exploring the opportunity to implement an initiative in pharmacovigilance by creating a resource for physicians and patients through a link on the ATA web site. Patients and physicians could report when specific drugs or formulations used in the treatment of thyroid diseases are temporarily or permanently unavailable. They could also report adverse reactions to a central database — noting dose, brand, lot number, physician name, pharmacy, thyroid status/condition, etc.

Research

- Suggested updates to the rules for research grant applicants were approved by the ATA Executive Council:
 - 1) Applicants who have previously held either an ATA or a ThyCa award are not eligible to apply for a new grant.
 - 2) Eligible applicants will hold junior faculty positions and be no more than six years — cumulative, full-time academic experience — from completion of their research post-doctoral fellowship training, as judged by the committee.

2005 Spring Meeting

- The Council previously approved a clinical and translational research, state-of-the-art program to be held April 15–17, 2005, the year of the international meeting. Plans were approved to focus this meeting on thyroid cancer, bringing together clinicians and scientists across a number of disciplines. In addition to being an outstanding clinical program, this will provide a wonderful opportunity to set the future agenda for thyroid cancer evaluation, treatment, and research.

Clinical Affairs

- The ATA Executive Council has asked the Clinical Affairs Committee to proceed on the development of clinical guidelines to address the management of thyroid disorders, in collaboration with other sister societies, if possible.

Rebecca Bahn Is New Editor of *Signal*

After three years of providing editorial leadership for the *Signal* newsletter, Jeff Garber, MD, hands over the reins of *Signal* editor to Rebecca Bahn, MD. Dr. Bahn is a consultant in endocrinology at the Mayo Clinic in Rochester, Minn., a Professor of Medicine at Mayo Medical School, and a Director on the ATA Executive Council. Drs. Garber and Bahn served as co-editors of this issue, and Dr. Bahn will assume full responsibility as editor with the next issue.

“The ATA thanks Jeff for his dedication to the newsletter as well as the untold hours of leadership and guidance he has contributed over the years,” said Gregory Brent, MD, ATA Secretary. “In addition, we welcome the energy and new ideas that Rebecca will undoubtedly bring.”

IN MEMORIAM

John Thornton Dunn, MD**October 27, 1932 – April 9, 2004**

John Thornton Dunn, MD, 71, a true Southern gentleman who devoted his professional life to teaching, research, and the treatment of thyroid disease, died April 9 at his home in Charlottesville, Va.

A native of Washington, D.C., Dr. Dunn was also a musician, with a lifelong passion for the piano, harpsichord, and organ. His other passion, medicine, brought him to the University of Virginia Hospital in Charlottesville, where he practiced medicine for 37 years. He was a Professor of Medicine in the Division of Endocrinology.

“To most of his trainees, Dr. John Dunn was both a teacher and a father figure,” reflected Paul S. Kim, MD, of the University of Cincinnati, a long-time friend and colleague.

“I am forever thankful to him, not only for getting me started in thyroglobulin research and clinical endocrinology but also for providing personal and career guidance shortly after my father’s death. Dr. Dunn always taught me to ‘do the right thing,’ as he himself always strived to do the right thing, no matter the cost. What I remember most about Dr. Dunn,” he added, “is not one of his numerous personal, academic, and international achievements but that he treated all people with the same kind of respect, from the deans and the chairs to the members of the evening cleaning crew. We will miss him greatly.”

Dr. Dunn was an active member of the ATA and received the Paul Starr Award in 1997 for his contributions worldwide toward fighting iodine deficiency and its accompanying disorders. He also received the Van Meter Award in 1968 for excellence in basic thyroid research. He was a past chair of the ATA’s Public Health Committee and a member of the Awards Committee.

Published extensively, Dr. Dunn wrote more than 200 articles, editorials, books, chapters, and abstracts. He has served on the editorial boards of *Thyroid* and the *Journal of Clinical Endocrinology and Metabolism*. His research and clinical interests included thyroid biochemistry and physiology, clinical thyroid disease, and endemic goiter and iodine nutrition.

Dr. Dunn was widely known and regarded as a leader in international efforts to eliminate iodine deficiency and its accompanying disorders. He co-founded and was the Executive Director of the nonprofit International Council for Control of Iodine Deficiency Disorders.

Dr. Dunn was widely known and regarded as a leader in international efforts to eliminate iodine deficiency and its accompanying disorders.

