



FROM THE PRESIDENT

It has been a tumultuous start to 2011 with floods and cyclones in Queensland and earthquakes in New Zealand and Japan on a macro scale to the microscopic frustrations with the NHMRC RGMS system. I hope that our ESA members, their friends and families in Queensland are adequately recovering from the floods and our thoughts are with you. We have forwarded our condolences to the Japanese Endocrine Society and Professor Sasano has reported that structural recovery in Sendai has commenced but psychological recovery will take some time. We send out our condolences to New Zealand with Christchurch suffering more than its fair share of disaster in the last year.

In comparison to the recent events of the world, the problems with **RGMS** are trivial, but even so they have significantly delayed the submission of our grants and therefore delayed the start to the year in general. I hope that by the time you read this newsletter the NHMRC/RGMS frustrations are long forgotten! Good luck with your NHMRC applications.

Those of you who do review any **NHMRC grants in Endocrinology** please consider supporting your discipline. ESA has been concerned that Endocrinology grants are currently not being as well funded as other disciplines in the NHMRC project grant rounds. Prof Peter Ebeling, President Elect, has discussed with Prof Anderson, CEO NHMRC, the possibility of forming a stand-alone Endocrinology grant review panel within the NHMRC as one approach of ensuring our discipline continues to be well supported. We are yet to receive a response.

The first **Women's Health** Policy in 21 years was released on the 29th December 2010 by Health Minister, Nicola Roxon. ESA in collaboration with a number of other national societies are currently lobbying the NHMRC to include Women's Health or Reproductive Health as a national health priority. Professor Anderson has responded to ESA's letter indicating that the current list of health priorities set by the Government are in line with the global health priorities and will remain in place until 2012. In consideration of the new policy, Women's Health may be included in the next triennium of health priorities from 2013-2015.

Another matter of great concern to all of us is the report from the Australian Society of Medical Research indicating that the future **NHMRC funding budget is decreasing**. I would encourage everyone to refer to <http://www.asmr.org.au/campaign.html> or www.discoveriesneeddollars.org and send letters to the Prime Minister, The Minister for Health and Aging and your local Federal Government member in relation to this matter. We will not be able to change this situation unless there is a huge response from all of us. Please remind the Government that we are here to make a difference to our society through research. Research and health care are a benefit, not a cost.

The Endocrine Society has been very busy with the development of the **bid for the 2016 International Congress of Endocrinology in Melbourne**. The bid will be lodged on March 31st and we will know if we have won it by mid June 2011. Prof Leon Bach has worked tirelessly to write and collate the bid and it looks incredibly impressive. Thank you Leon for all your efforts. It is much appreciated and we hope you will be rewarded with the success of securing this international event for ESA. I would also like to thank all the members of ESA for responding so enthusiastically to our requests for your achievements and it was great to see how productive, successful and internationally competitive ESA members are in the field of Endocrinology.

The **organisation of our conferences** is coming along spectacularly. Dr Rosemary Wong has prepared an excellent Seminar Meeting for all of you and I am sure you are all looking forward to participating at the end of the month. Congratulations to Rosemary and her team for bringing this event together in such a professional and efficient manner. The Clinical Weekend and Annual Scientific Meeting will be held in Perth and is set to be another great exploration into clinical medicine and basic science. ESA is keen to encourage all members to attend. This year we will meet with the Australian Paediatric Endocrinology Group which will be a great opportunity to network with our paediatrics colleagues. We will once again offer travel grants for trainees and student members of the society and hope everyone is gathering data in preparation for abstract submission. I would like to thank Dr Kathy Gatford and Dr Craig Munn for the organisation of the program for the meeting. Thank you also to Dr David Henley and Professor Cathy Choong for their work on the clinical weekend and the local organising committee in Perth.

