



FROM THE

ESA President

For those of you who read my last report, you will recall it was written from Spain. Running the ESA from the Iberian peninsula has a number of attractions but substantial and ongoing practical difficulties forced the return of the President's office from Toledo to the Austin Hospital, Heidelberg, Victoria.

At the start of a new Council it is wise to address the question of what the Council, the Executive and the President of the ESA actually do. The unkind may say the answer to this question is to meet regularly, have the occasional meal together and allow Ivone Johnson to get on with the task of running the Society. It turns out that the current Council is quite keen to listen to the views of the members to see whether any changes are required. For many members their only contact is coming to the occasional meeting. The view that the ESA's main function is to organise high quality, scientific and clinical meetings is accurate. This is our main approach to facilitating high quality, research and clinical endocrinology.

The Council has been discussing possible changes to the ESA and we look to the members for feedback.

Changes to Council

The ESA Council can have quite a significant turnover in any one electoral cycle. We do not seem to have a formal role for the outgoing President nor do we have a President elect. Several changes to the Council structure might improve its corporate memory. These changes include:

- Creating the position of past President, in order to capture the

expertise of the outgoing President for another two year cycle.

- Changing the position of Vice President to that of President elect.
- Electing half the Council at a time for either a 2 or 4 year cycle.

Financial Changes

Those in the know may realise that the ESA is in a very sound financial state. We have come to a decision point, should we continue building our reserves or should we use the interest from these reserves for fellowships or research grants. A midway position would be to use some of the money for these purposes but continue to build reserves with the rest of our income. We look to you for feedback on these matters. The names and email addresses of Council members were published in the last edition of the newsletter, are in this newsletter and are available on the web site. Please feel free to contact any of us about these matters. If we wish to change something substantial it will need to be done at the Annual Scientific Meeting in September 2005 for implementation the following year.

Important items in this edition

Details of Annual
Scientific Meeting

Abstracts Due: 9 May 2005

Application details for 2005

Servier Award

ESA Mayne Pharma
Bryan Hudson Clinical
Endocrinology Award

Novartis Junior
Scientist Award

Details of ESA Travel Grants

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Sponsors of the Endocrine Society of Australia:

The Society gratefully acknowledges support from the following sponsors:

Major Corporate Sponsors

- GlaxoSmith Kline
- Servier Laboratories (Australia)

Corporate Sponsors

- Ipsen Pty. Ltd.
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Clinicians and Scientists

As a clinician who does basic endocrine research, I spend time in several different worlds which overlap less than I would like. It disappoints me that many practising endocrine physicians have little knowledge of research, other than that related to the immediate practical questions regarding treating their patients efficiently and effectively. Conversely, it never ceases to surprise me how little some practising endocrine scientists know of clinical endocrinology. I see one of the main functions of the ESA to break down the barriers between endocrine scientists and endocrine clinicians. The ideal place for this is at the scientific meetings. Suggestions on how to do this are welcome.

Jeffrey Zajac

IMPORTANT DEADLINES:

AWE Travel Awards
 Abstract deadline
 Novartis Junior Scientist Award
 Servier Award
 ESA Mayne Pharma Bryan Hudson
 Clinical Endocrinology Award
 ESA Travel Grants
 ESA International Travel Award

15th April 2005
 9th May 2005
 1st August 2005

2005 CLINICAL WEEKEND DETAILS

The 2005 ESA Clinical Weekend will be held at The Novotel Vines Resort on September 2-4. On behalf of the Organizing Committee, we look forward to welcoming you to a weekend of conviviality in the relaxing environment of the Swan Valley, ~45 minutes from central Perth. The educational value is important, however, and directly proportional to the instructiveness of the cases presented. The Organising Committee is now calling for cases to be submitted from trainees and their supervisors to allow a preliminary program to be structured. Could supervisors please discuss potential cases further with their trainees and then, with the trainee, forward summaries of the cases, with comments about the educational points raised by the case to:

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 Royal Perth Hospital
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 Perth, WA 6847
 Fax (08) 9224 7044
 E. seng.gan@health.wa.gov.au

REMINDER TO PAY YOUR SUBSCRIPTION DUES

All ESA membership subscriptions are due by the end of June 2005. If paid after this date a late fee will apply. 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 will be sent your subscription renewals shortly.

