

FEBRUARY 2005 | VOLUME 30 | NUMBER 1

# ENDOCRINE NEWS

NEWS AND INFORMATION FOR THE ENDOCRINE COMMUNITY

ALSO INSIDE:

**Clinical  
Implications of  
Androgen Therapy**

**Announcing the  
Society's Laureate  
Award Recipients**



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## ENDOCRINE NEWS™

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## Encouraging Growth & Rewarding Success

### Dear Colleagues:

During the course of my presidency, I have come to fully appreciate that The Endocrine Society is not only a highly effective scientific society, but is also a generous philanthropic organization. Specifically, I am referring to the remarkable number of awards that the Society grants each year to recognize and support excellence in research, education and clinical practice in the field of endocrinology. These awards greatly benefit the recipients, but not just financially. For many of the recipients, these awards initiate or build upon independent careers, open doors and reaffirm lifelong, dedicated work in endocrinology. In my own personal experience, receiving the Fred Conrad Koch Award was the highlight of my research career in endocrinology. I have also had the considerable pleasure in watching young faculty members in our department at Duke accept Endocrine Society awards at past annual meetings. In each of these instances the recipient has reconfirmed an individual commitment to endocrine research and the award certificate is proudly displayed on the office wall for all to see.

Before reading on, take one moment to guess how much award money The Endocrine Society gave out in 2004 alone...Think high.

In 2004, The Endocrine Society provided more than \$800,000 in awards to over 500 individuals. Awardees represented all of our constituencies including basic researchers, clinical researchers, clinical practitioners, individuals living within and outside the U.S., fellows, students—and included members as well as non-members.

**In 2005, two new awards have propelled the Society's awards program to a new level—almost one million dollars in funding for awards for more than 550 individuals.**

The Society's financial strength—as highlighted in the December issue of *Endocrine News*—permits this philanthropy. Thirty percent of the award money, approximately a quarter of a million dollars, comes from the Society's annual operating budget. Eighty-six percent of these awards are open to both clinical and basic appli-

cants with the remaining 14 percent designated specifically for either basic or clinical. Industry provides fifty percent of the award money for clinical travel grants, abstract awards and fellowships. A federal grant and eight individual sponsorships account for the final twenty percent of the award money. These last awards are open to both basic and clinical endocrinologists and students.

In 2005, two new awards have propelled the Society's awards program to a new level—almost one million dollars in funding for awards for more than 550 individuals. I was intimately involved in the creation of one of these new programs—the Basic Science Student Awards, which recognize six outstanding abstracts submitted to ENDO 2005 by trainees in a basic science abstract category. One of the primary reasons to create these awards was that our basic scientist trainees do not have the opportunity to take part in a Ph.D. program in endocrinology. Rather they are participants in virtually every Ph.D. degree granting program available in the basic biomedical sciences. Because of this fact, our trainees may not realize how important they are to us and to the future of endocrinology. It is my hope that this type of recognition may increase the number of young scientists who submit their work for presentation at the Society's annual meetings and encourage those that do to remain in our exciting field of research.

Eligible applicants for the Basic Science Student Awards were Ph.D. students in training, M.D./Ph.D. students in the Ph.D. portion of their studies, or M.D./Ph.D. students who submitted an abstract based on research conducted during the Ph.D. portion of their studies. Applicants were the first and presenting author on the abstract, and their mentors submitted a nomination letter that included the student's role in the study. Each winner receives a \$500 travel award, a \$500 honorarium, complimentary registration to ENDO 2005 with an invitation to the Awards Dinner and President's Reception, and complimentary membership to the Society.

The second new award is the Solvay Clinical Research Award. This fellowship award provides funding for up to two years for the recipient to

*Continued on page 24.*



*Anthony Means, Ph.D.*

## Congratulations to the Society's Laureate Award Winners!

The Endocrine Society is honored to announce the recipients of its 2005 Laureate Awards. Please join the Society in congratulating the following deserving winners:



**Fred Conrad Koch Award:** The highest honor bestowed by The Endocrine Society in recognition of exceptional contributions to endocrinology.

**William F. Crowley, Jr., M.D.**  
*Massachusetts General Hospital—  
Harvard Medical School*



**Ernest Oppenheimer Award:** The premier award presented to a young investigator in recognition of meritorious accomplishments in the field of basic or clinical endocrinology.

**Steven A. Kliewer, Ph.D.**  
*University of Texas Southwestern  
Medical Center*



**Robert H. Williams Distinguished Leadership Award:** This award is presented in recognition of outstanding leadership in fundamental or clinical endocrinology as exemplified by the recipient's contributions and those of his/her trainees and associates to teaching, research and administration.

**Gordon H. Williams, M.D.**  
*Brigham and Women's Hospital*

**Edwin B. Astwood Award Lecture:** This award is presented for outstanding research in endocrinology.

**Willa Hsueh, M.D.**  
*UCLA David Geffen School  
of Medicine*



**Clinical Investigator Award Lecture:** This award is presented to an internationally recognized clinical investigator for major contributions to clinical research related to the pathogenesis, pathophysiology and therapy of endocrine diseases.

**Paul M. Stewart, M.D., F.R.C.P.**  
*University of Birmingham*



**Gerald D. Aurbach Award Lecture:** This award is presented for outstanding contributions to research in endocrinology.

**David R. Clemmons, M.D.**  
*University of North Carolina School of  
Medicine*

**Sidney H. Ingbar Distinguished Service Award:** This award is presented in recognition of distinguished service in the field of endocrinology.

**P. Michael Conn, Ph.D.**  
*Oregon Health Science University*



**Roy O. Greep Award Lecture:** This award is presented for outstanding contributions to research in endocrinology.

**Evan R. Simpson, Ph.D.**  
*Monash Medical Centre—Prince Henry's  
Institute of Medical Research*



**Distinguished Physician Award:** This award is presented in recognition of outstanding contributions to the practice of clinical endocrinology.

**Robert M. Carey, M.A.C.P., M.D.**  
*University of Virginia Health System*



**Distinguished Educator Award:** This award is presented in recognition of exceptional achievement as an educator in the discipline of endocrinology and metabolism.

**Ernest L. Mazzaferri, M.D.**  
*Shands Hospital*



**Richard E. Weitzman Memorial Award:** This award is presented to an exceptionally promising young clinical or basic investigator. The award is based on the contributions and achievements of the nominee's own independent scholarship performed after completion of formal training and on the recipient's entire body of work, rather than a single work.

**Peter J. Tontonoz, M.D., Ph.D.**  
*Howard Hughes Medical Institute—  
UCLA*

**MAC Outreach Continues**

The Minority Affairs Committee continued its outreach efforts at the 2004 Annual Biomedical Research Conference for Minority Students (ABRCMS) held in Dallas, Texas on November 10-13. Approximately 2,400 individuals, including 1,200 undergraduate students, 316 graduate students and 409 faculty and administrators attended this national conference designed to facilitate increased minority involvement in biomedical science careers through scientific presentations, professional development workshops, poster and oral session competitions, and numerous networking opportunities with faculty and administrators from graduate schools, government agencies, scientific societies and foundations. Four students were selected to receive cash awards and certificates from the Society for excellence in endocrine research.

**Congratulations to the student winners:**

*Tiara Williams, Arizona State University West*

*Adae Amoako, Delaware State University*

*Francisca Amankwah, Delaware State University*

*Shani Robinson, Tennessee State University*

A special thank you to Dr. Monica Montano, Dr. James Mrotek, Dr. James Story, Dr. Ebere Nduka and Dr. Wesley Gray for their assistance in identifying these winners. **EN**

**Online Member Renewal Now Available!**

Visit [www.endo-society.org/renew](http://www.endo-society.org/renew) to renew your Endocrine Society membership quickly and easily. Member fees in 2005 have not been increased to keep membership affordable. If you have any questions about your membership or renewal payment, please email us at [societyservices@endo-society.org](mailto:societyservices@endo-society.org) or call us at 1-888-363-6762 or 1-301-941-0210. **EN**

**2005 Election—Don't forget to vote!**

Paper ballots for The Endocrine Society's 2005 elections were mailed to all members with voting privileges in January; however members are encouraged to vote online. Electronic voting instructions are available at <http://www.endo-society.org/membership/election.cfm> Direct questions to Elizabeth Kan at 1-301-941-0206 or [ekan@endo-society.org](mailto:ekan@endo-society.org)

Ballots will be accepted through March 14, 2005. **EN**

**Nominate a Medical Student for Achievement Awards**

The Endocrine Society is accepting nominations for the 2005 Medical Student Achievement Awards. These awards are presented to senior medical school students who have shown exceptional ability and interest in endocrinology. For more details and information on how to nominate a student from your institution, please visit <http://www.endo-society.org/awards/> Questions should be directed to Colleen Gorman at [awards@endo-society.org](mailto:awards@endo-society.org) or 1-301-951-2611. **EN**

**WE Abstract Awards Now Available!**

Women in Endocrinology (WE) annual Abstract Awards will recognize outstanding abstracts submitted for presentation at the 87th Annual Meeting of The Endocrine Society. WE gives 15-20 awards annually, with two named awards given to the most outstanding applicants. Award winners receive \$500 and will be invited guests at the annual WE dinner meeting to be held June 4,

**Get Involved with the Minority Affairs Committee**

**Participate in a Shortcourse Program**

The Minority Affairs Committee's Shortcourse Program offers minority students at academic institutions an opportunity to learn about the field of endocrinology through a grant from the National Institutes of General Medical Science (NIGMS). Approximately 40 undergraduate minority institutions throughout the United States participate in the program each year. The Committee is currently looking for volunteer lecturers who are established educators and have experience with minority issues.

For more information about the Minority Affairs Committee contact [mac@endo-society.org](mailto:mac@endo-society.org) **EN**

**IN MEMORIAM**

**Francisco Aguilo, Jr., M.D.**

University of Puerto Rico  
San Juan, Puerto Rico  
October 2004

**Roberto Franco-Saenz, M.D.**

Medical College of Ohio  
Toledo, Ohio  
July 13, 1937—November 2004

\*The December issue of *Endocrine News* contained a misspelling in the memoriam section. Correct spelling: Aubrey Gorbman. **EN**

2005 in conjunction with The Endocrine Society annual meeting in San Diego, CA.

For more information visit [http://www.women-in-endo.org/Pages/travel\\_awards.html](http://www.women-in-endo.org/Pages/travel_awards.html) Applications must be received no later than **April 15, 2005** and should be submitted by mail to Ursula B. Kaiser, M.D., Chair of the WE Awards Committee, Division of Endocrinology, Diabetes, and Hypertension; Brigham and Women's Hospital; 221 Longwood Avenue; Boston, MA 02115; fax: 1-617-732-5764 or email [ukaiser@partners.org](mailto:ukaiser@partners.org)

The WE on-line Mentoring program provides a resource to match mentees with mentors who have expertise in a variety of areas specific to endocrine careers in academics, industry and private practice. All members of The Endocrine Society (male and female) are invited to participate.

- To participate as a mentor, please enroll by visiting <https://www.3creekmentoring.com/WE/> and use the Mentor access code of 151963.

