



FROM THE PRESIDENT

Congratulations to everyone who was successful in their **NHMRC grant** applications! There were a number of Endocrinology grants awarded this year and we are looking into the success rate relative to previous years to ascertain whether matters have improved for our discipline. I would like to reiterate that ESA members should be strong advocates for the discipline of Endocrinology when reviewing our grants.

To those of you who were not successful, my commiserations and my only advice is to dust yourself off and go again. Persistence is the only answer for NHMRC funding.

The Annual Scientific Meeting and the Clinical Weekend in Perth were highly successful this year and I would like to thank the Program Organising Committee and Local Organising Committee for such a spectacular effort in bringing the program together. I would also like to thank our Harrison Lecturer Prof Paul Stewart and Taft Lecturer, Prof Kathleen Hoeger for their excellent presentations and enthusiastic participation in the Clinical and Scientific meetings. Well done to all of the individuals who were selected for the Novartis Junior Award and Bryan Hudson Clinical Endocrinology Awards. The quality of the presentations was of an international standard and each of you should be very proud of your efforts. Congratulations to the Novartis awardee, Dr Jun Yang, Bryan Hudson Awardee, Dr Lucia Gagliardi, Mid Career Awardee, Dr Mathis Grossmann, ESA Servier Awardee, Dr Stefan Bagheri-Fam, ESA/IPSEN awardees, Dr Stacey Jamieson, Dr Kristy Brown, Dr Kevin Krower and our inaugural Senior Plenary Awardee, Professor Ken Ho.

The joint Scientific meeting with the **Australasian Paediatric Endocrine Group (APEG)** was a change from our usual combined meeting with the Society of Reproductive Biology. We hope to discuss the possibility of a joint meeting with APEG every 3 years. This provides an opportunity for endocrine matters that affect both children and adults to be discussed and addressed at the joint meeting as well as increasing our networking opportunities. Thank you to APEG for participating this year. It was much appreciated and enjoyed. As a result of the joint meeting APEG and ESA will form a working party to write a submission to the PBAC to extend the provision of growth

hormone treatment to the age of 25 years in young people with growth deficiency. Prof Ken Ho, Dr Morton Burt and Dr Warrick Inder will represent ESA on the working party.

The ESA has officially endorsed the **National Evidence Based Guidelines for the assessment and management of PCOS** and the guidelines were launched at the ASM in Perth. Congratulations to Prof Helena Teede and Prof Rob Norman who worked with the Jean Hailes Foundation, PCOS, Australia and the PCOS Alliance to bring together an important and comprehensive document for women's health. The guidelines are available on the ESA website and NHMRC website.

ESA has recently produced a **position statement on the use of desiccated thyroid**. A member of the public contacted ESA advocating for ESA to write a statement and thanks to our Medical Affairs Sub Committee: Peter Ebeling, Warrick Inder, Helena Teede and BuYeap we have now produced a document advocating against its use.

ESA would like to **farewell one of its life members, Dr Ken Wynne** who passed away in Melbourne recently and a memorial service was held for Ken on Friday October 21st attended by Tim Cole and Peter Ebeling as representatives of ESA Council.

Please register soon for the **ESA Basic Science Weekend**. Numbers are limited and we are set for an excellent showcase of reproductive endocrinology. Any enquiries can be sent to Council member Belinda Henry who is chair of the Program Organising Committee and with her team has created an excellent preliminary program.

ESA wishes to congratulate the Chinese Endocrine Society in securing ICE for 2016 and are keen to support them in any way possible in the development of this conference.

ESA Council has a number of activities underway including a face-to-face meeting for the development of the strategic plan for the society, the development of a bid for the 2014 Asia-Oceania Endocrinology Meeting and financial plans for the re-institution of our scholarship scheme. Our financial situation has remained stable for most of the year and we are confident that we will be in a position to offer awards in 2012 for 2013 funding. Do not hesitate to contact ESA with clinical or scientific issues that need to be addressed and we will continue to support our members in every way possible. Have a happy and safe break over the summer.

Associate Professor Vicki Clifton

Important Items in this edition

- Page 1 President's Report
- Page 2 ESA Basic Science Weekend
ESA Seminar Weekend
Professional Development
- Page 3 ESA Welcomes New Members
ESA Position Statement
AMA Position Statement on the role of the doctor
ESA Award Sponsors
- Page 4 ESA ASM
- Page 5 ESA 2011 Award Winners
- Page 6 Dr Amanda Rickard
Commended
- Page 7 Hot Topics
- Page 9 Dr. Kenneth Neville Wynne
ESA IPSEN International Travel
Grant Award 2012
- Page 10 AGM Minutes
- Page 14 Future Meetings
- Page 15 Council and Office Bearers
2010-2012

Newsletter editor:
Dr Nicolette Hodyl
Email:
nicolette.hodyl@adelaide.edu.au

Correspondence:
ESA
145 Macquarie Street
Sydney, NSW, 2000
Ph: 02 9256 5405
Fax: 02 9251 8174
Email: esa@racp.edu.au

ESA Website:
www.endocrinesociety.org.au
Webmaster: Anne Kovach

Design
Mark Stevens
MarkIT Media

ESA ABN: 80 006 631 125

ESA BASIC SCIENCE WEEKEND

Torquay Victoria 27-29th April 2012

You are warmly invited to join the inaugural Endocrine Society of Australia Basic Sciences Weekend to be held in Torquay Victoria 27-29th April 2012. This meeting has been designed specifically to give early career basic science researchers (both late PhD and post-doctoral fellows) an opportunity to share their newest research in a collaborative environment, foster networking and provide mentorship through both informal discussions and formal mentor workshops led by successful senior researchers within the society. These will cover a number of pertinent issues for the early science researcher, including career choices/development, publishing, building your CV and applying for grants.

The theme of the first meeting is "Reproductive Endocrinology". Symposia sessions will include sexual development and gender disorders, endocrine regulation of female reproduction and models of fertility and infertility.

ESA SEMINAR WEEKEND

27-29 April, 2012

Peppers "The Sands", Torquay, VIC

Professor Lawrence Katznelson from Stanford, CA, will bring the Plenary Lecture on "Acromegaly". He will also be the expert commentator in a "Pituitary Masterclass" – to prepare for this format, we will shortly be calling for cases of pituitary diseases which highlight interesting and important diagnostic and/or management issues for discussion. No stranger to the ESA, we are delighted to have the recent ex-Australian Governor General, Professor David deKretser, who will deliver the "Endocrinology and Society" Lecture. Other local senior experts in Endocrinology will give presentations on various key topics of general endocrinology and diabetes with the aim to cover the endocrinology curriculum over a 3-year cycle.

