



FROM THE PRESIDENT

By now everyone has completed their NHMRC grant applications and now receiving requests from the NHMRC Academy to review applications. Please remember to support the discipline of Endocrinology as you review these applications. The first step to maintaining Endocrine research support in Australia is to not crucify applications that have a strong scientific proposal, track record and will make a significant contribution to our discipline.

Unfortunately the NHMRC has scheduled the meeting of the Endocrine and Diabetes GRP at the same time as our Annual Scientific Meeting in the Gold Coast. In collaboration with Australian Diabetes Society we have requested this situation be rectified and we are awaiting a response from the NHMRC. An email from members of ESA to Prof Warwick Anderson requesting this situation be rectified would be greatly appreciated.

ESA Council members met in November 2011 to devise a strategic plan for the society which has been included in the newsletter. It is open for comment from members and please direct any comments to the Secretariat. Council members have made a commitment to meet most of these objectives over the next 3 years and we are hoping to engage expert members of ESA to assist when required. We plan to improve our position statements on the website for reference by both professionals and the public. I would welcome members to suggest and write position statements on their particular areas of expertise in collaboration with ESA Council. Please contact Professor Helena Teede who will be managing this aspect of our strategy if you are interested in participating.

Many aspects of our strategy require continual management and Council are discussing the possibility of employing a CEO part time to improve our engagement with members, industry, media and the public. Any suggestions on this matter would be greatly appreciated. Prof Ken Ho had suggested at our AGM that possibly older members of the society may be interested in this role.

As part of our strategic plan to better engage our basic scientific members we have proposed a parallel Basic Science Weekend next to the Seminar Weekend in April 2012. This weekend is targeted towards early career researchers giving them the opportunity to network and discuss current topics in the field of reproductive endocrinology. Future basic science weekends will focus on other topics.

We intend to trial this weekend for 3 years and if the response is positive we will continue. If you are in support of this initiative please sponsor your ECRs to attend. Please register soon for the ESA Basic Science Weekend. Any enquiries can be sent to Council member Dr Belinda Henry who is chair of the Program Organising Committee and with her team has created an excellent program.

The Society's financial position has improved substantially since September 2011. This has been in part due to profitability of our clinical and scientific meetings (the joint meeting in 2011 with APEG in particular) and also a recovery in equity markets during the first quarter of 2012 which has seen the value of our ASGARD investment increase by over \$46,000. We now have investments of over \$1 million, including term deposits with the NAB of \$296,000 and value of the ASGARD account of \$719,650.64 as of April 2nd. As a result, we will be advertising a PhD Scholarship and Postdoctoral Award this year. We have recently received a number of bequests which will boost our financial situation. One bequest was from Dr Ken Wynne, who passed away last year and whose donation will significantly boost our support of research. We are greatly appreciative of Professor Wynne's consideration of the society.

ESA would like to wish Dr Garry Warne from the Royal Children's Hospital a happy and healthy retirement. Garry served as a Treasurer on ESA Council and has been a long serving member of the society.

Life member, Professor Ken Ferguson passed away late last year and we send our sympathies to his family, friends and colleagues. Ken made a significant contribution to ESA as a founding member of the society and then as President from 1972-1974. Until his retirement Ken was director of the CSIRO Institute of Animal and Food Sciences and he continued to conduct research long after his retirement in his field of expertise.

I look forward to seeing all of you at our Annual Scientific Meeting in August at the Gold Coast, QLD. The program and invited speakers are excellent and I congratulate the Program Organising Committee and Local Organising Committee on their efforts in bringing the show together.

Associate Professor Vicki Clifton

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THE ANNUAL SCIENTIFIC MEETING OF THE ENDOCRINE SOCIETY OF AUSTRALIA AND THE SOCIETY OF REPRODUCTIVE BIOLOGY 2012

ESA Plenary Speakers



NA/ESA Symposium Speaker / Meet the Professor

Tracy Bale

Associate Professor of Neuroscience
 Director, Neuroscience Center;
 Vice Chair, NGG
 School of Veterinary Medicine
 University of Pennsylvania
 Philadelphia



ESA Harrison Lecturer - Professor Lucilla Poston

Head of Division of Women's Health
 Women's Health Academic Centre, KHP
 St.Thomas' Hospital
 London
 UK



ESA Taft Plenary Lecturer Professor Gudmundur Johannsson

Professor of Endocrinology
 Department of Endocrinology,
 Institute of Medicine
 Sahlgrenska Academy,
 University of Gothenburg
 Sahlgrenska University Hospital
 Sweden

NOMINATIONS FOR ESA COUNCIL 2012

Nominations are now called for election to membership of the Council of the Endocrine Society of Australia. At the 2010 election the following were elected for four years. Bu Yeap, Nicolette Hodyl, Belinda Henry and Chen Chen. They remain on Council until 2014.

Council members reaching the end of their terms in 2012 are Vicki Clifton (who will stay on for the next year in the role of past-president), Tim Cole, Warrick Inder, Evan Simpson, and Helena Teede. These members can stand for re-election if they wish.

