

CEU ISSUE 2018

THE LEADING MAGAZINE FOR ● ENDOCRINOLOGISTS

# Endocrine news

## *2018 Clinical Endocrinology Update:*

### WHY ALL ENDOCRINE CLINICIANS SHOULD ATTEND & WHAT YOU NEED TO KNOW

- **Second Opinions: What Your Colleagues Are Saying About Past CEUs.**
- **The Debate Continues Surrounding the Controversies of Testosterone Therapy**
- **Why Endocrinologists Should Become the “Local Experts” for Transgender Patients**
- **Boning Up: A Focus on Sessions Covering the Skeleton from Skull to Metatarsal**

#### Q&As WITH:

Janet A. Schlechte, MD, Chair, CEU Steering Committee

Serge Jabbour, MD, FACP, FACE, Chair,  
EBR Steering Committee.

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*Hormone Science to Health*

# Endocrine news

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## 44 | A Tale of Two Cities

Since CEU is taking place two times this fall on opposite sides of the country, you have your choice of destinations: Miami or Southern California. Whichever CEU you attend, rest assured there will be plenty to do once the sessions are done for the day!

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## Welcome to CEU 2018!


**I AM PLEASED TO INVITE YOU TO JOIN ME AT THE** Clinical Endocrinology Update (CEU), our premier three-day meeting to provide physicians and researchers with the information and skills they need to keep their endocrine practice up-to-date and improve patient care.

For the first time, the event is taking place this year in two locations: Miami, Florida on September 4 – 5, and Anaheim, California on October 19 – 21. I am beyond excited that we are finally able to bring CEU to both an east and west location to reach even more talented endocrinologists and researchers. Endocrinology is constantly evolving, and both meetings allow us to better serve the endocrine community by exploring the newest breakthroughs and changes in our field.

I have participated in CEU as a speaker and as current president of the Endocrine Society, I am excited to champion these meetings. Renowned faculty from around the world will present a comprehensive, in-depth endocrine

program, and each three-day meeting will focus on case-based learning, giving you the opportunity to apply your knowledge to real-life scenarios. Sessions include Meet-The-Professor, debates, and panel discussions. CEU's smaller, more intimate setting means you will have the opportunity to work alongside and network with colleagues and experts in the field. I will be presenting "Overview of Thyroid Nodules" and "Challenging Thyroid Cases with Faculty" on Saturday in Miami and would be happy to meet with you after the sessions to answer any questions or discuss some of your cases in more detail.

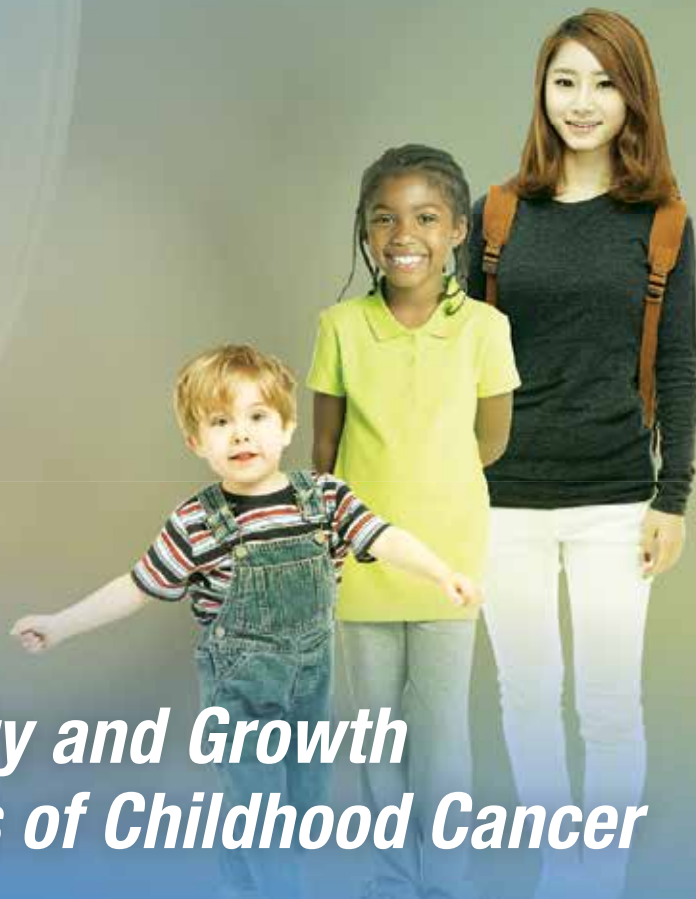
This special edition of *Endocrine News* provides a sneak peek into CEU and offers information on how to maximize your time at the meeting. Enjoy!

I look forward to seeing you at CEU this year. 

“  
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beyond excited  
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to both an east and  
west location to reach  
even more talented  
endocrinologists and  
researchers.”

— Susan Mandel, MD, MPH, President, Endocrine Society





# *Hypothalamic-Pituitary and Growth Disorders in Survivors of Childhood Cancer*

A NEW STANDARD FOR CARE

Get the latest recommendations on how to diagnose and manage hypothalamic-pituitary and growth disorders commonly found in childhood cancer survivors.

**40-50%**

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WILL DEVELOP  
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THEIR LIFETIME.

The guideline emphasizes key differences in the testing and treatment of these disorders that are specific to the childhood cancer survivor such as:

- Diagnosis and treatment of growth hormone deficiency
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FROM THE **EDITOR**

## Celebrating the New and Improved Bicoastal Clinical Endocrinology Update

**N**o, your August issue did not come to you early; you're looking at the very first "special issue" of *Endocrine News* and this one is devoted to the Endocrine Society's Clinical Endocrinology Update (CEU) program that typically takes place annually. However, for the first time we are holding the CEU on each side of the U.S. this year to give more clinicians the chance to participate in this amazing, intimate program.

To that end, it is our hope that this special issue of *Endocrine News* will entice you to attend one of these conferences. Clinicians who have attended CEUs in the past have raved about the intimate setting as well as the fact that none of the sessions compete with other sessions. Therefore, anyone who attends CEU can see every single session unlike the bigger conferences that are filled with concurrent educational tracks. With CEU, you're not forced to choose between topics; you can see it all!

If you're not convinced at what all the CEU programs have to offer, just start flipping through this issue; we've not only included a few selected highlights from the sessions, but we've also included highlights of the destinations, as well as Q&As with the committee chairs of both CEU programs, Janet Schlechte, MD (p. 12), and the Endocrine Board Review Steering Committee chair, Serge Jabbour, MD (p.40).

On page 44, you can see for yourself which program works best for you as writer Courtney Carson tells you "A Tale of Two Cities." This feature immerses you in a plethora of events and attractions at both CEU sites. The

**EBR (14.25 POINTS) and CEU (21.50 POINTS) are certified for both AMA PRA Category 1 Credit(s)<sup>TM</sup> and ABIM MOC points.**

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SPECIAL CEU ISSUE 2018

# Endocrine news

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

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days at CEU are long and intense so you will definitely want to make the most of your down time. And why not see if your family wants to join you for a few extra days?


With so many great sessions and faculty, it was truly difficult to pick which ones to highlight but somehow, we managed to winnow it down to the testosterone therapy debate (p. 34), endocrine bone health (p. 16), and treating transgender

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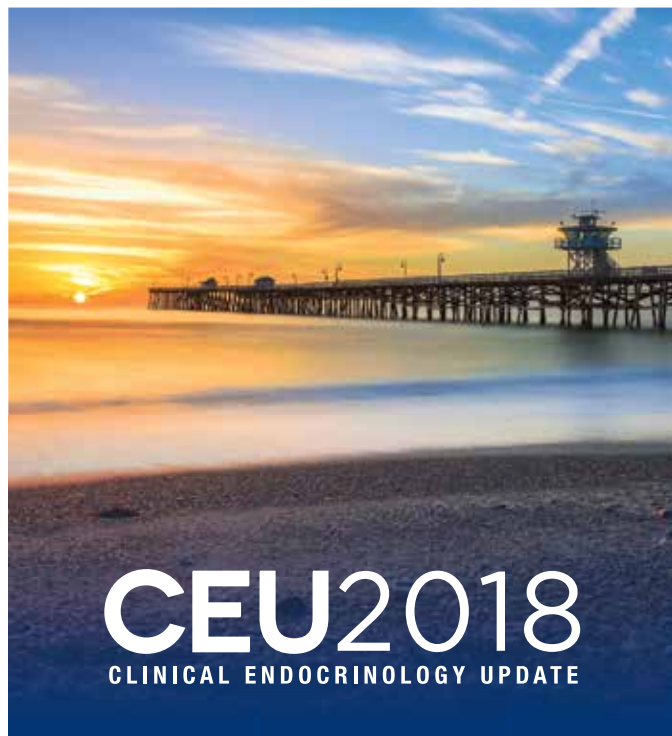
**...for the first time  
we are holding the CEU  
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the chance to participate  
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program..**

”

patients (p. 30). And if you're still not convinced about what a remarkable opportunity you have to attend CEU, on page 22 we've included a roundtable where past attendees — and one faculty member — explain why CEU is not to be missed and how it has helped them become better endocrinologists. One attendee even found a mentor.

So register for the CEU program of your choice today; early bird rates are in effect until August 3 (Miami) and August 17 (Anaheim): [www.endocrine.org/ceu](http://www.endocrine.org/ceu). 

— Mark A. Newman, Editor, *Endocrine News*



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# Q&A:



## *Janet A. Schlechte, MD, Chair, Clinical Endocrinology Update Steering Committee*

**Since the CEU program is doubling this year, *Endocrine News* spoke with Janet A. Schlechte, MD, chair of the CEU Steering Committee about why two is better than one as well as why this program is so vital to practicing endocrine clinicians regardless of how many years they have been in practice.**

**E**very year, the Endocrine Society holds the Clinical Endocrinology Update (CEU), which brings together hundreds of endocrine clinicians for a unique learning experience and opportunities to network with expert faculty and colleagues.

However, this year is different. The Endocrine Society will be sponsoring two CEUs, one in Miami, Fla., from September 6 – 8, and another in Anaheim, Calif., from October 19 – 21, thus giving practicing clinicians two opportunities to partake in CEU 2018.

*Endocrine News* caught up with Janet A. Schlechte, MD, chair of the CEU Steering Committee, to find out why this program is so vital to all clinicians regardless of how many years they have been in practice as well as the sessions she's looking forward to the most.





CEU attendees find the program ideal due to the more intimate setting than larger conferences, which provides them with an ideal way to update their knowledge and skill sets.

related to the management of diabetes and endocrine disease.

**EN:** How difficult was it in planning this year's program, considering there are so many topics presented by so many experts from around the world?

**JAS:** It is a challenge because there are so many topics that are interesting and important and not enough time for all. One of the strengths of CEU is the nationally and internationally recognized faculty.

**ENDOCRINE NEWS:** What do you think of the debut of a second session of CEU in 2018?

**JANET A. SCHLECHTE:** We are very excited about CEU West to be presented in Anaheim and the ability to offer this great educational opportunity to more clinicians.

