

JULY 2023

THE LEADING MAGAZINE FOR ● ENDOCRINOLOGISTS

Endocrine news

Endocrinology AROUND THE WORLD

Endocrine News takes a global look at endocrinology.

- **PROFILE IN COURAGE:** Tasnim Ahsan, MRCP, FRCP, recipient of the Endocrine Society's 2023 International Excellence in Endocrinology Laureate Award, discusses bringing endocrinology, compassionate care for transgender patients, and the Pakistan Endocrine Society to her home country.
- **TURKISH DELIGHT:** Highlighting one of the Endocrine Society's valuable international partners, the Society of Endocrinology and Metabolism of Turkey.
- **A SECOND OPINION:** Why a consulting endocrinologist in Australia says hypothyroidism treatment needs a new approach that could cause a "rebirth of endocrinology as a unique regulatory discipline."
- **GEORGIA ON MY MIND:** How a 30-year-old Georgian endocrinologist took it upon herself to create and launch the Georgia Association of Endocrinology and Metabolism.

OATH OF OFFICE:

Meet new Endocrine Society President
Stephen Hammes, MD, PhD

Tasnim Ahsan, MRCP, FRCP

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A novel approach to treating hypothyroidism shifts the focus from TSH levels. Rudolf Hoermann, MD, PhD, a consulting endocrinologist based in Australia, talks to *Endocrine News* about a new approach to treating patients with hypothyroidism. Hoermann counters that regulating the HPT axis from a T3-inclusive perspective as well as considering other factors aside from TSH levels could lead to a “rebirth of endocrinology as a unique regulatory discipline” beyond statistical analysis. **BY DEREK BAGLEY**

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Tasnim Ahsan, MRCP, FRCP, knows how to shatter more than a few glass ceilings.

Tasnim Ahsan, MRCP, FRCP, recipient of the Endocrine Society's 2023 International Excellence in Endocrinology Laureate Award, is also the founder of the Pakistan Endocrine Society. She talks to *Endocrine News* about treating transgender patients in a challenging environment, launching a nationwide training program for endocrinologists, and her advice for endocrinologists around the world who might find themselves in a similar situation.

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To highlight one of the Endocrine Society's valuable international partners, *Endocrine News* is featuring the history of the Society of Endocrinology and Metabolism of Turkey (SEMT). First created as a combination of several regional Turkish groups, SEMT has taken its place among the leading endocrine organizations in the world.

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When Georgian endocrinologist Natia Vashakmadze, MD, saw the need for an endocrine organization in her home country, she created one. In an exclusive for *Endocrine News*, she discusses the history of the Georgian Association of Endocrinology and Metabolism (GAEM), the importance of partnering with the Endocrine Society to share its Clinical Practice Guidelines, and GAEM's future goals.

BY NATIA VASHAKMADZE, MD



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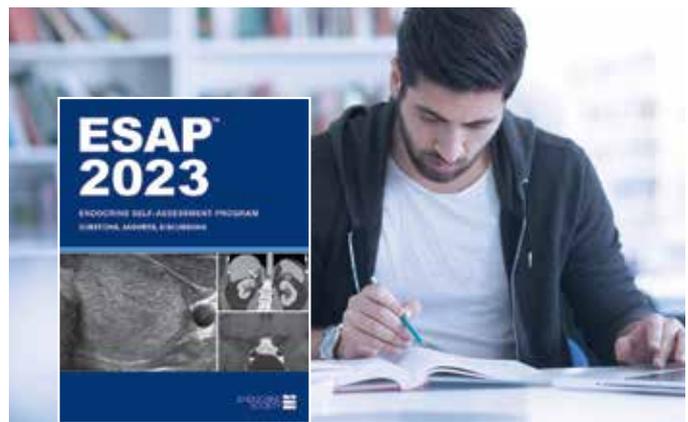
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Meet New Endocrine Society President, Stephen Hammes, MD, PhD

The Endocrine Society is pleased to welcome its president for 2023 – 2024, Stephen Hammes, MD, PhD, who took office during **ENDO 2023** in Chicago. Hammes is the Louis S. Wolk Distinguished Professor of Medicine; chief of the Division of Endocrinology, Diabetes, and Metabolism; and executive vice chair for research and academic affairs in the Department of Medicine at the University of Rochester in Rochester, N.Y. He has served as the Society's president-elect since June 2022.

Hammes succeeds Ursula B. Kaiser, MD. "I'm very excited about it," he says. "I have been in the Endocrine Society since my career started over 20 years ago; 1999 was my first Endocrine Society meeting, and I don't think I've missed one since then. The Society has done a huge amount for me with regard to my career and has afforded me the opportunity to meet lifelong colleagues and friends. To have a chance as president to give back to the Society by helping others advance their careers — to me, that's super exciting."

Hammes' laboratory studies steroid signaling, and his clinical focus is on gonadal and adrenal diseases, as well as transgender health. He has served on several Endocrine Society committees, including chairing the Annual Meeting Steering Committee for **ENDO 2022**, was editor-in-chief of the journals *Molecular Endocrinology* and *Endocrinology*, and is currently deputy editor of the *Journal of the Endocrine Society*.

The Bench and the Bedside

Hammes graduated from Cornell University *summa cum laude* with a degree in chemistry, then went on to receive his MD and PhD in immunology from Duke University. Hammes tells *Endocrine News* that he grew up in a family of academics; his father was a physical biochemist at Cornell, which inspired him to pursue chemistry as well. He says that toward the end of his undergraduate program, he learned about MD/PhD programs and applied with little to no clinical experience, ultimately being accepted to Duke.

He completed his residency in internal medicine, followed by his fellowship in endocrinology at the University of California San Francisco (UCSF). He says he loved research and clinical medicine, from the bench to the bedside. "I've always done both since residency. As a first-year endocrine fellow at UCSF, I did primarily clinical work, and when I was done with my first year, I became very focused in the lab, though I still spent about 20% of my time in the clinic. And that's how it's been ever since," he says. "I backed into endocrinology, and I really also backed into medicine. It wasn't what I thought I would do when I started college, but it ended up being the perfect choice for me. I've never looked back, and I've loved every minute of it."

It was Dolores Shoback, MD, who cemented Hammes's passion for endocrinology. She was his attending and director of his fellowship program at UCSF. Hammes says that it was Shoback who convinced him to go into endocrinology, even though he wasn't quite sure what all the field comprised. "It just seemed like the right field for me," Hammes says. "It's very physiology, research oriented. It's all about systems and understanding how different things talk to each other, and that was always what I was fascinated by, so it actually made perfect sense once I started to experience it."

"I was always interested in signaling," he continues. "I was always interested in molecular biology and understanding how things work in a biological sense, so it was the perfect subspecialty for me."

Friends and Colleagues

Hammes recalls how nervous he was attending that first Endocrine Society meeting in 1999, giving a presentation during an oral session on G protein-coupled receptor signaling and trafficking to a group of "famous G protein signaling people" lining the front row. "I was absolutely petrified," he says. "But it went really, really well. They were super supportive, and it ended up being a great experience, and they left me with

a very positive feeling about the Endocrine Society.”

Hammes says that experience made him want to get more involved, so his mentor at the University of Texas Southwestern Medical Center, the late Keith Parker, MD, PhD, nominated him for the Annual Meetings Steering Committee, so he could help plan the meetings. Not only that but being on the committee is a wonderful way to network, Hammes says. “You go to AMSC, you meet 30 other amazing scientists, and it’s just a great way to meet great colleagues,” he says.

Other important chance meetings also stand out to Hammes. “I was a member of a study section, and Dale Abel [MBBS, MD, PhD] was on that study section,” Hammes continues. “That’s how I met Dale, and he’s been a huge positive influence, including getting me involved in the FLARE program, which has been a tremendous learning experience for me. Then I went to visit University of Pittsburgh and I met a guy named Don DeFranco [PhD] who was a nuclear receptor signaling person, and we’ve been friends and collaborators ever since. So, I met all these Endocrine Society people through various different venues, and they all drew me in.”

“I can say without a doubt that I wouldn’t be where I am today if not for all these interactions,” Hammes says

Addressing Burnout

Now as president, Hammes says he hopes to inspire endocrinologists at any level in their careers just as he was inspired by the Society. He loves teaching the most, and he hopes he can take that experience and apply it to his new role. “As president of the Endocrine Society, you have to cover everything and you’re really leading an entire organization,” he says. “But I think my passion really is teaching, whether it’s students or early career, or mid-career, whomever, helping give people opportunities to be successful, give some advice, teach things where I can, create opportunities

for people. That’s the most fun thing to do. That’s what I love to do in my job as a chief of endocrinology and when I was a fellowship program director.”

Hammes says that one of the main goals of his presidency is addressing burnout, especially from a clinical perspective. Too many patients, not enough providers; headaches with electronic medical records — these things contribute to an unhappy workforce. “One thing I want to do is work with leaders in the Society and their own organizations to try and delineate some concrete things that the Society may be able to do to help with burnout, to help us run our clinics most efficiently,” he says. “Functionally, we practice it the same way we have for decades, and I don’t think it works anymore. I would like to take a deep dive into that, and I think we have a lot of really smart people with some really good ideas, but I think we need to try to do something about that.”

On the research side, Hammes says he wants to continue to support basic, translational, and clinical research and especially focus on early-career investigators and get them involved with the Endocrine Society, the same way Society members got him involved. “If you get them involved early, then they’re going to stay involved and they’re going to consider the Society part of their family,” he says, “so I really think we need to focus on early career, offer opportunities for them to present their work, to participate, to bring their lab and team members to the annual meeting, and to bring new energy and excitement to research in the Society.” ^{EN}

– Derek Bagley



FROM THE **EDITOR**

Endocrinology Around the World

This issue is another themed issue that I've been wanting to do for a long time, and now we finally have the opportunity to bring you a look at endocrinology from around the world. From Australia to Georgia to Pakistan and on to Turkey, this issue of *Endocrine News* spans the globe!

I'm writing this while still recovering from the whirlwind that was **ENDO 2023** — don't worry; next month's issue is all about what went on at the Endocrine Society's annual meeting in Chicago last month! — where I got to meet the author of "**GAEM Changer**" (p. 36), a detailed account of the history of the Georgian Association of Endocrinology and Metabolism. Meet Natia Vashakmadze, MD. She created the organization when she first saw the need for more up-to-date endocrinology education in the aftermath of the dissolution of the Soviet Union. Natia gives us an exclusive look at how she created an entirely new endocrine association from the ground up in a country where nothing like this had ever existed before. You're sure to be inspired by her story. I know I was, and it was an absolute pleasure to meet her in Chicago, which happened to be her very first trip to the U.S.!

