



Important Items in this edition

- Page 1 President's Report
- Page 2 EDMCR article
ESA 2014 Meetings
- Page 3 ESA Award winners
- Page 4 ESA welcomes new members
ESA Ipsen International
Travel Grant Award 2014
ESA Award Sponsors
- Page 5 Hot Topics!
- Page 8 New Community Resource for
Disorders of Sex Development
- Page 9 The New ESA Ken Wynne
Memorial Postdoctoral
Research Award
- Page 9 Anywhere Healthcare
- Page 14 Dates for the diary
- Page 15 Office Bearers and
Council – 2012-2014

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:
ijohnson@endocrinesociety.org.au

ESA Website:

www.endocrinesociety.org.au
Webmaster: Anthony Malloy

Desktop publishing

Mark Stevens

from the president

Once again, the 2013 ESA Annual Scientific Meeting in Sydney was a great success thanks to the efforts of the incoming Programme Organising Committee capably led by Dr. Ann McCormack, and her team Dr Kaye Stenvers (Chair – SRB), Associate Professor Chris Ormandy, Associate Professor Rory Clifton-Bligh, Dr Sue Mei Lau and Dr Paul Baldock. The invited international speakers were outstanding with Professor Matthew During, from Ohio State University, delivering his very sophisticated and pioneering research into the effects of environmental enrichment on energy balance and tumour growth in his Harrison Lecture. Professor Anthony Hollenberg from Harvard Medical School delivered a superb Taft plenary on the mechanisms of thyroid hormone action. Dr. Mark Gurnell from Cambridge University complemented this by presenting an exciting new syndrome of resistance to thyroid hormone in his clinical plenary, as well as a stimulating symposium on primary aldosteronism. Both Professor Hollenberg and Dr Gurnell were also highly appreciated and active participants in the preceding Clinical Weekend.

Congratulations go to the ESA Senior Plenary awardee for 2013, Professor Geoffrey Tregear, for his patience and persistence in unraveling the clinical application of relaxin over three decades. Dr Zane Andrews received the ESA Mid Career Award for his work on the role of ghrelin and metabolic status. The Novartis Junior Scientist was awarded to Tao-Kwang Kevin Lee, and the Bryan Hudson Clinical Endocrinology Award to Emily Gianatti from extremely competitive fields. The 2013 ESA Servier Award was given to Chi Yi Lo for her published work on RAB-Like 2 in male fertility.

Regarding international scientific meetings, Professor Leon Bach continues to be the ESA representative on the International Society of Endocrinology. I was the ESA representative on the ICE/ENDO 2014 Annual Meeting Steering Committee meeting in Reston, Virginia, USA in August and together with Associate Professor Kristy Brown from SRB, we were able to get several Australians on the Programme, either as Symposia speakers or in Meet-the-Professor sessions, representing the fourth largest national group. I have also accepted a position on the

ENDO Annual Meeting Steering Committees for 2015-2017 with the aim of increasing Australian content.

ESA is certainly in sound financial and scientific shape meaning we are able to offer ESA Postgraduate Scholarships and Fellowships. Our total net assets have increased from \$1,208,324 to \$1,858,300. This large increase has predominantly been due to the addition of the generous benefaction from the estate of ESA Founder, Dr Ken Wynne, of \$541,320, which has been be “ring-fenced” and invested to provide an annual \$25,000 Ken Wynne Memorial Scholarship.

I am also trying to leverage additional clinical research funds by forming a partnership the RACP Research and Education Foundation.

You may have recently received an invitation to participate in the NHMRC grant review process as either a GRP member or Academy member. I would encourage you to accept to support the discipline of Endocrinology. It is critical for the success of our discipline that we all participate in this critical peer-review process, particularly with an overall success rate of 16.9% this year.

Our strategic plan for ESA has progressed with a new ESA logo and website. Our 2013 Annual Report will soon be completed and the ESA manual for ESA Board members has been comprehensively revised. We plan to continually update ESA position statements on our website for reference by both health professionals and the public. ESA Council recently approved a 2-year trial partnership with the Wiley Blackwell scientific Journal, Clinical Endocrinology, which allows free publishing of ESA abstracts in the Journal, free on-line access to the Journal and free page costs for ESA members. This partnership has increased the international exposure of our Society, as our new ESA logo has appeared on the Journal cover since October this year. In another agreement, ESA members also benefit from ESA's new collaboration with other leading societies worldwide and Bioscientifica, a not-for-profit subsidiary of the Society for Endocrinology. ESA members are eligible for a special discounted publishing fee when publishing case reports in the open access publication, Endocrinology, Diabetes & Metabolism Case Reports (submit online via www.edmcasereports.com).

continued.....

The parallel Basic Science Weekend continues to evolve and the ESA Seminar Weekend, targeted towards early career researchers, in April 2013 had its largest attendance ever with Professor Dolores Shoback from the University of California San Francisco (a plenary speaker for ICE/ENDO 2014) being an incredibly engaging and popular international speaker. Associate Professors Don McLeod and Belinda Henry are the Clinical and Basic Co-Chairs, respectively, for the 2014 ESA Seminar Meeting. Sincere thanks go to Dr. Rosemary Wong for her tremendous leadership over the last three years of the Clinical stream. Associate Professor Shane Hamblin will be organising the 2014 ESA Clinical Weekend, while Associate Professor Mathis Grossman is Chair of the 2014 Local Organising Committee.