**EN:** Who is the target audience for CEU?

**JAS:** CEU is designed for clinicians, fellows, and other individuals involved in the care of patients with endocrine disorders.

**EN:** In looking at the program, there seems to be an outstanding variety of topics covered in such a short period of time. Are there any sessions you are especially excited about this year?

**JAS:** Every year the committee is fortunate to have a multitude of topics and speakers to choose from as we assemble the program and, each committee member has a favorite topic. We do our best to broadly cover important and evolving issues

## CEU East

will be held in conjunction with the **Endocrine Society's Endocrine Board Review**, which will take place in **Miami** at the same venue immediately prior to CEU from **Tuesday September 4 – Wednesday September 5.**

For more information and to register, go to [www.endocrine.org/ebr](http://www.endocrine.org/ebr)

“While the Board Review is specifically designed for those who are preparing for certification or recertification exams, CEU offers a comprehensive update on management of common endocrine disorders.”



**EN:** The Endocrine Board Review is co-located immediately prior to CEU East in Miami. After people have spent three days learning about the latest updates in endocrinology, why should they stay for the Endocrine Board Review?

**JAS:** While the Board Review is specifically designed for those who are preparing for certification or recertification exams, CEU offers a comprehensive update on management of common endocrine disorders.

**EN:** Beyond an excellent educational program, what else can attendees expect to encounter while they're at CEU?

**JAS:** This is an excellent opportunity to network in a more personal environment with other endocrine professionals. This face-to-face time is something that I'm sure all attendees will find so valuable on a personal and professional level.

**EN:** If someone went to **ENDO 2018** in Chicago, should they go to CEU as well?

**JAS:** While **ENDO** is also an excellent educational venue for clinical endocrinologists it is a very large meeting focusing on recent scientific advances. CEU is a smaller meeting designed to emphasize clinical issues and to optimize interaction between clinicians and faculty. <sup>EN</sup>

## CEU West

The second CEU program of 2018 will be held in Anaheim, Calif., **Friday October 19** and **Sunday October 21**.

Register by **August 17** to save up to **\$185!**

Go to [www.endocrine.org/ceu](http://www.endocrine.org/ceu) to register for either program.

“ Every year the committee is fortunate to have a multitude of topics and speakers to choose from as we assemble the program and each committee member has a favorite topic. ”



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# BONING UP

## *A Look at Sessions on Endocrine*



# Disorders of the Bones



**From osteoporosis to hypophosphatemic maladies, CEU attendees will become very well versed in endocrine disorders of the bone and skeleton. A few of the speakers gave a glimpse into what their sessions will offer in discussing how to care for patients with common, as well as rare bone and mineral conditions.**

**BY GLENDA FAUNTLEROY SHAW**

**E**ach year, hundreds of clinicians register to attend the Endocrine Society's Clinical Endocrinology Update (CEU) to learn about recent advances in the field of endocrinology. For clinicians with interests in bone health and the treatment of bone disease, the 2018 CEU/Endocrine Board Review is a can't-miss opportunity to learn from some of the most trusted leaders in the specialty. The program encompasses a wide range of sessions that will focus on some of the most pressing concerns for treating today's common, and rare, bone disorders.

*Endocrine News* asked several of the invited speakers to share some of the highlights that attendees of the CEU can anticipate.



“

**The two most frequent questions I hear from patients are: ‘I heard that medication is dangerous (referring to bisphosphonates),’ and ‘I prefer to take a natural approach,’ usually meaning diet, supplements, and exercise.”**

— ANN KEARNS, MD, PHD, ASSOCIATE PROFESSOR, DIVISION OF ENDOCRINOLOGY, DIABETES, METABOLISM, NUTRITION, MAYO CLINIC, ROCHESTER, MINN.

## **The Year in Osteoporosis: What the Clinician Needs to Know**

Clinicians who provide care to patients with osteoporosis or who have concerns about the disease will gain major benefits from attending the session, “The Year in Osteoporosis: What the Clinician Needs to Know,” to be moderated by two renowned experts in the field.

“I’ll be discussing the concept of treat-to-target with a review of strategies to monitor osteoporosis treatment,” says E. Michael Lewiecki, MD, director of the New Mexico Clinical Research & Osteoporosis Center. “This will cover assessment of treatment response, achieving an acceptable level of fracture risk, and defining good response and poor response.”

Lewiecki will be joined by Carolyn Becker, MD, associate professor at Harvard Medical School and clinician in the Division of Endocrinology, Diabetes, and Hypertension at Brigham and Women’s Hospital. Becker says clinicians need to know some of the nuances of interpreting the Fracture Risk Assessment (FRAX) and dual X-ray absorptiometry (DXA) results, particularly in certain patient populations.

“They also need to think about fracture risk reduction from two perspectives: reducing falls and improving bone strength,” Becker adds. “Finally, they need to know how to approach long-term

osteoporosis management, including ‘drug holidays’ and appropriate drug sequences or combinations.”

Attendees of the session will also hear the experts’ views on the future for treating the condition. Both agree that there are challenges.

“The future of osteoporosis therapy is bright if we can make osteoporosis screening more available, expand the reach of (fracture liaison services) FLS for secondary fracture prevention, and do better at educating healthcare professionals with strategies such as a Bone Health TeleECHO,” Lewiecki says. He is the Director of the Bone Health TeleECHO (Extension for Community Healthcare Outcomes) Clinic, an ongoing interactive learning with teleconferencing discussions of real but de-identified patient cases.

## Osteoporosis: Answers to Patients’ Questions

“The main point attendees of my session will walk away with is a bigger understanding of how to address patients’ biggest concerns about treating osteoporosis, whether it is about non-traditional approaches (supplements), or it is side effects of medications,” says Ann Kearns, MD, PhD, associate professor in the Mayo Clinic’s Division of Endocrinology, Diabetes, Metabolism, Nutrition. Kearns will tackle the topic “Osteoporosis: Answers to Patient’s Questions.”

“The two most frequent questions I hear from patients are: ‘I heard that medication is dangerous (referring to bisphosphonates),’ and ‘I prefer to take a natural approach,’ usually meaning diet, supplements, and exercise,” Kearns explains.

In addition to presenting her audience with the latest information to answer these patient questions, and more, Kearns is also excited to highlight some of the initiatives to address osteoporosis after a fracture — secondary fracture prevention. Just as with treatment of other chronic diseases/conditions, osteoporosis treatments have a low level of adherence, and that limits fracture risk reduction, she adds.

## Update on the Management of Renal Bone Disease

Chronic kidney disease (CKD) is very common in the U.S., with an estimated prevalence of 14% — representing more than 26 million people, according to CEU presenter Robert Wermers, MD, Mayo Clinic professor and vice chair of Division of Endocrinology, Diabetes, Metabolism, Nutrition, Department of Internal Medicine.

“CKD mineral-bone disorder (MBD) refers to a





“I’ll be discussing the concept of treat-to-target with a review of strategies to monitor osteoporosis treatment. This will cover assessment of treatment response, achieving an acceptable level of fracture risk, and defining good response and poor response.”

— E. MICHAEL LEWIECKI, MD, DIRECTOR, NEW MEXICO CLINICAL RESEARCH & OSTEOPOROSIS CENTER, ALBUQUERQUE

complex spectrum of abnormalities in mineralization of bone (M), bone turnover (T), and bone volume (V) that is commonly present in CKD stages 3–5,” Wermers explains. “Over 660,000 individuals in the U.S. have end-stage renal disease, and of these, 71% are on dialysis and 29% have had a kidney transplant. Those with end-stage have the most complex forms of CKD-MBD.”

At his lecture, “Update on the Management of Renal Bone Disease,” Wermers plans to evaluate the complexity of bone and mineral disease in CKD including turnover, mineralization, and volume concerns.

“We will especially focus on the complexities in stages 4–5 CKD where more severe forms of CKD MBD are seen,” he adds. “I hope that we can develop some reasonable clinical approaches

to these patients in regard to treatment, realizing the paucity of data in this area.”

Wermers’ session will also review the new “The Kidney Disease: Improving Global Outcomes (KDIGO) 2017 Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention, and Treatment of Chronic Kidney Disease-Mineral and Bone Disorder (CKD-MBD).” The guidelines are a major update in the field since the last ones were published in 2009, Wermers says.

## Hypophosphatemic Disorders and Their Management

In her scheduled session on “Hypophosphatemic Disorders and their Management,” Suzanne Jan de Beur, MD, will offer attendees a substantive look into the rare inherited bone disorder hypophosphatemia. Jan de Beur is an associate professor of medicine at The Johns Hopkins University School of Medicine and the director of endocrinology at Johns Hopkins Bayview Medical Center.

She plans to help clinicians become familiar with the physiological control of phosphate homeostasis and the central role of FGF23.

“I also want them to understand the differential diagnosis of hypophosphatemic disorders,” she adds.

The most common form of inherited hypophosphatemia is X-linked hypophosphatemia, and its incidence is 1/20,000 live births in the U.S., according to Jan de Beur. The other inherited forms such as autosomal dominant hypophosphatemia rickets (ADHR), autosomal recessive hypophosphatemia rickets (ARHR), and hereditary hypophosphatemic rickets with hypercalcuria (HHRH) are much more rare. <sup>EN</sup>

FAUNTLEROY SHAW IS A FREELANCE EDITOR/WRITER BASED IN CARMEL, IND. SHE IS A REGULAR CONTRIBUTOR TO *ENDOCRINE NEWS*.



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# Second Opinions:

What Your Colleagues Are  
Saying About CEU



*Endocrine News* reached out to a few past attendees — and one faculty member — of the Endocrine Society’s Clinical Endocrinology Update to find out why they feel it’s such a vital part of an endocrine clinician’s training.

BY MARK A. NEWMAN





Joanna Miragaya



Ricardo Correa

“ I learn new things or I reinforce my knowledge on a specific topic approximately 100%. This translates into better patient care and improving my academic activities in teaching fellows and residents.”

— RICARDO CORREA, MD, ESD, FACP, FACR, CMQ, WARREN ALPERT SCHOOL OF MEDICINE, WARREN, R.I.

If there's one thing that is certain about the practice of endocrinology is that it's evolving constantly. Therefore, it is vital for practicing endocrinologists to stay up to date with this ever-changing field for the best interests of their practices, patients, and their own base of knowledge.

The best way to build up that base of knowledge is via the Endocrine Society's Clinical Endocrinology Update (CEU). Previously CEU was held annually, but this year the event is taking place on two occasions: in Miami September 4 to 8 and in Anaheim, Calif., from October 18 to 21.

CEU brings practicing endocrinologists together from around the world regardless of their experience levels for an intensive and intimate course of study that serves to bring them up to speed with the latest breakthroughs in the field of endocrinology.

However, the best way to learn about an event is to hear from those who know it best: past attendees. *Endocrine News* reached out to Endocrine Society members to get their thoughts on CEU, why they went, what they learned, and why it has become an essential for a clinician seeking to further his or her skills in the practice of endocrinology (a long-time faculty member also weighed in).

