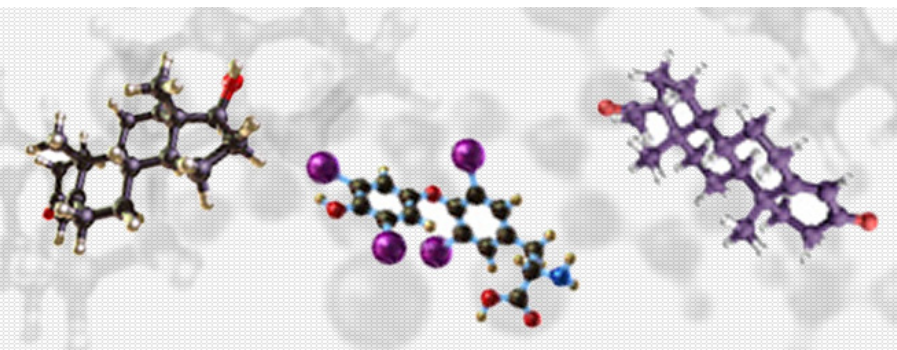




# ANNUAL REPORT 2016



## WHO WE ARE

The Endocrine Society of Australia (ESA) is a national non-profit organisation of scientists and clinicians who conduct research and practice in the field of Endocrinology.

The society was founded in 1958 and incorporated in 1986 in the State of Victoria. The Society is governed by the eight members of its Council who are elected every two years by a ballot of the membership in accordance with the Constitution.

## OUR GROWTH

Our membership continues to grow every year: We currently have 1051 members.

This society is strengthened by its composition of both clinicians and basic science members; and we believe that this true integration of disciplines is one reason for its continued success.

## OUR MISSION

The mission of the ESA is to be the premier society in Australia in the field of endocrinology through promoting excellence in research, fostering the integration of clinical and basic sciences, and facilitating the translation of our science to health care and clinical practice.

Key objectives to achieve these goals include the nurturing and developing the future generations of basic and clinical scientists and other health professionals, and the dissemination of new knowledge in endocrinology through our Annual Scientific Meeting and Seminars. The ESA will be proactive in shaping the research and health policies based on scientific advances in our field.

## ESA STRATEGIC PLAN

### Our vision

To be recognised as the authoritative voice for Endocrinology, Endocrinologists and Endocrine Researchers in Australia and Southeast Asia

### Our purpose

To educate about, engage in, and promote clinical practice and research in Endocrinology in the region and world-wide

### Our values

To be knowledgeable, accessible, sustainable and committed

### Our strategic directions

1. To maintain financial sustainability for the future
2. To promote the education of our current and future endocrinologists and endocrine researchers
3. To listen to our membership
4. To engage with our members, government bodies, funding bodies and the public to address and resolve issues that affect endocrinology and endocrine research
5. To promote the profile of the Endocrine Society of Australia
6. To ensure the governance of the society has continuity of knowledge and expertise

### Key areas of Priority

#### 1. Financial Sustainability

##### Objectives

- 1.1 Achieve a sufficient and more reliable income stream through investments, industry, bequests and conferences
- 1.2 Maintain a productive operating budget
- 1.3 Maintain long term financial sustainability of the scholarship programs

#### 2. Education

##### Objectives

- 2.1 Provide high quality conferences and meetings that attract international and national interest
- 2.2 Provide support for junior members, both clinical and basic scientists with membership, training, education and scholarships
- 2.3 Support continued training of high quality endocrinologists through work force planning and addressing issues affecting training

## ESA STRATEGIC PLAN

### 3. Internal Engagement: membership

#### Objectives

- 3.1 Hear the needs of our members
- 3.2 Retain and ensure sustainability of our expertise within the membership
- 3.3 Communicate and engage other endocrine based societies to increase membership both nationally and internationally
- 3.4 Ensure ESA members are assisting ESA to reach its objectives

### 4. External Engagement

#### Objectives

- 4.1 Engage consistently with the RACP for endocrinology training, secretariat business and endocrine advocacy
- 4.2 Engage with industry for sponsorship and financial sustainability
- 4.3 Engage with Government for addressing endocrine issues that affect ESA sustainability and profile
- 4.4 Engage with the NHMRC at every possible level to promote the funding of endocrine research, for endocrine advocacy and for the joint production of position statements
- 4.5 Engage with the public via the media to enhance the ESA profile and opportunities for bequests

- 4.6 Increase our presence and effectiveness on other boards and panels of institutions

### 5. Governance

#### Objectives

- 5.1 Maintain a highly skilled and motivated board
- 5.2 Source skilled, motivated and committed consultants with clearly defined roles to drive our objectives
- 5.3 Have the right committees with the right people to deliver strategic objectives
- 5.4 Educate board members in governance so our strategic ability and decision making is enhanced

### 6. Profile

#### Objectives

- 6.1 Promote Endocrinology within Australia via our branding
- 6.2 Provide education, networking opportunities and showcase our research
- 6.3 Promote our expert members both nationally and internationally
- 6.4 Be recognised as the authoritative voice for endocrinology, rare endocrine disorders and obesity in Australia and the region

We continue to strengthen international collaborations with the International Society for Endocrinology, and the US Endocrine Society. We have strong committee representation, editorial board membership, program organising committee membership and a number of joint initiatives including shared journals and joint symposia across meetings and education initiatives. This includes the US Endocrine ESA presentations at the ASM.

The inaugural ESA/ Endocrine Society session in 2015 focused on identifying and meeting challenges for our next generation of endocrinologists and endocrine researchers. A national ESA and US survey, literature review and workforce and NHMRC/ NIH funding data informed the session. Subsequently this led to a collaboration across the societies and a joint publication in the Journal of Clinical Endocrinology and Metabolism on the symposium. ESA is now looking to implement recommended strategies emerging from this work to support early career clinicians and academics.

ESA's adoption of Clinical Endocrinology as our official Society Journal is progressing well and Australian publication success rates remain high. ESA members have free access to

the online Journal via the ESA member site. ESA is well represented with several of us on the editorial board. The Clinical Endocrinology Board has approved priority access for publication of the best case presentation at the ESA Clinical Weekend meeting. We also encourage you to engage with our partner BioScientifica Journal of Endocrinology and Journal of Molecular Endocrinology for early translational researchers. ESA members are also eligible for a discounted publishing fee when publishing case reports in the open access publication, Endocrinology, Diabetes & Metabolism Case Reports (submit online via [www.edmcase reports.com](http://www.edmcase reports.com)).

