Discover something new at ECE 2013 in Copenhagen

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A Day in the Life of...
An endocrinologist-in-training
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Editorial

Come to Copenhagen in 2013 and study the endocrinology of mermaids...

As you read this issue of ESE News, I hope you will be polishing your finest abstracts for the forthcoming 15th European Congress of Endocrinology, in time to submit them before the deadline of Sunday 13 January!

In the middle of a European winter, it is good to be looking forward to springtime in Copenhagen, where we will revel in all that’s new in endocrinology. As Wilmar Wiersinga reflects in his article on page 7, we should take the opportunity of ECE 2013 to gather knowledge across the breadth of our discipline. You are almost certain to discover something new where you least expected it (a theme reflected by this issue’s cover).

But all is not new in endocrinology. Our specialism rests on the shoulders of giants, many of whom were involved in organising the 1st International Congress of Endocrinology back in 1960. Coincidentally, this also took place in Copenhagen, as did the 1st Acta Endocrinologica Congress some 6 years earlier in 1954. You can read about these early endocrine exploits, courtesy of Wouter de Hender and Justo Castaño, on page 10. Copenhagen is obviously ‘where it all happens’, hormonally speaking, and so you should register for ECE 2013 without delay!

A guide to all you need to know about ECE 2013 can be found on pages 3-4, and other highlights of the meeting are featured throughout the issue.

Our younger colleagues hold the future of endocrinology in their hands. On page 5, you can read about the Young European Endocrine Scientists’ plans for the Copenhagen meeting, and the recent meeting of Young Active Research in Endocrinology in Dresden. Many of us who can no longer count ourselves as ‘younger members’ will still, however, be able to identify with ‘a day in a life of an endocrinologist-in-training’ on page 11.

In keeping with the Scandinavian focus of the newsletter, this issue’s ‘Endo Explorer’ ventures north of Copenhagen, to take in Turku and the endocrine research that is taking place on Finland’s Baltic Coast (page 9). We hear too from our colleagues at the Danish Endocrine Society, who are keenly looking forward to attending ECE on their home turf.

You will also find inside all the other vital information about ESE activities, with dates and deadlines for forthcoming events – not forgetting our prize puzzle, to reward you for your endocrine knowledge.

Talking of which, I look forward to seeing you in Copenhagen, as we embrace all that is new and wonderful about endocrinology.

Bouchard President

New benefits for ESE members in 2013!

Members should now have received their membership renewal reminder.

If you haven’t, please contact info@euro-endo.org.

Don’t forget these NEW benefits:

• In-training membership fee of €20 per year for those studying full time for an academic qualification (email info@euro-endo.org before arranging your renewal payment if you think you are eligible)

• Nurses pay a reduced annual membership fee of €35

ESE 2013 will soon be upon us.

Over 200 esteemed colleagues have accepted our invitation to present lectures, workshops, expert sessions and debates covering a range of topical issues. Our programme will be challenging and stimulating. We have crafted clinical, translational and basic science strands throughout the programme, and built upon the success of the 2012 dedicated nurses’ strand.

You can find the full programme at www.ece2013.org. Don’t forget to submit your abstracts online by 13 January 2013, and register by 11 March to benefit from reduced registration fees.

Why not join the Congress a day early, to take advantage of one of the hands-on pre-Congress courses on proper medical writing and thyroid ultrasound? Early booking is advisable because the number of participants is limited.

The Endo Explorer

The latest from ESE’s official journals

Editor’s Selection

The views expressed by the contributors are not necessarily those of ESE.

The address lists used to mail this issue of ESE News will be stored in Bioscientifica’s database for future use. If you do not wish to receive further mailings, please advise info@euro-endo.org.

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Editor: Professor Philippe Bouchard, France:
philips.bouchard@inserm.fr
Deputy Editor: Professor Richard Bax, UK:
richard.bax@rbcp.ox.ac.uk
Editorial Board: Justo Castaño, Spain
Wouter de Hender, Belgium
Lars Bode, The Netherlands
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Geoffrey Harris Prize 2014

The Geoffrey Harris Prize is a prestigious award for neuroendocrinologists worth £12,000, generously sponsored by Ipsen. It will be presented at ECE 2014 in Wroclaw, Poland. The winner will be asked to deliver one of the main lectures at the Congress, and two other lectures at future ESE scientific meetings.