We spoke to past attendees Joanna Miragaya, MD, PhD, assistant professor, Emory University, Atlanta, Ga.; Ricardo Correa, MD, EsD, FACP, FACR, CMQ, Warren Alpert School of Medicine, Warren, R.I.; and Katherine Araque, MD, adult endocrine fellow, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Md. We also got input from past and current session speaker Anders Carlson, MD, medical director at the International Diabetes Center, Minneapolis, Minn., who will be discussing new advances in continuous glucose monitoring in Miami and Anaheim.

## Endocrine News: Why do you think the CEU program is so important?

**Joanna Miragaya:** It provides outstanding lectures by

nationally and internationally known experts in different fields of endocrinology that is simply not available elsewhere in this intimate setting.

**Ricardo Correa:** CEU is the best endocrine update program I have attended. The quality of the lectures and the speakers are above and beyond what you would expect. They focus on what is important for your clinical practice and perfectly correlate it with the latest research. Since they are from different areas, including academia and private practice, you get all the different aspects of clinical endocrinology.

**Katherine Araque:** CEU provides me with an environment where I can focus on a comprehensive endocrine review of updated information which will eventually increase the quality of care I give to my patients.

**Anders Carlson:** I think it is important for two reasons: first, for busy clinicians, it is great to have a conference that is this densely packed with such high-yield, clinically relevant, and up-to-date presentations. Second, again because we are all busy clinicians seeing patients, we often do not get the chance to meet other endocrinologists and learn about their practices and experiences. CEU helps bring the larger endocrine community together.

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## EN: How does attending CEU help you in your own practice?

**JM:** Since practice standards and guidelines are often being revised, CEU offers us a look at this updated information. The reviews of most common and important topics that are specifically applicable to me and my practice and patients are especially valuable.

**RC:** I learn new things, or I reinforce my knowledge on a specific topic approximately 100%. This translates into better patient care and improving my academic activities in teaching fellows and residents. The way the speakers explain each topic from diabetes to rare conditions is easily understood. Your patients benefit directly because you will provide the best evidence to their care.



Katherine Araque



Anders Carlson

“ CEU provides me with an environment where I can focus on a comprehensive endocrine review of updated information which will eventually increase the quality of care I give to my patients.”

— KATHERINE ARAQUE, MD, ADULT ENDOCRINE FELLOW, NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES, BETHESDA, MD.



**KA:** I learn practical approaches for common and complicated clinical scenarios. All the information is entirely evidence-based. Attending CEU has allowed me to widen the use of new therapies and diagnostic tools after I have attended the program.

**AC:** To me, the presentations at CEU are designed to be “what you can incorporate into your practice right now” talks. They are tailored to new or difficult (often both) treatment decisions. I’ve heard many times from other colleagues, “Well I heard at CEU that you can do this or that...”; it’s a great way to disseminate information among practices groups.

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**EN: What was the deciding factor for you when you first attended CEU?**

**JM:** It was my first year after graduation and I felt a course such as CEU would provide the tools to improve patient care. Boy, was I right!

**RC:** The deciding factor to attend CEU was if it will be worth it to spend days listening to lectures and if this will translate to a learning improvement in my clinical and academic practice. Now I have no doubt that that was the best thing I did because I know the evidence from firsthand and also know where to look at new evidence.

**KA:** I decided to attend CEU for a refresher on general endocrine topics and to prepare for the endocrinology boards. *[Note: The Endocrine Society’s Endocrine Board Review takes place in Miami September 4 – 5, prior to CEU East September 6 – 8.]*

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**EN: What does CEU offer that you don’t get at other conferences or educational meetings?**

**JM:** CEU centers on the daily endocrine practice, including challenging issues that so many of us face on a day-to-day basis. The course is concise in that there are no sessions competing with each other and the schedule allows for one lecture at a time. Therefore, I don’t miss a thing!

**RC:** CEU offers a personalized learning environment. Instead of being with a thousand people listening to the top research expert on a topic, CEU focuses on the basics of new updates that you need to know with speakers that know how to manage

“CEU centers on the daily endocrine practice, including challenging issues that so many of us face on a day-to-day basis.”

— JOANNA MIRAGAYA, MD, PHD, ASSISTANT PROFESSOR, EMORY UNIVERSITY, ATLANTA, GA.



“ Because we are all busy clinicians seeing patients, we often do not get the chance to meet other endocrinologists and learn about their practices and experiences. **CEU helps bring the larger endocrine community together.**”

— ANDERS CARLSON, MD, MEDICAL DIRECTOR,  
INTERNATIONAL DIABETES CENTER, MINNEAPOLIS, MINN.



the audience. The speakers vary between young and senior people, but the main characteristics of all of them is that they know what your needs are and will achieve the goal of making you understand everything that is important on specific topics.

**KA:** CEU offers practical knowledge that I can use in my general endocrinology practice.

**AC:** I think it comes down to being entirely clinical — this would not be the conference to come to learn about the latest rodent study or a small pilot project. It is also a unique way to interact and ask experts questions and have plenty of meet-the-professor time.

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## EN: If someone was on the fence about attending CEU, what would you say to them?

**JM:** Go! Try it out! You will not regret it, and I promise you will be back the next year for more!

**RC:** I would tell them that the CEU is not just a research program that will give you the latest updates, but it's a clinical program that will focus on your personal needs for your practice. I would tell them about my own experiences of putting information I learned at CEU into practice with my patients. Also, I truly feel that I am a better endocrinologist because of CEU.

**KA:** I would tell them that it is a highly effective opportunity to cover multiple topics in a concise manner by various subspecialty leaders in the field in a short period of time.

**AC:** If you're looking to get up to speed on all the latest developments and practices in endocrinology, this is one of the best ways I can think of to do so. Especially if you are planning to take your boards soon, this is a great way to hone your knowledge. And it's a great way to network with clinicians from other institutions, meet up with old colleagues, and make new connections within our endocrine community.

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## EN: What makes you come back to CEU each year?

**JM:** Review and updated lectures applicable to the practice and great opportunity for networking!


**RC:** I want to stay up to date in endocrinology for my patients and my trainees. This makes me realize that besides reading and publishing, I need a mentor that can guide me in topics that I am not so familiar with. CEU provides this need that in my case. Every year I learn something new, even in topics I thought I already fully understood. As a young academic physician scientist, CEU provides me with the tools to continue teaching at a higher level to my trainees and using the best evidence-based approach to my patients.

**KA:** I come to CEU every year to stay up to date with endocrinology practice and evidence-based developments in our field.

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## EN: Any memorable CEU stories you would like to share?

**RC:** The first time I attended, I had a patient whom I had several questions about how I should proceed regarding the diagnosis. During the CEU, I had the opportunity to talk to the speaker on that topic and exchange emails with him, and I described the patient to him. He gave me guidance on how to diagnose and manage my patient. Since that time, that excellent physician has become one of my chief references for difficult cases, and we have even published together. CEU gave me more than knowledge; it also gave me a mentor.

Early bird rates to register are still in effect. Register today at [www.endocrine.org/ceu](http://www.endocrine.org/ceu). 

# TRANSGENDER HEALTH:

## *The Endocrinologist as Local Expert*



**"Transgender Women: Evaluation and Management"** will be presented by Joshua Safer, MD, at the Meet-the-Professor sessions (round 1):

<b>Miami</b>	<b>Thursday, Sept. 6</b>	<b>1:25</b>
<b>Anaheim</b>	<b>Friday, Oct. 19</b>	<b>1:25</b>

As the transgender community continues to thrive, it's becoming more and more likely that a practicing endocrinologist will encounter such a patient. A CEU session presented by Joshua Safer, MD, executive director of the Mount Sinai Health System for Transgender Medicine and Surgery in New York, will address the special needs of this growing patient population.



A 2016 study from the UCLA School of Law revealed that an estimated 1.4 million U.S. adults identify as transgender. Endocrinologists are primed to be on the front lines in treating this growing population.

**BY DEREK BAGLEY**

**T**his year, the Endocrine Society's Clinical Endocrinology Update (CEU) will take place in two locations, Miami and Anaheim, which means attendees on both coasts can brush up on the latest breakthroughs and best ways to care for patients. The presenters, as always, share what they've learned and what they practice on the cutting edge of endocrine science.

A relatively new field in endocrinology is the treatment of transgender patients. New and small, it's a field that needs to adapt and grow, as more people are identifying as transgender. A June 2016 study from the University of California Los Angeles School of Law's Williams Institute found that about 0.6% of the U.S. adult population identifies as transgender. "This figure is double the estimate that utilized data from roughly a decade ago and implies that an estimated 1.4 million adults in the U.S. identify as transgender," the authors (Flores, et al.) write. That's not a small number, and it's a number that will continue to grow, and endocrinologists have the opportunity to be on the forefront of treating this rising population.

Joshua Safer, MD, executive director of the Mount Sinai Health System Center for Transgender Medicine and Surgery (CTMS), is an internationally renowned clinical endocrinologist and leading authority in transgender medicine. He was a co-author of the Endocrine Society guidelines for the medical care of transgender patients and was previously the founding medical director of the Center for Transgender Medicine and Surgery at Boston Medical Center and Boston University School of Medicine. Safer is president of the United States Professional Association for Transgender Health (USPATH) and the steering



from their transgender patients about hormones, whether it's a question about a simple hormone regimen or more sophisticated concerns about the relative safety of hormones in people who have medical conditions. "The endocrinologist, like for every other hormone question, needs to be the local expert on that subject, this too," Safer says.

## Getting Up to Speed


Safer says that this year's CEU meetings are opportunities for endocrinologists to get up to speed and get comfortable with answering those questions and provide the best access to care they can for their transgender patients, since most practicing endocrinologists have not received training on treating transgender patients in the past. "This has not been taught in conventional medical curricula, not medical school, not residency, not fellowship," he says.

For Safer, the future of transgender care looks like this, with endocrinologists emerging as leaders in the field: "It should be the case that a transgender individual should be able to say, 'Oh, I'm transgender,' or 'I think I'm transgender,' or maybe a parent says, 'I think my kid is transgender.' If the primary care provider has less expertise or comfort or there's a more difficult concern relating to other medical conditions, then the most convenient endocrinologist in that system or in that community would be, like for other common

“ The point will be to look at strategy for hormone care as well as the current concerns about potential pitfalls of hormone care and how those can be mitigated by monitoring them carefully if necessary and/or other interventions.”

