

ATA Signal



AMERICAN
THYROID
ASSOCIATION
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THE NEWSLETTER OF THE AMERICAN THYROID ASSOCIATION

The ATA to Meet in Sunny Phoenix

With near-perfect weather, ease of transportation, and genuine hospitality, Phoenix is an ideal place for the ATA's upcoming 77th Annual Meeting. Please join us

at the Sheraton Wild Horse Pass Resort & Spa in Phoenix, October 11–15, 2006, to share the newest clinical and basic science research on thyroid disease.

“The scientific program is designed to engage the practicing clinician, as well

as the clinical and basic investigator,” says Program Co-Chair Antonio Bianco, MD, PhD.

“A number of translational symposia are planned on topics that will

bring clinicians and investigators together.”

The annual meeting has been awarded 32.50 *AMA PRA Category 1 Credits*[™].

The meeting will present the latest basic and clinical advances in thyroid cancer, *continued on page 9*



Spring Meeting Spotlights Threats of Environment on Thyroid Health

Thyroid experts shared the latest information on the adverse effects of the environment on the thyroid at the ATA's spring meeting, “Thyroid Health and the Environment: Threats and Effects,” on Friday, March 24, in Washington, D.C. The meeting, held in cooperation with the American Association of Clinical Endocrinologists (AACE), drew more than 110 attendees.

“It is vitally important for ATA members to understand the role the environment plays on thyroid function,” said Thomas Zoeller, PhD, meeting co-chair.

The day-long program offered information about new research in this

area, particularly in defining the molecular mechanisms of iodine and thyroid hormone

metabolism, as well as the genetics of autoimmune disease and thyroid cancer. Meeting participants also learned how to recognize and interpret the recommendations by various national and state agencies on the regulations of the potential environmental

factors affecting thyroid health.

“The program was well-received by the attendees who gave it an enthusiastic ‘thumbs up’ evaluation,” said ATA President Ernest Mazzaferri, MD.

“Attendees gained a better understanding *continued on page 7*



Drs. Zoeller and Braverman led the ATA's spring meeting.

President's Message



Thanks to the hard work of Greg Brent and our professional staff, the ATA is

enjoying a great year, during which a number of exciting things have happened.

The “Management Guidelines for Patients With Thyroid Nodules and Differentiated Thyroid Cancer,” published February 2006 in *Thyroid*, have been exceedingly well received around the world, thanks

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Register for the annual meeting — www.thyroid.org

In Memoriam

Alvin M. Taurog, PhD

December 5, 1915–March 30, 2006

Alvin Taurog, PhD, a giant in the field of thyroid biochemistry and physiology, died in his sleep on March 30, 2006, at the age of 90. Alvin was born in St. Louis and later moved to California, where he attended UCLA, majoring in chemistry. He received his PhD in physiology in the laboratory of Dr. Israel Chaikoff at the University of California at Berkeley in 1943. He worked at UC Berkeley until 1959 when he moved to the University of Texas, Southwestern in Dallas as a member of the Pharmacology Department, where he remained active literally up to the day he passed away.

Dr. Taurog was interested in iodine and iodothyronine synthesis from the beginning of his career. He was markedly influenced by Chaikoff's interest in these topics, and his work was facilitated by the early availability of radioiodine prepared in the Berkeley cyclotron. His first graduate student, Dr. Jan Wolff, describes Dr. Taurog as a "meticulous experimenter," a persistent characteristic throughout his life. His work on the thyroid spanned over 50 years — from 1945 to his last publication in 1999, covering iodotyrosine and iodothyronine synthesis, thyroglobulin biochemistry, and the mechanism of tyrosine iodination and how thiourea drugs interfere with that process. He was able to purify and characterize thyroid



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peroxidase and defined the mechanism by which the thyroid adapts to iodine deficiency. He worked with the thyroid glands of many species, from lizards to humans.

Dr. Taurog became professor of pharmacology in 1963 and Emeritus Professor in 1996. The Alvin Taurog Lectureship in Pharmacology at UT Southwestern was created in his honor at the time of his official "retirement" 10 years ago.

"Those of us who were fortunate enough to work closely with Alvin remember him as a skilled and passionately dedicated scientist," says Reed Larsen, MD. "He was the only person I know of who could assay iodine with sufficient sensitivity to determine whether a 'low-iodine rat diet' was truly low in iodine." Despite his dedication to his work, he also loved classical music, sang regularly in a choral group in Dallas for many years, and was an avid tennis player.

Dr. Taurog was a long-time member of the ATA and retained his senior membership, subscribing to *Thyroid* until the end of his life. Adds Dr. Larsen, "We will miss his encyclopedic knowledge of thyroid hormone synthesis, his incisive questions, his sense of humor, and his characteristic broad smile."

Dr. Taurog is survived by his sons, Joel, an internal medicine professor at UT Southwestern, and Avraham, of New York City; his sister Mary Gross in the San Francisco area; and his six grandchildren.



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New Members Join ATA Ranks

The ATA welcomes the following new members:

Active

Lorraine Dajani, MD
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Marvin Wool, MD



The Thyroid and Environment Conference in March was a spectacular success and Program Chairs Tom Zoeller and Lew Braverman, with their committee, developed an outstanding program that was very well received. More than five years ago, Paul Ladenson had the idea to hold a regular ATA spring conference on a thyroid-related topic with a public health impact, and it is now firmly established as a regular function of the ATA, with benefits that have expanded each year. Through this activity we have become partners in exploring thyroid and public health with the NIH, CDC, March of Dimes, and the NRC, to name but a few, and have had extensive impact on professionals and the lay public.