I look forward to working with you all to advance the ESA over the next year and I thank all of ESA Board members, Committee Chairs for 2014 for their time as well as their expertise in making the ESA a truly great Society.



Professor Peter Ebeling

EDMCR ARTICLE

Case Reports – no longer the poor relation

Case Reports are vital to the medical community, so why don't the majority of research journals publish them?

Controversy abounded in the 1970s when it was put forward that so-called 'anecdotal' publications don't benefit the medical community and that emphasis should be placed on planned, experimental research.

Such criticism wasn't helped by the nature of the publishing industry which compounded the problem as fewer research journals published case reports because they are cited less often and therefore limit impact factor growth, a tool for ranking journals within their fields. Add this to the high cost of printing and the result was publishers who were unwilling to allow case reports to increase the number of pages they were printing without seeing clear benefits in return.

So why the resurgence of case reports in recent years?

They are intrinsically popular in the medical community, with demand being due to the fact that case reports:

1. Play a vital role in medical education, giving students a deeper understanding and aiding memory with real-life application.
2. Contribute to the progress of both medicine and medical science. Case reports facilitate the discovery of new diseases and unexpected effects, the study of mechanisms, and allow for communication of new ideas and techniques.
3. Give a more holistic picture of a patient, introducing variables that are overlooked in clinical trials, such as history and psychosocial aspects of the case.
4. Are of particular importance to junior doctors who garner valuable experience in academic writing and publishing by using case reports as scholarly stepping stones and tools for professional development.
5. Represent the vast majority of patients who have multiple clinical conditions who would be excluded from clinical trials.

So Case Reports clearly fulfil a role that evidence-based medicine does not. Importantly, they do this cheaply and quickly – as case reports are retrospective narratives the significant financial and time costs associated with conducting research are not incurred. Finally, to neatly summarise their importance, Case Reports complete the circle linking basic science and medicine, fulfilling the opposite function of translational research. Novel observations reported in case reports can act as the clinical catalyst for the birth of new hypotheses, stimulating the beginnings of new ideas and research.

The Society for Endocrinology has an aim to support and advance all endocrinologists and is pleased to announce its endorsement of a new resource that will further medical education and clinical practice by publishing and linking together case reports dedicated to the field. *Endocrinology, Diabetes & Metabolism Case Reports* will facilitate discovery, connections and comparisons by offering a product that is greater than the sum of its parts, achieved by highly classified content that allows for sophisticated search and discovery.

Endocrinology, Diabetes & Metabolism Case Reports will be led by Dr Maralyn Druce, Reader in Endocrine Medicine and Consultant in Endocrinology, Barts and the London Medical School, and will be online-only and open access, ensuring that publication is rapid and that readers across the world will have free perpetual access to all content.

Endocrinology, Diabetes & Metabolism Case Reports is now open for submissions. Visit www.edmcasereports.com to submit your case report and find out about the exclusive discount for Society for Endocrinology Members.



**Endocrinology,
Diabetes & Metabolism
CASE REPORTS**

ESA 2014 MEETINGS

ESA Seminar Meeting 2014,
2-4 May, Hotel Grand Chancellor, Hobart, Tasmania

ESA Clinical Weekend 2014,
23-25 August, Torquay, Victoria

ESA/SRB ASM 2014,
25-28 August, Melbourne Convention Centre

CONGRATULATIONS TO ESA AWARD WINNERS

Servier Award

Jennifer Lo

ESA Mid-Career Award

Zane Andrews

ESA Senior Plenary Award

Geoffrey Tregear

Novartis Award

Kevin Lee Tao-Kwang

Bryan Hudson Clinical Endocrinology Award

Emily Gianatti

ESA/IPSEN International Travel Grant

Christian Girgis – International

Jenna Haverfield – European

Steven Yau – International

Australian Women in Endocrinology

Anju Joham

Helen Barrett



Steven Yau



Kevin Lee Tao-Kwang



Jennifer Lo



Emily Gianatti

ESA WELCOMES NEW MEMBERS

Liesl Altus	Mark Cooper	Tien Lee	Amanda Salis
Dushyanthy Arumugam	Julie-Ann De Bond	Rakesh Malhotra	Mark Savage
Johanna Barclay	Danijela Dravec	Nadia Manzoor	Amin Sharifi
Michael Boden	Senarath Edirimanne	Kristina McDonnell	Sabashini Sivakumaran
Ingrid Bretherton	Jennifer Gunter	Timothy Middleton	Divya Srivastava
Carmela Caputo	Alice Gibson	Karen Moritz	Jibran Wali
Simon Carrivick	Katharine Gupta	Christopher Muir	Wanling Wen
Kuan Cha	Amy Harding	Indriana Pangestu	Emma Whittle
Julie Chemmanam	Benjamin Hsu	Xiaoyan Qiu	Nilika Wijeratne
Daniel Chen	Annie Hung	Rahini Ragavan	Katie-Jane Wynne
Weiwen Chen	Rajini Jayaballa	Michael Reyes	Cassandra Yap
Yvonne Chow	Devaang Kevat	Stacey Rietema	Heba Zahid
Roderick Clifton-Bligh	Ni Ni Khin	Christopher Rowe	

ESA IPSEN INTERNATIONAL TRAVEL GRANT AWARD 2014

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 2014.

