November 2012

ESA news

THE ENDOCRINE SOCIETY OF AUSTRALIA NEWSLETTER

Important Items in this edition

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FROM THE

PRESIDENT

It is a great honour for me to be President of Endocrine Society of Australia, following in the distinguished company of my predecessors in the role. Much of the recent progress of our Society can be attributed to the diligence and vision of our Past-President Associate Professor Vicki Clifton. I have certainly learnt a lot from her over the last 2 years and would like to formally thank her for her tremendous contribution on your behalf. I would also like to thank the outgoing ESA Councillor Professor Evan Simpson and welcome the incoming Councillors (Drs. Ashim Sinha and Morton Burt) and a new office bearer, President-Elect Professor Helena Teede. Associate Professors Tim Cole and Warrick Inder have been reappointed as secretary and Treasurer and Secretary, respectively.

The ESA is certainly in sound financial and scientific shape meaning we are able to offer ESA Postgraduate Scholarships and Fellowships for the first time. Ten Scholarship and seven Fellowship applications have been received and it is hoped more can be offered in subsequent years. We have weathered the financial markets well, due to realignment of our portfolio a couple of years ago and a review of the management of our Asgard investment account. Thanks to the hard work and prudent stewardship of our Treasurer, Associate Professor Warrick Inder, ESA has now accumulated $1.148 million. This will soon be boosted by the addition of the benefaction from the estate of ESA Founder, Dr Ken Wynne, of about $500,000, which will be "ring-fenced" and invested to provide ongoing research funds. I also plan to see if ESA can leverage additional clinical research funds by forming a partnership with the RACP Research and Education Foundation.

You may receive invitations to participate in the NHMRC grant review process as a GRP member or Academy member. I would encourage you to accept to support the discipline of Endocrinology. We have sent a conjoint letter with ADS, APEG, ANZBMS to Prof Warwick Anderson to avoid scheduling of the Endocrine and Diabetes GRPs at the same time as the Annual Scientific Meetings in 2013.

ESA Council members met early in November 2012 to assess progress of our strategic plan for ESA. A lot has already been achieved including an Annual Report, soon to be completed and a comprehensively revised ESA manual for ESA Board members.

We plan to update our position statements on the ESA website for reference by both health professionals and the public. President-Elect Professor Helena Teede will be overseeing this aspect of our strategy if you are interested in participating. In addition, a new and innovative 21st century ESA website is being developed. Perhaps controversially, ESA Council has also resolved to investigate a new design for the ESA logo and expect to hear more about the process for this soon. ESA council is also investigating a partnership with the scientific Journal, Clinical Endocrinology, which would allow publishing of ESA abstracts in the Journal, free on-line access to the Journal and, possibly, reduced page costs for publishing for ESA members. This partnership would increase the international exposure of our Society.

Many aspects of our strategy require continual management and Council are discussing the possibility of employing a part-time project manager to improve our engagement with ESA members, industry, media and the public. Senior members of our Society may also be called to offer expertise for particular tasks.

The parallel Basic Science Weekend will continue to be aligned to the Seminar Weekend in April 2013. This weekend is targeted towards early career researchers. We congratulate Dr. Ann McCormack on her appointment as the Chair of the ESA POC for the next three years. She has amassed an impressive Committee to support her. Professor Jerry Greenfield will be organising the 2013 ESA Clinical Weekend.

It is with great sadness that ESA Council notes the passing of long-standing ESA members Professor David Healy and Professor Rob Sutherland.

I look forward to working with you all to advance the ESA over the next two years.

Professor Peter Ebeling

SEMINAR MEETING 2012

Clinical – Rosemary Wong

This was the second of a 3-year cycle in the curriculum that was convened by the current organizing committee. A highly successful ESA Seminar Weekend was held with a record 321 registrants (253 Clinical, 23 Trade, 45 Basic Science), and international speaker, Prof Lawrence Katznelson from Stanford, CA, who brought the Plenary Lecture on *"Acromegaly"*. He was also the expert commentator in a "Pituitary Masterclass". Prof David deKretser's talk, *"From Endocrinology to Government House and back"* was very well received and he was also able to participate in the Basic Science program. It was a special highlight to have been able to celebrate Prof deKretser's birthday at the Conference Dinner. Another item we introduced last year which again proved highly popular was the Registrars' Quiz and valuable Prizes were won.