— JOSHUA SAFER, MD, EXECUTIVE DIRECTOR, MOUNT SINAI HEALTH SYSTEM CENTER FOR TRANSGENDER MEDICINE AND SURGERY, NEW YORK

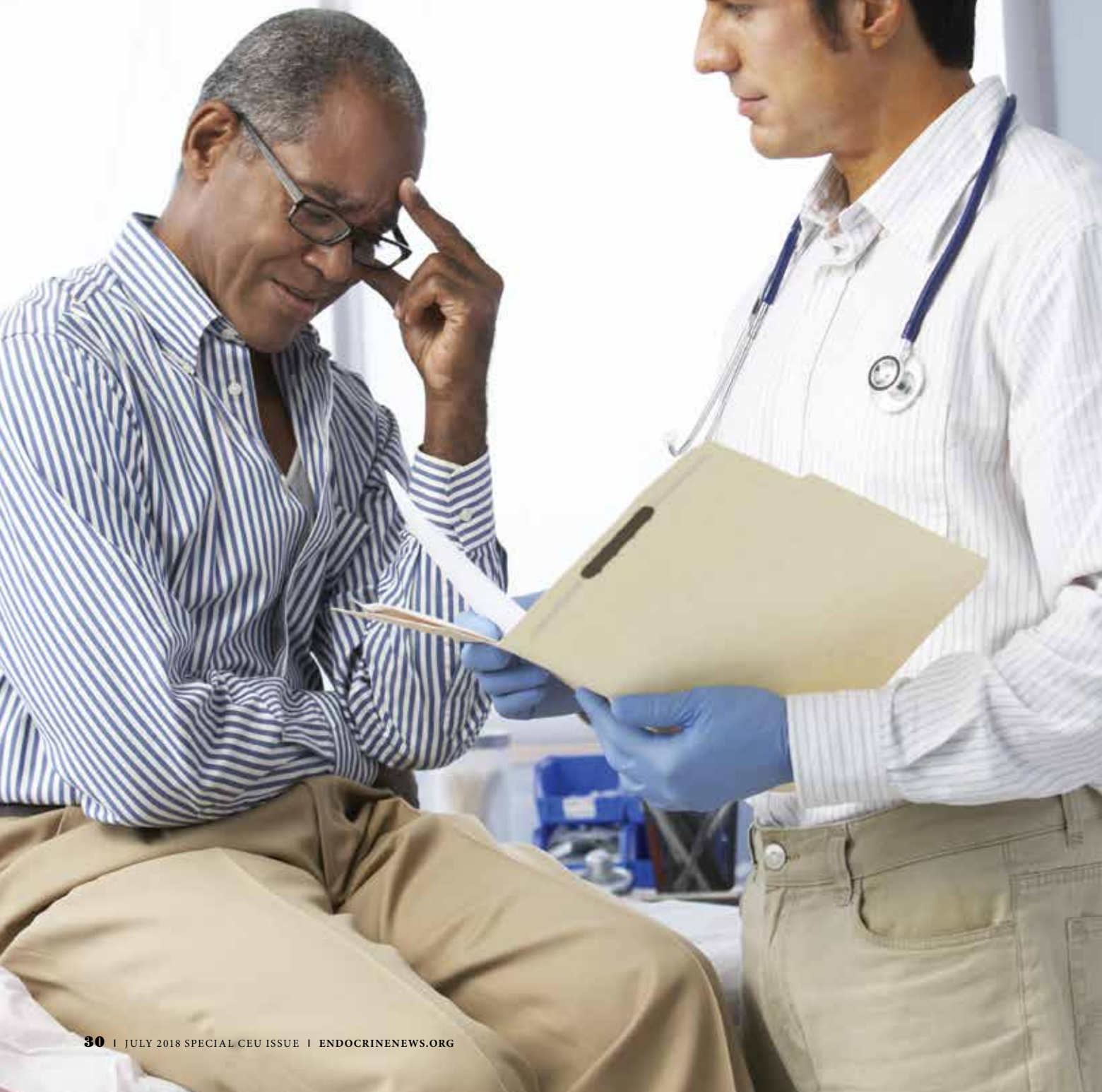
hormone questions, able to serve as the resource for guiding that patient and that primary care provider.”

Again, this is a growing population, so becoming 'local experts' on treating these patients will become necessary. Safer's CEU session will offer practicing endocrinologists the knowledge and tools to be the leaders in their communities for providing optimal access to care for transgender patients, comfortable and confident in answering any questions about hormone care that may arise. 



BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. HE WROTE ABOUT PROVIDER BIAS IN RECOMMENDING SURGERY FOR YOUNGER OBESE PATIENTS IN THE JULY ISSUE.

**At CEU, experts will take a case-based approach to exploring the controversies involved in testosterone therapy in the session “Case-based Debate of Whether to Start Testosterone Therapy and How to Monitor.”**



# Controversies

*continue to confound*



## TESTOSTERONE THERAPY

BY ERIC SEABORG

Despite — or perhaps because of — the huge increase in recent years in men requesting treatment for low testosterone levels, controversies continue to dog many aspects of the treatment.

**A** Clinical Endocrinology Update session will explore the evidence — and lack thereof — that can lead to perplexing questions in a “lively discussion,” according to Bradley Anawalt, MD, a professor of medicine at the University of Washington in Seattle. He will moderate the session “Case-based Debate of Whether to Start Testosterone Therapy and How to Monitor.”

“Clinicians around the country are faced with a lot of men coming in, saying, ‘I think I have “low T,”’ Anawalt says. Endocrinologists are faced with a quandary of sorting out when the benefits outweigh the risks, as well as how to deal with the Food and Drug Administration’s (FDA) required “black box” warnings that testosterone treatment may increase risk of myocardial infarction and stroke as well as increase the risk of venous blood clots.

Fortunately, the Endocrine Society recently issued a clinical practice guideline which provides a reference and starting point for most treatment. The guideline states clearly that men should be treated only if they have not only consistently low testosterone levels by a validated test, but also symptoms of androgen sufficiency.

# MIAMI

“Case-based Debate of Whether to Start Testosterone Therapy and How to Monitor” will be presented at the CEU Miami on Thursday September 6 from 2:45 to 3:15. The faculty will include:

#### Debaters:

- ▶ Brad Anawalt, University of Washington Medical Center, Seattle
- ▶ Shehzad Basaria, Brigham and Women’s Hospital, Boston, Massachusetts

#### Moderator:

- ▶ Maggie Wierman, University of Colorado

# ANAHEIM

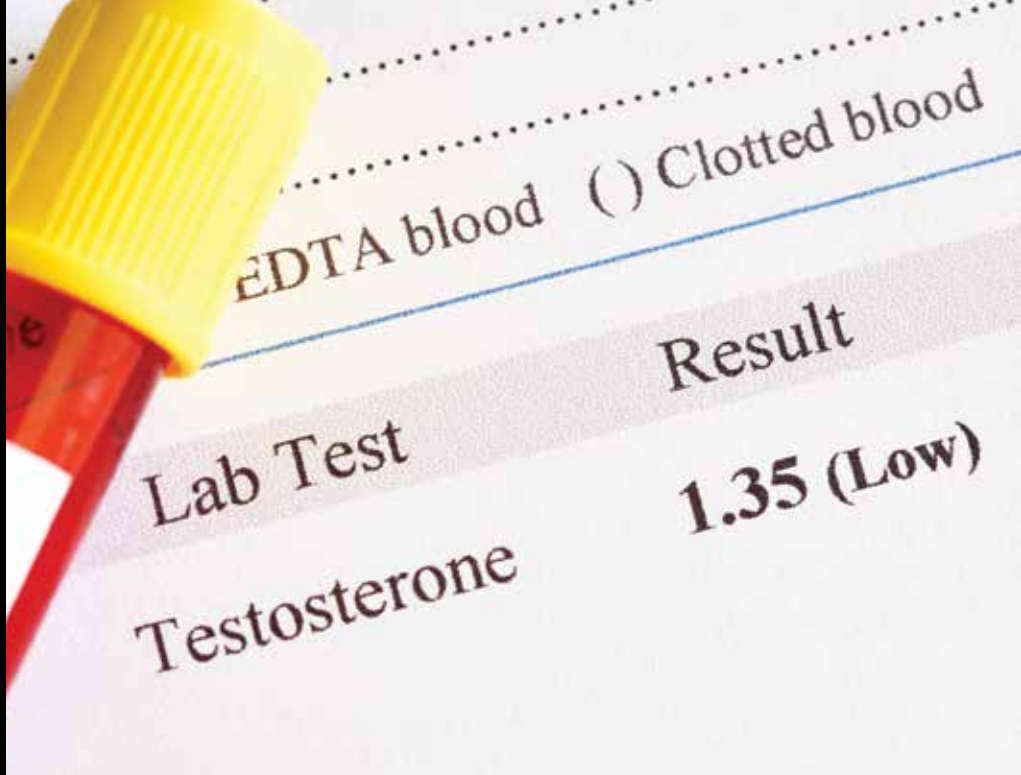
“Case-based Debate of Whether to Start Testosterone Therapy and How to Monitor” will be presented at the CEU Anaheim on Friday October 19 from 2:45 to 3:15. The faculty will include:

#### Debaters:

- ▶ John Amory, University of Washington Medical Center, Seattle
- ▶ Shehzad Basaria, Brigham and Women’s Hospital, Boston, Massachusetts

#### Moderator:

- ▶ Brad Anawalt, University of Washington Medical Center, Seattle



## Exploring the Difficult Cases

The debate at CEU is designed to explore the kinds of cases that are difficult to address fully in a guideline. At a session on the diagnosis and management of male hypogonadism at ENDO 2018, Anawalt presented a hypothetical case that touches on three of the big controversies. The patient is a 64-year-old man diagnosed with severe primary hypogonadism based on a consistently very low serum testosterone concentration accompanied by elevated gonadotropins (follicle-stimulating hormone and luteinizing hormone). His symptoms and signs include a marked decrease in libido and muscle strength.

His medical history is remarkable for localized prostate cancer (Gleason 7) that was treated with radical prostatectomy six years ago. His surgical margins were clear, and follow-up imaging and serum PSA measurements have shown no sign of recurrence. He has a history of coronary artery disease and lower extremity deep venous thrombosis after an ankle fracture ipsilateral to the thrombosis.

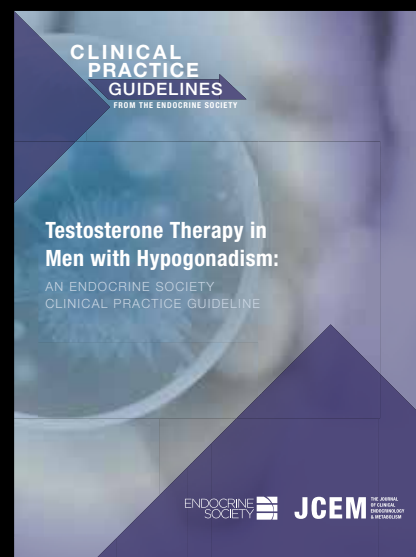
#### Physical examination:

- Height 69 inches (175 cm) and BMI 31 kg/m<sup>2</sup>
- Blood pressure 130/82 and heart rate 76
- He has normal secondary sexual characteristics. He has a normal cardiac and pulmonary exam. There is no gynecomastia or nipple discharge. He has a normal penis and his testes are 20 mL bilaterally.
- Labs: Serum prostate specific antigen (PSA) is undetectable.
- Bone densitometry (DXA) reveals a T score of -1.5 in the left hip and -2.2 in the lumbar spine.



“ This session will be a deliberate effort to give the clinical audience a bird’s-eye view about how we think, how we wrestle with the difficult questions, what are the data, and what situations really make us squirm. **It is intended to allow the clinicians to question dogma, and to think about the patient who is sitting in front of them, and to tailor the management of male hypogonadism to the individual patient.**”

— BRADLEY ANAWALT, MD, PROFESSOR OF MEDICINE, UNIVERSITY OF WASHINGTON, SEATTLE



## Does Testosterone Feed Prostate Cancer?

A first question this case raises is whether his history of prostate cancer precludes treatment with testosterone.