AUSTRALASIAN WOMEN IN ENDOCRINOLOGY

"WE" are delighted to announce that the Annual AWE Travel Grants from Diagnostic Systems Laboratories, Novo Nordisk and Abbott-Medisense have been increased to \$1500 each, and are available to attend ENDO 2005. These awards are to assist senior PhD students and post-doctoral fellows who are AWE members and presenting at ENDO 2005 in San Diego. Application forms are available from the ESA website, and the deadline for receipt of applications is April 15th 2004. The 6th meeting of AWE will again be supported by DSL-Australia and will be held on Sunday September 4th, in conjunction with the commencement of the ESA-SRB conference in Perth. Please register for the 6th Women in Endocrinology reception in advance when you register for the ESA/SRB conference.

Cathie Coulter
 Founder and Director, AWE

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Tuesday, Thursday and Friday

SIGNIFICANT MEMBER HONOURS

Jock Findlay has been awarded the 2006 UK Society for Endocrinology Dale Medal. The medal is the highest accolade bestowed by the Society and acknowledges the level of excellence in reproductive health research. Jock is one of only five Australians to have ever won the award and he was recognised for his contribution towards a better understanding of the ovary, leading to improved knowledge of fertility and treating infertility in women.

A major light in reproductive research, Jock has worked in the field for more than 30 years and was one of the original collaborators on the first papers produced regarding hormone replacement in women receiving IVF (*in vitro* fertilisation) treatment. He has served on a number of advisory committees for the Reproductive Health and Research Department of World Health Organisation in Geneva, Switzerland and ultimately was Chair of the WHO Scientific and Technical Advisory Group on Reproductive Health.

In 2001, he was recognised in Australia for his contributions by being made a Member of the Order of Australia. Congratulations, Jock, from the ESA on this prestigious award!

ENDOCRINE SOCIETY OF AUSTRALIA TRAVEL GRANTS

Applications are called for travel grants to the 2005 Annual Scientific Meeting, with these grants intended to assist junior members of the society to attend the meeting.

Applications should be addressed to:

Dr Mark McLean
Honorary Secretary
Endocrine Society of Australia
145 Macquarie Street
Sydney NSW 2000

Email applications will not be accepted.

The applications should include 5 copies each of:

- The application form (PDF file, 31KB), located at http://www.rACP.edu.au/esa/travelgrant_form2004.pdf submitted abstracts
- a brief CV.

Closing Date: 9th May 2005

Eligibility:

1. Only members of the society may be awarded travel grants. (Membership must be ratified by Council.)
2. The categories of applicant in order of decreasing priority for consideration are:
 - Full time student (postgraduate) presenting an abstract
 - Research assistant/research officer (NH&MRC scale) presenting abstract
 - Full time student (postgraduate) • RA/RO.
3. The supervisor should certify the category and advise whether any other specific support is available from the institution, i.e. travelling scholarship/grant.
4. Generally ineligible for a travel grant are:
 - Members in higher positions than RO
 - Members who are physicians or PhDs more than 7 years post-doctorate
 - Members resident in a country other than Australia.