Believe it or not, this is not the only tale of a woman endocrinologist launching her own association in her home country; on page 22, Glenda Fauntleroy Shaw writes about the Endocrine Society's 2023 International Excellence in Endocrinology Laureate Award recipient, Tasnim Ahsan, MRCP, FRCP, who also founded the Pakistan Endocrine Society. In "**Nevertheless, She Persisted,**" Ahsan details her challenges in treating transgender patients in a less-than-ideal political atmosphere, how she launched a national training program for endocrinologists, as well as her own words of wisdom for other endocrinologists around the world who could find themselves in a similar situation.

From Pakistan we journey down under to Australia where Rudolf Hoermann, MD, PhD, talks to senior editor Derek Bagley about a new approach to treating hypothyroidism. In "**A Second Opinion**" (p. 32), Hoermann says that regulating the HPT axis from a T3-inclusive perspective

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Meeting Natia Vashakmadze, MD, at ENDO 2023 in Chicago was a real treat.

as well as considering other factors other than just TSH levels could potentially cause a “rebirth of endocrinology as a unique regulatory discipline” beyond a statistical analysis.

Next stop on the *Endocrine News* world tour is Turkey, where endocrinologists Dilek Gogas Yavuz, MD, Aysegul Atmaca, MD, and Mustafa Cesur, MD give us a history of the Society of Endocrinology and Metabolism of Turkey (SEMT), one of the Endocrine Society’s valued international partners. In “**Turkish Delight**” on page 26, we are given an exclusive tour of how SEMT was created by combining a variety of regional Turkish endocrine organizations. “Like many similar professional societies throughout the world, SEMT’s primary mission has been to enhance the networking opportunities for Turkish endocrine scientists and clinicians,” they write. Today, as SEMT approaches its 60th anniversary, it can boast 900 active members!

Next month, the tour continues, but it stops in Chicago for a look at the people and events that made ENDO 2023 so spectacular! 

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



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BY DEREK BAGLEY
Senior Editor

TRENDS & INSIGHTS

Self-Esteem of Children with Short Stature Tied to Social Supports, Not Height



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Using statistical models, the researchers found that among children and adolescents in the study, perceived social support and coping skills were associated with quality of life and self-esteem, but youth height was not.

”

In otherwise healthy short children, quality of life and self-esteem are associated with coping skills and how supported they feel, not the degree of their short stature, according to a study recently published in *The Journal of Pediatrics*.

Researchers led by Adda Grimberg, MD, a pediatric endocrinologist and scientific director of the Growth Center at Children’s Hospital of Philadelphia (CHOP), point out that parents seek growth hormone (GH) treatment in the hopes that it will make their children taller and therefore happier.

Pediatric growth hormone treatment was initially intended for those with a hormone deficiency, offering metabolic, body composition, and cardiovascular health benefits in addition to increased height. However, its use has expanded to those with normal GH production who are short for their age, with the sole aim of augmenting height, based on the premise that short stature is debilitating, and that height increases lead to improved quality of life.

However, prior studies have found inconsistent associations between short stature and quality of life. Given the critical gap in understanding how patient and parent characteristics alter the potential impact of being short, the researchers conducted a prospective observational study to assess self-esteem and quality-of-life metrics of children between the ages of eight and 14 who were scheduled for provocative GH testing at CHOP between June 2019 and May 2021.

Sixty parent-child pairs were surveyed for the study, either over the phone or in person at or around the time of the appointment. Children assessed their self-esteem, coping skills, social

support networks, and parental support, while parents reported their perceived external threats and achievement goals for their child. Both reported on the children’s quality of life. Among the youth surveyed, 15 were female and 45 were male, and the ages broke down evenly between those who were prepubertal and those who were in early- to mid-puberty. Parents consisted of 55 females and five males, with a mean age of approximately 46. Children in the study were otherwise healthy.

Using statistical models, the researchers found that among children and adolescents in the study, perceived social support and coping skills were associated with quality of life and self-esteem, but youth height was not. Perceived social support, particularly from friends and classmates, was the factor most consistently associated with how both parents and their child viewed youth self-esteem and quality of life.

The researchers also found a positive association between average parental height and youth self-esteem, with those with taller parents reporting higher self-esteem. The researchers suggest the association could be due to several factors. First, children of taller parents may be told their short stature is temporary, given the height of the parents. Additionally, this finding could be due to selection bias. Short parents who view their own short stature as non-problematic may be less likely to seek care for their child’s short stature, whereas short parents who are unhappy about their own height may be more inclined to express negative messaging about short stature and seek medical care for their child. However, the researchers caution that this potential explanation warrants further investigation in longitudinal research, which is currently underway.

New Study Shows Transgender Teens Rarely Choose to Discontinue Hormone Therapy

A three-year-long retrospective cohort study of a single Atlanta hospital's patient population found transgender and gender-diverse teenagers rarely chose to discontinue gender-affirming hormone therapy (GAHT), according to a study presented at **ENDO 2023** in Chicago last month.

Researchers led by Pranav Gupta, MD, a fellow at Emory University in Atlanta, Ga., point out that adolescents with gender dysphoria often seek hormone therapy to affirm their gender identity, and while these treatments (GAHT) are associated with improved quality of life, the incidence of discontinuation of GAHT and the reasons for stopping treatment are not known. "The purpose of this study was to 1) assess the discontinuation rate of GAHT, and 2) explore the reasons for GAHT discontinuation," the authors write.

For this study, the researchers reviewed 263 adolescents diagnosed with gender dysphoria (strong, persistent feelings of identification with another gender and discomfort with one's own assigned gender and sex) who were seen at the pediatric endocrinology clinic between 2016 and 2019. Out of these teens, only 82 (31.2%) were prescribed hormones (estradiol or

testosterone). The group prescribed hormone therapy included 36 (43.9%) transgender girls, 45 (54.9%) transgender boys, and 1 (1.2%) nonbinary adolescent.

Among those 82 transgender and gender-diverse adolescents treated at an academic pediatric endocrinology center from beginning of 2016 to end of 2018, only three chose to halt gender-affirming hormone therapy. None of them resumed identifying as their assigned sex at birth. One participant stopped hormonal therapy due to insurance issues, one participant stopped treatment temporarily to conceive a baby, and one stopped testosterone to transition to a nonbinary gender.

"Discontinuation of GAHT in this group of transgender adolescents was infrequent," the authors conclude. "No participant re-transitioned to the gender congruent with the sex assigned at birth while three participants discontinued GAHT due to external factors. Pediatric providers should prescribe GAHT in accordance with the Endocrine Society guidelines if the adolescent needing GAHT meets the diagnosis of gender dysphoria, has parental consent, and is pubertal." ^{EN}



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Pediatric providers should prescribe GAHT in accordance with the Endocrine Society guidelines if the adolescent needing GAHT meets the diagnosis of gender dysphoria, has parental consent, and is pubertal.

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AMA Strengthens Policy on Protecting Access to Gender-affirming Care

Endocrine Society – proposed resolution passes with overwhelming support in House of Delegates

Last month, the American Medical Association (AMA) House of Delegates passed the Endocrine Society’s resolution to protect access to evidence-based gender-affirming care for transgender and gender-diverse individuals.

The Endocrine Society partnered with the American Association of Clinical Endocrinology (AACE), the American Society for Reproductive Medicine (ASRM), and the Medical Student Section of the AMA House of Delegates to develop and advocate for this resolution.

As political attacks on gender-affirming care escalate, it is the responsibility of the medical community to speak out in support of evidence-based care. Medical decisions should be made by patients, their relatives, and health care providers, not politicians.

In the resolution, the AMA committed to opposing any criminal and legal penalties against patients seeking gender-affirming care, family members or guardians who support them in seeking medical care, and healthcare facilities and clinicians who provide gender-affirming care. The AMA will work at the federal and state level with legislators and regulators to oppose such policies and collaborate with other organizations to educate the Federation of State Medical Boards about the importance of gender-affirming care.

The American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Urological Association, the American College of Physicians, and GLMA: Health Professionals Advancing LGBTQ+ Equality, also co-sponsored the Society’s resolution.

Due to widespread misinformation about medical care for transgender and gender-diverse teens, 18 states have passed laws or instituted policies banning gender-affirming care. More than 30% of the nation’s transgender and gender-diverse youth

now live in states with gender-affirming care bans, according to the Human Rights Campaign. Some policies are even restricting transgender and gender-diverse adults’ access to care.

These policies do not reflect the research landscape. More than 2,000 scientific studies have examined aspects of gender-affirming care since 1975, including more than 260 studies cited in the Endocrine Society’s Clinical Practice Guideline.

Pediatric gender-affirming care is designed to take a conservative approach. When young children experience feelings that their gender identity does not match the sex recorded at birth, the first course of action is to support the child in exploring their gender identity and to provide mental health support, as needed.

Medical intervention is reserved for older adolescents and adults, with treatment plans tailored to the individual and designed to maximize the time teenagers and their families have to make decisions about their transitions. Major medical organizations also agree on waiting until an individual has turned 18 or reached the age of majority in their country to undergo gender-affirming genital surgery.

Gender-affirming care can be life saving for a population with high suicide rates. For example, a 2020 study analyzed survey data from 89 transgender adults who had access to puberty-delaying medication while adolescents and data from more than 3,400 transgender adults who did not. The study found that those who received puberty-delaying hormone treatment had lower likelihood of lifetime suicidal ideation than those who wanted puberty-delaying treatment but did not receive it, even after adjusting for demographic variables and level of family support. Approximately nine in ten transgender adults who wanted puberty-delaying treatment, but did not receive it, reported lifetime suicidal ideation. ^{EN}



Endocrine Society Scientific Statement Distinguishes Normal Aging from Endocrine Disease

A new Scientific Statement released by the Endocrine Society highlights the differences between aspects of aging that are normal and sometimes over-treated, and those such as menopausal symptoms and osteoporosis that can be treated and deserve more attention.

“Hormones and Aging: An Endocrine Society Scientific Statement,” reviews the current state of research on hormonal changes with age. The statement focuses on common endocrine-related changes in older people including menopause and the development of diabetes, osteoporosis, and thyroid disorders. The goal of the statement is to inform future research on the prevention and treatment of age-associated endocrine health problems.

“Understanding the factors that impact hormonal changes with age and when to correct them is an exciting area of research. The number of older people is increasing worldwide, and it is important that we preserve their health and quality of life,” says writing group chair Anne Cappola, MD, of the Perelman School of Medicine at the University of Pennsylvania in Philadelphia. “Differentiating normal age-related health changes from those related to an endocrine condition informs when to treat and more importantly when not to treat age-associated symptoms.”