“Prostate cancer was previously considered an absolute contraindication to treatment with testosterone,” according to John Amory, MD, MPH, a professor of medicine and section head of general internal medicine at the University of Washington Medical Center, who will be one of the presenters at the workshop. “This is certainly still the case for someone with untreated or advanced prostate cancer. However, over the last decade this stance has been reconsidered for men with a history of localized prostate cancer status post prostatectomy and an undetectable PSA. Such men can be considered as candidates for treatment if they are hypogonadal and symptomatic with appropriate counseling. Such patients require close monitoring with PSA.”

The 2018 Endocrine Society guidelines say that in cases like this one, involving a patient who has undergone radical prostatectomy, has undetectable PSA, and no detectable residual disease two or more years after surgery, the lack of data from randomized controlled trials precludes making a general recommendation.

Anawalt adds that “the rationale for [treatment] is that there is benefit for testosterone therapy in male hypogonadism — including increased bone density and muscle strength, improved sexual function, and improved sense of well-being — and low risk of stimulating prostate cancer growth in men without evidence of persistent prostate cancer.” And PSA provides a marker of prostate cancer growth that can be followed in these men.

## AT A GLANCE

- ▶ With many patients seeking treatment for “low T,” many cases involve a host of factors that mean endocrinologists face a quandary in sorting the benefits vs. risks.
- ▶ A history of prostate cancer used to be a contraindication to testosterone treatment, but that is no longer the rule in cases that meet the right criteria.
- ▶ Patients need to know that testosterone formulations include FDA “black box” warnings on the risks of cardiovascular disease and venous thrombotic disease— and clinicians should be prepared for shared decision making based on a patient’s risks.



**“ Given the uncertainty about the impact of testosterone therapy on the progression of atherosclerosis, counseling is certainly important, and this counseling should include mention of the FDA’s ‘black box’ warning about the potential for increased cardiovascular events. Knowledge of how extensive the disease was might factor into the shared decision-making.”**

— JOHN AMORY, MD, MPH, PROFESSOR OF MEDICINE; SECTION HEAD, GENERAL INTERNAL MEDICINE, UNIVERSITY OF WASHINGTON MEDICAL CENTER, SEATTLE

## Cardiovascular Complications

The “black box” warning on potential increased risks of cardiovascular events means that the patient’s history of coronary artery disease is another issue to consider. Ten months ago, he was admitted to the hospital for unstable angina. He had EKG, laboratory, and imaging findings consistent with a small inferior myocardial infarction. He began intensive medical therapy and has had no angina since that event.

“This patient should be counseled on the controversy about testosterone replacement therapy and cardiovascular risk,” Anawalt says. “The FDA ... advises practitioners to make patients aware of these potential risks when deciding whether to initiate or continue testosterone therapy.” But if the details above were the extent of the patient’s disease, Anawalt would be comfortable in offering treatment.

“Given the uncertainty about the impact of testosterone therapy on the progression of atherosclerosis, counseling is certainly important, and this counseling should include mention of the FDA’s ‘black box’ warning about the potential for increased cardiovascular events,” Amory says. He notes that it would be important to know more details about the patient’s history, such as whether the patient had a coronary catheterization. “Knowledge of how extensive the disease was might factor into the shared decision-making,” he says.

## Thromboembolic Considerations

The “black box” warning on the potential increased risk of blood clots, and the patient’s history of deep venous thrombosis after an ankle fracture provide another topic to discuss with the patient and opportunity for shared decision making, Anawalt and Amory say.



Amory notes that based on this limited information in which the patient apparently “had only a single clot with a clear precipitant (the ankle fracture), he appears to be at lower risk than someone with a history of multiple clots, a recognized clotting disorder, or an unprecipitated clot.”

## Which Form of Therapy?

Anawalt would also be willing to offer treatment to this patient, with the choice of therapy governed by the patient’s choice between transdermal testosterone gel and intramuscular injection of testosterone cypionate.

“I prefer the gel for older patients,” Amory says, because in this age group the risk of polycythemia is higher with injections than the 2% risk with gel. “The gel would be my first choice, but if the patient insisted on the injection, that would be okay with appropriate monitoring.”

Anawalt promises the session will include additional controversial cases explored at greater depth than this article allows, with a strong emphasis on audience participation: “This session will be a deliberate effort to give the clinical audience a bird’s-eye view about how we think, how we wrestle with the difficult questions, what are the data, and what situations really make us squirm. It is intended to allow the clinicians to question dogma, and to think about the patient who is sitting in front of them, and to tailor the management of male hypogonadism to the individual patient.” <sup>EN</sup>

John Amory, MD, MPH, says he prefers topic gel (above) for older patients but would use injectable testosterone (below) if the patient insisted on it.



SEABORG IS A FREELANCE WRITER BASED IN CHARLOTTESVILLE, VA. HE WROTE ABOUT NEW RESEARCH ADVANCING THE POTENTIAL DEVELOPMENT OF THE MALE BIRTH CONTROL PILL IN THE JUNE ISSUE.

“ EBR course planning goes through various stages. There is extensive work behind the scenes in order to make sure that learner needs are met.”



## Q&A: Serge Jabbour,

MD, FACP, FACE,  
Chair, Endocrine Board Review  
Steering Committee

Each year, the Endocrine Society holds the Endocrine Board Review (EBR) a series of case-based reviews for endocrinologists planning to take the 2018 endocrine board exam. Aside from fellows embarking on their careers in endocrinology, it's an ideal venue for practicing endocrinologists preparing to re-certify or to simply get an intensive knowledge assessment.

This year, EBR 2018 is taking place on September 4 and 5 in Miami, Fla., at the Intercontinental Hotel Miami, and is a vital part of any practicing endocrine clinician's continuing education program. *Endocrine News* spoke with chair of the EBR Steering Committee, Serge Jabbour, MD, FACP, FACE, professor of medicine; director, Division of Endocrinology, Diabetes & Metabolic Diseases, Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia to find out who should attend EBR, why is it so important, and a few study tips for those planning to attend.



**ENDOCRINE NEWS:** Who should consider attending EBR?

**SERGE JABBOUR:** EBR is mainly a case-based course (each question has a clinical stem) that provides a comprehensive review of most endocrine topics for three categories of physicians:

- ▶ **Endocrine fellows planning to take the ABIM/endocrine board exam;**
- ▶ **Practicing physicians preparing to re-certify; and**
- ▶ **Physicians seeking a comprehensive knowledge assessment in endocrinology.**

**EN:** How does EBR help those clinicians preparing for certification or recertification?

**SJ:** The EBR program is designed as a mock exam with rapid-fire questions emulating the format and subject matter of the ABIM's Endocrinology, Diabetes, and Metabolism Certification/Recertification Examination. After each question, faculty provide a detailed answer rationale. The topics reviewed are based on the ABIM blueprint and the questions are based on clinical cases written in a format and style similar to the ABIM examination.

EBR Online session recordings are also available after the program and provide an interactive recording of the entire meeting, where candidates can re-test and compare scores with their peers and receive customized score reports for each topic area.

**EN:** How difficult was it in planning this year's program?

**SJ:** I wouldn't say it was difficult, but it is time consuming to ensure that the course is built to meet learner needs. EBR course planning goes through various stages. There is extensive work behind the scenes in order to make sure that learner needs are met. Each committee member is asked to write 20 to 30 questions in their field of expertise, including new and revised questions from the EBR database. Subsequently, all the questions are reviewed and edited by all committee members during a live peer review meeting in the first few months of the year. The questions are recirculated again after revisions are made and once finalized, they go to print in preparation for the EBR meeting in the fall.

**EN:** What topics in EBR do you feel are especially relevant?

**SJ:** All topics reviewed in EBR are relevant. The topics are exactly the same as ABIM's, including diabetes, thyroid,

**“EBR is meant to test the knowledge of candidates, see how well prepared for ABIM examination they are, and uncover weaknesses in certain topics...”**



One of the many stunning sights that Miami has to offer.

pituitary, adrenals, lipids, obesity, calcium and bone, female reproduction and male reproduction. All questions in EBR are written based on ABIM blueprint and in a similar format.

**EN:** EBR is essentially a mock exam. How should attendees prepare?

**SJ:** EBR is meant to test the knowledge of candidates, see how well prepared for ABIM examination they are, and uncover weaknesses in certain topics, allowing the attendees to improve their knowledge and learn how to read, interpret, and answer each question on the real endocrine board examination.

Following the course, all learners receive the slide sets that contain the detailed answer rationale to help them continue their learning. Additionally, learners are provided

a performance report detailing how they answered each question during the course, which can be used to focus their study for the board exam and improve their clinical practice

**EN:** The EBR is co-located with CEU East in Miami this year. After they have spent two intense days at EBR, why should they stay for CEU?

**SJ:** CEU provides attendees an opportunity to receive the latest updates in endocrinology. Led by expert faculty, this three-day meeting delivers a comprehensive endocrine program that emphasizes case-based learning to apply in practice. Presented in a variety of formats, including Meet-the-Professor sessions, lively debates, and panel discussions, CEU will allow physicians to learn from and network with faculty at the forefront of endocrine practice and research. **EN**



# ARE YOU READY FOR YOUR BOARDS?

Start preparing for your board exams today with **ESAP™ 2018** and **Endocrine Board Review 9th Edition** available in print and online. EBR is the essential guide for assessing your knowledge featuring more than 200 multiple-choice, case-based questions with detailed answer rationale. **ESAP™ 2018** provides clinical education featuring three learning modes:

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# *A Tale of*

BY COURTNEY CARSON

# TWO CEU CITIES

The field of endocrinology is constantly evolving. Clinical Endocrinology Update (CEU) offers an opportunity to receive the latest updates in diagnosis and treatment options. Led by expert faculty, this three-day meeting delivers a comprehensive endocrine program that emphasizes case-based learning to apply in practice. Presented in a variety of formats, including Meet-the-Professor sessions, lively debates, and panel discussions, CEU will take place twice this fall offering opportunities to network with faculty at the forefront of endocrine practice and research.

Clinical Endocrinology Update: 2018 Miami will take place September 6–8, 2018 at the Intercontinental Hotel Miami in Miami, Florida.

Clinical Endocrinology Update: 2018 Anaheim will take place October 19–21, 2018 at the Hyatt Regency Orange County in Garden Grove, California.

Register now to attend CEU and come early or stay late to explore all Miami and Anaheim have to offer.

Fireworks over Anaheim's ARTIC. Photo courtesy of VisitAnaheim.com, copyright Ryan Luna/ryanlunaphotography.com





Photos courtesy of the Greater Miami Convention and Visitors Bureau, [MiamiandBeaches.com](http://MiamiandBeaches.com).

## Welcome to Miami!

**A**n international city at the southeastern tip of Florida, Miami has become a top vacation destination for travelers across the world. It's hard to imagine that a century ago, this buzzing city was a vast swampland.

