

SEPTEMBER 2022

THE LEADING MAGAZINE FOR ENDOCRINOLOGISTS

Endocrine news

INTERNATIONAL

ENDOCRINE HOMECOMING

ENDO 2022 Triumphs in Atlanta and Online!
For the first time ever, *Endocrine News* devotes an entire issue to **ENDO**'s celebratory return:

- **Going the Distance:** Olympian Gail Devers and endocrinologist Eve Bloomgarden, MD, team up to discuss how patients can be champions for their own healthcare.
- **An Atlanta Initiation:** **ENDO 2022** newcomers rave about their first-ever Endocrine Society meeting.
- **Community Spirit:** EndoCares reached out to underserved local populations during the Atlanta conference...and ended up saving lives!
- **Launching a Lab:** Tips from an **ENDO 2022** session that details how to successfully launch and run your own lab from PIs who've been there and done it.

THE WAY WE WERE:

Attendees reminisce about **ENDOs** past and present.

REVELING IN RESEARCH:

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ENDO2022

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Celebrating Our Journal Portfolio's Growth and Success

Like you, I enjoy delving into each issue of our journals. Exploring the latest scientific studies expands our knowledge, sparks new ideas, inspires our own research, and provides insights into ways to improve clinical care.

Our newest scholarly publication, *JCEM Case Reports*, joined our stable of peer-reviewed journals on August 17. We launched this clinical case journal in response to member requests. If you have a compelling clinical case to share, you can submit it now for consideration.

We are thrilled to see so much excitement around the journal's launch. I am grateful to Past President William F. Young, Jr., for agreeing to serve as *JCEM Case Reports'* inaugural editor-in-chief. He and his team of editors are doing a fantastic job generating early interest and submissions.

JCEM Case Reports' launch builds on the success of our industry-leading journals, which together cover the full breadth of endocrine topics. Our journals performed exceedingly well in Clarivate's recently released annual Journal Citation Report (JCR) for 2021.

Impact Factors are a well-regarded metric used to measure the success of scholarly journals. Clarivate calculates Impact Factors by tracking how many times articles that a journal published in 2019 and 2020 were cited by authors during 2021. The number of citations is then divided by the total number of citable articles published in that journal in 2019 and 2020 to arrive at the Impact Factor.

I am thrilled to see our flagship basic science journal, *Endocrinology*, raised its score to 5.051 from 4.736. *Endocrinology* is the place to publish your original foundational research investigating endocrine function in health and disease at all levels of biological organization. The Society ranked fourth by average Impact Factor among 47 publishers in Clarivate's "Endocrinology & Metabolism" scientific category.

Endocrine Reviews posted its highest Impact Factor since 2001 — the journal's score rose to 25.261 from 19.871 last year. This demonstrates the value readers are finding in the bimonthly journal's comprehensive, authoritative review articles on experimental and clinical endocrinology themes.

The Impact Factor for *The Journal of Clinical Endocrinology & Metabolism* (JCEM) increased to 6.134 from 5.958. The journal continues to be the world's leading peer-

reviewed journal for endocrine clinical practice and research.

We have grown our family of journals in recent years, adding the *Journal of the Endocrine Society* (JES) in 2017, publishing clinical and basic research in all areas of endocrinology, as well as adding *JCEM Case Reports* this year. Both of these journals, being open access, are free to read online to all readers, worldwide. We are excited to note JES will be receiving its first Impact Factor next year.


All told, this growth in our journals is a tribute to the hard work of our dedicated editors and staff. I myself have

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I am proud that our journals are driving the endocrinology field's evolution, and I look forward to seeing the part each of you play in shaping that future.

”

served as a deputy editor, associate editor, Editorial Board member, reviewer, and author for our Society's journals. I have published in all of our journals and look forward to publishing in *JCEM Case Reports* as well. I encourage you to find ways to get involved as our journals offer valuable opportunities to advance your career and expand your professional network. Please contact publications@endocrine.org for further information.

I am proud that our journals are driving the endocrinology field's evolution, and I look forward to seeing the part each of you play in shaping that future. 

– Ursula B. Kaiser, MD
President, Endocrine Society

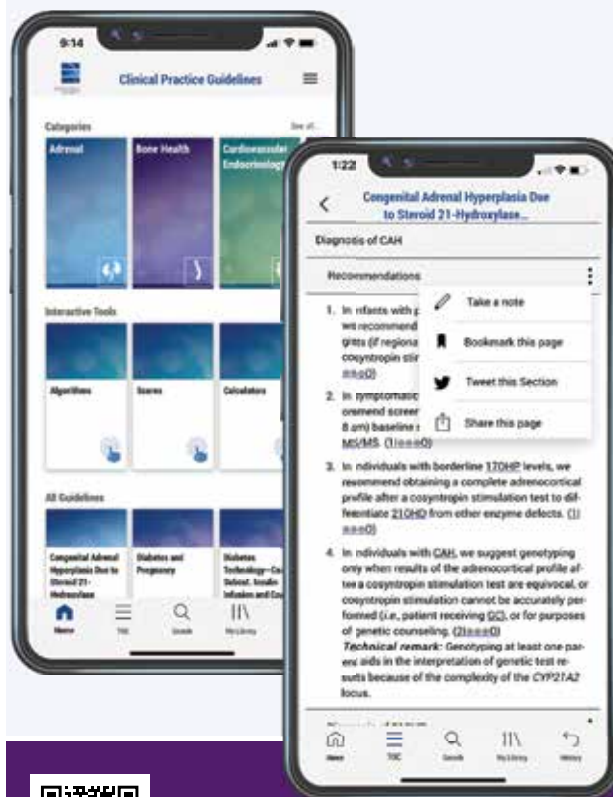
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FROM THE **EDITOR**

ENDO 2022: Welcome Back!

This issue is definitely a first; it is entirely devoted to **ENDO 2022**, the new science, the new events, the new memories, and the old memories to boot.

In the past, we've typically devoted a large number of pages to a traditional "ENDO wrap up" here in *Endocrine News*. But **ENDO 2022** was special for so many reasons. For one thing, it was the first-ever hybrid event that allowed people to attend from all over the world, either in person or virtually. But the main reason **ENDO 2022** was so special to all of us is that it was the first time we were able to be together again in the wake of the pandemic and the virtual-only **ENDO 2021** last year, which was also a roaring success.



One of many high points for me at **ENDO 2022** was getting to meet Stan Andrisse, PhD, MBA, whose inspiring story was our featured cover story in the September 2021 issue!

It was inspiring to see many of you in person for the first time in what seems like forever, but in reality, it was a little over three years ago in New Orleans for **ENDO 2019**. Sure, there have been connections made in the interim over Zoom, Teams, Skype, and other videoconferencing methods, but nothing can beat the face-to-face greetings that we all missed in these intervening years.

Even if **ENDO 2022** was a reunion for many of us, there are some for whom this was their very first Endocrine Society annual conference. I reached out to a few of them for "First Contact: First Time **ENDO 2022**

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The mission of the Endocrine Society is to advance excellence in endocrinology and promote its essential and integrative role in scientific discovery, medical practice, and human health.

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Attendees Share Their Experiences” on page 26. I spoke with Jewel Banik, a PhD candidate at the University of Arkansas for Medical Sciences in Little Rock, Ark.; Diana Dimayuga, an endocrinology fellow at the St. Luke’s Medical Center in Global City, Philippines; Ashley Herdman, a PhD candidate at the University of Arkansas for Medical Sciences in Little Rock, Ark.; and Jacob Lloyd, MD, internal medicine resident, University of Pittsburgh Medical Center – Mercy Hospital in Pittsburgh, Pa., to get their impressions of their very first **ENDO**, what impressed them, what they saw that could help them in their daily lives, and more.


Speaking of firsts, Colleen Williams writes about the first EndoCares event to coincide with an **ENDO** meeting in “A Beautiful Day in the Neighborhood: EndoCares Atlanta Saves Immigrant and Refugee Lives” on page 18. This “house call” of sorts served to reach out to an underserved immigrant population in Clarkston, Ga. With over 200 locals turning out for a variety of health screenings, COVID-19 vaccines, and even healthy cooking demonstrations, this was a true example of how the Endocrine Society’s members are so important to their communities.

As with all annual conferences, **ENDO 2022** was rich with new research being presented from all around the world. Of special interest was research as it relates to the COVID-19 pandemic, specifically on the impact of the vaccines. In “Seeing the Evidence: **ENDO 2022** Poster Presentations Shed New Light on COVID-19’s Impact on Endocrine Conditions” on page 58, Kelly Horvath speaks with two international researchers who shared their COVID-19 studies in poster presentations that looked at the pandemic’s impact on thyroid function, thyroid dysfunction, and the impact on women’s ovulatory cycles.

In the middle of the busy crowds in the **ENDO Expo**, senior editor Derek Bagley took time to interview Olympic gold medalist Gail Devers to discuss her life with Graves’ disease and thyroid eye disease for “Clearing Hurdles: How Clinicians and Patients Can Create Their Own Winning Team” on page 38. The legendary athlete teamed up with endocrinologist Eve D. Bloomgarden, MD, to tout the importance of the patient/physician partnership, and why patients need to champion their own healthcare.

On page 32, longtime Endocrine Society members regale us with tales of their own experiences with **ENDO** conferences from the past in “An **ENDO** to Remember: Tales of Endocrine Society Annual Conferences, Past and Present.” We hear from Ann Owen, MD; Stan Korenman, MD; Eric Ocampo, MD; and Rob Fowkes, PhD, who discuss how the meeting, their lives and careers, the Endocrine Society, as well as the field of endocrinology have all grown through the decades. Korenman may have said it best when pondering what he would tell a young person contemplating endocrinology as a career: “It’s a great field, maintaining and expanding its fascination over my lifetime as it will during your lifetime,” he says. “Whether you do mostly science or clinical medicine, challenging questions will confront you with great frequency and attention to those problems will be personally rewarding, as well as contributing to humanity. Find your niche. Invest in your colleagues, and you are likely to have a very satisfying life in endocrinology.” And he should know; his first annual conference was **ENDO 1961!**

This month’s Laboratory Notes column is based on a session from **ENDO 2022** entitled “The Business of Starting and Running a Lab.” In “Up and Running” on page 52, Glenda Fauntleroy Shaw speaks to that session’s pros and a few other experts to discuss everything a new PI needs to know about starting his or her own lab from hiring the right staff to preparing budgets and everything in between.

As you can see, you have a lot of **ENDO 2022** highlights to catch up on in this issue. I hope it’s as much a joy to read as it was to compile, and joy is definitely the word I would use because **ENDO 2022** was indeed a joy-filled occasion as we all convened in Atlanta. All day long I saw it in the reunions of friends and colleagues greeting each other like they had returned from a war, and many, in their own ways, had done just that. Even though I was masked most of the time, I can assure you I was always smiling. 

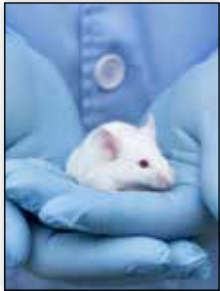
— **Mark A. Newman**, Executive Editor, *Endocrine News*



BY DEREK BAGLEY
Senior Editor

TRENDS & INSIGHTS

Mouse Model of Transgender Men Finds Active Testosterone Worsens IVF Outcomes



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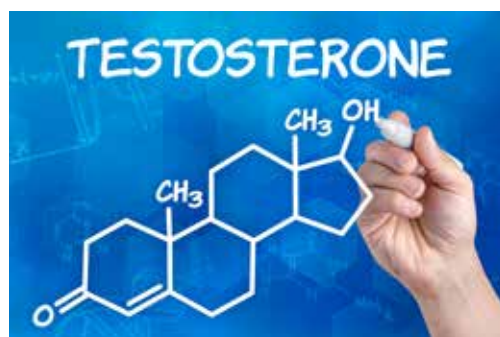
In a mouse model of gender-affirming testosterone, active T treatment negatively impacted IVF outcomes. Improved outcomes following cessation of T treatment support reversibility of T impact on reproductive potential.

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A study presented at **ENDO 2022** in Atlanta suggests that active testosterone therapy for transgender men may negatively impact IVF outcomes.

The study, “Active Testosterone Treatment Impairs In Vitro Fertilization (IVF) Outcomes in a Female Mouse Model for Gender-Affirming Testosterone with Improvement in Outcomes Following Cessation of Testosterone Treatment,” was presented by Amanda Schwartz, MD, a reproductive endocrinology and infertility fellow at the University of Michigan, found that female mice currently receiving testosterone had fewer and less-developed eggs retrieved. In contrast, discontinuing testosterone therapy in mice led to similar egg retrieval rates compared to the control group.

The authors write that the impact of testosterone (T) on reproductive potential is poorly understood and that masculinizing hormones have demonstrated mixed effects on ovarian



histology and data on assisted reproductive outcomes are limited to small case series. “There is consensus among major medical societies to encourage fertility preservation counseling prior to initiation of gender-affirming hormone care,” they write, “however, it is uncertain whether a break in T treatment prior to undergoing oocyte

cryopreservation is beneficial. We hypothesized that T treatment would not have an impact on IVF outcomes.”

For this study, the researchers implanted 38 female mice with silastic tubing with either 10 mg T enanthate in ethanol (n=20) or ethanol alone (n=18) at 10 weeks of age. The mice were divided into four groups: current T implant, current sham implant, T cessation, and control cessation.

The team monitored T levels and reproductive cycles. Mice with the testosterone and sham implants underwent ovarian stimulation 12 weeks post-implantation. Implants were removed after 12 weeks for the testosterone cessation and control cessation groups, and mice underwent ovarian stimulation two weeks later.

Mice with current T treatment had fewer oocytes retrieved (17 versus 36), compared with the current sham implant group. The mice undergoing active testosterone therapy also had fewer mature oocytes (13 versus 28.1), and two-cell embryos (12.78 versus 26.9) retrieved than the current sham implant group. There was no significant difference in maturity or fertilization rate. Females who had 2-cell embryos transferred from current T implant mice were less likely to have a live birth than those with transfers from current sham implant mice (25% versus 80%). Conversely, the T cessation group and control showed no significant difference between total oocytes, mature oocytes or 2-cell embryos retrieved.

“In a mouse model of gender-affirming testosterone, active T treatment negatively impacted IVF outcomes,” the authors conclude. “Improved outcomes following cessation of T treatment support reversibility of T impact on reproductive potential.”

Study Links Diabetes and Worse Outcomes in Long-Term Survivors of Metastatic Breast Cancer

Women who are longer-term survivors of metastatic breast cancer may have a worse survival rate if they have diabetes and poorly controlled blood sugar levels, according to a study presented at **ENDO 2022** entitled “The Effects of Diabetes and Glycemic Control on Cancer Outcomes in Individuals with Metastatic Breast Cancer.”

The authors of the study point out that a well-established relationship between diabetes and breast cancer exists, but it’s still unclear how diabetes affects breast cancer outcomes. “This study aims to determine the impact/association of diabetes and hyperglycemia on cancer progression and mortality in individuals with metastatic breast cancer,” the authors write.

This is the first study to specifically examine the effect of blood sugar control on cancer outcomes in patients with advanced breast cancer, according to lead researcher Y.M. Melody Cheung, MD, of Brigham and Women’s Hospital, Harvard Medical School in Boston.

The researchers studied 488 patients with metastatic breast cancer — 244 with diabetes and 244 without. The study found that overall survival at five years was similar between the two groups. However, among those who survived at least eight years after their cancer diagnosis, survival for those without diabetes was better than those with diabetes (87% versus 67% at 10 years). In these longer-term survivors, survival was also better among those with good blood sugar control compared with those with poor blood sugar control (83% versus 63% at 10 years).