One award of \$3500 will be awarded to assist with the costs of international travel - Deadline 1st March 2014

One award of \$3500 will be awarded to assist with the costs of international travel - Deadline 1st August 2014

Visit **ESA** website: <http://www.endocrinesociety.org.au/awards.htm#ipsen>

ESA WOULD LIKE TO THANK ESA AWARD SPONSORS

Ipsen Pty Ltd

Novartis Pharmaceuticals Australia Pty Ltd

Servier Laboratories (Australia)

HOT TOPICS! RECENT PUBLICATIONS FROM ESA MEMBERS

The exceptionally high calibre of research conducted by our members is evident in the number of recent articles published in high impact, international, peer reviewed journals.

Here we highlight recent outstanding publications by our members.

RBM5 is a male germ cell splicing factor and is required for spermatid differentiation and male fertility.

PLoS Genet. 2013 Jul;9(7):e1003628. doi: 10.1371/journal.pgen.1003628. Epub Jul 25

O'Bryan MK, Clark BJ, McLaughlin EA, D'Sylva RJ, O'Donnell L, Wilce JA, Sutherland J, O'Connor AE, Whittle B, Goodnow CC, Ormandy CJ, Jamsai D.

The production of functional spermatozoa is an extraordinarily complex process that transforms a conventional round cell into the highly specialised sperm cell. These events require the coordinated activation of thousands of genes. It is likely that this complexity contributes to the large number of idiopathic infertility cases seen in humans. The authors used a random mutagenesis screen to produce the Joey mouse line, which carries a mutation in the *Rbm5* gene leading to a complete block of spermatid (haploid male germ cell) differentiation and ultimately a total loss of sperm production. These results reveal a physiological role for RBM5 in the splicing of several spermatid-expressed mRNAs that are critical for the production of spermatozoa, and conclusively define RBM5 as an essential regulator of male fertility. These data improve our understanding of the regulatory networks of gene expression that control sperm production and as such may lead to the development of novel approaches to enhance or suppress fertility in men.

Oral low-dose testosterone administration induces whole-body protein anabolism in postmenopausal women: a novel liver-targeted therapy

European Journal of Endocrinology (2013) 169 321–327
Birzniece V, Umpleby MA, Poljak A, Handelsman DJ & Ho KKY

Muscle wasting is a major problem not just during aging, but is also associated with many chronic diseases. Yet there is no good, effective and safe treatment available. Testosterone stimulates muscle growth and increases muscle strength, however, systemic exposure to testosterone has many side-effects and cannot be given to women. New research suggests that liver-targeted hormone therapy is effective in reducing protein loss and may be a new potential therapy approach against muscle wasting. The authors designed a novel approach to modify protein metabolism without inducing any systemic side-effects of testosterone. The authors show that when healthy postmenopausal women are treated with small doses of testosterone targeting only the liver, it induces a protein sparing effect, and stimulates other anabolic hormone actions. The magnitude of changes is similar to that of systemic testosterone replacement, known to induce muscle anabolism. Therefore the researchers are hopeful that this therapy approach will result in an increase in muscle mass and

function if used for longer duration. As the testosterone dose and formulation enables only liver to be exposed to testosterone, this will be a novel and safe therapy approach without inducing any systemic side-effects and therefore can be used in women as well.

Effects of low-dose prednisolone on hepatic and peripheral insulin sensitivity, insulin secretion and abdominal adiposity in patients with inflammatory rheumatologic disease

Diabetes Care 2013, 36(9):2822-9

Petersons CJ, Mangelsdorf BL, Jenkins AB, Poljak A, Smith MD, Greenfield JR, Thompson CH, Burt MG.

This study aimed to investigate the acute effects of low-dose prednisolone on carbohydrate metabolism and whether chronic low-dose prednisolone administration increases visceral adiposity, amplifying metabolic perturbations. Subjects with inflammatory rheumatologic disease without diabetes mellitus were recruited. Nine subjects not taking oral glucocorticoids were studied before and after a 7-10 day course of oral prednisolone 6mg daily. Baseline data were compared with 12 subjects taking continuous long-term prednisolone. Prednisolone acutely increased basal endogenous glucose production (EGP) and reduced insulin-suppression of EGP, peripheral glucose disposal and first and second phase insulin secretion. Long-term prednisolone users had attenuated insulin suppression of EGP and nonoxidative glucose disposal, whereas basal EGP, insulin secretion, and adipose tissue areas were not significantly different. The authors conclude that hepatic and peripheral insulin sensitivity should be targeted by glucose-lowering therapy to treat glucocorticoid-induced diabetes.

Prognostic Implications of Lymph Node Yield and Lymph Node Ratio in Papillary Thyroid Carcinoma

Thyroid (2013), 23(7), DOI: 10.1089/thy.2012.0460

Vas Nunes JH, Clark JR, Gao K, Chua E, Campbell P, Niles N, Gargya A & Elliott MS.

