



# ATA SIGNAL

THE NEWSLETTER OF THE AMERICAN THYROID ASSOCIATION

VOLUME 3 NO. 2 AUGUST 2000

## ATA WELCOMES FIRST MEMBER FROM VIETNAM

### ELIMINATION OF IODINE DEFICIENCY A TOP PRIORITY

During a visit to Vietnam in May of this year, I had the unique privilege of presenting a Certificate of Corresponding Membership in the American Thyroid Association to Hoang Kim Uoc, M.D., MPH, at the Hospital of Endocrinology, in Hanoi. I had met Dr. Uoc at the hospital a year earlier, and asked him to consider joining the ATA. He was gratified at the prospect, and now becomes the first physician in Vietnam to join our organization.

Dr. Uoc is Vice-Head of Endocrinology at the Hospital of Endocrinology, and also serves as Secretary of Vietnam's National Iodine Deficiency Control Program, under the charge of the Ministry of Health. He is a graduate of Hanoi Medical University, one of only three medical schools in a country with a population of 79 million people (the other schools are in Hue, in central Vietnam, and in Ho Chi

Minh City, in the southern part of the country). Dr. Uoc then did two years of training in pediatrics, and later received a masters degree in public health, his dissertation being on the use of oral iodized oil in the prevention and treatment of iodine deficiency.

Also present when Dr. Uoc received his certificate of ATA membership was Ta Van Binh, M.D., the Director of the Hospital of Endocrinology, and Deputy Chairman of Vietnam's Iodine Deficiency Control Program. Until recently, he was Director of Endocrinology of Hanoi's Bach Mai Hospital, the largest hospital in Vietnam.

According to Drs. Uoc and



Hoang Van Uoc, M.D. receives certificate of ATA Corresponding Membership from Peter Singer, in Hanoi, Vietnam, May 25, 2000. Holding THYROID is Ta Van Binh, M.D., Ph.D., Director of the Endocrinology Hospital.

Binh, iodine deficiency continues to be a major public health problem in Vietnam, particularly in the mountainous regions, and in the Mekong Delta. Eradication of iodine deficiency has been a priority of the Ministry of Health since the early 1990's, with the goal being to eliminate iodine deficiency by the year

*continued on page 2*

### ATA ACQUIRES CONTROL OF CLINICAL THYROIDOLOGY

In an agreement recently ironed out by ATA Secretary Paul Ladenson, and Jones Pharma, Inc. Vice-President of Marketing Larry A. Chaffin, on December 29, 2000, the ATA will acquire ownership and control of the Jones Pharma, Inc. publication CLINICAL THYROIDOLOGY. The periodical, well known

to ATA members, has been distributed to approximately 11,000 physicians three times yearly for the past 12 years. For both avid and casual readers, CLINICAL THYROIDOLOGY has been a valuable resource for keeping up to date with summaries and editorial comment of the latest clinical and scientific articles pertaining

to thyroid diseases.

Ownership and publication of CLINICAL THYROIDOLOGY by the ATA is a "win-win" situation for both the ATA and Jones Pharma, Inc. Significantly for the ATA, Jones has agreed to provide a generous, unrestricted education grant annually for the next five years, to support both the

*continued on page 2*

#### PRESIDENT'S MESSAGE



Dear friends and colleagues, It's hard to believe that my year serving as your President is entering its final months. With considerable help from your Secretary, Paul Ladenson, your Treasurer, David Cooper, the Committee Chairs and the ATA administrative office, I have tried to move forward on many of the goals I set when I took office. Your Officers and the ATA Committees have been quite active, and you will hear about their activities at the next business meeting, and in this and subsequent issues of the SIGNAL.