ANNUAL SCIENTIFIC MEETING

PERTH, 4TH-7TH SEPTEMBER, 2005

This year's program has an exciting line-up of plenary speakers. The Harrison Lecturer is Prof. Richard Pestell (USA), the Taft Lecturer is Prof. David Dunger (UK), the Japan-Australia Lecturer is A/Prof. Hiroyuki Namba and our other plenary lecturer is domestic speaker Prof. Roger Smith. Planned symposium topics include 'Endocrine aspects of tumorigenesis', 'When the adrenal goes awry', 'Glycation and diabetes: from monitoring to pathogenesis', 'The genome-environment interaction in determining life course trajectory', 'Advances in primary and secondary osteoporosis' and 'Biological clocks in neuroendocrinology', including joint sessions with SRB, ADS, ANZBMS and Neuroendocrinology. Two clinical meet the expert sessions are also planned, including one addressing thyroid conditions. Free-oral communication sessions, and unopposed poster sessions, will again feature at the Scientific Meeting.

Details of the program are at the conference website: <http://www.esa-srb.org.au>

Call for abstracts

The abstract deadline is Monday, 9th May 2005. There will be no hard copy submissions and abstracts can only be submitted by e-mail. As well as the instructions below, the conference website has details for abstract submission, including a checklist that must be completed.

Presentation Types

Submissions will be accepted for two types of presentation: oral and poster. Although authors may indicate their preference for type of presentation, the final acceptance with regard to presentation type will be at the discretion of the ESA Program Organising Committee.

Specifically for Clinicians - Some oral and poster sessions will be devoted specifically to clinical endocrinology. Therefore clinical members are invited to submit cases for the Clinical Case Review Session, which has been a very successful session in the past, as well as abstracts for the scientific sessions. Clinical Case Reviews can be of great value to the clinician and scientist especially if presented well and more time will be allocated to this session, as it has been so well attended in the past. Please avoid abbreviations for clinical tests, diseases, etc. Above all make sure that you actually say what has been discovered or learnt from the cases. These reports will also be refereed. Please contact the Chairman, POC, Dr Stephen Twigg for further information.

Naming your file

Use the following convention "ABSTRACT - ESA05 - Surname of first Author", for example "ABSTRACT - ESA05- Twigg".

Submitting your abstract

Once the POC receives the Abstract you will receive a Confirmation that it was received. You must also complete the electronic checklist.

Acceptance of papers for presentation

A subcommittee of the Endocrine Society of Australia will independently review all abstracts. Scientific abstracts should therefore have a brief aim, methods, results, discussion and conclusions. There should be sufficient information for referees to evaluate the material as sufficiently sound. Accepted abstracts will be published in the Meeting Abstract Book, in the form submitted by the author.

DIABETES, PSYCHOTIC DISORDERS AND ANTIPSYCHOTIC THERAPY:

A CONSENSUS STATEMENT

Assoc Prof Tim Lambert and Dr Leon Chapman, on behalf of the Consensus Panel.

This Consensus Statement represents the collaborative work of multidisciplinary professionals following an independent meeting in August 2003. It was revised based on reviewer comments in April 2004 and submitted for publication in June 2004.

The Companion Document for Consumers and Carers and Diabetes and Psychotic Disorders were developed by the Mental Health Council of Australia in collaboration with the National Consumer and Carer Forum and reviewed by the Chairs of the Consensus panel.

These documents represent the work of dedicated professionals without whose contribution the outcomes would not have been possible.

Further details of the Consensus Statement and accompanying documentation can be accessed through:

http://www.psychiatry.unimelb.edu.au/open/diabetes_consensus/

NEW MEMBERS

The Society welcomes the following new members: Damon Bell, Suresh Bohra, Kenneth Chen, Will Dransfield, Iwona Gileff, Veena Jayadev, Sue Lau, Niranjala Peris, Kunwarjit Sangla, Kjiana Schwab, Casey Smith, Natacha Sorour and Gregory Wilcox.

2005 SERVIER AWARD

The Servier Award is made annually to recognise the best scientific paper published in the 12 month period preceding the closing date for abstracts for the Annual Scientific Meeting by an active member of the ESA early in their career. The award is given for a single publication, although up to two additional papers may be submitted in support of the application.