The new Early Academic Career Development meeting now integrates into the ESA ASM and is very strongly subscribed this year. Our scientific strengthening committee chaired by Tim Cole continues to build momentum and to promote our best internationally.

The ESA meeting this year is being held jointly with SRB and with ANZBMS. Registration and sponsorship is very strong and the field of speakers is very impressive.

ESA continues in a strong financial position with ongoing support for ESA Postgraduate Scholarships and Fellowships which are well subscribed with high quality applicants. The benefaction from the estate of ESA Founder, Dr Ken Wynne, continues to fund the \$25,000 Ken Wynne Memorial Scholarship. In 2016 we offered two scholarships and two fellowship top ups as well as the Wynne Scholarship. These will be offered in for 2017 with final numbers yet to be determined. We have also joined with RACP to offer an early career research funding opportunity as of 2017.

We have engaged in a variety of positions statements and guidelines and reviewed and endorsed many others. We have completed and submitted the ESA androgen replacement position paper under the chairmanship of Henry Burger and the leadership of Bu Yeap with a team of highly talented androgen researchers nationally. Professor Leon Bach has sat on the ISE executive on behalf of ESA and Professor Vicki Clifton now takes this role on the next ISE executive.

**Professor Helena Teede**  
**(President)**



*Professor Helena Teede*  
*(President)*



**Professor Helena Teede (President)  
(Until 23/08/16) Past-President (From  
23/08/16)**

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### **ESA/SRB/ANZBMS ASM 2016 – Programme Organising Committee**

The 2016 ESA Annual Scientific Meeting will take place at the Gold Coast Convention Centre from Sunday 21st August - Wednesday 24th August. The meeting this year is being held as a joint meeting with the Society for Reproductive Biology (SRB) and the Australian and New Zealand Bone and Mineral Society (ANZBMS), which has brought a wealth of unique aspects to the meeting. Registration numbers have been outstanding, both for ESA members as well as overall attendance with the addition of ANZBMS members. As at 1st August we had 897 registrants, including 82 invited speakers.

This year we have 3 outstanding ESA Plenary speakers. Professor Steve Franks (UK) will deliver the Harrison lecture entitled: "Anti-Müllerian Hormone (AMH): physiology and implications for ovarian function and dysfunction" and Professor Constantine Stratakis (USA) will deliver the Taft Plenary lecture entitled "An update on the genetics of adrenal diseases". This year's joint ESA/ADS plenary lecture will be given by Professor Barbara Kahn (USA) will give the joint ESA/ADS plenary lecture, "Discovery of A Novel Class of Naturally-Occurring Lipids with Anti-Diabetic and Anti-inflammatory Effects".

This year's ESA Senior Plenary was awarded to Professor Wayne Tilley and the Servier Award to Justin Chen; there will be no mid-career award due to insufficient applications. An exciting new symposium session was introduced this year by the US Endocrine Society and we have incorporated this into our ESA program, known as a "Special Scientific Session". This inaugural seminar will be given by Professor George Muscat with a focus on "Nuclear Receptors". We also have an exciting initiative where the Guidelines for Androgen Use in Men will be presented by Bu Yeap.

Following the 2016 meeting, we will be asking ESA members to put forward symposium suggestions including topics and potential speakers for the next ASM to be held in Perth in 2017 to ensure continued diversity in the program at the ASM.

We would like to thank our POC and LOC committee members, as well as ASN events for their assistance in putting this exciting program together.



*Fran Milat, Renea Taylor –  
Joint POC Chairs*

### ESA CLINICAL WEEKEND

The 2016 Clinical Weekend attracted 328 registrants. Professors Stephen Franks, Imperial College London and Constantine Stratakis, National Institute of Health and Child Development were our international guest speakers. 53 abstract submissions were received and in the current meeting format 41 submissions had to be declined. Post-meeting discussions will result in an altered format for next year allowing a greater number of trainee presentations.

The scientific content of the meeting was extremely good and very well received. A leadership workshop was added to the Saturday afternoon program and the Endocrine Trivia on the Friday night remains very popular.

The organisation of the meeting was as usual seamless under the direction of ASN and we remain grateful to our sponsors, Ipsen, MSD, Novartis and Novo Nordisk.

Peter Davoren, Abhay Daniel, Katie English and Chee Tang



*Peter Davoren*

### ESA SEMINAR WEEKEND

The ESA Seminar continues to attract excellent interest, with 314 attendees meeting on the aptly named Sunshine Coast. The 2016 theme was thyroid disease, although other topics included Endocrinology of systemic disease, public health topics related to Endocrinology, and parathyroid disease.

We enjoyed the presence of two international speakers this year. Professor David Cooper (The Johns Hopkins University School of Medicine, USA) did a brilliant job in engaging the audience with summaries of current knowledge in thyroid disease and practical tips on clinical decision-making. Dr Nick McIvor (Auckland City Hospital, New Zealand) shared his extensive experience in thyroid cancer and parathyroid surgery.

The Australian speakers were also excellent, and ensured a consistently high-class program. The Committee wishes to thank Ada Cheung, Cherie Chiang, Rory Clifton-Bligh, Cres Eastwell, Syndia Lazarus, Louise Maple-Brown, Shaun McGrath, Mark Pace, Katherine Samaras, Tim Sullivan, Duncan Topliss, John Walsh, and Neil Wetzig for their hard work in making all the sessions accessible, practical, and clinically-relevant.

Many thanks to Jim Fawcett, Graham Watson, Nitesh Patel, and the ASN Events team for their attention to detail and responsiveness in putting the meeting together, and their great support throughout the last three years. We also wish to acknowledge all our previous sponsors, without which the Seminar could not be continued.

This year marks the changeover in the ESA Seminar Committee, with the new committee of Western Australian and South Australian members to be headed by Professor Bu Yeap. The outgoing Committee wish them well, and very much look forward to the 2017 Seminar, which will be held on May 26-28 at The Langham, Melbourne.