Delegate feedback showed a very good/excellent combined rating close to 90%.

Financially, this conference was very successful with a profit of $50,897.27, contributed to by the 48 Chinese delegates sponsored by NovoNordisk, as well as a good level of other trade support.

The 2013 ESA Seminar Meeting is planned for 5-7 April, at the Novotel Twin Waters, Sunshine Coast. Prof Dolores Schoback, from the University of California, San Francisco, a leading international expert in metabolic bone disease, is to give her final confirmation of acceptance to be the Plenary Speaker, the theme being Osteoporosis and Metabolic Bone Disease. It is also intended that there will be a joint Clinical/Basic Science talk given by Prof Schoback.

We anticipate another extremely well-subscribed meeting in 2013.

Basic Science stream – Belinda Henry

The basic science stream of the seminar weekend incorporated the theme "Reproductive Endocrinology". We attracted a good number of registrants (45) for the first year after this scheme has been reintroduced to ESA's annual meeting repertoire. Participant feedback of the meeting was very positive and overall it was a successful, interesting and engaging weekend. In particular, we would like to thank our plenary speakers Prof David Grattan (University of Otago, NZ) and Prof Evan Simpson (Prince Henry's Institute). Furthermore, the mentor workshop was considered to be a major highlight of the weekend and was motivating and informative for students and ECR members. We would like to thank those that were involved including Prof David deKrester, Prof Dave Grattan, Prof Lois Salamonsen, Prof Iain Clarke and A/Prof Robert Gilchrist. Due to the positive reception of the mentor workshop this will be a major feature of the 2013 program. In 2013 we will highlight the theme "Endocrine regulation of obesity and metabolism" and we look forward to interacting with the clinical program through a joint plenary lecture. The program will incorporate a social event across Saturday afternoon to foster networking. In addition, we will welcome Prof Chen Chen to the organising committee for the 2013 meeting that will be held at the Sunshine Coast in April.

Belinda Henry, Tim Cole, Nicolette Hodyl and Evan Simpson

CLINICAL WEEKEND

The Clinical Weekend was a great success, with glorious weather greeting us. Registration was closed more than a week before the meeting as we had exceeded the 250 seat capacity of the venue.

Prof Gudmundar Johannsson

Prof Karen Lam

Prof Gudmundar Johannsson from Gothenberg, Sweden gave a thought-provoking plenary on glucocorticoid replacement and the ways in which this might be improved for better patient outcomes. He offered great insights also during the case presentation sessions.

Prof Karen Lam from Queen Mary Hospital and University of Hong Kong was able only to attend the second day of the meeting, but her plenary gave a fascinating insight into obesity and diabetes research she is undertaking in Hong Kong.

The standard of presentations by the registrars was again very high and those selected to present represented only a fraction of the superb abstracts submitted.

Congratulations go to Jade Tamatea, whose discussion of AIMAH won her the registrar award in a unanimous decision by the judges.

Thanks go to all who helped, to the sponsors for their generous support and to ASN who kept the meeting running smoothly.

Emily Mackenzie

ESA 2013 MEETINGS

ESA Seminar Meeting 2013
5-7 April, Novotel Twin Waters, Maroochydore, QLD
Website: http://www.esaseminar.org.au/

ESA Clinical Weekend 2013
23-25 August, Manly Pacific, Sydney
Website : http://www.esaclinicalweekend.org.au/

ESA/SRB ASM 2013
25-28 August, Sydney Convention Centre
Website: http://www.esa-srb.org.au/