We had a very productive Council meeting following the conference and will be shortly introducing recommendations to the membership for improving the governance of our society. We have developed new guidelines for conflict of interest that have been voluntarily adopted by the officers and directors and will be introduced to new officers and directors as they are invited to seek office. We hope to work toward continued transparency in our operations and give confidence to our members that we are operating without external influence.

The ATA has sustained growth and vitality for more than 75 years, not because of our leadership, successful Annual Meeting, or desirable venues, although these are all important. We are held together by the depth of relationship and affection that we have for each other and the organization. In my 20 years with the ATA, a short time compared to many, I have had the privilege of building relationships with many of the established members.

The bonds among members become especially apparent as those pioneers in our field are no longer with us. I have a picture on my bookcase from a Thyroid Research Advisory Council meeting in Bar Harbor, Maine, in 1996 with a group of thyroidologists enjoying a crisp fall afternoon together. John Dunn and Jack Oppenheimer were in that group and are sadly gone.

John was a gentleman with a passion for world health and a warm encouraging manner. He was always the champion for

the young investigator, eager to give someone a chance to test their hypothesis and enter into a career of thyroid research.

Jack had an unmatched intellect and a passion for scientific discovery. I was soon to learn as a fellow preparing for a presentation at the ATA meeting that the most important element was to prepare for the Jack Oppenheimer questions. Long after the slides and talk were perfect, and exactly 10 minutes in length, my preparation had only begun. Various members of the lab would take turns "being Jack Oppenheimer," much like one might play roles for a presidential debate. The reality, of course, was that although this preparation helped to calm my nerves, the questions from Jack were rarely those anticipated, and I would be on my own. I would look at Reed Larsen's body language from the audience to see how far astray I had gone, but I rarely answered



Thyroid Research Advisory Council meeting in Bar Harbor, Maine, in 1996.

to Jack's complete satisfaction. I was soon to learn, though, that under the intense questions from this intimidating intellect, who was the father of my chosen field of research, was a gentle and encouraging soul. I now understand the transforming nature of those interactions with Jack and his subsequent encouragement at every step of my career. When I was a fellow and had not done anything of note and knew even less, Jack treated me like a colleague who was worth his time and effort and energy, and that made all the difference.

To paraphrase what Isaac Newton said in 1676, if we have seen further, it is because we are standing on the shoulders of giants. It is very sad when these giants are no longer with us. We must recognize, though, that this is the strength of the ATA. The depth of our sadness is a measure of the depth of relationships that we have. Join me as we recognize the contributions of those that our no longer with us and take the challenge to be the kind of encouragers and mentors that John Dunn and Jack Oppenheimer were to me and to many others in the ATA. We now have the opportunity to nurture and mentor newer members, as we were once welcomed.

It is a privilege to serve as your secretary.

Gregory A. Brent, MD
ATA Secretary

The ATA has sustained
growth and vitality
for more than 75 years

In Memoriam

Jack Oppenheimer, MD

September 14, 1927 – April 16, 2006

Jack Oppenheimer, MD, a long-time ATA member who is internationally recognized for his discovery of the nuclear thyroid hormone receptor and his subsequent work on the mechanisms of thyroid hormone action, died April 16 from complications of diabetes and neurodegenerative disease after a prolonged illness. He was 78.

“Jack was a pioneer in our field who made his mark on all of us, leaving us a legacy of knowledge and wisdom that is a bright light that will continue to shine on in the hearts and minds of his many students, colleagues, and friends,” says ATA President Ernest Mazzaferri, MD. “His colleagues and students continue to build upon the great knowledge that he bestowed upon us, and we shall miss him deeply.”

“Jack’s many contributions to the field of thyroidology, including his pioneering work on nuclear thyroid hormone receptors, make him one of the true giants in our field,” reflects Steve LaFranchi, MD. “His critical insights, sharp wit, and general good humor made Jack a treasure for his many trainees, colleagues, and good friends.”

In 1937, at the age of 10, he fled from Germany with his family and immigrated to the United States. He received his bachelor’s degree from Princeton in 1949 and his medical degree from Columbia University in 1953. His memories of his undergraduate years revolved around his interaction with Albert Einstein. Dr. Oppenheimer and a friend wanted to talk with the physicist about his theory of relativity. Rebuffed at first, he gained the aging scientist’s friendship because he helped Einstein, who was known to have trouble with directions, find his way home one night. He proudly displayed a signed letter from his famous friend.

After serving as Director of Endocrinology at Montefiore Hospital/ Albert Einstein College of Medicine in New York City, he moved to the University of Minnesota in 1976 to be the Director of the Division of Endocrinology, where he remained until his retirement.

Early in his thyroid research career, Dr. Oppenheimer demonstrated the effect of diphenylhydantoin displacement of thyroxine from TBG, and published a number of manuscripts describing the effects of various drugs on the interaction of thyroid hormone and plasma proteins. These studies led to the award of a National Institutes of Health grant titled “Thyroxine-Protein Interaction” in 1961. It is notable that he maintained this grant in active status

for more than 35 years of continuous support until his retirement from active research in 1997.