The lymph node ratio (LNR) has been shown to be an important prognostic factor in oral, colon, and gastric cancers. The role of LNR in papillary thyroid cancer (PTC) is unclear. In this retrospective analysis of 198 patients with PTC who had total thyroidectomy with neck dissection between 1987 and 2011, patients with a LNR of >0.3 (one positive lymph node out of three total) had a 3.4 times higher risk of persistent or recurrent disease. On multivariate cox regression analysis, LNR was associated with a decrease in disease-free survival with a hazard ratio of 3.2. This study found the LNR to be an independent predictor of disease-free survival in patients with PTC.

HOT TOPICS RECENT PUBLICATIONS FROM ESA MEMBERS

Distinct nuclear receptor expression in stroma adjacent to breast tumors

Breast Cancer Res Treat (2013) DOI 10.1007/s10549-013-2716-6

Knower KC, Chand AL, Eriksson N, Takagi K, Miki Y, Sasano H, Visvader JE, Lindeman GJ, Funder JW, Fuller PJ, Simpson ER, Tilley WD, Leedman PJ, Graham JD, Muscat GEO, Clarke CL & Clyne CD.

The interaction between breast tumour epithelial and stromal cells is vital for initial and recurrent tumour growth. While breast cancer-associated stromal cells provide a favourable environment for proliferation and metastasis, the molecular mechanisms contributing to this process are not fully understood. In this collaborative study, the authors investigated the expression patterns of all Nuclear Receptor family members in breast tumour associated stromal cells. The authors identified 8 nuclear receptors with differential expression in breast adipose fibroblasts from normal control subjects compared to cancer associated fibroblasts from ER α positive tumours. Furthermore, the pattern of nuclear receptor expression in tumour stromal cells fitted with a model of sustained local estrogen production in the breast, where the stroma is the main source in post-menopausal women. Therefore, this study identified potential key therapeutic nuclear receptor targets.

Free and total plasma cortisol measured by immunoassay and mass spectrometry following ACTH₁₋₂₄ stimulation in the assessment of pituitary patients.

J Clin Endocrinol Metab 2013, 98(5):1883-90

Burt MG, Mangelsdorf BL, Rogers A, Ho JT, Lewis JG, Inder WJ, Doogue MP.

The authors of this study compared the ability of total and free plasma cortisol measured by liquid chromatography-tandem mass spectrometry (LCMS) and total cortisol by immunoassay during an ACTH₁₋₂₄ stimulation test to define hypothalamic-pituitary-adrenal (HPA) status in pituitary patients. Sixty controls were used to generate reference ranges and 21 patients with pituitary disease in whom HPA sufficiency (n = 8) or deficiency (n = 13) had been previously defined. Participants underwent 1 μ g ACTH₁₋₂₄ i.v. and 250 μ g ACTH₁₋₂₄ i.m. stimulation tests. Measurements of total cortisol by immunoassay and LCMS and free cortisol 30 and 60 minutes after ACTH₁₋₂₄ were concordant with previous HPA axis assessments in most pituitary patients. However, free cortisol had greater separation from the diagnostic cutoff than total cortisol. Free cortisol may therefore have greater clinical use in patients near the diagnostic threshold.

Species Differences in the Expression and Activity of Bone Morphogenetic Protein 15

Endocrinology, February 2013, 154(2):888–899

Al-Musawi SL, Walton KL, Heath D, Simpson CM & Harrison CA

Oocyte-derived bone morphogenetic protein 15 (BMP15) regulates ovulation rate and female fertility in a species-specific manner, being important in humans and sheep and largely superfluous in mice. To understand these species differences, the authors compared the expression and activity of human (h), murine (m) and ovine (o) BMP15. In HEK293F cells, hBMP15 was found to be highly expressed, while oBMP15 was poorly expressed and mBMP15 was undetectable. As 4 prodomain residues mediate the high expression of hBMP15, these residues were substituted into the prodomains of mBMP15 and oBMP15, and effectively increased growth factor expression. However maximal expression was only achieved by fusing the entire human prodomain onto the mature domains of the other species. Using these chimeric constructs in a COV434 granulosa cell bioassay, these molecules displayed little activity relative to human BMP15, most likely due to species differences at the type I receptor binding interface. Indeed, mBMP15 activity was restored when specific residues through this region were replaced with the corresponding residues from hBMP15. Collectively, specific residues were identified in the pro- and mature domains of hBMP15 that enhance growth factor expression and activity. These adaptations likely underlie the relative importance of this growth factor between species.

Novel use of rituximab in a case of Riedel's Thyroiditis refractory to glucocorticoids and tamoxifen

J Clin Endocrinol Metab, September 2013, 98(9):3543–3549

Soh S, Pham A, O'Hehir RE, Cherk M & Topliss DJ

Riedel's thyroiditis is an extremely rare, chronic inflammatory disease of the thyroid gland characterized by dense fibrosis that replaces normal thyroid tissue. This paper reports a case study of a 42 year old woman, presenting with a rapidly enlarging right-sided thyroid mass, who underwent hemithyroidectomy. Riedel's thyroiditis was only diagnosed upon surgical decompression of the right carotid artery 2 years later. She became more symptomatic as Riedel's thyroiditis progressed. Oral prednisolone failed to improve her condition, and she was commenced on tamoxifen. Despite initial improvement, her symptoms recurred 2 years later. Two courses of iv methylprednisolone were given but only produced transient improvement. Subsequently she received 3 doses

HOT TOPICS RECENT PUBLICATIONS FROM ESA MEMBERS

of iv rituximab at monthly intervals and had prompt sustained symptomatic improvement, confirmed by fluorodeoxyglucose positron emission tomographic scan 6 weeks after therapy and 10 months later, showing reduced inflammation and an ongoing response. This is a case of refractory Riedel's thyroiditis with symptomatic, biochemical, and radiological improvement that has persisted 14 months after rituximab.