Confirmed speakers and mentors include Professor Dave Grattan (University of Otago, NZ) who will showcase his work on the role of prolactin in pregnancy and lactation, and Professor Evan Simpson (Prince Henry's Institute of Medical Research) who will discuss his research on obesity and reproductive cancers.

We are also honoured to have Professor David deKretser, AC, recent ex-Governor of Victoria, included in our mentor programme. Professor deKretser has had a stellar career in the field of male reproductive endocrinology based at the Monash Institute of Medical Research, Melbourne.

Registrations and abstract submissions will be opening soon via the ESA webpage, but spaces will be limited. We look forward to an exciting first meeting in 2012 and hope to see you in Torquay!

We welcome Council's decision to re-initiate and co-locate a basic science stream during the weekend, and look forward to fruitful interaction between clinicians and basic scientists. While the very popular clinical format of previous Seminar Weekends will remain essentially unchanged, there will now be opportunity for attendance at the clinical and basic science programs for those who are interested.

We look forward to seeing you all at the 2012 Seminar Weekend for what should be, once again, a highly successful, relevant and informative meeting.

Rosemary Wong

Clinical Chair, ESA Seminar Weekend

PROFESSIONAL DEVELOPMENT – elearning module 'Living with Type 1 Diabetes'.

With the goal of improving quality of care and patient–health professional relationships, the Type 1 Diabetes Network conducted a survey to identify what people with type 1 wish health professionals understood about living with type 1. Using the survey results and collaborating with a panel of health professionals expert in type 1, they have developed an elearning learning module, 'Living with Type 1 Diabetes'.

The one-hour online learning module is available for free through the Type 1 Diabetes Network website, www.d1.org.au. It is aimed at health professionals who may have limited day-to-day contact with people with T1D, or who may be new to caring for them; but people who are very experienced in the area of T1D may also benefit from completing the module.

Accreditation by key bodies is currently being sought for continuing professional development points. For more information about the module go to:
<http://www.d1.org.au/training-modules/learning-module-1.html>



ESA WELCOMES NEW MEMBERS

Sally Abell	Michael d-Emden	Natasha Janko	Myra Poon
Stephen Ah-kion	Su Ding	Anthony Kemp	Joshua Ryan
Jasna Aleksova	Anna Duke	Ni Khin	Zarqa Saif
Stefan Bagheri-Fam	Luc Furic	Robin Maskey	Ali Sharafi
Catherine Baskerville	Linsey Gani	Julie Miller	Lixian Wang
Fiona Bodey	Matti Gild	Chantal Nde	Lironne Wein
Martyn Bullock	Robert Hart	Shyuan Ngo	Steven Yau
Patrick Candy	Jessie Huey	Do Oanh	Zhe Zhao
Kirstyn Carey	Mohammed Hashem	David Pattison	
Shane Colley	Andrew Huynh	Carl Peters	

ESA POSITION STATEMENT

ESA has recently released a position statement regarding the use of desiccated thyroid or thyroid extract as thyroid replacement therapy. We encourage clinicians to read this document, available through the ESA home page <http://www.endocrinesociety.org.au/>

An extract from the ESA position statement:

In general, desiccated thyroid hormone or thyroid extract, combinations of thyroid hormones, or triiodothyronine should not be used as thyroid replacement therapy.

ESA advocates the use of a high-quality brand preparation of levothyroxine. Bioequivalence of levothyroxine preparations is based on total T4 measurement and not TSH levels; therefore, bioequivalence is not the same as therapeutic equivalence. However, the only two brands of levothyroxine (Oroxine, Eutroxig) available in Australia are identical.

Importantly, therapy should be titrated after an interval of at least 6 weeks following any change in levothyroxine dose. The serum TSH level is most important, and a free T4 estimate may also be included in the assessment.

AMA POSITION STATEMENT ON THE ROLE OF THE DOCTOR

The AMA has recently released a new Position Statement on the Role of the Doctor. This position statement outlines the core knowledge, skills and unique qualities of medical practice that make medical practitioners a pivotal part of Australia's health system, and covers topics including medical education and training.

Interested members can access the AMA position statement via the AMA website <http://ama.com.au/node/6569>



ESA would like to thank ESA award and travel grant sponsors

Ipsen Pty Ltd
Novartis Pharmaceuticals Australia Pty Ltd
Servier Laboratories (Australia)
Eli Lilly
Novo Nordisk

ESA ANNUAL SCIENTIFIC MEETING, 28 – 31 AUGUST,

The 2011 joint Endocrine Society of Australia-Australasian Paediatric Endocrine Group meeting in Perth provided us with the opportunity to develop a program with a strong paediatric flavour on the clinical side, in combination with a strong basic science program. Perth was kind to us with fine weather, and I hope that you all took advantage of the venue and the social events to catch up with colleagues from ESA and APEG.

Our program was filled with plenaries, symposia and oral sessions throughout the three days of formal proceedings, following the welcome function on Sunday. The key plenaries from both Societies were unopposed in this year's meeting, providing everyone with the opportunity for some cross-fertilisation of ideas. Monday morning we were highly entertained and educated by the Robert Vine's lecturer, APEG's key plenary. Professor Stephen Simpson provided a comprehensive tour of "Graphic Nutrition – a tale of sex, cannibalism, ageing and obesity" – those who were there will appreciate the analogy provided by the Mormon marching crickets! Monday also had a strongly competitive flavour, with the Servier award lecture, for best published paper in the last 12 months, presented by Stefan Bagheri-Fam, and a strong field of six ESA-Novartis award finalists presenting their basic research after morning tea. We congratulate the 2011 ESA-Novartis Junior Scientist Award winner Jun Yang, for her excellent work on mineralocorticoid receptors. Gregory Goodall brought us up to date with the latest research on miRNA in his afternoon plenary, and ESA and APEG symposia and oral sessions, followed by a joint late afternoon poster session rounded out a full day.