The Eji Prize will be awarded to a candidate who has significantly contributed to the advancement of endocrine knowledge through publication. A certificate and £10,000 plus travel expenses will be presented at ECE 2014. The recipient will be expected to give a lecture on the relevant research during the Congress and to write a review paper for publication in European Journal of Endocrinology.

ESE Election 2013

Nominations needed by 18 January
Five Committee members will retire in 2013: Paolo Beck-Peccoz (Vice President), Al van der Lely (ESE Treasurer), Wiebke Arlt, Andrea Giustina and Martin Reincke. However, to achieve a system of 3 retiring each year, in 2013, candidates will only be elected to fill the roles of Vice President and two Committee members.

The Executive Committee will nominate Ewa Malecka-Tendera (Poland) and Vera Popovic (Serbia) for Vice President, and Jens Bollenslev (Norway), Grégory Brabant (Germany), Gianni Forti (Italy) and George Mastorakos (Greece) for the Committee.

Further nominations must be received by Friday 18 January 2013. If you have not already received information about making nominations, please contact info@euro-endo.org.

Your guide to ECE 2013

Conference venue
The Bella Center (Center Boulevard 5, DK-2300 Copenhagen S) is a state-of-the-art congress and exhibition centre integrated with the Bella Sky Conwell Hotel, the largest hotel in Scandinavia.

Where to stay
DIS Congress Service, the official hotel accommodation agent for ECE 2013, will handle all your arrangements.

Various categories of hotel at reduced rates are available for delegates. All are within a reasonable distance of the Bella Center. See www.ece2013.org/accommodation.aspx.

How to register
You can register online at www.ece2013.org. Your fees will include:
- access to all Congress sessions and the commercial exhibition
- a delegate bag including all Congress materials and a name badge
- Endocrine Abstracts and ‘Meet the Expert’ handbook in digital format
- entrance to the Opening Ceremony and Welcome Reception
- refreshment breaks during the Congress Registration does not include accommodation or tickets to any social events.

Fees
<table>
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<tr>
<th>Fees</th>
<th>Until 11 March 2013</th>
<th>12 March - 5 April*</th>
<th>Onsite registration</th>
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<td>ESE members</td>
<td>€450</td>
<td>€550</td>
<td>€600</td>
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<tr>
<td>Non-members</td>
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<td>€850</td>
<td>€900</td>
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<tr>
<td>Nurses</td>
<td>€700</td>
<td>€100</td>
<td>€150</td>
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</table>

*Onsite registration closes on 1 April 2013. If you wish to register after this date, you will need to do so at the Congress. We strongly recommend registering in advance, as no place reserves are available at the meeting.

What else should you know?

Networking with colleagues
ECE offers a great opportunity to catch up with other endocrinologists at the Opening Ceremony and Welcome Reception, ESE New Members’ Welcome Reception and the ECE Informal Social Evening.

Continuing Medical Education
ECE 2013 has applied for accreditation from the European Accreditation Council for Continuing Medical Education (EACCME).

ESE AGM
ESE’s Annual General Meeting will be held on Tuesday 30 April 2013 at 12.15–13.00 during ECE 2013. All ESE members are welcome!

Travel and meeting grants
There are still grants of up to €400 available to ESE members for the full range of ESE grants see www.ese-hormones.org/prizes.

For full details of the criteria and how to apply for ESE grants and prizes, please see the Prizes, Grants and Awards page of the ESE website www.ese-hormones.org.

For the first time this year, a reception for all participants and speakers will follow the EYEs session. It will give young researchers the chance to get to know one another, discuss their research and maybe even establish new collaborations.

Further information can be found at www.young-active-research.eu.

Annekathrin Keller, Janina Helle and Frank J Möller

12th ESE Postgraduate Course in Clinical Endocrinology

This successful meeting, hosted by the Society of Endocrinology and Metabolism of Turkey, took place in Antalya on 14–18 October, and attracted 300 delegates from more than 20 different countries, from Brazil to Bangladesh! The scientific programme included 19 state-of-the-art lectures and 16 interactive parallel workshops on clinical case presentations covering all aspects of clinical endocrinology and generating great interest from the participants.