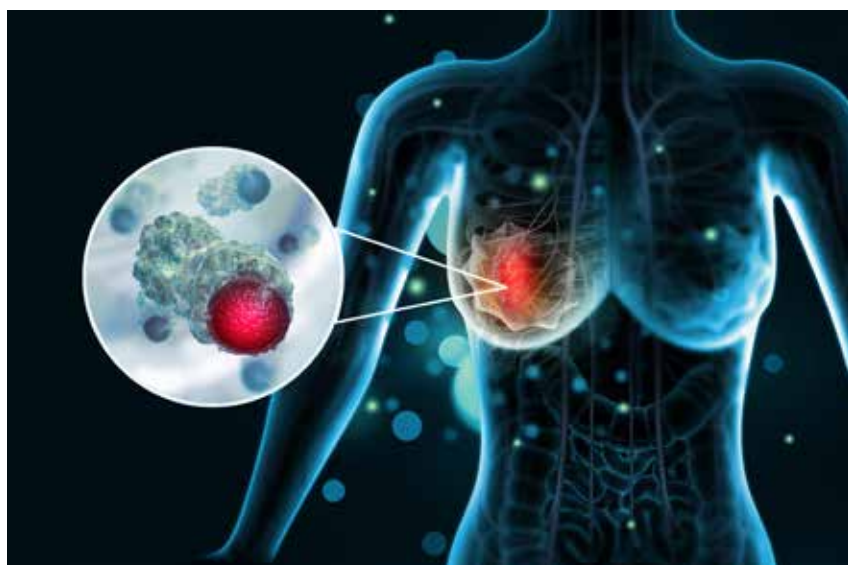
“These data provide some reassurance that hyperglycemia may not be a major contributor to overall mortality in the first five years, in most individuals with metastatic breast cancer,” the authors conclude. “However, amongst longer-term survivors, diabetes was associated with worse survival, suggesting that individualized diabetes and glycemic goals should, therefore, be considered in patients with metastatic breast cancer.”



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As PCOS is a global disorder with much the same prevalence across the world, the excess economic burden attributable to PCOS globally is enormous, mandating that the scientific and policy community increase its focus on this important disorder.

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Cost of Mental Health Disorders Linked with PCOS Almost \$6 Billion in 2021

A study presented at ENDO 2022 laid bare the excess direct healthcare costs of mental health disorders associated with polycystic ovary syndrome (PCOS) in the U.S., finding those costs reached almost \$6 billion in 2021.

The authors of the study — “Direct Costs of Mental Health Disorders in PCOS: Systematic Review and Meta-Analysis” — point out that PCOS affects one in seven reproductive-age women worldwide and represents a significant financial burden to our healthcare. “Women with PCOS have an increased risk for developing mental health (MH) disorders, in part due to biochemical changes, constant concerns regarding physical appearance, and social stigma from hirsutism, obesity, and infertility,” the authors write.

The researchers wanted to calculate the healthcare-related costs of mental health disorders in women with PCOS, so they reviewed 19 studies that included a total of 28,482 women with PCOS and 27,124 without the condition. “As anxiety, depression, and eating disorders were by far the most common MH disorders assessed by the studies, we performed our meta-analysis on these disorders,” the authors write.

They analyzed the odds of anxiety, depression, and eating disorders among patients diagnosed with PCOS. They found that women with PCOS were 77% more likely to have anxiety, 53% more likely to have eating disorders, and more than twice as likely to have depression compared to women without PCOS. The researchers then calculated the excess costs of these mental health disorders for women with PCOS in the U.S. and



estimated the direct PCOS-related healthcare costs in 2021 were \$2.987 billion for depression, \$2.216 billion for anxiety, and \$694 million for eating disorders.

“This work is the first to estimate the excess direct healthcare costs of MH disorders associated with PCOS. Overall, the direct healthcare costs for the most common MH disorders in PCOS, namely depression, anxiety, and eating disorders, exceeded \$6 billion in 2021 USD for the U.S. population alone,” the authors conclude. “Taken together with our prior work, these data suggest that the healthcare-related economic burden of PCOS exceeds \$14 billion yearly, considering the costs of diagnosis, and MH, reproductive, vascular, and metabolic disorders (but not indirect and intangible costs). As PCOS is a global disorder with much the same prevalence across the world, the excess economic burden attributable to PCOS globally is enormous, mandating that the scientific and policy community increase its focus on this important disorder.” ^{EN}



Endocrine Society Applauds Historic Law Adopting Medicare Insulin Price Cap

Society to continue pressing for insulin affordability measures for people with private insurance.

The Endocrine Society is elated about President Joe Biden signing into law the Inflation Reduction Act, which includes meaningful measures to make insulin more affordable.

The legislation has been a long-term goal of the Society and is a monumental moment in the history of diabetes advocacy.

The legislation caps insulin's out-of-pocket costs at \$35 a month for people with Medicare, which will make insulin more affordable for the millions of people enrolled in the program. The Society has advocated for years for meaningful action to reduce insulin prices.

"It's wonderful to see our years of advocacy work pay off with this long-awaited insulin affordability bill. This pivotal legislation will help our patients who have Medicare and struggle to afford their insulin," says Endocrine Society President Ursula B. Kaiser, MD. "We also recognize there is more work to be done, and we will continue to advocate for solutions to reduce out-of-pocket expenses for all people with diabetes."

The Inflation Reduction Act included several additional provisions that will benefit the patients our members treat. We supported extending subsidies for the Affordable Care Act and giving Medicare the ability to negotiate the price of certain high-cost prescription medications.

More than seven million people nationwide rely on insulin to manage their diabetes and live. According to the U.S. Centers

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It's wonderful to see our years of advocacy work pay off with this long-awaited insulin affordability bill. This pivotal legislation will help our patients who have Medicare and struggle to afford their insulin.

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for Disease Control and Prevention, 37.3 million people nationwide have diabetes — 11% of the country's population.

While insulin was discovered more than 100 years ago, the price of insulin nearly tripled between 2002 and 2013, and the trend upward has continued over the past decade. This has created an unnecessary crisis in healthcare with many people

with diabetes being forced to choose between insulin and other necessities. High prices have forced some individuals with diabetes to ration their medication and become sicker, and, in some cases, even die.

We are pleased that the Inflation Reduction Act includes provisions to lower the price of insulin and a cap on out-of-pocket insulin costs for people with Medicare. We also are

hopeful that the House and Senate will revisit including the \$35 per month cap on out-of-pocket insulin costs for individuals with private insurance. This would greatly help children and adults with type 1 diabetes.

We will continue to work with policymakers to ensure all people with diabetes who rely on insulin can benefit from lower out-of-pocket costs.

Steven R. Meyers, PhD, Named Endocrine Society's Chief Strategy Officer



Steven R. Meyers, PhD

The Endocrine Society has hired Steven R. Meyers, PhD — an association executive with more than a decade of experience in strategic thinking and transforming and expanding operations — to serve as its chief strategy officer.

“I’m an engineer at heart and am energized by challenges that open doors for me to think creatively and shape innovative solutions,” Meyers says. “The Society is committed to evolving its strategic direction and identifying and pursuing new opportunities and I’m thrilled to be joining.”

As chief strategy officer, Meyers will oversee the alignment of the Society’s strategic planning and governance process to include shaping new initiatives and evolving the Society’s strategic plan in collaboration with governance leaders. He will also analyze market dynamics and customer trends to build new business models and enhance existing ones.

Meyers will oversee the executive office and governance team to ensure effective support of the Society’s governance members. He is scheduled to start his new role on September 26.

Meyers most recently served as the senior director, membership at the American Chemical Society, where he served in multiple roles for 11 years. He previously worked as a contractor for the National Science Foundation and co-founded a company where he invented and developed biosensors to enable at-home diagnostic testing of human breast milk.

“The Endocrine Society is rich in innovative ideas and we’ve set our sights on many exciting opportunities,” says Endocrine Society CEO Kate Fryer. “Throughout his career, Steven has proven to be a strategic architect that can build and implement the vision and models necessary to turn innovative ideas into operational success, and I’m excited to have him join us.”

Meyers earned his PhD in biomedical engineering from Boston University and his BS in biomedical engineering and BA in computer science from Duke University.

Seaquist Named Department Chair at the University of Minnesota Medical School



Elizabeth Seaquist, MD

Endocrine Society member Elizabeth Seaquist, MD, has been named chair of the Department of Medicine at the University of Minnesota Medical School.

"I am very honored to be asked to serve in this important role. [My predecessor, Peter] Igarashi has done an outstanding job of building Medicine during his tenure, and I look forward to continuing many of his plans to grow excellence in each of our mission areas," says Seaquist, who also is an endocrinologist practicing at M Health Fairview. "This department has been my academic home for my entire career, and I hope to provide all of our faculty the career development support that I have experienced over the years."

A University of Minnesota alum, Seaquist completed both her residency in internal medicine and her fellowship in endocrinology at the Medical School and says that as the first female chair of Medicine, she is particularly interested in expanding the diversity of the faculty, students, trainees, and staff.

Seaquist is also involved in writing the Endocrine Society's upcoming Clinical Practice Guideline on hypoglycemia disorders and has served as faculty on the Society's Type 1 Diabetes Fellows Conference.

During her tenure, Seaquist has helped build systems to better link primary and specialty care as associate dean for medical specialties and primary care. She has also been a leader in multiple groundbreaking interventional clinical trials for the treatment of diabetes, bringing in over 130 research grants, which total more than \$24 million.

"Dr. Seaquist is a superb physician-scientist who is highly respected by her patients and colleagues. She is an experienced and visionary addition to our leadership team, and we are fortunate to have her as the new chair of the Department of Medicine," says Jakub Tolar, dean of the University's medical school and vice president of clinical affairs.

She started her new role on Sept. 2, 2022, succeeding Peter Igarashi, MD, who has served as chair for more than seven years. ^{EN}

“

It was several years later that I started to understand what the Endocrine Society was all about as I witnessed firsthand how the conferences were evolving. The Meet the Professor sessions started getting more popular and became invaluable to me. I realized that I truly was learning a lot from these experts in their fields because they seemed to point out certain nuances that were not available in *UpToDate* and endocrinology textbooks. **I thoroughly enjoyed attending these sessions and made sure to seek out topics that were of special significance to my own practice.”**

— **Eric Ocampo, MD, endocrinologist**, Avera Tyler, Tyler, Minn., discussing how the information he receives each year at **ENDO** has helped him in treating his patients in “An **ENDO** to Remember” on page 32.



7,486

Total number of people who registered to attend **ENDO 2022**, both online and in person. Of these, **2,145** were first-time attendees.

93

Number of countries where **ENDO 2022** attendees hail from, with the U.S. (**5,907**), United Kingdom (**238**), Brazil (**235**), Canada (**215**), and Australia (**167**) making the top five.



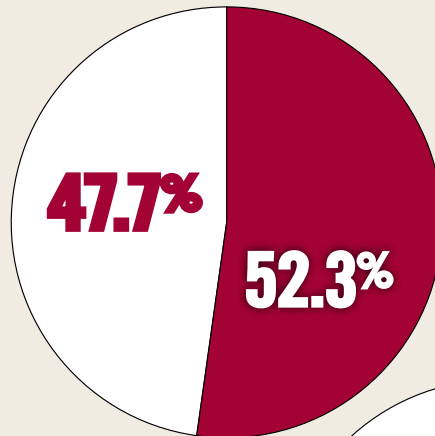
49.2 Million

The number of impressions on Twitter for the **#ENDO 2022** hashtag between June 7 and 14, 2022.

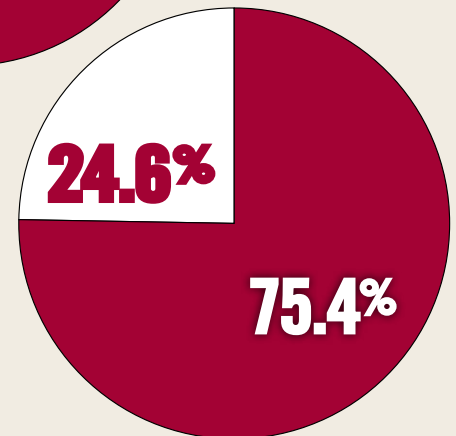
— SOURCE: SYMPLUR

86

Number of **ENDO 2022** attendees who either joined the Endocrine Society or renewed their memberships both in person and online.



75.4%
Endocrine Society members
24.6%
non-members



For the first-ever hybrid event, **ENDO 2022** was split almost evenly between those who attended online versus those who attended in person. However, the in-person event had an edge with a few more attendees opting to make the trip to Atlanta. On the other hand, Endocrine Society members who attended far outnumbered non-member attendees.

Photo: Malek Alarmash



60+

Number of languages spoken in Clarkston, Ga., where the Endocrine Society held its flagship EndoCares® event on the first day of **ENDO 2022**. This event is detailed in “A Beautiful Day in the Neighborhood” on page 30.

111

Total number of attendees at the Endocrine Society's Early Career Forum that took place all day Friday, June 10 as part of **ENDO 2022's** pre-conference events.

COMPREHENSIVE CARE FOR PERSONS WITH DIABETES: A CERTIFICATE PROGRAM



LEARN INNOVATIVE APPROACHES TO DIABETES CARE
AND IMPROVE PATIENT OUTCOMES WITH **COMPREHENSIVE CARE
FOR PERSONS WITH DIABETES: A CERTIFICATE PROGRAM.**



Centered around
12 interactive, online
modules available on-
demand that cover the
full span of diabetes care



Provides a certificate
of course completion
after passing
comprehensive
final exam



Built by experts from
diverse backgrounds
spanning endocrinology,
nursing, and family
medicine



Accredited for *AMA
PRA Category 1* credits,
AOA Category 1-A CME
credits, ANCC/COA
credits, AAPA credits,
and ABIM MOC points

**IMPROVED KNOWLEDGE. SUPERIOR CARE.
FROM ENDOCRINOLOGISTS THAT KNOW BEST.**

FOR MORE INFORMATION AND TO REGISTER, PLEASE VISIT [ENDOCRINE.ORG/CCPD](https://endocrine.org/ccpd).

2022 Clinical Endocrinology Update/Endocrine Board Review

CEU 2022

CLINICAL ENDOCRINOLOGY UPDATE

Sept. 8 – 10, 2022/Virtual Only

The Endocrine Society's Clinical Endocrinology Update (CEU) provides an annual update on the latest diagnosis and treatment recommendations for various endocrine conditions, delivering educational value for clinicians, and ensuring optimal patient care worldwide.

Our program is the best way to stay updated on the latest developments in patient diagnosis and treatment in endocrinology. Esteemed faculty from across the globe will present a comprehensive, case-based agenda to help you gain knowledge to improve your practice in an intimate atmosphere where you have direct access to experts in hormone health. Sessions are organized around nine core topics, including diabetes and glucose metabolism, obesity, adrenal and cancer, pituitary and thyroid diseases, bone disorders, and transgender care.

Those interested in meeting in person can join us in Miami, Fla. We will also provide the majority of this year's program online via our virtual meeting platform.

<https://ceu2022.endocrine.org/Home>



EBR 2022

ENDOCRINE BOARD REVIEW

Sept. 16 – 18, 2022/Virtual Only

Endocrine Board Review (EBR) is an essential course for endocrinologists preparing to take the boards or practicing physicians seeking an intensive knowledge assessment. The virtual program is designed as a mock exam, with rapid-fire case-based questions emulating the format and subject matter of the ABIM's Endocrinology, Diabetes, and Metabolism Certification Examination. Attendees will have early access to topical on-demand presentations with detailed answer rationale (available in late August).

<https://www.endocrine.org/ebr2022>



The Mechanisms of Allostasis Conference: Stressed or Stressed Out

New Orleans, Louisiana

September 18 – 22, 2022

Jointly hosted by FASEB and the Endocrine Society, this FASEB Science Research Conference will feature presentations from expert researchers sharing the latest results on stress and reproduction; the integration of the hypothalamic–pituitary–adrenal axis with metabolism and the gut microbiome; and how stress hormones work at the molecular and cellular level to alter physiologic function. The conference's target audience includes investigators at various career stages, trainees, and junior scientists who are experts in the fields of stress biology, neuroendocrinology, and related disciplines.