New insights into the role of sequestosome 1/p62 mutant proteins in the pathogenesis of Paget's Disease of bone

Endocr Rev. 2013 Aug; 34(4):501-24.

Rea SL, Walsh JP, Layfield R, Ratajczak T & Xu J.

This review examines the molecular mechanisms underlying pathogenicity in Paget's disease of bone (PDB) patients with a particular focus on Sequestosome 1/p62 gene mutations. First identified in 2001 as a common cause of PDB, mutations in this gene are identified in ~30% of familial cases and 5-10% of so-called "sporadic" PDB cases. The protein affected (p62) is involved in many overlapping cellular processes, including various cell-signalling cascades and also has key roles in the regulation of proteolysis. This comprehensive review summarizes the work carried out to date to elucidate how 27 distinct mutations predispose to this intriguing focal metabolic bone disease. It includes in-depth discussion of the somewhat conflicting animal models of the disease, recent identification of other susceptibility genes and translation of the findings into clinical practice.

A meta-analysis of thyroid-related traits reveals novel loci and gender-specific differences in the regulation of thyroid function.

PLoS Genetics 2013; 9:e1003266.

Porcu E, Medici M, Pistis G, Volpato CB, Wilson SG, et al.

TSH and free T4 concentrations are heritable traits, but the genes involved are mostly unknown. This meta-analysis of 18 genome wide studies with a combined sample size of 26,523 euthyroid participants identified 19 independent loci associated with TSH and 4 with fT4. The results advance understanding of genetic regulation of hypothalamo-pituitary-thyroid axis function.

Plasma calcium as a predictor of cardiovascular disease in a community-based cohort.

Clinical Endocrinology 2013; 78: 852-857.

Walsh JP, Divitini M & Knuiman MW.

Hypercalcaemia and calcium supplementation have been linked to cardiovascular outcomes, but it is uncertain if the small differences in calcium which exist between normocalcaemic

subjects are associated with cardiovascular disease. In this longitudinal study of 4003 participants in the Busselton Health Study, plasma calcium was strongly associated with cardiovascular risk factors at baseline including BMI, blood pressure, glucose and cholesterol. Plasma calcium was a significant predictor of cardiovascular events after adjustment for age and sex, but had no independent predictive value after further adjustment for standard cardiovascular risk factors.

The relationship between TSH and free T4 in a large population is complex and non-linear, and differs by age and gender.

Journal of Clinical Endocrinology and Metabolism 2013; 98: 2936-2943.

Hadlow NC, Rothacker KM, Wardrop R, Brown SJ, Lim EM, Walsh JP.

The TSH- T4 relationship is central to the pathophysiology and diagnosis of thyroid disease. For many years it has been standard teaching that TSH and T4 have a log-linear relationship, but this large study of 152,261 demonstrates that in fact the relationship between log TSH and free T4 is complex and non-linear. The relationship is modified by age, such that older people have higher TSH levels than younger people with the same free T4 concentrations. This raises fundamental questions about what a diagnosis of subclinical hypothyroidism actually signifies in an older person.

Common susceptibility alleles and SQSTM1 mutations predict disease extent and severity in a multinational study of patients with Paget's disease.

Journal of Bone and Mineral Research 2013; 28: 2338-2346.

Albagha OM, Visconti MR, Alonso N, Wani S, Goodman K, Fraser WD, Gennari L, Merlotti D, Gianfrancesco F, Esposito T, Rendina D, di Stefano M, Isaia G, Brandi ML, Guisti F, Del Pino-Montes J, Corral-Gudino L, Gonzalez-Sarmiento R, Ward L, Rea SL, Ratajczak T, Walsh JP & Ralston SH.

Paget's disease of bone can be inherited as a monogenic disease caused by SQSTM1 mutations, or a polygenic disease associated with at least 7 susceptibility genes. This study shows that a genetic risk score based on 7 risk alleles plus SQSTM1 mutation status predicts disease severity as well as susceptibility. Thus genetic profiling could be used early in the course of the disease to predict disease phenotype and risk of complications.

HOT TOPICS RECENT PUBLICATIONS FROM ESA MEMBERS

A randomized controlled pilot trial comparing the impact of access to clinical endocrinology video demonstrations with access to usual revision resources on medical student performance of clinical endocrinology skills

BMC Medical Education 2013, 13:135

Hibbert EJ, Lambert T, Carter JN, Learoyd DL, Twigg S & Clarke S

This study aimed to determine the value of adjunctive on-demand video-based training for endocrinology clinical skills' acquisition by medical students. Following an endocrinology clinical tutorial program, 2nd year medical students in the pre-assessment revision period were randomized to either a set of bespoke on-line clinical skills training videos (TV), or to revision as usual (RAU) and assessed 2 weeks later in an observed structured clinical examination (OSCE). Students randomised to TV group performed better and were more frequently rated globally as competent compared to RAU students on diabetes mellitus history taking and examination for diabetes lower limb complication tasks. There were no between group differences in thyroid examination performance. Exposure to high quality videos demonstrating clinical skills can significantly improve medical student skill performance in an OSCE, when used as an adjunct to face-to-face clinical skills' tutorials in a blended learning format.

