



**American Thyroid Association
Council Meeting**

Minutes

Omni Shoreham Hotel
Washington, DC
November 7, 2001

Officers Present

William W. Chin, MD, President
Paul W. Ladenson, MD, Secretary
David S. Cooper, MD, Treasurer
Carole A. Spencer, PhD, President Elect

Directors Present

Gregory A. Brent, MD
Sheue-yann Cheng, PhD
Jeffrey R. Garber, MD
Marvin C. Gershengorn, MD
Michael M. Kaplan, MD
Elliot G. Levy, MD
Fredric E. Wondisford, MD

Staff

Barbara R. Smith, CAE, Executive Director
Edie Stern, Director of Public Affairs

Directors Absent

Virginia Sarapura, MD
Martin I. Surks, MD

Guests

Peter A. Singer, MD, President Elect for 2002
Stephen W. Spaulding, MD, Chair, Finance and
Audit Committee
Elias C. Dow, MD, Chair, Development
Committee
Paul J. Davis, MD, Campaign Manager
Linda Safran, CFRE, Campaign Director
Paul Gurman, CPA, Gurman and Company,
Fairfax, VA

I. President's Welcome and Remarks

President William Chin convened the meeting at 10:45 am. Chin called for the continuation of the committee reports to Council.

II. Committee Reports to Council – continued

Development Committee Report

Elias C. Dow, Chair; Campaign Director; Paul J. Davis,
Campaign Manager; Linda J. Safran, CFRE

Only one corporate contribution has been received for the Campaign for Thyroid Discovery: \$25,000 from Genzyme. The Committee is preparing case statements for four more companies that it has identified, and is developing the complex strategy needed to work with eight major foundations. Contributions from grateful patients have been limited because some ATA members are uncomfortable asking patients for money; the Committee is considering preparing a fundraising brochure for patients. The Committee recognizes the need to update its part of the ATA web site.

Bylaws Committee Report

Jeffrey R. Garber, Chair

The major new issues are changing the Secretary and Treasurer's terms from 5 to 3 years, and contested elections for President and Directors, both as proposed by the Nominating Committee

earlier this morning. All other proposed Bylaws changes were brought up during the October 2000 meeting in Kyoto during the International Thyroid Congress. Chairman Garber suggested that Council consider shorter terms, and, within that context, define more clearly the role of the Executive Director and simplify the officers' roles. A bylaw should also be added about the permanent administrative office.

III. Approval of Minutes

Secretary Paul Ladenson asked the ATA Executive Council for their comments and approval of the minutes from its last meeting, held June 20, 2001 in Denver. The minutes were approved unanimously.

IV. Secretary's Report

Dr. Ladenson complimented the Executive Director for taking over a large portion of the ATA workload. The Executive Director's Report will become a regular report to Council.

The Endocrine Society meeting planning staff helped organize the originally scheduled September annual meeting, but a conflict prevents them from helping on-site with the rescheduled November meeting. Endocrine Society's expenses are estimated at about \$40,000.

Committee liaisons will be expected to take part in all committee deliberations and to represent their committees at Council meetings. President Elect Carole Spencer is concluding her selection of new committee members. Dr. Ladenson suggested that President Elect Peter Singer choose his committees by the June 2002 Endocrine Society meeting; this is especially important if we expect new members to come to the ATA annual meeting a day early for committee meetings. Dr. Spencer and Ms. Smith agreed that a certificate of appreciation should be given to outgoing committee members.

ATA expects to acquire *Thyroid Today*. Edie Stern is the key staff person for all publication matters.

The Development Committee has not made as much progress as hoped. The Committee is developing clearer lines of authority and initiatives. The Committee needs information and administrative support, such as accurate lists of past donors and better publications. The \$200,000 pledge from Abbott Laboratories is due and should arrive soon.