We were delighted to run strong clinical theme of polycystic ovarian disease (PCOS) through Tuesday morning, with a Prof Kathleen Hoeger presenting our Taft lecture on management of PCOS in adolescence. I would like to thank Prof Helena Teede for organising the launch of the NHMRC guidelines on polycystic ovarian disease at the meeting, and providing us with the opportunity to hold a PCOS symposium to discuss the latest findings and research gaps in this important area. Our Harrison lecturer, Professor Paul Stewart provided an elegant overview of changes in cortisol metabolism throughout the lifespan in his post-lunch plenary. Also on Tuesday afternoon, we were delighted to have such strong clinical research presentations from our Bryan Hudson Mayne-Pharma Clinical Endocrinology Award finalists, awarded to Lucia Gagliardi, for her work on familial ACTH-independent Macronodular Adrenal Hyperplasia. We were also given an excellent ESA mid-career award lecture from Mathis Grossmann, discussing the clinical implications of low testosterone in men.

As an initiative of ESA Council, aimed at assisting our members who are applying for or reviewing NHMRC grants, this year we held a single breakfast session on Wednesday, run as a mock grant assessment panel. I would like to thank Dr Belinda Henry for convening and coordinating this workshop.

The feedback from participants was that this session was very helpful in shaping our grants for the future, and in understanding how the panel works in practice, and what referees can do to help provide consistent evaluation of projects. Professor Gerald Shulman provided the joint ESA-Australian Diabetes Society plenary on Wednesday morning, discussing his use of magnetic resonance spectroscopy to delineate the cellular mechanisms of insulin resistance. We were also delighted to have Professor Ken Ho present the inaugural ESA Senior Plenary with an overview of his laboratory's studies of the endocrine regulation of body composition.

One of our aims throughout the meeting was to have both clinical and basic science themes running throughout all non-plenary sessions, and I would like to thank the many symposia, oral and Meet the Professor presenters who made this possible. This year's meeting included symposia discussing SHOX disorders (APEG), Neuroendocrine Control of Metabolism (joint with Neuroendocrinology Australasia), PCOS Guidelines and Research Directions, Endocrine-immune Interactions, Endocrine Cancer, Early Life Programming of Diabetes (joint with Australian Diabetes Society), Vitamin D (joint with Australasian Association of Clinical Biochemists), Reproduction, and a very entertaining (and only slightly scurrilous) joint ESA-APEG Debate on continuing Growth Hormone treatment beyond adolescent growth.

Thank you to the members of Adelaide-based Program Organising Committee who developed the programme and themes: Morton Burt, Lisa Butler, Jui Ho, Beverley Muhlhauser and David Torpy. I would also like to thank Tina Bianco-Miotto for her assistance with refereeing abstracts for the meeting. I would particularly like to thank Craig Munns, APEG Program Organising Chair, for his commitment to running a strong joint meeting and his assistance in fitting all of the important sessions into a busy programme! The professional support of Mike Pickford and his fantastic team at ASN is responsible for the smooth running of our registration and on-line abstract submission, planning and the actual meeting, and we thank them for providing such consistent and excellent support. The POC would also like to thank Ivone Johnson at ESA who coordinates so many tasks behind the scenes at the meeting, and the Local Organising Committee chaired by Cathy Choong, for providing us with friendly social events to encourage our networking (and fun), including the usual dancing at the Conference dinner!

We have begun to plan the 2012 Annual Scientific Meeting at the Gold Coast Convention Centre, where we look forward to catching up with our colleagues from the Society for Reproductive Biology once more. Your suggestions for symposia themes and speakers are most welcome! ***The ESA/SRB 2012 Gold Coast meeting will run from Sunday 26 August to Wednesday 29 August, 2012 – please put the dates in your diaries now!***

Kathy Gatford
POC Chair, 2010-2012

CONGRATULATIONS TO ESA 2011 AWARD WINNERS

Servier Award
Stefan Bagheri-Fam

Novartis Award
Jun Yang

Bryan Hudson Clinical Endocrinology Award
Lucia Gagliardi

**ESA/IPSEN
International Travel Grant**
Stacey Jamieson
Kristy Brown
Kevin Knowler

Mid Career Award
Mathis Grossmann

Senior Plenary Award
Ken Ho



DR AMANDA RICKARD COMMENDED IN PREMIER'S AWARD FOR HEALTH AND MEDICAL RESEARCH

Dr Amanda Rickard, whose investigation into the cause of heart failure has been acclaimed worldwide, last night received a commendation in the 2011 Premier's Award for Health and Medical Research. The commendation was for her work during her doctoral studies which she completed at Prince Henry's Institute in 2009, and was a member of the Cardiovascular endocrinology laboratory, led by Dr Morag Young.

Amanda is currently furthering her research in France after winning a prestigious National Health and Medical Research Council Overseas Biomedical Training Fellowship to work at the INSERM Paris Cardiovascular Research Centre. She travelled back from Paris over the weekend to accept her award, as well as \$8,000 and a certificate for her work from the Premier of Victoria at Government House.

Unfortunately her supervisor and mentors – Morag Young, Peter Fuller and John Funder – were unable to attend, but each sent their wishes and importantly were instrumental in shaping the beginning of Amanda's career. This truly is an accolade both for Amanda and Morag.

The winner of the Premier's Award was Dr Wen Qiu who received a \$16,000 prize in recognition of her research into how breast and ovarian cancers spread. Her innovative approach concentrated on the tissues surrounding the cancer cells and the role of chemical adducts to DNA. Dr Qiu conducted her research at the Peter MacCallum Cancer Centre and The University of Melbourne. The Peter MacCallum Cancer Institute received the Jack and Robert Smorgan Families Award for \$30,000.

The other commendees were Dr Andrew Steer from the Centre for International Child Health and Royal Children's



Hospital and Dr Michelle Tate. Dr Tate undertook her PhD at the Department of Microbiology at The University of Melbourne and is now a post-doctoral fellow at Monash Institute of Medical Research and is a member of Professor Paul Herzog's team in the Centre for Innate Immunity and Infectious Diseases.

This marks the seventeenth year of the Premier's Award for Health and Medical Research which is an initiative of the Victorian Government and the Australian Society for Medical Research and is presented annually to an outstanding Victorian postgraduate health or medical research scholar during Medical Research Week.

The Premier's Award was covered on page 4 of today's Age, and can be found viewed at:
<http://www.theage.com.au/victoria/researcher-weeding-out-cancer-cells-20110606-1fp8e.html>

HOT TOPICS RECENT PUBLICATIONS FROM ESA MEMBERS

Genetics

Genome-wide association identifies three new susceptibility loci for Paget's disease of bone.