Peter Ebeling will take on the role of President for two years, then past-president for one year. Those elected in the 2012 election will stay on Council for 4 years until 2016. At least 4 states must be represented on the Committee.

Nominees must be a financial member of the Society, and be nominated by two financial members of ESA. The primary requirement of a committee member is an interest in assisting with the work of ESA in promoting endocrine research and practice in Australia.

Nominations for election to the Society must reach the secretary of the ESA, A/Prof Tim Cole, 145 Macquarie Street, Sydney, NSW 2000 by 5:00 pm, Friday May 25th, 2012.

Further details regarding the Committee of ESA, and procedures for elections to the committee can be found at the ESA website: <http://www.endocrinesociety.org.au/constitution.htm>

Assoc. Prof. Vicki Clifton
 ESA President

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.

Award:

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>

PHILIP NEIL SAMBROOK 4/8/52 - 31/3/12

Phil was the first Medical Director of Osteoporosis Australia and he was keenly interested in translation of research findings into clinical practice. He was a past-President of ANZBMS and was instrumental in uniting the two organisations on the research front. Philip was also an ASBMR member who spoke at many ASBMR Annual Scientific Meetings, served on the Editorial Board of JBMR and was a highly cited author, having published several times and written editorials in New England Journal of Medicine, and also in Nature, among many other prestigious Journals. A rheumatologist, Phil was a highly respected clinical researcher in glucocorticoid-induced osteoporosis, post-transplantation osteoporosis, vitamin D metabolism and the genetics of osteoporosis.

Most of all, Phil was a great and loyal friend to Osteoporosis Australia, and also to me personally.

For his contributions to Osteoporosis Australia and to research, he was awarded the Medal of the Order of Australia, a great national honour.

Phil is survived by his loving wife, Brenda, and their two children, Andrew and Kate.

It is a great loss to us all personally and also to medicine in Australia.

Professor Peter Ebeling



ASM OF THE ENDOCRINE SOCIETY OF AUSTRALIA AND SOCIETY FOR REPRODUCTIVE BIOLOGY

We invite you to join us for the Annual Scientific Meetings of the Endocrine Society of Australia and Society for Reproductive Biology, being held this year on the Gold Coast from Sunday August 26th to Wednesday August 29th, 2012.

We are excited to confirm our plenary speakers for the meeting - our 2012 Harrison lecturer is Professor Lucinda Poston (King's College London), and Professor Gundmundur Johannsson (University of Gothenburg, Sweden) will present the Taft lecture. We are also delighted to welcome Professor Karen Knudsen (Thomas Jefferson University, USA) who will present a plenary and symposium talk on endocrine cancers.

We aim to include sessions of interest to all of our clinical and basic scientist members, with this year's Symposia covering: Mental health and Neuroendocrinology (joint with Neuroendocrinology Australasia); Endocrine genetics; Thermogenesis and metabolism; Health pregnancy-healthy baby (joint with SRB); Bone; Interventions to prevent diabetes (joint with ADS); Reproductive Cancer (joint with AWE) and Sleep and Circadian Rhythms. Basic and Clinical streams will run throughout the entire meeting.

The meeting also provides us the opportunity to recognise outstanding achievements by our members, and we invite you to visit the ESA website at <http://www.endocrinesociety.org>.

[au/awards.htm](#) for instructions on how to apply for the ESA-Novartis Junior Scientist award, Bryan Hudson-Mayne Pharma Clinical Award, Servier Young Investigator Award, ESA Mid-Career Research Award, or ESA Senior Plenary Award. Travel grants are also available to assist our student members to attend the meeting, and applications for all awards are due by June 15th, 2012.

On the social front, we have plenty of opportunities for networking, with the welcome function on Sunday and conference dinner on Tuesday evening. We particularly invite all students, their supervisors and researchers from trainee to Professor to take the opportunity to interact in a relaxed setting at the "Meeting of Minds" function, to be held at the Kurrawa Surf Lifesaving Club on Monday evening.

Abstract Submission Deadline: 15th June, 2012
Earlybird Registration Deadline: 26th June, 2012

Be sure to visit the ESA-SRB Website for more breaking news:

www.esa-srb.org.au

We look forward to seeing you on the Gold Coast!

Kathy Gatford (ESA POC chair)

Eileen McLaughlin, Charles Allan (SRB POC Co-chairs)

ESA MID-CAREER RESEARCH AWARD

The ESA is pleased to announce the Mid-Career Researcher Award, designed to recognise an outstanding mid-career researcher in endocrinology. The award comprises a plaque and 20-minute lecture at the Annual Scientific Meeting, and complimentary meeting registration.

Eligible applicants are active ESA members with five to 12 years' research experience post-higher degree (PhD, MD or FRACP) at the deadline of application (exceptions can be made for career interruptions). The winner must attend the ASM to present their lecture. The award will be made by a selection committee comprising the ESA Council members and the Chair of the ESA POC.