14th Annual Meeting of YARE

Dresden, Germany, 12–14 October 2012

The Young Active Research in Endocrinology (YARE) initiative returned to Dresden this autumn for the first time in 9 years. Once again, we held an inspiring conference, thanks to generous financial support from nine pharmaceutical/biotechnological companies, the Association of Friends and Sponsors of Technische Universität Dresden, the German Society of Endocrinology (DGE) and ESE.

Some 73 participants, from 16 different European and non-European countries, came to the capital of Saxony to discuss a wide range of endocrine topics. Young endocrinologists gave 36 short talks on the adrenal, endocrine cancer, metabolism, sex hormones, growth hormones, the thyroid and neuroendocrinology.

The first of two plenary lectures was given by Clemens Kirschbaum, who talked about novel ways of measuring chronic stress using animal and human hair. In the other talk, Oliver Zierau presented new research data on Heterochromatin globes, the naked mole rat, and what endocrinologists can learn from this very strange yet interesting animal.

It is traditional for the best presenters at the meeting to be awarded the opportunity to speak at the upcoming annual meetings of ESE and DGE. The recipients of this honour were Anneke van den Beukel (Rotterdam) and Henriette Undeutsch (Turku). Congratulations to them both! All participants are now looking forward to 11–13 October 2013 when a joint meeting of YARE and EYES will take place in Rotterdam, The Netherlands. Further information can be found at www.young-active-research.eu.

Annekathrin Keller, Janina Helle and Frank J Möller

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Clinical Committee Update: Guidelines for follow-up

The Clinical Committee’s remit includes advancing the quality and equity of patient care in endocrinology across Europe. To achieve this goal, we have established special interest groups (SIGs) in disease areas where new research is likely to change patient management.

Professor Pierre-François Plouin, Head of the Department of Hypertension, Hôpital européen G Pompidou (Paris), and a Clinical Committee member, chairs the SIG on phaeochromocytoma/paragangliomas (PPGL). Working with the European Society for Hypertension and members of ENSFLY (the European Network for the Study of Adrenal Tumours), this group will address the frequency and predictors of recurrences after surgery among patients. Their data will serve as the basis for the first ESE-initiated, evidence-based guidelines for the post-operative follow-up of patients with PPGL.

There is a clear need for this work, as Professor Plouin explains, ‘At least 15% of patients undergoing surgery for PPGL develop new tumours or recurrences, and most recurrences are metastatic. Although there are reports of the prognostic value of various clinical, genetic and pathological features, there are no robust prognostic indices of recurrence, other than the higher probability of new events in patients with inherited tumours and, probably, in patients with extra-adrenal or large tumours.’

Professor Plouin identifies the key questions as:
- what is the incidence of local or metastatic recurrences or new tumours in patients operated on for an apparently benign PPGL?

He concludes, ‘Answers to these questions will rely on a systematic review of the literature and a compilation of existing PPGL databases. Consensus guidelines will be prepared once these have been achieved. Core members of the SIG will produce a first draft. Generation of a finalised document will involve an extended working group drawn from many specialties, as well as patient representatives.’

Pia Burman  
Clinical Committee Chair  
pia.a.burman@skane.se

Do you like smoking, maybe enjoying your cigarette together with a glass of wine? Then there is good news for you!

Smoking – to a certain extent – seems to protect against autoimmune hypothyroidism, and the same is true for having more than 10 alcoholic drinks a week. But, before you light another cigarette, remember the downside. The continuation of your smoking habit will put you at increased risk of Graves’ hyperthyroidism.

We all know autoimmune endocrine disorders are complex diseases caused by a poorly understood interplay between susceptibility genes and environmental factors, but I find it amazing that exposure to smoking  – to a certain extent – seems to enable one to put the roles of genes and the environment in a broader perspective by looking for similarities and discrepancies between the autoimmune diseases of various glands, and that is what will be achieved in Copenhagen.

On the subject of autoimmunity, Graves’ ophthalmopathy is, in my experience, one of the most difficult autoimmune endocrine diseases to manage. Novel treatment modalities are urgently awaited, and we will hear the latest news on the efficacy and tolerability of selenium, intravenous steroid pulses, and rituximab.

The incidence of thyroid carcinoma is increasing worldwide, and we are also detecting more thyroid nodules with our ultrasound machines. Fortunately, much progress is being made in preoperative discrimination between benign and malignant nodules. Simultaneously, the onco genesis of thyroid carcinoma is being unravelled step by step at the molecular level, giving clues for therapeutic intervention.