*continued on page 2*

#### IN THIS ISSUE

**ATA Welcomes First Member From Vietnam**  
FRONT PAGE

**ATA Acquires Control Of CLINICAL THYROIDOLOGY**  
FRONT PAGE

**President's Message**  
FRONT PAGE

**Secretary's Report**  
PAGE 3

**ATA New Office**  
PAGE 3

**Campaign For Thyroid Discovery**  
PAGE 4

**Bulletin Board, Announcements, Council Highlights**  
PAGE 4

**Countdown To Kyoto**  
PAGE 4

**Call For Application For Editor-in-Chief**  
PAGE 5

**Questions For Candidates For Editor-in-Chief**  
PAGE 6

## President's Message

*continued from page 1*

I want to highlight only several areas of importance that have engaged my attention.

**1. Membership:** Membership is one of the keys to our continued growth, and is critical to the long term health and success of the ATA. Moreover, it is one area in which every ATA member can contribute, by thinking of and encouraging applications for membership from colleagues interested in all aspects of thyroid disease. I have noticed there are a number of individuals who attend our meetings frequently as non-members. Many of them do not know ATA members personally, and do not apply for membership because of lack of sponsorship. Some of them have accepted my offer of sponsorship, and are now being considered for Active Membership. You should also seek out new members, and try your best to make them feel comfortable in our Association. When I became a member in 1969, many of the "older" members engaged me in conversation and helped make me feel at home in the ATA. Retaining newer and younger members is an important goal for all of us.

**2. Patient Education:** Council added patient education to our list of important activities at its February 2000 meeting, and we have worked hard to make progress in this area. In June 2000, the ATA arranged a meeting of the active patient education and support groups in North America, to determine how we could work together towards a common goal of patient support. In addition to the ATA, attendees represented the Thy-

roid Foundation of America, the Thyroid Society for Education and Research, the Thyroid Foundation of Canada, and the Endocrine Society. A Thyroid Alliance was formed, and we decided to work together on a project that would benefit all organizations, and in particular, thyroid patients. We have embarked on writing a new set of patient education brochures, a project led by the ATA Education Committee, chaired by Jim Hennessey. Each of the groups mentioned above will play an important role in editing and revising documents as they are developed. Once completed, we will make them available to all organizations that support patient education.

**3. International Thyroid Congress:** I will not preside over an annual meeting this year, since we and the other thyroid societies around the world have agreed to forego our annual meetings every 5 years in favor of an International Thyroid Congress. The plans for the meeting in Kyoto are quite exciting. I encourage you to take advantage of this wonderful opportunity to travel to Japan and attend the Congress. As many of you remember from the last International Congress, hosted by the ATA in 1995, the international meeting adds an extra dimension to the outstanding basic and clinical science that is presented. Please look into the details about travel and registration which can be found on the ATA web site ([thyroid.org](http://thyroid.org)).

**4. Other Issues:** I have also tried to move forward on two other important issues, the first ATA Strategic Planning Retreat, which

will be led by your President-Elect, Bill Chin, and the Campaign for Thyroid Discovery, led by Past-President, Paul Davis. Both of these activities involve considerable input from all members to ensure their success.

Finally, I am extremely grateful to all that have helped me in my travels in thyroidology, and who have encouraged and supported my efforts for the ATA. My trip began when I was a PGY-I, with a fortuitous meeting with Jack Oppenheimer, one of your esteemed Past-Presidents, who casually invited me to visit his laboratory. I was quickly hooked by the exciting work in progress, and Jack became my mentor, colleague and friend. He brought me to my first ATA meeting, at the Mayo Clinic, in 1968, for a symposium in honor of Dr. Keating, who spoke on his isolation of thyroxine 50 years earlier. Jack, and too many other ATA members to list here, have helped me ever since. Over the years, I have many times asked ATA members for advice and guidance, and they have always been most generous with their time and thoughtfulness. Please use my example and help mentor some of our younger members. You will benefit them, yourself, and the ATA.

See you in Kyoto!



MARTIN SURKS, M.D.