<https://www.faseb.org/meetings-and-events/>

91st Annual Meeting of the American Thyroid Association

Montreal, Quebec, Canada

October 19 – 23, 2022

The ATA Annual Meeting is the world's preeminent event for those interested in thyroid diseases and disorders. Clinicians and researchers from around the world participate in ATA's Annual Meeting. Whether you're an endocrinologist, a surgeon, an advanced practice provider, a fellow in training, or a medical student, the topics covered during the meeting will provide you with in-depth information about thyroid diseases and disorders. With a diverse program planned, attendees can customize their experience by attending sessions that are most important to their professional development.

<https://www.thyroid.org/91st-annual-meeting-ata/>

Neuroscience 2022 – Society for Neuroscience (SfN)

San Diego, California

November 12 – 16, 2022

Neuroscience 2022 will be held in-person in San Diego, Calif., November 12 – 16. Each year, scientists from around the world congregate to discover new ideas, share their research, and experience the best the field has to offer. Attend so you can: present research, network with scientists, attend session and events, and browse the exhibit hall. Join the nearly half a million neuroscientists from around the world who have propelled their careers by presenting an abstract at an SfN annual meeting — the premier global neuroscience event.

<https://www.sfn.org/meetings/neuroscience-2022>

INTERNATIONAL ITINERARY

EASD 58th Annual Meeting

Stockholm, Sweden and Online

September 19 – 23, 2022

The European Association for the Study of Diabetes (EASD) believes a hybrid congress experience ensures that the global diabetes community can benefit from the latest research and innovations in the field of diabetes and offers various options for exchange and interaction, independent of the ongoing uncertainties regarding meeting and travel regulations across the globe. We hope to meet you in person in Stockholm in September 2022, and to those who might not be able to travel, we look forward to welcoming you virtually.

www.easd.org/annual-meeting/easd-2022.html

6th International Symposium on Pheochromocytoma

Prague, Czech Republic

October 19 – 22, 2022

Leading international experts in basic, clinical, and translational pheochromocytoma research will present their latest discoveries, guidelines, clinical trials results, collaborative efforts, and future visions for studying this tumor. Four plenary sessions will focus on the latest discoveries and perspectives in genetics and epigenetics, biochemistry and metabologenomics, theranostics, and mitochondrial function. The symposium will have several sessions devoted to patient management, including unique case presentations and in-person discussions with expert physicians on their approach to the workup, diagnosis, and treatment of patients with this tumor. All healthcare professionals, scientists, students, patients, and allies are welcome to attend this symposium, which will undoubtedly outline new focuses and avenues for early diagnosis, treatment, and ultimately prevention of pheochromocytoma.

<http://www.isp2022prague.com/>

EndoBridge 2022

Antalya, Turkey

October 20 – 23, 2022

EndoBridge® is a unique initiative with the vision of bridging the world of endocrinology. The annual meeting of EndoBridge is co-hosted by the Endocrine Society and the European Society of Endocrinology in collaboration with the Society of Endocrinology and Metabolism of Turkey. EndoBridge will be held in English with simultaneous translation into Russian, Arabic, and Turkish. Accredited by the European Accreditation Council for Continuing Medical Education (EACCME), this three-day scientific program includes state-of-the-art lectures delivered by world-renowned faculty and interactive sessions covering all aspects of endocrinology. EndoBridge® provides a great opportunity for physicians and scientists from around the world to interact with each other, share their experience and perspectives, and participate in discussions with global leaders of endocrinology.

www.endobridge.org

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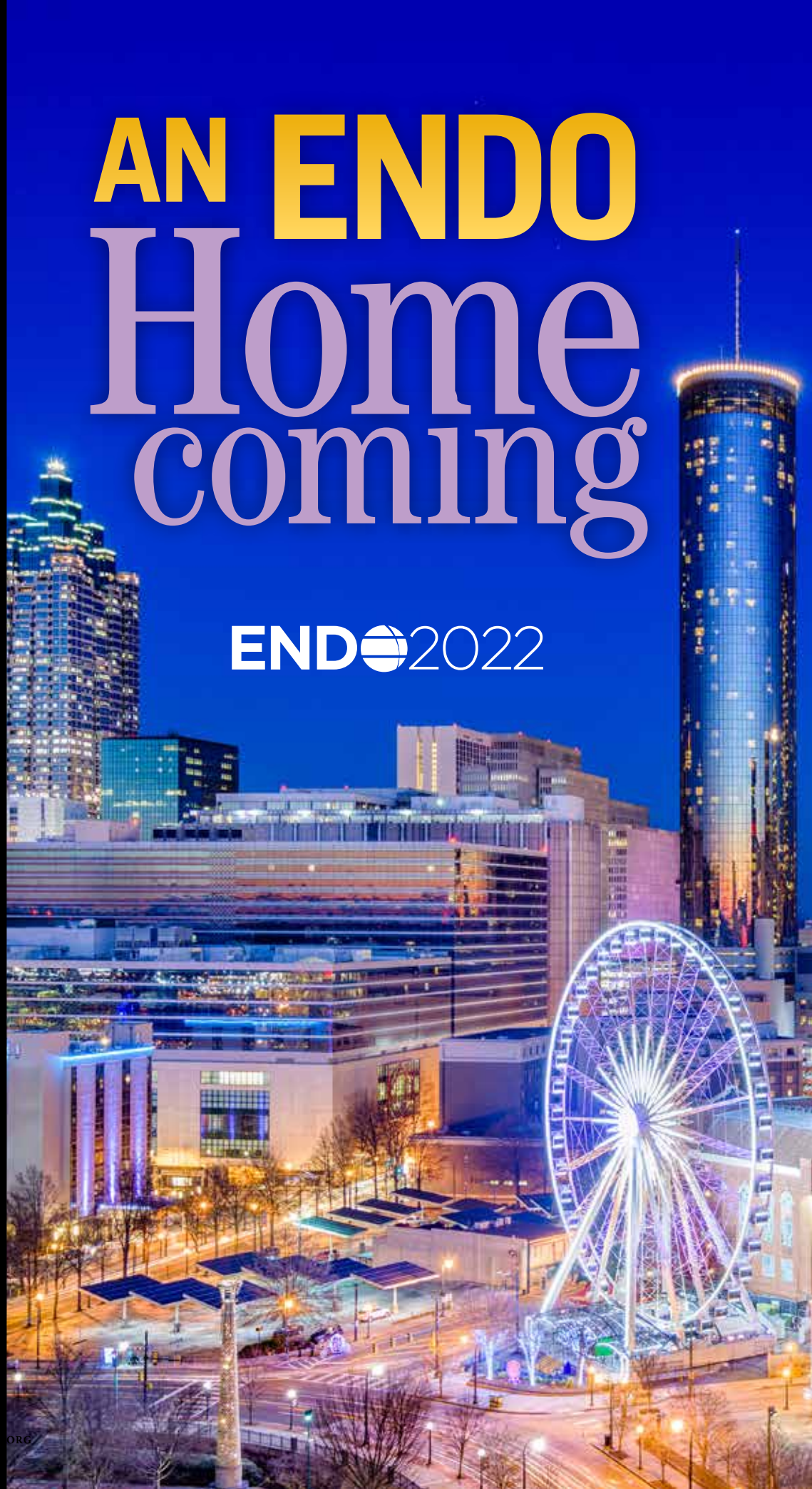
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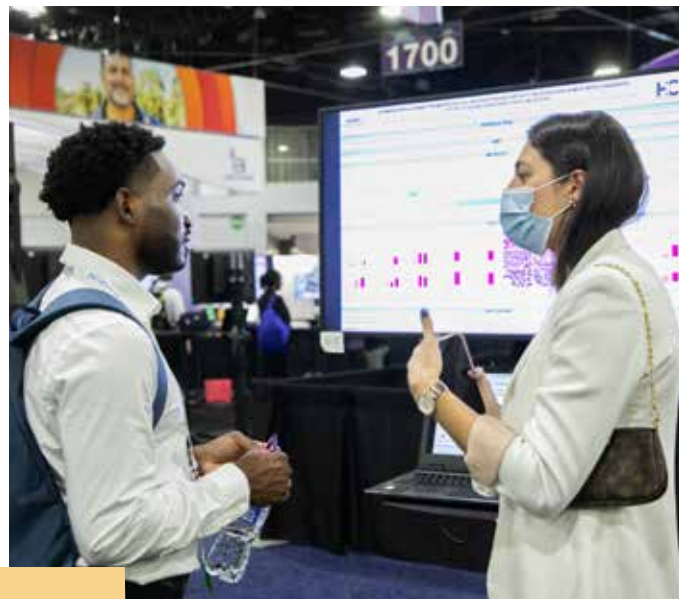
64

Up and Running: Tips for Launching and Running a Successful Lab

AN ENDO Home coming

ENDO 2022






To say that **ENDO 2022** was unlike any other **ENDOs** before it would be the understatement of the year. Not only was this year's event in Atlanta the first hybrid event, but it was also the first time since March 2019 that we were all back together shoulder to shoulder, face to face (or, in some cases, mask to mask).

Aside from being one of the most highly anticipated international endocrinology events of the year, **ENDO 2022** turned out to be a joyous return to normal after so many months apart. To mark this momentous occasion, *Endocrine News* is devoting the entire feature well to **ENDO 2022**: The science presented, the impressions made, the memories shared. We hope these 40-plus pages will be a cherished memento for those who attended as well as inform, educate, and even entertain those who couldn't be with us.

See you in Chicago in 2023 when more endocrine memories will be made!



Nathaniel Neptune, MD, an otolaryngology resident from Emory University, discusses an attendee's concerns.

BY COLLEEN WILLIAMS

A Beautiful Day *in the* NEIGHBORHOOD

EndoCares® Atlanta Saves Immigrant and Refugee Lives



During **ENDO 2022**, the Endocrine Society made a community-wide “house call” with a flagship EndoCares® event that brought care and compassion to an underserved population.

On Saturday June 11, the atmosphere at the Clarkston Community Center in Clarkston, Ga., could only be described as festive.

The red brick building was filled with neighbors visiting with each other while children ran through the crowds laughing when they weren't working on craft projects. The air was filled with the mouthwatering aromas of delicious food while an array of dancers took to the stage. An overriding sense of community spirit was evident in this town that is little more than a square mile in size but whose occupants speak more than 60 languages. And as typical with any municipal event, local politicians were mingling with their constituents.

But this wasn't a community fair or carnival, it was the flagship EndoCares® event conducted by the Endocrine Society during **ENDO 2022**, that saw more than 200



(Top) Joshua Joseph, MD, MPH, FAHA, gives a talk on diabetes complications. (Above) EndoCares Atlanta in full swing.

ALL PHOTOS BY MALEK ALARMASH



Elizabeth Burgess, MD, (right) discusses health screening results with an attendee.

“ I think that ensuring we are showing compassion and patience is the foundation for ensuring trust, especially with patients who speak a different language. Authentic compassion, care, and patience transcends language.”

— J. SONYA HAW, MD, ASSISTANT PROFESSOR, EMORY UNIVERSITY SCHOOL OF MEDICINE; MEDICAL DIRECTOR, GRADY MEMORIAL HOSPITAL, ATLANTA, GA.

immigrants and refugees from the Clarkston area gathered at the Clarkston Community Center for EndoCares® Atlanta, a health fair offering free screenings and resources to the local community.

Volunteers from the Society, Emory University, Grady Memorial Hospital, and other health organizations screened people for diabetes, obesity, and hypertension, gave over 100 COVID-19 vaccines, and provided free health education resources to help connect people to local healthcare systems and live healthier lifestyles.

EndoCares® is an outreach program that seeks to serve individuals and families from underserved/underrepresented communities, who are affected or might be affected by endocrine-related conditions. These health service days are a welcoming, inclusive, and caring environment that provide free onsite healthcare screenings, wellness coaching, and education materials. “EndoCares® gave me the opportunity to learn more about the community in which my patients live and work,” says J. Sonya Haw, MD, assistant professor at Emory University School of Medicine and medical director of Grady Memorial Hospital in Atlanta, Ga. “I learned about specific barriers and challenges to accessing and sustaining healthcare and fostered meaningful relationships with some of the community partners.” Haw was also an integral part of planning the event.



Dhana Blissett, MD, RD, LD, works with nutrition students to showcase culturally appropriate healthy recipes. Blissett is the manager of the Teaching Kitchen for the Food as Medicine Initiative at Grady Health System.



ENDOCARE

ING HEALTH DISPARITIES, ONE COMMUNITY AT A

ENDOCRINE
SOCIETY



The EndoCares event was saturated with the delicious aroma of simmering lentil soup from the healthy cooking demo.



A volunteer translator assists an otolaryngologist educate an attendee on head and neck cancer.



Children develop their hand motor skills by coloring animals for a storytelling activity (above). An instructor leads a class in Tabala martial arts (right).

About EndoCares®

EndoCares® is part of a bigger initiative where the Society is concentrating its public health education efforts moving forward on diversity, equity, and inclusion. Programming and resources will be designed specifically to benefit minorities and underserved communities.

The flagship EndoCares® events will be held at **ENDO** each year. The next events for 2022 will take place in Phoenix, Ariz., and Baltimore, Md. Stay tuned for more details.

If you are interested in hosting an event in your community, giving a talk, or volunteering at an event, visit www.endocrine.org/patient-engagement/endocares-patient-outreach, and fill out the volunteer form.

You can view the full *Endocrine News* interview at **ENDO 2022** with the EndoCares® Atlanta hosts here: www.youtube.com/watch?v=-99ZXDmCQJ8.



Melanie Haines, MD, (left) and Priya Vellanki, MD, discuss the EndoCares event that took place during **ENDO 2022** with *Endocrine News* executive editor, Mark A. Newman.



The EndoCares event at the Clarkston Community Center welcomed area residents from Afghanistan, Tanzania, Congo, and other underserved parts of the world who received a variety of health screenings free of charge.

A Close-Knit Community

Not every community is as close-knit as Clarkston, where word of mouth and a well-established community center attracted a big crowd of immigrants and refugees from Afghanistan, Tanzania, Congo, and other underserved parts of the world. Having flyers and ads on billboards and highways translated into five different languages (Dari, Swahili, Burmese, Arabic, and Pashto) was also essential in drawing more people to the event.

“It was really nice to see an immigrant community that we don’t typically see in Atlanta in our clinic,” says Priyathama Vellanki, MD, during an interview with *Endocrine News* Editor Mark A. Newman at **ENDO 2022**. Vellanki is the medical director at Grady Endocrinology Clinic, a safety-net hospital in Atlanta that treats underserved and uninsured patients. “It really highlighted how important diabetes care and screening for hypertension is for this population.”

Social workers and volunteers from Grady Health, Emory University, Georgia State University Prevention Research

Center, and other nonprofits and patient education groups such as Beyond Type 1 and Lilly Diabetes provided free resources and more information on how to find affordable and accessible health care. Volunteers from **ENDO** were also shuttled back and forth to give talks and screen patients.

Health Screenings to Save Lives

There were cholesterol screenings, A1C tests, and “no judgement zone” counseling services. Onsite clinicians screened over 50% of attendees for diabetes, performed lipid panels on 23% of people, and screened 40% of patients for hypertension. They diagnosed several new cases of diabetes and hypertension — four people were treated for hypertensive crisis and two were sent to the emergency room, highlighting the immediate need for these screenings.

“There was a line that was out the door and down the hallway for the real-time healthcare screenings for A1C, BMI, blood pressure, and cholesterol, and people were very interested in being able to talk to a doctor, one on one, after their results. Even if the results were normal, just to learn ‘what does this

“ I believe that healthcare systems need to work closely with community organizations, leaders, and patient advocates to **gain trust, identify specific causes for gaps in access, and work together** to create effective and sustainable interventions.”