- To participate as a mentee, the visit the on-line web site (<https://www.3creekmentoring.com/WE/>) and use the Mentee access code of 335177. Mentees must be a member of WE (see [www.women-in-endo.org/Pages/membership.shtml](http://www.women-in-endo.org/Pages/membership.shtml) for information on joining WE). **EN**

*If you have any questions or suggestions, please contact Karen Miller, M.D. at [KKMiller@Partners.org](mailto:KKMiller@Partners.org)*

## 2006 Laureate Awards

### Call for Nominations

The Endocrine Society is accepting nominations for the 2006 Laureate Awards. If you know of a deserving colleague, the Society encourages you to submit their name for nomination. These awards are presented annually at the Society's annual meeting in recognition of exceptional contributions and achievements in the field of endocrinology. All nominations must be submitted by an Active Member or Emeritus Member of The Endocrine Society. The nomination form may be downloaded from the Society's Web site at <http://www.endo-society.org/awards/awardsgrants/laureateawards.cfm>

Complete nominations must be received by The Endocrine Society by April 1, 2005. Question may be directed to Colleen Gorman at [awards@endo-society.org](mailto:awards@endo-society.org) or 1-301-951-2611. **EN**

## Using the New Web Site

The Endocrine Society's new Web site offers many improved features for users. At the same time, users may have questions about the new site. Each issue of *Endocrine News* will feature an answer to help you get the most out of the new portal.

### How do I find Membership Information?

Members who have logged into the site will see a link to Membership information on the left bar under "Popular Resources." This link will allow you to review your current membership information, update your member record, let you know if it is time to renew your membership, and provide access to the committees you serve on.

Non-Members will see a "Join" link on the left bar under "Popular Resources," which will connect you with information and benefits of becoming a member as well as provide an online form to become a member

*If you have questions or comment regarding the Web site contact [Endoportal@endo-society.org](mailto:Endoportal@endo-society.org). **EN***

## DONATE YOUR JOURNALS NOW!

In this issue, we are highlighting three journals that are needed to pursue the Society's online Legacy Data Project. The Endocrine Society is seeking donations for the following journals:

- *The Journal of Clinical Endocrinology & Metabolism*, Volume 11, 1951
- *The Journal of Clinical Endocrinology & Metabolism*, Volume 10, 1950
- *The Journal of Clinical Endocrinology & Metabolism*, Volume 9, 1949

If you have and are willing to donate the requested issues or volumes, please contact Adrienne Weber, Journal Publications Coordinator, at 1-301-941-0238 or [aweber@endo-society.org](mailto:aweber@endo-society.org) for shipping information. You can view the complete list of other outstanding issues and volumes for the journals at [www.endo-society.org/journalspublications/upload/legacy.pdf](http://www.endo-society.org/journalspublications/upload/legacy.pdf) **EN**

# Is it Time to Consider Androgen Therapy for Androgen Deficient Women?

## *Clinical and Research Implications*

*This is the fourth appearance of the tri-point perspective articles in Endocrine News. The tri-point perspectives were initiated by The Endocrine Society's Research Affairs Committee in the fall of 2003 as an editorial feature that would appeal to all of the Society's members. The topics, authors and outside reviewers are selected by the committee to deal with subject areas from three different angles—that of the basic researcher, the clinical researcher and the physician in practice. The authors write their articles independently and later work together to coordinate them. The drafts are reviewed by the Research Affairs Committee chairs, by independent experts in the*

*specific topic area and then by the Endocrine News editors and staff for grammar and style.*

**The *Endocrine News* staff would like to thank the efforts of Dr. Steven Grinspoon, Co-Chair, Research Affairs Committee, for his dedication and efforts in developing this series for our readers.**

*If you have any comments or questions about the tri-point perspectives feature, please email [Endocrine News@endo-society.org](mailto:EndocrineNews@endo-society.org) If you would like to submit a Letter to the Editor responding to a tri-point perspective please send your letter (not longer than 400 words) to [ENLetters@endo-society.org](mailto:ENLetters@endo-society.org)*

Disclaimer: Due to the clinical nature of this topic, the Research Affairs Committee could not find a volunteer to write from a basic research perspective. Instead, a clinical researcher wrote about the clinical implications of this therapy.



## CLINICAL RESEARCHER VIEW

# Androgen Insufficiency and Hypoactive Sexual Desire Disorder in Women: Efficiency and Safety of Testosterone Treatment

Glenn D. Braunstein, MD

Cedars-Sinai Medical Center, UCLA School of Medicine

When former Senator Robert Dole brought the topic of erectile dysfunction out of the closet, the Viagra revolution was launched, prompting many women to ask: "What about us?" Now, advances in our understanding of female sexual physiology and interest on the part of the pharmaceutical industry to develop effective treatments for women with sexual dysfunction have allowed us to begin to address this question.

**For over 50 years, clinicians have administered varying types of testosterone preparations to women in order to treat the loss of libido and sexual responsiveness found in some women...**

One type of sexual dysfunction among women called, "hypoactive sexual desire disorder (HSDD)," represents a deficiency of sexual fantasies and desire for, or receptivity to sexual activity that causes the woman personal distress. This is a relatively common condition that can be the result of relationship difficulties, depression, chronic illness, medications, or hormonal imbalance. Often, a combination of these factors culminates in low sexual desire.

HSDD may be associated with androgen insufficiency. Since the sources of androgens in women are the adrenals and ovaries, androgen insufficiency has been found in women with hypopituitarism, adre-

nal insufficiency, and premature ovarian failure, as well as following bilateral oophorectomy, chronic use of glucocorticoids, and with use of oral estrogen. The latter results in elevations of sex hormone binding globulin (SHBG) due to the first pass effect on liver protein production. As most of the circulating testosterone is bound to SHBG, elevations of this protein result in a decrease in the free and bioavailable fractions of testosterone.

For over 50 years, clinicians have administered varying types of testosterone preparations to women in order to treat the loss of libido and sexual responsiveness found in some women following adrenalectomy, oophorectomy, or natural menopause. In addition to

**Cutting patches and using a dab of testosterone gel formulated for men results in variable serum testosterone levels in women.**

multiple uncontrolled studies, there have been about a dozen randomized, double-blind, placebo or

estrogen controlled trials of testosterone treatment in naturally or surgically menopausal women, and a trial in premenopausal women with HSDD. Although there is a strong placebo effect in these studies, all have shown statistically significant improvements from testosterone over placebo in various parameters of sexual function in women with preexisting HSDD.

At present, there is no FDA approved androgen therapy for HSDD in women, although the results of Phase II and III clinical trials on a testosterone patch are currently under review by the agency. Nevertheless, as noted above, physicians have administered a variety of testosterone preparations in an off-label manner to women for low libido. A combination of esterified estrogens and methyltestosterone (Estratest® and Estratest-H.S.®, Solvay Pharmaceuticals, Inc., Marietta, GA),

whose approved indication is for treatment of vasomotor symptoms associated with menopause in



Glenn D. Braunstein

patients who do not improve with estrogens alone, has been shown to help HSDD in postmenopausal women. A surprisingly large number of prescriptions for androgen products specifically designed for the treatment of hypogonadism in men

levels are within or slightly above the reproductive-age reference range. Side effects included an increase in hirsutism and acne, but these were noted in some studies using oral methyltestosterone and have generally not been a problem

ment Study and Women's Health Initiative studies.

Some critics have suggested that the topic of female androgen insufficiency is a construct of the pharmaceutical industry intent on creating a condition in order to sell a product. Their arguments belie the data that androgens are important for female sexuality, that androgen insufficiency can result in HSDD, and that restoration of free testosterone levels to those found during the reproductive years can improve libido and reduce the associated distress. In addition, the collective experience of physicians who treat women with sexual dysfunction and those of us who are involved in clinical trials in this area, support the conclusion that symptomatic androgen insufficiency in women is real and that effective therapies with predictable pharmacokinetic profiles are badly needed to help our patients. **EN**

**Despite the safety data, most of the information is derived from studies of women receiving both estrogens and testosterone.**

are written for women, a practice that should be discouraged because testosterone levels in men are 10 to 20 times higher than those in women. Cutting patches and using a dab of testosterone gel formulated for men results in variable serum testosterone levels in women. Similarly, a great deal of variability in serum testosterone levels are found in women using testosterone gels, creams, drops, and buccal lozenges or the androgen precursor, dehydroepiandrosterone (DHEA), made by compounding pharmacies.

Most of the concerns about the safety of androgen therapy for

with intramuscular, subcutaneous, or transdermal testosterone treatment. Further, treatment-induced polycythemia, hepatic injury, sleep apnea, and breast or endometrial cancers have not been found, although none of the studies have been adequately powered to fully examine the latter two conditions. A reduction in high density lipoprotein may be seen with the oral androgen administration, but is not found with parental delivery.

Despite the safety data, most of the information is derived from studies of women receiving both estrogens and testosterone. It is

**Some critics have suggested that the topic of female androgen insufficiency is a construct of the pharmaceutical industry intent on creating a condition in order to sell a product.**

HSDD in women have arisen from supraphysiological doses taken by men and women for athletic performance-enhancement or bodybuilding. In fact, the data from several of the trials in women who have received testosterone preparations for low libido are reassuring and show that serum free testosterone

not known whether a similar efficacy and safety profile will be found in women taking androgens alone. It is essential that this be examined, since many women are discontinuing or not starting estrogen therapy at the time of menopause in response to results from the Heart and Estrogen/Progestin Replace-

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Conflict-of-Interest Statement: Dr. Braunstein has been a Principal Investigator and consultant for studies conducted by Procter & Gamble Pharmaceuticals, Inc. on a transdermal matrix delivery system of testosterone for women.

CLINICAL PRACTITIONER VIEW

## Androgen Replacement in Women

*Ketan Dhatariya, MBBS, MSc, MRCP  
Elsie Bertram Diabetes Centre  
Norfolk and Norwich University Hospital*

Women rely on two main sources for their androgens, the ovary and the adrenal gland, with approximately equal contribution from each source. Androgen production in women declines with aging. At menopause, circulating androgen levels decrease by more than 50 percent. The adrenal gland produces dehydroepiandrosterone (DHEA), an androgen precursor. Levels of this hormone start to decline after the late teenage years at a rate of about 10 percent per decade, with no precipitous drop at the menopause. It is becoming increasingly apparent that androgens are important in women for a variety of physiological and psychological processes.

### Androgens and Bones

Androgens and estrogens are important in maintaining bone density (BMD) in women. In contrast to estrogens, which are antiresorptive in their action, androgens are proanabolic and act to stimulate bone formation. In premenopausal women observational data show a linear relationship between circulating androgen levels and BMD. Hyperandrogenic women with polycystic ovarian syndrome have higher BMD. The relationship between androgens and bone density is less clear in postmenopausal women. There are data to show that testosterone treatment given to postmenopausal women significantly increases BMD, but it is not known if this is due to a direct effect of the androgen, or as an indirect result of

changes in body composition, such as increases in lean body mass, or from conversion to estrogen. The question of using DHEA replacement in postmenopausal women in the maintenance of BMD has yet to be defined, and is currently being addressed in clinical studies. Although there are potential benefits of androgens therapy for postmenopausal bone loss, long term outcome data are needed before such treatment can be endorsed.