Perinatal outcomes following maternal asthma and cigarette smoking during pregnancy

European Respiratory Journal, 2013, Jul 30. [Epub ahead of print]

Hodyl NA, Stark MJ, Scheil W, Grzeskowiak LG and Clifton VL.

Pregnant women with asthma are at an increased risk of poor perinatal outcomes, including preterm birth, babies born small for gestational age and a number of maternal pregnancy complications. However, smoking rates in asthmatic populations are high, and may explain these effects. This retrospective analysis of all singleton births over ten years in South Australia (n=172 305), examined the independent and combined effects of maternal asthma and cigarette smoking in pregnancy. Asthma, independent of maternal smoking, increased the risk of gestational diabetes, antepartum haemorrhage, polyhydramnios, premature rupture of membranes, birth weights being small for gestational age and congenital abnormalities. Maternal smoking itself was associated with an increased risk of a number of outcomes, with a dose dependent relationship observed. Notably, maternal asthma combined with cigarette smoking significantly increased the risk of preterm birth and urinary tract infections to a greater degree than with either exposure alone, indicating that maternal asthma and cigarette smoking during pregnancy are both independently associated with adverse perinatal outcomes and, combined, compound the risk of preterm birth.

Do you have a publication hot off the press? To have it included in the next Hot Topics!, please forward a pdf of your manuscript and a short (~150 word) summary to the newsletter editor, Nicolette.hodyl@adelaide.edu.au

RESEARCHERS DEVELOP NEW COMMUNITY RESOURCE FOR DISORDERS OF SEX DEVELOPMENT

A team of researchers at the University of Queensland, Prince Henry's Institute and Murdoch Childrens Research Institute hope their recently launched website on disorders of sex development (DSD) will improve awareness and understanding within the general community and help those affected better understand the condition. Complementing the valuable services and support provided by existing community organisations, the site will provide a much-needed scientific perspective by outlining genetic and biological information in a way that is accessible to a broad

audience. The first of a two-stage project, the team plans to expand the site to include detailed scientific and medical information for clinicians and scientists who work with children, adolescents and adults affected by DSD, or analyse the genetic causes.

The website can be visited at: www.dsdgenetics.org

THE NEW ESA KEN WYNNE MEMORIAL POSTDOCTORAL RESEARCH AWARD

ESA has great pleasure in announcing the formation of a new research award made possible by a generous bequest from the Estate of the late Kenneth Wynne, a founding member of ESA. An award of \$25,000 will be made annually to an ESA member up to 10 years post PhD or MD for endocrinology research in the field of 'lipid hormone function, lipid metabolism or the metabolic regulation of human endocrine disorders'

*Dr Kenneth Neville Wynne (1928–2011) was a Foundation Member of the Endocrine Society of Australia and was made a Life Member in 1982. Ken Wynne was a remarkable person, an inaugural member of the Society. Ken graduated with an MSc from Sydney University 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. Following a lottery windfall he studied and completed a PhD at Cambridge, England and then returned to Australia to work in Melbourne at the Alfred Hospital in Prahran on a range of steroid and lipid based compounds. Ken worked with Jim Stockigt, Chen-Fee Lim, John Barlow and John Funder for many years before retiring to a quiet life in an apartment at the top of Spring, St in Melbourne. He was 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 is remembered by many as an outstanding steroid chemist.



Kenneth Wynne in the laboratory

Application details for this research award can be found on the ESA Awards website. The application deadline for the 2014 Award is the 15th of November, 2013.

Tim Cole,
Honorary Secretary,
ESA.

*Excerpts from a memorial article on Kenneth Wynne written in 2012 by John Funder, former ESA President & Life Member

ANYWHERE HEALTHCARE



- Work from home anywhere in Australia
- Part-time, flexible working hours
- Work with innovative technology

Anywhere Healthcare's virtual healthcare clinic has been designed to help address the challenges faced by patients who live in regional and remote areas of Australia, where access to specialist healthcare is limited and difficult to access. Our Anywhere Healthcare team is a dedicated panel of medical specialists, equipped to deliver fast and effective online care through our secure virtual platform. Anywhere Healthcare is another Medibank Health Solutions initiative that is changing the face of health and making today a much better place.

We are interested in speaking with experienced Endocrinologists who may be seeking flexible working arrangements to join our panel of Specialists.

Using our innovative technology, we provide you with the modern tools that enable you to work from home, anywhere in Australia.

This flexible work from home model may suit someone looking to return to the workforce, a parent looking for part-time / flexible working hours, or a clinician wanting to wind back their practice commitments.