CONGRATULATIONS TO ESA AWARD WINNERS

Servier Award
Dr Priya Sumithran

ESA Mid-Career Award
Dr Emma Duncan

ESA Senior Plenary Award
Professor Gail Risbridger

Novartis Award
Patrick Candy

Bryan Hudson Clinical Endocrinology Award
Caroline Jung

ESA/IPSEN International Travel Grant
Christopher Yates – International
Dana Briggs – European
Shyuan Ngo - International
Sarah To – International

Patrick Candy

Dr Emma Duncan

Caroline Jung

Dana Briggs

Sarah To

Shyuan Ngo

Priya Sumithran

Gail Risbridger

CONGRATULATIONS TO ESA NEW LIFE MEMBERS

Roger Smith
with Vicki Clifton

Garry Warne

Evan Simpson

ESA WELCOMES NEW MEMBERS

Natalie Aboustate
Zainab Ali
Sara Al-Musawi
Suresh Athiappan Palanisamy
Sarah Catford
Daniela Chan
Chellamuthu Chandrasekar
Jaesung Choi
Marlos Dekker
Natasha Deters
Thomas Dover
Philippe Dupuis
Monika Fazekas
Denumu Hewagalamulage
Cynthia Gonzales
Durgesh Gowda
Seungmin Ham
Tripti Joshi
Vethanjaly Khokulan
Kevin Lee
Christopher Ley
Min Ling
Vicki Maltby
Anish Menon
Ameet Mishra
Mary Morland Parkin
Issam Nuteir
Negar Naderpoor
Hang Nguyen
May Ong
Lorraine Pereira
Channa Perera
Gaurav Puri
Jyothsna Rao
Karen Rothacker
Koomulliparambil
Sahadudheen
Sonia Saxena
Nandini Shankara-Narayana
Michael Sinclair
Jayanta Singharay
Rajini Sreenivasan
Jade Tamatea
Hwee Tan
Stephanie Teasdale
Patrick Thomas
Anne Trinh
Tamara Varcoe
Sofia Velosa
Clare Whitehead
Eliza Whiteside
Jennifer Woo
Amy Wooldridge
Xinli Zhang

ESA IPSEN INTERNATIONAL TRAVEL GRANT AWARD 2013

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 2013.
One award of $3500 will be awarded to assist with the costs of international travel - Deadline 1st March 2013
One award of $3500 will be awarded to assist with the costs of international travel - Deadline 1st August 2013
Visit ESA website: http://www.endocrinesociety.org.au/awards.htm#ipsen

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

Ghrelin regulates the hypothalamic-pituitary-adrenal axis and restricts anxiety after acute stress
Sarah Spencer, Lu Xu, Melanie Clarke, Moyra Lemus, Alex Reichenbach, Bram Geenen, Tamas Kozicz & Zane Andrews
Biological Psychiatry 2012 Sep 15;72(6):457-65.

Ghrelin is a stomach hormone that stimulates appetite and adiposity. In this study, the authors extend the known functions of ghrelin and show for the first time that ghrelin restricts anxiety after an acute stress. To achieve this, ghrelin knockout mice were used with a novel ghrelin receptor GFP reporter mouse. Ghrelin was demonstrated to influence the hypothalamic-pituitary-adrenal stress axis by activating ghrelin receptors in the anterior pituitary. Ghrelin also engaged a novel brain circuit involving ghrelin receptor activation of urocortin-1 neurons in the centrally projecting Edinger Westphal nucleus. From an evolutionary standpoint, the authors suggest that ghrelin restricts anxiety during acute stress to facilitate food-seeking behaviour.

Growth Hormone Secretagogues Protect Mouse Cardiomyocytes from in vitro ischemia/Reperfusion Injury through Regulation of Intracellular Calcium
Yi Ma, Lin Zhang, Joshua N Edwards, Bradley S Launikonis & Chen Chen
Plos One, 7(4): e35265

Ischemic heart disease is a leading cause of mortality. To study this disease, ischemia/reperfusion (I/R) models are widely used to mimic the process of transient blockage and subsequent recovery of cardiac coronary blood supply. The aim of this study was to determine whether the presence of the growth hormone secretagogues, ghrelin and hexarelin, would protect/improve the function of heart from ischaemia/reperfusion injury and to examine the underlying mechanisms. Results show that through activation of GHS-R1a, ghrelin and hexarelin produced a positive inotropic effect on ischemic cardiomyocytes and protected them from I/R injury probably by protecting or recovering p-PLB (and therefore SR Ca2+ content) to allow the maintenance or recovery of normal cardiac contractility. These observations provide supporting evidence for the potential therapeutic application of ghrelin and hexarelin in patients with cardiac I/R injury.