He became interested in iodine deficiency while traveling in South America during his fellowship at Massachusetts General Hospital in 1961. It became his life’s work and took him to nearly 30 countries to provide his expertise on iodine nutrition. He collaborated with the Pan American Health Organization, World Health Organization, UNICEF, World Bank, National Institutes of Health, NASA, and Centers for Disease Control and Prevention.

A graduate of Princeton University, he received his medical degree from Duke University. He did his internship at New York Hospital and Cornell University and his residency at the University of Utah Hospital in Salt Lake City. Dr. Dunn was a clinical and research fellow in medicine at the Thyroid Unit at Massachusetts General Hospital and Harvard Medical School. He then served

in the U.S. Department of Public Health, with concurrent fellowship appointments at Columbia Presbyterian Hospital and Massachusetts General and Harvard. In addition, he was a research fellow in the Department of Biochemistry at Harvard, conducting research on glycoprotein structure.

He was named the Samuel Haines Lecturer by the Mayo Clinic in 1998. In addition to his membership in the ATA, he was a member of The Endocrine Society, the American Society of Biological Chemists, the Association of American Physicians, and the Medical Society of Virginia.

“John was a highly effective scientist. He was a problem-solver and a resolver of conflicts,” said John Stanbury, MD, of Chestnut Hill, Mass., another long-time friend and colleague. “He had an insightful and balanced approach to medical research. He was also a superb musician on the organ, harpsichord, and piano. He had a huge knowledge of the musical literature.” In addition, said Dr. Stanbury, “John was a devotee of the outdoors and an annual summer hiker with his wife in remote parts of Alaska. He has left a huge number of friends and admirers both in the United States and around the world.”

In recognition of his accomplishments in endocrinology and world health, the annual John T. Dunn Lectureship in Endocrinology and International Health will be established at the University of Virginia. Donations may be made to the Rector and Visitors of the University of Virginia, FBO John T. Dunn Lectureship, Attn. Jeffrey L. Moster, P.O. Box 800773, Charlottesville, VA 22908-0773.

A lover of family, music, medicine, and the outdoors, Dr. Dunn is survived by his wife of 42 years, Ann Davis Dunn of Charlottesville; three children; a brother and sister; and two grandchildren.

—Includes information from *The Washington Post*

IN MEMORIAM

William M. McConahey, MD

May 7, 1916 – April 22, 2004

William “Bill” McConahey, MD, physician, devoted husband and father, decorated veteran, author, and past president of the American Thyroid Association, died April 22 at his home in Rochester, Minn. He was 87.

Dr. McConahey was Professor of Medicine and Emeritus Consultant in Endocrinology and Internal Medicine at the Mayo Clinic. He was an active member of the ATA, having served as treasurer and secretary in addition to his service as president. He received the ATA’s Distinguished Service Award in 1973.

Widely published in medical journals and textbooks, Dr. McConahey maintained a special interest in diseases of metabolism and the endocrine system, with particular emphasis on disorders of the thyroid gland.

He received his undergraduate education at Washington and Jefferson College, later receiving the alumni association’s Distinguished Service Award. He went on to receive his medical degree from Harvard Medical School and interned at Philadelphia General Hospital. In addition, he earned a Master of Science in medicine from the University of Minnesota.

During World War II, Dr. McConahey served as an infantry battalion surgeon, first with the 71st Light Division and later with the 90th infantry division in France, Germany, and Luxembourg. Dr. McConahey was also a surgeon during the Normandy invasion. He achieved the rank of captain and received a number of decorations, including the Silver Star, Bronze Star, Combat Medical Badge, Normandy Invasion Arrowhead, and European

Theater of Operation Ribbon. He wrote the book *Battalion Surgeon* about his war experiences.

“Bill McConahey at an early age was faced with the very harsh realities of war,” remembered Colum Gorman, MB, ChB, a longtime friend and colleague at the Mayo Clinic. “He described those experiences in his book *Battalion Surgeon*. In conversation with me on many occasions, he described how those wartime experiences had molded his

values and his beliefs. Bill had a powerful sense of the goodness in human beings. He was consistently fair and generous toward his colleagues. He was a visionary leader of the endocrine group at Mayo,” Dr. Gorman added. “Bill’s leadership style was never to ask someone to do what he would not be willing to do himself. He led by example and by

inspiration. He was for me a role model and a true friend for 40 years, and I will miss him greatly.”