Applicants will be notified at the close of abstract submissions for the ASM, and the winner will be asked to provide an abstract for their lecture within three weeks of notification, to be included in the ASM Proceedings.

The ESA encourages all eligible members to apply for this new award.

Application Deadline: 23 May 2012

Please note: Applications must be sent **via email only**. Download the full instructions from: <http://www.endocrinesociety.org.au/awards.htm#mid>

ESA SENIOR PLENARY AWARD

This award recognises an outstanding research career in the field of Endocrinology in Australia. The award comprises a plaque and a plenary lecture at the Annual Scientific Meeting, and complimentary meeting registration.

Eligibility:

Active ESA member with extensive research experience, output and impact in any field of Endocrinology post-higher degree (PhD, MD or FRACP). The awardees must attend the ASM to present their lecture.

Deadline: 15th June 2012

Further details available from: <http://www.endocrinesociety.org.au/awards.htm#plenary>

ESA/IPSEN INTERNATIONAL TRAVEL GRANT REPORT

I would just like to take this opportunity to extend my thanks and gratitude to the Endocrine Society of Australia and IPSEN for providing me with an International Travel Grant. With this money I was able to attend the 15th World Congress of Gynecological Endocrinology in Florence, March 7-10th .

By attending this meeting I was fortunate to be selected as one of four Under 34 Year Old scientists recognised for outstanding work from over 300 abstracts submitted. As a selected winner I had the privilege of presenting my work in a plenary session with other world leading researchers in my field. It was a great experience that has subsequently resulted in future collaborative opportunities. My presentation focused on my data demonstrating the importance that epigenetics has in the regulation of intratumoural estrogen production in the breast tumour microenvironment.

The travel funds also allowed me to visit two collaborating groups in Europe. I visited the laboratories of Professor Axel Themmen and Associate Professor Els Berns at Erasmus MC in Rotterdam (Netherlands); and Professor Marit Bakke at the University of Bergen (Norway). During both visits I was fortunate to give Departmental Seminars and discuss my work with several other research groups at the respective institutes. My visits have strengthened our ongoing collaboration and it is hoped that future manuscripts will now be enhanced as a result.

Once again I would like to take this opportunity to share my appreciation to ESA and IPSEN for the travel funds to enhance my early career research.

Kevin Knowler

Senior Research Officer
Cancer Drug Discovery Laboratory
Prince Henry's Institute of Medical Research
<http://www.princehenrys.org/dr-kevin-knowler>



WE / ESA AUSTRALIAN WOMEN IN ENDOCRINOLOGY (AWE) 2012 TRAVEL AWARDS

Purpose: To provide financial support to younger women involved in Endocrine-related training and/or research who are presenting an abstract at the ENDO Meeting in Houston, Texas, USA 23rd – 26th June, 2012.

Website: <http://www.endo-society.org/endo2012/>

Eligibility: Preference is given to Postdoctoral trainees (first three years) and PhD students in their 3rd or 4th year of training at an Australian or New Zealand-based Institution. Depending upon sponsorship levels, applications will be considered from Post-Doctoral Trainees up to 5 years and PhD students.

Applicants must be the presenting author on an abstract accepted for presentation at the Endocrine Society meeting (USA).

Applicants must be current members of the Australasian Branch of Women in Endocrinology, with either financial membership of the ESA or NZSE.

For full information download the application form from:
<http://www.endocrinesociety.org.au/awards.htm#awe>

Deadline: Postmarked no later than **5.00pm, Friday, 27th April, 2012**

Further information contact:

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ESA SEMINAR MEETING, TORQUAY, VIC, APRIL 27-29, 2012

Following a very successful 2011 Seminar Weekend in Launceston, Tasmania, our forthcoming meeting will be the second in a curriculum cycle of 3 Seminar Weekends coordinated by a Victorian committee. The international speaker will be Professor Laurence Katznelson, from Stanford, California, who will bring the Plenary Lecture on Acromegaly; he will also be the expert Commentator in a new format session, Pituitary Masterclass, where three challenging pituitary cases will be presented. Local Endocrinology experts will present high quality talks on topics of relevance and recent acuity.

This year, we are also delighted to have Professor David deKretser, AO, take the 'Endocrinology and Society' Lecture titled, "From Endocrinology to Government House and Back". Additionally, he will make significant contributions at the parallel Scientific Program, a new initiative of the ESA Council; the scientific program committee is chaired by Dr Belinda Henry. We look forward to and welcome the scientists to this weekend – the co-location of clinicians and scientists should facilitate productive collaborative activities.

Other new initiatives include the Registrars' Quiz with prizes of free registration to the 2013 ESA Seminar Weekend, and

the definitive 3-volume Endocrinology textbook, by deGroot & Jameson, kindly sponsored by Amgen.

We are also grateful to Ipsen Pty Ltd and NovoNordisk for their generous sponsorship of our International Speaker.