Dr. Ladenson discussed the proposal by the Nominating Committee to shorten the secretary and treasurer's terms from 5 to 3 years. He felt that a three-year term, combined with better administrative support, might make these jobs more attractive to future candidates. Council established the idea of a permanent administrative office around 1997; the current officers moved the permanent office from Bronx, NY to Nanuet, NY in 1999, and more recently to Falls Church, VA in 2001. For action in 2002, the bylaw requires that the proposed change be presented at the 2001 business meeting. Dr. Wondisford calculated that the executive director can take over 11 of the secretary's 14 assigned responsibilities as delineated in the Bylaws. Dr. Chin noted the urgency of defining roles quickly (though he did not think it necessary to codify the executive director's responsibilities in the Bylaws) because Drs. Ladenson and Cooper's terms end in the fall of 2003, meaning that elections must be held in the fall of 2002.

Dr. Gershengorn said the Endocrine Society and the American Association of Clinical Endocrinologists (AACE) both have secretaries, but their roles are much more limited than ATA's. Dr. Levy noted that many organizations provide more administrative help for the officers than ATA does. There was general consensus that the secretary's job description is a broader issue than the years of service. Dr. Ladenson asked Drs. Chin and Spencer to be thinking about the term change between now and the February 2002 Council meeting. Council is aware that the Bylaws would lag behind in reflecting a change in term length.

The Secretary's Report was approved unanimously.

V. Treasurer's Report

Treasurer David Cooper reported that the audit for 2000 is being completed in November 2001. Former auditor Shelly Abish became ill and could not complete the audit [he has since died]. The audit was redone by Paul Gurman of Gurman and Company, Fairfax, VA.

ATA's net worth is now about \$3,000,000. Income and expenses are keeping pace. For example, Edie Stern's salary and expenses are being paid by a public relations grant from Abbott Laboratories, Linda Safran's salary and expenses are covered by the Campaign for Thyroid Discovery, and other revenue is keeping the administrative office in a balanced budget. However, dues alone do not come close to covering the ATA's daily expenses.

The ATA had originally projected a profit of \$131,000 on the 73rd Annual Meeting and had raised annual meeting registration fees by \$100. The loss because of the September meeting having to be canceled is significant; 317 people who had registered for that meeting could not come in November. If we are able to collect on our event cancellation insurance claim, we will make a small profit of \$50,000 to \$100,000. If we cannot collect, we will take a loss. The insurance situation is complex, and we may need a lawyer to help us.

The ATA has \$1.4 million in the bank, but much of that money is restricted for the Campaign for Thyroid Research. More sources of income for daily operations must be sought. The annual meeting registration fee should be raised to \$325 in 2002, and increased as costs increase annually. The meeting must pay for itself.

Dr. Cooper reported on membership concerns: 1) our membership numbers have plateaued at about 850-900; 2) 30 new Associate members joined in 1999, 3 in 2000, and 8 in 2001.

Report of the 2000 Audit

Paul Gurman, CPA

Mr. Gurman explained each section of the draft audit (see attachment). He reported to Council that he found no irregularities or cause for concern about ATA's financial status.

Dr. Ladenson said that in the past we split administrative expenses into annual meeting and operating expenses. Dr. Spaulding said that when societies compete for United Way dollars, the higher an organization's overhead, the lower the percentage of money it receives.

Dr. Ladenson introduced the possibility of the ATA holding its own annual meeting in 2005, even though we will also be having an international meeting that year. The Endocrine Society holds its own meeting in addition to the international endocrine meeting.

Dr. Chin thanked Mr. Gurman for his fast work on the audit and said that ATA hopes for a permanent relationship with his firm. Mr. Gurman thanked the ATA staff for its cooperativeness.

The Treasurer's Report was approved unanimously.

Finance and Audit Committee Report

Dr. Spaulding reported that we will file our taxes by the second extension (November 15, 2001). Due to postponement of this year's annual meeting, we will not make a profit. We will need to increase revenue from the next three annual meetings to make up for this year's loss.

By the end of 2001, we will try to unload our worst-performing investment, but we will probably keep the rest of our current holdings. We should try to get more exhibitors at the 2002 annual meeting in Los Angeles.

Dr. Chin said that this year was atypical in many ways, and he thanked Dr. Spaulding for his hard work.

The Finance and Audit Report was approved unanimously.

Association of Program Directors in Endocrinology, Diabetes and Metabolism (APDEM)

Dr. Chin reported that APDEM had written to him asking that ATA increase its annual support from \$5,000 in 2000 to \$7,500 in 2001. He wants ATA to stay at the \$5,000 level.