— J. SONYA HAW, MD, ASSISTANT PROFESSOR,
EMORY UNIVERSITY SCHOOL OF MEDICINE; MEDICAL
DIRECTOR, GRADY MEMORIAL HOSPITAL, ATLANTA, GA.



mean for me and my health,’” says Melanie Haines, MD, during the **ENDO 2022** *Endocrine News* interview. Haines is an assistant professor at Harvard Medical School and an assistant physician at Massachusetts General Hospital in Boston, Mass. She currently serves on the Endocrine Society’s Patient Engagement Committee.

Clarkston Mayor Beverly H. Burks and Vice Mayor Awet Eyasu stopped by the event to show their support and encourage the community to stay healthy and keep up with screenings. Eyasu shared his personal story of immigrating from Eritrea and gaining more than 80 pounds, how he worked to shed it all, and how he stays active and healthy. He is a huge advocate for healthy lifestyles for immigrant and refugee families in Clarkston.

Many people at the event had never been to the doctor, much less screened for diabetes or hypertension because of lack of insurance, low income, food insecurity, no transportation, and language barriers, just to name a few obstacles. Having translators onsite and materials in different languages helped direct people to the various screening stations and made communicating with clinicians easier.

Compassion Transcends Language

“At Grady Hospital, we have ample access to in-person or video/phone interpreters for all encounters,” Haw explains. “But more than having an interpreter, I think that ensuring we are showing compassion and patience is the foundation for ensuring trust, especially with patients who speak a different language. Authentic compassion, care, and patience transcends language.”

She offered the following advice for patients and their family members who have limited access to routine care and healthy foods: “Oftentimes healthcare systems will have social workers and resources available to help with things like transportation, food insecurity, low-cost medications, and even employment opportunities. Don’t be afraid to ask your doctors or nurses.”

Many people in Dekalb County struggle with access to healthy food, so another major theme of the event was educating people on eating healthier and being more active. There were healthy recipe handouts, live food demonstrations, and a nutritionist who spoke at the event. There were dance

demonstrations as well to encourage the community to try fun and different ways to exercise. The Society served healthy lunches to attendees and donated over 400 leftover meals to a local food pantry, the homeless population in downtown Atlanta, and low-income persons near Grady Hospital.

Creating Effective and Sustainable Interventions

The EndoCares® program aims to change healthcare behaviors in the community to improve long-term health and encourage routine care. Getting people connected to the local healthcare system is the first step, but the goal is getting patients to change their diet and exercise routine and receive regular screenings.

“One of the things that we’re thinking about is making sure that this is not individuals’ only interaction with the

healthcare system, that we’re really using this as a first interaction of many,” Haines told Newman. “So, there were healthcare plans, there were clinics on site, including Grady, to make sure that individuals could get connected with the healthcare system.”

“I run the Endocrinology Section at Grady Memorial Hospital, and it really opened my eyes as to planning new programs and thinking more long term on how we can get better access to diabetes care,” Vellanki added.

When asked about closing the gap in access to care for people in her community, Haw says, “I believe that healthcare systems need to work closely with community organizations, leaders, and patient advocates to gain trust, identify specific causes for gaps in access, and work together to create effective and sustainable interventions.” ^{EN}

— WILLIAMS IS THE SENIOR COMMUNICATIONS MANAGER AT THE ENDOCRINE SOCIETY. SHE WROTE ABOUT THE NEWLY EXPANDED ENDOCARES INITIATIVE IN THE MAY ISSUE.



Pictured at the Clarkston event are (l to r): **Lynette Fludd**, MSc, CHES, associate director, patient engagement, Endocrine Society; **Paulina Litter**, manager, patient engagement, Endocrine Society; **Rob Lash**, MD, chief medical officer, Endocrine Society; **Sonya Haw**, MD, assistant professor, Emory University School of Medicine; medical director, Grady Memorial Hospital, Atlanta, Ga.; **Melanie Haines**, MD, assistant professor, Harvard Medical School, assistant physician, Massachusetts General Hospital, Boston, Mass.; and **Priyathama Vellanki**, MD, medical director, Grady Endocrinology Clinic, Atlanta, Ga.



BY MARK A. NEWMAN

Early Career Forum attendees and members of the faculty gather for the traditional group photo in Atlanta on Friday, June 10, a day before **ENDO 2022** officially got underway.

First CONTACT

Endocrine News chats with a group of members whose trip to Atlanta had quite an impact on them as they experienced their very first **ENDO**. Find out what their takeaways were from **ENDO 2022**, what surprised them the most, their favorite sessions, and why they would recommend it to colleagues.

First-Time **ENDO 2022** Attendees Share Their Experiences

For so many attendees in Atlanta, Ga., **ENDO 2022** was more than an annual conference, it was a homecoming! After having not seen one another since **ENDO 2019** in New Orleans, La., it was remarkable to see — and often hear! — the reunions of friends and colleagues as they discovered each other in corridors, sessions, exhibits, and even coffee shops and hotel lobbies!

For these repeat **ENDO** attendees, **ENDO 2022** was more like a family reunion of sorts, which is apt considering so many of the attendees have made the Endocrine Society their

Jacob Lloyd, MD, listens intently to one of the many sessions at the Early Career Forum.



professional home so it only makes sense that the first time they convene would have an extra layer of joy on top of the usual hustle and bustle of a typical ENDO meeting.

Veteran attendees have long anticipated these annual meetings, planned vacations to coincide with or even avoid, and some have even postponed or rescheduled other events just to make sure they would be available to attend ENDO once again. But ENDO 2022 was anything but typical for first-time attendees in Atlanta.

Every year there are a significant number of young professionals who experience their first ENDO and see for themselves not only what ENDO has to offer them so early in their endocrine careers, but how the Endocrine Society can guide them throughout their entire professional lives. For many, an ENDO experience can be a deciding factor on the course of their careers, the course of their research, the information they learn, as well as the connections they make.

Not surprisingly, most first-time attendees were a part of the Early Career Forum that took place on Friday June 10, and that's where we caught up with them to get their thoughts about ENDO, what influenced them the most, and what they learned while they were in Atlanta. Answering our questions

are **Jewel Banik**, a PhD candidate at the University of Arkansas for Medical Sciences in Little Rock, Ark.; **Diana Dimayuga, MD**, an endocrinology fellow at the St. Luke's Medical Center in Global City, Philippines; **Ashley Herdman**, a PhD candidate at the University of Arkansas for Medical Sciences in Little Rock, Ark.; and **Jacob Lloyd, MD**, internal medicine resident, University of Pittsburgh Medical Center – Mercy Hospital, Pittsburgh, Pa.



Endocrine News: What made you decide to come to ENDO 2022?

Banik: ENDO is our lab's flagship conference as we study the pituitary gland, the master endocrine gland. We have been desperately looking for an in-person ENDO meeting since the pandemic started, and ENDO 2022 was just like that.

The Endocrine Society's immediate past-president Carol H. Wysham, MD, (rear) caught up with first-time attendee Diana Dimayuga, as well as Marion Sarigumba, Mariel Enverga, and Rainer Wandrew Po.



Jewel Banik,
PhD candidate,
University of Arkansas for Medical
Sciences, Little Rock, Ark.

“

As a fourth-year PhD student, [professional development] workshops were tremendously helpful as they helped me enrich the professional skills required for my next position, whether in academia or industry. In addition, they were information rich with first-hand experiences from the panelists.

”



Diana Dimayuga,
MD, endocrinology fellow,
St. Luke's Medical Center,
Global City, Philippines

“

I was pleasantly surprised at the wealth of networking events and opportunities, and the inclusivity, even for junior doctors like me. It didn't matter where you come from or your level of experience, in each day there was a chance to connect with people from different backgrounds.

”



Ashley Herdman,
PhD candidate, University of
Arkansas for Medical Sciences,
Little Rock, Ark.

“

ENDO was so refreshing and reminded me of how much I love research. Sometimes it can be really helpful to get out of the lab and connect with other scientists, learn about new topics, and have the opportunity to share your research.

”



Jacob Lloyd,
MD, internal medicine resident,
University of Pittsburgh
Medical Center – Mercy Hospital,
Pittsburgh, Pa.

“

The advances that are being made in the field of bone metabolism got me interested and excited to learn more about this and potentially pursue a research study in this area in the future.

”

Dimayuga: As an endocrine fellow, I wanted to maximize my learning while in my training so that I could hear the latest updates directly from the experts. ENDO 2022 was enticing in that it is organized by a renowned society, and it is one of the largest of its kind in the world. The distance I would have to travel, and the cost discouraged me, but the prospect of attending together with other first-timers from my home country and presenting my work at a prestigious conference had me seeing this through.

Herdman: I wanted to be able to present my work, learn more about ongoing research, and network with others in our field. There have been so many scientists I've met virtually through ENDO in the past year, and it was great to be able to meet in person!

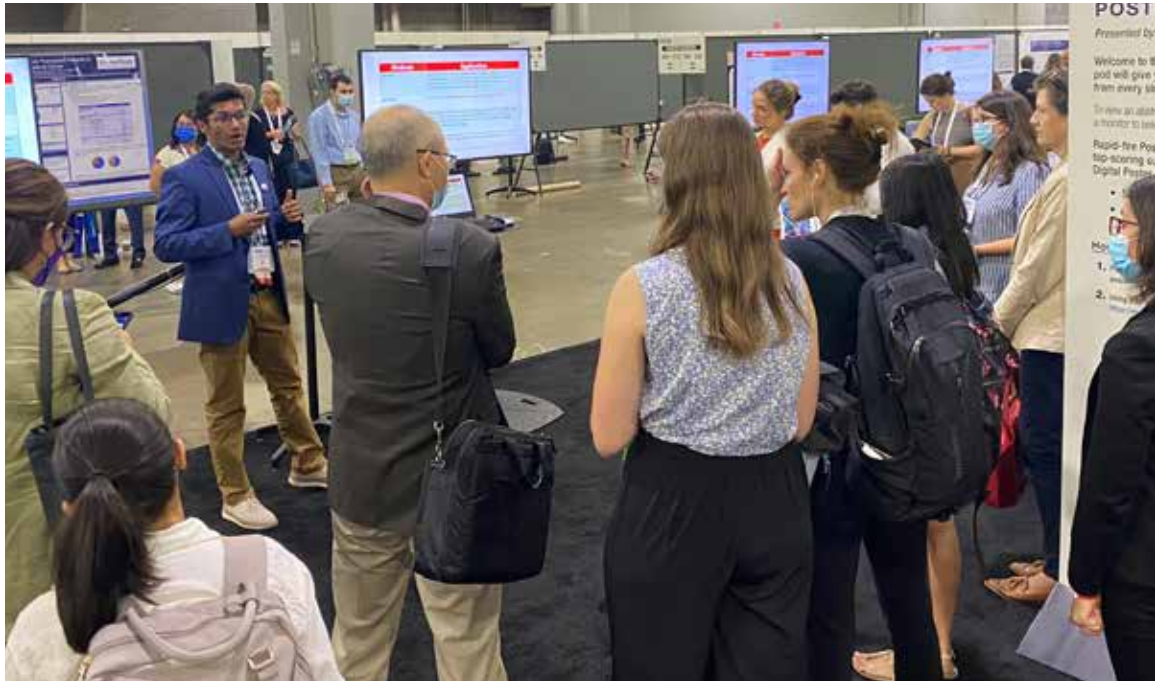
Lloyd: As an aspiring endocrinologist, I had always wanted to attend the ENDO conference. My case reports got accepted for poster presentation at ENDO 2022, and I was excited to attend the conference this year.

EN: What really surprised you about the ENDO experience?

Banik: The versatility of the meeting. I am glad that ENDO cares about people from all backgrounds and everywhere. I never imagined I would make some new friends who were from Europe and Latin America at ENDO.

Dimayuga: I was pleasantly surprised at the wealth of networking events and opportunities, and the inclusivity, even for junior doctors like me. It didn't matter where

Jewel Banik
in the **ENDO**
Expo discussing
his team's
research at one
of the Rapid Fire
Poster Sessions.



you come from or your level of experience, in each day there was a chance to connect with people from different backgrounds. The many cute freebies at the Endocrine Society booth surprised me too — there was a light and fun side to this serious conference after all.

Herdman: It was such a pleasant surprise how friendly and open everyone was. This was my first conference as a graduate student, and I was a little nervous about meeting so many scientists whose papers I've read and whose work I admire. No matter the position — PI, postdoc, student — everyone was so incredibly kind and excited to connect. It was a really wonderful experience, especially after these past few years of mostly virtual interactions.

Lloyd: The sheer magnitude of the event and the wide range of experts in the field I got to meet.

EN: What session or sessions really “wowed” you at ENDO 2022?

Banik: Professional development workshops! As a fourth-year PhD student, these workshops were tremendously helpful as they helped me enrich the professional skills required for my next position, whether in academia or industry. In addition, they were information rich with first-hand experiences from the panelists.

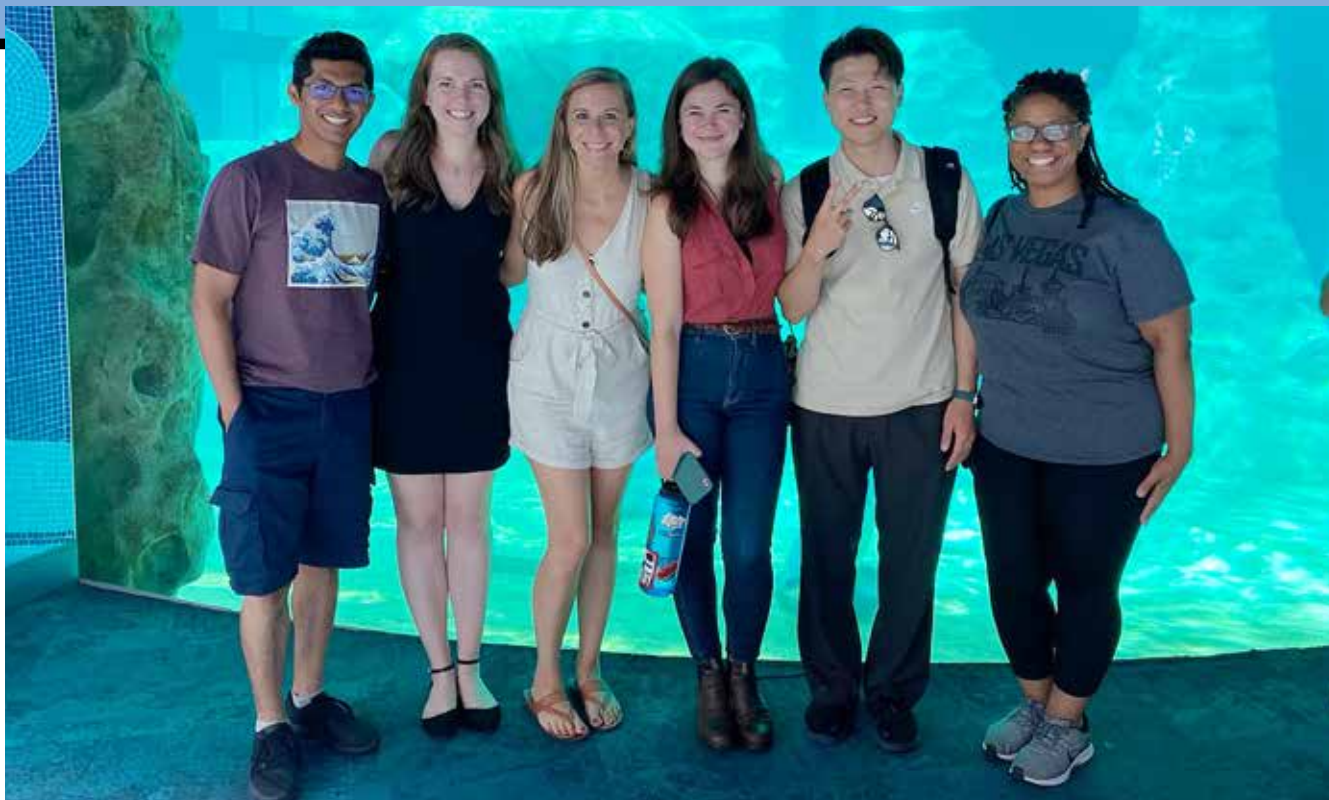
Dimayuga: The endocrine debates were phenomenal. It was my first time to attend a session in that format. The topics, discussion, and execution of the session were top notch. Hearing from the exact proponent of radiofrequency ablation for adrenal adenoma himself debating about their own technique made it more awe-inspiring. Even as an audience member, these debates made me think that both sides had valid arguments. It broadened my perspective on patient care.