Don McLeod, on behalf of 2014-2016 Committee (Peter Donovan, Emily Mackenzie, Vasant Shenoy, and Ashim Sinha).



*Dr Don McLeon  
Chair, Organising  
Committee*

### **ESA EARLY CAREER RESEARCHER CAREER DEVELOPMENT WORKSHOP**

The Sub-Committee has worked with representatives from the Society of Reproductive Biology (SRB) and the Australian & New Zealand Bone and Mineral Society (ANZBMS) to organise a combined ECR Career Development Workshop at the 2016 Annual Scientific Meeting at the Gold Coast. This year it will take place during the main meeting and we have over 100 ECR and students registered. Topics will include grant writing and the grant review process, career options, tips for 'Pharma' funding and work-life balance. We would like to thank Lisa Akison and John Schjenken from SRB and Sharon Brennan and Syndia Lazarus from ANZBMS for planning and organisation of the Workshop.

### CONGRATULATIONS TO ESA NEW LIFE MEMBER

**Leon Bach**

**Awarded Life membership in 2016**

Leon Bach received his MB BS from the University of Melbourne in 1982. He completed his FRACP in 1990 and his PhD in 1991. He undertook postdoctoral studies at the National Institutes of Health in Bethesda, MD, USA from 1991-4 and returned to the University of Melbourne and Austin Hospital until 2005 when he moved to the Alfred and Monash University, where he is Deputy Director of the Department of Endocrinology and Diabetes, Professor of Medicine, and Theme Director for Metabolic Medicine in the Monash Partners Academic Health Science Centre. He served as Vice-President (2004-6) and President (2006-8) of ESA and is currently on the Medical Affairs subcommittee (2014-). He was a member of the Executive Committee of the International Society of Endocrinology from 2010-16, and that of the International Society for Insulin-like Growth Factor (IGF) Research from 1997-2010. He was chair of the program organising committee for the ESA Annual Scientific Meeting (2001-3) and has served on numerous other committees for international and national endocrine meetings, including the ESA Seminar Meeting (2005-7). He has been a member of editorial boards for Endocrinology, Molecular Endocrinology, the Medical Journal of Australia, and Growth Hormone and IGF Research. His main research interests have been (i) the biochemistry and cell biology of IGF binding proteins, and (ii) mechanisms of diabetic complications.



*Fran Milat Leon Bach Renea Taylor and Helena Teede*

## CONGRATULATIONS TO ESA MEMBERS

### AUSTRALIA DAY HONOURS 2016

#### **Professor Jeffrey Ronald Flack**

Congratulations Member (AM) in the General Division Professor Jeffrey Ronald FLACK Castle Hill NSW 2154 For significant service to medicine in the field of endocrinology as a clinician, and to diabetes research, management and education.



*Professor Jeffrey Ronald Flack*

### 2016 QUEEN'S BIRTHDAY HONOURS CONGRATULATIONS

#### **Professor Rob McLachlan Member (AM)**

in the General Division For significant service to medicine in the field of endocrinology, particularly to men's reproductive health, and to medical research.



*Professor Rob McLachlan Member (AM)*

*Professor Helena Teede*

### INTERNATIONAL SOCIETY OF ENDOCRINOLOGY (ISE)

#### CONGRATULATIONS

Incoming executive committee of ISE



*Professor Vicki Clifton*

ICE 2018 Programme Organising Committee



*Professor Helena Teede*

## Solomon Posen

**ESA member since 1961; awarded Life membership in 1992.**

29/7/24 - 16/5/16

Beloved husband of Jean Katie (nee Simpson), loving father of Jennifer, James (deceased), Mark and Timothy; cherished father-in-law of John, Jacinda and Kieran; adored grandfather of Thomas, Sarah, Michael, Amelia, Maxwell, Sophie and Mira.

He had a brilliant mind and made an invaluable contribution to his patients, medical teaching and research. He lived for his family and led a full and active life until the end. He will be greatly missed by all.





Income from membership subscriptions marginally increased this year (up 4%) compared to 2015, from \$102,458 to \$106,528. ESA had 797 financial members in 2016, compared to 808 in 2015.

The two funds managed by Asgard have returned a net profit of \$73,371 (compared to \$105,786 in 2014-15). This was due to some instability in the global financial market at the beginning of 2016, which have now settled. Our portfolio distribution protected us against the larger losses seen in the international share market. With the Australian election now finalised, there is more certainty around Australian markets.

The first investment portfolio with Asgard has increased in value for the financial year from \$987,371 (July 01 2015) to \$999,442 (June 30 2016). This equates to an annual growth of \$12,071 in the last financial year, a return of 1.2%. As of August 16, 2016, there has been a further increase in value to \$1,028,979.

The second account with Asgard (funds from the Wynne estate), have been invested for the specific purpose of supporting an annual award (the Wynne Memorial Award), worth \$25,000 (+GST). The value of this fund also increased in value from \$625,328.00 on July 01 2015 to \$632,713 on June 30 2016. This equates to an annual growth of \$7,385 in the last financial year, a return of 1.2%. As of August 16 2016, the value of this investment was \$651,213.40.

Accounts held at the National Australia Bank include a working account balance (as of August 16, 2016) of \$130,320. We hold an additional two term deposits, combined value of \$341,746.

Proceeds from meetings were increased by 22% in 2015-16 (\$607,324) compared to 2014-15 (\$496,123). There was also a small increase in meeting costs of 6%. The 2016 award recipients have all received payment. Recommendations from the recent Council meeting are to offer one PhD scholarship and two post-doctoral awards for 2017. Applications close on October 30th 2016: this will be communicated through the bulletin and website.

Total expenditure was increased in 2015-16 (\$762,396) compared to the previous financial year (\$691,624). This was primarily due to increased award expenses, with two extra scholarships offered in 2015-16.

The award sponsorship for 2015-16 was lower than the previous year. Council is in negotiation with RACP to co-fund a post-doctoral fellowship for commencement in 2018.

Overall the Society posted a net profit of \$170,998 in 2015-16, compared to the operating profit of \$49,274 in 2014-15 (and \$103,370 in 2013-14). Our total net assets have increased from \$2,195,366 in 2014-15 to \$2,200,741 in 2015-16.