The Importance of Measuring Ionized Calcium in Characterizing Calcium Status and Diagnosing Primary Hyperparathyroidism
Ong GSY, Walsh JP, Stuckey BGA, Brown SJ, Rossi E, Ng JL, Nguyen HH, Kent GN &Mun Lim E.
JCEM 2012 97: 3138-3145

Total calcium measurement is widely utilised for diagnosis as a surrogate marker for the biologically active ionised fraction. Yet total calcium does not always concur with directly measured ionised calcium in classifying calcium status. Their utility was investigated in diagnosing primary hyperparathyroidism in a cohort attending a laboratory for calcium metabolism biochemical tests and a different cohort with resected parathyroid disease. Results indicated that 41% with biochemical primary hyperparathyroidism in the Biochemistry cohort and 24% in the cohort with histologically proven parathyroid disease had initially presented with ionised hypercalcaemia alone. It is likely they had milder disease (lower median PTH, calcium and smaller excised solitary adenomas) than patients with concurrent total and ionised hypercalcaemia. The authors suggest that if suspecting primary hyperparathyroidism, and total calcium is within reference limits, ionised calcium is a useful test.

Acute effect of calcium citrate on serum calcium and cardiovascular function
Burt MG, Mangelsdorf BL, Srivastava D, Petersons CJ.
J Bone Miner Res. 2012 Sep 18. doi: 10.1002/jbmr.1761 (epub ahead of print)

This study investigated whether the acute rise in serum calcium following calcium supplement administration causes adverse changes in cardiovascular function. We studied 25 volunteers before and 3 hours after a single oral dose of 1000 mg calcium citrate. Total and ionized serum calcium were increased by 0.10±0.07 ($p<0.0001$) and 0.06±0.03 ($p<0.0001$) mmol/l respectively after 3 hours. Following administration of calcium citrate there was a fall in augmentation index from 29.7% (23.8-34.0) to 26.4% (22.7-34.0, $p=0.03$) and increase in subendocardial viability ratio from 163% (148-174) to 170% (149-185, $p=0.007$). Pulse wave velocity and reactive hyperemia index were not significantly altered. Acute serum calcium-mediated changes in these parameters of cardiovascular function are unlikely to underlie an association between calcium supplementation and cardiovascular events.

Age-Related Changes in Thyroid Function: A Longitudinal Study of a Community-Based Cohort
Alexandra P. Bremner, Peter Feddema, Peter J. Leedman, Suzanne J. Brown, John P. Beilby, Ee Mun Lim, Scott G. Wilson, Peter C. O'Leary, and John P. Walsh
J Clin Endocrinol Metab 97: 1554–1562, 2012

Cross-sectional studies have shown that TSH increases with age, but the mechanism and significance of this is unclear. In this 13 year longitudinal analysis of 908 Busselton Thyroid Study participants with no evidence of thyroid disease, aging was associated with an increase in serum TSH concentrations, with no change in free T4 concentrations. The largest TSH increases were in people with the lowest TSH concentrations at baseline and those who were oldest. This suggests that the age-related increase in TSH concentrations arises from an altered TSH set point or reduced TSH bioactivity rather than from occult thyroid disease.

HOT TOPICS
RECENT PUBLICATIONS FROM ESA MEMBERS

Subclinical Hyperthyroidism and the Risk of Coronary Heart Disease and Mortality

Tinh-Hai Collet, Jacobijn Gussekloo, Douglas C. Bauer, Wendy P. *J. den Elzen et al*
Arch Intern Med. 2012; 172:799-809

The health impact of subclinical hyperthyroidism is uncertain. In this study of pooled individual data from 52,674 participants in 10 cohorts (including the Busselton Thyroid Study), subclinical hyperthyroidism was associated with increased total mortality, coronary heart disease mortality and incident atrial fibrillation. The highest risks were in participants with baseline TSH less than 0.1mU/L.