NovoNordisk will also be sponsoring a delegate of 50 Endocrinologists from China to participate in the first half of our Clinical Seminar Weekend. We welcome this as a great opportunity to share Endocrinology expertise with our Chinese colleagues, for many of whom this will also represent their first visit to Australia.

To date, there are 242 clinical registrants, excluding trade representatives, making this the largest attendance in recent memory. Please visit our website www.esaseminar.org.au for full program and registration details. We look forward to seeing you in Torquay at the end April, for a well-crafted meeting that is once again proving to be overwhelmingly popular.

Rosemary Wong
ESA Seminar Weekend
Clinical Chair 2011-13

ESA BASIC SCIENCE WEEKEND 27-29TH APRIL 2012, TORQUAY, VICTORIA

This year ESA council has initiated a new basic science meeting to run concurrently with the very successful ESA Seminar Weekend. The Basic Science Weekend aims to provide an intimate meeting largely focussed on fostering mentorship for post-graduate students and early career scientists. In 2012, the Basic Science theme will be 'Reproductive Endocrinology'. The program will cover a number of exciting topics including plenary lectures from Professors David Grattan (University of Otago) and Evan Simpson (Prince Henry's Institute). In addition, a special session entitled "Early Career Research: Novel Techniques and Hot Topics" will showcase work from a number of younger ESA members.

The Basic Science Weekend will host a mentor workshop that will cover a range of topics from a number of eminent scientists. We are pleased to have Professor David deKretser, AO, who will present his experience in determining Career

Choices and Career Paths. In addition, Professors David Grattan, Lois Salamonsen, Iain Clarke and Dr Robert Gilchrist will share their experiences on publishing, obtaining funding and establishing a career in medical research. This will be an interactive session providing valuable knowledge to early- and mid-career researchers attending.

There has been a good reception to the meeting in the first year and we are very excited to present a new meeting to the ESA repertoire. Please visit our website www.esaseminar.org.au for the full program and registration details. We look forward to seeing everyone in Torquay in April at what is to be an engaging and stimulating meeting.

Belinda Henry
ESA Seminar Weekend
Basic Science Chair

ESA STRATEGIC PLAN

Our vision

To be recognised as the authoritative voice for Endocrinology in Australia and Southeast Asia

Our purpose

To educate about, engage in, and promote clinical practice and research in Endocrinology in the region and world-wide

Our values

To be knowledgeable, accessible, sustainable and committed

Our strategic directions

1. To maintain financial sustainability for the future
2. To promote the education of our current and future endocrinologists and endocrine researchers
3. To listen to our membership
4. To engage with our members, government bodies, funding bodies and the public to address and resolve issues that affect endocrinology and endocrine research
5. To promote the profile of the Endocrine Society of Australia
6. To ensure the governance of the society has continuity of knowledge and expertise

Key areas of Priority

1. Financial Sustainability

Objectives

- 1.1 Achieve a larger and more reliable income stream through investments, industry, bequests and conferences
- 1.2 Maintain a productive operating budget
- 1.3 Maintain long term financial sustainability of the scholarship program

2. Education

Objectives

- 2.1 Provide high quality conferences and meetings that attract international and national interest
- 2.2 Provide support for junior members, both clinical and basic scientists with membership, training, education and scholarships
- 2.3 Support continued training of high quality endocrinologists through work force planning and addressing issues affecting training

3. Internal Engagement: membership

Objectives

- 3.1 Hear the needs of our members
- 3.2 Retain and ensure sustainability of our expertise within the membership
- 3.3 Communicate and engage other endocrine based societies to increase membership both nationally and internationally
- 3.4 Ensure ESA members are assisting ESA to reach its objectives

4. External Engagement

Objectives

- 4.1 Engage consistently with the RACP for endocrinology training, secretariat business and endocrine advocacy

- 4.2 Engage with industry for sponsorship and financial sustainability
- 4.3 Engage with Government for addressing endocrine issues that affect ESA sustainability and profile
- 4.4 Engage with the NHMRC at every possible level to promote the funding of endocrine research, for endocrine advocacy and for the joint production of position statements
- 4.5 Engage with the public via the media to enhance the ESA profile and opportunities for bequests
- 4.6 Increase our presence and effectiveness on other boards and panels

5. Governance

Objectives

- 5.1 Maintain a highly skilled and motivated board
- 5.2 Source skilled, motivated and committed consultants with clearly defined roles to drive our objectives
- 5.3 Have the right committees with the right people to deliver strategic objectives
- 5.4 Educate board members in governance so our strategic ability and decision making is enhanced

6. Profile

Objectives

- 6.1 Promote Endocrinology within Australia via our branding
- 6.2 Provide education, networking opportunities and showcase our research
- 6.3 Promote our expert members both nationally and internationally
- 6.4 Be recognised as the authoritative voice for endocrinology, rare endocrine disorders and obesity in Australia and the region

REMINDER TO PAY YOUR SUBSCRIPTION DUES

ESA membership subscriptions are now due. Please ensure that the Secretariat has all the correct mailing and contact details, particularly email addresses, as we rely on these to maintain contact with you and keep you informed of ESA activities.