Dr. Garber said that AACE was also assessed a 50% dues increase and they also decided to keep paying the old amount. Dr. Ladenson explained that he is a Past President of APDEM and it is a valuable program, but agreed that a 50% dues increase is too high.

VI. Committee Reports

Program Committee Liaison Report

Dr. Chin expressed concern about CMES courses given around the annual meeting. These courses were organized with little coordination or contact with our Program Committee. Dr. Ladenson said that ATA should control the content of these programs and should be able to coordinate them with the regular meeting program. He pledged to ensure that this will happen in 2002. Ms. Smith commented that better coordination would save on continuing medical education accreditation fees for both the ATA and the organizations sponsoring the satellite meetings.

Dr. Spencer asked whether next year's Program Committee should change the categories of abstracts. The 2002 Program Chairs, Gregory Brent and Leonard Wartofsky, should check the categories that the European Thyroid Association uses.

Dr. Kaplan suggested that ATA thank Donald St. Germain for his diligence in compiling and maintaining a database over the past few years of basic science, clinical, and potential future speakers for the ATA annual meeting. Dr. Chin suggested that the office ask Dr. St. Germain for a copy of this valuable history. Dr. Kaplan suggested that the membership be invited to suggest annual meeting topics via the SIGNAL.

Dr. Kaplan said that he and Dr. Dillmann agreed that having a separate co-chair for basic science and clinical medicine worked well for the annual meeting program. He said that future program chairs would benefit from more guidance from the administrative office about their responsibilities and deadlines.

Research Committee Liaison Report

Dr. Chin expressed concern over future NIH funding for thyroid research and said that the reorganization of Institutional Review Boards will have a great impact on how thyroid research is perceived in the academic world. Study sections now have a maximum of three or four thyroidologists. With the new study section structure, that number might fall to one. We have been trying to speak with one voice with our sister societies on this issue. After a meeting with the sister societies in September, Dr. Chin signed a joint letter stating the ATA's position.

Dr. Ladenson said that the productive sister societies meeting took place on September 25, led by Bill Crowley, current Endocrine Society President. In addition to writing the letter, the group created an e-mail listserve.

Research award winners are listed in the program and abstract book.

Annual Meeting Report

The Executive Director reported that with the postponement of the annual meeting, only about half of the posters would be presented this week. However, of the scheduled platform speakers, only four or five had to be replaced. Dr. Levy asked what services the Endocrine Society provided to us in preparing for the annual meeting. Barbara Smith said that they put us in touch with Laser Registration, which did a great job on the registration process. They referred us to other vendors and coordinated all of the logistics for the September meeting. None of the vendors canceled. Ms. Smith said that we need our own annual meeting staff.

Laboratory Services Committee (ad hoc) Liaison Report

Dr. Spencer reported that the Committee plans to use the guidelines from the National Association of Clinical Biochemistry's *Laboratory Support for the Diagnosis and Monitoring of Thyroid Disease* to shape its goals. The Committee must work toward worldwide distribution of and consensus on the guidelines.

In answer to a question from Dr. Gershengorn, Dr. Spencer explained that the guidelines have three targets: physicians, laboratory staffs, and manufacturers. The Lab Services Committee could identify issues from the Guidelines that should be brought to the attention of the relevant groups. We can abstract out subsets of the guidelines for obstetrician-gynecologists, manufacturers, and laboratories. The guidelines for thyroxine treatment could be laminated and given out to physicians.

Dr. Ladenson commented on this Committee's difficult task, but said that its work is important to increasing ATA's influence.

Standards of Care Committee Liaison Report

Dr. Kaplan proposed that the Committee be renamed to reflect its expanded mission.

Dr. Ladenson agreed and acknowledged that he and the administrative office had prompted the committee to accept new broader responsibilities.

Dr. Kaplan moved that the name be changed to "Clinical Affairs Committee" and that the Committee focus on the broad spectrum of clinical practice issues in coordination with the Public Health Committee.

The motion was carried unanimously.

Patient Education and Advocacy Committee (ad hoc) Liaison Report

Dr. Spencer said she will add interested members to this Committee.