Age-specific TSH reference ranges have minimal impact on the diagnosis of thyroid dysfunction

Kalani M Kahapola-Arachchige, Narelle Hadlow, Robert Wardrop, Ee M Lim & John P Walsh
Clinical Endocrinology (2012) 77, 773–779

The use of age-related reference ranges for TSH has been advocated, but the impact of this on diagnosis of thyroid dysfunction is unclear. This study analysed 148,938 consecutive TSH results from a single pathology provider from participants with no evidence of thyroid disease and derived TSH reference ranges for 5 year age bands. Then 120 samples were reanalysed using three other TSH platforms to examine precision and bias. The use of age-related reference ranges on thyroid status was minimal (0.1-1.9% reclassification) except in participants aged 85 years or more (2.1-4.7% reclassification). On comparing TSH methods, there were intermethod differences of ~1 mU/L at 4.0 mU/L, which might affect clinical decision making. Better harmonisation of TSH assays may be a more pressing priority than implementation of age-related reference ranges.

Higher Free Thyroxine Levels Predict Increased Incidence of Dementia in Older Men: The Health in Men Study

Bu B Yeap, Helman Alfonso, SA Paul Chubb, Gaurav Puri, Graeme J Hankey, Leon Flicker & Osvaldo P Almeida
J Clin Endocrinol Metab. 2012 Sep 13 [Epub ahead of print]

This study documents an analysis from the Western Australian Health In Men Study of 3,401 men aged 70-89 years who were free of dementia at baseline. During a median follow-up of 5.9 years, 145 men (4.3%) were diagnosed for the first time with dementia. In multivariate logistic regression analyses, higher free thyroxine (FT4) levels predicted increased incidence of dementia (11% increase per 1 pmol/L FT4; highest three quartiles vs. lowest quartile: adjusted hazard ratio 1.76, 95% confidence interval 1.03–3.00). Similar results were found when the analyses were restricted to euthyroid men (excluding any men with subclinical hyper- or hypo-thyroidism). TSH was not associated with new-onset dementia. These findings suggest that exposure to high-normal levels of FT4 are associated with adverse health outcomes in ageing men, specifically with increased incidence of dementia. Further research is needed to clarify the role of thyroid function testing in assessing health risks in older men, and to explore underlying mechanisms and potential pathways for intervention.

Born with low birth weight in rural Southern India: what are the metabolic consequences 20 years later?

Nihal Thomas, Louise G Grunnet, Pernille Poulsen et al
European Journal of Endocrinology (2012) 166, 647–655

Low birth weight (LBW) is common in the Indian population and may represent an important predisposing factor for type 2 diabetes (T2D) and the metabolic syndrome. In this study, the metabolic impact of being born with LBW in a rural non-migrant Indian population was assessed in 117 non-migrant, young healthy men born in Southern India. Results indicated that men with LBW were significantly shorter, lighter and had a reduced lean body mass compared with controls. Five LBW subjects had impaired glucose tolerance. In vivo insulin secretion and peripheral insulin action were unaffected by birth weight. Mothers of the LBW subjects were shorter than control mothers. Only subtle features of the metabolic syndrome and changes in body composition among LBW rural Indians were found. Whether other factors such as urbanisation and ageing may unmask more severe metabolic abnormalities may require a long-term follow-up.

Serum testosterone, dihydrotestosterone and estradiol concentrations in older men self-reporting very good health: the healthy man study

Sartorius G, Spasevska S, Idan A, Turner L, Forbes E, Zamojska A, Allan CA, Ly LP, Conway AJ, McLachlan RI, Handelsman DJ.
Clin Endocrinol (Oxf). 2012 Nov;77(5):755-63.