Membership to the ESA permits access to all meetings, obtaining membership registration, opportunity to apply for the various ESA awards/Travel Grants and the ESA newsletter. You may find it more convenient to use the online Annual subscription renewal form and secure credit card payment gateway. <https://www.endocrinesociety.org.au/members/index.cfm>

IMPORTANT DEADLINES:

ESA Mid Career Award	23rd May 2012
Abstract deadline	15th June 2012
Novartis Junior Scientist Award	15th June 2012
Servier Award	15th June 2012
ESA Bryan Hudson Clinical Endocrinology Award	15th June 2012
ESA Travel Grants	15th June 2012
ESA IPSEN International Travel Grant Award	1st August 2012
Council Nomination Form	25th May 2012

HOT TOPICS! RECENT PUBLICATIONS FROM ESA MEMBERS

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 summary to the newsletter editor, Nicolette.hodyl@adelaide.edu.au

Low Testosterone as an Independent Predictor of Mortality in Men with Chronic Liver Disease

Grossmann M, Hoermann R, Gani L, Chan I, Cheung A, Gow PJ, Li A, Zajac JD, Angus P. *Clin Endocrinol (Oxf)*. 2012 Jan 27. doi: 10.1111/j.1365-2265.2012.04347.x. [Epub ahead of print]

Low testosterone levels are found in 30–70% of men with chronic diseases such as diabetes, obstructive pulmonary disease or renal failure. The pathogenesis of low testosterone levels in men with chronic liver disease is complex and involves dysregulation of the hypothalamo-pituitary-gonadal axis (HPG) at multiple levels. The degree of HPG axis impairment correlates with the severity of the liver disease, and HPG axis dysfunction may improve with successful liver transplantation. Whether low testosterone levels predict mortality in men with chronic liver disease has not been studied. In this observational study of 171 men with chronic liver disease presenting for liver transplant evaluation, low serum testosterone levels predicted mortality independent of established prognostic markers, such as MELD, the standard score used to prioritize organ allocation, and serum sodium. Further studies should define how testosterone may best serve as a marker for both urgency and utility of liver transplant.

Prevalence and Predictors of Sexual Problems in Men Aged 75–95 Years: A Population-Based Study

Zoë Hyde, Leon Flicker, Graeme J. Hankey, Osvaldo P. Almeida, Keiran A. McCaul, S.A. Paul Chubb & Bu B. Yeap. *J Sex Med* 2012;9:442–453

Hypogonadism is associated with sexual dysfunction in young men, while in older men, sexual symptoms including erectile problems and changes in libido have recently been proposed as essential criteria for late-onset hypogonadism. However, the causes of sexual dysfunction in older men are not well-studied. In this longitudinal cohort study, Hyde and colleagues found that chronic disease, particularly cardiovascular disease and diabetes, was associated with the majority of sexual problems in men aged 75–95 years. Only low libido was associated with low testosterone, suggesting that androgen deficiency is unlikely to be a major cause of sexual problems in later life.

Hormone replacement therapy

Martha Hickey, Jane Elliott, Sonia Louise Davison, *BMJ* 2012;344:e763 doi: 10.1136/bmj.e763

This review article discusses the current role of hormone replacement therapy (HRT), its risks and benefits. This article is intended to educate health practitioners about management options for menopausal women. Menopause is a normal physiological event in women, occurring at a median age of 51 years. HRT contains oestrogen for relieving menopausal symptoms; for women who still have their uterus it is combined with a progestogen for endometrial protection. The oestrogen

(oestradiol, oestradiol 17 β , oestrone, or conjugated equine oestrogen) can be oral, intravaginal, or transdermal. The progestogen can be oral, transdermal, or delivered via an intrauterine device (Mirena, Bayer Schering). In HRT regimens the oestrogen is taken daily, with progestogen added either sequentially (cyclic regimen) or daily (continuous combined regimen) if it is needed. Tibolone is an oral synthetic steroid preparation with oestrogenic, androgenic, and progestogenic actions that can also be used as HRT. Testosterone can also be added to HRT.

Long-Term Persistence of Hormonal Adaptations to Weight Loss

Priya Sumithran, Luke A Prendergast, Elizabeth Delbridge, Katrina Purcell, Arthur Shulkes, Adamandia Kriketos, & Joseph Proietto. *N Engl J Med* 2011;365:1597-604.

In this study, fifty non-diabetic overweight or obese volunteers underwent a 10-week weight loss program using a very-low-energy diet. Thirty four participants completed the diet and 1 year follow-up period. Circulating concentrations of appetite-mediating hormones including leptin, ghrelin, peptide YY, glucose-dependent insulinotropic polypeptide, glucagon-like peptide-1, amylin, pancreatic polypeptide, cholecystokinin and insulin, and subjective ratings of appetite were examined at baseline, after initial weight loss, and at 1 year. 34 participants completed the study. Mean initial weight loss of 14% led to significant alterations in the circulating concentrations of most of the hormones studied, and subjective appetite, in a direction which would be expected to encourage weight regain. One year after initial weight loss, hormones and appetite remained significantly different from pre-weight loss values.