Eligibility:

Society members who are within 8 years of having obtained a higher degree or diploma (i.e. PhD, MD, FRACP) and who are currently financial.

Regulations:

1. The Servier Young Investigator Award is made by a subcommittee of Council consisting of the President, Treasurer and Honorary Secretary.
2. The award will be presented at the dinner associated with the Annual Scientific Meeting to which the awardee is invited and expected to attend.
3. The value of the award supported by Servier Laboratories Australia is \$1500.
4. The deadline for applications is the same as that for abstracts to the Annual Scientific Meeting.
5. The application must be sponsored by a financial member of the Society who may write a letter in support of the application.
6. Work submitted for publication, but not yet accepted for publication is not eligible for the award.
7. The work must have been performed predominantly in Australia.
8. The applicant should submit a statement from the department head, or head of research group, signed by all co-authors, which outlines the applicant's role in
 - a) Planning the design of the work
 - b) Experimental and analytical work
 - c) Writing and revision.
9. The winner may be invited by the Program Organising Committee to present the work at the Annual Scientific Meeting.
10. The subcommittee has a duty to apply the criteria equitable to all applicants.

Applications:

An original and 4 copies of the application should be sent to the ESA Secretary and must include the relevant publication. Page proofs are acceptable. If the work is 'in press', written documentation of final acceptance must be provided.

The applications to be sent to:

Dr Mark McLean
Honorary Secretary
Endocrine Society of Australia
145 Macquarie Street
Sydney NSW 2000

Closing Date: 9th May 2005

2005 NOVARTIS JUNIOR SCIENTIST AWARD

The Novartis Junior Scientist Award is given for the best presentation at the Annual Scientific Meeting by an advanced trainee or by a person enrolled for a higher degree (PhD, MD, FRACP). Nominees must be members of the Endocrine Society of Australia. Applicants will be judged initially on the basis of their submitted abstract and a short list of applicants will be chosen to present in a special session. Applicants will be informed of the session in which they are to present when acceptances of Abstracts are sent out. In addition to submitting their abstract to the above address (esa-srb@asnevents.net.au), applicants should email their abstract, a brief CV and a supporting letter from their supervisor as attachments to Dr Stephen Twigg,, Chair, POC at stwigg@med.usyd.edu.au

Please type 'Novartis award application' in the subject line. Additionally, a hard-copy declaration that the work is the applicant's own must be signed by both the applicant and supervisor and sent to Dr Stephen Twigg, Discipline of Medicine (D06), University of Sydney, NSW 2006. Applications must be received by the abstract deadline (Monday, 9th May).

2005 ESA MAYNE PHARMA BRYAN HUDSON CLINICAL ENDOCRINOLOGY AWARD

This Award, now running for the second year, has been introduced to promote research in Clinical Endocrinology and the profile of Clinical Endocrinology Research at the Annual Scientific Meeting of the Society. The Award will be made for the best presentation in the field of clinical endocrinology by an active member of the Endocrine Society of Australia early in their career. Society members who are less than 45 years of age or who are within 10 years of obtaining professional qualifications, and who are current financial members of at least 12 months standing, are eligible to apply. The 2005 ESA Mayne Pharma Bryan Hudson Clinical Endocrinology Award applications need to be made directly to ESA, not the conference secretariat. Please note that all abstracts with a predominant clinical content will be eligible for assessment, as long as the applicant meets the criteria described.

Visit the ESA Website:

<http://www.racp.edu.au/esa/awards.htm#hudson>

Closing Date: 9th May 2005

ESA INTERNATIONAL TRAVEL GRANTS

Purpose

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

Eligibility

Applicants must have been financial members of ESA for at least 12 (twelve) months prior to the closing date for applications. Applicants must possess a higher degree (MD, PhD or equivalent), and be within 5 (five) years of the award of that degree.