Nature Genetics (2011), 43(7), 685-689

Albagha OME, Wani SE, Visconti MR, Alonso N, Goodman K, Brandi ML, ... **Hooper MJ...Walsh JP**, & Ralston SH

Paget's disease of bone is a common disorder characterised by focal abnormalities of bone remodelling. Using a genome-wide association study of 2,215 affected individuals (cases) and 4,370 controls from seven independent populations, three new loci were identified as risk factors for PDB. The new associations were with rs5742915 within PML on 15q24, rs10498635 within RIN3 on 14q32 and rs4294134 within NUP205 on 7q33. The association of TM7SF4 (rs2458413) with PDB was also confirmed. Together with 4 recently identified loci, the 7 variations explained ~13% of the familial risk of PDB. These studies provide new insights into the genetic architecture and pathophysiology of PDB.

Endocrinology of Ageing

Low free testosterone predicts mortality from cardiovascular disease but not other causes: the health in men study.

J Clin Endocrin Metab (2012). doi:10.1210/jc.2011-1617

Hyde A, Norman PE, Flicker L, Hankey GJ, Almeida OP, McCaul KA, Chubb SAP & Yeap B.

In this population based cohort study of 3637 men aged 70-88 years, the association between testosterone, related hormones and cause-specific mortality were assessed. Lower free testosterone and higher LH levels were associated with cardiovascular disease mortality, while higher levels of both total and free testosterone were associated with mortality from lung cancer. Importantly this work suggests that prevention of androgen deficiency may improve cardiovascular outcomes for older men.

Changes in reproductive hormone concentrations predict the prevalence and progression of the frailty syndrome in older men: the Concord Health and Ageing Men Project.

J Clin Endocrin Metab (2011), 96(8), 2464-74

Travison TG, Nguyen A, Naganathan V, Stanaway FF, Blyth FM, Cumming RG, Le Couteur DG, Sambrook PN & Handelsman DJ. Frailty, a syndrome of multiple morbidity, weakness and immobility in aging, has been associated with lower serum androgen levels in men. Using longitudinal measurements obtained from 1645 men aged 70+ years, hormonal changes with time and the prevalence and progression of frailty was examined. Greater frailty was observed in men with testosterone levels in the lowest quintile, with similar patterns observed for dihydrotestosterone, estradiol, estrone and calculated free testosterone. An increase in severity of frailty occurred with decreases in testosterone, calculated free testosterone or LH over the two year assessment period. These age-related changes in hormones may contribute to the development or progression of frailty in older men.

"Timed up and go" test and bone mineral density measurement for fracture prediction.

Arch Intern Med (2011), 171(18), 1655-1661

Zhu K, Devine A, Lewis JR, Dhaliwal SS & Prince RL

Skeletal fractures in older persons are associated with both intrinsic bone strength and risk of falling. Physical performance and functional mobility in the older person can be evaluated using the "Timed up and go" (TUG) test, a test where individuals are timed when rising from a chair, walking three metres and turning to sit on the chair. In a ten year longitudinal study of 1126 women (mean age 75yr), the risk of non-vertebral fracture and hip fracture were significantly higher among participants who had slow (>10.2seconds) TUG performance and normal or low hip bone mineral density. Performance on the TUG test was an independent risk factor for incident nonvertebral fracture, and is therefore a useful, inexpensive physical assessment to screen patients with increased fracture risk.

Clinical Endocrinology

Continuous monitoring of circadian glycemic patterns in patients receiving prednisolone for COPD.

J Clin Endocrin Metab (2011) doi:10.1210/jc.2010-2729

Burt MG, Roberts GW, Aguilar-Loza NR, Frith P & Stranks SN.

Glucocorticoids are used to treat exacerbations of chronic obstructive pulmonary disease (COPD), as well as other inflammatory and auto-immune conditions. A common adverse effect associated with glucocorticoid therapy is hyperglycaemia. In this cross-sectional study of 60 subjects with COPD, either with or without known diabetes, with 47 subjects receiving prednisolone treatment, the circadian effect of prednisolone on glucose concentrations was determined in order to optimise management of prednisolone-induced hyperglycaemia. Glucose concentrations in those patients receiving prednisolone therapy were higher in the afternoon and evening compared to those subjects not treated with prednisolone, indicating that treatment of prednisolone induced hyperglycaemia should be targeted during this time period.

HOT TOPICS

RECENT PUBLICATIONS FROM ESA MEMBERS

The complexity of laboratory testing and diagnosis of steroid excess syndromes associated with herbal remedy use.

Clinical Endocrinology (2011), 74, 276-279

Perera N, Crawford B & Chua E.

This letter to the editor presents a case study of a middle aged man presenting to an outpatient clinic with features of steroid excess.

This man intermittently used herbal supplements to reduce cholesterol, improve energy levels and treat sexual dysfunction. Initial screening indicated low testosterone and LH levels, high FSH levels, and undetectable levels of plasma cortisol and ACTH (using solid phase competitive chemiluminescent-enzyme-immunoassay) which returned to adequate levels following gradual weaning off the remedies. Reanalysis of the initial sample using an alternative method (RIA) was positive for a “dexamethasone-like immune-reactive substance”, which caused suppression of the HPA axis and the associated clinical features. The case highlights the complexity of interpreting routine pathology including a false negative cortisol results with herbal remedy use, as well as the need for safety, efficacy and quality control of seemingly harmless herbal products.

Neuroendocrinology

Leptin action in the dorsomedial hypothalamus increases sympathetic tone to brown adipose tissue in spite of systemic leptin resistance.

J Neuroscience, 31(34) 12189-12197.

Enriori PJ, Sinnayah P, Simonds SE, Rudaz CG & Cowley MA.

Leptin regulates body fat by decreasing appetite and increasing sympathetic nerve activity, which increases energy expenditure in interscapular brown adipose tissue (iBAT). While diet-induced obese (DIO) mice are resistant to the anorectic actions of leptin, leptin was found to increase sympathetic nerve activity in both obese (DIO and ob/ob) and control mice. Neurons in the dorsomedial hypothalamus of DIO mice were found to mediate the thermogenic responses to hyperleptinemia in obese mammals, as blockade of leptin receptors in the DMH prevented the thermogenic effects of leptin. Obese mice without a functional melanocortin system (MC4R KO mice) had an increased sympathetic outflow to iBAT compared with their littermates, suggesting that higher leptin levels were driving sympatho-excitation to iBAT by a melanocortin-independent pathway. Because the sympathetic nervous system contributes in regulating blood pressure, heart rate, and hepatic glucose production, selective leptin resistance may be a crucial mechanism linking adiposity and metabolic syndrome.