Herdman: I really enjoyed the symposia sessions! It was so interesting to hear about the work that labs have done over the course of a few years that has caused us to rethink basic science concepts. My favorite session was “Recent Advances in Gonadotropin Signaling and Therapy.” I learned so much and have not been able to stop thinking about some of the topics since I returned home!

Lloyd: The Early Career Forum, “Choosing Cholesterol-lowering Medications in Patients with Liver disease,” “Beginner’s Guide to Gender-Affirming Hormone Therapy” were very interesting sessions.

EN: Did anything you saw or heard at ENDO 2022 have an impact on your future career aspirations?

Banik: I liked the special interest groups (SIG) gatherings where you meet people according to your interests. I was fortunate to meet a few people I now consider my career mentors.



Attending **ENDO 2022** was not all sitting in sessions or presenting research. (l to r): Jewel Banik and Ashley Herdman checked out the Georgia Aquarium with their colleagues Angela Odle, PhD, Sophia Tomlinson, Juchan Lim, and Tiffany Miles, PhD.

Dimayuga: Before attending ENDO 2022, I didn't realize the many benefits that patients can get from advancements in diabetes technology and glucose monitoring. In my country, most of the technologies that were presented at **ENDO 2022**, such as closed loop insulin pumps and CGM, are not yet available. Seeing these technologies and realizing their potential inspired me to consider further training on these so that one day I can help make them available for patients in the Philippines.

Herdman: The further I get into my PhD program, the more confused I seem to be becoming about what the next step in my career will be. I attended the Early Career Forum which was very helpful and geared towards careers in academia. I really enjoyed talking to several of the pharmaceutical and biotech companies in the Exhibit Hall as well! As someone who doesn't have a lot of connections to industry at the moment, it was great to be able to learn more about different companies and what research careers they offer.

Lloyd: The advances that are being made in the field of bone metabolism got me interested and excited to learn more about this and potentially pursue a research study in this area in the future.

EN: Did you learn anything at ENDO 2022 that you can use daily?

Banik: One of the sessions I attended was about "Building your personal brand through social media," where Dr. Joy Wu discussed how we could utilize Twitter as a platform for professional branding. I use some of the tips daily to build up my professional brand.

Dimayuga: ENDO 2022 had every color of the rainbow, from basic to clinical, but some of my greatest learning came from the clinical pearls and the practical sessions. As a trainee, osteoporosis is one of the topics I had difficulty with as some cases I encountered did not jigsaw-fit with those described in the guidelines. The session on individualization of treatment of osteoporosis clarified that for me, tackling exactly those clinical scenarios where the guidelines were silent on and how to best manage them. It was a simple and practical presentation, yet I found myself having a lot of take-home points in a short amount of time.

Herdman: I learned that most scientists are open to connecting and collaborating. In the future, I'll definitely feel more comfortable reaching out to other people in the field!

Lloyd: The session on disparities in diabetes care gave me a different perspective and insight into the social aspects I should be thinking of when taking care of patients with diabetes.

EN: What would you say to one of your colleagues who was on the fence about attending next year's ENDO?

Banik: Engage in conversation with people whether you know them or not. It is an asymmetric opportunity. There is no harm in doing that. The unknown person next to you might

be your next advisor, next colleague, or next collaborator. Nobody knows! I would also highly recommend attending the professional development workshops. These sessions are hubs for professional networking. And, of course, do not forget to explore the host city.

Dimayuga: For trainees and early-career physicians like me, if you ever get a chance to attend ENDO, take it. The challenges I faced were eclipsed by the many benefits I reaped in joining the conference. I am grateful that my institution, St. Luke's Medical Center Global City, helped fund my travel to ENDO 2022. Beyond the learning, ENDO is about joining a community of people who share the same passion for endocrinology as you do. Through the conference, you will be inspired to be like them, and I am certain that when you go home you will be a better endocrinologist.

Herdman: I would say it's absolutely worth attending. ENDO was so refreshing and reminded me of how much I love research. Sometimes it can be really helpful to get out of the lab and connect with other scientists, learn about new topics, and have the opportunity to share your research.

Lloyd: I would definitely encourage them to attend ENDO in person. It would be a great opportunity for anyone who is in practice or aspiring to be an endocrinologist, to meet providers and leaders in the field, connect with people who share similar interests, and learn about the opportunities and advances that are being made in the field. **EN**



From left to right: Juchan Lim, Ashley Herdman, and Jewel Banik — all from the University of Arkansas for Medical Sciences in Little Rock — at ENDO 2022's Early Career Forum, which lasted all day Friday before ENDO commenced.

An ENDO to Remember

Tales of Endocrine Society Annual Conferences, Past and Present

BY ANN OWEN, MD; STAN KORENMAN, MD; ERIC OCAMPO, MD; AND ROB FOWKES, PHD

Endocrine Society members share their stories of past ENDOs, how they compare to recent meetings, and how the field, science, and the Endocrine Society itself have all progressed through the decades.

Carrying the Torch

From her first ENDO in 1982, Ann Owen, MD, was concerned by the small number of women getting their research published. Forty years later, she relishes seeing how the latest generation is breaking new barriers.

My first Endocrine Society meeting must have been in 1982. I had signed up for the meeting of Women in Endocrinology because it sounded interesting. Most of the women at the meeting that year were present (Spoiler alert: There weren't many women back then.), and the entire discussion was how to get the Endocrine Society to publish articles from their women authors in their two publications, *Endocrinology* and *The Journal of Clinical Endocrinology & Metabolism* (JCEM).



Ann Owen, MD

There were multiple stories of articles reporting research by our own female scientists being rejected by the Society. It's very hard to believe that those days occurred when we look back on the outstanding female leadership of recent times in our Society. And the group never lost hope, with Professor Rosalyn Yalow* bouncing around in the corridors between sessions, always smiling, happy, and encouraging all of us. Remembering her accomplishments, the rest of us felt motivated to realize our goals.

There was that Sunday morning discussion of stem cells at the San Diego meeting, a time when there was even religious condemnation of the idea of stem cells rife among the general public. As we listened to the presentation, a Southern California earthquake struck, shaking the hall briefly. And the lecturer immediately panned, "It's God telling us this blasphemy must stop!"

**Yalow received the 1977 Nobel Prize in Physiology or Medicine for development of the radioimmunoassay technique. She served as Endocrine Society's first female president in 1978.*



“ Now most of us are together in person once more. My old research performed with mouse islets I had “fished” myself has given place to genetics, monoclonal antibodies, cytokines, CRISPR, and even artificial intelligence. We may feel a little bit like we’ve been passed by, but it sure is interesting to listen to the results of the new work.”

— ANN OWEN, MD

I remember the years when I was the only endocrinologist in town who would accept (adult) trans patients. As a diabetologist, I had no preparation, so I read everything I could lay hands on that might be related. Then 15 or 20 years ago, the Endocrine Society hosted a presentation on the treatment of trans patients — pediatric, but it was a start — which was a rope thrown to a drowning adult practitioner. Then the next year, it happened again — there was another discussion of trans patients. I was getting some courage after learning that I had prescribed pretty valid treatments. For years now, there have been multiple sessions at every ENDO on the subject. Unfortunately, in the U.S., these patients no longer pass under the radar, but I am delighted to see the progress being made in helping them medically and psychologically.

Over the past 40 years, there were happy meetings, with our heroes rubbing elbows with us, reunions with old friends, and I’ll admit I remember many years ago seeing a young scientist with a cardboard tube under her arm and feeling the relief of not being nervous about having to make a poster presentation myself; I had left hands-on research behind. Now, I see these poster carriers and smile; they are carrying the torch for us.

I remember the Meet the Professor sessions that took place around a classroom table when we paid a bit extra for our brown bag lunches delivered at noon to the meeting site. Once I came racing in late for a session on hirsutism, and as I opened the door, the professor asked my name and where I was from. When I said I came from Belgium, he grinned and

said “Get out of here! You have cyproterone,** so you have nothing to gain from this conference!”

And we happily stood in line to get our free meals, while “paying the price” of listening to an excellent presentation of endocrine products and new research that we hadn’t even realized we didn’t know about. Many young fellows and starting practitioners kept up their physical strength that way, and the informality encouraged us to ask questions and “get involved.”

Then in March 2020, four days before our flight was to leave Belgium to take us home, [director of the National Institute of Allergy and Infectious Diseases and the chief medical advisor to the President] Tony Fauci announced that antiquarians like us should stay put where we were. The next morning, ENDO

*** Cyproterone is an antiandrogen and progestin medication used in the treatment of androgen-dependent conditions such as acne, excessive body hair growth, early puberty, and prostate cancer, as a component of feminizing hormone therapy for transgender women, and in birth control pills. Available worldwide, it has not been approved for use in the U.S.*

2020 in San Francisco was cancelled, as was our flight. We were locked down in Brussels for a year, but somehow three months after those urgent announcements, the Society put on a blockbuster virtual meeting! The quality was top rate, and there was even breaking news about COVID-19. My technical issues were a result of my IT inadequacies (my research was done on an old Wang computer), and my location in Belgium complicated things. Thankfully, [the Endocrine Society senior specialist, membership recognition and retention] Adey Hambissa’s endless patience in walking me through the problems kept me connected. The following year, 2021, we looked forward to getting together in person once again, but then we got another wave of COVID-19. The Endocrine Society simply put together another virtual meeting for ENDO 2021 (And yes, Adey bailed me out of my computer problems again!).

Now most of us are together in person once more. My old research performed with mouse islets I had “fished” myself has given place to genetics, monoclonal antibodies, cytokines, CRISPR, and even artificial intelligence. We may feel a little bit like we’ve been passed by, but it sure is interesting to listen to the results of the new work. And yes, Adey has already rescued me once this year!

Hooked on Endocrinology



Stan Korenman, MD

Since attending his first ENDO in 1961, Stan Korenman, MD, hasn’t missed a single annual conference (COVID-19 cancellations notwithstanding). Here, he shares his memories of ENDOs past, the field’s growth along side the Endocrine Society’s, and his advice for those following in his footsteps.

My first Endocrine Society meeting was 61 years ago in New York in 1961 at the Biltmore Hotel. There was a single morning scientific session and perhaps two afternoon sessions lasting until 5 p.m., followed by serious drinks and dinner. I think I only missed

one meeting since then, not including the COVID meetings. At the time, I was a medical resident trying to do endocrine research with Sam Koide in Marty Sonnenberg’s lab at Memorial, Sloan Kettering. The meeting blew me away. All these scientists listened attentively to the oral presentations and participated in very vigorous, sometimes impassioned discussion. The science was great, and everything seemed so important. I was hooked on endocrinology.

That was a good thing because Rulon Rawson, my chair of medicine, was sending me to the National Institutes of Health in two months to the Roy Hertz’s Endocrine Branch of the National Cancer Institute where I worked with Mort Lipsett and Griff Ross.

In 1961, endocrinology was probably the most scientifically advanced clinical discipline because our molecules had measurable biological actions in many species. However, biological assays were not good enough, and you couldn’t measure most hormones in blood. We developed radioisotope dilution and radioimmunoassays for TSH and many reproductive hormones. However, I was most excited by Jensen

and Jacobson's study showing that estradiol resided in target tissues for a long time and was not metabolized in the course of performing its work. That implied the existence of steroid hormone receptors, which became a major area of study, initially with Bert O'Malley utilizing the chick oviduct.

As endocrinology grew in importance, the Society grew and grew. As it grew, the meetings became much harder to encompass with gigantic poster sessions overtaking the many simultaneous oral presentations. I worry that young endocrinologists will never feel the intimacy of belonging to a special knowledge group composed of far-flung friends with similar passionate interests. [Editor's Note: The Endocrine Society's Special Interest Groups were created to address this very issue.]

My other special memories of the Society consisted of the nine years founding and chairing the Ethics Committee. We wrote the Society bylaws. We proposed disclosure of conflicts of interest before most organizations, and we dealt with the disparate interests of academic and practicing members compared to company members. Those issues never disappear.

What do I want to say to a young person passionately or tentatively entering the field? It's a great field, maintaining and expanding its fascination over my lifetime as it will during your lifetime. Whether you do mostly science or clinical medicine, challenging questions will confront you with great frequency

“Whether you do mostly science or clinical medicine, challenging questions will confront you with great frequency and attention to those problems will be personally rewarding, as well as contributing to humanity. Find your niche. Invest in your colleagues, and you are likely to have a very satisfying life in endocrinology.”

— STAN KORENMAN, MD

and attention to those problems will be personally rewarding, as well as contributing to humanity. Find your niche. Invest in your colleagues, and you are likely to have a very satisfying life in endocrinology.

All in the ENDO Family



Eric Ocampo, MD

When Eric Ocampo, MD, attended ENDO 2022, not only did he celebrate the ability being back with his “ENDO posse” and attending sessions in person, but he also realized that the attendees were getting younger and younger. Fortunately, he realized a long time ago that you’re never too old to learn something new at ENDO.

Overwhelmed. That’s the word that best describes how I felt the first year after finishing my endocrinology fellowship at Montefiore Medical Center (Bronx, N.Y.) in 1996 after I tried to attend as many medical conferences as possible. I guess I was both overwhelmed and in awe. There was still so much for me to learn, so I tried to attend everything I could and ended up exhausted.

I was introduced to ENDO by my Montefiore endocrinology family (program director, Martin Surks, MD,* et al.) in 1997. That alone was incentive enough to attend, and from then on, ENDO became my default “go to” conference every year and I rarely missed one since. I was particularly inspired

***Surks received the Endocrine Society’s 2010 Sidney H. Ingbar Distinguished Service Award.*



From the photo booth at **ENDO 2015** in San Diego, Calif., Eric Ocampo, MD, (center) is flanked by his fellow Montefiore alumna Jane Cases-Gaston, MD, (left) and Cheryl Dabon-Almirante, MD (right).

by one of my teachers, Felix Wimpfheimer, MD, who was attending these conferences way past his “retirement” age, which taught me that you were never too old to learn something new.

It was several years later that I started to understand what the Endocrine Society was all about as I witnessed firsthand how the conferences were evolving. The Meet the Professor sessions started getting more popular and became invaluable to me. I realized that I truly was learning a lot from these experts in their fields because they seemed to point out certain nuances that were not available in UpToDate

and endocrinology textbooks. I thoroughly enjoyed attending these sessions and made sure to seek out topics that were of special significance to my own practice. Going through posters also became a good use for downtime while the **ENDO** Expos educated me regarding new medications and technology.

Even though it was amazing to see technology triumph throughout the pandemic via the virtual conference, the in-person meetings were sorely missed. For one thing, I was too easily distracted from attending the online sessions. For another thing, I was also somewhat disappointed that I wasn’t able to reunite with my “**ENDO** posse” at the conference or, more often than not, at a local restaurant.

It was so refreshing to be able to attend the 2022 Atlanta meeting. However, I became conscious of the fact that the attendees were getting younger and younger as this 1996 fellow had now been practicing for 26 years!