*Dr Nicolette Hodyl*





## SCIENTIFIC STRENGTHENING COMMITTEE REPORT

The Scientific Strengthening Committee has considered the following issues through the year to help provide scientific research and careers support for all ESA members.

### ESA ECR CAREER DEVELOPMENT WORKSHOP

The Sub-Committee has worked with representatives from the Society of Reproductive Biology (SRB) and the Australian & New Zealand Bone and Mineral Society (ANZBMS) to organise a combined ECR Career Development Workshop at the 2016 Annual Scientific Meeting at the Gold Coast. This year it will take place during the main meeting and we have over 100 ECR and students registered. Topics will include grant writing and the grant review process, career options, tips for 'Pharma' funding and work-life balance. We would like to thank Lisa Akison and John Schjenken from SRB and Sharon Brennan and Syndia Lazarus from ANZBMS for planning and organisation of the Workshop.

### ASSESSMENT OF ESA RESEARCH AND TRAVEL AWARDS

The Committee this year is undertaking a review and upgrading of the assessment criteria and marking process of all ESA research awards and travel grants. These will be finalised soon and these updates will be placed on the ESA website. The current deadlines for awards are also under review for 2017.

## ENCOURAGING STUDENT/ECR PARTICIPATION AT ESA MEETINGS

An assessment of Student/ECR attendance at the main Annual Scientific Meetings of ESA over the past 10 years has prompted discussions on how we can promote and encourage more Graduate students, Trainees and Post-doctoral ECRs to attend our meetings each year. A number of initiatives are under discussion to be implemented for 2017 and include the possible introduction of ESA Poster Awards.

### PROMOTING LOCAL ESA-SUPPORTED ENDOCRINE SYMPOSIUMS AND WORKSHOPS

The Sub-Committee will also develop a support process for ESA members to organise and hold local (State) Endocrine-focused Symposia and Workshops. These would continue to encourage scientific discussion and communication within the Australian Endocrinology field, particularly for our younger members.

#### Thanks to all members on the Sub-Committee:

Thanks to the following ESA Council members on the Scientific Strengthening Sub-Committee; Chen Chen, Craig Harrison, Belinda Henry, Nicolette Hodyl and Bu Yeap, with special thanks to the two co-opted non-Council members Gail Risbridger and Peter Fuller for their valuable contributions.

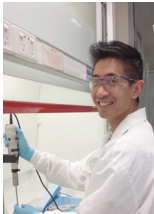
**Associate Professor Tim Cole**



As usual, the competition for the annual ESA awards was fierce in 2016, with a very high standard of applications received by the society. We congratulate all award recipients on their success.

## **Congratulations to ESA 2016 award winners**

### **Servier Award**



*Justin Chen*

### **Bryan Hudson Clinical Endocrinology Award**



*Mark Ng Tang Fui*

### **ESA Senior Plenary Award**



*Wayne Tilley*

### **ESA/IPSEN International Travel Grant**



*Aneta Stefanidis*



*Alexander Rodriguez*

*Rajini Sreenivasan*

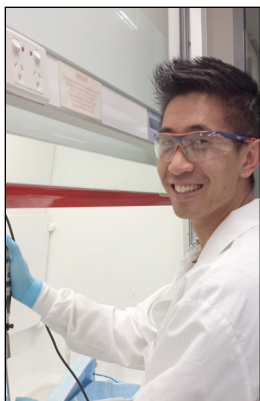
### **Novartis Award**



*Ashlee Clark*

## ESA SERVIER AWARD

*The Servier Award is made annually to recognise the best scientific paper published in the 12-month period preceding the closing date for abstracts for the Annual Scientific Meeting by an active member of the Endocrine Society of Australia early in their career.*



Justin Chen

I am very honoured to be awarded the Servier Young Investigator Award in 2016, and I thank both Servier and the ESA. While my other research has been presented at ESA meetings in the past few years, this was actually the first year I was able to attend ESA, so it made it extra special. I presented my most recent work that was published in *Cancer Research* entitled “Differential effects of IL6 and activin A in the development of cancer-associated cachexia”.

My lecture was very well received, exposing me to other like-minded researchers, and potential collaborations have already started.

Our work demonstrated a new experimental approach to dissecting the onset and progression of cachexia, a multifactorial syndrome defined by a progressive loss of lean and, often, fat mass, and deconstructing the events

underlying the multi-organ pathology of cachexia.

We used gene delivery technology to titrate circulating levels of cytokines and growth factors potentially implicated in cachexia. One of the key aspects of our strategy was that it was performed in healthy, tumour-free mice, which removed the complexity and inter-animal variability inherent in approaches relying on tumour development.

We examined how elevating the circulating concentrations of interleukin-6 and activin A to those reported in a gold-standard mouse model of cancer cachexia impacted on different organ systems. Surprisingly, we found that elevated levels of IL6 elicited a very significant loss of adipose mass, with negligible effect upon skeletal muscle mass, whereas elevated serum concentrations of activin A induced a loss of body mass that was almost entirely accounted for by reductions in skeletal muscle mass. Co-manipulation of both IL6 and activin A revealed novel interacting effects of these two factors upon homeostasis regulation of musculature, fat, and another organ implicated in cachexia, the liver.

By adapting the gene delivery-based methodology, we contend that researchers will be able to tease apart the complexity of effects induced by additional tumour- and host-derived factors implicated in cachexia. These advances will enable the field to define the key events that contribute to cachexia, and to identify new strategies for targeting the critical factors associated with this currently untreatable condition.

### NOVARTIS AWARD



*The ESA-Novartis Junior Scientist Award is given for the best presentation at the Annual Scientific Meeting by an advanced trainee or a person enrolled for a higher degree (PhD, MD, FRACP).*

*Ashlee Clark –  
Novartis Junior Scientist Report*

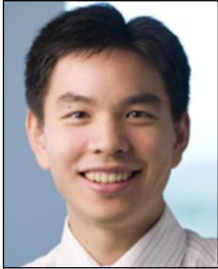
I was extremely humbled to be awarded the ESA-Novartis Junior Scientist Award at the 2016 Annual Scientific Meeting of ESA. I would like to sincerely thank ESA and Novartis for honouring me with this award, as well as thanking my supervisors Dr Renea Taylor and Professor Gail Risbridger for their constant support and guidance.