Although many issues remain unresolved, this is a fascinating time for scientists interested in thyroid tumours as well as for clinicians who have to treat these patients. Transition time from translational research to clinical application is relatively short in this area, and we had better stay up to date with recent developments.

Most endocrinologists see a lot of thyroid patients, just because the prevalence of thyroid disease is so high. But my reason for attending the upcoming ESE meeting in Copenhagen is not just to learn more about the thyroid, but to learn more about areas in which I am less knowledgeable, to understand better the mechanisms of disease, to gain a deeper insight into integrative physiology, and to hear some practical tips for day-to-day clinical practice. In short, to get ‘food for thought’ which is intellectually stimulating and rewarding.

My experience with ESE meetings is that I never return home disappointed.

Wilmar Wiersinga  
Amsterdam, The Netherlands

Thyroid sessions at ECE 2013

Plenary Lecture 1  
Changing character of thyroid cancer  
M Alexakis (Greece)

Meet the Expert  
New immunotheraphy approaches for Graves’ orbitopathy  
M Salvi (Italy)

Symp 16: Oncogenic signals in thyroid cancer – therapeutic prospects  
M McMahon (USA)

Addressing RET signalling for therapeutic intervention  
M Santoro (Italy)

Oncogenic activation and response to radioiodine  
J Piccirillo-Filho (Brazil)

Symp 17: Medical treatment of endocrine malignancies  
Featuring  
Thyroid carcinoma  
J Smink (The Netherlands)

Symp 28: Autimmune endocrine disease – old and new players  
Featuring  
Autimmune thyroid disease  
W Wiersinga (The Netherlands)

Symp 29: Management of thyroid nodules  
Featuring  
Molecular analysis of FNAB material  
L Faggazzola (Italy)

Diagnostic pitfalls  
S Tzukas Baldiouda (Greece)

Follow up of benign nodules  
E Papini (Italy)
Post-test dexamethasone and cortisol in overnight DST
False positive results from the 1mg overnight dexamethasone suppression test (DST) may result from low dexamethasone levels due to poor resorption or excessive metabolism. This study in subjects without Cushings’s syndrome indicates that the routine measurement of dexamethasone levels, in addition to post-test cortisol levels, is not a useful addition to the DST, but may help identify subjects with possible false positive results.

Ávila et al. Read the full article at doi: 10.1530/JME-12-0095

Protein expression in PFPF-transfected human thyroid cells
PFPF is a fusion gene encoding the thyroid-speciﬁc transcription factor PAX8 and peroxisome proliferator-activated receptor (PPAR) gamma. Studying the effects of PFPF transfection on Nthy-ori 3-1 cells suggests it is important in malignant thyroid transformation. The systematic proteinome analysis has not been performed in human thyroid cells before and is an interesting method for future research.

Li et al. Read the full article at doi: 10.1530/EJC-12-0136

Preptin-induced insulin secretion in pancreatic β-cells
Preptin is a proGF2-derived peptide purified from murine β-cell secretory granules. This study provides new insights into the mechanism of preptin-stimulated insulin secretion. Preptin stimulated insulin secretion by an amount similar to glibenclamide. The data suggest that preptin can induce a greater efﬁcacy of signal transduction by phospholipase C and protein kinase C activation through the IGFR2 receptor.

Cheng et al. Read the full article at doi: 10.1530/EJC-12-0171

Cardiovascular management in Turner syndrome
Congenital cardiovascular malformations and aortic dilatation are common in Turner syndrome. Informative data from cardiovascular monitoring were present in clinical records from French tertiary centres for 233 out of 336 patients. Vascular surgery was performed in 7.4% (main indication: aortic coarctation). Bicuspid aortic valve was present in 21%. At least one aortic diameter exceeded 20mm/m² in 39% of the cohort, when indexed to body surface area. The authors advise a more systematic approach to cardiovascular monitoring in these patients.

Donadille et al. Read the full article at doi: 10.1530/EJE-12-00434

The old university town of Turku lies on Finland’s south west coast. Scientists from around the globe work together in the Department of Physiology at the University of Turku’s Institute of Biomedicine, in pursuit of solutions to endocrine problems.

Matti Poutanen’s group studies the role of steroid metabolism in regulation of hormone action. This work relies on studies of genetically modified (GM) mice, and Poutanen is also Director of the Turku Centre of Disease Modelling (TCDM), which produces GM mice for several European research groups. With Anti Perheentupa at the Department of Obstetrics and Gynaecology, Poutanen has also run a large study on endometriosis.