### Androgens, Sexual Function and Wellbeing

Awareness of the impact of low androgen levels on emotional, social, psychological and sexual wellbeing in pre- and postmen-

opausal women is also increasing. Several studies now show that the prevalence of female sexual dysfunction in the USA and Europe is estimated between 40 percent and 45 percent. It is clear that the causes of low quality of life and sexual dysfunction are multifactorial. Androgen deficiency is just one facet of this complicated issue, however several studies have now shown that androgen supplementation improves quality of life in women receiving estrogen. Improvements in general wellbeing, energy and mood, as well as

reductions in irritability, nervousness, memory, and insomnia have been shown.

Use of androgen therapy to improve quality of life in postmenopausal women can not yet be endorsed until the results of long term studies are available. In addition, androgen therapy may be best targeted toward populations most likely to benefit, including oophorectomized women, or those who lack adrenally derived androgens. There are now several studies showing that the addition of an



*Ketan Dhatariya*

**Although there are potential benefits of androgens therapy for postmenopausal bone loss, long term outcome data are needed before such treatment can be endorsed.**

androgen to these women significantly improve sexual function as measured by arousal, frequency, masturbation, coitus, and completion. In these studies, androgens were given as an implant, intramuscular depot, daily pill, ointment or gel, or as a patch.

The data using DHEA replacement has not been as convincing as other androgens, but DHEA has been shown to improve sexual function scores in women with very low androgen levels due to adrenal dysfunction. Whether the use of androgen therapy will

improve sexual dysfunction among otherwise healthy premenopausal women remains to be determined. Sexual function has been shown to correlate with lower testosterone levels among premenopausal women, but the risk benefit ratio of androgen therapy in this population needs to be carefully determined.

### Androgens in the Prevention and Treatment of Cancer

Epidemiological work has shown that low DHEA levels have been associated with higher rates of breast and ovarian cancer. There has also been recent work showing that androgen treatment may protect against the development of breast cancer. In cases of established cancer, androgens have been shown to have an inhibitory effect on affected tissues, with treatment leading to increases in response rates and disease free survival. This works remains in its early stages, and at present androgens or

DHEA are not licensed for this indication. Furthermore DHEA replacement remains controversial. In the United States, its availability across the counter as a 'health food supplement' means that it is not regulated, and that quality control issues remain a valid concern.

### Summary

There is now increasing awareness amongst physicians treating women who have low levels of ovarian or adrenally derived androgens, that replacement could be important. Estrogens and androgens have individual roles to play in several key areas. However, their routine use in women remains at an early stage, with limited long term outcome data. Whilst there are several studies showing that androgen replacement improves outcomes of physical and psychological wellbeing, there are also early data to suggest that androgen replacement in women may worsen components of the metabolic syn-

drome. In addition, the development of hirsutism and acne, with the need for continued monitoring of liver function, lipids and hematocrit remain important considerations. Importantly, androgen use in a pregnant women could potentially virilize a female fetus and this risk needs to be considered in premenopausal women. Following from the tantalising animal and epidemiological data, much work remains to be done to clearly establish the role of androgen replacement in women. **EN**

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CLINICAL RESEARCHER ON CLINICAL IMPLICATIONS

## Use of Androgens in Androgen Deficient Women— Physiologic and Therapeutic Implications

*Karen Klahr Miller, MD*

*Massachusetts General Hospital, Neuroendocrine Unit*

Recent data regarding the effects of androgen therapy on libido and sexual function in women and the clinical development of a testosterone patch for women raise a number of questions regarding androgen administration in women. We need to better define an androgen deficiency syndrome and differentiate between hormone replacement and pharmacologic use of hormonal therapy. Research is needed to determine in which subsets of women androgen administration is effective. In addition to androgen effects on libido and sexual function, other endpoints, including bone, body composition, cardiovascular risk, breast tissue and brain effects require study. Finally, the long-term safety of androgen therapy in women needs to be established.

Because the ovaries and adrenals are the primary sources of androgens in women, disease or iatrogenic intervention which compromises the function of these glands may result in hypoandrogenemia. Bilateral oophorectomy has been demonstrated to result in a 60 percent reduction in serum testosterone in premenopausal women and a 50 percent decrease in postmenopausal women, suggesting that the ovaries produce approximately half of circulating testosterone in women, with the other half derived from adrenal precursors. In contrast, more than 90 percent of dehydroepiandrosterone (DHEAS) is produced by the adrenal glands. Therefore, bilateral oophorectomy and/or adrenal insufficiency result in a marked diminution in circulating testosterone, with a reduction in DHEAS

also observed in women with adrenal insufficiency. Women with hypopituitarism, particularly those with both hypoadrenalism and hypogonadism, have severe androgen deficiency, including decreased testosterone, free testosterone, androstenedione and DHEAS. Medications that suppress ovarian function, such as oral contraceptives, and those that suppress adrenal function, including glucocorticoids, also reduce androgen levels in women. Oral estrogens, even at low doses, reduce free testosterone by increasing SHBG levels.

Physiologic age-related declines in androgens may result in lower levels than healthy younger women. Whether this represents a state of relative androgen deficiency is a key question. Testosterone levels decrease linearly between ages 20 and 40 by approximately 50 percent but may then increase after menopause, resulting in levels comparable to premenopausal women. In contrast to testosterone, DHEAS levels decline linearly with age, such that levels at age 70 are about 20-25 percent of those of a 20-year-old. The recent Women's Health Initiative (WHI) results highlight the importance of randomized, placebo-controlled studies to determine the efficacy and safety of use of hormones in physiologic, rather than pathologic, hormone deficiency states.

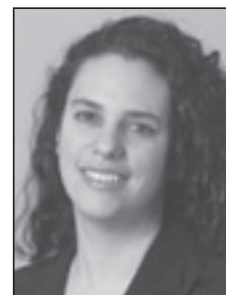
Is biochemical androgen deficiency in women associated with a clinical syndrome? There are few data firmly establishing clinical effects of androgen deficiency in women. Hypoandrogenic women with bilateral oophorectomy have decreased libido and sexual function. Our cross-sectional data in androgen-

deficient women with hypopituitarism suggest an association between circulating androgen levels and both lean body mass and hip bone density. Data in larger populations of healthy women without androgen deficiency also show associations of androgen levels with bone density.

Diagnosing androgen deficiency in a particular patient is difficult due to lack of both validated assays in the female range—10 to 20 times lower than male range—and established normal age-based ranges. As more normative data is amassed, and testosterone assays are better validated, specifically at the lower range, establishing androgen deficiency in a specific patient should become easier.

Although data regarding the effects of androgen therapy on libido and sexual function strongly support an effect in a subset of androgen-deficient women, effects on other endpoints are not well established. Androgen effects on brain and body composition are beginning to be studied. Brain effects of androgens likely exist, but are not adequately characterized. In a study of functional brain changes, we have shown increases in posterior cingulate cortical metabolism in women with anorexia nervosa with low-dose testosterone administration. However, the functional implications of this are not established. Studies examining improvements in mood and/or quality of life with androgen replacement have been conflicting. The variability in response

*Continued on page 17.*



*Karen Klahr Miller*



Be Among The First To Learn About Breakthroughs  
In Endocrine Research And Treatment.

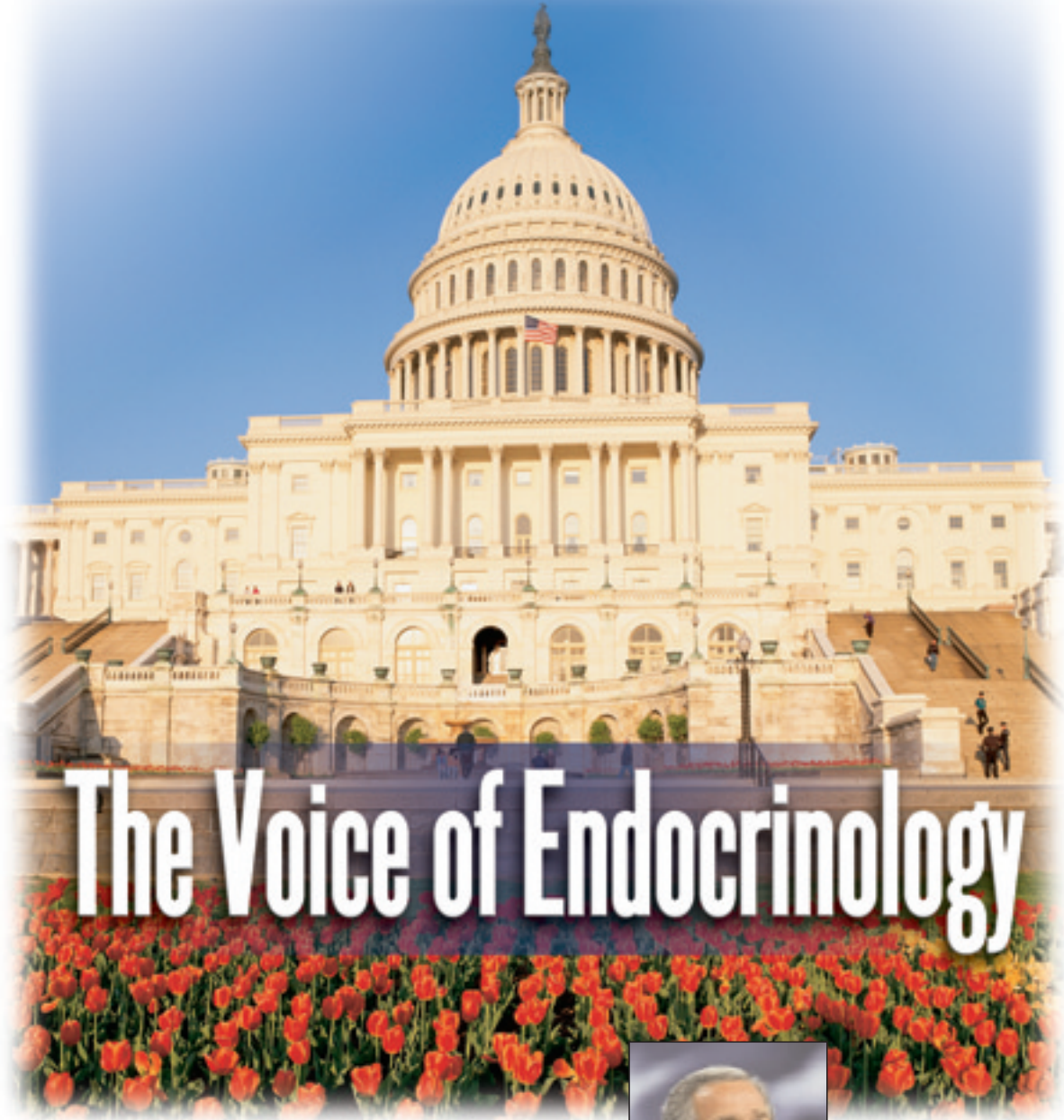
Join The Endocrine Society and enjoy the benefits that come from belonging to an international group of researchers, clinicians and others who are dedicated to furthering excellence in research and care of patients with endocrine diseases. Membership in this diverse Society offers an extraordinary opportunity to learn and collaborate, stay current on the latest breakthroughs and form the kinds of relationships that will enhance professional development. For those who are determined to stay at the forefront of endocrinology, membership is indispensable.