Presenting during the 2016 meeting on the Gold Coast allowed me to share a large body of work I have undertaken as part of my PhD project. My research aims to determine how some prostate cancer cells survive androgen deprivation, as we believe these are an important therapeutic target to try and prevent prostate cancer patients from having disease relapse. My study used the patient derived xenograft model

of prostate cancer, which allows primary human tissue to be subjected to androgen deprivation. I have taken prostate cancer cells following androgen deprivation and used a microfluidic single cell capture technique to interrogate the whole transcriptome of these surviving cells through RNA sequencing. My data has shown a heterogeneous response of prostate cancer cells to androgen deprivation, and a significant change in the overall transcriptome of these cells compared to their androgen intact counterparts. I have been able to demonstrate that retinoic acid signalling is one of the important pathways that prostate cancer cells use to survive in an androgen deprived environment.

The Annual Scientific Meeting of ESA was a wonderful opportunity to present my data to an international audience filled with leaders in the field of endocrinology and endocrine-related cancers. I am grateful for the recognition and look forward to pursuing my career in endocrine research and attending many ESA events in the future!

### BRYAN HUDSON AWARD



Mark Ng Tang Fui

*The Bryan Hudson Clinical Endocrinology Award will recognize the best clinical research presentation at the Annual Scientific Meeting by an active member of the Endocrine Society of Australia early in their career.*

The 2016 ESA meeting saw the launch of the ESA guidelines for the treatment of male hypogonadism and given the limitations of our knowledge in this area, the call for further high-quality research into areas of uncertainty, such as the management of men with low testosterone due to co-morbidities such as obesity. I was proud to be awarded the 2016 Bryan Hudson Award for my presentation "Testosterone treatment increases loss of body fat and prevents loss of lean mass in obese men with low testosterone levels on a hypocaloric diet: a randomised trial". In a related session, I presented the abstract "Dieting but not testosterone treatment improves androgen deficiency-like symptoms in obese men with lowered testosterone".

Our studies showed that obese men with low testosterone levels undergoing diet lose not only fat mass but also lean mass. The addition of testosterone treatment prevents the loss of lean mass so that dieting men lose exclusively fat mass. These favourable body composition changes are expected to have metabolic and functional benefits. Shortly after the ESA meeting our results were published in BMC medicine with subsequent reviews in the medical, general and social media.

This work forms the basis of my PhD which I am undertaking through the Department of Medicine (Austin Health), University of Melbourne under the guidance of Associate Professor Mathis Grossmann and Professor Jeffrey Zajac. I would like to thank my supervisors, the NHRMC for a postgraduate scholarship, the University of Melbourne and family for their support. I am very grateful to the ESA for this award, and encourage all young researchers to consider applying for this award!



### ESA/IPSEN TRAVEL AWARD



Alexander Rodriguez

*To support younger members of the society to travel to international meetings, laboratories and/or clinics to further their training and knowledge in Endocrinology*

**Alexander Rodriguez**  
**(ESA Member since 2014)**  
**ASBMR 2016, Atlanta (GA., USA)**

I thank, most sincerely, the Endocrine Society of Australia and IPSen for supporting my travel to the American Society of Bone and Mineral Research annual scientific meeting 2016 in Atlanta, USA (September 15-19).

Without this support I would not have had the means to present my work and, critically, would not have opened up a future overseas career opportunity.

My purpose at ASBMR 2016 was two-fold: (1) through an opportunity to contribute on a paper my PhD supervisor Prof. Peter Ebeling was co-authoring, I eventually assumed more responsibility on that paper and it was selected as a poster abstract with myself as first author; and (2) through my involvement in the paper I was invited to contribute on a Taskforce of members of the Society charged with making clinical recommendations based on our reviews of the literature.

This ASBMR Taskforce reported on Vertebral Augmentation to treat chronic back pain due to osteoporotic fractures in the spine. Currently there exists no guidelines to assist in clinical decision making for patients and clinicians. The Taskforce was divided into three teams

reporting on three intervention types: percutaneous vertebroplasty, balloon kyphoplasty and non-surgical interventions. I was involved in the kyphoplasty report and was selected as a late-breaking abstract entitled "Pain, quality of life and safety outcomes of kyphoplasty for vertebral compression fractures (Abstract: LB-SA0378)" (picture below right). My report was compiled with the reports of the other Taskforce teams and then presented to the congress by the Taskforce Chair, Prof. Mary Bouxsein (Harvard University).

Working on the Taskforce was a unique professional experience for me, especially as a second year PhD student. I worked closely with leaders in the field and was challenged to develop analytical skills beyond what is expected from traditional original research papers as my investigation would be used to provide clinical recommendations.

During my time at ASBMR, I took the opportunity to meet with my co-author Assoc. Prof. Howard Fink from the University of Minnesota (picture left). Through him I greatly improved my understanding of osteoporotic fractures and enhanced my statistical and scientific analysis skills on this project. These skills are immediately relevant to other work in my PhD and significantly, has landed me the opportunity to work with another ASBMR member Prof. Bo Abrahamsen (University of Southern Denmark, Consultant Endocrinologist Glostrup Hospital) which may culminate in a future work opportunity.

Overall, I would like to acknowledge and pay tribute to my supervisor Prof. Peter Ebeling for opening up many immense opportunities and encouraging me to pursue my interests and most importantly having the utmost faith in my abilities and endeavours. Also again, I thank the ESA for this support and I hope to repay the Society through many years of productive contribution to the Society and within endocrinology itself.

**Alexander Rodriguez**  
PhD Candidate  
Bone and Muscle Health Research Group  
Department of Medicine, Monash University

## AWE TRAVEL AWARD 2016



Sally Abell

*To provide financial support to younger women involved in Endocrine-related training and/ or research*

I would like to thank the Endocrine Society of Australia and Australasian Women in Endocrinology for the Travel Award I received in 2016. This award was a great support for my attendance at the US ENDO meeting in Boston toward the end of my second year of PhD work.