If you are interested in finding out more about this opportunity, please contact Anne Harragon for a confidential discussion on 02 9425 3734 or email: anne.harragon@medibankhealth.com.au

Visit the Anywhere Healthcare website to find out more.

anywhere >
< **healthcare**

Media release

31 October 2013

Page1/3

Unique telehealth employment opportunities for endocrinologists

Anywhere Healthcare provides unique access to endocrinologists for patients living in rural and remote areas of Australia who face significant challenges accessing the specialist care they need. The innovative, secure, video-enabled, virtual healthcare service employs Australia's largest panel of online specialists. GPs, patients and specialists are quickly and easily connected together via secure online video.

Current specialities represented on the Anywhere Healthcare panel include neurology, general medicine, dermatology, endocrinology, oncology, ophthalmology, paediatrics, and psychiatry.

Anywhere Healthcare is proud to be at the forefront of clinical service delivery via telehealth and is currently seeking endocrinologists to join its growing panel of specialists. Anywhere Healthcare will particularly suit endocrinologists who are looking for flexible or more convenient working hours, who wish to augment their current traditional practice arrangements, or those looking to make a difference to patients living in rural and remote areas of Australia.

Anywhere Healthcare works with its specialists to develop flexible working arrangements that suit their needs and schedule. Training is provided and a dedicated practice management team take care of all administration including appointment bookings, setting up the consultations and maintaining schedules. All you need to do is focus on consulting.

Anywhere Healthcare General Physician, Dr Terry Glynn, explains further, "It can be hard for patients in regional areas to access specialists. Thanks to Anywhere Healthcare, I can see patients all over Australia from my own rooms and ensure that those who need my care are able to receive it, wherever they are."

Dr Glynn continues, "The service is extremely easy to use and very convenient. Anywhere Healthcare provides the technology, makes the appointments and links you to GPs and patients, so you just need to be available to give the consultation. I was fully supported through the on-boarding process and subsequently on a weekly basis in managing my patients, which has been a significant help.

"Another of the key benefit is that there is no need for me to create a demand for my service by developing relationships with GPs or patients, as Anywhere Healthcare manages this whole process. It's really easy to complement private practice with virtual consulting, which improves work/life balance and obviously has remuneration benefits. Finally, it's good to feel that I'm making a difference to rural Australia."

Unlike other virtual healthcare providers, Anywhere Healthcare organises all appointments through a centralised practice management service that arranges booking and scheduling, leaving GPs and specialists free to focus on providing care to patients.

The service has been intentionally developed around a GP centric model of care that brings GPs, their patients and dedicated Anywhere Healthcare specialists together to deliver continuity of care and better health outcomes. Currently, the service has over 500 GPs already signed up nationally.

Specialists can discuss symptoms, provide medical advice, review patients' clinical information and diagnose and prescribe medications using two-way video. Importantly, the specialist defines the scope of practice of the sort of cases that are suitable for videoconference in their specialty.

Dr Glynn says, "The three-way consult is really beneficial because the GP is able to be present and they can work with the patient afterwards to deliver continuity of care, thereby providing better health outcomes.

"For patients, one of the big advantages is the Commonwealth Government telehealth funding available to GPs and their patients who reside in regional areas. This funding subsidises the cost of the consultation."

Anywhere Healthcare is delivered by Medibank through its healthcare division, Medibank Health Solutions. Medibank Health Solutions provides healthcare advice and treatment to millions of Australians every day.

Anywhere Healthcare is available to all Australians in regional a rural areas regardless of whether they are Medibank members or not.

We are currently recruiting endocrinologists. If you are interested in complementing your existing private practice with virtual consulting, please contact 02 9425 3734. You can find more information about Anywhere Healthcare at anywherehealthcare.com.au/video

About Anywhere Healthcare

Anywhere Healthcare has been specifically designed to help overcome the obstacles many rural and regional residents face in getting timely and convenient access to medical specialists.

Anyone living in regional Australia can hold a live video consultation with a specialist from their local GP clinic with assistance from their own doctor or the practice nurse. Patients are bulk billed.

Anywhere Healthcare uses a platform that is purpose built for medical consultations. It is easy to use, effective and can manage millions of online care consultations every year.

We offer consultations with:

- Dermatologists
- General Physicians
- Paediatricians
- Psychiatrists
- Neurologists
- Endocrinologists
- Oncologists
- Ophthalmologists
- Allergists
- Geriatricians



About Medibank Health Solutions

Medibank Health Solutions offers innovative and cost-effective healthcare services to business and government. Drawing on more than 35 years' experience, working in partnership with over 4,000 businesses and government organisations, we help Australians to better manage their health.

Our team of over 1,500 medical and allied health professionals provide more than 3 million healthcare interactions a year, by telephone, online and from our Australia-wide network of clinics:

- video enabled healthcare services
- telephone and web-based health advice, coaching and counselling, around the clock, seven days a week
- travel health for consumers and business
- visa medical assessments
- workplace healthcare.