After the war, Dr. McConahey returned to Rochester and joined the Mayo Foundation, rising through the ranks to become the chair of the Mayo Clinic’s Division of Endocrinology.

Dr. McConahey was a diplomat of the National Board of Medical Examiners and a fellow of the American College of Physicians. He was a member of the American Medical Association and the Minnesota Medical Association, Zumbro Valley Medical Society, The Endocrine Society, American Diabetes Association, American Federation for Clinical Research, Central Society for Clinical Research, and the Society of Sigma Xi in addition to his membership in the ATA.

He is survived by his wife, Adrienne, of 63 years; two sons; a daughter; seven grandchildren; and one great-grandchild.

“He was a visionary leader of the endocrine group at Mayo...”

Future Directions

continued from front page

percent of the membership reported visiting the ATA web site at least one time per month and using the Internet to register for the Annual Meeting. Almost all respondents, 83 percent, belong to The Endocrine Society, and 48 percent belong to AACE.

When asked about current activities, the highest ranked priority was the Annual Meeting program, with 94 percent rating this event as very or extremely important. Ratings of satisfaction with Annual Meeting activities include:

- **Clinical programs** — 96% satisfied to extremely satisfied
- **Basic science** — 89% satisfied to extremely satisfied
- **Social events** — 78% satisfied to extremely satisfied
- **Banquet and reception** — 70% satisfied to extremely satisfied
- **Resort settings** — 76% satisfied to extremely satisfied
- **Urban settings** — 84% satisfied to extremely satisfied

A number of narrative comments provided specific recommendations for meeting sites as well as reinforced the concern that the costs need to be kept in check to ensure that fellows and those on restricted incomes can attend.

In the area of ATA concerns and initiatives, there was a broad range of support for various activities, including:

- **Support for direct funding of investigators** — 58% very to extremely important
- **Advocating for thyroid research funding by other institutions** — 79% very to extremely important
- **Support of practicing clinicians** — 77% very to extremely important
- **Patient education and advocacy** — 83% very to extremely important

ATA publications continue to receive strong support from the membership, giving the following publications very high marks:

➤ **Clinical Thyroidology** — 73% very to extremely important

➤ **Thyroid** — 89% very to extremely important

➤ **Signal** — 54% very to extremely important

In the area of member services, respondents were pleased with an array of services, including:

➤ **Headquarters response by phone** — 76% satisfied to extremely satisfied

➤ **Headquarters response by e-mail** — 82% satisfied to extremely satisfied

Members were also very pleased with the range of online services, including the membership directory, patient information, public affairs information, *Signal*, *Thyroid*, and *Clinical Thyroidology*. In some categories, however, as many as 30 percent of members had no experience with the online resource, indicating the need to encourage access.

Members were very enthusiastic about new initiatives, such as:

➤ **New process of elections** — 84% satisfied to extremely satisfied

➤ **Moving business meeting to the first day of the Annual Meeting** — 68% satisfied to extremely satisfied

➤ **New ATA logo** — 64% satisfied to extremely satisfied

➤ **Lobbying for public policy issues** — 76% very to extremely important

➤ **Position statements on public health issues** — 84% very to extremely important

➤ **Providing accurate information to the media and public** — 92% very to extremely important

Please review the complete results and continue to provide input for the future direction of the ATA. A majority of those responding, 57 percent, would like to serve on an ATA committee, and there will be increasing opportunities for involvement as the ATA expands its influence.

ATA Heads for Beautiful Vancouver

continued from front page

Hashimoto's thyroiditis, and the basic session will focus on thyroid hormone effects on the brain. The translational symposium will be devoted to environmental toxicology and thyroid disease. Roger Brent, PhD, President and Scientific Director of the Molecular Sciences Institute, will present the State-of-the-Art lecture on "Systems Biology." Strong and diverse industry-supported CME symposia are again being offered. The topics and speakers are being selected to complement and enhance the overall program.

Highlights of the program include poster sessions scheduled to provide maximum access to reviewing and discussing new research; a keynote presentation by Theo Visser, PhD, speaking on "Thyroid Hormone Transport Into Cells"; and clinical symposia on such topics as thyroid nodules and cancer and iodine nutrition as it relates to the thyroid. This year, Endocrine Grand Rounds will be devoted to the topic of "funky thyroid function tests." Basic symposia will address a wide variety of topics, including expression arrays in thyroid disease, thyroid actions in the heart, and thyroid hormone analogues.