Glucose homeostasis

Long-term exposure of INS-1 rat insulinoma cells to linoleic acid and glucose in vitro affects cell viability and function through mitochondrial-mediated pathways.

Endocrinology (2011) doi 10.1007/s12020-010-9432-3

Tuo Y, Wang D, Li S & Chen C.

Insulin resistance of peripheral tissues and pancreatic β -cell dysfunction are two major pathological changes in diabetes and both are facilitated by excessive levels of free fatty acids and/or glucose. To understand how excess free fatty acids cause β cell dysfunction, mitochondrial mediated signalling pathways were

explored following exposure of rat insulinoma INS-1 cells to the free fatty acid, linoleic acid (C18:2, n-6). Chronic exposure to linoleic acid induced β cell dysfunction and apoptosis, increased cytochrome c release and induced dose-dependent changes to mitochondrial membrane potential. Increased media glucose concentrations enhanced linoleic acid-induced β cell dysfunction.

High-dose insulin in experimental myocardial infarction in rabbits: protection against effects of hyperglycaemia.

J Diabetes Complications (2011), 25(2), 122-8

Wong VW, Mardini M, Cheung NW & Mihailidou AS.

Hyperglycaemia at the time of acute myocardial infarction is a predictor of survival. Experimental models indicate that insulin can reduce myocardial injury. Using an isolated heart perfusion model, the effect of incremental doses of insulin and varying degrees of hyperglycaemia on infarct size were examined using rabbit hearts. Acutely elevated levels of glucose induced larger infarct area during ischaemic reperfusion. Cardioprotection was conferred with exposure to high dose insulin prior to reperfusion, suggesting that high dose insulin with the maintenance of normoglycaemia are important factors that improve outcomes following myocardial infarction.

Assay and Drug Development

Application of G Protein-coupled receptor-heteromer identification technology to monitor β -arrestin recruitment to G Protein-coupled receptor heteromers.

Assay and Drug Development (2011), 9(1), 21-30

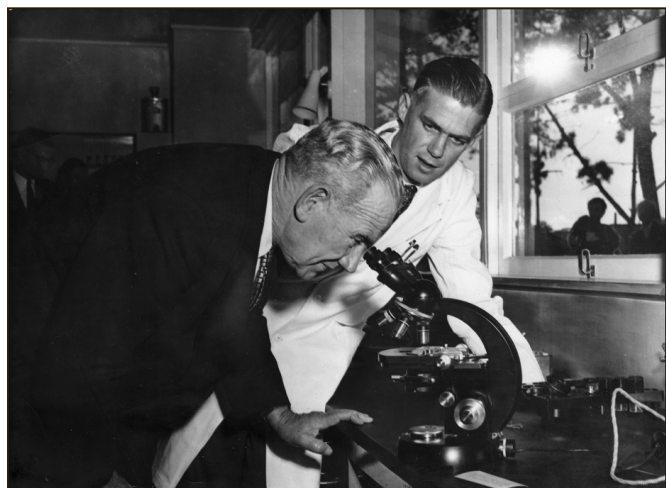
See HB, Seeber RM, Kocan M, Eidne KA & Pflieger KDG.

Understanding the pharmacology specifically associated with heteromer function in contrast to monomer or homomer function enables the so-called biochemical fingerprints of the receptor heteromer to be ascertained. This is the first step in establishing the physiological relevance of heteromerization, as these fingerprints can then be utilized in future endeavours to elucidate heteromer function. There is, however, a current lack of cell-based assays capable of profiling the specific functional consequences of heteromerization in a ligand-dependent manner. This study describes a simple, robust, ligand-dependent method which utilizes a novel configuration of components of a proximity-based reporter system. This is exemplified by the use of bioluminescence resonance energy transfer due to the advantages of real-time live cell monitoring of proximity specifically between the heteromer complex and a protein that is recruited in a ligand-dependent manner. Three previously characterized GPCR heteromers are used to illustrate the profiling capability and specificity of the GPCR heteromer identification technology.

DR. KENNETH NEVILLE WYNNE (1928–2011)**Foundation Member of the Endocrine Society of Australia and Life Member (1982)**

Ken Wynne was a remarkable person, an inaugural member of the Society and an outstanding steroid chemist. Ken graduated with an MSc in 1953, and learned his fundamental scientific skills at a CSIRO agricultural station in Prospect on the outskirts of Western Sydney. He moved into cancer research at the NSW Cancer Council in Randwick and was pretty much set on spending his life as a clinical chemist until his mother won the Opera House lottery and asked Ken what he would really like to do. His reply was a PhD at Cambridge, and so off they went to investigate 16β hydroxy DHEA for three years, punt on the river Cam and tour the capitals of Europe in a style to which they had suddenly become accustomed. Plan A accomplished (graduating in 1973), they returned to Australia, and settled in an apartment in Spring Street, in central Melbourne. Ken worked with Jim Stockigt, Chen-Fee Lim, John Barlow and me for many years, on grants but never on edge. He was slight, always cheerful, helpful and ready to assist those flummoxed by steroid nomenclature or structure. In the latter half of his career his understanding of the chemistry of small molecules was to become enormously useful in studies of an eclectic array of unlikely signalling molecules such as coffee-derived opiates, ginseng and neomycin as well as more mainstream thyroxine, fatty acids and common diuretics.

He was a creature of habit, some of which were bacon, eggs, toast and marmalade every morning, three or four scotches on reaching home, and a bottle of red wine ('Mother doesn't drink') each evening with dinner. This led to an early coronary, probably helped by heavy smoking, and despite the onyx cigarette holder;



Ken Wynne with NSW Premier Cahill at the opening of the NSW Cancer Council Laboratory at the Prince of Wales Hospital, Sydney, 1956.

I can vividly remember the reverential tones in which Jim Stockigt recounted his dietary habits, on learning about them post-coronary. Fortunately, he fell into the hands of those who preach moderation in all things, gave up smoking, cut down to one egg a day and made healthier food choices at the Victoria market every Saturday morning.