Proposed consensus conference on subclinical thyroid disease

Dr. Cooper reported that he had been named to head a planning committee for this conference on mild hypothyroidism and hyperthyroidism. The planning committee includes Leonard Wartofsky, representing ATA; Hossein Gharib, representing AACE; and Gerard Burrow, representing the Endocrine Society. The group had explored seeking funds from NIH to set up a consensus conference using NIH's format, but did not have the time or staff to prepare the grant application and did not think that NIH support would be sufficient in any event. Then Wanda Johnson at the Endocrine Society contacted Abbott Laboratories about funding the program, and they were interested. In April 2001, the representatives met in Washington with Wanda Johnson, Endocrine Society Executive Director Scott Hunt, and Dr. Neal Powe, who heads an AHCQ-approved evidence-based medicine center at Johns Hopkins. A draft a plan was developed for a symposium that would ask specific questions and develop a conference statement, adhering to accepted formal guidelines for evidence-based support. But this proposal proved to be too expensive and time-consuming in the minds of some. Abbott Labs remains interested, but probably not willing to fund the project at this

level. The meeting was originally planned for February 2002, but this will be difficult. A follow-up meeting of the planning group is scheduled for later in the week.

Dr. Garber said that when AACE decided to hold a consensus conference on glycemic control in diabetes management, they acquired corporate sponsors. The impact of the conference and related public awareness efforts was impressive. He suggested that we should ask AACE how they did it. Dr. Cooper said that his proposed conference would be closed to the public but that the day would end with a media blitz announcing the results of the deliberations.

Dr. Ladenson said that Congress has mandated that the Institute of Medicine hold a conference on subclinical thyroid dysfunction. A good job by the ATA and its sister societies would be a start toward developing the Institute of Medicine policy. However, the consensus conference would need to be scientifically rigorous.

Dr. Gershengorn said that getting industrial support would make the conference lose credibility. Dr. Cooper said that the choice is now Abbott or nothing.

[Dr. Chin adjourned the meeting so that members could attend the opening sessions of the annual meeting. He reconvened the meeting at 6:30 pm.]

Discussion resumed about funding for the proposed consensus conference on subclinical thyroid disease. The conference was originally envisioned as a joint effort of ATA, the Endocrine Society, and AACE, but because ATA dragged its feet, Abbott approached Endocrine Society Executive Director Scott Hunt about organizing it. The Endocrine Society is eager to sponsor the meeting. If ATA opts out, the meeting will happen without us, or the Institute of Medicine will probably hold a meeting of its own. Dr. Ladenson said that we can no longer affect the mode of funding for this conference; we can decide only whether or not to be a partner in the effort. Dr. Garber said that we should take part but should make a strong recommendation urging multiple sources of financial support.

The motion to participate in the conference carried with only Dr. Gershengorn dissenting.

Awards Committee Liaison Report

Dr. Ladenson reported, as he had at the last meeting, that a senior ATA member has proposed a new award to honor contributions to the understanding of thyroid pathophysiology. The donor wants the award to be in the form of a medal. The award could be given at the banquet, and the awardee would not give a lecture. The donor wishes to remain anonymous for the time being. The condition under which Council agreed to consider this proposal was that funding be assured in perpetuity, in cash while the donor is alive, and then as a bequest. Dr. Ladenson said that this is the donor's intent. This award should ultimately be added to the Bylaws.

Dr. Wondisford asked how this award would be distinguished from the Ingbar Award. Dr. Ladenson said that the Awards Committee should define the criteria for the award, for example, whether it should be for lifetime achievement. Dr. Chin said that despite the problems with this award, ATA could not have too many awards. Dr. Gershengorn reminded Dr. Chin that the Awards Committee had trouble coming up with enough nominees for this year's awards.

Dr. Ladenson announced that the ATA had been contact about another possible remembrance of a former member. The daughter of Saul Hertz, a pioneer in use of radioiodine therapy, wants to fund a lectureship honoring her father. This might be a Meet the Professor luncheon workshop, covering the closest possible fields to Dr. Hertz's own. The daughter would be asked to contribute \$25,000 to \$40,000 for the sessions. Dr. Ladenson pointed out that the meeting needs more subsidies, because the food cost alone for a person to attend a Meet the Professor lunch is \$33, but people are not willing

to pay that much. Dr. Ladenson asked Council for some latitude in finding more funding sources and promised to report back about his progress at the February meeting.