The latest in thyroidology will be featured in Meet-the-Professor (MTP) sessions on topics that include new thyroid hormone formulations, drug-induced thyroid disease, the

pathologist's perspective on FNA and TRH function, and managing Graves' Disease. Other MTP sessions will address such diverse subjects as autoimmunity in animal models of Graves' Disease, thyroid hormone action in the absence of THR/DNA binding, thyroid hormone and bone, nonthyroidal illness, how to prepare an NIH grant, and pediatric thyroid disease.

Learn the latest in clinical thyroidology and thyroid-related basic investigation at the the ATA's 76th Annual Meeting in a pleasant and relaxed setting organized to promote social and scientific exchange. You will not be disappointed, and your guests will be delighted with convenient access to the city, walks in Stanley Park, and great shops and markets nearby. The Vancouver Aquarium promises to be a great social venue on Thursday night of the meeting, providing the opportunity to catch up with old friends and make new acquaintances. And the ATA Annual Gala Event on Saturday night will have a new look so make plans to be there.

The ATA looks forward to seeing you in the beautiful setting of Vancouver! Time flies — be sure to register with the early birds.

To become an ATA member, go to www.thyroid.org, and click on "Professionals."

Or call the ATA headquarters at 703-998-8890.

Meeting-at-a-Glance

76th Annual Meeting of the American Thyroid Association

Westin Batshore Resort & Marina
Vancouver, British Columbia, Canada
September 29–October 3, 2004



AMERICAN
THYROID
ASSOCIATION
FOUNDED 1923



Time	Tuesday 9/28/04	Wednesday 9/29/04	Thursday 10/1/04	Friday 10/2/04	Saturday 10/3/04	Sunday 10/3/04
6:00		Exhibitors Move-In 8:00 - 11:00 am	Early Riser CME Symposium 6:00 - 7:45 am	Abbott Early Riser CMESymposium 6:00 - 7:45 am	Early Riser CMESymposium 6:00 - 7:45 am	Early Riser CMESymposium 8:00 - 10:00 am
7:00		Endocrine Fellows Conference 8:00 am - 5:00 am ATA Council Meeting 8:00 am - Noon	Welcome 8:00 - 8:15 am Keynote Speaker 8:15 - 9:00 am Plenary: 4 Oral Abstracts 9:00 - 10:00 am Exhibit Hall open 9:30 am - 4:00 pm	Van Meter Lecture 8:00 - 8:40 am 2 simultaneous symposia 8:45 - 10:00 am Clinical Thyroid Nodules and Cancer Expression Arrays in Thyroid Disease	Paul Starr Lecture 8:00 - 8:45 am Short Calls: 5 oral abstracts 8:45 - 10:00 am	
8:00			Exhibit Hall Break in Activities 10 - 10:30 am 2 simultaneous symposia 10:30 - Noon Arthur Bauman Clinical Symposium Hashimoto's Thyroiditis	Exhibit Hall Break in Activities 10 - 10:30 am Oral abstract sessions 10:30 - Noon Simultaneous (2)	Poster Review and Break 10:00 - 10:30 am Translation Symposium 10:30 - Noon Environmental Toxicology and Thyroid Disease	
10:00	AACE/ATA Ultrasound Workshop 8:00 am - 5:00 pm	AACE/ATA Ultrasound Workshop 8:00 am - 5:00 pm	Meet the Professor Luncheons Noon-1:30 pm Amir & Koenig Klein Davies	Meet the Professor Luncheons 12:00 - 1:30 pm Mori Wondisford Zaidi Kaptein	Poster Review and Lunch Noon - 1:30 pm	
10:30			Oral abstract sessions 1:30 - 3:00 pm Simultaneous (2)	Oral abstract sessions 1:30 - 3:00 pm Simultaneous (2)	Oral abstract sessions 1:30 - 3:00 Simultaneous (2)	
11:00			Clinical oral abstracts Basic Thyroid Hormone Effects on the Brain	Clinical oral abstracts Basic oral abstracts	Clinical oral abstracts Basic oral abstracts	
12:00		ATA Committees & Council Liaisons Luncheon Noon - 2:00 pm	Oral abstract sessions 3:00 - 3:40 pm Plenary - Ingbar lecture 3:00 - 3:40 pm Poster Review and Break 3:45 - 5:00 pm	Oral abstract sessions 3:00 - 3:30 pm 2 simultaneous symposia 3:30 - 5:00 pm Endocrine Grand Rounds: Funky Thyroid Function Tests in the Heart	Poster Review and Lunch 3:00 - 3:30 2 simultaneous symposia 3:30 - 5:00 Clinical Iodine Nutrition and the Thyroid Basic Thyroid Hormone Analogues	
1:30		Exhibit Hall Open 2-5 pm; 7-9 pm Registration Open 2:00 - 6:00 pm	ATA Annual Business Meeting 5:00 - 6:30 pm - ATA Members Only	Historical Vignette 5:00 - 5:30 pm CMESymposium 5:30 - 6:30 pm	Abbott State of the Art 5:00 - 6:00 pm	
2:00			ATA Social Event 7:00 - 10:00 pm Vancouver Aquarium, Stanley Park	Poster Review/Wine & Cheese Reception 6:30 - 7:30 pm	ATA Annual Gala Event Banquet 7:00 - 11:00 (admission by ticket only)	
3:00						
3:30						
5:00	Welcome Reception Endocrine Fellows	Women in Thyroidology 5:00 - 6:00 pm Newcomers' Welcome 6:00 - 7:00 pm Welcome Reception 7:00 - 9:00 pm				
6:00						
7:00						