Men (n=325), 40 years and older who self-reported very good or excellent health were included in this study to determine serum concentrations, intra-individual variability and impact of age-related co-morbidities on serum testosterone (T), dihydrotestosterone (DHT), estradiol (E2) and estrone (E1). Mean serum T did not vary with age, but obesity and ex-smoker status had significant effects. Serum DHT was increased with age, but decreased with obesity. Serum E2 did not vary with age or obesity. Overnight fasting increased and reduced variability in morning serum T, DHT, E2 and E1. Non-fasting serum T and DHT were stable over time (day, week, month or 3 month). Serum T, DHT and E2 displayed no decrease associated with age among men over 40 years of age who self-report very good or excellent health although obesity and ex-smoking status were associated with decreased serum androgens (T, DHT) but not E2. These findings support the interpretation that the age-related decline in blood T accompanying non-specific symptoms in older men may be due accumulating age-related co-morbidities rather than a symptomatic androgen deficiency state.

HOT TOPICS
RECENT PUBLICATIONS FROM ESA MEMBERS

Androgen Resistance in Female Mice Increases Susceptibility to DMBA-Induced Mammary Tumors
Ulla Simanainen, Yan Ru Gao, Kirsty A. Walters, Geoff Watson, Reena Desai, Mark Jimenez & David J. Handelsman
Horm Canc (2012) 3:113–124

Hormones, notably estrogens, are pivotal in the origins of breast cancer but androgenic effects, while supported by persistence of AR expression in breast cancers, remain controversial. This study determined the role of the androgen actions via androgen receptor (AR) in experimental mammary cancer using androgen resistant female and male ARKO mice. The onset of palpable mammary tumors was significantly faster in ARKO females compared to WT and independent of the mouse genetic background. The increased DMBA susceptibility of ARKO females was associated with a higher epithelial proliferation index but not with major structural or receptor (estrogen or progesterone) expression differences between the virgin WT or ARKO female mammary glands. AR inactivation allowed substantial ductal extension in ARKO males while WT males displayed only rudimentary epithelial branches or complete regression of epithelial structures. Yet, DMBA did not induce epithelial mammary tumors in WT or ARKO males, demonstrating that AR inactivation alone is insufficient to promote mammary tumors. These results demonstrate that AR inactivation accelerates mammary carcinogenesis in female mice exposed to the chemical carcinogen DMBA regardless of mouse genetic background but require prior exposure to endogenous ovarian hormones.

The Decline in Pulsatile GH Secretion throughout Early Adulthood in Mice Is Exacerbated by Dietary-Induced Weight Gain
L Huang, FJ Steyn, HY Tan, TY Xie, JD Veldhuis, ST Ngo & C Chen
Endocrinology. 2012 Sep;153(9):4380-8.

The transition between puberty and adulthood is accompanied by a slowing in linear growth. Early adulthood coincides with a reduction in circulating levels of GH. To this extent, a pathological decline in post-pubertal GH secretion is detrimental to attainment of peak lean muscle mass and bone mass and promotes adiposity and increases susceptibility to the development of obesity in adulthood. Here we characterized pulsatile GH secretion in C57BL/6J mice at 12 and 16 wk of age showing age-associated decline. Dietary intervention with high-fat feeding at 8wk of age results in a significant increase in adiposity, the development of glucose intolerance, and hyper-insulinemia. We show the exacerbation of the age-associated decline in pulsatile GH secretion in high-fat-fed mice after 4 wk of dietary intervention (at 12 wk of age), and a further suppression of pulsatile GH secretion by 8 wk of dietary intervention (at 16 wk of age). We also observed increased hepatic triglyceride content and an eventual decrease in circulating levels of IGF-I. Given the established role of GH in maintaining healthy aging, we anticipate that an advancing of the age-associated decline in pulsatile GH secretion as a consequence of dietary-induced weight gain may have long-term ramifications on adult health.