Important Items in this edition

- Page 1 President's Report
- Page 2 ESA/APEG Scientific Meeting
- Page 3 New Members
- Page 3 Esa Clinical Weekend
 - Case Study Submissions
- Page 3 ESA would like to thank
 - ESA award sponsors
- Page 4 ESA Clinical Weekend
- Page 5 Hot Topics
- Page 6 Jean Hailes Foundation
- Page 7 ESA Mid-Career Research
 - Award
- Page 7 Important Deadlines
- Page 7 Annual General Meeting
- Page 8 Future Meetings
- Page 9 Council and office bearers

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PRESIDENTS REPORT continued

The Society of Reproductive Biology will this year be organising an international conference, the World Congress on Reproductive Biology. It will be held at the Cairns Convention Centre, Queensland on the 9-11 Oct 2011 and has a great program organised. Abstracts close on the 3rd June 2011. For more information: <http://www.wcrb2011.org/>. We encourage all ESA members with an interest in reproductive biology to consider attending.

Finally I would encourage members to contact ESA with any comments or requests that may arise during the year. We are working towards being more accessible to our members and very keen to hear your suggestions.

Associate Professor Vicki Clifton

ESA/APEG SCIENTIFIC MEETING

You are warmly invited to join the Endocrine Society of Australia and the Australian Paediatric Endocrine Group in our first joint Annual Scientific Meeting, to be held in Perth from August 28 to 31, 2011.

The ESA and APEG Program Organising Committees have joined forces to bring you an exciting mix of clinical and basic speakers this year. Our POC-selected plenary speakers are now confirmed; Professor Paul Stewart (UK) is our 2011 Harrison lecturer and will present his recent work on hyperandrogenism. We are also delighted to welcome our other plenary speakers Associate Professor Kathleen Hoeger (Taft lecturer, PCOS) and Associate Professor Greg Goodall (microRNA), and to announce that the ESA/ADS/APEG plenary lecturer in 2011 will be Professor Steve O’Rahilly (ghrelin).



Professor Kathleen Hoeger
Taft Clinical Plenary
 Associate Professor of Obstetrics & Gynecology
 University of Rochester Medical Center, USA

As usual, there will be clinical and basic streams running throughout the meeting, and we look forward to joining with APEG for our plenaries, many symposia and oral sessions, poster session and social events. We have chosen a range of topics for the 2011 symposia in Perth – we hope you will each find something of interest!



Professor Paul Stewart
Harrison Plenary Lecturer
 Endocrinology, Diabetes and Metabolism Unit
 University of Birmingham, United Kingdom

- Neuroendocrine control of metabolism (a joint ESA/ Neuroendocrinology Australasia symposium)
- Norman Wettenhall Symposium – SHOX and Turner syndrome (APEG keynote symposium)
- PCOS guidelines launch – overviews and research gaps symposium
- Endocrine-immune interactions
- Endocrine cancers
- Early life programming of diabetes (ESA/ADS/APEG joint symposium)
- Vitamin D deficiency (ESA/AACB joint symposium)
- Reproduction
- ESA/APEG debate “ Growth hormone should be stopped once you stop growing”

Registrations and abstract submission are now open, at <http://www.esa-apeg.org/>, and the abstract deadline is June 17th, 2011. We look forward to an exciting meeting in Perth and hope to see you all in West Australia!

Dr Kathy Gatford
POC Chair - Endocrine Society of Australia

NEW MEMBERS

Lauren Baker	Chinmay Marthe	Michelle So
Ka Chan	Chelsea McMahon	Phoebe Stanford
Monique Costin	Linda Mignone	Alice Tang
Luc Furic	Aung Min	Moe Thuzar
Cheryce Harrison	C Morbey	Steven Weier
Rasmani Hazra	Suja Padmanabhan	Jencia Wong
Gregory Hockings	Nirukshi Samarajeewa	Shu Wong
Sisitha Jayasinghe	Jas-mine Seah	
Christopher Jung	Aaron Simpson	

ESA CLINICAL WEEKEND CASE STUDY SUBMISSIONS

All Endocrine Advanced Trainees are invited to present a clinical case at this year's Clinical Weekend Conference in Fremantle (26th -28th August). It would be greatly appreciated if supervisors can please bring this to the attention of any Trainees who may not receive this ESA Bulletin by email.