To find out all the benefits, visit our Web site today at [www.endo-society.org](http://www.endo-society.org) or call 301-941-0200.



**Join** The Endocrine Society Today

## How Changes in Congress, the Administration and the Political Landscape will Impact the Endocrine Community in 2005



The 2004 November elections resulted in a variety of changes in the political landscape on Capitol Hill and within the Bush Administration. In particular, a new four year mandate for the Bush Administration resulted in quite a few resignations and shifts within the leadership suites of the

executive branch. Most notably in the health care arena, President Bush nominated Mike Leavitt to replace Tommy Thompson in the top job at the Departments of Health and Human Service. HHS Secretary Thompson announced his resigna-

tion on December 3, 2004. As a former Governor of Utah and current Administrator of

the Environmental Protection Agency, Leavitt is known as an effective leader and Bush Administration loyalist. During a press conference at the White House,

Bush stated that Leavitt was an "ideal choice to lead one of the largest departments of the United States Government." Leavitt praised Bush and said that "I look forward to the implementation of the Medicare prescription drug program in 2006, medical liability reform and finding ways to reduce the cost of health care." Similar to Tommy Thompson's background, Mike Leavitt was a multi-term Governor and former Chair of the National Governor's Association.

Majority Leader Frist's office, The Endocrine Society learned that medical malpractice reform will likely continue to be "top tier issue" for the Senator and that "he will look for every opportunity to advance and implement reforms". During the last Session of Congress, the U.S. House of Representatives passed a medical malpractice reform bill, however, the Senate was unable to approve a similar bill before Congress adjourned.

ment relations committee has been meeting with key Congressional leaders and Committees to discuss the possible agenda and focus for the new 109th Session of Congress, scheduled to convene in January 2005. Some of the initiatives that were specifically mentioned by Congressional leaders include Medicaid reform, medical malpractice reform, reauthorization of the National Institutes of Health, reauthorization of the Children's Health Act, ongoing implementation of the Medicare Modernization Act and the drug benefit, etc. With regard to the annual federal funding process, The Endocrine Society has learned on Capitol Hill that funding cuts are likely to be felt by the Departments of Health and Human Services. President Bush is expected to release his Proposed FY 2006 Federal Budget in early February 2005. A variety of Congressional offices have expressed concern that HHS will have a tough year in areas such as medical research funding.

In the area of minority health affairs, the Society has already met with the office of the newly elected Chairman of the Congressional Black Caucus (CBC), Congressman

### **A new four year mandate for the Bush Administration resulted in quite a few resignations and shifts within the leadership suites of the executive branch.**

Leavitt will be taking over an agency with a 500 billion dollar budget and 67,000 employees.

On Capitol Hill, one of the biggest surprises of the 2004 election was the defeat of Senate Minority Leader Tom Daschle (D-SD) by former South Dakota Congressman John Thune (R-SD). Given the historic defeat of the Senate's top Democrat, the party elected Senator Harry Reid (D-NV) to replace Daschle as the new Minority Leader. The Democrats also elected Senator Dick Durbin (D-IL) to serve in the number two leadership position of Senate Minority Whip. Both Reid and Durbin have been active in health care public policy in the past. Durbin, in particular has used his seat on the Senate Appropriations Committee to seek increased funding for health care research at NIH.

On the Republican side of the aisle, the party fared very well in the 2004 elections. Although not up for re-election himself, the 2004 election cycle did serve as a referendum on the leadership of Senate Majority Leader Bill Frist (R-TN), who was re-elected by his peers to continue to serve as the Majority Leader of the U.S. Senate. In a recent meeting with

Also of note during this 2004 election cycle was the re-election of one of the Senate's greatest advocates for increasing federal funding to the National Institutes of Health (NIH). Senator Arlen Specter (R-PA) survived the toughest challenge of his Senate career to win a fifth term to represent the State of Pennsylvania. Specter is currently the Chairman of the Senate Appropriations Subcommittee for Health and Human Services, which has annual

### **The Endocrine Society's government relations committee has been meeting with key Congressional leaders and Committees to discuss the possible agenda and focus for the new 109th Session of Congress.**

funding jurisdiction over all of the operations of the Department of Health and Human Services, NIH, CMS, CDC, etc. Specter was able to capture 52 percent of the vote and defeat a very aggressive campaign by Pennsylvania Congressman Joe Hoeffel (D-PA).

#### **Where Do We Stand?**

Before and after the 2004 elections The Endocrine Society's govern-

Mel Watt (D-NC). Watt will replace outgoing CBC Chairman, Congressman Elijah Cummings (D-MD). Congressman Watt was re-elected in November to serve a seventh term representing the 12th District of North Carolina, including the cities of Charlotte and Greensboro. During the Society's meeting with Watt's office, the Congressman's Chief of Staff indicated a willingness to work together



to address health disparity issues in the minority community. During the last Session of Congress, the Society supported several minority health disparity bills in the US House of Representatives and US Senate.

Other changes within Congressional Caucuses include a new Co-Chair of the Congressional Diabetes Caucus, Congressman Mike Castle (R-DE). Castle will join The Endocrine Society's friend, Congresswoman Diana DeGette (D-CO), in leading the Diabetes Caucus in 2005. Congressman Castle is a Subcommittee Chairman of the House Education and the Workforce Committee. According to Capitol Hill staff, Castle would like to use his new Co-Chairmanship of the Diabetes Caucus to examine and address diabetes issues in the workforce.

Although the new 109th Session of Congress has not yet convened, The Endocrine Society government relations team has already been very active in reaching-out to new Members of Congress, Cabinet officials, and potential new champions to advance the Society's government relations priorities. In addition, the Society has also been working with many of its veteran Congressional champions to identify and address both opportunities and challenges in the new year. **EN**

*For more information on Government Relations activities contact Chris Rorick, Manager Government Relations, crorick@endo-society.org*

# The Endocrine Society

## I N T H E N E W S

The Endocrine Society is working to build awareness of endocrinology through public relations efforts. In recent months, The Endocrine Society and several of its experts have been highlighted in the news. Here are a few examples:

- The November 17 issue of *USA Today* highlighted a study from the November issue of *The Journal of Clinical Endocrinology & Metabolism*. The study highlights the possible link between obesity and lack of sleep.
- In November, The Endocrine Society participated in a series of media briefings on the issue of open access. Lenne Miller, Senior Director of Publications, met with reporters from *The Wall Street Journal*, *The USA Today*, *The Hill*, Washington FAX and *The National Journal*. Following the meetings, the Society was quoted in news stories from several of these news outlets.
- The December 14 issue of *USA Today* included a quote from Endocrine Society President, Anthony Means in a story on open access.
- In December, the Food and Drug Administration Advisory Committee for Reproductive Health Drugs met to consider approval of Intrinsa, a transdermal testosterone system for women. After reviewing the current data, the committee called for additional research and safety information before approving Intrinsa, which is intended for the treatment of hypoactive sexual desire disorder in surgically menopausal women receiving concomitant estrogen therapy. The Endocrine Society issued a press release in conjunction with this meeting. Endocrine Society spokespersons were interviewed by several news outlets including *Time Magazine*, *WebMD*, *The San Jose Mercury News*, *Fort Worth Star Telegram* and *The New Jersey Star Ledger*.
- The January 17 issue of *Newsweek* included a Letter to the Editor from Society President, Anthony Means on steroid abuse. **EN**

*If you are interested in serving as a media spokesperson for The Endocrine Society, please contact Tadu Yimam, Coordinator, Public Relations at [media@endo-society.org](mailto:media@endo-society.org)*

## Use of Androgens

*Continued from page 13.*

may reflect differences in underlying degrees of depression and well-being, doses used, failure to identify subsets in which the hormonal therapy is effective or other factors. Two randomized, placebo-controlled studies show promising preliminary results on bone density,

but there are few data regarding effects on lean and fat mass.

Finally, a few studies have investigated the effects of androgen administration in normal young women. Efficacy of this "pharmacologic" use of androgens raises questions regarding the implications and safety of supraphysiologic hormone administration, which require further study before evidence-based recommendations can be made.

Establishing the characteristics of an androgen deficiency syndrome in women, investigating long-term safety of androgen use in women, determining the effects of androgens on a number of clinical endpoints, establishing normal androgen ranges and valid androgen assays are all important. Finally, identification of subsets of women for which the therapies are effective and safe is critical. **EN**



**San Diego welcomes ENDO<sup>®</sup>,**

**The Endocrine Society's**

**87th Annual Meeting**

**Saturday, June 4 – Tuesday, June 7, 2005**

**Program and registration are available at  
[www.endo-society.org/educationevents/annual](http://www.endo-society.org/educationevents/annual)**

Don't Miss the Pre-ENDO Workshops  
on Friday, June 3, 2005

## The Endocrine Society Forum on Endocrine Disrupting Chemicals

On Friday June 3rd, 2005, The Endocrine Society will sponsor a day-long satellite meeting of ENDO 2005 on the topic of endocrine disruption. This Forum on Endocrine Disrupting Chemicals (EDCs) is being organized by Dr. Andrea Gore, Univ. Texas-Austin, Dr. R. Thomas Zoeller, Univ. Massachusetts-Amherst, and Dr. Jerry Heindel, NIEHS. They have assembled a group of prominent investigators to present the most current data linking hormonally-active compounds in food, drinking water or the environment to endocrine-related dysfunctions, including developmental, reproductive and metabolic disorders and cancers.

The Forum has been organized to highlight endocrine disruption as an important sub-discipline of

endocrinology and to create greater awareness of this field within the Society. In addition to a keynote address by Dr. Kenneth Korach of the NIEHS, the educational program will feature two symposia: *Early exposure to EDCs and long-term endocrine consequences* and *Hot Topics in Endocrine Disruption*. There will also be a poster session focusing on student/fellow research.

The Forum on EDCs will conclude with a panel discussion including the Organizing Committee and invited Endocrine Society leaders, including President-Elect Dr. Andrea Dunaif. The goal of this session is to synthesize and propose an agenda for

further endocrine disruption educational programming and the promotion of EDCs research by endocrinologists.

All ENDO 2005 attendees are invited to attend the Forum. (pre-registration and a small fee are required as indicated on the ENDO registration form). For the full program and abstract submission guidelines visit <http://www.endo-society.org/educationevents/annual/2005/disrupting-chemicals.cfm> For more information contact Organizing Committee Chair Andrea Gore, PhD at [andrea.gore@mail.utexas.edu](mailto:andrea.gore@mail.utexas.edu) or Robert Bartel at [rbar-tel@endo-society.org](mailto:rbar-tel@endo-society.org) or 1-301-951-2606. **EN**

### Thyroid Sonography Hands-On Workshop

11:30 am – 6:30 pm

Participants will review the basics of sonography and differential diagnosis before performing diagnostic ultrasound in a practicum. The second half of the program will include an in-depth lecture on ultrasound-guided fine-needle aspiration (US-FNA) and conclude with a second practicum in which participants will perform US-FNA.