Key points from the statement:

- ▶ Menopausal symptoms are common, vary in degree of discomfort, and can be effectively treated with a variety of medications, yet these symptoms are still undertreated.
- ▶ More research is needed to decide when older adults should receive testosterone-replacement therapy and to understand the adverse effects of the treatment on heart and prostate disease.
- ▶ More data are needed to determine the optimal treatment goals in older people with diabetes.
- ▶ Fractures are often not recognized as being related to osteoporosis, and as a result, most older patients with a fracture are not treated to prevent their next fracture.
- ▶ Methods to distinguish between age-associated changes in thyroid function and early hypothyroidism are needed.
- ▶ No therapy to increase growth hormone secretion or action is currently approved as an anti-aging intervention, and the risks may outweigh the benefits.

- ▶ Some research has shown benefits of vitamin D supplementation in older adults, but standardized guidelines on appropriate vitamin D levels are lacking.

“The statement discusses how menopausal symptoms and osteoporosis are often undertreated in the older population despite evidence that the treatments are both safe and effective,” Cappola says. “Treating these symptoms and screening for common endocrine conditions that develop or worsen with age could really improve the quality of life for older people.”

The study authors presented the statement’s key findings during an **ENDO 2023** news conference last month in Chicago.

Other statement authors are Richard Auchus of the University of Michigan and LTC Charles S. Kettles Veteran Affairs Medical Center in Ann Arbor, Mich.; Ghada El-Hajj Fuleihan



of the American University of Beirut in Beirut, Lebanon; David Handelsman of the University of Sydney and Concord Hospital in Sydney, Australia; Rita Kalyani of John Hopkins School of Medical in Baltimore, Md.; Michael McClung of Oregon Osteoporosis Center in Portland, Ore. and the Australian Catholic University in Melbourne, Australia; Cynthia Stuenkel of the University of California San Diego School of Medicine in La Jolla, Calif.; Michael Thorner of the University of Virginia in Charlottesville, Va., and Brigham and Women’s Hospital in Boston, Mass.; and Joseph Verbalis of the Georgetown University Medical Center in Washington, D.C.

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Ali Wins Wayne Bardin International Travel Award



Dalal S. Ali, MD

The Endocrine Society selected Dalal S. Ali, MD, as the recipient of its 2023 C. Wayne Bardin, MD, International Travel Award for her outstanding **ENDO** abstract and research contributions related to bone disease, calcium, and endocrine disorders in pregnancy.

Ali is a clinical fellow in metabolic bone disease at McMaster University in Hamilton, Ontario, Canada, under the supervision of Aliya A. Khan, MD. She has 14 peer-reviewed publications, is an author of several clinical practice guidelines, and has served on many task forces. She has also presented at many

international endocrinology and metabolic bone scientific meetings.

The C. Wayne Bardin, MD, International Travel Award was created in honor of Past-President Wayne Bardin, who made remarkable research contributions to both reproductive physiology and contraception throughout his long career. The winner of this award receives free registration and travel for **ENDO**.

Additional information about these awards and when the new application cycles open can be found at: <https://www.endocrine.org/awards/c-wayne-bardin-md-international-travel-award>. 

2023 Clinical Endocrinology Update/Endocrine Board Review

EBR 2023

ENDOCRINE BOARD REVIEW

Sept. 8 – 10, 2023/Virtual Only

Endocrine Board Review (EBR) 2023 is the leading online training program for fellows, residents, and physicians preparing for board certification exams. EBR's comprehensive curriculum will ensure you maximize your score and succeed in the Endocrinology, Diabetes, and Metabolism Exam.

EBR provides you with case-based questions aligned with the ABIM blueprint and the most effective tools for building confidence as you prepare for the endocrine board exam.

<https://www.endocrine.org/ebr/ebr2023>



CEU 2023

CLINICAL ENDOCRINOLOGY UPDATE

Sept. 21 – 23, 2023/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. Our faculty will cover key endocrinology topics, including adrenal, calcium and bone, diabetes mellitus, pituitary, obesity and lipids, reproduction, and thyroid.

This year's program will be delivered online and will be accessible via our virtual meeting platform.

<https://ceu2023.endocrine.org>

23rd Annual Santa Fe Bone Symposium

Santa Fe, New Mexico

August 4 – 5, 2023

The Santa Fe Bone Symposium is an annual forum devoted to advances in the science and economics of osteoporosis, metabolic bone disease, and assessment of skeletal health. Presented by the Osteoporosis Foundation of New Mexico (OFNM), this meeting is for healthcare providers, scientists, and researchers with a special interest in bone disease, and for bone densitometry technologists who seek a high level of knowledge in their field. Close

interaction and collaboration between faculty and participants is an integral part of the Santa Fe Bone Symposium.

<https://www.ofnm.org/santa-fe-bone-symposium/>

ADCES23

Houston, Texas

August 4 – 7, 2023

The Association of Diabetes Care & Education Specialists (ADCES) Annual Conference is the premier diabetes care and educational event of the year. More than 3,000 diabetes care and education specialists and other healthcare

professionals are expected to participate at ADCES23 in Houston, Texas. Connect, collaborate, and educate yourself and others on the latest in diabetes care and education.

<https://www.diabeteseducator.org/home>

RELAXIN 2023: 9th International Conference on Relaxin and Related Peptides
Canmore, Alberta, Canada
September 17 – 21, 2023

This conference is designed for basic, translational, and clinical scientists around

the world who are interested in relaxin and related peptides, and their receptors. Featured presenters cover all aspects of basic biology and physiology, plus potential clinical applications of relaxin and related peptides. Additional topics include receptor function and signaling, reproductive and endocrine function, neurobiology, vascular and cardiac actions, matrix remodeling, drug development, and novel therapeutic targets.

<https://www.relaxinconferences.com/>

2023 American Thyroid Association Annual Meeting

Washington, D.C.

September 27 – October 1, 2023

The ATA Annual Meeting is the world's preeminent event for those interested in thyroid diseases and disorders and provides an opportunity for peer-to-peer learning and collaboration through lectures, interactive discussions, meet the professor sessions, and abstracts. This year, the ATA will celebrate its centennial anniversary with a culmination of the celebration and the largest gathering of thyroidologists in the world. 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 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/2023-annual-meeting/>

ObesityWeek® 2023

Dallas, Texas

October 14 – 17, 2023

The preeminent international conference for obesity researchers and clinicians, ObesityWeek® is home to the latest developments in evidence-based obesity science: cutting-edge basic and clinical research, state-of-the-art obesity treatment and prevention, and the latest efforts in advocacy and public policy. Overcoming obesity requires multidisciplinary approaches. This is the conference that encompasses the full spectrum of obesity science from basic science research, to translational research and clinical application, to public policy; diet, exercise, lifestyle, and psychology to medical and surgical interventions; from pediatric to geriatric to underserved populations.

<https://obesityweek.org/>

INTERNATIONAL ITINERARY

Fifth World Congress on Diabetes and Endocrinology

Paris, France

July 12 – 13, 2023

The Fifth World Congress on Diabetes and Endocrinology will be organized around the theme of “novel therapeutic approaches for prevention of diabetes and exploring the diabetic complications.” Diabetes Congress 2023 will be an amalgamation of academia and industry as it involves every aspect of empirical and conceptual thinking in exploring new dimensions in this field and is open to all types of research methodologies both from academia and industry.

<https://diabetes.inovineconferences.com/>

The 61st Annual ESPE Meeting 2023

The Hague, The Netherlands

September 21 – 23, 2023

The theme for the European Society for Paediatric Endocrinology's (ESPE) 61st Meeting is “Global Challenges in Pediatric Endocrinology,” which will address several important challenges from around the world: carbon dioxide-driven climate change; global but also local inequality with large differences in access to basic needs and medical care; and a recent pandemic. Climate change calls for more sustainable medical care in the field of pediatric endocrinology and also raises ethical questions. Another big challenge is the ever-rising prevalence of obesity, with low- and middle-income countries quickly catching up with high-income countries. Although considerable advances are made with respect to medical treatment, these are not automatically available for large groups of affected individuals. Both experienced colleagues and younger trainees will have the opportunity to present their work in oral sessions with ample opportunities for further presentations and discussion in the poster sessions, which will include both physical and electronic posters. The meeting will be held in World Forum, an iconic international event venue located between the beach and the city center in the “City of Peace and Justice.”

<https://www.eurospe.org/events-espe/espe-2023-annual-meeting/>

EndoBridge 2023

Antalya, Turkey

October 19 – 22, 2023

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

“ Transgender people in Pakistan are an extremely stigmatized and marginalized community. There are no dedicated health centers for such people, where holistic care could be provided. Therefore, people with gender incongruence seek help wherever and whenever they can find it, in bits and pieces. The result is that their care is very fragmented and often very delayed. **Very few physicians are willing to treat these individuals, and even those who do treat them, do so discreetly because of fear of reprisals (mostly involving scandalous reporting in the media through ill-informed people).**”

– Tasnim Ahsan, MRCP, FRCP, recipient of the Endocrine Society’s 2023 International Excellence in Endocrinology Laureate Award, discussing the difficulties Pakistani transgender patients face in “Nevertheless, She Persisted” on page 22.

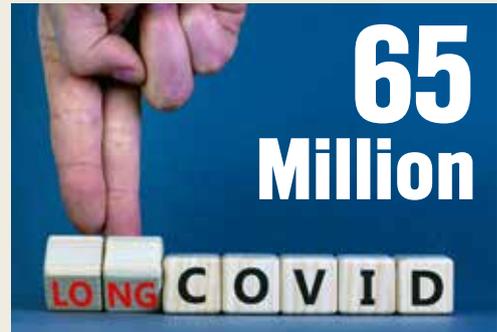


44%

The percentage by which diabetes drug metformin may cut the risk of lingering complications 10 months after a coronavirus infection/long COVID.

– SOURCE: THE LANCET INFECTIOUS DISEASES

Photo: LevitMax / Shutterstock.com



65 Million

Estimated number of people worldwide suffering from some degree of long COVID.

– SOURCE: THE LANCET INFECTIOUS DISEASES



White women have a 30% – 63% higher chance of developing diabetes with high exposure to phthalates, endocrine-disrupting chemicals commonly used in plastics.