SELECTION: Cases on any aspect of clinical endocrinology are welcome. However, cases related to the areas of expertise of our two International Plenary speakers (endocrine hypertension, adrenal and pituitary disease, PCOS and reproductive endocrinology) will be viewed favourably. Selection criteria will include educational value and quality of the presentation. Trainees should discuss the case with their supervisors prior to submission.

FORMAT: Submitted abstracts should not be longer than one A4 page. The submission should include relevant clinical detail, investigations and/or management, plus a series of questions raised by the case to be addressed during the presentation. Pdf of relevant references used in the preparation of the study should also be appended to the submission, though they will not be included in the delegate papers.

ACCEPTANCE NOTIFICATION: Successful candidates will be notified by 8th June. This will be before the deadline for the ESA-APEG scientific meeting abstracts. Successful candidates cannot submit the same work for oral presentation at both meetings.

PRESENTATIONS: Cases selected for presentation should be presented in PowerPoint. At the meeting, Trainees will present their case 3 times in a rotating format to small discussion groups. Presentations will total 30 minutes. Presenters should aim to outline the case and its management in 10-15 minutes, allowing 15-20 minutes to review the questions raised by the case. Presentations should be interactive and involve the audience wherever possible.

DEADLINE: The deadline for submission is Monday 16th MAY 2011. Please email case submissions to ASN events (jf@asnevents.net.au)

Programme and registration available from:
<http://www.esaclinicalweekend.org.au/>

ESA would like to thank ESA award sponsors

**Ipsen Pty Ltd
Novartis Pharmaceuticals Australia Pty Ltd
Servier Laboratories (Australia)**

ESA CLINICAL WEEKEND- 26-28TH AUGUST 2011 ESPLANADE HOTEL, FREMANTLE, WA

The annual ESA Clinical Weekend has become an important function for clinical endocrinologists and for trainees throughout Australia. ESA's 2011 meeting will continue its tradition of fellowship combined with a stimulating scientific program.

It will again be held immediately prior to the ESA/SRB Annual Scientific Meeting. In keeping with past meetings, the ESA Clinical Weekend will be held at a residential rural hotel; this year at the Esplanade Hotel. The Esplanade Hotel is a 4-star property in the heart of Fremantle, overlooking the parklands and harbour. This hotel has 300 rooms and offers spacious rooms and great leisure facilities a short drive from Perth's CBD.

Early bird registration deadline is 29th June 2011.

Speakers include:

Prof Paul Stewart - Professor of Medicine and Endocrinologist, University of Birmingham, UK.

Assoc Prof Kathleen Hoeger - Associate Professor of Obstetrics & Gynaecology, University of Rochester Medical Centre, USA.

Convener
Dr David Henley

CONGRATULATIONS

to Professor Evan Simpson

who has won the Dale Medal from the Society of Endocrinology

The Dale Medal is awarded, on an annual basis, to a member of the scientific community in recognition of outstanding studies which have changed our understanding of endocrinology in a fundamental way. The Dale Medal is the highest accolade bestowed by the Society.

to Professor Peter Fuller

who has won the Hoffenberg medal from the Society of Endocrinology

The Hoffenberg International Medal (previously known as the Asia & Oceania Medal) is awarded on an annual basis to an endocrinologist from outside the UK judged to have made significant contributions to the discipline. The award promotes international collaboration between endocrinologists.