Today, Miami pays tribute to its storied past while remaining on the cutting edge of what's to come. Cuban influences abound in Little Havana where cafes and cigar shops line Calle Ocho. Across the turquoise water of Biscayne Bay is Miami Beach, home to South Beach, known for its white sand beaches and trendsetting nightclubs. And the Art Deco District displays architectural gems built in the years following a devastating hurricane that razed the city in 1926. Whether travelers stick to one area or explore every corner of Miami, there is never a shortage of places to go, food to eat, or tequila to drink.

### See the Sights

A trip to Miami could not be complete without a visit to South Beach. Here, beach-goers can rent umbrellas and chairs or bring their own for a day at the beach, visit Lincoln Road Mall, the popular outdoor, pedestrian-only stretch of shops, restaurants, and bars, and take a 90-minute architectural walking tour sponsored by the Miami Design Preservation League.

For those looking for a slower pace, Vizcaya Museum, a historic estate, showcases formal gardens, sculptures, and grottos in a circa-1914 mansion-turned-museum, while Jungle Island offers a glimpse into wildlife that calls Miami home along with exotic creatures from across the world.

Miami's art scene is sure to impress with the newly renovated Bass Museum of Art, Cisneros Fontanals Art Foundation's private collection focused on Latin American artists, and Wynwood Walls, an outdoor museum showcasing large-scale works by some of the world's best-known street artists.

### Rest Assured

CEU's home base is the Intercontinental, a luxury hotel in the heart of downtown Miami overlooking Biscayne Bay. In addition to well-appointed guest rooms, all featuring large marble bathrooms, the Intercontinental offers a world-class spa, award-winning restaurants, and a luxurious rooftop pool.

Other famed places to stay include the Fontainebleau, one of the most historically and architecturally significant hotels in Miami Beach and the Delano, the iconic hotel that South Beach is known for. There is never a shortage of upscale accommodations across Miami sure to offer a memorable stay.

# Memorable Miami Events

From beaches to museums and everything in between, there is no shortage of things to do in Miami, but these special events prove the Magic City always has another trick up its sleeve.

## Miami Spice

August 1 – September 30

Calling all foodies! Miami Spice is an annual showcase of Miami's hip culinary scene. Enjoy three-course, prix-fixe menus prepared by Miami's hottest chefs at the best restaurants in the city for a great price (brunch \$23, lunch \$23, and dinner \$39). Get all the details and find participating restaurants at [www.miamiandbeaches.com/special-offers/monthly-deals/miami-spice-month](http://www.miamiandbeaches.com/special-offers/monthly-deals/miami-spice-month).

## International Ballet Festival of Miami

August 26 – September 15

Taking place at multiple venues across Miami, the International Ballet Festival will showcase performing arts by more than 20 ballet companies from around the world and more than 200 dancers. Ticket prices vary depending on the event. For more information, visit [www.internationalballetfestival.org](http://www.internationalballetfestival.org).

## Siempre Flamenco's 13th Annual Festival de Cante Flamenco

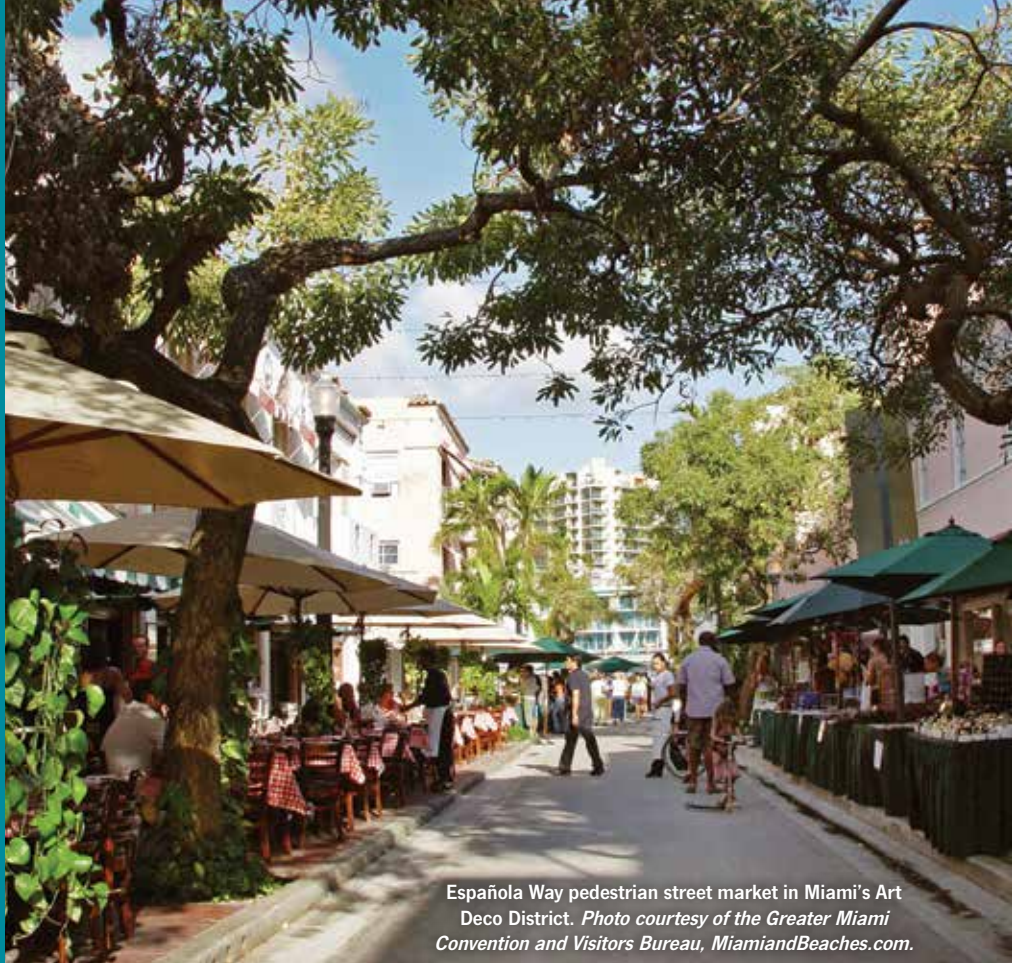
September 1 – 2

Celebrating 13 years of Cante Flamenco in Miami, Siempre Flamenco's festival returns to the Arsht Center for a spectacular production featuring acclaimed Spanish singers and world renowned dancer Jose Barrios. To purchase tickets, go to [www.arshtcenter.org](http://www.arshtcenter.org).

## Miami Home Design and Remodeling Show

September 1 – 4

Learn everything you need to know about starting your next home improvement project at the largest home design show in the south. The Miami Home Design and Remodeling Show takes place at the Miami Beach Convention Center and tickets start at \$10 per person. Learn more by visiting [www.homeshow.net](http://www.homeshow.net).



Española Way pedestrian street market in Miami's Art Deco District. *Photo courtesy of the Greater Miami Convention and Visitors Bureau, MiamiandBeaches.com.*

## Grab a Bite

From the freshest seafood to spicy Latin dishes, Miami cuisine is hot! Hailed as the place to eat in Miami if you only have time for one meal, Hiden has been called the best sushi restaurant in Miami. Diners venture into what appears to be a nondescript taco joint to discover a dinner that is 16 courses long and \$130 per person. The menu changes daily depending on what's fresh and what fish has arrived from Japan, flown in twice a week.

For those looking for more traditional fare, Wynwood Diner offers breakfast all day along with the classics — burgers, salads, and more. This restaurant has a diner feel, but also features a bookshelf-stocked bar in an eclectic room and a charming garden patio with Moroccan-inspired lanterns hanging overhead.

Other favorites include The Dutch by Chef Andrew Carmellini — whom New Yorkers know (and love) for Locanda Verde, Little Park, Lafayette, and the Dutch in SoHo — Los Feugos, the only stateside restaurant of famed Argentinian chef Francis Mallmann, and Le Sireneuse, which is just like its original location in Italy.

Whether you choose to bring your kids and enjoy a family-friendly getaway, decide on a romantic getaway, or travel solo, Miami is sure to be a top destination on your list of travels for years to come.

Begin planning your stay in Miami and make your reservations for CEU Miami today!

**Thursday, September 6**

7:45-7:55 AM	<b>Introduction</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
7:55-8:25 AM	<b>Treatment Goals in Osteoporosis: Is No Fracture the Only Marker of Success</b> Carolyn Becker, MD, Brigham and Women's Hospital
8:25-8:55 AM	<b>Update on the Management of Renal Bone Disease</b> Robert A. Wermers, MD, Mayo Clinic
8:55-9:25 AM	<b>Osteoporosis: Answers to Patients' Questions</b> Ann E. Kearns, MD, PhD, Mayo Clinic
9:25-9:55 AM	<b>Hypophosphatemic Disorders and their Management</b> Suzanne M. Jan de Beur, MD, Johns Hopkins University
9:55-10:10 AM	<b>Q&amp;A/Panel Discussion</b>
10:10-10:25 AM	<b>BREAK/EXHIBITS</b>
10:25-10:55 AM	<b>Management of the Patient Before and After Bariatric Surgery</b> Christopher D. Still, DO, Geisinger Medical Center
10:55-11:25 AM	<b>Pharmacotherapy for Obesity</b> Marc-Andre Cornier, MD, University of Colorado
11:25-11:55 AM	<b>Using New and Emerging Therapies in Managing of Hypercholesterolemia</b> Ira J. Goldberg, MD, New York University Medical Center
11:55 AM-12:10 PM	<b>Q&amp;A/Panel Discussion</b>
12:10-1:25 PM	<b>LUNCH/EXHIBITS</b>
1:25-2:10 PM	<b>Meet-the-Professor Sessions, Round 1</b> <b>New Enhancements to DXA and FRAX: A Case-Based Approach</b> Carolyn Becker, MD, Brigham and Women's Hospital <b>Clinical Pearls in Hypercalcemia</b> Robert A. Wermers, MD, Mayo Clinic <b>What's New in Weight Loss Diets?</b> Marc-Andre Cornier, MD, University of Colorado <b>Risk Stratification: Coronary Calcium, ApoB, LDL Particle Size, Lp(a). Which Ones are Worthwhile and Why?</b> Ira J. Goldberg, MD, New York University Medical Center <b>Transgender Women: Evaluation and Management</b> Joshua D. Safer, MD, Mount Sinai Health <b>Testosterone Replacement Cases</b> Bradley D. Anawalt, MD, University of Washington
2:10-2:25 PM	<b>BREAK/EXHIBITS</b>
2:25-2:55 PM	<b>Menopausal Hormone Therapy and Alternatives</b> Margaret E. Wierman, MD, University of Colorado
2:55-3:25 PM	<b>Case-Based Debate of Whether to Start Testosterone Therapy and How to Monitor</b> <b>Panelists:</b> Bradley D. Anawalt, MD, University of Washington Shehzad Basaria, MD, MBBS, Brigham and Women's Hospital <b>Moderator:</b> Margaret E. Wierman, MD, University of Colorado
3:25-3:45 PM	Q&A/Panel Discussion
3:45-4:00 PM	<b>BREAK/EXHIBITS</b>
4:00-4:30 PM	<b>Hyperandrogenic Anovulation: PCOS and Tumors</b> Margaret E. Wierman, MD, University of Colorado
4:30-5:00 PM	<b>Obesity-Related Low Testosterone</b> Shehzad Basaria, MD, MBBS, Brigham and Women's Hospital
5:00-5:15 PM	<b>Q&amp;A/Panel Discussion</b>
5:15-5:20 PM	<b>BREAK</b>
5:20-6:05 PM	<b>Meet-the-Professor Sessions, Round 2</b>
6:05-6:10 PM	<b>Adjourn</b>