Naili Rahman heads a programme on adrenal carcinogenesis, exploiting GM animal models. This group has developed novel ways to treat adrenal and ovarian tumours. Paediatrician Jukka Kero is a young scholar pursuing thyrology, with an interest in developmental endocrinology and congenital hypothyroidism. His PhD student Henriette Undechus is working on the regulation of non-coding RNAs in the thyroid gland.

Ilpo Huitanen moved to the UK about 10 years ago, but his work in Turku continues too. In the 1980s, he began a programme on male reproductive health. Gonadotrophin regulation is a main theme, and Adolfo Rivero-Müller and Asutosh Trehan currently study mechanisms of gonadotrophin receptor dimmerisation. Huitanen’s studies on epimyldal physiology continue in collaboration with Poutanen and Petra Spila, and those on adrenal and ovarian tumorigenesis with Rahman.

Jorma Toppari is the Head of the Male Reproductive Health Programme. His group works on translational medicine, performing basic and clinical studies. The studies on semen quality and congenital birth defects, cryptorchidism and hypospadias include intensive European collaboration, especially with Denmark. The last 10 years have seen an increased incidence of testicular cancer and a deterioration in semen quality in Finland. We do not know why, but environmental and genetic factors are possibilities. Collaboration with the Rigshospitalet in Copenhagen and the Karolinska Institute in Sweden has been important for progress.

There remains a lack of basic understanding of the regulation of spermatogenesis. In Toppari’s group, Emmi Rosgen studies retinoblastoma proteins and EZF transcription factors in the testis. Noora Kotaja has a strong research programme on regulation of spermatogenesis, focusing on non-coding RNA regulation and the germ cell speciﬁc organelle chromatoid body that is central in sorting the RNA pathways.

Endocrinology in Turku is alive and well! Jorma Toppari Institute of Biomedicine University of Turku

The Danish Endocrine Society

With over 600 members, the Danish Endocrine Society (DES) promotes clinical endocrinology and related research. It has long been active in educational, scientific and political matters, both nationally and internationally.

DES arranges several events, including a 2-day annual scientific national meeting, with abstract presentations and discussions. The Society has hosted the ECE twice previously and is currently involved in preparations for the forthcoming ECE 2013 in Copenhagen.

As well as liaising with other scientific societies, the Society has an important role in advising the Danish Board of Health on questions related to endocrinology, including medical education.

DES is currently involved in developing national guidelines for a number of endocrine conditions. This is an effort that brings senior and junior endocrinologists together to condense current evidence into clinical guidance that can be used on a national level.

The current President of the Society is Professor Peter Rosing. He heads a board that represents all areas of the country and all subspecialties. For more information on contacts and current activities, please visit www.endocrinologi.dk.

Frederik Persson
Secretary
53 years ago in Copenhagen...

On 18–23 July 1960, the ‘First International Congress of Endocrinology’ was organised in Copenhagen by a group of world famous physicians, notably European Society of Endocrinology (ECE 2013), on 27 April to 1 May. In 1960 the President was Bernardo A Housay (1887–1971) from Buenos Aires, who in 1947 had received one half of the Nobel Prize in Physiology or Medicine ‘for his discovery of the part played by the hormone of the anterior pituitary lobe in the metabolism of sugar’. The International Executive Committee, with 23 members from 13 different countries, was chaired by Christian Hamburger (1904–?) from Copenhagen. Francis TG Prunty from London, UK, was General Secretary. Chairman of the Programme Sub-committee was none other than Gregory Pincus (1903–1967) from Shrewsbury, MA, USA. Pincus, together with Min-Chueh Chang and John Rock, is generally credited with inventing modern oral contraceptives. At the meeting, Pincus also gave a presentation on ‘Fertility control by endocrine agents’ as part of Symposium VII: Aspects of reproduction. The programme included 10 symposia (a total of 23 lectures), 8 round table discussions, and awards. At the congress, he gave a presentation on ‘Comparative biochemical endocrinology of pituitary growth hormone’. Li was either the first, or among the first, to isolate and identify several anterior pituitary hormones, such as LH, ACTH, GH and also IGf-1. Aaron B Lerner (1920–2007) from New Haven, CT, USA, was the head of a research team that isolated and named melanotropin in 1958. On behalf of his team, he gave a presentation on ‘The mechanism of action of the melanocyte-stimulating hormones’ as part of Symposium IV.