HOT TOPICS RECENT PUBLICATIONS FROM ESA MEMBERS

Plasma and urinary cortisol in pregnancy and post-partum

In this study, Jung and colleagues performed longitudinal assessments of plasma total and free cortisol, CBG and urinary free cortisol during pregnancy, in the post-partum period and with low dose oral contraceptive use. Elevations in total and free plasma cortisol were observed during pregnancy, indicative of maternal HPA axis up-regulation. The parallel increases in urinary cortisol concentrations suggest increased clearance over pregnancy. The use of oral contraceptives was also associated with elevated total plasma and CBG concentrations. This data suggest that consideration of gestation stage and the use of oral contraceptives are necessary when interpreting cortisol concentrations in pregnant and non-pregnant women.

doi: 10.1210/jc.2010-2395

Elevated LH predicts ischaemic heart disease events in older men

The association between ischaemic heart disease (IHD) events in older men and testosterone and associated hormones are unclear. In a prospective cohort study of men aged 70-88 years, Hyde and colleagues demonstrated that men with higher baseline total or free testosterone levels experienced fewer IHD events, while reduced event free survival was observed in men with higher LH levels. This study indicates that dysregulation of the hypothalamic-pituitary-gonadal axis may be a risk factor for heart disease in older men.

doi: 10.1530/EJE-10-1063

Ligand-selective antagonists of the mineralocorticoid receptor identified.

Pathological activation of the mineralocorticoid receptor causes cardiac fibrosis and heart failure, but clinical use of MR antagonists is limited by renal side effects. Yang and colleagues have identified ligand selective MR interacting peptides that acted as potent antagonists of MR mediated transactivation. The identification of this novel mechanism may lead to the design of ligand or tissue specific MR modulators to treat diseases like heart failure without the adverse side effects.

doi: 10.1210/me.2010-0193

Growth hormone treatment for Turner syndrome

Short stature is the most common clinical manifestation of Turner syndrome (TS). While investigating the response to growth hormone in the total clinical cohort of Australian TS patients, Hughes and colleagues demonstrated that the dose in the first year of treatment was a major contributing factor to the total response. They concluded that optimal growth hormone treatment of short stature in TS patients requires early intervention with the highest safe dose in the first year.

doi: 10.1111/j.1365-2265.2011.03937.x.

POPI mutations identified as cause of novel skeletal dysplasia

Advances in DNA sequencing enable mapping of genes for monogenic traits in families with small pedigrees. Glazov and colleagues report the identification of disease-causing mutations in a rare, severe, skeletal dysplasia using whole exome sequencing. Their study identified two novel compound heterozygous loss-of-function mutations in POPI, which results in impaired integrity and activity of the RNase mitochondrial RNA processing unit. This mechanism may explain how POPI mutations cause severe skeletal dysplasia.

doi:10.1371/journal.pgen.1002027

Placental inflammatory responses suppressed by maternal asthma

Adverse neonatal outcomes observed with maternal asthma during pregnancy may be mediated by changes in placental immune function. In a study of placental responses to an immune challenge, Scott and colleagues observed a hyposensitive pro-inflammatory response in placenta from asthmatic mothers compared to controls, which were inhibited by cortisol in a sex-specific manner. The altered placental inflammation together with sex-specific regulation by cortisol, may contribute to the sexually dimorphic fetal growth inhibition that occurs in pregnancies complicated by asthma.

doi:10.1016/j.placenta.2011.03.004

Growth restriction, bone deficits and calcium supplementation

Poor adult bone health and bone disease, including osteoporosis, have been linked with low weight at birth, suggesting a fetal programming effect. Romano and colleagues, using a model of utero-placental insufficiency in rats, found that restricted offspring had shorter femurs, reduced trabecular and cortical BMC, smaller periosteal and endosteal circumferences and reduced femur strength (stress strain index). Calcium supplementation increased cortical bone density, however was not sufficient to rescue the other bone parameters altered by the perinatal growth restriction. This highlights the importance of the early life environment in bone programming.

doi.org/10.1016/j.bone.2010.08.020

To submit your recent publication for inclusion in the next ESA newsletter's Hot Topics section, please send details to the newsletter editor (Nicolette.hodyl@adelaide.edu.au) or the endocrine society of Australia (ESA@racp.edu.au).