To register, check the appropriate box on the registration form (fee required). For more information, contact Robert Bartel at 1-301-951-2606 or [rbar-tel@endo-society.org](mailto:rbar-tel@endo-society.org) Note: Limited to 60 registrants. **EN**

### Enhancing Integrity in Clinical Research

Presented by The Endocrine Society's Ethics Advisory Committee | 8:30 am – 6:30 pm

This is a practical, interactive workshop addressing current issues in clinical research ethics. Noted experts will clarify complex issues in the responsible conduct of clinical research through factual presentations, critical comments, active role play and interactive discussions. The workshop has been designed to enhance the capacity of fellows, junior and senior investigators and international scientists to participate in clinical research. Other groups that will benefit from this workshop include all members of clinical research teams, including nurse practitioners.

Topics covered will include most of the core components of responsible conduct in research:

- Data collection
- Management and sharing
- Conflicts of interest
- Mentor/trainee relationships and responsibilities
- Publication practices and responsible authorship
- Protection of human subjects
- Collaborations
- Processes of ethical review

Participants will receive Continuing Medical Education credit. In addition, a certificate documenting course participation and subject content will be provided to enable participants to demonstrate NIH-required training in research ethics to their home institutions and federally funded training programs.

To register, check the appropriate box on the registration form (Registration fee \$125). For more information, contact Jeanie Dow at 1-301-951-2612 or [jdow@endo-society.org](mailto:jdow@endo-society.org) Note: Limited to first 160 registrants. **EN**

FOR MORE INFORMATION ABOUT ENDO 2005, VISIT [WWW.ENDO-SOCIETY.ORG](http://WWW.ENDO-SOCIETY.ORG)

# ENDO

SAN DIEGO, CA | SATURDAY, JUNE 4 – TUESDAY, JUNE 7, 2005

*Don't miss your chance to attend the world's largest gathering of endocrinologists!*

### Register by April 8 and Save

Register for ENDO 2005 by April 8 to receive early bird savings, secure your housing arrangements for San Diego and receive your *Program and Abstracts Book* by mail before the meeting. Making registration and housing arrangements is easy at the ENDO 2005 Web site: [www.endo-society.org/educationevents/annual](http://www.endo-society.org/educationevents/annual)

### Scientific Program

New this year, the ENDO 2005 program can be viewed from several different perspectives on the ENDO Web site. The basic scientific

program is presented by research area. The clinical program presents all clinical and clinical scientific sessions organized by therapeutic area. Finally, the basic/clinical interface scientific program includes all sessions (basic and clinical) organized by therapeutic area.

### Increased Networking Opportunities

Small topical networking groups will be held from 6:30 – 7:30 p.m. on Saturday, June 4, Sunday, June 5 and Monday, June 6. The full list of networking group topics will be posted on the ENDO Web site this spring.

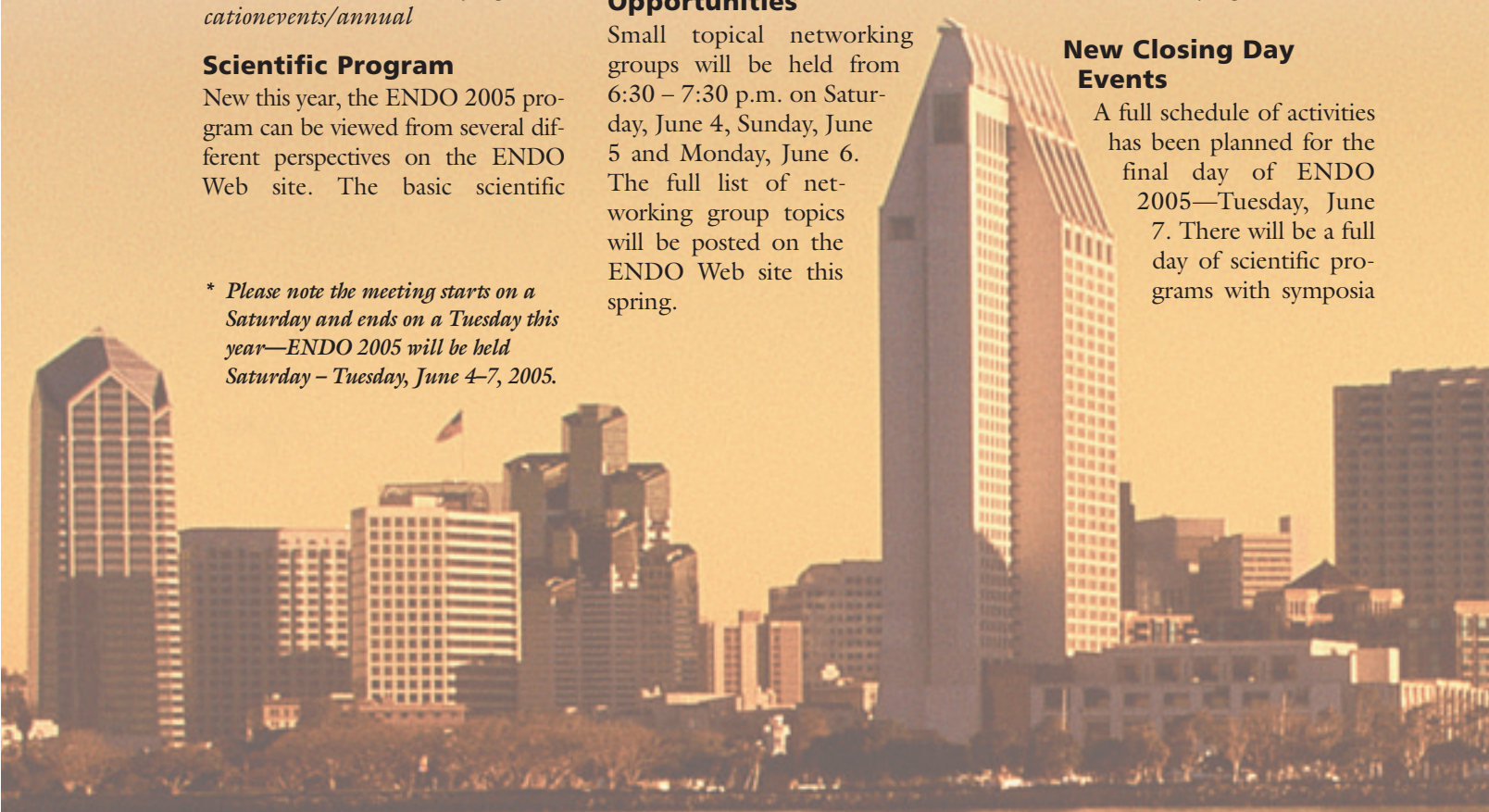
### Planning an Informal Networking Event?

If you are planning a meeting dinner, reunion or another informal meeting during ENDO 2005, the Society can help facilitate and advertise your event. Email your group's name, meeting date, time, contact name and email address to [tvalles@endo-society.org](mailto:tvalles@endo-society.org)

### New Closing Day Events

A full schedule of activities has been planned for the final day of ENDO 2005—Tuesday, June 7. There will be a full day of scientific programs with symposia

*\* Please note the meeting starts on a Saturday and ends on a Tuesday this year—ENDO 2005 will be held Saturday – Tuesday, June 4–7, 2005.*



# 2005



and meet-the-professor sessions being held from 7:45 a.m. until 6:00 p.m. An afternoon plenary session featuring two renowned speakers—Drs. Bruce Spiegelman and Gerald Shulman has also been added. Finally, there will be a spectacular closing reception, free to all attendees. Be prepared to bring your dancing shoes!

### **New Format for Career Development Workshop**

Separate career development workshops will be held this year for basic science trainees and clinical science/practice trainees to focus on professional development needs of each group.

The Basic Science session will be held Friday, June 3 from 3:00 p.m. to 6:30 p.m. Topics include funding options and resources, grant writing, getting published and ethics in

publishing. The Clinical Science/Practice session will be held Sunday, June 5 from 6:30 p.m. to 9:30 p.m. Topics include clinical trials, negotiating a position and funding opportunities and publishing.

All ENDO 2005 attendees are invited to attend one or both of these sessions. For more information go the ENDO 2005 Web site.

To register, please check the appropriate box on the ENDO registration form. Questions may be directed to Colleen Gorman at [cgorman@endo-society.org](mailto:cgorman@endo-society.org) or 1-301-951-2611.

### **New Group Discounts for Students/Fellows/Postdocs**

New this year, register two in-training members or in-training member applicants and get the third registration free!

### **Discounted Housing Available for Students during ENDO**

The Endocrine Society is now offering attendees the option of selecting a roommate. Check the box on the housing form and you will be sent more information on how you can participate.

### **Volunteer opportunities at the Annual Meeting**

The Minority Affairs Committee (MAC) is seeking volunteers to mentor minority undergraduate students attending the Annual Meeting. Mentors will be asked to allow students to shadow them throughout the meeting. Volunteer mentors are also needed for the Minority Mentoring Reception during ENDO 2005.

For more information email [mac@endo-society.org](mailto:mac@endo-society.org) or visit <http://www.endo-society.org/minorityactivities> **EN**



## Society Expresses Concern Over New ACCME Standards

The American Medical Association (AMA) held its semi-annual House of Delegates meeting in Atlanta, Georgia December 3 – 7, 2004. The House of Delegates is the principal policy-making body of the AMA where Association members vote on policy initiatives that will then be carried out by the organization. The Endocrine Society's seat in this body provides clinical endocrinologists with a voice in the most powerful advocacy group for America's physicians.

During this year's Interim meeting, The Endocrine Society sought to raise awareness of two issues that could have deleterious effects on the Society: The recently released Accreditation Council for Continuing Medical Education (ACCME) Updated Standards of Commercial Support and The National Institutes of Health's (NIH) Public Access Proposal.

### New Standards Raise Concerns

The Endocrine Society has been actively involved in the deliberative process of the ACCME while they have been considering new standards of commercial support. The Society provided comments to ACCME during their open comment period and identified problems and concerns with the proposed plan at that time. Despite the Society's comments, and those of a significant number of continuing medical education (CME) providers, the final iteration of the standards includes provisions that will require new policies and procedures that will affect the planning processes for all educational activities. Standard 2 is particularly ominous.

The requirement in Standard 2 provides that everyone in a position to influence the educational content of CME programs will need to provide disclosure of potential conflicts of interests. While this has been a requirement for speakers and faculty, this has been expanded to include staff, planning committee members, faculty, authors, program reviewers, abstract reviewers, vendors, etc. In addition, Standard 2 would also force the Society to identify and resolve all conflicts prior to planning educational activities. So, in addition to reviewing and identifying conflicts the Society would be responsible for resolving the conflict.

The AMA, which holds two seats on the ACCME board, voted in favor of the new standards despite concerns over the some of the questionable provisions. At the AMA meeting, The Endocrine Society supported a resolution sponsored by the American Association of Clinical Endocrinologist (AACE) that asked the AMA to reconsider their approval of the new standards and push for new standards that were less onerous on smaller societies. The House of Delegates agreed with our position and asked that the AMA work closely with the ACCME on the implementation of these standards and make specific efforts to ensure workable options for resolving conflict of interest and bias issues.