*President, American Thyroid Association*

## CLINICAL THYROIDOLOGY

*continued from page 1*

publication of a paper version and a worldwide web-based electronic version of the periodical. This, according to Larry Chaffin, underscores Jones' commitment to physician education. And, says Paul Ladenson, "publication of CLINICAL THYROIDOLOGY by the ATA three times a year will extend the reach of our society to thousands of physicians who may not know of us, and will significantly enhance our educational mission." Moreover, according to Paul, the ATA will have another educational resource to complement our monthly journal THYROID.

The task at hand prior to December of this year is to recruit an Editor-in-Chief for CLINICAL THYROIDOLOGY. Interested individuals are urged to contact the Secretariat as soon as possible.

## CORRECTIONS

There were a few errors in the April 2000 article on thyroid websites: Shelly Rubenfeld is Founding Chairman of The Thyroid Society, and not Managing Director. In fact, Shelly pointed out to me that there is no managing director. Steve Sherman serves as Medical Director. Sorry, Shelly.

The correct website address of the Thyroid Foundation of Canada is [www.thyroid.ca](http://www.thyroid.ca).

## ATA Welcomes First Member From Vietnam

*continued from page 1*

2000.

Obviously that is unrealistic at this point. There are major ongoing efforts to deal with the problem, however. Currently, there are 61 sites in Vietnam (one for each of the 61 provinces), where salt is being iodinated. In addition, vigorous distribution efforts are in place, but the actual process of distributing table



*This 64 year-old villager developed thyrotoxicosis after she began to use iodized table salt.*

salt to the people is fraught with obstacles, not the least of which are difficult-to-reach villages, and the age-old problem of compliance. Indeed, many villagers are reluctant to use iodized salt because they feel it tastes different! Much of the distribution efforts are directed towards ensuring that youngsters and women of child-bearing age use iodized salt. Pre-

dictably, according to Drs. Uoc and Binh, increased iodine intake has resulted in a significant increase in iodine-induced hyperthyroidism.

Vietnam is not working alone in its efforts to eliminate iodine deficiency. International help, including ATA members of the International Committee for Control of Iodine Deficiency

*continued on page 3*

## SECRETARY'S REPORT



Although there is no ATA Annual Meeting in 2000, your officers and staff have been quite busy orchestrating the society's routine affairs, while launching several special projects, which are described below. Our new office in Nanuet, New York, just a stone's throw from the Garden State Parkway, has provided a productive and secure environment for this work.

The Campaign for Thyroid Discovery will kick into high gear this autumn, driven by Pepper Davis' regional committees, and supported by a compelling brochure that describes the ATAs mission and the imperative for increased thyroid research funding. The ATA Strategic Planning Process began this summer with a survey sent to all members, seeking your thoughts about our society's strengths and weaknesses, and the opportunities and threats that challenge us. Two dozen members will attend a weekend retreat in September to review these responses and synthesize a clear vision and plan for the ATA in the new millennium.

This summer, your officers and council accepted an offer to publish CLINICAL THYROIDOLOGY, a popular summary of thyroid-related literature that for a decade has been distributed by Jones Pharma to 11,000 physicians. Jones will provide unrestricted educational grants to support the publication over the next five years. The Publications Committee is now soliciting applications for a new Editor-in-Chief, who will succeed the publication's Founding Editor, Ridha Arem. In addition to continuing its wide dissemination in

hard copy, which should broaden awareness of the ATA, we are planning electronic publication of CLINICAL THYROIDOLOGY on the web.

The ATA Office has taken several steps to encourage attendance at the 12th International Thyroid Congress in Kyoto. Our Administrator, Diane Miller, and information systems vendor, Richard Stark, developed an on-line registration capability for the meeting, which is now available on both the ATA and AOTA websites. The office has worked effectively with the Japan Travel Bureau to design economical air and hotel packages. (Another agent, Pacific BestTour, has not performed and we no longer recommend them). Forty thousand dollars has been raised for travel grants, applicants ranked, and recipients notified of their awards.