76TH ANNUAL MEETING REGISTRATION FORM

All requested information must be provided to process registration.
All Fees are in US Dollars.

First name _____
 Last name _____
 Nickname for badge _____
Professional degree(s) (please list one): _____
 a. MD b. PhD c. MD, PhD d. RN e. Other _____
 Organization _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip code + 4 _____
 For outside the U.S., country/city code: _____
 Country _____ Phone _____
 E-mail address _____ Fax _____

- 1. I require a CME certificate for my attendance at this meeting.** Check here.
 The CME form to be completed will be in your registration packet. Please complete and hand in at the end of the meeting. Your certificate will be mailed to you.
- 2. I consider myself primarily** (please circle one):
 a. Clinician b. Educator c. Scientist d. Other e. Exhibitor
- 3. My work is best described as** (please circle one):
 a. Adult endocrinology b. Basic science c. Pediatric endocrinology
 d. Internal medicine e. Other _____
- 4. My place of work is** (please list one): _____
 a. Academic d. Hospital g. Managed care
 b. Private practice e. Government/military
 c. Administration f. Corporate/industry
- I currently serve on an ATA committee. (Please check if yes)
- 5. Special needs.** Please indicate special needs on a separate sheet and mail to:
 ATA Meetings, 6066 Leesburg Pike, Suite 650, Falls Church, VA 22041
 e-mail: pdickens@thyroid.org fax: 703 998-8893

6. In case of emergency, please contact:
 Name _____
 Daytime phone _____ Evening phone _____

Registration fees (please circle applicable fees):	Early Bird (postmarked by July 1)	Discounted (postmarked between July 1 and Sept. 5)	Full Fee (received after September 5)
(M) ATA member	\$400	\$450	\$475
(A) ATA Assoc./fellow/student	\$125	\$150	\$175
Research Assistant			
(N) Non-member	\$600	\$650	\$700
Vancouver local resident 1-day fee .	\$150	\$200	\$250
Indicate day: <input type="checkbox"/> (T) Thursday <input type="checkbox"/> (F) Friday <input type="checkbox"/> (S) Saturday-Sunday			
(G) Spouse/guest	\$ 125	\$ 125	\$ 125

Spouse/guest name: _____
 (Guests must register for Thursday social event and Annual Gala Event, if desired. Guests are not eligible to receive continuing medical education credit.)