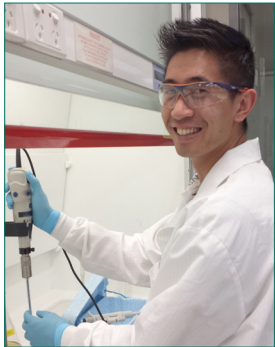
In Boston, I presented an oral and two poster presentations on my work in gestational diabetes and type 1 diabetes in pregnancy. These presentations were both challenging and rewarding, and I enjoyed interacting with international researchers and clinicians in promoting my work. I was also delighted to receive the US Endo Helmsley Charitable Trust Award for one of my abstracts in Type 1 diabetes.

In receiving the AWE travel award, I was encouraged to attend the Women in Endocrinology dinner at US Endo, where I met an inspired and determined group of clinical and lab researchers leading their fields internationally. It was lovely to meet and exchange stories with these successful researchers at various stages of their careers, and it has motivated me to continue to challenge myself.

I am very grateful to the societies for affording me this opportunity, and also to my supervisors Professor Helena Teede and Professor Sophia Zoungas for their continued guidance and support in my PhD journey.

**Sally Abell**

**ESA POSTDOCTORAL AWARD**

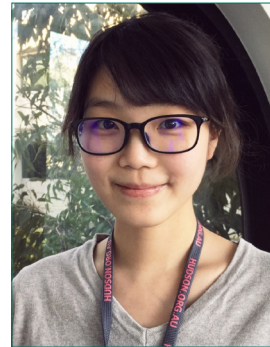


*Justin Chen*



*Stella Liang*

**ESA RESEARCH HIGHER DEGREE SCHOLARSHIP**



*Cherie Au*



*Dilys Leung*

**ESA KEN WYNNE MEMORIAL POSTDOCTORAL RESEARCH AWARD**



*Jun Yang*

## MEDICAL AFFAIRS COMMITTEE

The Medical Affairs Sub-committee continues to have a moderately high workload. The major issues which have been commented on include:

### EVOLVE

ESA surveyed the clinical members and came up with a list of 5 clinical scenarios to avoid:

1. Don't routinely order a thyroid ultrasound in patients with abnormal thyroid function tests if there is no palpable abnormality of the thyroid gland
2. Don't prescribe testosterone therapy unless there is evidence of proven testosterone deficiency
3. Do not measure insulin concentration in the fasting state or during an oral glucose tolerance test to assess insulin sensitivity
4. Avoid routine multiple daily self-glucose monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycaemia
5. Don't order a total or free T3 level when assessing thyroxine dose in hypothyroid patients

These have now been formally adopted and listed on the RACP Evolve website:

<http://www.evolve.edu.au/published-lists/esa>

### Testosterone prescribing

The Androgen Working Group, chaired by Professor Henry Burger has submitted two manuscripts (Position statement in two parts) which have been accepted for publication in the Medical Journal of Australia. At the time of writing, a sub-group of the Working Group are preparing a commentary for Clinical Endocrinology on the Position statement.

### Issues with medication supply

ESA has written to all pharmaceutical companies in Australia formally requesting prompt notification if there are supply issues regarding any product relevant to Endocrine practice. Unfortunately, subsequent to this, there remain instances where such communication has not taken place despite written assurances from the majority of companies that they would do so.

## MEDICAL AFFAIRS COMMITTEE

### **PBAC submission for PBS-subsidised adult GH**

A working group, chaired by Prof Ken Ho and including Warrick Inder and Morton Burt as ESA representatives, along with representatives from APEG, have submitted a joint application to the PBAC for consideration of PBS-reimbursed adult GH. This had the backing of all Pharma companies who supply GH in Australia but was not primarily submitted by Pharma. The submission was modelled on the New Zealand experience and limits use to patients with impaired baseline quality of life who show a subsequent improvement on GH. The outcome of the submission is expected later in 2016.

### **Other issues**

Other issues which ESA have been involved in include:

Establishment of a \$50,000 jointly funded ESA/RACP clinical fellowship to be offered annually from 2017

Harmonisation of GH and IGF-1 assays in Australia

Standardisation of dynamic tests of endocrine function nationally across Australia

Formalisation of collaboration between the RACP and speciality societies

International update of PCOS guidelines

Submission to the MBS Review regarding thyroid imaging

### **Patient and Media Enquiries**

ESA also fields a number of direct patient and media enquiries, often asking for recommendations for expertise in a particular field. Clinicians are asked to list their areas of expertise/interest in the relevant section of ESA website.

### **Vote of thanks**

Thanks to all Council members on the sub-committee and special thanks to the two co-opted non-Council members Leon Bach and John Walsh for their much-appreciated contributions.

Thanks also to Shaun McGrath, Rory Clifton-Bligh, Cherie Chiang and Ee Mun Lim for their substantial input into a number of the above initiatives.



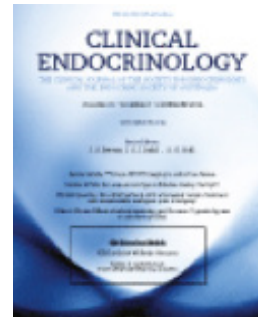
*Warrick Inder*

## ESA PARTNERSHIPS

### Clinical Endocrinology

ESA has partnered with the Journal Clinical Endocrinology, This will be our Society's journal. ESA members will have electronic access to this journal and will be able to get articles published. The editorial board can be expanded to include more Australian members.

*Clinical Endocrinology* publishes papers and reviews which focus on the clinical aspects of endocrinology, including the clinical application of molecular endocrinology. It does not publish papers relating directly to diabetes care and clinical management. It features reviews, original papers, commentaries, cases of the month, book reviews and letters to the editor. Clinical Endocrinology is essential reading not only for those engaged in endocrinological research but also for those involved primarily in clinical practice.