In another significant development, President Marty Surks has created a new Ad Hoc Internet Committee, which is chaired by Bryan McIver. This committee has been commissioned to develop policies and procedures for the ATA website's features and links. Bryan and his colleagues will help evaluate the invitations that now arrive each week—a few interesting, but most bad—for some form of web-based collaboration with the ATA. Almost \$20,000 in funding has been secured from several sponsors to enhance our website.

All in all, it's been a very productive spring and summer for the Association. We look forward to seeing many of you in Kyoto in October. Until then, "Sayonara."

PAUL W. LADENSON, M.D.  
Secretary, American Thyroid Association

**Here's Where We Live Now - Come By and Visit!**



**American Thyroid Association**

Townhouse Office Park  
55 Old Nyack Turnpike- Suite 611  
Nanuet, New York 10954

Telephone: 845 623-1800

## ATA Welcomes First Member From Vietnam

*continued from page 2*

Disorders, have been assisting Vietnam with their iodine deficiency program.

After the formalities were over, Drs. Uoc and Binh took me on a tour of the Hospital of Endocrinology, which currently has 80 beds (with plans to expand to 200 beds), about half of which are occupied by thyroid patients, mostly with benign goiter, thyroid cancer, and Graves' disease. An outpatient service treats approximately 100 patients daily. People with Graves' disease are generally treated as inpatients with thionamide drugs until euthyroid. They then undergo surgery, since radioiodine is scarce, although the doctors hope to be able to increase its use in the future, clearly recognizing its advantages.

Hospitalization is a tremendous burden to the patient and family, since the average stay costs about \$6 a day, and all expenses are borne by the patient. Six dollars is approximately what the average villager earns in a month! For comparison, a school teacher in Vietnam does considerably better, earning approximately \$25 a month, and physicians, all of whom are Ministry of Health employees, make between \$40 and \$100 a month, still somewhat below current HMO levels. Resourceful physicians often supplement their incomes with evening private practices in their homes, and are able to double or triple their government salaries.

The Hospital of Endocrinology shares many characteristics with most of the other hospitals I have visited in Vietnam - namely, it is vastly under-equipped, with dark, crowded patient rooms. In contrast to many other hospitals, though, this one has many more laboratory services, and an endocrine lab performs serum T4's, T3's, and TSH's, and it is the only place in Vietnam where urinary iodides are measured. Nuclear imaging is not available, although thyroid ultrasounds are, and fine needle aspiration biopsies are routinely performed on patients with goi-

ter.

Typical of virtually all other hospitals in Vietnam, the Hospital of Endocrinology has no current textbooks, nor are there medical journals. Indeed, all three medical schools in Vietnam



*This 20 year-old villager is from an iodine deficient area approximately 50 miles from Hanoi.*

lack current texts and journals. I promised Drs. Uoc and Binh that I would make sure they receive a subscription to our ATA journal, THYROID. How about one of you readers sending the new edition of Braverman and Utiger's text, THE THYROID?

Drs. Uoc and Binh had previously heard of the American Thyroid Association, and its sister societies. They expressed an interest in establishing a Vietnam Thyroid Association, since there are approximately 200 physicians in the country interested in endocrinology and thyroid diseases. In addition, they are very eager to establish collaboration with members of the ATA, and would appreciate educational and scientific exchanges with our members. I urge any of you who are considering taking a trip to Vietnam to visit our colleagues, and consider giving some lectures - contact me and I'll help with the arrangements. Fellow ATA members, let us extend a warm welcome to Hoang Kim Uoc, M.D., MPH, our first member from Vietnam. Hopefully this will establish the groundwork for future expansion of our relationship with our overseas colleagues.

**BULLETIN BOARD**

Don't forget that there are excellent satellite symposia at the 12th ITC: Genetics of Complex Thyroid Diseases will be held on October 21-22 (for info contact Joy Vilar at [jvilar@hbdi.org](mailto:jvilar@hbdi.org)); Progress in Thyroid Associated Ophthalmopathy will be held on October 21 (contact Yuji Hiro-matsu at [yuji@med.kurume-u.ac.jp](mailto:yuji@med.kurume-u.ac.jp) for more information).