Abdominal fat analyzed by DEXA scan reflects visceral body fat and improves the phenotype description and the assessment of metabolic risk in mice
Weiyi Chen, Jenny L Wilson, Mohammad Khaksari, Michael A Cowley & Pablo J Enriori
Am J Physiol Endocrinol Metab 303: E635–E643

Clinical studies have demonstrated a strong relationship between visceral fat content and metabolic diseases, such as type 2 diabetes and liver steatosis. Obese mouse models are an excellent tool to study metabolic diseases; however, there are limited methods for the noninvasive measurement of fat distribution in mice. Dual energy X-ray absorptiometry (DEXA) is an effective method in characterizing fat content; however, it cannot discriminate between visceral and subcutaneous fat depots. In this study, the authors evaluate abdominal fat content measured by DEXA through the selection of one localized abdominal area. DEXA was able to measure fat pad volume ex vivo with high accuracy; however, the measurement of visceral fat in vivo shows an overestimation caused by subcutaneous tissue interference. The utility of this technique was demonstrated in characterizing phenotypes of several obese mouse models (ob/ob, db/db, MC4R-KO, and DIO) and evaluating the effect of treatments on visceral fat content in longitudinal studies. Additionally, abdominal obesity was established as a potential biomarker for metabolic abnormalities (liver fat accumulation, insulin resistance/diabetes) in mice, similar to that described in humans.

VALE PROFESSOR DAVID LINDSAY HEALY

BMedSci MBBS (Hons) PhD FRANZCOG FRCOG CREI

Professor David Healy, Chairman of the Department of Obstetrics and Gynaecology, Monash University, passed away from cancer on 25th May 2012, aged 63.

David was a distinguished Monash alumnus who was a passionate champion for women's reproductive rights in Australia and overseas. His leadership, vision and persuasiveness will be dearly missed by all who were fortunate to know him.

From his high school days in Murrumbeena in Melbourne, David stood out from the crowd. The youngest of his siblings, it was clear to his family that David was destined for a life of achievement. Gaining a scholarship to study medicine at the very new Monash University, David excelled as an undergraduate, graduating with a BMedSci (Hons) in 1971 and a MBBS (Hons) in 1973. It was perhaps his PhD (1979), on Human Prolactin Physiology that he undertook with Henry Burger at Prince Henry's Hospital in Melbourne, that probably shaped David's subsequent career as a clinician scientist. With Burger's mentorship and support, David won a highly prestigious NHMRC Applied Health Science Fellow allowing him to gain further research training overseas at the National Institute of Health's Pregnancy Research Branch in Bethesda, Maryland, USA and then at the MRC Centre for Reproductive Biology, Edinburgh.

In 1985 he returned to Australia as a young specialist obstetrician and gynaecologist, taking up an appointment as a consultant at the Queen Victoria Medical Centre in Melbourne and as a Senior Lecturer with Monash University's IVF Program under the university's inaugural professor of obstetrics and gynaecology, Carl Wood. The remainder of David's career was with Monash University where, in due course, he would shape obstetrics and gynaecology research and training. In those early days on his return to Australia David continued to excel academically, becoming the first obstetrician and gynaecologist to be awarded a Welcome Trust Senior Clinical Research Fellowship. With the Fellowship he launched into a reproductive research program including antiprogesterones, inhibins in reproduction, relaxin in pregnancy, and in GnRH analogues for IVF. Reproductive medicine and outcomes of assisted reproduction remained his major research interests for the remainder of his career. Most recently, David was a very vocal advocate for changing IVF practice to improve pregnancy outcomes and future child health, lifting the industry out of its obsession with pregnancy rates per se.

In 1990, David was awarded a Chair at Monash University, following Carl Wood as Chairman of the Department of Obstetrics and Gynaecology in 1994, a position he held until his untimely passing. Under David's leadership his Department grew in size and strength, becoming the top ranked department of O&G of the Group of Eight universities. He was particularly passionate about growing and nurturing clinician scientists, always making room for the next generation and, as he would often say, "the future". In his role as Chairman of the Research Foundation of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, he grew the Foundation to specifically generate funds to support young clinicians as they began their own research careers. Countless successful academic obstetricians and gynaecologists, and a good few endocrinologists, owe their beginnings to David.