30%–63%

– SOURCE: THE JOURNAL OF CLINICAL ENDOCRINOLOGY & METABOLISM

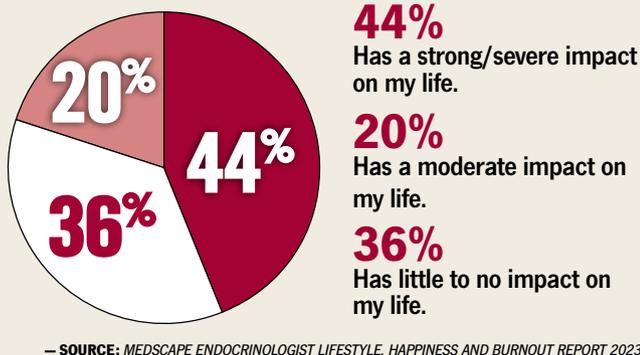
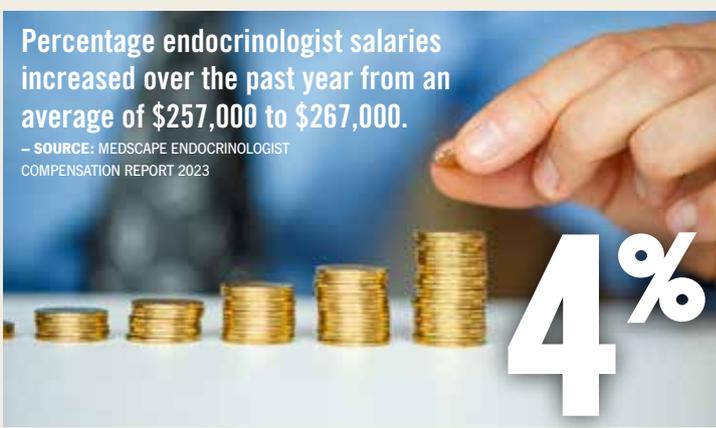


80%

The percentage of physicians who used televisits in 2022. That’s up from just 14% in 2016 and nearly triple from 2019.

– SOURCE: AMERICAN MEDICAL ASSOCIATION

How Severe is Endocrinologists’ Burnout?

Percentage endocrinologist salaries increased over the past year from an average of \$257,000 to \$267,000.

– SOURCE: MEDSCAPE ENDOCRINOLOGIST COMPENSATION REPORT 2023

4%



ACCEPTING NOMINATIONS FOR OUR 2024 BOARD OF DIRECTORS

We are accepting seeking dedicated member leaders to serve on our Board of Directors for the 2024-2025 term. Nominate yourself or a colleague for one of the following positions:

- **President-Elect**
- **Secretary Treasurer-Elect**
- **Board At-Large Directors (3 open positions)**

**LEARN MORE AND SUBMIT A NOMINATION TODAY:
[ENDOCRINE.ORG/2024DIRECTORS](https://endocrine.org/2024directors)**

DEADLINE EXTENDED: 11:59 PM EDT ON JULY 31, 2023

NEVERTHELESS. *She Persisted*

Tasnim Ahsan, MRCP, FRCP, knows how to shatter more than a few glass ceilings.

Tasnim Ahsan, MRCP, FRCP, recipient of the Endocrine Society's 2023 International Excellence in Endocrinology Laureate Award, is also the founder of the Pakistan Endocrine Society. She talks to *Endocrine News* about treating transgender patients in a challenging environment, launching a nationwide training program for endocrinologists, and her advice for endocrinologists around the world who might find themselves in a similar situation.



BY GLENDA FAUNTLEROY SHAW



Nearly 30 years ago, a small group of endocrinologists practicing in the largest city of Pakistan began to meet once a month to find solutions to improve care for patients with diabetes and other endocrine disorders. The “Endocrinology Club” was born. Among this group was Tasnim Ahsan, MRCP, FRCP — the only woman physician — who helped lead the club to later become the Pakistan Endocrine Society and expand the specialty of endocrinology across the world’s fifth most populous country.

Ahsan once again stands apart, as she recently became the first Pakistani to be honored with the Endocrine Society’s 2023 Laureate Award for International Excellence in Endocrinology. Ahsan is a professor emerita at the Jinnah Postgraduate Medical Centre and the founding dean of the Medicell Institute of Diabetes Endocrinology & Metabolism in Karachi, Pakistan. She started the first endocrinology practice in a public-sector hospital in Pakistan at the Jinnah Postgraduate Medical Centre in 1993 where she also treats a large transgender community at the Medicell Institute.

Endocrine News asked Ahsan more about her trailblazing work throughout her long career and how she’s significantly improved the access to care and endocrine health of patients across her native home.

As the first Pakistani to win the International Excellence Award, can you share how you felt when you first heard the news?

I first heard the news of the Laureate Award from someone calling on behalf of the Endocrine Society. It was difficult to contain my elation and excitement at that point. There can be no greater validation of anyone’s work than that given by their peers. To be recognized internationally by the prestigious Endocrine Society is indeed a great honor. I am also quite overwhelmed by the manner in which the conferment of this award has been celebrated by my family, friends, colleagues, my trainees, people I have managed, and Pakistanis in general.



Tasnim Ahsan, MRCP, FRCP



At the end of a busy clinic day, Ahsan discusses cases with trainees.

“ My journey in establishing endocrine services from scratch, in a public-sector institution serving people from the lower socioeconomic strata of society, has ultimately borne fruit. I urge everyone starting out with a paucity of resources, to work resolutely with whatever resources they have at their disposal and never lose sight of their ultimate goals.”

— TASNIM AHSAN, MRCP, FRCP, 2023 ENDOCRINE SOCIETY'S LAUREATE AWARD RECIPIENT FOR INTERNATIONAL EXCELLENCE IN ENDOCRINOLOGY

What was the mission of the Pakistan Endocrine Society when you and your co-founders first discussed the need for the organization?

We founded the Pakistan Endocrine Society in 2003 in Karachi, Pakistan. At that point, most endocrinologists were only working in the largest city of Pakistan, Karachi. To put things in perspective, the endocrinology seedling was first planted in Pakistan by a small group of endocrinologists/internists from various institutions in Karachi.

I was the only female endocrinologist in that group. The first meeting of this “Endocrine Club,” as we called it then, was held in 1994 and has continued uninterrupted ever since then. Today, our membership stands at 160 with 26 additional members from allied disciplines. The objectives of our first monthly meetings were to discuss interesting/problematic cases, share updates, formulate and execute plans to disseminate knowledge and hence change practices, and to support each other in undertaking research in this discipline. Ultimately, the aim was to improve the care of people living with diabetes and endocrine disorders.

A core group within the Endocrine Club, including myself, started working on designing the “Endocrinology Training Program” to train more manpower in this specialty. At the same time, we also lobbied the College of Physicians & Surgeons of Pakistan (CPSP), which is the equivalent of American Board of Medical Specialties, to approve our training program after accreditation of the endocrine faculty in various institutions. The specialty of endocrinology was finally approved by CPSP in 2010, and the first exit exam was held in 2013. I have been part of administering this exam from day one.

Describe the challenges of finding proper care for people of Pakistan, say 15 to 20 years ago? And what do you see as the biggest difference today?

The challenges were a lack of a properly organized healthcare system, which leads to fragmented care for chronic diseases. Investigating endocrine disorders was and still is very difficult because of limited resources and lack of institutional/government support. The lack of these resources compelled me to seek alternative means for raising funds to assist patients in their investigations and



Ahsan at the head of the class teaching a course for endocrinology fellows with the support of the Pakistan Endocrine Society.



Ahsan (center) is pictured here with some of the consultants she has mentored through the years at the launch of the Medicell Institute of Diabetes Endocrinology & Metabolism in 2017.

subsequent management. This has been a lifelong quest for me. For this purpose, I established an NGO called the Medicine and Endocrine Foundation (MEF) in 1999. Pakistan was also challenged by a severe paucity of endocrinologists and internists with a reasonable grasp of endocrinology.

Today, endocrine care has seen huge differences. In my own institutions, we have a very well-organized system for looking after endocrine patients and are able to provide the 'standard of care' treatment with the help of the additional funds we manage to generate through MEF. Many other institutes in the country are now poised to do the same. We also now have a small pool of endocrinologists working in all the provinces of Pakistan, and endocrine facilities are improving all over the country.

With intense continuing medical education activities from the Pakistan Endocrine Society, we have also been considerably successful in raising awareness and streamlining the management of people with endocrine disorders. We have collectively and individually managed to generate and increasingly publish our local data pertaining to endocrine disorders.

Transgender health and the rights of transgender citizens are currently under attack by Republican politicians here in the U.S. Can you share how access to care or rights of the transgender community is in Pakistan?

Transgender people in Pakistan are an extremely stigmatized and marginalized community. There are no dedicated health centers for such people, where holistic care could be provided. Therefore, people with gender incongruence seek help wherever and whenever they can find it, in bits and pieces. The result is that their care is very fragmented and often very delayed. Very few physicians are willing to treat these individuals, and even those who do treat them, do so discreetly because of fear of reprisals

(mostly involving scandalous reporting in the media through ill-informed people).

We made great progress in 2018, when the “Transgender Act” was legislated, giving people the right to determine their own gender identity and register as such with National Database & Registration Authority. However, there was a setback in this legislation when it was rejected by the Senate. Recently the “Shariah Court” has given a judgement that forbids an individual to decide her/his own gender identity that is at variance with the sex assigned at birth and pursue any treatment to affirm this identity.

Finally, what words of advice would you give to other endocrinologists treating patients in geographic areas with underdeveloped resources?

My journey in establishing endocrine services from scratch, in a public-sector institution serving people from the lower socioeconomic strata of society, has ultimately borne fruit. I urge everyone starting out with a paucity of resources, to work resolutely with whatever resources they have at their disposal and never lose sight of their ultimate goals.

Think out of the box and devise innovative strategies keeping in mind your local ground realities. People around you will recognize your work in time and come to your assistance. Focus on your own professional development and keep yourself updated with emerging evidence in your field. Perseverance and relentless hard work eventually pays off. Never rest on your laurels and set your next goal after you've achieved one. ^{EN}

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

TURKISH *Delight*

Antalya, Turkey, site of the annual EndoBridge meeting. Photo by Yalcin Sonat/Shutterstock.

TO HIGHLIGHT ONE OF THE ENDOCRINE SOCIETY'S VALUABLE INTERNATIONAL PARTNERS, *ENDOCRINE NEWS* IS FEATURING THE HISTORY OF THE SOCIETY OF ENDOCRINOLOGY AND METABOLISM OF TURKEY (SEMT). FIRST CREATED AS A COMBINATION OF SEVERAL REGIONAL TURKISH GROUPS, SEMT HAS TAKEN ITS PLACE AMONG THE LEADING ENDOCRINE ORGANIZATIONS IN THE WORLD.