**ATA SIGNAL**



**THE AMERICAN THYROID ASSOCIATION, INC.**

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**ANNOUNCEMENTS AND REMINDERS FROM THE ATA OFFICE**

Committee Chairs should submit their interim reports no later than September 18th for consideration by Council at the October 23rd meeting in Kyoto, Japan. All reports should be sent to the Secretary, Paul W. Ladenson, MD; c/o the Administrative Office via email: [admin@thyroid.org](mailto:admin@thyroid.org)

*ATA Strategic Planning Retreat*  
Miami Beach, Florida  
September 15 - 17, 2000; 26 Members will gather to plan for the future of our organization

*AACE/ATA Thyroid Workshop*  
Scottsdale, Arizona  
September 23, 2000

*12th International Thyroid Congress*  
Kyoto, Japan  
October 22 - 27, 2000

Visit our website at [www.thyroid.org](http://www.thyroid.org) for online registration forms, travel and program information.

**ATA Meetings in Kyoto, Japan**  
(Locations to follow):

*Executive Council Meetings*  
Monday, October 23rd  
7:00 PM - 10:00 PM  
Tuesday, October 24th  
6:30 AM - 8:30 AM

*ATA Committee Breakfast Meetings*  
Monday, October 23rd  
7:00 AM - 8:30 AM

*ATA Annual Business Meeting*  
Wednesday, October 25th  
12 Noon - 2:00 PM

The new website address for the Thyroid Foundation of America is [www.allthyroid.org](http://www.allthyroid.org). Check out this updated site-it looks great.

*Administrative Office*  
Our area code 914 will change to 845 on December 3rd, 2000. For now, use either 914 or 845.

**CAMPAIGN FOR THYROID DISCOVERY MOVING FORWARD**

*We're on our way, thanks to our generous donors!*

Our campaign pledges to date total \$1,177,023.54  
Keep the contributions flowing in!"

*Major Donors (\$2,500 and up)*

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**COUNTDOWN TO KYOTO**

Time is running out. Don't be left behind. Book your flight and make your hotel reservation, and register for the 12th ITC NOW! I suggest using Japan Travel Bureau, 1-800-223-6104. Forget about Pacific Bestour, Inc., the other agency listed in your mailings-they're unresponsive.

I am pleased to announce that ATA members Bernd Gloss and Hee-Myung Park correctly deciphered the Kanji in the April issue of the SIGNAL. The answer is, "Welcome to the 12th International Thyroid Congress. Did you know that Peter Singer's family is from Hiroshima?"

**ATA Council Meeting Highlights**

- Council approved acceptance of an offer by Jones Pharma to transfer to ATA the publication of CLINICAL THYROIDOLOGY, a comprehensive review of recent thyroid literature, and to provide unrestricted educational grants for each of the next five years to support its dissemination.
- President Surks reported that ATA and several other societies committed to thyroid patient education and advocacy have agreed to cooperate in development of patient brochures that will be jointly endorsed.
- Council approved the recommendations of the Nominating Committee that Dr. Carole Spencer be nominated as President-elect and that Greg Brent and Jeff Garber be nominated as future Councilors.
- The Program Organizing Committee reported on plans for 6th International Thyroid Congress in Kyoto, for which 800 abstracts have been received.
- The Public Health Committee reported its efforts to ensure an uninterrupted supply of the radiocontrast agents that are occasionally used to treat thyrotoxicosis.
- An Ad Hoc Internet Committee chaired by Bryan McIvor has been appointed to guide ATA in development of its website features, links, and other relationships on the WWW.
- Council reviewed President-elect Bill Chin's plans for development of the ATA's Strategic Plan, including a leadership retreat in September, 2000.
- The Research Committee reported that 2 research awards have been made to Matt Ringel and Yan-Yun Liu, whose applications were selected from the 41 abstracts received and 7 full proposals solicited.
- The Membership Committee reported that 35 applications for ATA membership are being reviewed.
- Ad Hoc Laboratory Standards Committee reported that it is focusing its attention on variations in thyroglobulin assay and thyroid cytopathology quality.