Symposium IV: Anterior pituitary hormones, included a talk by Choh Hao Li (1913–1987) from Berkeley, CA, USA, on ‘Comparative biochemical endocrinology of pituitary growth hormone’. Li was either the first, or among the first, to isolate and identify several anterior pituitary hormones, such as LH, ACTH, GH and he also IGF-1.

Symposium IX: Aldosterone, the hormone of the adrenal cortex, gave presentations on ‘Regulation of aldosterone secretion’, and ‘Aldosterone and the kidney’. The talk was given by Michael Randle (1926–2006) from Cambridge, UK. In his presentation, he gave a presentation on ‘The Randle cycle’, a metabolic process involving the fuel flux between, and fuel selection by, tissues. He also spoke in Symposium IX, on ‘Interactions between metabolism and stress transport in muscle as a site of insulin action’. Unfortunately, this feeling fades away completely after a long discussion with a young woman who is sure that all her symptoms (i.e. being tired) are related to thyroid disease. Her thyroid function has been repeatedly tested in different hospitals and has always been shown to be normal. She is, on the contrary, convinced that either insensitive assays have been used, or that her ‘thyroid disease’ has a pattern that has not been recognised before. When she insists that her symptoms recently worsened due to the flapping of canvas in a tent at a music festival, I get a bit nervous. In an attempt to enhance my stature and convince her that it’s not the thyroid which is ill, I mention my years of experience in thyroid hormone research. I immediately regret this, since it results in her pressing on even more persistently. Eventually, I cannot avoid measuring her thyroid function in our hospital as well. Surprisingly, the results are completely normal – despite the flapping canvas troubles. I bless the nurse who then brings me an espresso.

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Coffee Break

Send us your solutions to this topical puzzle for your chance to win one of three €20 Amazon vouchers! Let us have your answers, along with your name and email address, by emailing them to info@euro-endo.org or faxing them to 0044 1454 642222. The first three correctly completed puzzles that we receive will win the prizes!

Congratulations to Raghuvansh Kumar (Patiala, India) and WH Colledge (Cambridge, UK), last issue’s winner and runner-up.

Endo Prize Puzzle

1. Organ that secretes gastrin, cholecystokinin, endorphins etc. (7)
2. Immunoglobulin (8)
3. ACE inhibitor used to assist diagnosis of 10 (9)
4. Where vitamin D is made (9)
5. ‘Fight or flight’ hormone (10)
6. ____ thyroiditis: autoimmune thyroid disease resulting in hypothyroidism (10)
7. Gland that controls calcium (11)
8. Ovarian hormone with possible neuroprotective properties (12)
9. Potentially fatal hypertension in mid to late pregnancy (3-9)
10. Primary hyperaldosteronism (5,8)

Answers to the puzzle in issue 19

Did you know?

Inspired by nature

Did you know that Galega officinalis (pictured right), commonly known as goat’s rue, French lilac, Italian fitch or professor-weed, played an important role in the discovery of drugs against diabetes?

This plant has been known since the Middle Ages for relieving the symptoms of diabetes mellitus. Georges Tanret identified galegine from this plant and this led ultimately to the discovery of metformin.

Copenhagen disease

Sometimes known as Copenhagen syndrome, this refers to progressive non-infectious anterior vertebral fusion, a rare childhood disease of unknown aetiology.

Save the Dates!

For more information about any ESE event see www.ese-hormones.org/meetings.

ECE 2013

15th European Congress of Endocrinology
27 April–1 May 2013
Copenhagen, Denmark

13th ESE Postgraduate Training Course in Clinical Endocrinology
30 May–1 June 2013
Kosice, Slovakia

ECE 2014

16th European Congress of Endocrinology
3–7 May 2014
Wrocław, Poland

Deadlines:

13 Jan 2013
ECE 2013 – Abstract submission deadline

18 Jan 2013
ESE Election – Nominations for Vice President and Executive Committee members (see page 4)

28 Feb 2013
Geoffrey Harris Prize 2014 and European Journal of Endocrinology Prize 2014
– Nominations (see page 4)

11 Mar 2013
ECE 2013 – Early bird registration

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