**Friday, September 7**

7:45-7:55 AM	<b>Introduction</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
7:55-8:25 AM	<b>Diabetes and Heart Failure</b> Matthew A. Cavender, MD, MPH, University of North Carolina
8:25-8:55 AM	<b>What's New in Continuous Glucose Monitoring?</b> Anders Carlson, MD, International Diabetes Center
8:55-9:40 AM	<b>Renal Outcomes and New Diabetes Medications</b> Mark E. Molitch, MD, Northwestern University
9:40-9:55 AM	<b>Q&amp;A/Panel Discussion</b>
9:55-10:10 AM	<b>BREAK/EXHIBITS</b>
10:10-10:40 AM	<b>What's Next after Basal Insulin</b> Carol Wysham MD, Rockwood Clinic
10:40-11:10 AM	<b>Diabetes: Patient, Doctor, Insurer, Manufacturer, and Society</b> Alvin C. Powers, MD, Vanderbilt University Medical Center
11:10-11:40 AM	<b>Pros and Cons with Non-Insulin Therapies in Gestational Diabetes</b> Linda Barbour, MD, MSPH, University of Colorado
11:40-11:55 AM	<b>Q&amp;A/Panel Discussion</b>
11:55 AM-1:10 PM	<b>LUNCH/EXHIBITS</b>
12:10-1:00 PM	<b>SPECIAL PRESENTATION</b> Pens, Pumps, and Beyond: A Roundtable Discussion on Advances in Diabetes Technology
1:10-1:55 PM	<b>Meet-the-Professor Sessions, Round 1</b> <b>How I Use Concentrated Insulins</b> Carol Wysham, MD, Rockwood Clinic <b>Update on Diabetic Retinopathy</b> Sharon Solomon, MD, Johns Hopkins University <b>Beta-Cell Replacement Therapy for Type 1 Diabetes</b> Michael Rickels, MD, University of Pennsylvania <b>Updates in Pheochromocytoma and Paraganglioma</b> Anand Vaidya, MD, MMSc, Harvard Medical School <b>A New Era for Diabetic Ketoacidosis</b> Mark E. Molitch, MD, Northwestern University <b>Adrenal Imaging</b> Richard Auchus, MD, PhD, University of Michigan
1:55-2:05 PM	<b>BREAK/EXHIBITS</b>
2:05-2:35 PM	<b>Congenital Adrenal Hyperplasia: Diagnosis and Treatment</b> Richard Auchus, MD, PhD, University of Michigan
2:35-3:05 PM	<b>Adrenal Fatigue and Failure: Fantasy and Facts</b> James Findling, MD, Medical College of Wisconsin
3:05-3:35 PM	<b>Master Clinician: Adrenal Cases</b> <b>Panelists:</b> Jay Findling, MD, Medical College of Wisconsin Richard Auchus, MD, PhD, University of Michigan <b>Moderator:</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
3:35-3:55 PM	<b>Q&amp;A/Panel Discussion</b>
3:55-4:15 PM	<b>BREAK</b>
4:15-5:00 PM	<b>Meet-the-Professor Sessions, Round 2</b>
5:00 PM	<b>Adjourn</b>

Dan Graham's Morris glass sculpture on Lincoln Road in South Beach. Photo courtesy of the Greater Miami Convention and Visitors Bureau, [MiamiandBeaches.com](http://MiamiandBeaches.com).





Downtown Miami skyline. Photo by Cris Ascunce, courtesy of the Greater Miami Convention and Visitors Bureau, MiamiandBeaches.com.

**DAY 3 Pituitary and Thyroid**

**CEU MIAMI**

**Saturday, September 8**

7:45-7:55 AM	<b>Welcome and Introduction</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
7:55-8:25 AM	<b>Medical Treatment of Acromegaly: A Stepwise Approach</b> Shlomo Melmed, MD, Cedars-Sinai Medical Center
8:25-8:55 AM	<b>Treatment of Cushing Disease when Surgery Fails: Individualized Case-Based Approach</b> James Findling, MD, Medical College of Wisconsin
8:55-9:25 AM	<b>Treatment with Anti-PD-1/PD-L1 and Anti-CTLA-4 Drugs: Endocrine Side Effects</b> Maria Fleseriu, MD, Oregon Health and Science University
9:25-9:40 AM	<b>Q&amp;A/Panel Discussion</b>
9:40-9:55 AM	<b>BREAK</b>
9:55-10:40 AM	<b>Meet-the-Professor Sessions, Round 1</b> <b>Imaging-based Differential Diagnosis and Management of Pituitary Masses</b> Shlomo Melmed, MD, Cedars-Sinai Medical Center <b>Management of Women with Hypopituitarism to Conceive and During Pregnancy</b> Maria Fleseriu, MD, Oregon Health and Science University <b>NIFTP</b> Thomas J. Giordano, MD, PhD, University of Michigan <b>Indications and Consequences of High-Dose LT4 Therapy</b> Kristien Boelaert, MD, PhD, University of Birmingham, United Kingdom <b>Thyroid in Pregnancy</b> Susan J. Mandel, MD, MPH, University of Pennsylvania
10:40-10:50 AM	<b>BREAK</b>
10:50-11:20 AM	<b>Papillary Thyroid Microcarcinomas</b> Megan R. Haymart, MD, University of Michigan
11:20-11:50 AM	<b>Subclinical Thyroid Disorders</b> Kristien Boelaert, MD, PhD, University of Birmingham, United Kingdom
11:50-12:05 PM	<b>Q&amp;A/Panel Discussion</b>
12:05-1:20 PM	<b>LUNCH</b>
1:20-2:05 PM	<b>Meet-the-Professor Sessions, Round 2</b>
2:05-2:10 PM	<b>BREAK</b>
2:10-2:40 PM	<b>Overview of Thyroid Nodules</b> Susan J. Mandel, MD, MPH, University of Pennsylvania
2:40-3:25 PM	<b>Challenging Thyroid Cases with Faculty Panel</b> Kristien Boelaert, MD, PhD, University of Birmingham, United Kingdom Megan R. Haymart, MD, University of Michigan Susan J. Mandel, MD, MPH, University of Pennsylvania
3:25-3:30 PM	<b>Closing</b> Janet A. Schlechte, MD, University of Iowa College of Medicine



Photos: Above by Kit Leong / Shutterstock.com, others courtesy of Visit Anaheim, VisitAnaheim.org.

## Welcome to The O.C.

**L**ocated just outside of Los Angeles in California's famed Orange County, Anaheim may be home to the Happiest Place on Earth, but that's not the only reason it's known as the City of Kindness. In addition to friendly locals and uncommon characters, Anaheim invites tourists to let their fun flag fly in a city claiming there's never a dull moment there! From the magic of Main Street to the hidden gems, travelers are sure to be impressed with the sights, sounds, and tastes of sunny Southern California.

### See the Sights

The aforementioned Main Street and Happiest Place on Earth are some of the biggest draws to Anaheim. Whether traveling with the kids or for those who are kids at heart, a trip to Anaheim isn't complete without a visit to Disneyland, Walt Disney's original theme park. There's something for everyone from the loops and drops of the rollercoasters in Disneyland to the famed Paint the Park nighttime parade at Disneyland's California Adventure to the rollicking fun of Downtown Disney.



Photo by Usa-Pyon / Shutterstock.com.



For those looking for a more mature scene, Anaheim has plenty to offer. After all, it has a brewing tradition that stretches back to the 1870s! Here, hometown brewers are pouring on the creativity from special-release sours to barrel-aged awesomeness and everything in between. Unsung Brewing Company offers brewery tours, while Towne Park Brew features a 17,000 square-foot tasting room. With so many options, no one should ever go thirsty in this town.

Anaheim is also home to a bustling arts and culture scene. The MUZEO is Orange County's new museum housing an ever-changing program of exhibitions, events, and activities. History buffs are sure to be impressed by the collection of Native American artifacts and California history at the Bowers Museum. And the Discovery Cube, a children's museum with more than 100 hands-on activities, will keep the young (and young at heart) entertained all day.

## Rest Assured

The Hyatt Regency Orange County will house CEU Anaheim in 2018 (pictured above, left). Only a mile from Disneyland, this hotel is perfect for those traveling with family. The Hyatt Regency offers spacious Kid's Suites, where kids get their own sleep and play space, while adults relax in their private bedroom. The facility also features two outdoor pools, is pet-friendly, and even boasts a Disney Desk where travelers can purchase their tickets to the park ahead of time.

Designed with stone, climbing ivy, and gas lanterns, the distinctive Ayres Hotel exudes a warm ambiance surrounded by the action of Anaheim and Hotel Pepper Tree offers a rustic and charming atmosphere conveniently located downtown.

# Mix It Up in SoCal

The scene in Southern California is always hot, but add these events into the mix for even more fun in Orange County.

## Mickey's Halloween Party

Select nights in September and October

On select nights leading up to Halloween, Disneyland plays host to Mickey's Halloween Party. The whole family is invited to dress up in costumes and trick-or-treat throughout the park. In addition, the Halloween Screams fireworks show and Frightfully Fun Parade offer a not-so-scary Halloween adventure for the whole family. Visit <https://disneyland.disney.go.com/events-tours/halloween-time-at-the-disneyland-resort> for specific dates and all the details.

## The Other Place

September 21 – October 21

Head to Chance Theatre to see *The Other Place*, an elaborately crafted theatrical work nominated for the Outer Critics Circle Award that will likely keep you talking long after the curtain has closed. Juliana Smithton is a respected neurologist whose life has recently begun unraveling. A compelling and acclaimed drama in which nothing is quite what it seems, *The Other Place* is an intimate mystery that blurs fact with fiction, past with present, and Juliana's perception with ever-elusive truth. Tickets go on sale on August 10 at <https://chancetheater.com>.

## Oktoberfest

Weekends in October

Enjoy German food, German beer on tap, dancing, and more every weekend through October 30 at the Phoenix Club. Fun for all ages, Oktoberfest offers beer-drinking and sausage-eating contests, juggling, pony rides, bouncy houses, and dance performances. Check out all the details at [www.thephoenixclub.com](http://www.thephoenixclub.com).

## Anaheim Ducks vs. Montreal Canadiens

October 20

The Anaheim Ducks will host the Montreal Canadiens on the ice at the Honda Center. Anaheim's ice hockey team, the Ducks, have the second-longest active post-season appearance streak in NHL (6 seasons) and are sure to wow even those who have only seen hockey in Disney movies. Visit [www.nhl.com/ducks](http://www.nhl.com/ducks) for more information.