Eric Ocampo, MD, got into the New Orleans Mardi Gras spirit at the **ENDO 2019** photo booth.

“

It was so refreshing to be able to attend the 2022 Atlanta meeting. However, I became conscious of the fact that the attendees were getting younger and younger as this 1996 fellow had now been practicing for 26 years!”

— ERIC OCAMPO, MD

In my opinion, the Endocrine Society has definitely been on track in achieving its goals of “providing the field of endocrinology with timely, evidence-based recommendations for clinical care and practice” as it continually develops new guidelines and updates existing guidelines to reflect evolving clinical science and meet the needs of practicing physicians like me.

The Society is also keeping me on track as I continue to evolve into an even better endocrinologist. Reuniting with my colleagues at **ENDO** has always given me a sense of family and belonging. At the same time, the Endocrine Society constantly aids me in giving better care to my patients. I am looking forward to attending more **ENDOs** for as long as I can.



A Scientific Oasis

*Only the birth of his children — and a global pandemic — could keep **Rob Fowkes, PhD**, away from ENDO! A devoted attendee since the Minneapolis meeting in 1997 (even though Prince did not perform), he discusses meeting his heroes, watching his grad students network, and reveling with international attendees over the World Cup finals.*

June 1997, and a nearly completed graduate student arrives at Minneapolis Convention Center to attend his first ENDO conference, convinced that Prince would perform at the opening session.



Rob Fowkes, MD

That was the only disappointment of that first U.S. conference experience, and I left the Midwest with an expectation level so high for subsequent ENDO meetings that I had probably set myself up for failure. I'd met my then heroes (Pamela Mellon, Willis Samson, Raymond Counis), and heard them speak — there's something about seeing scientists that you cite in your thesis over and over again actually

exist as real, live people, that is slightly overwhelming. But ENDO 1997 showed me just how welcoming the world of endocrinology actually is.

Since then, only the birth of my son and daughter (now 18 and 16 years old), and a global pandemic, have prevented me from attending every subsequent ENDO conference. Each year, it is the highlight meeting of the year for me; not just an opportunity to remind myself of what science is, but also the chance to meet up with wonderful friends and colleagues from all over the U.S. and the world.

I've attended alone or accompanied by brilliant grad students and postdocs that I've been privileged to work with and seen them discover academic endocrine research for themselves — sometimes being amused at them working far harder than me as they met and networked with future postdoc advisors.




The gang's all here at ENDO 2014 in Chicago! Andy Lessey, PhD; Lorna Smith, PhD; Iain Thompson, PhD; Sam Mirczuk, PhD; and Rob Fowkes, PhD.

“There's something about seeing scientists that you cite in your thesis over and over again actually exist as real, live people, that is slightly overwhelming.”

— ROB FOWKES, PHD

As a UK-trained endocrine researcher, every four years, ENDO also used to provide a great opportunity to enjoy the England soccer team play in the World Cup, right up until the end of the group stages (where we would inevitably lose to Brazil, Argentina, or Germany, but always in the pub, in the company of our endocrine friends from those countries).

Quite simply, ENDO is my scientific oasis. 

How Clinicians and Patients Can Create Their Own Winning Team

A photograph of two women standing back-to-back with their arms crossed, smiling at the camera. The woman on the left is Gail Devers, an Olympic Gold Medalist, wearing a light blue long-sleeved top. The woman on the right is Eve D. Bloomgarden, MD, an endocrinologist, wearing a black and white patterned sleeveless top. They are positioned in front of a background with blue and purple splatters.

Olympic Gold Medalist Gail Devers (left) and endocrinologist Eve D. Bloomgarden, MD, teamed up to discuss the importance of patient self-advocacy at ENDO 2022.

CLEARING HURDLES

BY DEREK BAGLEY

Amidst of the throngs of **ENDO 2022** attendees, Olympian Gail Devers took centerstage to discuss living with and overcoming Graves' disease and thyroid eye disease. She teamed up with endocrinologist Eve D. Bloomgarden, MD, to tout the importance of patient/physician teamwork and why patients need to champion their own healthcare.

In a lot of ways, Gail Devers — the three-time Olympic gold medalist and track and field legend — speaking at **ENDO 2022** in Atlanta was the perfect choice for the Endocrine Society's annual meeting. Devers' journey back from a Graves' disease diagnosis in 1990 and subsequent thyroid eye disease (TED) to taking home gold in the 1992 Summer Olympics in Barcelona and then two more gold medals in Atlanta in 1996, can stand as a parable for the comeback of the in-person meeting after almost three years.

Hurdles cleared. Smiles and cheers. Celebrations all around. But always more work to be done.

During her talk, Devers brought out a shiny blue cape with an E embroidered on it, a clear symbol that she considers endocrinologists heroes. But her struggle with Graves' disease

and TED seems like a familiar refrain. It took her two and a half years to finally get a proper diagnosis, and as she pointed out in her presentation, we are still talking about patient struggles like hers 30 years after her initial diagnosis — not exactly a sprint, but a marathon, and one that will require the efforts of many to cross the finish line. Or, endocrinologists as part of a relay team.

"We're all for one common goal," Devers says. "And for me going through what I went through. If you're my doctor, I'm coming to you, and I'm looking for help. I try to stay in my lane. This is your lane. I'm coming to your lane asking you for help. I'm pouring myself out because it's very debilitating and I need to be able to get my life back. I need to understand why I feel like I can't do this."



Amid the throngs of **ENDO 2022** attendees together for the first time since 2019 (above), Devers and Bloomgarden take the stage in the **ENDO Expo** (top).

Patient as Advocate

Up to half of Graves' disease patients develop TED, characterized by "bulging" or protruding eyes, staring, and double vision, symptoms that, for now, patients simply must live with. But there is hope on the horizon, new drugs and therapies that should start to give patients and providers more optimism.

Eve D. Bloomgarden, MD, director of Thyroid Care and Endocrine Innovation and Education for the Division of Endocrinology at NorthShore University Health System, in Bannockburn, Ill., joined Devers on the stage to talk about the Olympian's journey to a TED diagnosis and how endocrinologists can identify symptoms early and consult with a TED eye specialist. Bloomgarden is well aware of the hurdles that still need to be cleared, the distances that need to be covered faster.

"I think that we know the delay in diagnosis of TED can be years to decades," Bloomgarden says. "And that means there's years to decades of symptoms and significant impacts on quality of life. So, the sooner that we can make the diagnosis, the sooner we can treat and make people feel better. And really, I think whether it's a marathon to a sprint or something in between, but certainly shortening that time frame."

Both Devers and Bloomgarden in their talks acknowledged the shortage of endocrinologists contributing to these delays in diagnosis and treatment, the quality-of-life issues. According to Bloomgarden (and a paper recently published in JCEM), currently there is one full-time endocrinologist for 41,000 patients who need endocrine care, the largest mismatch of any specialty.

“I think what we need to get better at is innovation and thinking of ways to scale our knowledge, whether it’s to general practitioners or some way to reach patients directly on a different scale so it’s not one to one, but one to 1,000,” Bloomgarden says. “I think it’s the only way, getting awareness out. Once people know what questions to ask or who to see or what to bring to their physician’s office, that’s game changing. But we aren’t reaching a lot of people, and a lot of people are still walking around without a diagnosis.”

For Devers, the responsibility falls on the patient as well. In talking about her experience with TED, she spoke about the need for patients to advocate for themselves and not be embarrassed or ashamed to ask questions or tell them what’s happening, even things that patients may be keeping from their own families. “When you show up at the doctor and you’re having these problems, you just say, ‘Look, doc, I can’t drive at night. I can’t read anymore,’” she says.

Restoring Trust in Medicine

Patients with TED often can’t drive, read, can’t even watch television anymore. Some patients are afraid to go out in public for fear of their appearance making others uncomfortable. Devers says she feels lucky, all things considered, but remains committed to helping others, and adamant that no one should just lie down and take this: “Fortunately for me, my job is to go around and talk. But for someone who has a normal nine-to-five job, who works on a computer, who can’t get to work...this disease is very debilitating. So yes, be your own advocate. But also understand a doctor can’t make a proper diagnosis if you don’t tell him or her everything that you’re feeling.”

“Don’t feel embarrassed,” she continues, “Don’t feel like ‘This is my new set of normal, and I’ll just deal with it.’ Or that you should be happy just to be alive.”

A simple way to approach it, but not always easy. Bloomgarden says that health literacy is very low for people without medical degrees. “It’s not like an intelligence thing; it’s just truly hard to put the onus on the patient to know what to ask, and it’s more important to share it with the people who have higher health literacy, who are taking care of people every day in the medical world,” she says. “And I think restoring trust in medicine is something that we know is really essential.”

At one point early after her Graves’ disease diagnosis, Devers was treated with radiation, which carried with it a suite of adverse effects, starting with her feet, so she thought the best course was to seek help from a podiatrist. “I totally forgot



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We’re all for one common goal. And for me going through what I went through. If you’re my doctor, I’m coming to you, and I’m looking for help. I try to stay in my lane. This is your lane. I’m coming to your lane asking you for help. I’m pouring myself out because it’s very debilitating and I need to be able to get my life back. I need to understand why I feel like I can’t do this.
”

—GAIL DEVERS, OLYMPIC GOLD MEDALIST/
PATIENT ADVOCATE

Gail Devers Perseveres



The first sentence in the USA Track and Field announcement of Gail Devers's induction into the Olympic Hall of Fame in 2012 reads, "The career of Gail Devers was one of perseverance and dominance in women's track and field." Not even a diagnosis of Graves' disease and the radiation to treat it leading doctors to wonder whether they should amputate her feet could stop her from winning three Olympic gold medals and more than a dozen World Championship medals. She even clocked the fastest 60-meter hurdle time in 2007 at the Millrose Games, at the age of 40, after 17 years of living with Graves' disease and thyroid eye disease.

In 1997, *Ebony* magazine profiled Devers and included another anecdote to show her competitive side: When Devers was seven, she had a problem with biting her nails, so her father challenged her to a nail-growing competition, a contest that led to Devers's trademark long, decorated nails. Perseverance and dominance.



Top: Gail Devers at the 2004 Olympic Games in Athens, Greece.

Bottom: supawat phunkhan / Shutterstock.com

to tell the podiatrist that I was being treated for Graves' disease, but it was like okay, 'That just has nothing to do with that. What you have is athletes' foot,'" Devers says. "Nobody should have to go through that. I keep telling people I've suffered for everybody in the world. You don't have to do that. This is how we're going to alleviate that. We're going to educate ourselves."

Devers and Bloomgarden suggest that patients and providers both have a list of questions. Devers takes it even further, keeping a journal and writing down everything she's feeling. "So even my doctor thinks I'm crazy. Or he knows I am!" she says with a laugh.

An Innovation Wakeup Call

Devers started educating other patients with Graves' disease who would reach out to her, making sure to form bonds and learning how to ask for and lend help as needed, to support each other through things impacting them physically and mentally. And now her mission has brought her in front of the largest group of endocrine specialists in the world, in person for the first time in more than two years. "Now it's time to expand that branch," she says. "Now we're reaching out to medical professionals, to give them extra tools and arsenal."

For Bloomgarden, Devers's story is a wakeup call for innovation in the healthcare system. "Her story is really impressive," Bloomgarden says. "And I think stories like this just emphasize that we have to start redesigning the delivery of healthcare so that we can actually treat the patients that need us."

And again, Devers likens how she would like to see that redesign: patients, endocrinologists, and other providers as part of a relay team, handing the baton with care, not passing it off too early or improperly, not impeding others. And she'd like to see the team pick up the pace; after all, the goal in a relay race is to reach the finish line, but always with the baton safely in hand. And the first step off the block is awareness.

Here Devers makes up a number, saying if there are five million Americans with Graves' disease, "we can't stop until five million Americans know it," she says. "The hardest part about Graves' disease is not the disease itself. It's the not knowing."

"Yes, it's a rare disease, but rare does not mean less important," Devers says. "It just means not enough people know about it. I'm not even going to say not a lot of people have it; it's just not enough people know about it. So, we've got to change that. That's number one. The sooner we change that, then it leads to the second part of knowing that 50% of those will develop or may develop TED. You don't want TED living with you. That's like having a rental, and you let somebody stay in your rental for several years." ^{EN}



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I think that we know the delay in diagnosis of TED can be years to decades. And that means there's years to decades of symptoms and significant impacts on quality of life. So, the sooner that we can make the diagnosis, the sooner we can treat and make people feel better. And really, I think whether it's a marathon to a sprint or something in between, but certainly shortening that time frame.

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—EVE D. BLOOMGARDEN, MD, DIRECTOR, THYROID CARE AND ENDOCRINE INNOVATION AND EDUCATION, DIVISION OF ENDOCRINOLOGY, NORTSHORE UNIVERSITY HEALTH SYSTEM, BANNOCKBURN, ILL.



A thyroid plushie (top) was just one of the many items on sale at the Endocrine Society store in the **ENDO Expo**. Attendees amid the poster pods (above) discuss some of the breaking science they've seen.

TED Treatments

Gail Devers was very honest addressing the sometimes-embarrassing symptoms of TED. However, new treatments have shown promise in relieving these debilitating symptoms and helping patients regain their quality of life.

In January 2020, the U.S. Food and Drug Administration approved teprotumumab to treat TED. Horizon Therapeutics is marketing the drug as TEPEZZA, a fully human monoclonal antibody (mAb) and a targeted inhibitor of the insulin-like growth factor-1 receptor (IGF-1R) that is administered to patients once every three weeks, for a total of eight infusions. Since then, several researchers and Horizon itself have been monitoring the drug in subsequent studies and trials.

Endocrine News reported in April 2021 that pooled data from Phase 2 and Phase 3 clinical trials further reinforced that teprotumumab-trbw significantly improves proptosis and diplopia for TED in patients in different subgroups, with most maintaining a long-term response. The results were published in *The Lancet Diabetes & Endocrinology*.

ENDO 2022 saw several posters presented looking at teprotumumab's efficacy and safety, with one study examining reports of high blood sugar in patients with TED from teprotumumab clinical trials, another finding that the drug has a significant positive impact on facial appearance, and another that showed teprotumumab therapy reduces orbital fat and muscle volume.

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. HE WROTE ABOUT THIS MONTH'S CEU SESSIONS ON HYPO- AND HYPERTHYROIDISM AS WELL AS ON THE PITUITARY SESSIONS IN THE AUGUST ISSUE.


ENDO2023

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ENDO 2022 Poster Presentations Shed New Light on COVID-19's Impact on Endocrine Conditions

Seeing the Evidence

ENDO 2022 was once again a hotbed of new research as people convened in person and online from around the world. Here, we look at two international researchers who shared their COVID-19 studies in poster presentations that looked at the pandemic's impact on thyroid function, thyroid dysfunction, and women's ovulatory cycles.

ENDO 2022 took place June 11 – 14 in Atlanta, Ga., and was the first ENDO meeting to happen in person since 2019.

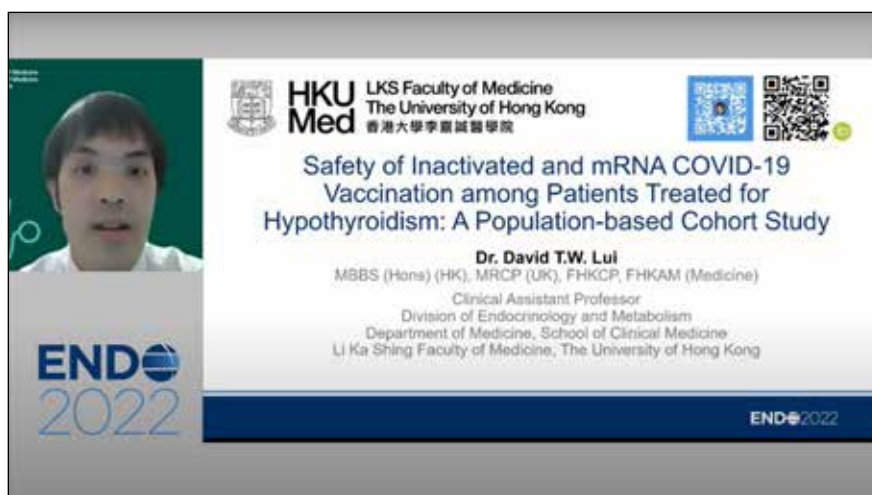
The live nature of this event meant that poster presentations could once again be shared in a more immediate way with audiences. Why is visual presentation important in research? First and foremost, it engages the audience more fully and allows them to connect with both the presenter and the science. It's also a way to represent complex phenomena that might not otherwise be observable. And, as with any study presented at Endocrine Society meetings, sharing research with the larger scientific and medical communities increases collective understanding, which in turn ultimately translates to improved patient care.