Celebrating the Society of Endocrinology and Metabolism of Turkey

BY DILEK GOGAS YAVUZ, MD,
AYSEGUL ATMACA, MD, AND
MUSTAFA CESUR, MD

Turkish endocrinologists have been organized since 1964 through the country's first official organization for the practice, the Society of Endocrinology. However, more than 30 years later, a joint society combining the Ankara, Istanbul, Izmir, and Anatolia Endocrine Societies was formed and thus, the Society of Endocrinology and Metabolism of Turkey (SEMT) was born in 1995.

Like many similar professional societies throughout the world, SEMT's primary mission has been to enhance the networking opportunities for Turkish endocrine scientists and clinicians. From organizing scientific events, SEMT has also been involved in coordinating various research projects in the field of endocrinology. Today, as it approaches its 60th anniversary, SEMT proudly takes its place among other international societies and organizations and boasts 900 members on its rolls.



Sunset over Bosphorus Bridge, Istanbul, Turkey
Photo by Melih Polat/Shutterstock

Just as SEMT provides a valuable means for Turkish endocrinologists to collaborate, the organization itself collaborates with sister societies and is a member of the European Society of Endocrinology (ESE), the International Society of Endocrinology (ISE), the International Osteoporosis Foundation (IOF), and the Union Européenne Des Medecins Specialists (UEMS), as well as maintaining a partnership with the Endocrine Society.

“The [Society of Endocrinology and Metabolism of Turkey] plays a leading role in the field of endocrinology in Turkey by advocating for an evidence-based medical system, releasing local guidelines, and improving public communication through a variety of communications channels.”

SEMT Member Engagement Activities

Despite the geographic differences from the Endocrine Society, SEMT’s scientific and social activities are remarkably similar:

- ▶ Scientific congresses and courses enabling knowledge exchange with national and international colleagues via scientific sessions;
- ▶ Publications that include books, a journal, and practice guidelines for physicians; and
- ▶ Continuing medical education for physicians and residents via a web-based education platform.

Furthermore, SEMT promotes its members’ career development through mentoring programs and early-career groups. SEMT also promotes increased awareness and education initiatives for the general public.

SEMT currently has nine scientific study groups in specific fields of endocrinology and metabolic diseases. These groups are: Adrenal and Gonadal Diseases; Diabetes; Pituitary; Obesity-Dyslipidemia-Hypertension; Osteoporosis and Other Metabolic Bone Diseases; Rare Metabolic Diseases; Neuroendocrine Tumors; Medical Nutrition and Exercise Metabolism; and Thyroid.

Bridging the World of Endocrinology

SEMT has been organizing a national endocrinology and metabolism congress annually for 44 years with national and international speakers and representatives, welcoming up to 1,000 participants. SEMT also organizes an annual postgraduate training course, as well as a national thyroid congress every two years.

SEMT also hosts EndoBridge, an international meeting held annually in Antalya, Turkey, in collaboration with the Endocrine Society, European Society of Endocrinology, American Thyroid Association, and Brazilian Society of Endocrinology and Metabolism. In 2022, EndoBridge celebrated 10 years of “bridging the worlds of endocrinology” with a meeting that welcomed more than 400 attendees from 36 countries.

Each year, EndoBridge is held in English with simultaneous translation into Russian, Arabic, and Turkish, and is accredited by the European Council. The abstracts of clinical cases presented by the delegates in oral and poster sessions were published as a supplement of *JCEM Case Reports*, the Endocrine Society’s newest journal, further strengthening the partnership between these two entities. The 11th Annual EndoBridge® will take place in Antalya, Turkey, October 19 – 22, 2023. Further information can be found at: www.endobridge.org.

The Endocrine Society is not the only organization SEMT has a robust collaborative relationship with since it also partners with the European Society of Endocrinology and the European Neuroendocrine Association (ENEA) to organize scientific meetings. ENEA Congress was held in 2008 in Antalya, and the European Congress of Endocrinology (ECE) was held in 2009 and this past May in Istanbul.

For continuing medical education of endocrine fellows and residents, a postgraduate course called “Endokurs” has been held annually since 2009 in different cities throughout Turkey. Subject-specific courses on thyroid, metabolic bone diseases, obesity, diabetes, pituitary, adrenal, and rare metabolic disorders are held locally in various cities and are live streamed online and archived on the SEMT website (www.temd.org.tr) and web-based education platform (www.endokrinakademi.org), and are available to all SEMT members.

Endocrine Academy is a free online education platform established during the COVID-19 pandemic in 2020 for broadcasting live webinars. Later on, it was enhanced with both live and on-demand education videos for physicians. It includes lectures from congresses, courses, and videos about popular endocrine topics for physicians.

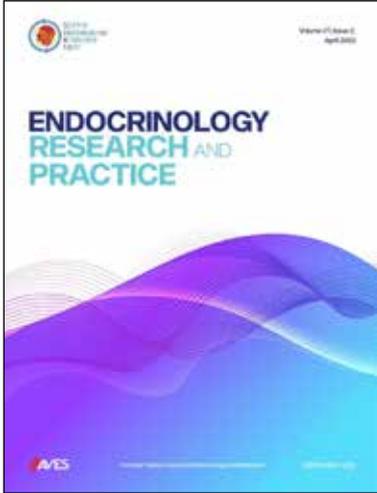
In 2022, SEMT started collaborating with the Turkish Medical Association to provide accreditation to those centers that provide endocrinology training in accordance with the rules of UEMS. Three centers met the criteria for accreditation and received certificates. SEMT has a core education program in endocrinology, which is updated frequently and organizes a national board examination annually, which is held during the national congress.

A Robust Publishing Presence

Endocrinology Research and Practice— *Endocrinology Research and Practice* (Endocrinol Res Pract) is the official journal of SEMT. It is a scientific, open access, online-only periodical published quarterly in January, April, July, and October. Previously known as the *Turkish Journal of Endocrinology and Metabolism*, which had been published in English since 1997.



Attendees at the 10th Annual EndoBridge Conference that took place in Antalya, Turkey, Oct. 20 – 23, 2022



The SEMT's official journal, *Endocrinology Research and Practice*, is an online-only open access journal that publishes quarterly, and covers the various clinical guidelines, which get an update every two years.



Online submission systems and digital archives are freely accessible to researchers worldwide. Processing and publication are free, and no fees are requested from the authors at any point.

Endocrinology Research and Practice is currently indexed in Web of Science — Emerging Sources Citation Index, Scopus, CINAHL, Directory of Open Access Journals (DOAJ), EBSCO, Embase, TUBITAK ULAKBIM TR Index, and Gale.

Clinical Guidelines — SEMT publishes clinical practice guidelines that are valued and relied upon by clinicians who present available international evidence on a given clinical endocrinological problem and help optimize treatment.

These guidelines are updated every two years for diabetes mellitus and its complications, thyroid, osteoporosis and metabolic bone diseases, obesity, adrenal and gonadal diseases, pituitary, medical nutrition and exercise, dyslipidemia, hypertension, and bariatric surgery.

Textbooks — In addition, SEMT encourages and supports the publishing of various textbooks that are released free of charge for physicians on the Society's website.

SEMT Bulletin — To keep SEMT members up to date on the goings on with the Society, its members, as well as the fields of endocrine science and practice, SEMT publishes a newsletter called the *SEMT Bulletin*. Publishing quarterly, this newsletter lets SEMT members know about what their colleagues are doing, various scientific conferences taking place within Turkey and internationally, and the latest breakthroughs from a variety of journals from around the world.

Supporting Research and Future Leaders

To support outstanding researchers, especially those early in their careers, SEMT presents young investigator awards during the annual congress. The Society also provides funding for researchers, international education and research programs,



Distinguished faculty for EndoBridge 2022 came from around the world to be a part of this remarkable event now in its tenth year.



The SEMT Board of Directors (from l to r): General Secretary: Prof. Dr. Sibel Guldiken; Member: Prof. Dr. Melek Eda Ertorer; Research Secretary: Prof. Dr. Dilek Gogas Yavuz; Vice President: Prof. Dr. Mustafa Cesur; President: Prof. Dr. Aysegul Atmaca; Member: Prof. Dr. Ibrahim Sahin; and Treasurer: Prof. Dr. Mustafa Kulaksizoglu

and grants for notable Turkish researchers to attend both national and international scientific meetings.

To encourage networking and research among young endocrinologists, SEMT has an Early Career Endocrinologists group that encourages its members to share knowledge, support research, and increase networking opportunities among our young colleagues.

Increasing Public Awareness of Endocrinology

SEMT has a web TV named “Endocrine TV” on the website and a YouTube channel to educate Turkish people and help them better understand endocrine diseases and conditions. SEMT also has social media accounts (Facebook, Instagram, Twitter, and LinkedIn) to increase professional and public awareness.

Looking Forward

SEMT plays a leading role in the field of endocrinology in Turkey by advocating for an evidence-based medical system, releasing local guidelines, and improving public awareness through a variety of communications channels. Going forward, SEMT seeks to have a more global impact and enhance its presence through networking with academic societies around the world via various conferences as well as making significant contributions to cutting-edge endocrine research.

Firmly established as a well-respected endocrinology and metabolism organization, SEMT aims to be an important voice in the international endocrinology community for years to come. ^{EN}

About the AUTHORS

Yavuz, Atmaca, and Cesur are all members of the SEMT Board of directors where Yavuz serves as research secretary, Atmaca is president, and Cesur is vice president. Atmaca is a professor at Ondokuz Mayıs University School of Medicine, Department of Internal Medicine and Division of Endocrinology and Metabolism, Samsun, Turkey. Yavuz is a professor in the Department of Internal Medicine and the Division of Endocrinology and Metabolism at Marmara University School of Medicine in Istanbul, Turkey. Cesur is a professor in the Department of Internal Medicine and Division of Endocrinology at the Yuksek Ihtisas University School of Medicine in Ankara, Turkey.



A Second OPINION



Rudolf Hoermann, MD, PhD

A novel approach to treating hypothyroidism shifts the focus from TSH levels.

Rudolf Hoermann, MD, PhD, a consulting endocrinologist based in Australia, talks to *Endocrine News* about a new approach to treating patients with hypothyroidism. Hoermann counters that regulating the HPT axis from a T3-inclusive perspective as well as considering other factors aside from TSH levels could lead to a “rebirth of endocrinology as a unique regulatory discipline” beyond statistical analysis.

A few years ago, an article appeared in *BMC Endocrine Disorders* titled, “Time for a reassessment of the treatment of hypothyroidism.” With this relatively direct title, the article served as a call to action for those who treat hypothyroidism, pointing to the “consequential historical shift in the treatment of thyroid disease, driven by an over-reliance of a single laboratory parameter [thyroid stimulating hormone].”