Dr. Oppenheimer’s careful studies detailing the interactions of thyroid hormone with other proteins led to the pioneering work describing specific nuclear T3 receptors, published in *Science* in 1972. He had a unique gift for mathematical modeling, and use of this gift to analyze ligand-protein interactions was a key contributor to that study. This finding came at a time when the great majority of workers in the field were fixated on the mitochondrion as the site of initiation of thyroid hormone action. This landmark observation paved the way for understanding the mechanism of thyroid hormone action that was the cornerstone of his work for the remaining 25 years. It also provided the insight into hormone action that spawned the careers of countless other scientists, both in the thyroid field as well as in other areas of science.

“Jack’s identification of the nuclear thyroid hormone receptor and his characterization of the role of thyroid hormone in neurodevelopment and metabolic regulation established the foundation for much of the current work on thyroid hormone action,” recalls Greg Brent, MD.

Dr. Oppenheimer’s body of scientific work has been recognized worldwide, punctuated with numerous awards and invited talks. Among these, he was most proud of the Van Meter Award and the Parke-Davis Distinguished Lectureship Awards from the ATA, as well as the Astwood Lecturer from The Endocrine Society. He also received the ATA’s Distinguished Service Award. He was elected a Fellow of the American Association for the Advancement of Science and served as ATA President.

Dr. Oppenheimer directly supervised more than 75 MD and PhD post-doctoral students, most of whom remain active in their research and clinical activities. He also participated in the training of more than 50 additional medical fellows during his tenure as Director of the

Division of Endocrinology at the University of Minnesota.

“Jack’s trainees can be found around the world — academic leaders and major contributors to thyroid research — continuing his rich legacy of excellence,” adds Dr. Brent. “Despite his strong scientific views in a number of areas, Jack had a gentle spirit and was a great encourager, especially of those in training.”

He is survived by his wife, Ann, to whom he was married for more than 50 years; his children, Mark, Lawrence, and Adele; their spouses; and his seven grandchildren.



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“Jack was a pioneer
in our field who made
his mark on all of us...”

President's Message, continued from front page

to the work of the guideline task force members and its chair, ATA President-elect David Cooper, all of whom dedicated much time and effort to this project. In my travels to Paris and Rome this spring, I was delighted to receive many enthusiastic comments about our guidelines from our European colleagues, who warmly congratulated the ATA on this effort.

Of considerable interest, the Europeans have recently published a consensus article (Pacini, F. Schlumberger, M., Dralle, H., Elisei, R., Smit, J. W., and Wiersinga, W. European consensus for the management of patients with differentiated thyroid carcinoma of the follicular epithelium. *Eur.J.Endocrinol.* 154(6), 787–803. 2006), which closely parallels the ATA management recommendations. I think this is a propitious occasion to consider producing international recommendations for the management of thyroid cancer, an idea that has been endorsed by some of the world's leading thyroid cancer experts in Europe. Moreover, The Endocrine Society has endorsed our guidelines and AACE has expressed an interest in joining the ATA in the periodic process of updating our guidelines, the exact timing of which is under discussion but will be done on an ongoing and timely basis. In addition, our friends in the Pediatric Endocrine Society have also expressed interest in helping with the next guideline revision. This presents a wonderful opportunity for the ATA to assume a leadership role in developing a unified international effort to update the recommendations for the care of thyroid cancer, which will help both patients and physicians in making decisions about the management of this disease.

Along the same lines, the ATA is in the process of setting up a task force for writing similar data-based guidelines for the management of medullary thyroid cancer. I am delighted to tell you that Drs. Bob Gagel and Sam Wells, two of the truly outstanding world leaders in this field, have agreed to co-chair this group. We hope that some of our European colleagues and that our sister societies such as The Endocrine Society, AACE, and the Pediatric Endocrine Society will join us in this effort. We have received an unrestricted grant from Genzyme to help defray the cost of developing the guidelines and have promises of similar support from other pharmaceutical companies and one patient support group.

In March, the ATA sponsored its spring meeting, *Thyroid Health and the Environment*, in Washington, D.C. Special thanks go to Lew Braverman and Thomas Zoeller, the program directors, who, along with the Program Committee, did a spectacular job organizing the meeting. The meeting was well attended and enthusiastically received. We also owe special thanks to Genzyme and Abbott Laboratories for unrestricted educational grants for this effort.

As I mentioned in my last report, our web-based Friends of the ATA program continues to grow and generate e-mail

contact with thousands of patients. We have been able to initiate a patient Q&A feature on the web site, thanks to Dr. Elizabeth Pearce, who is editing the responses being written by ATA members.

The ATA's growing commitment to physician education is exemplified through our support of endocrine fellows, who are provided free, first-year ATA membership in the "Associate" category. The real face of our organization to young, enthusiastic fellows is demonstrated through the ATA's Annual Meeting fellows track, which includes a special ultrasound course as well as through Chip Ridgway's one-day fellows program that precedes the Annual Meeting.

As the year progresses, it has become increasingly more apparent to me just how much the ATA has done in recent years to develop new areas of teaching, patient support, and a variety of other extremely important professional issues that in one way or another touch so many of our members and potential members, including endocrine fellows and patients.

The above represents only a small fraction of the new programs that the ATA has introduced over the past five to eight years, during which time we have become a professionally managed association with a Washington, D.C.–area office, an executive director, and staff.