Dr. Ladenson asked that in January, each member of Council nominate a candidate for an award, with a letter of recommendation. Dr. Garber asked that Council members be given a statement of the criteria for each award and a list of previous awardees.

History and Archives Liaison Report

Dr. Ladenson reported that Chair Clark Sawin is requesting a budget of \$2,300 for the Committee's work. Dr. Ladenson hopes that the Committee will be more active next year than it has been in recent years. Dr. Spencer mentioned the importance of the archives as a resource for all ATA members. Dr. Ladenson said that the plan to scan all the documents in the archives into electronic files would cost an unacceptably high \$25,000.

Membership Committee Liaison Report

No further discussion needed.

Nominating Committee

Dr. Ladenson said that the committee had proposed a major change in ATA procedures for selection of officers and Council: contested elections. He and Dr. Garber noted that the Bylaws are not explicit about how officers should be elected. Dr. Cooper noted that the Endocrine Society has contested elections. Dr. Chin said that several ATA members have expressed concern to him that contested elections would cause too much acrimony. Nonetheless, he suggested that ATA consider contested elections for the president but should leave the election of the secretary and treasurer in their current form.

Dr. Ladenson moved that Council ask the Nominating and Bylaws Committees to develop a plan for contested elections for president and directors, with the first such election to be held in the summer of 2002 if no change is required to the Bylaws, and in 2003 if a change is required. The Committees should present their report at the February 2002 Council meeting.

The motion was carried with an abstention by Dr. Garber.

Council agreed to bring up the issue of contested elections at the November 9 Annual Business Meeting. They also agreed to delay a decision on a change from 5- vs. 3-year terms for the secretary and treasurer.

Publications Committee Liaison Report

Dr. Cooper reported on negotiations about the cost for on-line access to THYROID. Vicki Cohn of Mary Ann Liebert Publishers had explained that Liebert must charge extra for on-line access because the company has incurred administrative costs in putting the journal on-line. She had first proposed a \$7 annual subscription surcharge for on-line access. However, she has agreed to Dr. Cooper's suggestion to give on-line access at no cost in 2002 and for an extra \$7 in 2003. Dr. Cooper also asked Ms. Cohn whether Liebert would grant free on-line access to fellows. She said that Liebert still seeks industrial support to cover the \$12,000 annual cost of 400 fellow subscriptions.

Dr. Ladenson expressed dismay that Liebert would charge anything for the on-line journal, as this is not typical for most journals, which consider that free on-line access helps them with marketing. Dr. Chin noted that some journals do charge for on-line access. Dr. Spencer said that Liebert would save on printing costs if people chose to receive the journal only on-line. Dr. Cooper said that ATA's contract with Liebert prevents its raising its subscription fees until 2005. He reminded Council that the Publications Committee voted unanimously in favor of approving the \$7 surcharge over 2 years.

Dr. Ladenson moved that the treasurer be authorized to seek the best possible deal with Liebert for on-line journal access. The motion carried with 7 votes for, 2 against, and 1 abstention. Several members commented that the issue needs more study.

Dr. Cooper next discussed a request from another society that Dr. Robert Utiger, Editor of CLINICAL THYROIDOLOGY, prepare a derivative work. Dr. Cooper reported that a few months ago, Dr. Lawrence Wood, Medical Director of the Thyroid Foundation of America (TFA), invited Dr. Utiger to revise some of his CLINICAL THYROIDOLOGY abstracts in lay language for use in TFA's patient-directed newsletter and web site. Dr. Wood offered Dr. Utiger a stipend to provide these regular summaries. Dr. Utiger agreed to prepare a few sample summaries without being paid, and he submitted four. Dr. Cooper said that preparing lay summaries of his commentaries was an excellent idea, but that the process with Drs. Wood and Utiger was not handled optimally. During a phone conference last week, the Publications Committee suggested that Dr. Wood should pay Dr. Utiger, and that the ATA should have automatic access to the resulting summaries to post on the "For Patients" section of our web site.