The authors go on to point out that this singular focus on TSH has resulted in almost dogmatic treatment guidelines, resulting in the pendulum swinging from fear of drug-induced thyrotoxicosis to undertreated hypothyroidism. The paper

BY DEREK BAGLEY

“ The endocrine mechanisms of the HPT control should be extended to address important aspects of T3 physiology, together with the predominance of presentation and uniqueness of each patient’s biochemistry. **This offers a chance of a rebirth of endocrinology as a unique regulatory discipline beyond the predominant statistical area of research.**”

— RUDOLF HOERMANN, MD, PHD, CONSULTING ENDOCRINOLOGIST, YANDINA, QUEENSLAND, AUSTRALIA

came on the heels of a 2018 American Thyroid Association report that found many patients were dissatisfied with their thyroid treatments or their doctors. Many patients who responded to this satisfaction survey expressed “a strong desire for the development of additional hypothyroidism treatment options.”

“Given the existence of the thyroidal T3 shunt, the diagnostic reliance based solely on TSH leads to misclassification and consecutive dissatisfaction of patients,” says Rudolf Hoermann, MD, PhD, former head of the Department of Endocrinology at Klinikum Lüdenscheid, Germany, and a consulting endocrinologist based in Yandina, Queensland, Australia. “Serious correction of scientific evidence is not unprecedented in medicine, and we explained why this may be necessary in the treatment of hypothyroidism.”

Then, last year, Hoermann and his co-authors published a paper in *Frontiers in Endocrinology*, using a proof-of-concept mathematical model to elucidate the principles of the hypothalamic-pituitary-thyroid (HPT) axis in the treatment of thyroid disease. “We’ve believed for quite some time that it is essential to re-consider effective system regulation of the HPT axis from a T3-inclusive perspective,” he says.

Here, we’ll look at this work, and how a re-examination of the treatment of hypothyroidism, especially through the lens of T3, could improve outcomes for patients and their physicians.

“Subclinical Hypothyroidism”

Hoermann tells *Endocrine News* that he and his co-authors wanted to find why the balance point is so heavily guarded for optimum thermodynamic efficiency, yet under certain conditions, the system can change quite dramatically from its previous state, with its own system of regulation. He explains that the endocrine system is designed to protect a state of integrity and inner workings of the system when faced with adverse conditions and challenges arising outside of the system, which means, in HPT axis regulation, FT4, and even more so FT3, are maintained in a tight concentration range, to allow for the proper functioning of the many dependent metabolic processes.

“However, if the previous homeostatic level becomes indefensible it may be advantageous to adapt it to a new level,” he says. “This flexibility to choose between the preservation of homeostasis and its adaptation (allostasis) supports optimum resilience in stressful situations. Since the classical HPT model of TSH-FT4 regulation does not account for such properties, we came to the conclusion that HPT axis regulation needs to include T3.”

Since hypothyroidism was first clinically described in 1870, TSH emerged as the predominant marker, mainly under the wrong assumption that a person’s own pituitary may be best suited to accurately reflect the peripheral thyroid



AT A GLANCE

- ▶ Patients with hypothyroidism are growing more dissatisfied with their treatment options, and even their physicians.
- ▶ Two recent papers have called for a rethinking of hypothyroidism treatment, especially through regulation of the HPT axis from a T3-inclusive perspective.
- ▶ While TSH level is important in the diagnosis and treatment of hypothyroidism, it should not be the only factor considered since many patients report residual symptoms in the presence of “normal” TSH.

state of that person. Hoermann says that this assumption led to “subclinical hypothyroidism,” diagnosed when the TSH value exceeds its reference range, but FT4 concentration is within range.

TSH can rise in response to seasonal change, cold exposure, fasting, weight gain, infectious disease, and psychological stress. “Many clinical studies have obscured a clear distinction between these different entities, reporting conflated statistical outcomes,” Hoermann says. “Given the thyroidal T3 shunt and its influence on HPT regulation — namely that TSH feedforward controls T3 secretion and T4-T3 conversion efficiency — TSH cannot be regarded as passively responsive and reflective, rather acting proactively and correctively.”

Therefore, according to Hoermann, “subclinical hypothyroidism” does not define an entity or disease in need of treatment. The distinction lies not so much in the moderate TSH increase, but in its etiology and whether its corrective action is successful in preserving FT3 homeostasis. “The therapeutic goal can no longer be defined by TSH and its ‘normalization’ but shifts to restoration of FT3 homeostasis. The latter is more closely associated with symptom relief according to recent clinical studies. That way, a better understanding of the regulatory mechanisms translates to improved patient care.”

Four Hormones of the HPT Axis

To get a better understanding of these regulatory mechanisms, Hoermann and his co-authors developed the aforementioned proof-of-concept mathematical model, which allowed them to gain theoretical insights into the effective system control of the HPT axis. The authors describe the model as four nonlinear, parameterized, first-order ordinary differential equations (ODEs) that account for the interactions of the four hormones TRH, TSH, FT4, and FT3 in the HPT axis regulation.

The extended system incorporated FT3 homeostasis as a system goal, including feedforward of TSH on FT3 at the lower level and feedback of FT3 on TSH and TRH at the upper levels. One of the mechanisms examined was thyroidectomy, and the authors found that thyroidectomy breaks T3 homeostasis, and the loss of the intra-thyroidal T3 shunt shifts the balance between TSH, FT4, and FT3 levels, compared to that prior to surgery. “Together with other clinical studies, it explains why their former TSH level is no longer indicative of the euthyroid state, and these patients may continue to suffer from residual symptoms,” Hoermann says.

The findings further bolster the need to account for the conditionality of FT4/FT3 levels when aiming for them in treatment. Hoermann says the FT4/FT3

ratio in thyroid disease will alter from the healthy state in raising the ratio in subclinical hypothyroidism (relational stability), and also in nonthyroidal disease (low T3 syndrome) but lowering it in hypothyroidism in the absence of a functioning thyroid gland. “We should therefore reconsider the importance of measuring FT3,” he says. “It is the chief biologically active thyroid hormone and more integral to HPT axis regulation than previously thought.”

Overlapping Symptoms

Still, it seems some physicians have a habit of dismissing patient symptoms because of a seemingly normal TSH value. Hoermann sees TSH as too respected a diagnostic tool for both hypothyroidism and T4 treatment. “If the thyroid is failing, then FT4/FT3 ratio changes in favor of T3’s bigger contribution stimulated by more TSH,” he says. “In therapy, a satisfactory outcome may require more T4 to optimize FT3. The interpretation of a given TSH value should be conditional, as appropriate to the condition and the resulting FT4 and FT3 levels.”

And again, not recognizing the limitations and conditionality of isolated sensitive TSH measurements has resulted in many patients complaining about residual hypothyroid symptoms. In the case of a thyroidectomy, Hoermann says, to get the FT3 to the same level it had been prior to thyroidectomy, many patients on LT4 would need a suppressed TSH after surgery to achieve this goal, which per se does not mean hyperthyroidism to them if their balance point has shifted in the absence of TSH feedforward onto FT3.

“Denying these patients T3 normalization does not help their symptoms,” Hoermann says. “We should not place a TSH value, which we may yet have to fully understand, over patient complaints we understand well as doctors. This is not to say all is easy — there are non-specific and overlapping symptoms with other diseases, and overtreatment must be avoided. However, it is equally clear there are residual symptoms in the presence of a ‘normal’ TSH.”

Hoermann goes on to say that in realizing each patient achieves a unique balance among their FT3, FT4, and TSH levels, we must avoid inappropriate generalization and a one-size-fits-all approach, again pointing to the importance

“Denying these patients T3 normalization does not help their symptoms. **We should not place a TSH value, which we may yet have to fully understand, over patient complaints we understand well as doctors.**”

— RUDOLF HOERMANN, MD, PHD,
CONSULTING ENDOCRINOLOGIST, YANDINA, QUEENSLAND, AUSTRALIA

of personalized medicine. “This is important since the amalgamation of dissimilar subgroups (whose members do not share the same average or optimum) in clinical studies results in a statistical error (collider stratification bias),” he says. “We also suggest to blindly study patient satisfaction against FT4/FT3 and TSH values in different subgroups of patients on differing treatment modalities.”

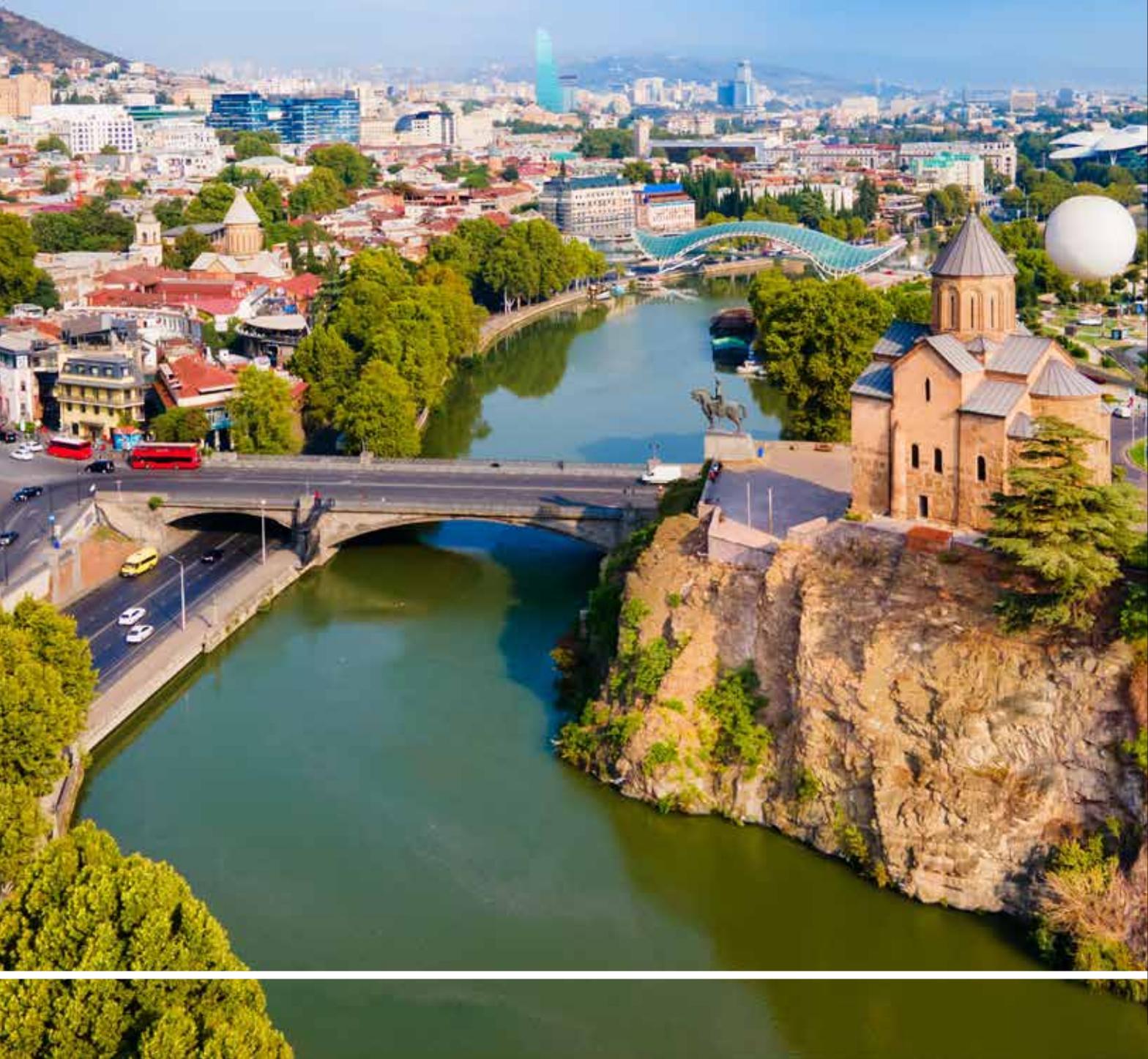
In January, *Endocrine News* spoke with Antonio Bianco, MD, PhD, about his book *Rethinking Hypothyroidism*, in which he argues that the current approach to treating hypothyroidism is failing many patients. Hoermann says he and his co-authors were grateful for Bianco’s insight, and they hope that this growing chorus will soon be reflected in the guidelines.