### NIH Open Access Proposal

The Endocrine Society also sought support from the AMA on the NIH's public access to information proposal. NIH recently announced a proposal that would make Society-published material, which is

funded by NIH, available free to the public in six months. Currently, the Society makes its content available after twelve months and our manuscripts are available free upon acceptance. NIH has not consulted with the publishing community about this proposal which will result in numerous unintended consequences that have been outlined in previous *Endocrine News* articles.

At the House of Delegates, The Endocrine Society was supportive of a resolution sponsored by The American Society of Hematology and American College of Rheumatology, that asked the AMA to oppose the NIH's public access proposal until the NIH answers unknown questions and concerns regarding its proposal. The House of Delegates was unable to come to a consensus over the resolution and referred it the AMA Board of Trustees for a decision. The Endocrine Society will continue to work with the AMA and NIH to push for a policy that is conducive to all stakeholders who care about public access.

The Society also helped promote the candidacy of two Society members who are running for leadership roles within the AMA. Dr. Myron Genel who is running for AMA Board of Trustees and Dr. Melissa Thomas who is running for reelection to the AMA's Council on Medical Education. The election for these positions will be held at the AMA's Annual Meeting this June in Chicago, Illinois. **EN**

*For more information on AMA activities contact Chris Rorick, Manager, Government Relations [crorick@endo-society.org](mailto:crorick@endo-society.org)*

# SPOTLIGHT ON...

## Affiliate Associate Members

### Society Membership Provides Industry Professionals with a Pathway to Endocrine Thought Leaders

The Corporate Liaison Board (CLB) is working to build awareness of the Affiliate Associate membership category as a way to enhance industry representation and broaden opportunities for collaboration between industry and The Endocrine Society. The CLB recognizes the value that Society membership brings to industry professionals.

### What is the Affiliate Associate Membership Category?

It is a membership category for pharmaceutical and biotechnological industry professionals who are committed to the field of endocrinology, but do not hold a doctoral degree.

### Why was the Affiliate Associate Membership Category created?

It was approved by The Endocrine Society's Council in 2000 and was championed by the CLB to reinforce the voice of the pharmaceutical and biotechnological industries in The Endocrine Society. Membership in The Endocrine Society allows these professionals to become a part of a 12,000 strong international organization and provides them with the opportunity to network with the thought leaders in the field who share knowledge, influence policy and exchange new ideas.

### What are the benefits of becoming an Affiliate Associate Member of the Society?

- Industry representation through the Corporate Liaison Board and receipt of the Corporate Liaison Board quarterly newsletter to stay informed of the latest Society news relevant to industry.

- Registration for Society meetings as a member of The Endocrine Society. This status is reflected on the name badge worn during meetings.
- Complimentary annual meeting *Program and Abstract Book* on cd-rom.
- Reduced subscription rates to the Society's leading peer-reviewed journals: *The Journal of Clinical Endocrinology & Metabolism*, *Endocrine Reviews*, *Endocrinology* and *Molecular Endocrinology*.

### What are the eligibility requirements for Affiliate Associate membership?

- Bachelor of Arts or Bachelor of Science degree;
- Senior level position with a company that represents research and development, medical affairs, medical education, marketing, professional affairs, regulatory affairs or quality control and assurance.
- Documentation to support membership application, including a resume and a personal statement that reflects interest, involvement and contributions to the field of endocrinology. **EN**

\* Applicants who have a doctorate degree may be eligible to apply for Active Membership.

For more information on Affiliate Associate benefits or to apply for membership, visit [www.endo-society.org](http://www.endo-society.org) or contact Ginny Echeverria at [gecheverria@endo-society.org](mailto:gecheverria@endo-society.org) or call 1-301-941-0207.

## Society Focuses on Basic Science Research in 2005

In keeping with the Society's mission of providing excellence in basic research in endocrinology, The Endocrine Society recently joined forces with the Federation of American Societies for Experimental Biology (FASEB) to enhance the scientist members' exposure to, and participation in, state of the art research. Sponsorship of four of FASEB's Summer Research Conferences and two issues of its *Breakthroughs in Bioscience* series takes the Society another step toward accomplishing this mission.

FASEB, a coalition of 22 independent member societies that serve the interests of biomedical and life scientists, facilitates coalition activities among member societies and disseminates information on biological research through scientific conferences and publications.

The FASEB Summer Research Conferences, which began in 1982, are a continuing series of inter-disciplinary exchanges that have become recognized as a valuable complement to FASEB's other meetings. The conferences are divided into small groups of experimental biologists who meet intimately and without distractions to explore new approaches to those research areas undergoing rapid scientific change. They emphasize cutting edge research, with prominent scientists in each field making presentations to attendees who themselves are heavily engaged in research or are in ancillary fields where an accurate understanding of allied scientific advances is important. To ensure excellence, the topics are selected by a scientific advisory committee.

Almost 700 scientists are expected to attend the four confer-

ences. Society membership information and journals will be distributed at each conference. The Society will co-sponsor conferences on Nuclear Structure & Cancer; Nutrient Control of Gene Expression & Signaling; Receptor & Signal Transduction; and Glucose Transporter Biology.

*Breakthroughs in Bioscience* is a series of illustrated essays that explain recent breakthroughs in biomedical research and how they are important to society. The Society's sponsorship of two of these FASEB-produced issues will result in two endocrinology-focused educational products that can be utilized to pro-

mote the benefits of fundamental biomedical research to Congress and the general public. Society members will serve as authors and advisors to these issues, which are expected to be completed near the end of this year.

FASEB currently has 17 topics published in *Breakthroughs in Bioscience*.

Watch *Endocrine News* for more information on these sponsorship programs. For more information on FASEB activities, visit [www.FASEB.org](http://www.FASEB.org) or contact Meg LaPorte, Associate Director, Program and Policy Affairs at [mla-porte@endo-society.org](mailto:mla-porte@endo-society.org) **EN**

### President's Message

*Continued from page 4.*

perform clinical research related to hypogonadism and/or testosterone replacement. This is a salary support award that includes a \$25,000 stipend plus \$4,000 in fringe benefits. The winner also will receive an invitation to the Awards Dinner at ENDO 2005 and complimentary Society membership.

Although many of the application deadlines have passed for our 2005 awards, there are a few still open. You can read more information about all the Society's awards including past winners at <http://www.endo-society.org/awards/> I encourage you to take a look and identify those awards that may be of relevance to you or your trainees.

I'd like to take this opportunity to thank all the mentors and nominators who have submitted appli-

cations for Society awards. Your effort to recognize and encourage the work of others is commendable. At the same time, I'd like to thank the following volunteer member groups who manage the Society's awards and take time from their busy schedules to review the applications and select the winners: Annual Meeting Steering Committee Abstract Reviewers, Awards Committee, International Relations Committee, Journal Editors, JCEM Pfizer Jury, Minority Affairs Committee, Special Programs Committee, and Student Affairs Committee.

As always, I welcome any comments and questions from members. Please email me at [president@endo-society.org](mailto:president@endo-society.org). **EN**



**Anthony Means, Ph.D.**  
President





THE HORMONE  
FOUNDATION

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# HORMONES & YOU

## Patient Information Page

# Polycystic Ovary Syndrome

## What is polycystic ovary syndrome?

The term polycystic ovary syndrome (PCOS) describes a group of symptoms and changes in hormone levels. The name comes from that fact that women with the condition often have many small painless cysts in the ovaries. These cysts are benign, but many of the symptoms can be emotionally distressing.

Symptoms of PCOS include:

- Irregular or absent menses (periods)
- Infertility
- Weight problems or obesity (especially at the waist)
- Acne
- Excess hair on face and body
- Thinning hair on scalp

PCOS affects 7% of women of childbearing age. In the United States, an estimated 5 million women have PCOS, many of them without realizing it.

PCOS affects more than reproduction. It's also a metabolic problem that affects several body systems.

## What causes PCOS?

The exact cause of PCOS is still unknown. In fact, there is probably more than one cause. In general, an imbalance of

hormones underlies the condition. It has also been called "ovarian androgen excess" because the ovaries produce male hormones (androgens) in increased amounts.

## How is PCOS diagnosed?

Along with irregular periods, the first signs of PCOS may be the growth of facial and body hair, hair thinning, acne, and weight gain. Weight gain, however, is not always present. Thin women can also have PCOS.

If you have symptoms of PCOS talk with a specialist. An endocrinologist, an expert in hormones, can help assess and treat your condition. Your doctor will take your medical history, perform a physical exam, check your hormone levels, and possibly perform an ovarian ultrasound and measure glucose (sugar) levels in the blood.

## What are the health implications?

Some conditions related to PCOS are potentially dangerous. Many women with PCOS have decreased sensitivity to insulin (the hormone that regulates sugar in the blood). This condition is known as insulin resistance. In order to deal with the problem, the pancreas must make more insulin. This problem

is a major risk factor for adult-onset diabetes.

Women with PCOS often have increased levels of bad cholesterol (LDL). Overweight women with PCOS may also have low levels of good cholesterol (HDL) and high levels of other fats, including triglycerides. These factors may increase the risk of heart attack or stroke later in life.

Because of irregular menstrual cycles and lack of ovulation, the lining of the uterus may not shed as often as it should. Left untreated, this may increase the risk of cancer of the uterus.

## What should I do with this information?

While PCOS is not curable, there are several approaches to achieving hormonal balance. Symptoms of PCOS are treatable with medications, and changes in diet and exercise. You should discuss treatment options with your physician.

## Resources

To find an Endocrinologist:  
[www.hormone.org](http://www.hormone.org)

American Infertility Association:  
[www.americaninfertility.org](http://www.americaninfertility.org)

International Council on Infertility Information Dissemination:  
[www.inciid.org/faq/pcos.html](http://www.inciid.org/faq/pcos.html)

Polycystic Ovarian Syndrome Association: [www.pcosupport.org](http://www.pcosupport.org)  
or call 877-775-7267

PLEASE TEAR HERE



POLYCYSTIC OVARY SYNDROME

### EDITORS:

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David Ehrmann, MD

September 2004

For more information on how to find an endocrinologist, download free publications, translate this fact sheet into other languages, or make a contribution to The Hormone Foundation, visit [www.hormone.org/bilingual](http://www.hormone.org/bilingual) or call 1-800-HORMONE. The Hormone Foundation, the public education affiliate of The Endocrine Society ([www.endo-society.org](http://www.endo-society.org)), serves as a resource for the public by promoting the prevention, treatment, and cure of hormone-related conditions. This page may be reproduced non-commercially by health care professionals and health educators to share with patients and students. Translation by MEDI-FLAG Corp. © The Hormone Foundation 2004



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# LAS HORMONAS Y USTED

Página de información para pacientes

## Síndrome de ovario poliquístico

### ¿Qué es el síndrome de ovario poliquístico?

El término síndrome de ovario poliquístico (PCOS por sus siglas en inglés) describe un grupo de síntomas y cambios en los niveles hormonales. El nombre se deriva del hecho que las mujeres que sufren de esta condición muchas veces tienen muchos quistes pequeños en los ovarios. Estos quistes son benignos pero muchos de los síntomas pueden causar angustia emocional.