When I think of Ken I remember what must appear to be silly, trivial things. He drove a superbly maintained Citroen DS 17, the streamlined epitome of French elegance. He undertook that I could have first dibs if he ever let it go; when he did, he had forgotten, and I had three children of driving age and four equivalently aged Peugeot 504s, and thus in no position to reproach him. At the end of one NHMRC interview, when asked if I had any questions, I gently reminded the Chair 'Cres, you do realize that if this grant goes down, it will be a no Wynne situation?' (the grant got up).

We are all the same, and each one of us is unique. I have never met anybody who even faintly resembled Ken, before or after we worked together. Many people I know share his qualities: but there was about him, in grey slacks, mid-blue Fair Isle sweater and a tweed sports coat a totally unlikely touch of the exotic - the lottery, Cambridge, Spring Street (say, Macquarie Street for those to the north), sparkling Citroen - all sat unusually easily on him. The society has lost one of its founding members; may he rest in peace.

Professor John W. Funder
(Former ESA President and ESA Life Member)



Ken Wynne working in the NSW Cancer Council Laboratory (1956)

ESA IPSEN INTERNATIONAL TRAVEL GRANT AWARD 2012**Aim:**

To support younger members of the society to travel to international meetings, laboratories and/or clinics to further their training and knowledge in Endocrinology.

Awards:

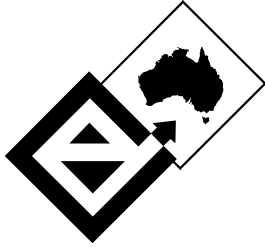
One award of \$3500 will be awarded to assist with the costs of international travel to a European destination - **Deadline 1st March 2012.**

One award of \$3500 will be awarded to assist with the costs of international travel - **Deadline 1st March 2012**

One award of \$3500 will be awarded to assist with the costs of international travel - **Deadline 1st August 2012**

Visit ESA website:

<http://www.endocrinesociety.org.au/awards.htm#ipsen>



THE ENDOCRINE SOCIETY OF AUSTRALIA

President:
A.Prof. Vicki Clifton

President- Elect:
Professor Peter Ebeling

Honorary Secretary:
Dr Tim Cole

Treasurer:
Dr Warrick Inder

MINUTES FOR ENDOCRINE SOCIETY OF AUSTRALIA ANNUAL GENERAL MEETING

**PERTH CONVENTION CENTRE, WA
Room: Bellevue Ballroom 2**

**TUESDAY 30th August 2011
5.00-600pm**

Attendance:

Jeffrey Zajac, Rosemary Wong, Don Perry-Keene, Ken Ho, Emma Duncan, Mark McLean, Leon Bach, Paul Williams, Peter Coleman, Walter Plehwe, Iain Clarke, Mathis Grossmann, Gail Risbridger, Zarqa Saif, Annette Osei-Kumah, Nicoletter Hodyl, Kathy Gatford, Bu Yeap, Helena Teede, Brian Hirschfeld, Kelly Loffler, Duncan Topliss, Peter Fuller, Morton Burt, Matt Doogue, Mark Hedger, Frances Thomas, Belinda Henry, Vicki Clifton, Peter Ebeling, Tim Cole, Warrick Inder, Helena Teede, Chen Chen

1. Apologies

Bernie Tuck, Robin Mortimer, Evan Simpson, David Handlesman

2. Confirmation of Minutes – 31st August 2010, Sydney Convention Centre

Minutes of the Annual General Meeting that was held on 31st August 2010 were accepted as a true and accurate record. Proposed by and seconded by .

3. Business Arising

Nil.

4. President's Report

ESA Council activities

The ESA Council has had a busy year since the last AGM. New subcommittees have now been formed, terms of reference developed and these committees are currently running well.

The Finance sub-committee consists of the Treasurer, Warrick Inder and 2 other Board members, Helena Teede and Bu Yeap as well as a financial adviser, Nicola Frazer. It was important we addressed our financial management with the recording of a negative return for several years in a row during the GFC. The subcommittee goes some way in addressing this matter but we will continue to review how best to improve our financial management as time goes along.

The Medical Affairs Subcommittee is chaired by Peter Ebeling with Helena Teede, Warrick Inder, and Mark McLean. We are hoping to be able to improve our engagement with members in relation to medical affairs that arise constantly in a hope to have a more active voice with our discipline and also at a national level especially in relation to medical issues that require endorsement of guidelines, position statements and lobbying of government bodies which include the NHMRC.

Our bid for the ICE 2016 was unsuccessful and it was awarded to China. I would like to thank all those individuals who formed the Bid committee and especially our Chair Leon Bach and Bev Williamson who is the Assoc Director of Convention Sales at the Melbourne visitors and convention bureau. The final product

Address for correspondence: 145 Macquarie Street, Sydney, NSW 2000
Telephone: 02 9256 5405 Facsimile: 02 9251 8174 Email: esa@racp.edu.au
Website: <http://www.endocrinesociety.org.au/>
Secretariat: Ivone Johnson
ACN – 006 631 125
ABN – 80 006 631 125

submitted to ISE was highly professional. The next time we are eligible to apply will be 2022 which will be way beyond my time with ESA!

The tsunami in Japan earlier this year resulted in ESA mid career scientists having to withdraw from a proposed symposium with the Japanese Endocrine Society in July 2011. We were very disappointed and sorry that we could not attend. We will consider fostering our relationship with the Japanese Endocrine Society by running a Japanese-Australian symposium in 2013 at the Gold Coast Meeting.

Council will finalise the strategic plan for ESA in Adelaide in November 2011 with the assistance of a strategic planner, Ms Deb Kay who is CEO of Asthma Australia and highly skilled at strategic planning. It is hoped that this plan will provide a focus for future ESA Board members. However the plan will need to be regularly reviewed and updated each year as new members fill executive positions on Council.

This year ESA “went green” by consensus and we are now producing an electronic newsletter. We are revamping the newsletter content and ideas from members are welcome. Thank you to Council member Nic Hodyl for managing the newsletter and moving it into the electronic form.

ESA Finances

The Society’s financial position has improved since last financial year. Council re-invested funds into the Asgard portfolio and improvements in earnings have increased. We have decided that support of the ESA Scholarship and Post-doctoral Award will not be initiated until investment funds are significantly increased and we are earning a stable income from these investments. We hope to reintroduce the next round of funding for the awards in 2012. We continue to earn a profit from our regular meetings and this assists in the daily running of the society.