Like most changes, it takes some time to fully appreciate what must be done organizationally to support our new and increasing range of activities and professional commitments. The ATA leadership recently consulted with an expert in the management of professional organizations who conducted a day long seminar for the Executive Council. The consultant also provided the ATA with written recommendations that clearly show the path that we must begin negotiating to optimize the ATA commitment to our members and patients and to meet the other typical demands placed upon important professional societies such as ours.

Your Executive Council will begin addressing these issues in June during our Council meeting in Boston (see pages 8–9). One of the things I learned as chair of a large department of internal medicine is that change usually offers both a clear opportunity as well as some danger. Still, with thoughtful leadership, the former can be fully realized and the latter largely minimized.

It seems to me that one of the fundamental things about life is that living things always undergo change — and the ATA certainly is a living, vibrant society that continues to grow stronger over time and, most certainly, can and will undergo change to meet our new challenges.



Ernest Mazzaferri, MD
ATA President

ATA Executive Council Meeting Highlights

Washington, DC, March 24–26, 2006

The following issues and updates were provided at the most recent meeting of the ATA Executive Council, March 24–26, 2006.

► **13th ITC.** ATA President Ernie Mazzaferri expressed his appreciation for the highly successful 13th International Thyroid Congress in Argentina, which was hosted by the Latin American Thyroid Society and organized under the auspices of Hugo Niepomnische, MD, PhD. The ATA was well represented with many members attending and participating in the scientific program.

ATA Secretary Greg Brent also recognized the ATA's ITC program representatives, Jorge Mestman, Marty Surks, and Sheue-yann Cheng. Video presentations from the ITC will be made available in the spring and should be accessible on the web. Surplus revenue from the ITC will be distributed to each sponsoring society to sponsor trainee travel grants for the next ITC.

► **Friends of the ATA.** The long-term goals of Friends of the ATA are to identify individuals with an interest in thyroid disease and thyroid research and create a network and infrastructure of communication. This network will facilitate news alerts and calls to action; disseminate information about the prevention, diagnosis, and treatment of thyroid disease; respond to questions; and cultivate relationships with the public.

► **ATA Alliance for Patient Education.** An important group of patient-oriented organizations have been brought together under the auspices of the ATA Alliance for Patient Education, including ThyCa: Thyroid Cancer Survivors' Association led by Gary Bloom; Joan Shey's Light of Life Foundation; the Thyroid Foundation of America under the direction of Dr. Larry Wood; and the National Graves' Disease Foundation led by Dr. Nancy Hord-Patterson. With these partners, we continue to weave a closely linked network of patient-oriented organizations that by mutual association will grow stronger and will reach millions of people with thyroid disorders in the United States and abroad.

► **Membership.** Dr. Mazzaferri noted that, in 2006, a goal of the Council is work diligently to broaden ATA membership and, particularly, to welcome our younger colleagues.

A streamlined membership process will be instituted to allow for a more rapid review and decision on applications. This process will involve an administrative confirmation of material and then review by the membership chair and council liaison. The Membership Committee will focus on recruitment and retention of members, especially encouraging younger members and those that can broaden representation of disciplines.

The Council approved new members as recommended by the membership committee (see page 3).

► **Pharmacovigilance survey.** The ATA has partnered with The Endocrine Society and the American Association of Clinical Endocrinologists to survey the clinical consequences of switching among thyroxine preparations. After an initial period of collecting information from our members, a report will be sent to thyroxine prescribers across the country.

► **Clinical Trials.** The thyroid clinical trials web site, through the efforts of web committee chair Matt Ringel and Council member Steve Sherman, will provide a central resource of available clinical trials.

► **Thyroid Cancer Roadmap.** The thyroid cancer roadmap, co-sponsored by ThyCa: Thyroid Cancer Survivors, Inc., will provide an important resource for patients and those involved in the care of patients with thyroid cancer.

► **"Management Guidelines for Patients with Thyroid Nodules and Differentiated Thyroid Cancer."** Published in the February issue of *Thyroid* and available on the ATA web site, this outstanding set of evidence-based guidelines provides a clear and balanced approach to this complex area of disease management. There has been significant media and professional interest demonstrated by prominent stories in *Endocrine Today* and *Clinical Endocrinology News*. The task force, led by ATA President-elect David Cooper, used a strategy similar to that of the National Institutes of Health for its Consensus Development Conferences, with the guidelines containing explicit advice based upon a literature survey.

► **Ethics.** The Council discussed how our leadership can position the ATA to function with the highest standards of ethical conduct. Personal standards for leadership, guidelines for interaction with industry, and issues that arise from oversight of publications, meetings, committee work, and clinical activity of members were discussed. Strengthening of the current conflict disclosure policy for Council members was proposed as well as specific guidelines for officers that would prohibit serving as a consultant for industry or simultaneously holding major leadership positions in other professional organizations.

► **Thyroid.** The transition to electronic submission and review of manuscripts to the journal *Thyroid* has been accomplished. The ATA administrative office now coordinates manuscript submissions and reviews. Terry Davies, editor in chief, has appointed two associate editors: Dr. Yaron Tomer (Images) and Dr. Roy Weiss (Case Reports).