Compensation will be given for those applicants who have spent periods outside the workforce (due to illness, family leave etc). In these cases the criterion of 5 (five) years fulltime equivalence will be applied, and the applicant must verify their absence from the workforce in the application.

Applicants must be attending a recognized meeting of a learned society or organization within the general field of Endocrinology.

Award

\$A2,500 given twice a year

Selection Criteria:

In addition to the above, preference will be given to applicants:

1. who are giving a presentation at the meeting they wish to attend;
2. who will visit a laboratory(ies) and/or clinic(s) associated with their field of endocrinology;
3. who are active members of the society as evidenced by attendance at the Annual Scientific Meeting and other activites;
4. who are more the 2 (two) post the receipt pf their higher degree.

Applications

Four (4) copies of the application should be sent to the Honorary Secretary of the Society by the closing dates (see below). The application should include a covering letter outlining the proposed itinerary and what benefits the applicant intends to obtain from the travel, a letter of support from their supervisor

(who preferably is a member of the Society), details of the meeting they wish to attend (including submitted abstracts), details of the laboratories/clinics they wish to visit (including letters of invitation, where appropriate), and a brief CV (highlighting degrees, awards and published works).

Where an applicant is claiming the consideration of an extension of the time from the award of a higher degree (see eligibility criteria), they should providing supporting evidence of their reason for extension.

The applications to be sent to:

Dr Mark McLean
Endocrine Society of Australia
145 Macquarie Street
Sydney NSW 2000

Selection Panel:

A panel comprising the President, Vice-President, Honorary Secretary and Treasurer shall rank the applicants using the above criteria. If any member of the panel is unavailable, the council of ESA may co-opt another member of the society to the panel.

Closing dates:

Feb 1 and Aug 1 of each year.

Past winners of ESA International Travel Awards:

2003 - Emma Ball
2004 - Gordon Howarth
- Sophie Chan
- Vincenzo Russo
2005 - Stuart Ellem

IS VERTEBROPLASTY AN EFFECTIVE AND SAFE TREATMENT FOR OSTEOPOROTIC VERTEBRAL FRACTURES?

- Do you have a patient with a painful spinal fracture of less than 6 months duration?
- Was it due to osteoporosis?

IF YES, THEY MAY BE SUITABLE FOR OUR TRIAL.

We are conducting a randomised double-blind placebo-controlled trial into the efficacy and safety of vertebroplasty for the treatment of acute, painful osteoporotic vertebral fractures.

Participants in the trial will either receive a vertebroplasty or a sham vertebroplasty procedure and will be assessed at baseline, 1 week, 1, 3, 6, 12 and 24 months.

All procedures are free of charge for the participants.

We would be really grateful for your help in recruiting eligible people. Main inclusion criteria's are:

1. patients who have one or two acute osteoporotic vertebral fractures and
2. back pain of 6 months or less duration

If you have a potentially eligible patient, please call the research co-ordinators: Ms Lainie Wengier or Dr Jo Youd on Ph: 9508 1652

Please note:

- the trial is being conducted at the Cabrini, Royal Melbourne & Alfred Hospitals, and Monash Medical Centre
- the trial has ethical approval from Cabrini, Royal Melbourne & Alfred Hospitals, Monash Medical Centre, Monash University and Northern Health
- funding has been provided by the NHMRC with contributions from the Arthritis Foundation of Australia, Cook Australia and the Cabrini Education and Research Institute

Please feel free to contact us if you have any questions about the trial:

Rachelle Buchbinder for the Collaborative Vertebroplasty Research Group.
(rachelle.buchbinder@med.monash.edu.au)

Refrigerated storage of thyroxine tablets: a dangerous fallacy?