Meetings in 2011

I would like to thank Dr Kathy Gatford and Dr Craig Munn and their organising committees for producing an excellent program for the meeting. Thank you also to Dr David Henley and Professor Cathy Choong for their work on the clinical weekend and the local organising committee in Perth. I hope members are enjoying the program with a mix of paediatrics and adult endocrinology. It has also been enjoyable working with APEG to bring the meeting together and I hope this is a sign for future collaborations in relation to meetings as well as medical issues that affect both societies.

The Seminar Meeting was a great success this year with international speaker Rebecca Bahn who delivered the Plenary Lecture, and her husband Michael Brennan (both from the Mayo Clinic) who also gave an outstanding lecture on 'Professionalism'. Thank you to Rosemary Wong and her organising committee for bringing together a successful and well attended meeting.

As part of ESA’s strategy for continued engagement of basic scientific members, ESA will trial a combined Clinical and Basic Science seminar weekend next year. The basic science component of the meeting will be outlined by Council member Belinda Henry who is also chairing the program organising committee for the basic science weekend.

Thanks

Thank you to all members of the ESA Council for their contributions to the running of the Society in the last year, and especially to the Secretariat, Ivone Johnson and Melissa Dupavillon who have kept me on my toes all year. I would also like to thank Mike Pickford and ASN for their support and guidance throughout the year in relation to the planning of our future meetings. It is much appreciated and our meetings would not run as smoothly without this support.

5. Treasurer’s Report

5.1 Audited Accounts

Revenue increased by 2% with small increases in membership dues (up \$3,520 to \$81,835), meeting revenue and income from the managed fund, offset by a fall in interest earned after the transfer of most of the money previously held in term deposits back to the Asgard managed fund account.

I am pleased to report that the funds managed by Asgard returned a net increase in value for the financial year from \$668,258 to \$699,734. In February 2011, the account was restructured at the advice of the fund manager, Bryen Guy. This has resulted in us being less exposed to the Australian, US and European equities markets and has provided some further protection from the recent market volatility experienced in July/August after the financial year reporting period. Therefore we feel that the Society is well placed to ride out the current financial market uncertainty.

Expenditure was significantly down on 2010. This was mainly due to a reduced commitment to scholarship funding, and also to substantial savings on meeting costs. It is Council's view that while we are in a rebuilding stage, we should not be funding scholarships and fellowships until they can be sustained by sufficient investment income. We have set a target of building the Asgard fund up to \$800,000 before recommencing scholarship funding. This means the gain of another 14% on current values. Council is investigating the possibility of seeking corporate sponsorship for one or more "named" scholarships, while recognising that we do not want any such award tied to a particular pharmaceutical product or field of research within endocrinology.

As well as a return to profitability from the managed funds, special mention must be made of the net income derived from our scientific and clinical meetings. This has been due to the excellent relationship we have formed with ASN and their organisational skills, the quality of the meeting content which is a credit to the respective program and local organising committees and most of all the support of the membership to attend. Moving from a paper-based to an electronic newsletter was well received by membership and also resulted in savings of \$5000.

Overall therefore the Society posted a net profit of \$97,400, after recording losses in the last 2 financial years. Our total assets have increased from \$958,347 as of June 2010 to \$1,086,683.

Approval for the Audited accounts was moved by Peter Fuller and seconded by Ken Ho.
CARRIED.

6. Medical Affairs Report

1. Thyroid extract/desiccated thyroid extract statement completed and to be loaded onto ESA website and sent to President of Australian Thyroid Association.
2. Correspondence from TGA regarding nomination of individuals to serve on TGA expert advisory committees, including Advisory Committee on Prescription Medicines (ACPM), Advisory Committee on Medical Devices (ACMD) and Advisory Committee on Complementary Medicines (ACCM). Deadline for nominations is August 31.
3. Chair of Medical Affairs committee was contacted regarding an EOI for hosting Asia-Oceania congress of Endocrinology (AOCE) at the Melbourne Convention and Exhibition Centre in 2014. The President of ESA and Chair of Medical Affairs both responded positively and provided information to support our EOI.
4. Workforce Planning for Endocrinology: ESA and ADS need to map training places in Endocrinology in Australia to lobby Commonwealth and State Governments for future funding for APT places in Endocrinology. COSA has already done this and are effectively lobbying Government. We are lagging behind. The Endocrinology STC could assist here, as could State Endocrine Training Appointment committees.
5. Fellowship Affairs:
 - * Rent for ESA Office accommodation to be charged from 2012. Estimate is around \$3000 per year.
 - * Agreement to be signed between each Specialty Society and RACP – provision of package of services (E.g. IT support, HR support, Secretarial support, communications support). Can be tailored for each Society.
 - * Possibility for ESA fund to be administered by financial managers of RACP Research and Education Foundation funds (\$32 million) as quarantined corpus of ESA with unlimited access by ESA and no access to funds by RACP. RACP financial management team includes two high-level NGO fund managers from UBS who also are in charge of Westmead Research Foundation fund investments.

7. Report on 2011 ESA Meetings • Seminars • Clinical weekend • ASM

The 2011 Seminar, Clinical weekend and ASM have shown near record numbers of registrants and were very successful.

8. Future Meetings

ASM 2012 Combined meeting ESA/SRB – Gold Coast

The ASM will be held at the Gold coast Exhibition and convention Centre from 26-29 August.

ESA Clinical Weekend 2012

The Clinical weekend will be held at the Gold Coast from 24-26 August

ESA Seminar Meeting 2012

Basic Science Weekend

This meeting will be held at Torquay, Victoria from 27-29 April.

9. Other business

Advanced training centralised registrars

Ken Ho stated that the RACP want all states centralised. The RACP can help with the infrastructure

Implementation of a strategic plan manager

Ken Ho stated that a senior endocrinologist could advise ESA on this matter. ESA should create a paid CEO position. Peter Fuller stated that ESA need to use advice from past presidents and other members.

ESA members on US Endocrine Society Committees/sub-committees

Gail Risbridger stated that the US Endocrine Society have a staggering number of committees that report to the US Endo Council. It would be useful to know which Australian are on the various committees. ESA should canvas members.