Two researchers presented three studies relating to COVID-19: two on the safety of COVID-19 vaccination in relation to the thyroid and one on how the COVID-19 pandemic impacted ovulation.

Thyroid Function and COVID-19 Vaccination

On Saturday, June 11, David T. W. Lui, MBBS, MRCP, FHKCP, FHKAM (Medicine), clinical assistant professor in the Division of Endocrinology and Metabolism, Department of Medicine, of The University of Hong Kong, in Hong Kong SAR, China, presented highlights from “Safety of Inactivated and mRNA COVID-19 Vaccination among Patients Treated for Hypothyroidism: A Population-Based Cohort Study,” published in May in *Thyroid* as well as key points from the late-breaking “Effect of COVID-19 Vaccines on Thyroid Function and Autoimmunity and Effect of

Due to the hybrid nature of **ENDO 2022**, David T.W. Lui was able to present his posters to an Atlanta audience live all the way from his home base in Hong Kong.



Thyroid Autoimmunity on Antibody Response,” that came out online in *The Journal of Clinical Endocrinology & Metabolism* (JCEM) just two days before the presentation.

“COVID-19 is associated with manifestations outside the respiratory system, including the thyroid gland,” Lui says. “Angiotensin-converting enzyme 2 (ACE2), the entry receptor for SARS-CoV-2, is expressed in thyroid cells, providing a mechanistic link between COVID-19 and the thyroid.” These facts coupled with case reports of Graves disease and Hashimoto thyroiditis occurring after infection with COVID-19 raised concerns among endocrinologists regarding COVID-19’s potential to cause thyroid dysfunction and trigger thyroid autoimmunity, he explains. This in turn begs the question, can vaccination against COVID-19 also induce thyroid dysfunction?

Subacute thyroiditis and Graves disease after COVID-19 vaccination have been extensively reported in patients with and without known thyroid disorders. Lui and team also recently published their findings about a 40-year-old woman who developed Graves disease five weeks after the second dose of mRNA COVID-19 vaccination (BNT162b2), on a background of longstanding hypothyroidism treated with a stable dose of levothyroxine. “Two mechanisms have been postulated to explain their associations. One is ‘autoimmune/inflammatory syndrome induced by adjuvants’ (ASIA). For example, aluminum hydroxide as the adjuvant of CoronaVac may be the culprit of inducing subacute thyroiditis in post-vaccination ASIA. Molecular mimicry is another: SARS-CoV-2 spike protein, nucleoprotein, and membrane protein all cross-reacted with thyroid peroxidase (TPO), suggesting that anti-SARS-CoV-2 antibodies may promote autoimmune thyroiditis,” Lui says.



“ I was very excited to learn that **ENDO 2022** had established a virtual platform allowing virtual presentations. It facilitates exchange of innovative research ideas and dissemination of important results through electronic poster presentations, and in turn, fosters collaborations among clinicians and scientists from around the world who share similar research interests. This is especially valuable since **ENDO** is a leading endocrine conference. **Indeed, such a hybrid meeting format may be the way to go as the COVID-19 pandemic remains volatile.**”

— DAVID T. W. LUI, MBBS, MRCP, FHKCP, FHKAM (MEDICINE), CLINICAL ASSISTANT PROFESSOR, DIVISION OF ENDOCRINOLOGY AND METABOLISM, DEPARTMENT OF MEDICINE, UNIVERSITY OF HONG KONG, HONG KONG SAR, CHINA



So, to address the question of whether COVID-19 vaccination can cause thyroid dysfunction, Lui and team conducted two studies: one to systematically evaluate whether COVID-19 vaccines are associated with unstable thyroid function in patients treated for hypothyroidism and a second evaluating a prospective cohort of COVID-19 vaccine recipients without known thyroid disorders for the development of thyroid dysfunction and autoimmunity after COVID-19 vaccination.

For the first study that took place in late 2021, Lui collaborated with members of the Department of Pharmacology and Pharmacy from the University of Hong Kong, as part of the COVID-19 Vaccines Adverse Events Response and Evaluation (CARE) Programme, which was funded by a Research Grant from the Food and Health Bureau, The Government of the Hong Kong Special Administrative Region. The team analyzed population-based electronic medical records, linked to population-based COVID-19 vaccination records, in 47,086 adults taking levothyroxine identified between February and September 2021. Vaccinated participants received either the BNT162b2 Pfizer-BioNTech mRNA vaccine (12,310) or the CoronaVac inactivated vaccine (11,353), and 23,423 participants were unvaccinated.

“This vaccine safety data linkage has been used to conduct population-based pharmacovigilance studies of COVID-19 vaccines on Bell palsy, arthritis flare-up, and myo-/pericarditis as well as whether patients with various diseases are at a higher risk of experiencing adverse events,” Lui says. The team compared the rates of changes in the dose of levothyroxine during follow-up between the vaccinated and unvaccinated groups in addition to emergency department visits, unscheduled hospitalization, adverse events of special interest

according to the World Health Organization’s Global Advisory Committee on Vaccine Safety, and all-cause mortality.

Neither vaccine was associated with dose reduction or escalation of levothyroxine nor increased incidence of any of the secondary outcomes.

But the team didn’t stop there. “While a population-based database can elucidate whether COVID-19 vaccination is associated with significant thyroid dysfunction, a prospective cohort study is necessary to evaluate changes in thyroid autoimmunity following COVID-19 vaccination,” Lui says. Consequently, they recruited 215 adults without a history of COVID-19 or thyroid disorders who received two doses of COVID-19 vaccine between June and August 2021 to measure thyroid function and antithyroid antibody titers at baseline and again at eight weeks. Neutralizing antibody titers against SARS-CoV-2 were also measured. Following vaccination, only a modest increase in antithyroid antibody titers was seen, without significant changes in antithyroid antibody positivity. Only three participants showed non-clinically overt abnormal thyroid function post-vaccination. Changes in thyroid function and antithyroid antibodies were consistent between mRNA and inactivated vaccine recipients, except for a greater antithyroid peroxidase increase with the mRNA vaccine. Importantly, neutralizing antibody responses were not influenced by the presence of preexisting thyroid autoimmunity.

These findings from both studies should reassure both clinicians and patients that there are no major changes in thyroid function after COVID-19 vaccination. In addition, the ability to disseminate this good (and potentially life-saving) news so quickly and directly is also important. “COVID-19 has just appeared for the past two and a half years. Researchers from around the world have put in immense efforts to elucidate the various aspects, including the endocrine aspect, of COVID-19 to advance our understanding of the disease and combat this global pandemic,” Lui explains. “I was very excited to learn that **ENDO 2022** had established a virtual platform allowing virtual presentations. It facilitates exchange



“Believe women when they say that they got an early period after the COVID-19 vaccination — and if they report that, suspect that they are not ovulating normally, which explains why it happens. **Ensure that your premenopausal women patients, especially if they had more cramps, or early post-vaccination bleeding during the pandemic, have recovered to normally ovulatory cycles.**”

— JERILYNN C. PRIOR, BA, MD, FRCPC, PROFESSOR OF ENDOCRINOLOGY AND METABOLISM, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER, CANADA

of innovative research ideas and dissemination of important results through electronic poster presentations, and in turn, fosters collaborations among clinicians and scientists from around the world who share similar research interests. This is especially valuable since **ENDO** is a leading endocrine conference. Indeed, such a hybrid meeting format may be the way to go as the COVID-19 pandemic remains volatile.”

SOD Story

Jerilynn C. Prior, BA, MD, FRCPC, professor of endocrinology and metabolism at the University of British Columbia in Vancouver, Canada, has long been studying women’s reproductive health, in particular the importance of maintaining the balance of estrogen and progesterone. In “Epidemic of Subclinical of Ovulatory Disturbances during SARS-CoV-2 Pandemic—an Experiment of Nature,” Prior presented an analysis of two independent studies undertaken 13 years apart. The Menstruation Ovulation Study (MOS) conducted from 2006 to 2008 with 301 reproductive-age women (ages 19 – 35 years) acted as a control for the similarly designed MOS2 that studied 112 women during the COVID-19 pandemic 2020 – 2021.

Jerilynn C. Prior, MD, presented her research in person at **ENDO 2022** in Atlanta, Ga., while attendees could tune in from around the world.

For background, Prior explains the role of progesterone: “Although we tend to focus on estrogen as being ‘woman’s hormone’ (which balances with testosterone as ‘man’s hormone’), in reality, the normal menstrual cycle requires estrogen and progesterone. Like estrogen, progesterone acts everywhere in the body — and there are good reasons that estrogen and progesterone need to be balanced in their actions. The most important one is that estrogen is a powerful growth-stimulating hormone. Progesterone is needed in high amounts because it slows or stops the proliferation that estrogen causes. It also causes each cell to differentiate into its specific role.”

In both MOS and MOS2, women participated in a single-cycle study. All completed an interviewer-administered questionnaire to obtain demographics, socioeconomic status,

Reproductive Health | ENDO 2022 Press Conference

Menstrual & Ovulation Studies = MOS

2 Same-Design Cohort Studies

- MOS2**—2020-21 in the pandemic, n = 125
- MOS**—in 2006-8, n = 301 **Control**

- ❖ **Design:** single menstrual cycle study
- ❖ **Participant:** eligible=19-35 y, menstruating ~ monthly, no hormonal birth control
- ❖ **Methods:** recruit = CeMCOR website, eblasts, social media
 - CaMos® (www.camos.org) **Questionnaire**—health, reprod. etc.
 - **Monitoring**—Menstrual Cycle **Diary**® daily experiences

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medical history, lifestyle, and reproductive variables. In addition, body measurements were taken. The team taught participants to record their menstrual cycle and everyday experiences in the Menstrual Cycle Diary® and to take their first morning temperature (for later Quantitative Basal Temperature® analysis of ovulation characteristics). Overall, the two cohorts were very similar regarding most individual participant characteristics.

Differences emerged with subclinical ovulatory disturbances (SODs), such as short luteal phases and anovulation that occur in regular, clinically normal cycles. Although MOS and MOS2 had similar average 30-day cycles (with 10% and 9% longer cycles, respectively) plus six-day flow lengths, nearly two-thirds of MOS2 participants experienced either a luteal phase too short to allow fertilization, or no ovulation at all, compared to only 10% of women from MOS experiencing SOD. Not surprisingly, the diary data of MOS2 participants showed significantly more anxiety and depression, perceived outside stress, sleep disturbances, and headaches than those in MOS.

Importantly, MOS2 was not originally intended to reveal insights about the pandemic. “We were doing a follow-up study to collect urine for environmental contaminants. That this cycle study happened during the pandemic was just plain serendipity,” Prior says. As estrogen and progesterone counterbalance each other’s actions in every tissue, it stands to reason that SOD means insufficient progesterone with normal estrogen levels. “We knew how monumental the

changes that occurred in women’s lives during the pandemic, and the worries and isolation that went with these changes. We know that these can cause SOD, but I’ve never seen that high a prevalence of anovulation in my 40 years of menstrual cycle research,” Prior says.

In addition to the obvious effect to decrease fertility, persistent SOD can lead to bone loss, early heart attacks, and breast and endometrial cancers, owing to the associated imbalance between estrogen and progesterone. The “experiment of nature” that Prior calls it, demonstrates that the COVID-19 pandemic disrupted this balance, causing SOD but not overtly impacting the menstrual cycle. This suggests an important takeaway for clinicians treating infertility: “When you know a woman is under stress (can be emotional, social, economic, nutritional, illness, etc.),” Prior says, “don’t assume all is well if she reports a regular menstrual cycle; check to see if she is normally ovulating. I believe that women reporting infertility need to have their ovulation checked (at least with a timed serum progesterone level) on several cycles before they start in vitro fertilization therapy. If they have ovulatory disturbances, it is common that working with them to understand and decrease the stressors, and/or cyclic progesterone therapy (started after the luteinizing hormone peak) will resolve the infertility issue.”

For all clinicians, Prior advises, “Believe women when they say that they got an early period after the COVID-19 vaccination — and if they report that, suspect that they are not ovulating normally, which explains why it happens. Ensure that your premenopausal women patients, especially if they had more cramps, or early post-vaccination bleeding during the pandemic, have recovered to normally ovulatory cycles.”

About the **ENDO 2022** meeting itself, she describes it as “a chance to identify who is doing the interesting work and to potentially talk in person with them.” Again, this kind of direct, immediate collaboration is what will ultimately move the needle in understanding the hormonal changes in women’s reproduction as well as other endocrine conditions.” **EN**

— HORVATH IS A FREELANCE WRITER BASED IN BALTIMORE, MD. IN THE JULY ISSUE, SHE WROTE ABOUT THE GRADE METHODOLOGY BEING USED TO CREATE THE ENDOCRINE SOCIETY’S CLINICAL PRACTICE GUIDELINES.



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UP AND RUNNING: *Tips for Launching and Running a Successful Lab*

BY GLENDA FAUNTLEROY SHAW

When Shingo Kajimura, PhD, became the principal investigator of his first lab in 2011, the notion that he was the final decision maker was the first real awakening to the new stature in his career.

“There was no one else to say, ‘yes’ or ‘no,’” Kajimura recalls. “When you’re in training stage, your mentor approves your writing and your fellowship proposals, for instance. But as the PI (primary investigator), you’re the one with the final say, the one who clicks the submission button, and it’s really nerve-wracking.”

Fast forward 11 years, and Kajimura now leads the Kajimura Lab at Beth Israel Deaconess Medical Center at Harvard Medical School and is the 2022 Endocrine Society Laureate for Outstanding Early Investigator.

“There is a presumption that once you’re offered the position as principal investigator that you just know how to do the rest of the job, but all of our training leading up to that point is how to do research,”

At **ENDO 2022**, scientists and researchers flocked to the session, “The Business of Starting and Running a Lab,” which covered everything a new PI needs to know from hiring and managing a staff to preparing budgets and even managing your own time. *Endocrine News* spoke to that session’s speakers and other experts for the “secrets of their success.”

says Matthew Sikora, PhD, an assistant professor of pathology at the University of Colorado Anschutz Medical Campus.

Sikora has led his lab for six years and worked in one for more than 20. As a member of the Endocrine Society's Trainee and Career Development Core Committee, he and fellow members Kristy Brown, PhD, and Sayeepriyadarshini Anakk, PhD, hosted the **ENDO 2022** session, "The Business of Starting and Running a Lab," where they presented strategies for how PIs can start and run a successful lab.

But what makes a lab successful?

"I like to think of a successful lab as one where everyone works towards a common goal," says Brown, associate professor of biochemistry in medicine at Weill Cornell Medicine. "A successful lab will include working towards answering specific research questions, as well as publishing those findings to have a broader impact and obtaining funding to be able to pursue new research questions. A successful lab will also be a fertile ground for career development and mentorship."

On-the-Job Training

The experts agree that the biggest challenge to running a lab successfully and meeting the research goals is that most PIs are unprepared for their dual business management duties.