Anaheim Packing House.  
Photos courtesy of Visit Anaheim, VisitAnaheim.org.




## Grab a Bite

From authentic ethnic explorations to the cutting edge of creativity, the menu is always changing in Anaheim. When locals are asked where to dine in Anaheim, there's a resounding "Cortina's!" Written up in Zagat, Cortina's is one of the excellent family-owned standbys guaranteed to satisfy cravings with flavorful Italian eats, including pizza, pasta, and deli sandwiches. Founded in 1963, the beloved Anaheim original is open for lunch and dinner.

A work of art, ARTIC, a train station, is a sight to be seen – and tasted. The Oyster Bar, set underneath the station's vibrantly illuminated roof, dishes out the freshest seafood with a "live action" raw bar where oysters are shucked right in front of diners. And mixing Anaheim's past and present is Anaheim Packing House, an upscale food court with local vendors and bars in a renovated citrus-packing house built in 1919.

Looking for the cherry (or blueberry) on top of Anaheim's dining scene? Look no further than M&M Donuts. Owned and operated by a husband and wife duo, the wait may be long, but well worth it. This famous spot opens from 4:00 a.m. until noon, then opens again at 9:00 p.m. until midnight and has customers lining up well before opening time for its famous blueberry donut that is sure to hit the sweet spot to end your stay in Anaheim.

Is your mouth watering yet? Well go ahead and make your plans to attend CEU Anaheim and leave the scale at home for a delicious and fun-filled stay in Southern California. 

CARSON IS A BIRMINGHAM, ALA.-BASED WRITER. SHE WROTE ABOUT PRODUCTS TO COMBAT OBESITY IN THE JULY ISSUE.



**Friday, October 19**

7:45-7:55 AM	<b>Introduction</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
7:55-8:25 AM	<b>Treatment Goals in Osteoporosis: Is No Fracture the Only Marker of Success</b> E Michael Lewiecki, MD, New Mexico Clinical Research
8:25-8:55 AM	<b>Update on the Management of Renal Bone Disease</b> Robert A. Wermers, MD, Mayo Clinic
8:55-9:25 AM	<b>Osteoporosis: Answers to Patients' Questions</b> Ann E. Kearns, MD, PhD, Mayo Clinic
9:25-9:55 AM	<b>Hypophosphatemic Disorders and their Management</b> Suzanne M. Jan de Beur, MD, Johns Hopkins University
9:55-10:10 AM	<b>Q&amp;A/Panel Discussion</b>
10:10-10:25 AM	<b>BREAK/EXHIBITS</b>
10:25-10:55 AM	<b>Management of the Patient Before and After Bariatric Surgery</b> Christopher D. Still, DO, Geisinger Medical Center
10:55-11:25 AM	<b>Pharmacotherapy for Obesity</b> Marc-Andre Cornier, MD, University of Colorado
11:25-11:55 AM	<b>Using New and Emerging Therapies in Managing of Hypercholesterolemia</b> Alan Chait, MD, University of Washington
11:55 AM-12:10 PM	<b>Q&amp;A/Panel Discussion</b>
12:10-1:25 PM	<b>LUNCH/EXHIBITS</b>
12:10-1:00 PM	<b>SPECIAL PRESENTATION</b> Pens, Pumps, and Beyond: A Roundtable Discussion on Advances in Diabetes Technology
1:25-2:10 PM	<b>Meet-the-Professor Sessions, Round 1</b> <b>New Enhancements to DXA and FRAX: A Case-Based Approach</b> E Michael Lewiecki, MD, New Mexico Clinical Research <b>Clinical Pearls in Hypercalcemia</b> Robert A. Wermers, MD, Mayo Clinic <b>What's New in Weight Loss Diets?</b> Marc-Andre Cornier, MD, University of Colorado <b>Risk Stratification: Coronary Calcium, ApoB, LDL Particle Size, Lp(a). Which Ones are Worthwhile and Why?</b> Alan Chait, MD, University of Washington <b>Transgender Women: Evaluation and Management</b> Joshua D. Safer, MD, Mount Sinai Health <b>Testosterone Replacement Cases</b> John Amory, MD, MPH, University of Washington Medical Center
2:10-2:25 PM	<b>BREAK/EXHIBITS</b>
2:25-2:55 PM	<b>Menopausal Hormone Therapy and Alternatives</b> Margaret E. Wierman, MD, University of Colorado
2:55-3:25 PM	<b>Case-Based Debate of Whether to Start Testosterone Therapy and How to Monitor</b> <b>Panelists:</b> John Amory, MD, MPH, University of Washington Medical Center Shehzad Basaria, MD, MBBS, Brigham and Women's Hospital <b>Moderator:</b> Bradley D. Anawalt, MD, University of Washington
3:25-3:45 PM	<b>Q&amp;A/Panel Discussion</b>
3:45-4:00 PM	<b>BREAK/EXHIBITS</b>
4:00-4:30 PM	<b>Hyperandrogenic Anovulation: PCOS and Tumors</b> Margaret E. Wierman, MD, University of Colorado
4:30-5:00 PM	<b>Obesity-Related Low Testosterone</b> Shehzad Basaria, MD, MBBS, Brigham and Women's Hospital
5:00-5:15 PM	<b>Q&amp;A/Panel Discussion</b>
5:15-5:20 PM	<b>BREAK</b>
5:20-6:05 PM	<b>Meet-the-Professor Sessions, Round 2</b>
6:05-6:10 PM	<b>Adjourn</b>

**Saturday, October 20**

7:45-7:55 AM	<b>Introduction</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
7:55-8:25 AM	<b>Diabetes and Heart Failure</b> Biykem Bozkurt, MD, PhD, Baylor College of Medicine
8:25-8:55 AM	<b>What's New in Continuous Glucose Monitoring?</b> Anders Carlson, MD, International Diabetes Center
8:55-9:40 AM	<b>Renal Outcomes and New Diabetes Medications</b> Mark E. Molitch, MD, Northwestern University
9:40-9:55 AM	<b>Q&amp;A/Panel Discussion</b>
9:55-10:10 AM	<b>BREAK/EXHIBITS</b>
10:10-10:40 AM	<b>What's Next after Basal Insulin</b> Carol Wysham, MD, Rockwood Clinic
10:40-11:10 AM	<b>Diabetes: Patient\$, Doctor\$, Insurer\$, Manufacturer\$, and Society</b> Alvin C. Powers, MD, Vanderbilt University Medical Center
11:10-11:40 AM	<b>Pros and Cons with Non-Insulin Therapies in Gestational Diabetes</b> Donald R. Coustan, MD, Women and Infant's Hospital/Brown
11:40-11:55 AM	<b>Q&amp;A/Panel Discussion</b>
11:55 AM-1:10 PM	<b>LUNCH/EXHIBITS</b>
1:10-1:55 PM	<b>Meet-the-Professor Sessions, Round 1</b> <b>How I Use Concentrated Insulins</b> Carol Wysham, MD, Rockwood Clinic <b>Update on Diabetic Retinopathy</b> Leo A. Kim, MD, PhD, Massachusetts Eye and Ear <b>A New Era for Diabetic Ketoacidosis</b> Mark E. Molitch, MD, Northwestern University <b>Adrenal Imaging</b> Richard Auchus, MD, PhD, University of Michigan
1:55-2:05 PM	<b>BREAK/EXHIBITS</b>
2:05-2:35 PM	<b>Congenital Adrenal Hyperplasia: Diagnosis and Treatment</b> Richard Auchus, MD, PhD, University of Michigan
2:35-3:05 PM	<b>Adrenal Fatigue and Failure: Fantasy and Facts</b> James Findling, MD, Medical College of Wisconsin
3:05-3:35 PM	<b>Master Clinician: Adrenal Cases</b> <b>Panelists:</b> Jay Findling, MD, Medical College of Wisconsin Richard Auchus, MD, PhD, University of Michigan <b>Moderator:</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
3:35-3:55 PM	<b>Q&amp;A/Panel Discussion</b>
3:55-4:15 PM	<b>BREAK</b>
4:15-5:00 PM	<b>Meet-the-Professor Sessions, Round 2</b>
5:00 PM	<b>Adjourn</b>

Palm trees on Gene Autry Way at dusk in the City of Anaheim, CA.  
Photo by shutterstock.com.





Downtown Disney District.  
Photo by Kit Leong / Shutterstock.com.

**DAY 3 Pituitary and Thyroid**

**CEU ANAHEIM**

**Sunday, October 21**

7:45-7:55 AM	<b>Welcome and Introduction</b> Janet A. Schlechte, MD, University of Iowa College of Medicine
7:55-8:25 AM	<b>Medical Treatment of Acromegaly: A Stepwise Approach</b> Shlomo Melmed, MD, Cedars-Sinai Medical Center
8:25-8:55 AM	<b>Treatment of Cushing Disease when Surgery Fails: Individualized Case-Based Approach</b> James Findling, MD, Medical College of Wisconsin
8:55-9:25 AM	<b>Treatment with Anti-PD-1/PD-L1 and Anti-CTLA-4 Drugs: Endocrine Side Effects</b> Laurence Katznelson, MD, Stanford University
9:25-9:40 AM	<b>Q&amp;A/Panel Discussion</b>
9:40-9:55 AM	<b>BREAK</b>
9:55-10:40 AM	<b>Meet-the-Professor Sessions, Round 1</b> <b>Imaging-based Differential Diagnosis and Management of Pituitary Masses</b> Shlomo Melmed, MD, Cedars-Sinai Medical Center <b>Management of Women with Hypopituitarism to Conceive and During Pregnancy</b> Laurence Katznelson, MD, Stanford University <b>NIFTP</b> Jennifer A. Sipos, MD, Ohio State <b>Indications and Consequences of High-Dose LT4 Therapy</b> Kristien Boelaert, MD, PhD, University of Birmingham, United Kingdom
10:40-10:50 AM	<b>BREAK</b>
10:50-11:20 AM	<b>Papillary Thyroid Microcarcinomas</b> Megan R. Haymart, MD, University of Michigan
11:20-11:50 AM	<b>Subclinical Thyroid Disorders</b> Kristien Boelaert, MD, PhD, University of Birmingham, United Kingdom
11:50-12:05 PM	<b>Q&amp;A/Panel Discussion</b>
12:05-1:20 PM	<b>LUNCH</b>
1:20-2:05 PM	<b>Meet-the-Professor Sessions, Round 2</b>
2:05-2:10 PM	<b>BREAK</b>
2:10-2:40 PM	<b>Overview of Thyroid Nodules</b> Kevin T. Brumund, MD, Moores Cancer Center
2:40-3:25 PM	<b>Challenging Thyroid Cases with Faculty Panel</b> Kristien Boelaert, MD, PhD, University of Birmingham, United Kingdom Megan R. Haymart, MD, University of Michigan Kevin Brumund, Moores Cancer Center
3:25-3:30 PM	<b>Closing</b> Janet A. Schlechte, MD, University of Iowa College of Medicine

# A Place to Care for Your Career



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