US Endocrine Society

Paul Stewart stated that the US Endocrine Society are planning a regional Oceania/Pacific Rim meeting. ESA should make enquiries and make sure that we are involved.

10. Date of next meeting: Gold Coast, 31st August 2012

FUTURE MEETINGS**2012****19-22 January 2012**

World Congress on Debates and Consensus on Bone, Muscle and Joint Diseases (BMJD)
Barcelona, Spain
Website: www.congressmed.com/bmjld

2-5 February 2012

International Congress on Personalized Medicine: Up close and Personalised (UPCP 2012)
Florence, Italy
Website: www.upcp.org

3-5 February 2012

EMSS-Mayo Clinic Course in Advanced Endocrinology
Pan Pacific Hotel, Singapore
Website: www.endometab.com

15-18 February 2012

12th Annual Rachmiel Levine Diabetes and Obesity Symposium: Advances in Diabetes Research
The Langham Huntington, Pasadena, CA
E-mail: levinesymposium@coh.org
Website: www.levinesymposium.com

27-29 April 2012

ESA Seminar now including basic science stream Peppers, The Sands, Torquay, VIC
Website: www.esaclinicalweekend.org.au

5-9 May 2012

15th International Congress of Endocrinology is being held jointly with the 14th European Congress of Endocrinology
Florence, Italy, 5-9 May 2012.
Website: endosociety.com/events/ICE2012.html

6-9 May 2012

RACP Congress
Brisbane Convention Centre
Website: racpcongress@wsm.com.au

23-26 June 2012

ENDO 2012
Houston, Texas
Website: www.endo-society.org/meetings/Annual/index.cfm

29 June-1st July 2012

4th Postgraduate Course in Endocrine Surgery
Sofitel Brisbane Central, Queensland, Australia
Email: sara.mcdonald@mater.org.au

24-26 August 2012

ESA Clinical Weekend
Gold Coast
Website: www.esaclinicalweekend.org.au

26-29 August 2012

ESA/SRB Annual Scientific meeting
Gold Coast Convention Centre, QLD
Website: <http://www.esa-srb.org.au>

29-31 August 2012

ADS/ADEA Annual Scientific Meeting
Gold coast Exhibition and Convention Centre
www.ads-adea.org.au

2-5 September 2012

1st Asia-Pacific Bone and Mineral Research Meeting being held in conjunction with the 22nd ANZBMS Annual Scientific Meeting
Pan Pacific Hotel, Perth, WA
Website: www.anzbms.org.au

25-29 November 2012

AHMR Congress
Adelaide Convention Centre
Website: www.ahmrcongress.org.au

6-9 December 2012

The World Congress of Clinical Lipidology
Budapest, Hungary
Website: www.clinical-lipodology.com

2013**25-28 August 2013**

ESA/NZSE Joint meeting
Sydney Convention Centre
Website: www.endocrinesociety.org.au

ENDOCRINE SOCIETY OF AUSTRALIA – COUNCIL AND OFFICE BEARERS 2010-2012**A/Prof Vicki Clifton (President)**

Robinson Institute
Lyell McEwin Hospital
Haydown Rd
Elizabeth Vale SA 5112
Tel: +61 8 8133 2133
Fax: +61 8 8281 2646
Email: vicki.clifton@adelaide.edu.au

A/Prof Warrick Inder (Treasurer)

Senior staff specialist (Endocrinology)
Department of Diabetes and Endocrinology
Princess Alexandra Hospital
Ipswich Rd
Woolloongabba QLD 4102
Phone: +61 7 3176 2295
Fax: +61 7 3176 2973
Email: winder@medstv.unimelb.edu.au

A/Prof Timothy Cole (Secretary)

Department of Biochemistry &
Molecular Biology
Monash University
Wellington Road
Clayton. VIC. 3800.
Ph: +61 3 9902 9118
Fax +61 3 9902 9500
Email: tim.cole@monash.edu

Prof Peter Ebeling (President-elect)

Department of Medicine (RMH/WH)
University of Melbourne
Western Hospital
Footscray, VIC 3011
Ph: +61 3 8345 6429
Fax: +61 3 9318 1157
Email: peter@unimelb.edu.au

A/Prof Bu Beng Yeap

School of Medicine and Pharmacology
Level 2, T-Block
Fremantle Hospital
Fremantle. WA. 6160.
Ph: +61 8 9431 3229
Fax: +61 8 9431 2977
Email: byeap@cyllene.uwa.edu.au

Prof Evan Simpson

Prince Henry's Institute
Monash Medical Centre
PO Box 5152
Clayton VIC 3168
Tel: +61 3 9594 4397
Fax: +61 3 9594 6125
Email: evan.simpson@princehenrys.org

Prof Helena Teede

Jean Hailes Foundation Research Unit
MIHSR
Locked Bag 29, Monash Medical Centre
Clayton. VIC. 3168
Ph: +61 3 9594 7545
Fax: +61 3 9594 7550
Helena.Teede@monash.edu

Prof Chen Chen

Room 409A The University of Queensland
Sir William MacGregor Building 64
St Lucia. QLD. 4072
Ph: 07 3365 3856
Fax: 07 3365 2398
Email: chen.chen@uq.edu.au

Dr Nicolette Hodyl (Newsletter editor)

Robinson Institute, University of Adelaide
Lyell McEwin Hospital
Haydown Road
Elizabeth Vale. SA. 5112
Ph: 08 8133 2134
Fax: 08 8281 2646
Email: Nicolette.hodyl@adelaide.edu.au

Dr Belinda Henry

Department of Physiology, Building 13F
Monash University
Wellington Road
Clayton. VIC. 3800.
Ph: 03 9905 2500
Fax: 03 9905 2547
Belinda.henry@monash.edu

Prof Mark McLean (Past president)

Professor of Medicine
University of Western Sydney - Blacktown
Clinical School
Blacktown Hospital
PO Box 6105
Blacktown NSW 2148
Tel +61 2 9881 7646
Fax +61 2 9881 7426
Email: m.mclean@uws.edu.au

ESA Secretariat

Mrs Ivone Johnson
145 Macquarie Street
Sydney. NSW. 2000.
Ph: +61 2 9256 5405
Fax: +61 2 9251 8174
Email: esa@racp.edu.au
Mobile: 0414 454 085
Office hours: 10.00am – 4.00pm
Tuesday, Thursday and Friday