For further information please contact:

Victoria Hanlon, Media Relations Manager

Tel: 03 8622 6388 | Mob: 0467 723 004 | Email: victoria.hanlon@medibank.com.au



FUTURE MEETINGS

2014

4-6 April 2014

5th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE 2014) in conjunction with the Fertility Society of Australia Annual Conference
Brisbane Exhibition Centre
Website: www.aspirecongress.org

2-4 May 2014

ESA Seminar Meeting
Hotel Grand Chancellor, Hobart, Tasmania
Website: <http://www.esaseminar.org.au/>

21-24 June 2014

ICE/ENDO 2014
Chicago, USA
Website: <https://www.endocrine.org/meetings/ice-endo-2014/endo-2014#/nav/>

17-20 August 2014

The International Congress of Neuroendocrinology 2014 including the 18th Annual Meeting of the Society for Behavioural Neuroendocrinology
Hilton Sydney
Website: <http://www.neuroendocrinology2014.org/>

23-25 August 2014

ESA Clinical Weekend
Victoria, Torquay
Website: <http://www.esaclinicalweekend.org.au/>

25-28 August 2014

ESA/SRB Annual Scientific Meeting
Melbourne Convention Centre
Website: <http://www.esa-srb.org.au/>

7-10 September 2014

ANZBMS Annual Scientific Meeting
Queenstown, New Zealand
Website: www.anzbms.org.au

25-27 September 2014

14th International Workshop MULTIPLE ENDOCRINE NEOPLASIA and other rare endocrine tumours. Vienna
Website: www.worldmen2014.at

29 October - 1 November 2014

Asia Pacific Paediatric Endocrine Society (APPES) & Australasian Paediatric Endocrine Group (APEG) Joint Meeting
Darwin, Australia
Website: <http://www.appes2014.com/>

ENDOCRINE SOCIETY OF AUSTRALIA – COUNCIL AND OFFICE BEARERS 2012-2014

Professor Peter R. Ebeling (President)

Professor of Medicine (Assistant Dean)
 Chair, NorthWest Academic Centre
 The University of Melbourne
 Room 5.017, Level 3
 Western Centre for Health Research and Education
 Western Health, PO Box 294, 176 Furlong Road
 St Albans. Vic. 3021
 Ph: 613 8395 8065
 Fax: 613 8395 8258
 Email: peterre@unimelb.edu.au

Professor Helena Teede (President-elect)

Director Monash Applied Research Stream & Head
 Women's Public Health Research - School of Public
 Health & Preventive Medicine, Monash University
 Head of Diabetes and Vascular Medicine Unit -
 Southern Health
 Ph (613) 9594 7545
 Fax (613) 9594 7550
 Email: helena.teede@monash.edu

Associate Professor Warrick Inder (Treasurer)

Senior staff specialist (Endocrinology)
 Department of Diabetes and Endocrinology
 Princess Alexandra Hospital
 Ipswich Rd
 Woolloongabba QLD 4102
 Australia
 Ph: +61 7 3176 2295
 Fax: +61 7 3176 2973
 Email: warrick_inder@health.qld.gov.au

Associate Professor Timothy J. Cole (Secretary)

Department of Biochemistry & Molecular Biology,
 Bld 76, level 3,
 Monash University, Vic, 3800,
 Ph: 61-3-99029118
 Fax: 61-3-99029500
 Email: tim.cole@monash.edu

Dr Nicolette Hodyl (Newsletter editor)

The Robinson Institute, University of Adelaide
 Level 2, Lyell McEwin Hospital
 Haydown Road
 Elizabeth Vale 5112
 South Australia
 Ph: +61 8 8133 2134
 Fax: +61 8 8282 1646
 Email: nicolette.hodyl@adelaide.edu.au

Professor Chen Chen

Chair of Endocrinology and NHMRC PRF
 School of Biomedical Sciences
 Room 409A, Sir W. MacGregor Building 64
 The University of Queensland
 St Lucia. QLD. 4072
 Ph: 07 3365 3856
 Fax: 07 3365 2398
 Email: chen.chen@uq.edu.au

Dr Belinda A. Henry

Research Fellow
 Department of Physiology
 Building 13 F, Wellington Road
 Monash University, 3800
 Ph: +613 99052500
 Fax: +613 99052547
 Email: belinda.henry@monash.edu

Professor 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

Associate Professor Ashim Sinha

Director of Diabetes and Endocrinology
 Cairns Hospital and Diabetes Centre
 PO BOX 902, Cairns. QLD. 48710
 Ph: 07 42264661
 Fax: 07 42264666
 Email: ashim.sinha@health.qld.gov.au

Dr Morton Burt

Southern Adelaide Diabetes and Endocrine Services
 Repatriation General Hospital
 Daw Road
 Daw Park. SA. 5041
 Adelaide
 Ph (08) 82751094
 Email: morton.burt@health.sa.gov.au

Associate Professor Vicki Clifton (Past President)

Robinson Institute, University of Adelaide
 Lyell McEwin Hospital
 Haydown Rd
 Elizabeth Vale SA 5112
 Phone 618 81332133
 Fax 618 8182 9337
 Email: vicki.clifton@adelaide.edu.au

SECRETARIAT

Mrs Ivone Johnson

Executive Officer
 145 Macquarie Street
 Sydney. NSW. 2000
 Ph: 02-9256 5405 Fax: 02-9251 8174
 Email: ijohnson@endocrinesociety.org.au
 Website: endocrinesociety.org.au
 Mobile: 0414 454 085
 Office Hours: 10.00am - 4.00pm
 Tuesday, Thursday and Friday