- 7. Meet the Professor Luncheon Workshops (Complimentary for Fellows)**
Thursday, September 30, Noon – 1:30 pm (please circle one) \$35/ticket:
 1. How to Prepare an NIH Grant Syed Amir and Ron Koenig
 2. New Thyroid Hormone Formulations Irwin Klein
 3. Autoimmunity: Animal Models of Graves' Disease Terry Davies
 4. Drug-Induced Thyroid Disease Elizabeth Pearce
 5. Difficult Thyroid Cancer Cases Matthew Ringel
 6. FNA of the Thyroid: the Pathologist's Perspective Yolanda Oertel

- Friday, October 1, Noon – 1:30 pm** (please circle one) \$35/ticket:
 7. TRH Function Masatomo Mori and Masanobu Yamada
 8. Thyroid Hormone Action in the Absence of Thyroid Hormone Receptor/ DNA Binding Fredric Wondisford
 9. Thyroid Hormone and Bone Mone Zaidi
 10. Managing Graves' Disease Jayne Franklyn
 11. Pediatric Thyroid Disease: Screening and Treatment Stephen LaFranchi
 12. Nonthyroidal Illness Elaine Kaptein

- 8. Special events** (please check the events that you plan to attend):
 (REC) Welcome reception
 Wednesday, September 29, 7–9 pm No charge
 (AQU) Aquarium
 Thursday, September 30, 7–10 pm. (See fees below)
 (BAN) ATA Annual Gala Event
 Saturday, October 2, 7:30–11 pm \$95
 (FEL) Fellow's Special rate for Annual Gala Event \$40

- 9. Total fees**
 _____ Attendee registration fee
 _____ Spouse/guest fee @ \$125
 _____ September 30, 2004 Meet the Professor Workshop
 _____ October 1, 2004 Meet the Professor Workshop
 _____ Number of tickets for Aquarium @ \$38 (Members/Non-Members/Guests)
 _____ Number of tickets for Aquarium @ \$25 (ATA Associates)
 _____ Number of tickets for Annual Gala @ \$95 (Members/Non-Members/Guests)
 _____ Number of tickets for Annual Gala @ \$40 (ATA Associates)
 _____ Donation to Young Investigators' Travel Fund
 _____ **TOTAL**

Refund policy: Refund requests must be submitted in writing. Requests postmarked before August 15, 2004 will receive a registration refund less a 25% processing fee. Requests postmarked between August 15, 2004 and September 15, 2004 will receive a registration refund less a 50% processing fee. No refunds will be made if postmarked after September 15, 2004. Refunds will be processed 30 days after the meeting ends.

Tax Refunds for non-Canadians:
 When you leave, you may be eligible for a tax refund on the goods you bought in Canada if you export them within 60 days, as well as on the cost of short term lodging. For more information visit the Visitor Rebate Program at <http://www.ccra-adrc.gc.ca/tax/nonresidents/visitors/index-e.html>

American Thyroid Association
 76th Annual Meeting of the ATA
 The Westin Bayshore Resort & Marina
 Vancouver, BC, Canada
 September 29-October 3, 2004

Deadline for receipt of advance registration is September 5, 2004.

- 10. Fellows special discount hotel rooms – shared accommodations**
 I request that the ATA make my reservation by rooming list. Check in at hotel registration desk.
 Gender: (male/female) Arrival date: _____ Departure date: _____
 Preferred roommate: _____

- I prefer that the ATA NOT make my reservation by rooming list. I will make my own hotel arrangements (no discount).

11. 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 _____ Exp. date (month/year) _____
 Print cardholder's name _____
 Signature _____

REGISTER ON-LINE at the secure ATA web site www.thyroid.org.
FAX your completed form with credit card payment (no checks or money orders) to 678-341-3081. If you **FAX**, DO NOT MAIL, you risk duplicate charges.

MAIL your completed registration form with payment to:
 ATA Registration, c/o QMS, 6840 Meadowridge Court,
 Alpharetta, GA 30005. Phone: 678-341-3056.

Please keep a photocopy of this form.



American Thyroid Association
6066 Leesburg Pike, Suite 650
Falls Church, VA 22041

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The American Thyroid Association invites you to attend the 76th Annual Meeting of the ATA ...



The Dartmouth-Hitchcock Medical Center designates this educational activity for a maximum of 33 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.



Online meeting information: www.thyroid.org or call the ATA at 703-998-8890

Abstract submission online:

- ▶ Short call site **opens** — Monday, August 9, 2004
- ▶ Short call site **closes** — Monday, August 23, 2004

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Dartmouth-Hitchcock Medical Center and the American Thyroid Association. The Dartmouth-Hitchcock Medical Center is accredited by the ACCME to provide continuing medical education for physicians.

Headquarters Hotel:

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1601 Bayshore Drive, Vancouver, British Columbia, Canada V6G 2V4
Phone: 1-800-WESTIN-1 OR (604)682-3377 By Fax: (604)687-3102
E-Mail: bayshore@westin.com