► **Clinical Thyroidology.** *Clinical Thyroidology* will be an online publication in the future. Bob Utiger will continue as editor, maintaining the current format. It is anticipated that a more interactive format with links to original articles

and supplementary material will be available in the future. Online sign up for notification of the publication is available and a print version for members only is being considered.

► **Finance and Audit.** ATA Treasurer Charles H. Emerson reported that the invested monies of the ATA are held in Deutsche Bank Alex. Brown (DBAB) equity and fixed income accounts directed by client advisor Barry Garber. Currently, Endowment and Designated Fund assets are held in five of these accounts and Operation Fund assets are held in one cash equivalent account. In 2005, the accounts that held Endowment and Designated fund assets returned approximately 6.96 percent. The performance of the major equity account, the Client Select, exceeded the performances of the S & P 500 and the Dow Jones Industrial Average (12.99 % vs. 4.91 % and 1.70 %, respectively). The high return on Client Select of 12.99 percent reflected significant cash deposits into this account during the year.

► **Public Health.** The Council approved the Iodine and Pregnancy paper written by the Public Health Committee.

► **Education and Clinical Affairs.** The ATA Council expressed support of the goals of the International Thyroid Cancer Study Group (ITCSG) and is willing to work cooperatively with this group, which was started by an effort for patients with Medullary Thyroid Cancer (MTC). Now being directed by Sam Wells and Robert Gagel, they have formed an executive committee, including clinical, translational, and laboratory investigators from the United States and Europe, with a goal to expand the group as broadly as possible.

The Council discussed educational meetings on the new evidence-based thyroid cancer management guidelines and possible venues and faculty as well as cooperating with other academic institutions and sister societies.

A task force for guidelines on medullary carcinoma to be chaired by Bob Gagel and Sam Wells is being organized.

The Council discussed having an ATA representative to the AMIA committee. The Education Committee proposed the idea of creating a CD-ROM with in-depth information on thyroid disease for use for students studying for medical boards, potentially in collaboration with sister societies.

Of Note...

The Executive Committee of The Endocrine Society has endorsed the ATA's recently published *Management Guidelines for Patients With Thyroid Nodules and Differentiated Thyroid Cancer*.

Spring Meeting, continued from front page

of the progress that's been made in the past years on how environmental factors affect thyroid function and how future research can build upon these findings," said Lewis Braverman, MD, CME course director and meeting co-chair.

Although studies have demonstrated that environmental factors have an effect on thyroid function, the association between environmental factors and thyroid-related health is still not fully clear. "Several larger epidemiological studies are now in progress that may allow for greater advancements in this field in the near future," said Gregory Brent, MD, Professor of Medicine and Physiology, David Geffen School of Medicine, UCLA, who spoke at the meeting. "These types of studies coupled with advances in mechanisms of action and toxicology will help to clarify these issues."



Attendees listened intently to the discussion on perchlorate.



Elizabeth Pearce addressed national trends in iodine nutrition.

"AACE was pleased to collaborate with the ATA for the third straight year to develop this program and to promote public awareness on thyroid disorders," said Hossein Gharib, MD, past president of AACE.

Endocrine Today, *Endocrine News*, *Hem/Onc Today*, and *Clinical Endocrinology News* are covering the highlights of the spring Meeting in current or upcoming issues of their magazines.

The program was supported in part by unrestricted educational grants from Genzyme, Inc. and Abbott Laboratories.

To learn more about the meeting, visit the ATA web site, www.thyroid.org. Meeting presentations will soon be available in streaming video at http://www.thyroid.org/professionals/education/video_broadcasts.html.

Governance in the 21st Century



Gregory A. Brent, MD
ATA Secretary



Barbara "Bobbi" R. Smith, CAE
ATA Executive Director

The ATA engaged in a strategic plan process beginning in November of 2000, which set a course of change and growth unprecedented in our history. Under the leadership of then ATA Secretary Paul Ladenson, strategic directions were

created that pointed toward expansion of our very unique and specialized medical society in the areas of public health, clinical affairs, patient education, and professional aspects of governance.

The standards of excellence in nonprofit management demand increasing transparency and accountability. The ATA has allotted significant staff time to our financial reporting, as we have increased dramatically our investment and sponsorship funds. In the past five years, we have changed our election and governance processes, our abstract submission process, our endorsement and development of evidence-based guidelines, our web and Internet presence, the public and patient education outreach, and the relationship between the staff and our board. Our reliance on relatively few companies for support of our activities has made it a challenge to maintain our operations independent of any real or apparent industry influence. New conflict guidelines for our officers and directors are being developed to address this issue and will soon be described to the membership.

We have a rich history of an active and involved membership. ATA members are committed to preserving time-honored traditions and to careful consideration of society activities and ideals. Respect for our loyal and invested members leads us to consider change in a careful manner. The changes we see in the association (non-profit) industry are those that improve the workings of the society and help to make us more effective and influential.

Advancing our intention to bring governance of the ATA into the 21st century, we have asked the ATA Executive Council to address governance issues, fiduciary responsibility, and conduct guidelines over the past several years. In addition to the Strategic Plan of 2000, we had a strategic directions workshop in 2004 for the ATA Executive Council, with a follow-up Council meeting in 2005 to explore and expand the goals of those directions (which have been posted in the members only area of the ATA web site, www.thyroid.org, for the past year).