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Edited By: J. S. Bevan, S. J. Judd and S. G. Ball

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**Website:** <http://au.wiley.com/WileyCDA/WileyTitle/productCd-CEN.html>

## ENDOCRINOLOGY, DIABETES & METABOLISM CASE REPORTS

ESA members benefit from ESA's recent collaboration with other leading societies worldwide and Bioscientifica, a not-for-profit subsidiary of the Society for Endocrinology. Members of ESA are eligible for a special discounted publishing fee of just £100 (in 2013) when publishing case reports in the open access publication; Endocrinology, Diabetes & Metabolism Case Reports (submit online via [www.edmcasereports.com](http://www.edmcasereports.com))

*Endocrinology, Diabetes & Metabolism Case Reports* is a unique, open access resource that publishes and links together case reports, enabling practitioners to communicate findings, share knowledge and convey medical experiences efficiently and effectively; furthering both medical education and clinical practice. The search and browse functionality enables fluid navigation between case reports, facilitating discovery, connections and comparisons; making it the go-to resource across all the many disciplines intersecting with endocrinology, diabetes and metabolism.

**Website:** [www.edmcasereports.com](http://www.edmcasereports.com)



Endocrinology,  
Diabetes & Metabolism  
**CASE REPORTS**

## JOURNAL OF MOLECULAR ENDOCRINOLOGY



## JOURNAL OF ENDOCRINOLOGY



## AUSTRALIAN ENDOCRINOLOGY RESEARCH REVIEW

Australian Endocrinology Research Review is an independent medical update. Each edition features 10 key medical articles from global endocrinology journals with commentary from Professor Cres Eastman and Professor Duncan Topliss on why it matters to Australian practice.

It is free to receive for all Australian health professionals and is delivered by email as a PDF attachment. Sign Up here to receive the publication on a regular basis.

Website: <http://www.researchreview.com.au/Clinical-Area/Internal-Medicine/Diabetes-Obesity/Endocrinology.aspx>



## ESA WEBSITE

### Find an Endocrinologist

The Endocrine Society of Australia receives regular enquiries to recommend an endocrinologist with particular interests or expertise. Endocrinology is a broad field, which includes some very common conditions, but also some very rare ones. As a result, people who have rare conditions may benefit from seeing a specialist with additional experience or expertise. The Society comprises clinical endocrinologists and also scientists, who research endocrine disorders but do not see patients. Clinical members of the Society have been invited to submit their contact details and self-nominated areas of interest. Please note that the Endocrine Society of Australia is providing this as a community service to help patients find a suitable endocrinologist (considering both geographical issues and area of interest). The Society is not endorsing or recommending any of the listed clinicians or their degree of expertise.

The general public will be able to search for an Endocrinologist in this section:

<http://www.endocrinesociety.org.au/search-for-an-endocrinologist.asp>

If you would like to be listed in 'Find an Endocrinologist' Log in at the ESA homepage:

<http://www.endocrinesociety.org.au/> Go to edit my details



The screenshot shows the ESA website homepage. At the top is the ESA logo and navigation menu (Home, About Us, Membership, News, Meetings, Awards, Resources, Contact us). Below is a banner for 'The Endocrine Society of Australia' featuring molecular models. A row of three event thumbnails follows: 'ESA-SRB ASM 2015', 'ESA Clinical Weekend 2015', and 'ESA Seminar Meeting 2015', each with a 'Read More' link. The main content area is divided into three columns: 'About Us' (describing the society's history and mission), 'Member Login' (with fields for Username and Password), and 'Strategic Plan' (announcing a plan for 2011-2014).

## ESA TWITTER



@EndoSocAus

Please follow our Twitter feed and encourage others to do so. We will be using this site to update everyone on news, events, and relevant funding opportunities

## **NEW ESA INITIATIVE!**

### **“Find a researcher”**

ESA Council would like to provide a facility for members to explore research interests represented within the Society, identify researchers who are willing to review manuscripts or grants, and those willing to receive invitations to speak at local or national meetings. The primary aim is to encourage research interactions and collaborations, the secondary aims are to raise the profile of emerging and early career researchers and establish the Society’s membership as a valuable national resource for peer review activities related to research.

Council encourages ESA members to “opt in” by providing details of their qualifications, training, current position, research interests and “top 5” recent publications to a member-access database. The database will provide a means for researchers to identify potential collaborators, and promote interactions between clinical and laboratory-based researchers within the Society. These data will be accessible only to other members of ESA.

If you would like to be listed in  
‘Find a Researcher’ Log in at the ESA homepage:

<http://www.endocrinesociety.org.au/>

Go to resources.

## POSITION PAPERS

### ESA androgen replacement position paper

In 2014 the ESA convened a working group to update its previously published guidelines on the management of male hypogonadism (1). The working group comprised Bu Yeap, Mathis Grossmann, Robert McLachlan, David Handelsman, Gary Wittert, Ann Conway, Bronwyn Stuckey, Douglas Lording, Carolyn Allan, Jeffrey Zajac and its chair Henry Burger. The group held a face-to-face meeting during the ESA ASM in Adelaide in 2015, with email communication prior to and following the meeting. The resulting Position Statement on the assessment and management of male hypogonadism was published in the MJA in two parts on Aug 15 and Sep 5, 2016 (2,3). Key consensus recommendations (2,3) are summarised as follows:

- Pathological hypogonadism is a clinical diagnosis with a pathological basis confirmed by hormone assays.
- Hormone assays: testosterone (mass spectrometry preferred where available), luteinising hormone (LH) and follicle stimulating hormone (FSH). Sex hormone-binding globulin (SHBG) can be informative, but use of calculated free testosterone is not recommended for clinical decision making.
- Testosterone replacement therapy is warranted in men with pathological hypogonadism, without regard to age.
- Currently there are limited high quality randomised controlled trial (RCT) data with clinically meaningful outcomes to justify testosterone treatment in older men, usually with chronic disease who have low circulating testosterone but without hypothalamic, pituitary or testicular pathology.
- Obesity, metabolic syndrome and type 2 diabetes are associated with lowering of circulating testosterone, but without elevation of LH and FSH. Whether these are non-specific consequences of non-

reproductive disorders or a correctable deficiency state is unknown but clear evidence for efficacy and safety of testosterone therapy is lacking.