Screening for diabetes in patients with inflammatory rheumatological disease administered long-term prednisolone: a cross-sectional study

Morton G Burt, Venecia M Willenberg, Carolyn J Petersons, Malcolm D Smith, Michael J Ahern & Stephen N Stranks. *Rheumatology* (advance access February 12, 2012)

As endogenous glucocorticoids predominantly increase postprandial glucose, we hypothesized that fasting glucose would have poor sensitivity as a diagnostic test for diabetes in rheumatologic patients administered low dose prednisolone. We have demonstrated that mean fasting glucose concentration is significantly lower and post glucose-load glucose concentration higher in patients on long-term low dose prednisolone than in a matched control group. Therefore, fasting glucose has poor sensitivity as a screening test for diabetes in patients on long-term prednisolone and this large group of patients should be screened for diabetes using an oral glucose tolerance test. These findings also provide insight into the metabolic mechanisms that are perturbed by low dose glucocorticoid therapy and suggest a possible mechanism contributing to the increased cardiovascular risk in this patient group.

HOT TOPICS

RECENT PUBLICATIONS FROM ESA MEMBERS

Multicentric Carpotarsal Osteolysis Is Caused by Mutations Clustering in the Amino-Terminal Transcriptional Activation Domain of MAFB

Andreas Zankl*, Emma L. Duncan*, Paul J. Leo, Graeme R. Clark, Evgeny A. Glazov, Marie-Claude Addor, Troels Herlin, Chong Ae Kim, Bruno P. Leheup, Jim McGill, Steven McTaggart, Stephan Mittas, Anna L. Mitchell, Geert R. Mortier, Stephen P. Robertson, Marie Schroeder, Paulien Terhal, and Matthew A. Brown. *American Journal of Human Genetics*, 90, 494–501, March 9, 2012

(* Shared primary authorship)

This paper reports the identification of MafB as the mutated protein in multicentric carpotarsal osteolysis, a disabling disease causing profound bone resorption (with complete loss of carpal and tarsal bones) and, in many cases, progressive nephropathy resulting in endstage renal failure. Exome capture and next-generation sequencing were undertaken at the UQ Centre for Clinical Genomics at the UQ Diamantina Institute in five patients, identifying novel non-synonymous mutations in a very narrow area (<40 aminoacids) in MAFB in all cases, and then conventional sequencing was used to identify further mutations, also all found within this same narrow region, in a further 7 cases and two multi-generational families. The authors are now working out how these identified mutations result in the bone and renal disease.

Risedronate in adults with osteogenesis imperfecta type I: increased bone mineral density and decreased bone turnover, but high fracture rate persists

L.A. Bradbury, S. Barlow, F. Geoghegan, R.A. Hannon, S. L. Stuckey, J. A. H. Wass, R. G. G. Russell, M.A. Brown & E. L. Duncan. *Osteoporos Int* 23(1): 285-94.

This paper looked at the use of risedronate in adult patients with a osteogenesis imperfecta (OI) type I. Children with OI can benefit from bisphosphonates with improved BMD and fracture rate, but an important question is whether these positive outcomes are seen in adults also. Both this paper and a previous paper trialling alendronate showed that BMD can modestly increase in these patients. However, neither paper reported an improvement in fracture though neither study was powered for this outcome. Thus the usefulness of these medications in young and middle-aged adults with mild OI who usually have a low fracture incidence is not established; an important remaining question is whether these medications are of benefit in postmenopausal and more elderly patients with OI in whom fracture incidence increases again.

The fetoplacental unit, pregnancy pathology and impact on long term maternal health

Vicki L Clifton, Michael J Stark, Annette Osei-Kumah & Nicolette Hodyl. *Placenta*. 2012, 33, Suppl:S37-41.

This review article discusses alterations to maternal physiology that occur with pregnancy to accommodate the increased demands made by the developing fetus and placenta. These alterations appear at least in part to be driven by products derived from the fetoplacental unit, including microchimeric cells, as well as placental exosomes and microparticles, inducing changes to maternal physiology both during pregnancy and beyond. Further, increasing evidence suggests that some of these alterations are dependent on the sex of the fetus. Pre-eclampsia and asthma represent two common pregnancy complications that have provided valuable insight into how the fetoplacental unit influences maternal physiology in a sex-specific manner. Pregnancy-induced alterations in maternal physiology may expose pre-existing subclinical pathologies and provide insight into future maternal health and disease. While most pregnancy-induced alterations to the maternal system are reversed following delivery, some can persist after parturition leading to cardiovascular, metabolic and autoimmune disease and increased risk of early mortality.

MEMBERS ACHIEVEMENTS

Congratulations to **Professor Evan Simpson**, Prince Henry's Institute who was elected as a corresponding Fellow of the Royal Society of Edinburgh.