Dr. Ladenson observed that there had been no ill will, but that Drs. Wood and Utiger should recognize that they must negotiate this matter through ATA. Future contracts with ATA journal editors should ensure that derivative works would belong to ATA. Dr. Wood must guarantee long-term funding for this project. Dr. Ladenson noted that the ATA pays for literature searches that Dr. Utiger receives each week. He also wondered how TFA would monitor its web site to make sure that the posted summaries do not get "stale." Dr. Spencer felt that TFA should link to the summaries on ATA's web site, rather than vice versa. Drs. Garber and Gershengorn said that to avoid setting a bad precedent, ATA should own the material that Dr. Utiger produces. Dr. Cooper reminded Council that the abstracts that Dr. Utiger writes are distinct from the original article. Dr. Wondisford said that he felt uncomfortable dealing with a derivative of a derivative and that ATA should get permission to use the original material for CLINICAL THYROIDOLOGY as well as for the lay summaries. [Dr. Gershengorn had to leave the meeting at this time.] The Publications Committee's plan was voted upon: 2 members voted for it and 7 voted against.

Dr. Levy suggested a counter-proposal: CLINICAL THYROIDOLOGY belongs to ATA. ATA should contract with Dr. Utiger to prepare derivative materials for patients. ATA will post those materials on our web site, and TFA can buy the materials. Council would forbid Dr. Utiger to act on his own in preparing derivative materials.

Dr. Cooper asked whether Council has the authority to forbid Dr. Utiger from preparing materials as he pleases outside the scope of his obligations to CLINICAL THYROIDOLOGY. Dr. Ladenson said that he prefers negotiation between ATA and TFA.

A vote on Dr. Levy's motion was 7 in favor, 3 against. The three Councilors who had voted against the motion said that they would vote for it if the wording were softened.

The motion was changed to **"Council strongly urges" Dr. Utiger to work within ATA's ownership of the material in CLINICAL THYROIDOLOGY when he negotiates an agreement on preparing derivative materials.**

The revised motion was approved unanimously.

Public Affairs Office Report

In the interest of saving time, Director of Public Affairs Edie Stern said that everything that she wanted to discuss was included in her written report.

Public Health Committee Liaison Report

Dr. Cheng and Edie Stern distributed drafts of two documents that the Public Health Committee had discussed during this morning's Committee meetings and for which the Committee sought Council's approval for posting on the ATA web site. Council reviewed and unanimously approved "American Thyroid Association Endorses Potassium Iodide for Radiation Emergencies." Council then reviewed "Fact Sheet: How the Food and Drug Administration's ruling on thyroxine products affects patients and physicians," which included two sentences about which the Public Health Committee had not been able to reach unanimity. The sentences in question concerned whether physicians should start new patients in thyroxine products that have not yet received FDA approval. A majority of the committee itself had voted to delete this material.

Council moved to delete the two questioned sentences; the vote was 8 in favor of striking, with 2 abstentions. Council then approved the Fact Sheet in its new form.

Dr. Ladenson introduced a new motion to instruct the Public Health Committee and Edie Stern to prepare ATA for a nuclear reactor emergency by creating a set of responses for public expression; making a list of experts, their contact information, and their availability; devising an action plan; and making the plan known to the media. The motion was passed unanimously.

Dr. Ladenson said that he is still unsure about whether ATA will take part in the January 2002 Thyroid Awareness Month.

Bylaws Committee Liaison Report

Dr. Wondisford reported that the Committee wants to clarify the "emeritus" membership category that is mentioned but not well defined in the Bylaws. He believes that the 30 to 35 current emeritus members are just senior members who refuse to pay dues. Dr. Wondisford suggested deleting the category from the Bylaws and switching the affected members to regular senior membership. None of the Council members knew the exact meaning of "emeritus." Dr. Ladenson said that he would like to delay a decision on this question. He said that older members worry about money, they quit the Association, and we offer them emeritus status because we want to keep them as members.

Dr. Ladenson moved to approve all Committee reports that have not yet been approved. The motion was seconded and passed unanimously.

VII. The meeting was adjourned at 7:50 pm.

Respectfully submitted,

Paul W. Ladenson, M.D.
Secretary, ATA

Barbara R. Smith, CAE
Executive Director, ATA

The next Council meeting will be held on February 22-24, 2002 at the Admiral Fell Inn in Baltimore.