Clinical presentation should have predominated over biochemistry to resolve the conflict, Hoermann continues. The guidelines have a role in standardizing patient care, but in doing so they tend to marginalize patients that do not fit in. They were meant to provide general guidance only but not to be instrumentalized as a legal imperative to treat everybody the same. “The endocrine mechanisms of the HPT control should be extended to address important aspects of T3 physiology, together with the predominance of presentation and uniqueness of each patient’s biochemistry,” he says. “This offers a chance of a rebirth of endocrinology as a unique regulatory discipline beyond the predominant statistical area of research.” ^{EN}

— BAGLEY IS THE SENIOR EDITOR OF *ENDOCRINE NEWS*. IN THE JUNE ISSUE, HE WROTE ABOUT THE **ENDO 2023** ORAL PRESENTATION TOUTING A POTENTIAL NEW TREATMENT FOR PEDIATRIC GROWTH DEFICIENCY THAT WOULD ELIMINATE INJECTIONS.

GAEM

BY NATIA VASHAKMADZE, MD



Changer

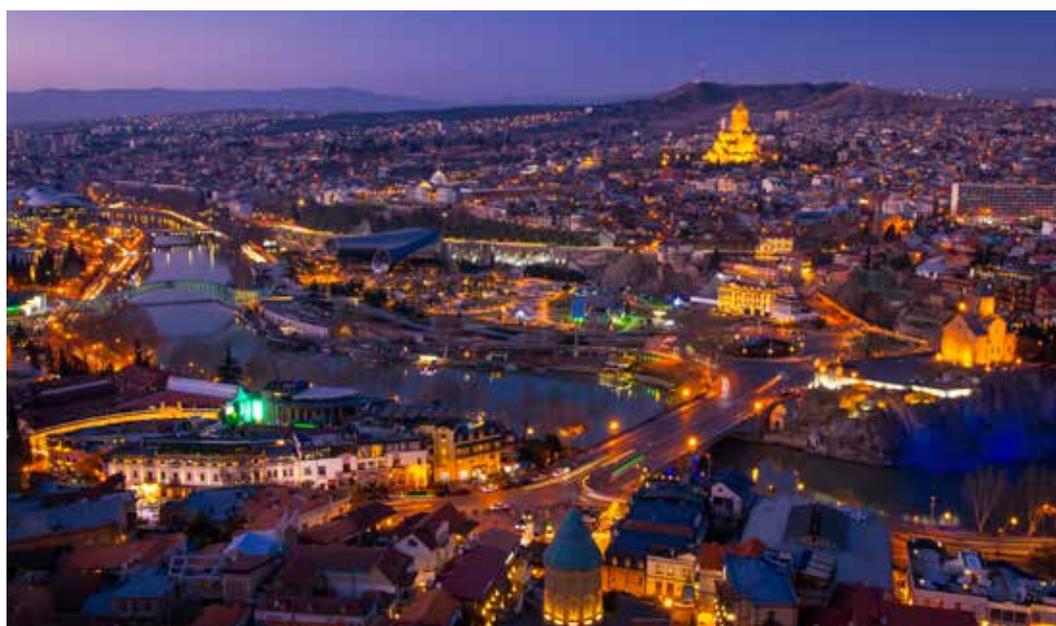


When the Soviet Union eventually crumbled on the day after Christmas in 1991, one unexpected present was that the country Georgia finally gained its independence. However, many aspects of life in these post-Soviet countries took time to change and evolve, and chief among them was the field of medicine. Thankfully, slowly but surely, Soviet influences have been fading into history while much of Georgia has been embracing the advances heralded by the West, especially medicine and science.

When I started my medical career, I discovered that scientific activity, meetings of doctors, and the exchange of modern information were not at the level and quality that I saw in the West. Of course, there were meetings and discussions, but they were usually less academic and often influenced by the pharmaceutical industry. I saw old rules and old traditions dictating how medicine should be practiced rather than adhering to contemporary international guidelines and the latest data. Medicine is a constantly changing field, and if one doesn't update and move forward, it automatically means moving backwards.

Another complication to modernization is that many Georgian endocrinologists did not speak English well enough to read

When Georgian endocrinologist Natia Vashakmadze, MD, saw the need for an endocrine organization in her home country, she created one. In an exclusive for *Endocrine News*, she details the history of the Georgian Association of Endocrinology and Metabolism (GAEM), the importance of partnering with the Endocrine Society to share its Clinical Practice Guidelines, and GAEM's future goals.



Opposite: Metekhi Church in Tbilisi, the capital and largest city in Georgia. Photo: EvaL Miko

This page: Panoramic view of Tbilisi just after sunset.



“ The slogan of the Georgian Association of Endocrinology and Metabolism is **Connections for Change**, the connections that the hormone makes with the receptor and the endocrine system makes in the body, creating life, movement, and change, as well as the connections that we people or even professional organizations make with each other to bring new positive changes around us and in our society.”

Vashakmadze is pictured here with Endocrine Society Past-President Gary Hammer, MD, PhD, and EndoBridge founder Bulent Yildiz, MD, PhD, at the International Conference on Clinical Endocrinology hosted by the GAEM in February 2023.



Vashakmadze is pictured with Hammer and GAEM team members Nazi Tchelidze, MD (left) and Ketevan Dzagania, MD (right), showing the Endocrine Society Clinical Practice Guidelines “The Assessment and Treatment of Hypertriglyceridemia” and “The Management of Dyslipidemia in Patients with Endocrine Diseases,” that were translated into Georgian for the conference.





While presenting her poster at **ENDO 2023**, Vashakmadze met Maria Fleseriu, MD, professor of medicine and neurological surgery, and director of the Pituitary Center at Oregon Health and Science University, Portland, Ore.

November 2018 with the aim of developing endocrinology and bringing it closer to Western standards.

Before and after the establishment of this organization, I was concerned about how the Georgian endocrinological community would receive my initiative. Specifically, whether such a big initiative by such a young doctor would be misunderstood and how much other doctors would sign on to my idea. It was not easy to leave my own comfort zone and embark on such a risky adventure. However, as soon as this idea occurred to me, it became clear that I could not rest until I did this. At first, of course, there were doubts, but soon the tireless work by me and my team paid off, and today the GAEM is trusted and has a great reputation, not just among Georgian doctors, but in the international arena as well.

Currently, the GAEM consists of a staff of seven (including myself), all enthusiastic and brimming with an endless number of ideas to not only improve GAEM as an organization, but to improve the practice of endocrinology throughout Georgia, and yes, around the world, much the same as the goals of the Endocrine Society.

Vashakmadze leading one of the packed sessions at the Georgia-hosted International Conference on Clinical Endocrinology in February 2023.

the medical literature, most of which is published in English. Therefore, the approaches to treating endocrine diseases were not as advanced here as they were in other countries. I wanted to bring modern, new, and evidence-based medicine to endocrinology in Georgia and share it with my colleagues who were yearning to learn.

Therefore, at just 30 years of age, I established the Georgian Association of Endocrinology and Metabolism (GAEM) in





At ENDO 2023 in Chicago in June, attendees were encouraged to place a pin to indicate where they traveled from to attend the conference. Vashakmadze points to her home country of Georgia.

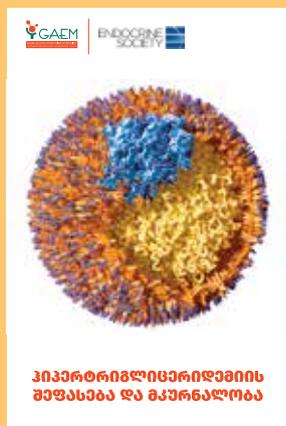
Members of the GAEM team are: Nazi Tchelidze, Ketevan Dzagania, Nino Nadiradze, Tinatin Kutchukhidze, Nazibrola Chiradze, and Medea Tsereteli, all of whom are clinical endocrinologists, full of enthusiasm and we all love, enjoy, and take pride in what we do.

A Successful Debut

When I first looked at what could be done realistically to develop the field of endocrinology in Georgia, I realized that any continuing medical education would need to be academic, unbiased, and, of course, of the highest quality. So, to win the trust of colleagues, I decided to organize a large international meeting for the debut presentation of the organization, where colleagues would hear about the plans and vision of the GAEM as well as participate in our first event so they could experience firsthand what kind of activity our organization will offer them.

On the day of the presentation of the GAEM, together with my team, I translated and published the international guideline, which was distributed free of charge to the attending colleagues. I also invited Prof. Paul Lips from Amsterdam, Netherlands, who gave talks on vitamin D and osteoporosis. While local experts gave outstanding academic lectures on calcium metabolism, osteoporosis, and vitamin D deficiency in specific populations like elderly, pregnant women, and children.