ANNUAL GENERAL MEETING

**The Annual General Meeting of ESA
will be held at Gold Coast Convention Centre
on Tuesday 28th August 2012.**

All members are encouraged to attend this meeting.

ANNOUNCING “ASSESSING FITNESS TO DRIVE 2012”

As many patients hold a driver licence, health professionals have an important role in supporting road safety through their management of fitness to drive.

The National Transport Commission and Austroads are pleased to announce the release of Assessing Fitness to Drive, the 2012 revised national medical standards for driver licensing. Assessing Fitness to Drive has been extensively revised, drawing on recent research and expert opinion on the impact of various chronic medical conditions on driving.

Key changes to medical criteria

The key changes to specific chapters are described in a comprehensive report available on the Austroads website, however notable changes relating to diabetes include:

- an increased focus on severe hypoglycaemic events and lack of hypoglycaemia awareness as particular risks to driving, with improved guidance regarding their recognition and management
- an allowance for commercial drivers treated with metformin to be reviewed for licensing purposes by their general practitioner, with the agreement of their specialist – this seeks to address the logistical difficulties often encountered in accessing specialists, but also acknowledges that routine management of these patients is often undertaken by the general practitioner
- recognition of comorbidities that may also impact on fitness to drive including sleep apnoea, peripheral neuropathy, visual fields and cardiovascular disease
- inclusion of a flow chart to help guide management through the progressive stages of the disease.

Supporting resources for health professionals and patients

Links to various supporting information can be found on the Austroads website www.austroads.com.au, including a fact sheet to assist communication with patients regarding their fitness to drive and their responsibilities to report to the driver licensing authority.

Online training for health professionals is also available via the SafeDrive Medical course – this can be accessed via the Vic Roads website (<http://safedrivedmedical.vicroads.vic.gov.au/>).

Availability and application

The 2012 edition of Assessing Fitness to Drive has been signed into force by all state, territory and federal ministers of transport and is effective from 1 March 2012.

The publication is being distributed by Austroads to all GP's and relevant medical specialists including diabetes specialists, and to relevant allied health professionals. Copies can also be purchased online via the Austroads website www.austroads.com.au which will host an electronic version of the book.

The standards aim to ensure that all health professionals are aware of the road safety implications of medical conditions, and that they understand the licensing authority systems for managing medically at-risk drivers. All health professionals are encouraged to refer to the standards when considering their patients fitness to drive. This will help to ensure that patients are assessed and managed consistently, and will support road safety.

ESA CLINICAL WEEKEND 2012

The 2012 Endocrine Society of Australia Annual Clinical Weekend Meeting will be held from Friday 24th - Sunday 26th August at the Peppers Salt Resort and Spa, situated in Kingscliff, New South Wales. Like previous years the Clinical Weekend will feature exciting case study submissions. All Endocrine Advanced Trainees are invited to present a clinical case at this year's Clinical Weekend.

Case submissions deadline: 15th May, 2012

Earlybird Registration Deadline: 8th June, 2012

Be sure to visit the ESA Clinical Weekend Website for more information:

www.esaclinicalweekend.org.au

I Look forward to seeing you all in sunny Kingscliff!

Emily Mackenzie

(ESA Clinical Weekend Chair)

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
 Merck Serono

KEN FERGUSON, 1921-2011

ESA foundation member (1958); awarded Life membership in 1982

Ken Ferguson had a 43-year career in the CSIRO and helped to produce key scientific discoveries concerning wool growth, animal nutrition, protein chemistry and clinical endocrinology.

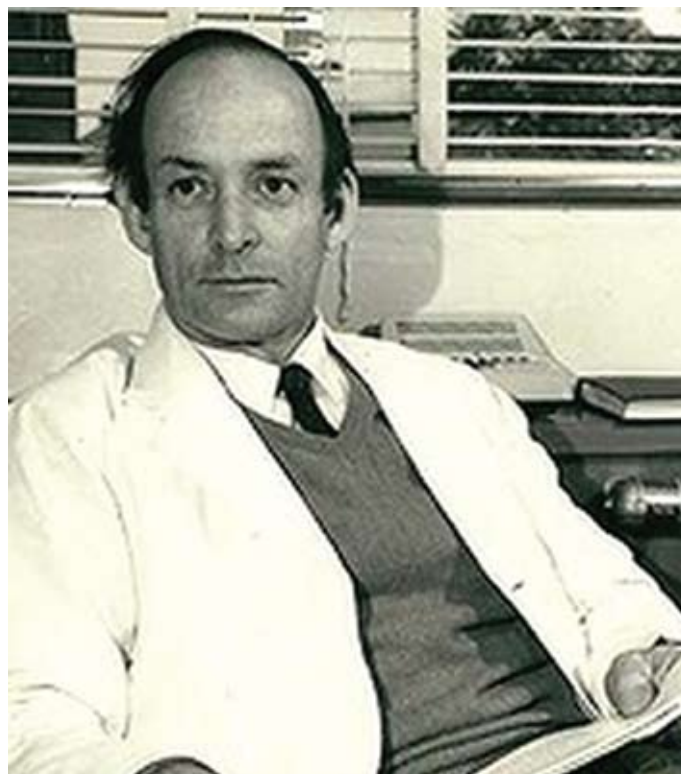
In his early studies, Ferguson was one of the first people to recognise that pituitary hormones are species-specific and that human hormones would be needed in clinical studies. Consequently, in 1964, he began a 20-year clinical collaboration with Professor Leslie Lazarus and Dr Margaret Stuart of the Garvan Institute of Medical Research on human growth hormone and growth promoting factors.