- Glucocorticoid and opioid use are associated with possibly reversible reductions in circulating testosterone without elevation of LH and FSH. Where continuation of glucocorticoid or opioid therapy is necessary, endocrine review may be warranted.
- Testosterone is the native hormone that should be replaced. Convenient and cost-effective modalities for treatment of men with pathological hypogonadism include depot intramuscular injection and transdermal administration (gel, cream or liquid formulations).
- Evaluation for cardiovascular disease and prostate cancer risks should be as appropriate for eugonadal men of similar age. Nevertheless, when there is a reasonable possibility of pre-existing prostate disease, prostate examination and PSA testing should be performed before commencing treatment.

#### References

1. Conway AJ, Handelsman DJ, Lording DW, et al. Use, misuse and abuse of androgens. The Endocrine Society of Australia consensus guidelines for androgen prescribing. *Med J Aust* 2000; 172: 220-224. Erratum in: *Med J Aust* 2000; 172: 334.
2. Yeap BB, Grossmann M, McLachlan RI, et al. Endocrine Society of Australia position statement on male hypogonadism (part 1): assessment and indications for testosterone therapy. *Med J Aust* 2016; 205: 173-178.
3. Yeap BB, Grossmann M, McLachlan RI, et al. Endocrine Society of Australia position statement on male hypogonadism (part 2): treatment and therapeutic considerations. *Med J Aust* 2016; 205: 228-231.

## PATIENT RESOURCES IN ENDOCRINOLOGY

### A partnership between ESA and the US Endocrine Society

The Endocrine Society of Australia have established an international collaboration with the US Endocrine Society to adapt patient information to the Australian setting and make them readily available.

These resources are rigorously developed, evidence based and aimed to support patients to understand their endocrine condition with the support of their doctor.

[Click for resources](#)

These are available in both English and Chinese.

\*This information is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your doctor.



\*Please note that only the information on the Australian link below is adapted to national settings including medications and tests. Other resources on the US website may be helpful but may not be consistent with Australian practice.

## THE CEN EDUCATIONAL MODULES

In 2013, the Endocrine Society of Australia joined the Society for Endocrinology (UK) in adopting Clinical Endocrinology (CEN) as their Society's official journal. This was a stimulus for the Editors to activate an initiative, which had been planned for 2 years to "unlock the educational potential" of the Journal. Although the Journal's Impact factor (currently 3.4) remains the key benchmark, the Editors believe that articles published in a Society's clinical journal should also be tailored for continuing education and specialist training.

CEN Educational modules are based on articles which are in press or recently published in CEN. The module expands the paper into a topic by including: Revision Material to provide background, Take Home messages to emphasise the clinical points, Expert Commentary to integrate the material from the article into the current literature - useful for preparation of Journal Club presentations. Multiple Choice Questions (using FRACP format and standard) to test understanding of the module content.

Historical Context to provide a broader understanding of the Art and History of Endocrinology. The modules identify the components of the RACP and RCP's curricula which are covered by the module and each module has clearly defined Learning Objectives. On completion of the module, a printed certificate documenting time spent on the module can be downloaded for CPD purposes.

The modules are accessible by registering at:  
[www.wileyhealthlearning.com/cen](http://www.wileyhealthlearning.com/cen)

## ESA 2017 MEETINGS



### ESA Seminar Meeting 2017, 26-28 May, Langham, Melbourne

Website: <http://www.esaseminar.org.au/>

On behalf of the Program Organising Committee, I warmly invite you to attend the ESA Seminar 2017 to be held from 26 - 28 May at the Langham Hotel, Melbourne.

This meeting will focus on the management of pituitary disease, with a second theme of bone disease. I am delighted to announce that our international invited speaker is Prof Ashley Grossmann, Professor of Endocrinology at the University of Oxford, and current President of the Pituitary Society. Ashley has published 470 peer-reviewed papers in the field of hypothalamo-pituitary regulation, pituitary tumours and endocrine oncology. He will present the Plenary Lecture on Cushing's Disease, co-chair a panel discussion on difficult pituitary cases and present a 'Meet-the-Professor'. Other sessions chaired and presented by a range of nationally and internationally recognised experts will cover hot topics in the management of pituitary and bone disease. I look forward to welcoming you to the Seminar in Melbourne, and anticipate this will continue the succession of successful meetings enjoyed over recent years characterised by their collegiate spirit and convivial atmosphere, as well as relevant and topical educational presentations.



With best wishes

**Bu Yeap**

University of Western Australia  
ESA Seminar 2017 Convenor

## ESA 2017 MEETINGS



**ESA Clinical Weekend 2017, 25-27 August, Esplanade Hotel, Fremantle, WA**

Website: <http://www.esaclinicalweekend.org.au/>

The 2017 Endocrine Society of Australia Clinical Weekend will be held August 25-27 in the eclectic port city of Fremantle, Western Australia. The Esplanade Hotel Fremantle- By Rydges, provides the ideal location to relax and enjoy Fremantle's vibrant atmosphere with its many cafes, quirky boutiques, markets, art and history. Just nearby is Perth's CBD, Kings Park and Botanic gardens, the Swan River, beaches and Rottneest Island. Join us for an interesting and informative discussion of challenging, unusual and surprising endocrine cases.



**Dr Jennifer Ng**

Keogh Institute for Medical Research and Hollywood Medical Centre, WA  
ESA Clinical Weekend 2017 Convenor, on behalf of the ESA Clinical 2017 Organising Committee



## ESA 2017 MEETINGS



**ESA/SRB ASM 2017, 27 August-2 September, Perth Convention Centre**

**Website:** <http://www.esa-srb.org.au/>

The Annual Scientific Meetings of the Endocrine Society of Australia and the Society for Reproductive Biology will be held at the Perth Convention & Exhibition Centre from 27-30 August 2017.

With the combined societies, we anticipate in excess of 700 delegates representing a variety of specialties including endocrinology, cell and molecular biology, reproductive biology, gynaecology, pharmacology and rheumatology.

Trade partners will have a much increased exposure including, on Wednesday, the Australian Diabetes Society (ADS) and the Australian Diabetes Educators Association (ADEA) meetings that will attract in excess of 1,500 delegates.

The programme organising committee is represented by members from both societies and will present the latest and most exciting data from these respective fields with a range of international and national leading speakers.

We look forward to seeing you in Perth.

**Warrick Inder (ESA President)**

**Chris O'Neill (SRB President)**



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