In his own right, David was a highly regarded and respected clinician scientist, nationally and internationally. He published over 250 peer-reviewed papers and was a frequently sought speaker at national and international meetings. In 2002, he was awarded an Honorary Fellowship of the Royal College of Obstetricians and Gynaecologists, UK and since 2010 served as the President of the International Federation of Fertility Societies (IFFS), an organisation of 59 member countries and around 40,000 doctors and other health professionals. He enjoyed this role enormously, engaging his legendary persuasiveness and thrilling in the challenge of bringing disparate interests together to meet the common reproductive needs of women worldwide. He was a fierce advocate for women, at times putting his own life at risk to bring RU-486 into Australia. He would recount those events with a zeal that listeners could be forgiven for thinking that they had occurred only the day before. His commitment to women's health led him, with colleagues, to form the Jean Hailes Foundation where he remained a Founding Board Member until his death.

David will be most fondly remembered as an inspiring teacher and mentor. His vision and leadership were matched only by his integrity and his kindness to all who were privileged to meet him. He will be dearly missed. He is survived by his children Meagan and Ross, and by two grand children.

Prof. Euan Wallace,
Department of Obstetrics and Gynaecology,
Monash University

FUTURE MEETINGS

2012

25-29 November 2012
AHMR Congress
Adelaide Convention Centre
Website: www.ahmrcongress.org.au

2013

31 January – 3 February
The 2nd International Conference on Prehypertension and Cardio Metabolic Syndrome
Barcelona, Spain from January 31 – February 3, 2013.
Website: http://www.prehypertension.org/

23-26 February 2013
10th International Congress of Andrology "Global Andrology & Mens Health: Present Challenges for Future Generations"
Melbourne, Australia
Website: www.ica2013.com

13-16 March 2013
13th Annual Rachmiel Levine Diabetes and Obesity Symposium: Advances in Diabetes Research
The Langham Huntington, Pasadena, CA
Website: www.levinesymposium.com

5-7 April 2013
ESA Seminar Meeting
Novotel Twin Waters, Maroochydore, QLD
Website: http://www.esaseminar.org.au/

17 – 20 April 2013
European Congress on Osteoporosis & Osteoarthritis (ECCEO13-IOF)
Rome, Italy
Website: www.iofbonehealth.org/meetings-events.html

27 April-1 May 2013
15th European Congress of Endocrinology
Copenhagen, Denmark
Website: http://www.ece2013.org/

28 May - 1 Jun 2013
2nd Joint Meeting of the IBMS and the JSBMR
Kobe - Japan
Website: www.ibmsonline.org/

30-31 May 2013
Inaugural Sydney Diabetic Foot Conference
Liverpool, Sydney
Website: http://www.swslhd.nsw.gov.au/liverpool/

15-18 June 2013
ENDO
San Francisco, California, USA
Website : http://www.endo-society.org/ENDO-2013-san-francisco.html

10-14 July 2013
2nd World Congress on Thyroid Cancer
Sheraton Centre Toronto
Website: http://thyroidworldcongress.com/

29-31 July 2013
APEG Annual Scientific Meeting
Sydney, Australia
Website: http://www.apeg.org.au/

23-25 August 2013
ESA Clinical Weekend
Manly Pacific, Sydney
Website : http://www.esaclinicalweekend.org.au/

25-28 August 2013
ESA/SRB ASM
Sydney Convention Centre
Website: http://www.esa-srb.org.au/

28-30 August 2013
ADS/ADEA Annual Scientific Meeting
Sydney Convention Centre
Website: www.ads-adea.org.au

8-11 September 2013
23rd ANZBMS Annual Scientific Meeting
Hilton Hotel, Melbourne
Website: www.anzbms.org.au

4-8 October 2013
ASBMR Annual Meeting
Baltimore, Maryland, USA
Website: www.asbmr.org

21-24 November 2013
The 5th International Conference on Fixed Combination in the Treatment of Hypertnesion, Dyslipidemia and Diabetes Mellitus
Bangkok, Thailand
Website: www.fixedcombination.com

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