Partnering for Publications



GAEM regularly translates and publishes high-quality, unbiased medical literature in Georgian. Unfortunately, there is an acute shortage of Georgian-language medical literature in Georgia. Since many Georgian doctors do not know English well enough to understand much of the medical literature, the association actively translates and provides medical literature in Georgian. For example, GAEM has translated and published guidelines and articles from internationally recognized organizations such as ETA (the European Thyroid Association), ATA (the American Thyroid Association), ADA (the American Diabetes Association) and, of course, the Endocrine Society.

GAEM, with the official permission of the Endocrine Society, translated and published two guidelines in Georgian: “The Assessment and Treatment of Hypertriglyceridemia” (pictured) and “The Management of Dyslipidemia in Patients with Endocrine Diseases,” especially for the conference in February.

The Endocrine Society not only gave official permission for the translation and publication of those guidelines, but also sponsored the publication of the guidelines, and GAEM

would like to thank the Endocrine Society for their help and support on behalf of all the members of the association. Since its foundation, the Georgian Association of Endocrinology and Metabolism has translated and published nine international guidelines, as well as more than 100 news articles in endocrinology, which are regularly published on the association’s website: www.gaem.ge. Moreover, GAEM has translated and is currently working on an edition of Elsevier’s book, *Endocrinology of Aging: Clinical Aspects in Diagrams and Images*, by Emiliano Corpas Cobisa.

I tried to create a very friendly and welcoming atmosphere for discussions and exchange of ideas, which led to a very positive response in the Georgian medical community. Despite the accolades and positive comments at the GAEM's "unveiling," there were also a few doubts and concerns that the association would not be able to maintain this high quality on a regular basis.

Connecting Via Conferences

Fortunately, since October 2018, we have held 10 international conferences with the participation of leading European and American doctors. For instance, in the fall of 2022, the GAEM organized and hosted the European Society of Endocrinology's 30th postgraduate clinical course on endocrinology that was held for the first time in Georgia.

All the conferences organized by the GAEM are free from the influence of the pharmaceutical industry (which the attending doctors confirm in the feedback surveys) and is focused only on the dissemination of academic, up-to-date, unbiased medical information.

These meetings provide a platform for multidisciplinary meetings and discussion of patient cases, which is a unique way for Georgian doctors to gain and share knowledge and experience.

Most recently, the GAEM hosted the International Conference on Clinical Endocrinology on February 4 and 5, 2023. Internationally recognized faculty participated in the event including Endocrine Society Past-President Gary Hammer, MD, PhD; the founder and president of the prestigious international conference EndoBridge, Bülent Yıldız, MD, PhD; expert thyroidologist Juan Carlos Galofré, MD; and expert lipidologist Peter Lansberg, MD, PhD.

The meeting was attended by 250 Georgian doctors, mostly endocrinologists, but also cardiologists, gynecologists, and internists, along with students and fellows who actively participated in the event. There was active engagement from the audience and discussion of rare and interesting clinical cases, which was very useful and practical for Georgian clinicians. This conference was held with the support and partnership of Ilia State University, the Israeli-Georgian Research Clinic Healthycore, and the Open Medical Institute (OMI).

Connecting for Change

Since GAEM's founding, we became an affiliated member of the European Society of Endocrinology and the International Society of Endocrinology, translated and published 10 international guidelines, more than 100 articles and news in endocrinology in the Georgian language, and I think we have significantly developed the field of endocrinology and changed approaches to endocrine diseases, which directly translates into improved patient care and quality of life in Georgia. This is the biggest achievement and a source of pride for our team.

The slogan of the Georgian Association of Endocrinology and Metabolism is Connections for Change, the connections that the hormone makes with the receptor and the endocrine system makes in the body, creating life, movement, and change, as well as the connections that we people or even professional organizations make with each other to bring new positive changes around us and in our society.

As the father of our Georgian nation and the source of my inspiration, Ilia Chavchavadze said, "Movement and only movement is the source of strength and life of the country." For me, the beginning of this kind of movement and activity was a means of self-realization and self-motivation, which, I am very glad, turned out to be successful and now looks to the future with great ambitions and plans.

To that end, it is the goal of GAEM to keep moving forward and remain the positive change that it has become for the endocrine community in Georgia. ^{EN}

– Vashakmadze is the founder and president of the Georgian Association of Endocrinology and Metabolism (GAEM). She graduated from Tbilisi State Medical University and did her clinical residency in St. Petersburg, Russia, after which, she returned to Georgia and worked as clinical endocrinologist. Currently she is head of the Endocrinology Department of the Israeli-Georgian Medical Research Clinic. She is an invited lecturer at the David Tvildiani Medical University (DTMU) and is pursuing her PhD in Medicine at the Ilia State University.



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Society Successfully Leads Effort to Protect Access to Gender-Affirming Care at AMA Annual Meeting



AMA delegates line up to speak in favor of the resolution to protect access to gender-affirming care sponsored by the Endocrine Society and other organizations at the House of Delegates meeting in June.

The American Medical Association (AMA) House of Delegates unanimously passed a resolution sponsored by the Endocrine Society to protect access to evidence-based gender-affirming care for transgender and gender-diverse (TGD) (TGD) individuals.

The Endocrine Society partnered with the American Association of Clinical Endocrinology (AACE), the American Society for Reproductive Medicine (ASRM), and the Medical Student Section of the AMA House of Delegates to develop and advocate for this resolution.

The House of Delegates, which is the policymaking body of the AMA, met in June to establish and update policy positions on topics important to healthcare providers and patients. The Endocrine Society has two voting members in the House of Delegates. This year, Mandy Bell, MD, and Daniel Spratt, MD, represented the Society at the meeting and proposed a resolution that would strengthen the AMA's policy on protecting access to medical care for transgender and gender diverse (TGD) individuals. The resolution commits the AMA to working with state and specialty societies and other interested stakeholders to:

- ▶ Advocate for federal, state, and local laws and policies to protect access to evidence-based care for gender dysphoria and gender incongruence;
- ▶ Oppose laws and policies that criminalize those who provide or receive gender-affirming care, including parents or guardians who support minors seeking care;

- ▶ Support protections against violence and criminal, civil, and professional liability for physicians and institutions who provide evidence-based gender-affirming care, patients who seek or receive this care, and parents or guardians who support minors seeking and/or receiving this care; and
- ▶ Communicate with stakeholders and regulatory bodies about the importance of gender-affirming care for patients with gender dysphoria and gender incongruence.

“

As political attacks on gender-affirming care escalate, the Society believes it is the responsibility of the medical community to speak out in support of evidence-based care.

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Several medical associations co-sponsored the Society’s resolution, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, the American Urological Association, and GLMA: Health Professionals Advancing LGBTQ+ Equality.

Before a resolution is considered in front of the entire House of Delegates, a reference committee hears testimony in support of or against the resolution. The reference committee then makes a recommendation for how the House should act. During the reference committee meeting, the line of people testifying in support of the Society’s resolution went out the door. The resolution’s cosponsors, other state and specialty societies, and several individuals expressed their support for our resolution. The reference committee recommended that the resolution be adopted with minor amendments, and it was passed via the consent calendar.

The Endocrine Society proposed this resolution in response to the growing number of state legislatures that have introduced or passed bills that ban gender-affirming care and criminalize physicians who provide it. These policies contradict the evidence-based standards of care and clinical practice guidelines that inform the treatment of TGD individuals. As political attacks on gender-affirming care escalate, the Society believes it is the responsibility of the medical community to speak out in support of evidence-based care.

SDP Legislation Advances in Congress; Society Leads Diabetes Community in Support of Program

In June, legislation to reauthorize the Special Diabetes Program (SDP) advanced in Congress and the Endocrine Society played a leading role in advocating for the legislation.

Introduced in both the House and Senate, this legislation would reauthorize both components of the program through December 2025. The House Energy and Commerce Committee unanimously approved a House bill to reauthorize SDP while the Senate Health Education Labor and Pensions (HELP) Committee approved legislation introduced in the Senate. The co-chairs of the Congressional and Senate Diabetes Caucus are leading the efforts



in Congress to pass the legislation. SDP is made up of two components focused on diabetes research and prevention.

The Special Diabetes Program for Type 1 advances important research for type 1 diabetes at the

National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK) at the National Institutes of Health. The Special Diabetes Program for Indians (SDPI), which is administered by the Indian Health Service (IHS), provides treatment and education programs for people with type 2 diabetes among American Indian and Alaska natives (AI/AN). The legislation would reauthorize both components for two years at \$170 million per-program per-year, a 13% increase compared to current funding.

The Endocrine Society is one of the lead advocates, working closely with the JDRF and the National Indian Health Board, to reauthorize SDP. The Society worked closely with the Congressional Diabetes Caucus and provided input to the co-

chairs while they were negotiating the funding amounts for the legislation. The Society has endorsed both bills. We also led a letter signed by 10 organizations in the diabetes community supporting the House and Senate legislation. Funding for SDP will expire on September 30 unless legislation is signed into law reauthorizing the program.

We encourage all members to join our online advocacy campaign urging Congress to pass this legislation before SDP funding expires on September 30. You can visit the advocacy page on the Endocrine Society's website (www.endocrine.org/takeaction) to join our campaign. 

TAKE ACTION

Federal Government Spending Battles Continue

While Congress avoided the U.S. defaulting on its loans and an international financial disaster by reaching a deal to suspend the country's the debt limit, the deal included budget caps that will dramatically affect federal spending for the next two years. This agreement on budget caps now extends to congressional decisions on the annual appropriations bills that fund the federal government as Congress must agree on funding levels within those caps. For fiscal year (FY) 2024, which begins in October, appropriators in the House and Senate are taking very different approaches to spending under the caps. Fiscal conservatives are arguing for deep cuts below the caps while other policymakers are fighting for increases to social programs causing political gridlock.

In the House of Representatives, the chair of the Appropriations Committee, Kay Granger (R-TX) has stated that she and others in the majority view the caps as a "ceiling, not a floor." Consistent with this view, the House Appropriations Committee recently released top-line funding levels for each of the 12 appropriations bills with significant cuts relative to FY 2023 levels. For the bill that funds the National Institutes of Health (NIH) and other important public health agencies, the bill contains



a cut of over \$60 billion, or nearly 30%. The Senate, on the other hand, is preparing spending bills with levels that more closely track the recent debt ceiling deal.

The difference between the House and Senate is considerable and likely foreshadows more debate and difficult decisions about funding priorities throughout the summer and into the fall. It is critical that all researchers funded by the NIH join our online advocacy campaign to urge their representatives and senators to protect NIH funding. Visit www.endocrine.org/takeaction to make your voice heard and to protect the NIH and other research and public health agencies from severe cuts.