Kenneth Adie Ferguson was born on April 6, 1921, in Sydney, the third son of Eustace Ferguson, a pathologist, and his wife, Jessie (nee Perry). Eustace was noted as an amateur entomologist and his brother, Sir John Ferguson, was famous for his collection of Australiana, now housed in the Ferguson room of the National Library. Four of Ken's siblings became medical practitioners and one, David, was the founding professor of occupational health at the University of Sydney.

In 1968, Ferguson became officer in charge of the CSIRO division of animal physiology at Prospect, then chairman of the animal research laboratories in 1973 and, from 1978 until his retirement in 1986, he was director of the CSIRO institute of animal and food sciences. Ferguson was also one of the founders of the Endocrine Society of Australia, and was its president from 1972 to 1974.

He was elected as a fellow of the Australian Academy of Technological Sciences and Engineering and the Australian College of Veterinary Scientists. In 2001, he was awarded an Australian Centenary Medal.

In retirement, Ferguson continued with research, focusing on the assessment of selection methods to improve wool. He analysed data from the long-term CSIRO selection system trials, concluding that this approach had not resulted in the desired improvements in fleece weight or quality. This confirmed the implications of earlier research that superior merino fleece selection could not be explained or gained by quantitative genetic theory.



Ferguson also collaborated with Dr Jim Watts, a former CSIRO scientist, who was implementing a merino selection system, known as "soft rolling skin", based on this discovery, and helped in demonstrating the superiority of merinos selected by this method.

Kenneth Ferguson is survived by Helen, five children, 15 grandchildren and three great-grandchildren.

ESA WELCOMES NEW MEMBERS

Ghazaleh Ahmadi	Aimee Hayes	Kirthi Menon	Himali Suwandarathne
Zoran Apostoloski	Lili Huang	Mohammad Mir	Arianne Sweeting
Santhi Chalasani	Ishrat jahan	Hanh Nguyen	Geetha Theverkalam
Dilantha De Alwis	Pinar Kozan	Veronica Preda	Harish Venugopal
Bet De Groef	Chao Lin	Marni Roberts	Ying Wan
Samantha Donaldson	C. Machingaidzc	Nicholas Russell	Boon Woo
Lauren Giorgio	Natalie Marijanovic	Soulmaz Shorakae	Caitlin Wyrwoll
Jenna Haverfield	Shannon McCarthy	Mark Sleeman	

FUTURE MEETINGS**2012****27 - 29 April 2012**

ESA Seminar now including basic science stream
Peppers "The Sands" Torquay, VIC
www.esaseminar.org.au

5-9 May 2012

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

6-9 May 2012

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

19-23 May 2012

2012 European Calcified Tissue Society 39th
Annual Conference
Stockholm, Sweden
Website: www.ectscongress.org/2012/

23-26 June 2012

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

27-30 June 2012

5th Int'l Workshop on Advances in the Molecular
Pharmacology & Therapeutics of Bone Disease
Oxford, UK
Website: www.oxfordbonepharm.org/

19-21 July 2012

The 30th Annual meeting of JSBMR
Tokyo, Japan
Website: jsbmr.umin.jp/eng/

24-26 August 2012

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

26-29 August 2012

ESA/SRB Combined Annual Scientific Meeting
Gold Coast Exhibition and Convention Centre
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

12-15 October 2012

ASBMR 2012 Annual Meeting
Minneapolis, Minnesota, USA
Website: www.asbmr.org

25-29 November 2012

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

2013**23-26 February 2012**

10th International Congress of Andrology "Global
Andrology & Mens Health: Present Challenges for
Future Generations"
Melbourne, Australia
Website: www.ica2013.com

17 - 20 April 2013

European Congress on Osteoporosis &
Osteoarthritis (ECCEO13-IOF)
Rome, Italy
Website: www.iofbonehealth.org/meetings-events.html

28 May - 1 Jun 2013

2nd Joint Meeting of the IBMS and the JSBMR
Kobe - Japan
Website: www.ibmsonline.org/

25-28 August 2013

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

8-11 September 2013

23rd ANZBMS Annual Scientific Meeting
Melbourne
Website: www.anzbms.org.au

4-8 October 2013

ASBMR Annual Meeting
Baltimore, Maryland, USA
Website: www.asbmr.org

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