This year, the ATA engaged the company, Board Source (www.boardsource.org), to consult with the Council on recommended updates to our bylaws and governance policies and procedures. The recommendations to the bylaws are in

large part the changes necessarily brought about by 80 years of progress in the ways that non-profit membership societies do business. Making the bylaws a skeleton of the society and not the entire physiognomy is the best way to describe the recommendations that the consultant has put forth.

The bylaws are the agreement between an association and its members. They describe membership requirements and rights and how the authority of the officers and directors relates to the membership and staff. The Executive Council is the governing body of the ATA. Their selection process and responsibilities should have a primary position in the bylaws. An important first step for bylaws change is to move the description of the governing body of the ATA to the beginning of the bylaws. The board governance consultant suggested that a name change to ATA Board of Directors would more accurately reflect the importance of their authority and accountability as well as distinguishing their role from that of the executive director. The bylaws description of the duties and responsibilities of the executive director should be in proximity to this governance section. The ATA has a "new reality" with professional staff and an executive director performing many of the tasks listed in the bylaws under the duties of the secretary.

The expansion of the activities of the society has provided new opportunities for the secretary to serve as a scientific professional on the executive management team and to represent the ATA to the media, colleagues, industry, and the lay public. During the four-year term, the secretary, as chief elected officer and chair of the board, leads the Executive Council in strategic planning and achieving governance standards. The secretary is the primary liaison to all the committees, although every Council member has a committee assignment. The secretary and executive director work together on meeting development. The unique role of secretary is to be the bridge between the headquarters office and the Executive Council, promoting a highly effective working partnership with the executive director. The treasurer, executive director, and financial director form a similar long-term team to provide oversight and planning for the ATA budget and finances. Similarly, the executive director builds a productive and efficient administrative staff team in order to achieve the goals and directions set by the Executive Council and codified in the policies and procedures.

ATA Committees have served as an excellent pipeline for ATA volunteerism and leadership. The ATA has developed extensive policies and procedures explaining the function of each committee and the charge and timeline in which their work is to be completed on an annual basis. The plan is to move these descriptions into an operation manual,

but not enshrine these details into the bylaws. It would then no longer be necessary to have a bylaw change when we add or delete a committee, which only compounds the administrative work of the staff as the ATA grows in response to scientific and societal demand. The bylaws are a place to state who has the authority to appoint members to committees and how the committee chairs interact with the ATA Executive Council and staff.

In the next few months, we will be electing new directors, a president-elect, secretary-elect, and treasurer-elect. The bylaws changes that will support these leaders in the execution of their jobs will be part of the ballot package. Please let us know in the meantime your comments on the evolution of the ATA into the 21st century! We count on your good counsel for the health and relevance of our unique and highly regarded society.

ATA Members on NIH Study Section

ATA members Peter Arvan, Tony Bianco, Greg Brent, Sheue-yann Cheng, and Fred Wondisford are all serving terms as regular members of the NIH Molecular and Cellular Endocrinology Study Section. Long-time thyroid researcher, Syed Amir, PhD, has been scientific review administrator (SRA) of the study section for 18 years.

This study section reviews the majority of basic research

applications in thyroid hormone action and thyroid hormone metabolism as well as thyroid autoimmunity. Greg Brent will begin a two-year term as chair in October 2006 when the study section meets following the ATA Annual Meeting in Phoenix, AZ. ATA members serve as regular and ad hoc members on a number of other study sections throughout the NIH.

Sunny Phoenix, *continued from front page*

thyroid hormone action, thyroid autoimmunity, and thyroid metabolism made relevant to the care of patients with thyroid disorders.

Program highlights include a keynote presentation by Samuel Refetoff, MD, on “Genetic Defects Leading to Abnormal Thyroid Hormone Metabolism.” He will talk about his recent work on genetic defects leading to abnormal thyroid hormone metabolism, which includes the discovery of a new syndrome caused by a genetic defect in the synthesis of selenoproteins. There will be clinical grand rounds, led by Gil Daniels, MD, focusing on thyroid nodule management, as well as a symposium on new insights in subclinical hypothyroidism treatment decisions and management of Graves’ disease.

As part of the translational track, Mitch Lazar, MD, will present the State-of-the-Art Lecture about his work on adipocyte function and discovery of resistin. The symposia will include presentations on thyrocyte cell biology, thyroid hormone metabolism, transport into cells, and thyroid hormone action. Highlights will include recent developments in thyroid stem cell research, thyroid tumorigenesis, and the use of novel tumor inhibitors. Speakers on thyroid hormone metabolism will focus on advances made on the genetics of deiodinases, including transgenic animal models and gene polymorphisms and imprinting mechanisms with clinical significance for humans. These findings are likely to improve the selection of patients for treatment with thyroxine and provide improved methods to guide and individualize therapy. The impact of MCT8 mutations in humans and clinical trial data on the use of thyroid hormone analogues will also be presented.

There will be a special symposium during the meeting to recognize the 20th anniversary of the cloning of the thyroid hormone receptor. This discovery was made simultaneously by two groups of investigators and reported in 1986. The leaders of these groups — Drs. Ronald Evans from the Salk Institute, who will be honored this year with the prestigious Lasker Award, and Bjorn Vennstrom from the Karolinska Institute — will speak. The symposium will be chaired by Herb Samuels, MD, who made seminal contributions to the recognition of nuclear thyroid hormone receptors. The symposium will be dedicated to the memory of Jack Oppenheimer, MD, and his work that first identified a nuclear thyroid hormone receptor.