JEAN HAILES FOUNDATION ESTABLISHES POLYCYSTIC OVARY SYNDROME CLINIC – LIFESTYLE MANAGEMENT KEY

The Jean Hailes Foundation for Women's Health has established a comprehensive evidence based polycystic ovary syndrome clinic at their medical centre in Carinish Road, Clayton.

The regular clinic comprises five multidisciplinary sessions provided over three visits and has a key focus on lifestyle management.

Director of Research at Jean Hailes, and Chair of the National PCOS Alliance, Professor Helena Teede, says, "There is strong evidence to suggest lifestyle management change is essential to appropriately manage this insidious condition. It is critical that medical management of PCOS is provided in conjunction with lifestyle management education and support."

The clinic has been informed by national evidence based guidelines in the management of PCOS, which are now out for public consultation.

Quick Facts about the Clinic

- The service includes education, endocrinology consults, dietetics advice and a lifestyle management program.
- The program does not provide a fertility service and women assessed as requiring fertility and/or gynaecological treatment will be referred on for specific management after lifestyle intervention.
- A comprehensive management plan is developed with the patient.

More information regarding the PCOS Service can be obtained from the Clinic Team on 03 9535 6719 or email: tanya.heaney-voogt@jeanhailes.org.au
Information for patients is available via the www.managingpcos.org.au website.

ESA IPSEN INTERNATIONAL TRAVEL GRANT AWARD 2011

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 2011

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

ESA Congratulates recent ESA/IPSEN award winners

Kristy Brown and Stacey Jamieson

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>

ESA MID-CAREER RESEARCH AWARD

The ESA is pleased to announce a new 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 2011

Please note: Applications must be sent **via email only**.

Download the full instructions from:

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

IMPORTANT DEADLINES

ESA Mid Career Award	23rd May 2011
ESA/APEG ASM Abstract deadline	17th June 2011
Novartis Junior Scientist Award	17th June 2011
Servier Award	17th June 2011
ESA Bryan Hudson Clinical Endocrinology Award	17th June 2011
ESA Travel Grants	17th June 2011
ESA IPSEN International Travel Grant Award	1st August 2011

ANNUAL GENERAL MEETING

The Annual General Meeting of ESA will be held at Perth Convention Centre on

Monday 29th August 2011.

All members are encouraged to attend this meeting.

FUTURE MEETINGS -**2011****7-11 May 2011**

3rd Joint Meeting of the ECTS & IBMS
Athens, Greece
Website: www.ects-ibms2011.org

2-5 June 2011

1st Asia Pacific Congress on controversies to
Consensus in Diabetes, Obesity and Hypertension
(CODHy)
Shanghai, China
Website: www.comtecmed.com/codhy/china

4-7 June 2011

ENDO
Boston, Massachusetts
Website: <http://www.endo-society.org/meetings/Annual/index.cfm>

26-28 August 2011

ESA Clinical Weekend
Esplanade Hotel, Fremantle, WA
Website: <http://www.esaclinicalweekend.org.au/>

28-31 August 2011

ESA/APEG ASM
Perth Convention Centre
Website: www.esa-srb.org.au

31 August – 2 September 2011

ADS/ADEA Annual Scientific Meeting
Perth Convention Centre, WA
Website: <http://www.ads-adea.org.au>

4-8th September 2011

IOF 2nd Asia-Pacific Meeting Osteoporosis and
Bone meeting: ANZBMS Scientific meeting with
the JSBMR
Gold Coast Convention Centre, QLD
Website: www.anzbms-iof.org

16-20 September 2011

ASBMR Annual Meeting
San Diego, California, USA
Website: <http://www.asbmr.org/meetings/futureannualmeetings.aspx>

2012**19-22 January 2012**

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

26-29 August 2012

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

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