"The role of PIs changes dramatically with regards to finances and management of personnel," says Brown. "Some will have had some experience as more senior members of their postdoc labs, but often this is not the case. The business of mentoring and managing are overlapping yet also distinct in some regards. Finding the balance between these requires certain skills."

"I agree that we are unprepared for the business side of research, but also medicine and academia as a whole," says Estelle M. Everett, MD, MHS, a 2022 recipient of the



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— KRISTY BROWN, PHD, ASSOCIATE PROFESSOR, BIOCHEMISTRY IN MEDICINE, WEILL CORNELL MEDICINE, NEW YORK, N.Y.

Society's Early Investigator Award. Everett has been a PI for three years at UCLA's David Geffen School of Medicine, where she currently has two fellows, two residents, and three medical students performing research under her supervision.

"I think it is just expected that you figure it out on the way, like others before us," Everett adds. "My mentors have been extremely helpful in guiding me through the process and answering any questions that come up along the way. The administrators in my department are also very helpful as they are aware of all the university policies and regulation that exists."

Do's and Don'ts for Overcoming Hurdles

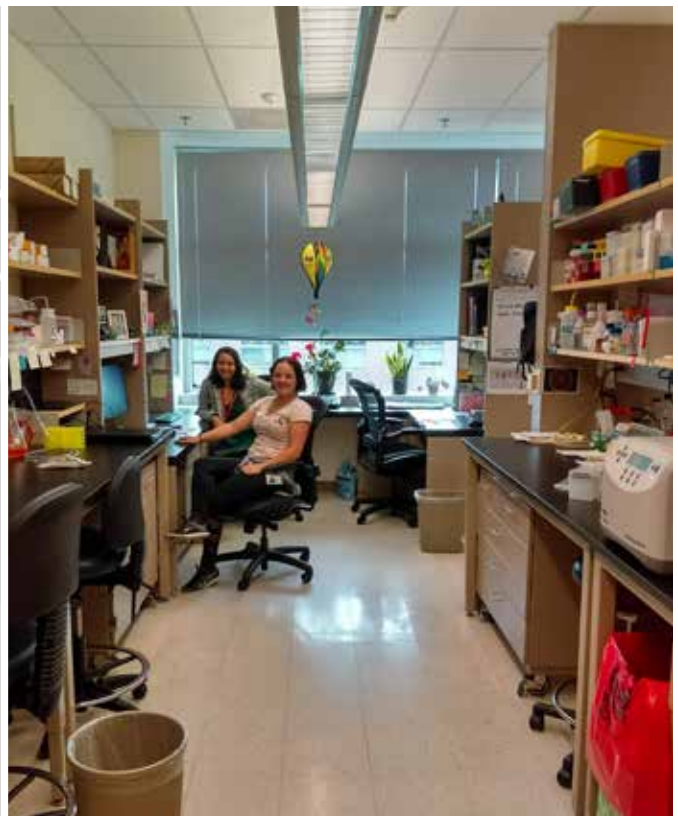
As with any new venture, there are pitfalls new PIs need to avoid when maneuvering through their lab management

duties. We asked the experienced PIs to share tips on how to navigate around some of the most common mistakes:

Do find mentors. Lean on other junior and senior faculty in your department or lean on peers who have recently gone through what you're doing, says Sikora. "It's also really important to get advice from experienced colleagues who know your work well but are slightly remote from your field, someone who is objective with no conflicts of interest," adds Kajimura.

Do consider these budget questions early. "How do we budget the start-up money? Is it possible to negotiate costs for moving and re-deriving animal models? Can we segregate to what's needed in the laboratory versus what's available and easily accessible at the core? Where should we invest big and take risks?" says Anakk, an associate professor of molecular and integrative physiology at University of Illinois at Urbana-Champaign.

Pictured are two contrasting photos of Matthew Sikora's Lab at the University of Colorado Anschutz Medical Campus. On the left is a lab bay on day 1; on the right is the same lab bay two years later, showing a successful look at "starting and running your own lab!"





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There is a presumption that once you're offered the position as principal investigator that you just know how to do the rest of the job, **but all of our training leading up to that point is how to do research.**”

— MATTHEW SIKORA, PHD, ASSISTANT PROFESSOR OF PATHOLOGY, UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS, AURORA, COLORADO

Don't just write the grants. “We're accustomed to thinking we have to sit at our desks now and write grants to build funding but that's not true,” says Kajimura. “The reality is that as PI, you are the best hand and have the best knowledge to see data and understand what is happening in the lab, not your postdocs. So, get out from behind the desk and stay on the bench, instead of waiting for the postdocs to bring the data.”

Don't rush to buy the new and shiny. Ask yourself is expensive equipment really necessary? Can you buy refurbished items? “When you're first starting, there often is departmental surplus,” says Sikora. “You can sometimes get your department to buy big ticket equipment to share with the department instead of trying to do it on your own.”

Do build a good team. Seek advice from your mentors or administrative team to improve your interviewing and hiring skills. How do you identify and hire appropriate people? “This is a major pitfall as we are not trained to do that, and it is learning on the job,” says Anakk. “And how do you motivate the group, acknowledging that each member needs different carrots or goals that they are passionate about?”

Don't underestimate what people cost. “A lot of PIs don't understand that we're on the hook for fringe benefits, and that includes healthcare and retirement,” reminds Sikora. “Somebody you think you're hiring at \$40,000 will actually cost about \$55,000 – \$60,000 depending on the institution.” ^{EN}

Resources for a PI's Library

► *At the Helm: Leading Your Laboratory*
by Kathy Barker.

► *Making the Right Moves: A Practical Guide to Scientific Management for Postdocs and New Faculty*, 2nd edition. (downloadable PDF from Howard Hughes Medical Institute at: www.hhmi.org/science-education/programs/resources/making-right-moves).

► *Making an IMPACT on Career Development for Early- and Mid-career Faculty*. Sikora MJ, Riggins RB, Madak-Erdogan Z. *Endocrinology*, 2021 Jan 7. PMID: 33411889.

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



SUPPORTING NEW LEADERS IN CLINICAL CARE

PHYSICIAN LEADERSHIP IS THE FUTURE OF HEALTHCARE

The Excellence in Clinical Endocrinology Leadership (ExCEL) program offers comprehensive leadership training and mentorship to early career physicians of communities underrepresented in medicine and science. Whether you are just beginning as an endocrine fellow or navigating the next steps in your career beyond fellowship, the ExCEL program will help you build leadership skills, explore opportunities for advancement, and expand your network of peers and colleagues.

ExCEL PROGRAM COMPONENTS

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ExCEL awardees will participate in developing key leadership competencies and management training through a multi-day Clinical Endocrine Career and Leadership Workshop.

BUILDING PARTNERSHIPS AND EXPANDING NETWORKS:

ExCEL's mentoring network will connect fellows with a core team of mentors, provide quarterly virtual check-ins, and deliver continued training through seminars intended to continue skills development and community building.

LEADERSHIP SKILLS IN PRACTICE:

We will assist ExCEL awardees in enhancing their professional credentials through opportunities to volunteer within the Endocrine Society, travel awards to attend and network at the annual meeting, ENDO, and enhance speaking abilities and near-peer mentoring through a Visiting Physician Faculty series.

We are accepting applications for 2023 program until December 9, 2022.
PLEASE VISIT [ENDOCRINE.ORG/EXCEL](https://endocrine.org/excel) TO APPLY.

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President Joe Biden signs H.R. 5376, the Inflation Reduction Act of 2022 in the State Dining Room of the White House in Washington, D.C. The bill is intended to lower the cost of energy, prescription drugs, and other health care for American families, combat the climate crisis, reduce the deficit, and make the largest corporations pay taxes. From left to right: Senator Joe Manchin III, US Senate Majority Leader Chuck Schumer, President Joe Biden, US House Majority Whip James Clyburn, US Representative Kathy Castor, and US Representative Frank Pallone.

Society Celebrates Historic Insulin Affordability Measure Signed into Law

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This is an important step forward, and we thank you for your work to make insulin more affordable.

We will continue to work to institute the cap in the private insurance market, and we are committed to ensuring that all people with diabetes have access to affordable insulin.

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The Endocrine Society celebrated the historic passage of legislation to make insulin more affordable last month. The legislation, signed into law on August 16 by President Joe Biden, represents an important milestone in addressing this longstanding problem and reflects years of advocacy by the Society.

The Inflation Reduction Act will institute a \$35/month cap on out-of-pocket costs of insulin for Medicare beneficiaries, which will go into effect in 2023. The new law will also allow Medicare to negotiate the price of certain prescription drugs. This provision will go into effect in 2026 because it will take time to set up this new program. Additionally, the law will eliminate the 5% coinsurance for catastrophic coverage in Medicare Part D in 2024; add a \$2,000 cap on Part D out-of-pocket spending in 2025; limit annual increases in Medicare premiums from 2024 to 2030; and extend subsidies for the Affordable Care Act for three years.

The Endocrine Society has advocated for years to address the problem of insulin affordability. We provided recommendations to policymakers on policy options; we worked with representatives

and senators on both sides of the aisle to find consensus; we shared patient stories with congressional offices; we conducted congressional briefings to educate policymakers; we testified before Congress; and we conducted Hill Days, congressional meetings, and grassroots advocacy.

While a provision that would have also applied the insulin cap in the private insurance market was removed from the Inflation Reduction Act because of a point of order, at the time this issue of *Endocrine News* went to press, Senate Majority Leader Charles Schumer (D-NY) had promised the Endocrine Society that he plans to revisit this issue in September, and we have already reached out to Senate Democrats and Republicans who have indicated their support.

All this work could not have been done without the tireless advocacy of Endocrine Society members. This is an important step forward, and we thank you for your work to make insulin more affordable. We will continue to work to institute the cap in the private insurance market, and we are committed to ensuring that all people with diabetes have access to affordable insulin.

For more information about our advocacy achievements, please visit the Advocacy section (www.endocrine.org/advocacy/accomplishments-and-champions) on our site and read weekly updates through Advocacy in Action (www.endocrine.org/advocacy-in-action).

Endocrine Society Urges Congress to Avert Proposed Medicare Physician Payment Cuts



On July 7, the Centers for Medicare and Medicaid Services (CMS) released the annual Medicare Physician Fee Schedule (MPFS) proposed rule. This rule outlines the agency's proposed payment and quality program policies for the upcoming year.

This year's rule proposes several important policy changes including allowing data collection on important telehealth services provided during the pandemic, revisions to reporting evaluation and management (E/M) services, and new codes proposed for billing the Food and Drug Administration (FDA)-approved 180-day glucose sensor system. The rule also includes a 4.5% scheduled cut to the conversion factor. The Society is very concerned about this cut and is urging Congress to take action to avert it.

Every year, CMS requests our feedback on their proposed changes, and we respond by submitting a comment letter to the agency. Comments are due on September 7, 2022. We have worked with our Clinical Affairs Core Committee (CACC) and other Endocrine Society members with expertise in telehealth and quality payment issues.

If you are interested in learning more about this rule, you can visit the physician payment page on our website (www.endocrine.org/improving-practice/macra) where you can find a one-pager and detailed summary of the rule. In addition, we will host a special Physician Payment Webinar in October to explain the impact of the proposed rule and how you can join our advocacy efforts to avert cuts.



Funding for Federal Agencies Uncertain as Fiscal Year Deadline Approaches

Endocrine Society Rallies for Increased Funding for the National Institutes of Health

Congress is required to determine funding levels for all federal programs and agencies by October 1 when the new fiscal year begins. However, this year Congress is not on track to pass the 12 annual appropriations bills to fund the government by the deadline. Consequently, it is expected that instead Congress will resort to passing a stopgap spending


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This year, the Hill Day will take place on September 14 with advocates meeting their congressional delegations in Washington, D.C. Together, we will continue to call on Congress to make funding for the NIH a national priority and raise awareness about the importance of continued investment in medical research.

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bill, known as a Continuing Resolution (CR), that will allow the federal government to continue to operate at the previous year's funding level. It is not clear how long that short-term bill would last before Congress could agree to final spending levels.

The House Freedom Caucus, a group of fiscally conservative Republicans wants to see current spending levels frozen until the next Congress is sworn in, banking on a GOP majority to legislate federal funding. In contrast, Democrats are arguing for a shorter-term CR with a final spending bill passed before the end of this year.

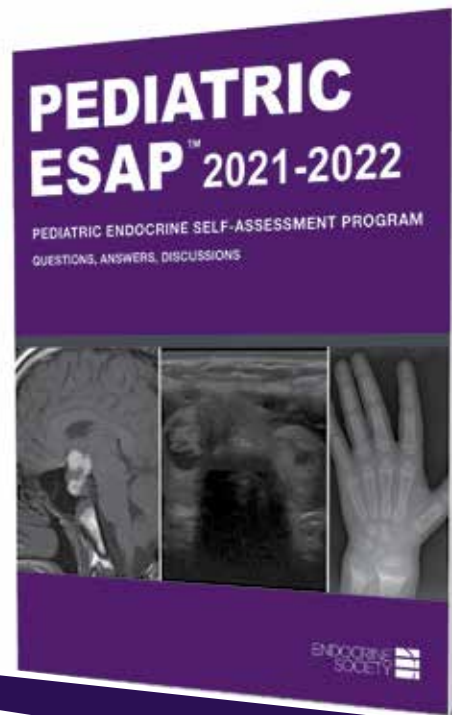
The Endocrine Society continues to advocate for a final appropriations bill with increases for the National Institutes of Health (NIH). Every September, we join a broad coalition of groups representing the medical research advocacy community in a “Rally for Medical Research” Hill Day to urge members of Congress to make funding for the National Institutes of Health a national priority. This year, the Hill Day will take place on September 14 with advocates meeting their congressional delegations in Washington, D.C. Together, we will continue to call on Congress to make funding for the NIH a national priority and raise awareness about the importance of continued investment in medical research. 

Take Action: Advocate for your research

If you receive funding from the National Institutes of Health (NIH) for your research, it is important you let your representative and senators know the value of your research and how critical NIH funding is.

Take a minute to join the Endocrine Society's online advocacy campaign urging Congress to support the NIH. Visit www.endocrine.org/takeaction TODAY.

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WORKSHOP HIGHLIGHTS

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- Craft A Strong Grant Proposal
- Build Your Lab and Research Team
- Networking and Collaborations

OTHER FLARE COMPONENTS

The **FLARE Internship** provides a year of service on one of the Endocrine Society’s governance committees. Interns gain exposure to the Society’s leadership and help shape the Society’s programs.

The **FLARE Mentoring Network** offers a way to identify, connect with and build lasting relationships with accomplished scientists.

The **Early Career Reviewer Program** connects FLARE fellows interested in honing their skills as journal peer reviewers with seasoned reviewers and editorial board members to co-review journal articles.

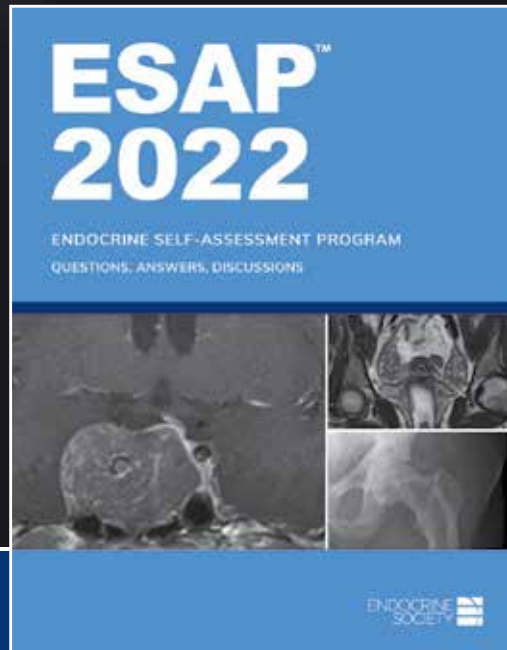
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