The program offers 16 Meet-the-Professor Workshops, highlighting a wide range of topics, including the histopathology of aggressive thyroid cancer, novel insights into S14 mechanisms of actions, review of ATA guidelines for thyroid nodules and cancer, and submitting a successful grant application.

D. Lynn Loriaux, MD, PhD, will be presenting the Clark Sawin Memorial Historical Vignette. Dr. Loriaux is chair of the Department of Medicine at Oregon Health Sciences University and editor-in-chief of the journal *The Endocrinologist*. Dr. Loriaux has made many contributions as a medical historian and is best known as an expert on the life of one of the most influential endocrinologists, Fuller Albright, who will be the subject of his address.

Once again, there will be a track dedicated to fellows, led by Michael McDermott, MD, and Stephanie Fish, MD. Another not-to-miss program is the premeeting symposium, Satellite Advanced Ultrasound Course, on Wed., October 11.

Register now for the ATA meeting by going to http://www.thyroid.org/ann_mtg/2006_77th/registration.html.

Editor's Corner: What's New in Thyroidology? Of All the Gall!



Rebecca S. Bahn, MD, ATA Signal Editor

An ideal medication for the treatment of obesity might be one that promotes weight loss, even in the face of increased food intake. Certainly thyroid hormone would fit this bill — if only it didn't, in excess, promote osteoporosis, muscle wasting, cardiac arrhythmias, sleep disturbance, anxiety, etc. The good news is that in the future the metabolic effects of thyroid hormone might be harnessed by medications related to lowly hepato-biliary fluid. A recent paper by Watanabe and colleagues (1), published in *Nature* with an accompanying editorial by Baxter and Webb (2), reported that in mice fed high fat diets, the ingestion of cholic acid results in the selective production of active thyroid hormone in fat tissue, just where it is needed.

Bile acids (BAs) have long been known to enhance intestinal fat absorption and cholesterol catabolism. More recently, these compounds have also been shown to act as signaling molecules via pathways involving the G-protein-coupled receptor TGR5. Studies by Watanabe and colleagues indicate that BAs moderate the effects of a high-fat diet by acting as hormones in brown adipose tissue. Mice fed a high fat diet and cholic acid were less obese and had better regulated blood glucose than controls fed the same diet alone. This effect was due to increased energy expenditure. Cholic acid ingestion had no effect in lean animals and did not alter appetite. Microarray experiments revealed upregulation of the gene encoding type 2 deiodinase (D2) in the brown fat of cholic acid-fed mice. The central importance of D2 in this effect was suggested because D2 knock-out mice were immune to the metabolic effects of BAs. Additional studies

suggested that cholic acid activates TGR5 receptors in brown fat; this results in elevated intracellular cAMP levels, which in turn enhance local D2 activity, leading to increased tissue T3 levels. Increased sensitivity to cAMP pathway activators in mice fed high-fat diets appears to be the reason the effect was not seen in lean mice.

The application of these findings to humans appears promising, but not straight-forward. Adult humans have very little brown fat; however, human skeletal muscle does express D2 and TGR5, and is known to be important in energy homeostasis. Watanabe showed that human skeletal muscle cells respond to cholic acid treatment as do rodent brown adipocytes by increasing D2 activity and oxygen consumption. These findings suggested that D2 might regulate metabolism similarly in both tissues. Unfortunately, ingestion of BAs causes hepatic toxicity in humans, and the increase

in energy expenditure necessary to counteract a Big Mac attack would be gargantuan. However, similar compounds might be designed for clinical use that are more potent than cholic acid, but carry less toxic side effects when ingested. Thus BAs, which are likely important in linking physiologic food intake to diet-induced increases in metabolic rate, may hold the key to the development of antidotes to supra-physiologic indulgence.

1. Watanabe M, Houten SM, Matakai C, Christoffolete MA, et al. Bile acids induce energy expenditure by promoting intracellular thyroid hormone activation. *Nature* 439; 484, 2006.
2. Baxter JD, Webb P. Bile acids heat things up. *Nature* 439; 402, 2006.

The application of these findings to humans appears promising, but not straight-forward.

Upcoming Meetings

2nd Milan Thyroid Cancer Conference

European Institute of Oncology
July 2–4, 2006, Milan, Italy

23rd Conference of European Comparative Endocrinologists 2006

August 29–September 2, 2006
University of Manchester
Manchester, UK

European Thyroid Association 31st Annual Meeting

September 2–6, 2006, Naples, Italy

WorldMEN 2006

September 7–9, 2006
Palais du Pharo,
Marseille, France

American Thyroid Association 77th Annual Meeting

October 11–15, 2006
Sheraton Wild Horse Pass
Resort & Spa
Phoenix, Arizona

European Thyroid Association Postgraduate Training Course

Eastern Europe

September 28–October 1, 2006
Congress Hall of Hotel "Mariot"
Tbilisi, Georgia

Dr. David Metreveli, dmetr@mmc.net.ge

For more information, visit
www.thyroid.org

American Thyroid Association
REGISTRATION FORM



77th Annual Meeting of the American Thyroid Association
 Sheraton Wild Horse Pass & Spa, Phoenix, AZ
 October 11-15, 2006

Deadline for receipt of advance registration is October 1, 2006.