Since May 2004 Sigma, the Australian supplier of L-thyroxine sodium, has directed that tablets should be stored refrigerated. This move appears to stem from interaction between Sigma and the TGA in an effort to extend the shelf-life of thyroxine tablets (in sealed bottles) from 12 to 18 months. The refrigeration issue may seem trivial, but there are important consequences. For those whose medical classification could be downgraded if they become dependent on a refrigerated medication, for example in the military, the change could be a disaster and refrigerated storage is obviously a nuisance when medications need to be organized in Webster packs. While this instruction appears to have been accepted rather passively by pharmacists and physicians, it has puzzled those who have taken thyroxine for years. In response to enquiries from the major patient support groups, Sigma conceded within a few weeks that thyroxine could be safely stored at room temperature (<25C) for up to a month, although refrigeration is still recommended.

There is concern and uncertainty about the potency, stability and bioavailability of synthetic thyroxine preparations, in particular, differences between the various generic and brand preparations available in the United States (1). However, the Australian directive that patients should store thyroxine, including already-opened bottles, at refrigerator temperature appears to be unique. None of the co-authors of an international website on thyroid disorders (2), has heard of a similar instruction anywhere else. If there is something unique about thyroxine in Australia, the facts should be made known to pharmacists, physicians and over 200,000 people who use thyroxine.

Most important, could storage of thyroxine at refrigerator temperature have an adverse effect? That synthetic thyroxine needs to be kept dry to preserve its stability is widely accepted (3). Anyone who has repeatedly opened and closed a refrigerated glass container is aware of condensation. A bottle containing thyroxine tablets will probably be opened about 200 times in a period of about six months. If the bottle is refrigerated, the contents will gradually become damp - gradual loss of potency would give the impression of progressive under-treatment. I now realize that I may have seen unexpected increases in serum TSH several times, in previously compliant patients, since refrigeration of tablets was introduced. Upward dose adjustment would be an obvious response. Change to a fresh preparation at the adjusted dose could then result in over-treatment, with significant danger, especially in the elderly.

I am not aware of data that show whether refrigeration of sealed bottles of thyroxine actually enhances shelf-life, but this could be a wise precaution for tablets in sealed bottles. However, repeated opening of refrigerated bottles in current use may be counter-productive and potentially dangerous. Until some obvious questions are sorted out, it may be safer to instruct patients NOT to store opened bottles of thyroxine at refrigerator temperature. If stability for up to 6 months at room temperature is really a problem, it may be necessary to consider dispensing less than 200 tablets in one bottle, as is generally done in the USA. In the face of pressure towards evidence-based practice in medicine, it may be worth applying the same principles to pharmaceutical practice, in both its manufacturing and regulatory branches.

1. American Association of Clinical Endocrinologists, The Endocrine Society and American Thyroid Association. Joint statement on the use and interchangeability of thyroxine products January 2005. www.thyroid.org/professionals/advocacy/04_12_08_thyroxine.html
2. Thyroid Disease Manager. www.thyroidmanager.org
3. Roberts GW Taking care of thyroxine. Australian Prescriber 2004; 27:75-76.

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FUTURE MEETINGS

Australia & NZ: 2005

ESA Clinical Weekend

2-4 September 2005
 The Novotel Vines Resort,
 Swan Valley, WA
 Contact: ASN Events
<http://www.esaclinicalweekend.org.au/>

ESA Annual Scientific Meeting

4-7 September 2005
 Perth Convention Centre,
 Perth, WA
 Contact: ASN Events
<http://www.esa-srb.org.au/>

ADS/ADEA Annual Scientific Meeting

7-9 September 2005
 Perth Convention Centre,
 Perth, WA
 Contact: ASN Events
<http://www.ads-adea.org.au/>

ANZBMS ASM

7-9 September 2005
 InterContinental Burswood Resort,
 Perth, WA
 Contact: Conference Action
emma@conferenceaction.com.au
<http://www.anzbms.org.au>

Sydney Bone and Mineral Group Meetings

Held on the 2nd Tuesday of March,
 Royal Sydney Yacht Squadron
 May, July, September and November.
 33 Peel St, Kirribilli
 Time: 6pm for drinks and canapés, 6.30-8
 pm three 30 minute presentations
 Parking: Available underneath the venue,
 free of charge