Los síntomas del PCOS incluyen:

- Periodos menstruales irregulares o ausentes
- Infertilidad
- Problemas de peso u obesidad (especialmente en la cintura)
- Acné
- Exceso de vello en la cara y el cuerpo
- Pérdida de cabello en el cuero cabelludo

El PCOS afecta a un 7% de las mujeres que están en edad de quedar embarazadas. En los Estados Unidos hay cinco millones de mujeres que tienen el síndrome, muchas de ellas sin saber que lo tienen.

El PCOS afecta más que la reproducción. También es un problema metabólico que afecta varios sistemas del cuerpo.

### ¿Qué causa el PCOS?

No se sabe la causa exacta del síndrome. Lo más probable es que haya más de una causa. En general,

un desequilibrio hormonal es lo que subyace a la condición. También se ha llamado un “exceso de andrógeno ovariano” porque los ovarios producen hormonas masculinas (andrógenos) en cantidades aumentadas.

### ¿Cómo se diagnostica el PCOS?

Junto con los periodos menstruales irregulares, las primeras señas del síndrome pueden ser el crecimiento de vello en el rostro y en el cuerpo, la pérdida de cabello, acné y aumento de peso. Sin embargo, no siempre ocurre un aumento de peso; las mujeres delgadas también pueden tener el síndrome.

Si tiene síntomas de PCOS, hable con un especialista. Un endocrinólogo—un experto en hormonas—puede ayudarle a evaluar y tratar su condición. Su médico le tomará el historial médico, le hará un examen físico, le revisará los niveles hormonales y, posiblemente, le hará un ultrasonido ovariano y le medirá los niveles de glucosa (azúcar) en la sangre.

### ¿Cuáles son las implicaciones para la salud?

Algunas condiciones relacionadas al síndrome tienen la posibilidad de ser peligrosas. Muchas mujeres con el síndrome tienen una sensibilidad reducida a la insulina (la hormona que regula el azúcar en la sangre). Este problema es un importante factor de riesgo para la diabetes del adulto.

Las mujeres con el síndrome muchas veces tienen niveles aumentados de colesterol malo (LDL). Las mujeres pasadas de peso que tienen el síndrome también pueden tener niveles bajos del buen colesterol (HDL) y niveles altos de otras grasas, incluso los triglicéridos. Estos factores pueden aumentar el riesgo de un ataque cardíaco o un derrame cerebral a una edad más avanzada.

Debido a los ciclos menstruales irregulares y la falta de ovulación, la pared del útero puede no desprenderse con la frecuencia adecuada. Si esto no se trata, puede aumentar el riesgo de cáncer en el útero.

### ¿Qué debo hacer con esta información?

Aunque el síndrome de ovario poliquístico no se puede curar, hay varios métodos que pueden emplearse para lograr un equilibrio hormonal. Los síntomas de PCOS son tratables con medicamentos, y cambios de dieta y ejercicio. Debe hablar con su médico con respecto a sus opciones de tratamiento.

### Recursos

Para encontrar un endocrinólogo:  
[www.hormone.org](http://www.hormone.org)

Asociación Americana de Infertilidad:  
[www.americaninfertility.org](http://www.americaninfertility.org)

Consejo Internacional para la  
Diseminación de Información  
sobre la Infertilidad:  
[www.inciid.org/faq/pcos.html](http://www.inciid.org/faq/pcos.html)

Asociación del Síndrome Ovariano  
Poliúístico: [www.pcosupport.org](http://www.pcosupport.org)  
o llame al 877-775-7267

#### EDITORES:

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Para más información sobre cómo encontrar un endocrinólogo, obtener publicaciones gratis de la Internet, traducir esta página de datos a otros idiomas, o para hacer una contribución a la Fundación de Hormonas, visite a [www.hormone.org/bilingual](http://www.hormone.org/bilingual) o llame al 1-800-HORMONE (1-800-467-6663). La Fundación de Hormonas, la filial de enseñanza pública de la Sociedad de Endocrinología ([www.endo-society.org](http://www.endo-society.org)), sirve de recurso al público para promover la prevención, tratamiento y cura de condiciones hormonales. Esta página puede ser reproducida para fines no comerciales por los profesionales e instructores médicos que deseen compartirla con sus pacientes y estudiantes. Traducción hecha por MEDI-FLAG Corp. © La Fundación de Hormonas 2004

# CPT Code Changes for 2005

*Richard A Dickey, MD, FACP, FACE  
Chair, Clinical Affairs Committee and  
The Endocrine Society's CPT advisor and RUC advisor*

The pertinent changes in CPT for 2005 are limited but important. Changes in CPT category I, II and III are summarized below. See the new 2005 CPT book for details. Helpful discussion of the changes for 2005 and explanatory examples are available in the reference below, *CPT Changes: An Insider's View, 2005*.

Category I changes include editorial revisions on codes by age of critical care patients, redefining the age for neonate as newborn to 28 days and for pediatric as 29 days through 24 months of age. Four new codes for immunization administration accompanied by counseling are added (90465 through 90468). New guidelines for diagnostic ultrasound now define requirements for imaging documentation and final report of findings, differentiating limited and complete exams. Therapeutic radiopharmaceutical code revisions include new introductory guidelines for these codes and deletion of codes 79000, 79001 and 79100. For oral administration, use code 79005 and 79101 for intravenous administration of radiopharmaceuticals.

Several laboratory test code changes are notable, including a new code for ischemic modified albumin (82045), code 84163 for pregnancy-associated plasma protein-A (PAPP-A), new coding for serum protein electrophoresis electrophoretic fractionation and quantitation (84165 and 84166), and a code 85046 revision for direct measurement of reticulocytes. A major revision in molecular diagnostics coding to accom-

modate technological advances in genetic testing has been developed by providing a list of Genetic Testing Modifiers and the inclusion in CPT 2005 of a new Appendix I. One is directed to this by new reporting guidelines for molecular diagnostic and cytogenetic procedures.

CPT category II (performance measure codes) changes for 2005 include deletion of all the of 2004 codes and renumbering of retained earlier codes, many of which are particularly important to documentation of quality care of endocrine patients. Four new codes are provided for maternity care management and eight new category II code categories are defined to facilitate improved organization of the category II code set. The eight categories are:

- Composite measures
- Patient management
- Patient history
- Physical examination
- Diagnostic/screening processes or results
- Therapeutic, preventive or other interventions
- Follow-up or other outcomes, and
- Patient safety

The category II code set is intended to provide a vehicle by which quality of care can be measured more easily than by chart review and record abstraction.

In CPT 2005, category III code changes, beside the conversion of several former category III codes to category I codes, include delin-

ation of reporting methodology for category III code 0074T, online E/M service, and addition of code 0087T for sperm evaluation, Hyaluronan binding assay.

## SELECTION OF SERVICE CODES

Use of Time (i.e., Counseling and/or Coordination of Care) vs. History, Examination and Medical Decision-Making

The question of the proper way to code office visits and consultations comes up frequently. The issue is what criteria should be used for deciding the level of code to select and this involves the decision on selecting the code for services based on a) face-to-face time or b) the level of history, physical examination, and medical decision-making performed.

The code descriptor for the evaluation and management (E/M) service provides the rule, stating "When counseling and/or coordination of care constitute more than 50% of the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or unit/floor time in the hospital or nursing facility) time may be considered the key or controlling factor to qualify for a particular level of evaluation and management (E/M) service."

So, if an excess of 50 percent of the face-to-face time providing counseling and/or coordination of care, select the code according to the total face-to-face time spent with the patient and the type of patient, i.e. new or established. For

*Continued on page 29.*



**POSITIONS AVAILABLE**

**ENDOCRINOLOGIST:** Rapidly growing endocrine practice needs new partner. BE/BC Internal Medicine and Endo/Metab. Expansion for thyroid ultrasound, DEXA. Diabetes Out-patient & Inpatient practice already established, especially for pump and CGMS patients. Associated with approved ADA program, St. Vincent Health System, Little Rock, AR. Ideal university town, strong medical community with quality referrals. Call Ms. Stewart at 1-800-482-1288 ext. 3245 or [fstewart@stvincenthealth.com](mailto:fstewart@stvincenthealth.com). Not a J-1 position.

**PHYSICIAN:** Join the most progressive and growing multi-specialty practice in Northwest Indiana. Located within 30 minutes of Chicago, our practice consists of 35 physician specialists, double boarded in the areas of Endocrinology, Dermatology, Infectious Disease, Obstetrics and Gynecology, Pulmonary, Rheumatology, Internal Medicine and Pediatrics. In addition, we support a variety of ancillary services for our patients' complete health care, and we are actively involved in clinical trials. As part of our growth strategy, Family Care Centers of Indiana has an opportunity for additional endocrinology physicians. We offer a generous salary package including excellent benefits, performance bonus and possible partnership. Please send your CV to Family Care Centers of Indiana, 919 Main St., Suite 202, Dyer, IN 46311; Fax 219-934-2415; e-mail: [jsasse@fcci-llc.com](mailto:jsasse@fcci-llc.com)

**CHIEF OF THE ENDOCRINOLOGY, METABOLISM AND OSTEOPOROSIS DIVISION , DEPARTMENT OF MEDICINE, MOFFITT/ LONG HOSPITAL, UNIVERSITY OF CALIFORNIA SAN FRANCISCO:** The Department of Medicine at the University of California San Francisco is recruiting for the position of Chief of the Division of Endocrinology, Metabolism, and Osteoporosis at Moffitt/Long Hospital. The Chief of the

Division will have responsibility to enhance nationally recognized programs in basic and clinical science and in fellowship training, as well as to oversee the clinical activities of the Division. Candidates must have demonstrated leadership ability, management skills and a nationally recognized research program. The appointment will be made at the Associate or Professor rank, as appropriate. Candidates should be board-certified in Internal Medicine and Endocrinology/ Metabolism. The successful candidate will have the opportunity to recruit additional junior faculty and to interact with an internationally recognized basic science faculty. The Department will support membership in the major graduate research training programs. Send CV to Carl Grunfeld, MD, PhD, Chair of the Search Committee, VA Medical Center, 4150 Clement Street, Code: 111N, San Francisco, CA 94121. UCSF is an affirmative action/equal opportunity employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for Vietnam-era veterans and special disabled veterans.

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tem. Salary guarantee + bonus first year; partnership after 2 years . WATSON CLINIC (800) 854-7786; Fax (863) 680-7951; Email: [spaul@watsonclinic.com](mailto:spaul@watsonclinic.com).