# CALL FOR APPLICATION

## Editor-in-Chief

### CLINICAL THYROIDOLOGY



In 2001, The American Thyroid Association will assume responsibility for publication of CLINICAL THYROIDOLOGY, a review of recent thyroid literature previously developed and distributed by Jones Pharma, Inc.. Jones will continue to support this publication by providing annual educational grants to the ATA for the next five years. In addition to distribution of this periodical to its current mailing list of 11,000 clinician recipients in endocrinology and internal medicine, an electronic version will be offered on the ATA website.

The American Thyroid Association now solicits applications for the position of Editor-in-Chief of CLINICAL THYROIDOLOGY. The new Editor-in-Chief will officially assume his/her position on January 1, 2001, but must be prepared to begin defining and implementing the publication's policies and procedures on November 1, 2000, in anticipation of publishing the first ATA edition of CLINICAL THYROIDOLOGY in February 2001.

The Association seeks an individual who will sustain CLINICAL THYROIDOLOGY'S value to professionals interested in thyroid disease and who will further enhance the publication's quality and reputation. The applicant must be a respected thyroid clinical investigator who is well-organized, innovative, energetic, and dedicated to making this publication useful and thought-provoking for its readers.

Applicants should send their curriculum vitae, bibliography, and responses to a questionnaire, (see reverse), regarding their backgrounds, commitments and potential plans for CLINICAL THYROIDOLOGY over a five-year tenure.

Applications should be sent to the Secretary of the American Thyroid Association by September 30, 2000.

Paul W. Ladenson, M.D.  
American Thyroid Association - Administrative Office  
55 Old Nyack Turnpike - Suite 611  
Nanuet, New York 10954-2454

Applications will be reviewed by the ATA Publications Committee, which will then conduct telephone interviews with finalists in October 2000. Potential candidates with questions regarding this position may contact Dr. Ladenson by telephone (410-955-3663) or e-mail ([ladenson@jhmi.edu](mailto:ladenson@jhmi.edu))



## QUESTIONS FOR CANDIDATES For Editor-in-Chief of CLINICAL THYROIDOLOGY



1. What is your view of the present and future role of CLINICAL THYROIDOLOGY with regard to the clinical practice and research constituencies of the ATA?
2. How will you organize the process of literature review and preparing commentary for CLINICAL THYROIDOLOGY.

What responsibilities should the Editor-in-Chief have?

Will you have Associate Editors or an Editorial Board? If so, how many? How would the work be divided between the Editor(s) and yourself? (Please do not obtain commitments from your prospective associate editors at this time.)

Will you have any support staff to assist in the editorial office?

3. What proposals do you have for revising the format and/or content of CLINICAL THYROIDOLOGY to make it even more useful to its readers?
4. Describe how you would take advantage of and implement electronic publication of CLINICAL THYROIDOLOGY via the Internet.
5. How do you think publication of CLINICAL THYROIDOLOGY can be orchestrated to enhance awareness and the reputation of the American Thyroid Association?
6. How much time are you prepared to devote to overseeing a publication that requires active and continual review and comment on the medical literature in thyroidology?

What are your current research, teaching, clinical, administrative and editorial responsibilities, and what percent effort do they require? Are you prepared to relinquish some of them to assume this position? If so, which ones?

How will this position figure into and alter your overall career plans?

Can you commit to attend all of the meetings of the Publications Committee for the next four-year term?

7. Will the Institution with which you are affiliated accommodate your Editorship of this publication? (Finalists will later be asked to provide a letter from the appropriate institutional official confirming any commitments.)
8. Add any other comments that you would like regarding the opportunity to become Editor-in-Chief of CLINICAL THYROIDOLOGY.