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 check one):
 MD, DO PhD MD, PhD RN Other _____
 Organization _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip code + 4 _____
 If outside the U.S., country/city code: _____
 Country _____
 Phone _____ Fax _____
 E-mail address _____

- 1. I require a CME certificate for my attendance at this meeting.**
 The CME form to be completed will be in your registration packet. Please complete and hand in to the CME desk at the meeting to obtain your certificate on-site.
- 2. I consider myself primarily** (please list one): _____
 a. Clinician b. Educator c. Scientist d. Other e. Exhibitor
- 3. My work is best described as** (please list one): _____
 a. Adult endocrinology c. Pediatric endocrinology e. Surgery
 b. Basic science d. Internal medicine f. 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

5. Registration fees (please circle applicable fees):

| | Early Bird (received by August 10) | Discounted (received between Aug. 10 and Oct. 1) | Full Fee (received after October 1) |
|--|--|--|---|
| (M) ATA member | \$450 | \$475 | \$500 |
| (N) Non-member | \$675 | \$735 | \$760 |
| (A) Fellows/student/RA | \$150 | \$150 | \$200 |
| <i>Please fax a letter from your program director to 703-998-8893.</i> | | | |
| (B) Non-member One-day/wkd fee | \$225 | \$275 | \$300 |
| <i>Indicate day: (T) Thurs. (F) Frid. (S) Sat.-Sun.</i> | | | |
| (G) Spouse/guest | \$ 125 | \$ 125 | \$125 |
| <i>Includes welcome reception, Ruth Volpe suite, coffee breaks</i> | | | |

Spouse/guest name: _____

The SATELLITE ADVANCED ULTRASOUND Course—Wed., Oct. 11 is before the meeting. You must be registered for the 77th Annual meeting to register for this satellite course. Admission by ticket only.

(U1) Lecture and Practicum \$125

In case of emergency, please contact:

 Name

 Daytime Phone

 Evening Phone

6. MEET THE PROFESSOR Workshops

- Thursday, October 12, 1:15–2:15 pm** (please circle one) admission by ticket only:
 (T1) Virginia LiVolsi – Histopathology of aggressive thyroid cancer
 (T2) Sophie Leboulleux – Use and interpretation of PET scanning
 (T8) Jacqueline Jonklaas – Use of Lithium in treatment of Thyroid Cancer
 (F5) Nicole Massoll – Indeterminate FNA cytology
 (T4) David Cooper – Review of ATA Guidelines for thyroid nodules & cancer
 (T5) Mingzhao Xing – BRAF Mutation in Thyroid Cancer: Clinical Implications
 (T6) Peter Kopp – Apical iodide efflux via pendrin
 (T7) Ron Koenig – A role for TRalpha 2 in thyroid hormone action

- Friday, October 13, 1:00–2:00 pm** (please circle one) admission by ticket only:
 (F1) Manisha Shah – How to choose a clinical trial, case based
 (F2) Syed Amir, Ron Margolis – Submitting a successful research grant application
 (F9) Laurence Leenhardt – The impact of thyroid nodule management of thyroid cancer incidence
 (F4) Jim Brierley – I-131 Rx and XRT, when to use?
 (F3) Carole Spencer – Tg assays, do they make a difference?
 (F6) Robert J. Denver – Thyroid hormone, metamorphosis and development
 (F7) Tony Hollenberg – Central mechanism in thyroid hormone homeostasis
 (F8) Cary Mariash – Novel insights into S14 mechanism of action

- 7. Special events** (please circle events that you plan to attend):
 (REC) Welcome reception Wed., Oct. 11 7:00–8:30 pm
 FEE = No charge
 (SPE) “Barbeque under the Stars” ... Thur., Oct. 12 6:30–10:00 p.m.
 FEE = \$45 pre/\$55onsite
 (BAN) Annual Banquet Sat., Oct. 14 7:30–10:30 p.m.
 FEE = \$95

- 8. Total fees** (please total each line item if more than one)
- _____ Attendee registration fee
 _____ Spouse/guest fee
 _____ ‘Barbeque under the Stars’ Thursday evening social event fee
 _____ Annual Banquet fee
 _____ Ultrasound Satellite – lecture and practicum (by ticket only)
 _____ Donation to Fellows’ Travel Fund
 _____ **TOTAL**

- 9. 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) _____
 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. **REFUND POLICY:** Refund requests must be submitted in writing. Requests postmarked before September 11, 2006 will receive a registration refund less a 25% processing fee. Requests postmarked between Sept. 11 and October 5, 2006 will receive a refund less a 50% processing fee. No refunds will be made if postmarked after October 5, 2006. Refunds will be processed 30 days after the meeting.

Please keep a copy of this form.

American Thyroid Association
6066 Leesburg Pike, Suite 550
Falls Church, VA 22041

Forwarding Service Requested

Don't Miss the Annual Meeting of the American Thyroid Association October 11–15, 2006



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ANNUAL MEETING OF THE
AMERICAN THYROID ASSOCIATION

OCTOBER 11-15, 2006
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Bringing together physicians and investigators from around the world to share the newest clinical and basic science research into thyroid disease.

- ▶ Featuring posters, platform presentations, early-riser seminars, symposia, “meet the professor” workshops, discussion groups, and distinguished lectures.
- ▶ Recognizing outstanding clinicians, academicians, young researchers, and dedicated Association members.
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