**TENURE-TRACK POSITION IN HPG NEUROENDOCRINOLOGY:** The National Institute of Environmental Health Sciences, a major research component of the National Institutes of Health (NIH) and the Department of Health and Human Services, is inviting applications for a Tenure-Track Investigator in HPG (Hypothalamic-Pituitary-Gonadal) Reproductive Neuroendocrinology in the Laboratory of Reproductive and Developmental Toxicology (LRDT) at the National Institute of Environmental Health Sciences. The individual selected for this position will have a record of accomplishments in the field of mammalian Reproductive Neuroendocrinology, with a research emphasis on the regulation and function of the HPG axis in reproduction. Most desirable are individuals investigating biochemical and molecular mechanisms of reproductive trophic hormone regulation. This person will be expected to develop an outstanding research program that complements and benefits from the other research programs within the Laboratory of Reproductive and Developmental Toxicology and is consistent with the mission of the National Institute of Environmental Health Sciences. Minimum qualifications are a Ph.D., M.D., or D.V.M., or an equivalent doctoral degree, with three or more years of postdoctoral training in mammalian reproductive biology and HPG neuroendocrinology, and demonstrated ability to design and carry out original and innovative research. The initial appointment is for five years, and the tenure decision will depend on the applicant's accomplishments, but will not exceed six years. Salary will be commensurate with the experience and qualifications of the candidate, and Federal

benefits apply. Excellent space and research support are provided. Consult the website <http://dir.niehs.nih.gov> for information about the National Institute of Environmental Health Sciences and the Laboratory of Reproductive and Developmental Toxicology. Applications from women and minority groups are particularly encouraged. Applications received by March 1, 2005 will be given first consideration. Applications received after that date will be considered only if the position has not been filled. Interested parties should submit their curriculum vitae and bibliography, a brief statement of past research and future plans, and arrange for three letters of recommendation to be sent to Ms. Cindy Garrard (DIR04-09), National Institutes of Health, National Institute of Environmental Health Sciences, P.O. Box 12233, Maildrop A2-06, 111 Alexander Drive, Room A204, Research Triangle Park, NC 27709. E-mail: [dir-appls@niehs.nih.gov](mailto:dir-appls@niehs.nih.gov). DHHS and NIH are Equal Opportunity Employers.

**PEDIATRIC ENDOCRINOLOGIST, OCHSNER CLINIC FOUNDATION NEW ORLEANS**

is searching for an additional BC/BE Pediatric Endocrinologist to join our staff in 2005. The department offers a very large clinical practice and teaching opportunities as they relate to diabetes, thyroid disease, and all areas of subspecialty pediatric endocrinology. Ochsner for Children at Ochsner Clinic Foundation is a large multi-specialty practice with a strong commitment to state-of-the-art tertiary care as well as primary care. Ochsner for Children includes 44 pediatric specialists and 33 general pediatricians, integrated into Ochsner Clinic Foundation, an academic medical center. We have a combined pediatric training program with Tulane Medical School. Ochsner for Children opened a new 40,000 sq. ft. freestanding pediatric facility in June, 2004. This facility includes new office space and exam rooms for our Pediatric Endocrinol-

ogists. We will be renovating our inpatient facilities later in the year to be a "pediatric hospital within a hospital." We are also developing a dedicated pediatric E.R. Ochsner Clinic Foundation is a fully integrated health care delivery system with a 441-bed acute care hospital, employing over 580 physicians in over 80 specialties and subspecialties. Ochsner offers services in over 30 clinics located throughout southeast Louisiana. Salary is highly competitive and commensurate with experience, and we offer a comprehensive benefits package. Ochsner offers physicians the opportunity to have a satisfying professional practice as well as personal lifestyle. We also enjoy the advantage of practicing in a favorable malpractice environment in Louisiana. Please visit our website, [www.ochsner.org](http://www.ochsner.org). New Orleans offers a blend of colorful traditions, diverse cultures, and some of the nation's best food and music. Please send CV to Ochsner Clinic Foundation, Ref #APEND2, Professional Recruiting Department, 1514 Jefferson Highway, New Orleans, LA 70121; Call: (800) 488-2240; Fax: (225) 761-5441; E-mail:

[profrecruiting@ochsner.org](mailto:profrecruiting@ochsner.org).

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**Coding News**

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the office visits codes 99211 through 99215 are used for the established patient and new patient visits are coded using codes 99201 through 99205. If the service time exceeds the time for the visit by more than 15 minutes, use a prolonged service code, 99354 through 99357 for face-to-face services. **EN**

**REFERENCES:**

Physicians' Current Procedural Terminology, CPT 2005. *Order from the*

*AMA or other licensees. AMA order phone number is (800) 621-8335. (Ask for the discount for AMA members.)*

*CPT Changes: An Insider's View, 2005. Order from the AMA or other licensees. AMA order phone number is (800) 621-8335. (Ask for the discount for AMA members.)*

*cpt Assistant: Your Practical Guide to Current Coding. Counseling and/or Coordination of Care, August 2004, Volume 14, Issue 8, pp 1-4. Published by the American Medical Association.*



**MARCH**

- March 1, 2005: Acromegaly Symposia**, Pheonix, AZ. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) call 1-918-343-6029 or fax 1-918-342-5295.
- March 1, 2005: Hyperprolactinemia Symposia**. San Diego, CA. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) call 1-918-343-6022 or fax 1-918-342-5288.
- March 2-5, 2005: 2005 American Society for Clinical Pharmacology and Therapeutics (ASCPT) Annual Meeting**, Orlando, FL. For more information email [info@ascpt.org](mailto:info@ascpt.org) call 1-703-836-6981 or fax 1-703- 836-6981.
- March 2, 2005: Acromegaly Symposia**, Denver, CO. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) call 1-918-343-6032 or fax 1-918-342-5298.
- March 2, 2005: Hyperprolactinemia Symposia**, Los Angeles, CA. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) call 1-918-343-6025 or fax 1-918-343-6025.
- March 3, 2005: Hyperprolactinemia Symposia**, Seattle, WA. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) call 1-918-343-6028 or fax 1-918-342-5294.
- March 6-9, 2005: Society of Inherited Metabolic Disease (SIMD) Annual Meeting**, Asilomar, CA. For more information visit <http://www.simd.org/meetings/index.asp>
- March 6-10, 2005: Society of Toxicology 44th Annual Meeting**, New Orleans, LA. For more information visit <http://www.toxicology.org/memberservices/meetings/conferences.html>
- March 9-12, 2005: 11th Annual Spring Conference on High Risk Obstetrics**, Los Cabos, Mexico. For more information visit <http://www.symposiamedicus.org/calendar.asp>
- March 10-13, 2005: 12th World Congress on Human Reproduction**, Venice, Italy. For more information visit <http://www.humanrep2005.org/>
- March 17-19 2005: Eighth Cooley's Anemia Symposium**, Orlando, FL. For more information contact Ms. Renee Wilkerson by email [rwilkerson@nyas.org](mailto:rwilkerson@nyas.org) phone 1-212-838-0230 ext. 327 or fax 1-212-838-5640.

**March 19-23, 2005: Annual Meeting on Women's Cancer**, Miami Beach, FL. For more information email [sgo@sgo.org](mailto:sgo@sgo.org) or call 1-312-644-6610.

**March 20-24, 2005: Vth Interantional Conference on Cancer-Induced Bone Disease (CIBD)**, Davos, Switzerland. For more information contact R.E. Coleman by email [secretariat@hfleisch.ch](mailto:secretariat@hfleisch.ch)

**March 23-26, 2005: The Society for Gynecologic Investigation (SGI) 2005 Annual Meeting**, Los Angeles, CA. For more information visit <http://www.call4abstracts.com/sgi/>

**March 28 — April 1, 2005: Clinical Endocrinology: 2005 Postgraduate Course**, Boston, MA. For more information contact Ms. Karen Minyard by email [minyard@helix.mgh.harvard.edu](mailto:minyard@helix.mgh.harvard.edu) phone 1- 617-724-7777 or fax 1-617-726-7543.

**March 3 — April 6, 2005: American Society of Andrology Annual Conference**, Seattle, WA. For more information visit <http://www.andrologysociety.com/>

**March 3 — April 2, 2005: XVIII Testis Workshop: "Testicular Cell Dynamics and Endocrine Signaling,"** Seattle, WA. For more information contact Dr. Matthew Hardy, Ph.D. by email [andrology@popcouncil.org](mailto:andrology@popcouncil.org) phone 1-212-327-8592 or fax 1-212-327-8593.

**APRIL**

**April 4-6, 2005: 24th Joint Meeting of the British Endocrine Societies**, Harrogate, UK. For more information visit <http://www.endocrinology.org/SFE/BES2005/default.htm>

**April 5, 2005: Acromegaly Symposia**, Atlanta, GA. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) or call 1-918-343-6035.

**April 5, 2005: Adult Growth Hormone Deficiency Symposia**, New Orleans, LA. For more information email [pr@cmmglobal.com](mailto:pr@cmmglobal.com) or call 1-918-343-6045.

**April 6-10, 2005: National Osteoporosis Foundation's Sixth International Symposium on Osteoporosis: Current Status and Future Directions**, Washington, DC. For more information visit [www.nof.org](http://www.nof.org) or email [jeffrey@nof.org](mailto:jeffrey@nof.org)

**April 13-16, 2005: 1st International Congress on "Prediabetes" and the Metabolic Syndrome**, Berlin, Germany. For more information email [prediabetes@kenes.com](mailto:prediabetes@kenes.com)

**April 15-17, 2005: ATA 2005: Horizons in Thyroidology**, Baltimore, MD. For more information visit [www.thyroid.com](http://www.thyroid.com) **EN**

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# Type 1 Diabetes

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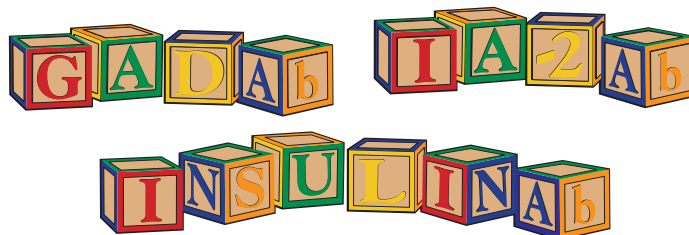
## Tools of the Past...

For many years, the physician has had to rely on the measurement of **cytoplasmic islet cell antibodies** (ICA) measured via indirect immunofluorescence test (IFA) to aid in the diagnosis and management of diabetes. While useful, the IFA method is labor intensive and difficult to standardize, making it challenging to obtain consistent, objective results.

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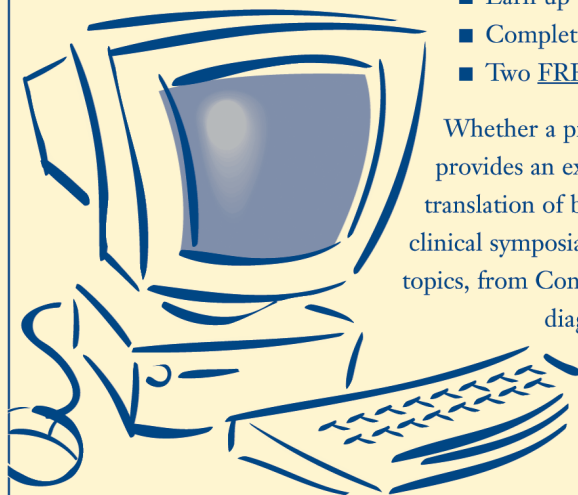
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