2006

ESA Annual Scientific Meeting

21-23 August 2006
 Gold Coast
 Contact: ASN Events
<http://www.esa-srb.org.au/>

Combined Third IOF Asia-Pacific Regional Conference on Osteoporosis and 16th Annual Scientific

Meeting of the Australian and New Zealand Bone and Mineral Society
 23-26 October 2006
 Sheraton Mirage,
 Port Douglas, Queensland
 Contact: Ms Ivone Johnson
 Email: anzbms@rACP.edu.au
<http://www.anzbms.org.au>

International: 2005

4th Asian-Pacific Congress of Hypertension (APCH2005)
 1-4 June 2005
 Millenium Seoul Hilton, Korea
 'New Paradigm for Target Risk Control'
<http://www.apchseoul.com>

ENDO 2004: 86th Annual Meeting

4-7 June 2005
 San Diego Convention Center, San
 Diego, USA
 Website: [www.endo-society.org/
 scimeetings/futuremeetings.cfm](http://www.endo-society.org/scimeetings/futuremeetings.cfm)

Symposium on 'Post-Meiotic Approaches to Male Contraception'

8-10 June 2005
 Hong Kong
 A Satellite Meeting of the 8th
 International Congress of Andrology
[http://www.psi.cuhk.edu.hk/Post-
 meiotic_Male_Contraception/](http://www.psi.cuhk.edu.hk/Post-meiotic_Male_Contraception/)

SSR 2005: 38th Annual Meeting of Society for the Study of Reproduction

24-27 July 2005
 Quebec City, Quebec, Canada
<http://www.ssr.org/Meetings.html>

7th European Congress of Endocrinology

3-7 September 2005
 Göteborg, Sweden
 Contact: Congrex Göteborg AB Tel:
 +46 31 708 6000
 Fax: +46 31 708 6025
ece2005@gbg.congrex.se

ESPE/LWPES 7th Paediatric Endocrinology Joint Meeting in collaboration with APEG, APPES, JSPE and SLEP

21-24 September 2005
 Lyon, France
<http://www.congrex.se/espe-lwpes2005>

Annual Meeting, American Society for Bone and Mineral Research

23-27 September 2005
 Gaylord Opryland Hotel, Nashville,
 Tennessee, USA
 Phone: (202) 367-1161
 Fax: (202) 367-2161
asbmr@smithbucklin.com

13th International Thyroid Congress

30 October-4 November 2005
 Buenos Aires, Argentina
 Contact: lothse@sion.com
<http://www.lats.org>

World Congress of Neurology

5-11 November 2005
 Sydney
<http://www.aan.org.au>

2006

8th European Congress of Endocrinology

1-5 April 2006
 SECC, Glasgow, UK
 Contact: Society for Endocrinology,
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 Bradley Stoke, Bristol BS32 4JT,
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 Fax: +44 (0)1454 642222
[http://www.endocrinology.org/SFE/
 confs.htm](http://www.endocrinology.org/SFE/confs.htm)

ENDO 2006, 88th Annual Meeting of The Endocrine Society

24-27 June 2006 Boston
 Convention & Exhibit Center, Boston,
 MA, USA
[http://www.endo-society.org/
 educationevents/annual/index.cfm](http://www.endo-society.org/educationevents/annual/index.cfm)

SSR 2006, 39th Annual Meeting of the Society for the Study of Reproduction

July 29-August 1 2006 Omaha,
 Nebraska, USA
<http://www.ssr.org/meetings.html>

Annual Meeting, American Society for Bone and Mineral Research

15-19 September 2006
 Philadelphia Convention Center,
 Philadelphia, Pennsylvania, USA
 Phone: (202) 367-1161
 Fax: (202) 367-2161
asbmr@smithbucklin.com