



NEWSLETTER

*"Promoting the Highest Standards
of Endocrine Nursing Practice,
Education and Research"*

Annual Meeting

Volume 13, Number 2

August, 2003

THIRTEENTH ANNUAL ENDOCRINE NURSES SOCIETY SYMPOSIUM

by Lillie Fairchild

The Thirteenth Annual Endocrine Nurses Society Symposium began on a welcoming note at our poster session and reception held at the Philadelphia Marriott Hotel. We were able to meet and greet old friends and colleagues, representatives from the pharmaceutical companies that support our organization, and members of the Endocrine Society.

The Symposium began bright and early on Saturday, June 21, 2003 with a buffet breakfast and a presentation by Matt Kim, MD.

Dr. Matthew Kim opened the conference with his topic, "How to Give an Effective Presentation". He emphasized the importance of following specific guidelines for developing a powerpoint. presentation : 1) Avoid the use of autocontents "wizard" 2) Consider each audience 3) Focus on telling a story instead of reading a paper. 4) Use "images" to illustrate main points instead of block text. Dr. Kim suggested using several web sites Google, Corbis and Design gallery live, to obtaining "images" for powerpoint. (overview by Marge Ewertz)

Clifford Rosen, MD, Director, Maine Center for Osteoporosis Research and Education presented "PTH as a Novel Therapy for Osteoporosis". PTH was approved by the FDA in January for the treatment of postmenopausal osteoporosis and osteoporosis due to hypogonadism in men. It is the first FDA approved agent to work on bone formation instead of bone resorption. It has shown some remarkable results in clinical trials in terms of fracture reduction and improvement in bone mineral density. However, there is some concern regarding adherence in clinical practice. PTH (Forteo) must be given in a daily injection dose for a period of two years. Subjects in clinical trials were compliant with this regimen, but patients in clinical practice may be less likely to maintain this practice for the entire course of therapy. More research is needed to investigate compliance with this and other osteoporotic agents. (overview by Cathy Kessenich)

Michael F. Holick, PhD, MD provided an animated presentation on the importance of Vitamin D for bone and cardiovascular health. Vitamin D can be found in a few food products such as cod liver oil.

Continued on page 4



From the Desk of Joanne Swenson

PRESIDENT'S MESSAGE

I hope that this newsletter comes at a time when you are enjoying all that summer has to offer. It will contain highlights of the Thirteenth Annual Endocrine Nurses Society Symposium. I am sure that those of you who were able to attend will agree that the program was excellent and informative. My thanks go out to all of the speakers and to the Program Committee for a job well done. Plans are already underway for next years program in New Orleans. I hope that you are planning to attend.

Please join me in welcoming the new members of the ENS Board. They are Marge Ewertz, President-Elect, Elease Rumbaugh, Treasurer and Patricia Via, Member at Large. Becky Qualey will co-chair the Program Committee and Joyce Kuntze will chair the Development Committee. I look forward to working with all the new board members and know that they will be instrumental to the continued growth and success of the organization.

I would like to take the opportunity to thank two outstanding people as they leave the board after many years of exemplary service. Marie Cook recently completed her term as Past President. Previously she had served as President, Treasurer, and Chairperson of the Program Committee. I will always appreciate her wisdom, guidance and sense of humor.

Lillie Fairchild leaves after completing two terms as Treasurer. Prior to that she acted as the International Liaison and Program Committee Chair. Her dedication and expertise are greatly appreciated. Both Marie and Lillie have been instrumental to the growth and success of the ENS. Please join me in wishing them well in all their future endeavors.

I hope that you have a safe and enjoyable summer.

2ND INTERNATIONAL CONGRESS OF ENDOCRINOLOGY NURSING (ICEN)

by Molly Solares

The 2nd International Congress of Endocrinology Nursing (ICEN) will take place in Lisbon, Portugal, concurrently with the 12th International Scientific Sessions, August 31st - September 4th 2004.

The goal of the nursing symposium is: "Global endocrine nurse issues: their commonality and diversity". Endocrine nurse groups from all over the world will be represented, with each group being responsible for a session to achieve a truly international flavor.

The planning is still in progress with 1/2 day sessions at least Wednesday to Friday, allowing plenty of time for both the scientific sessions and play. Each topic may include both pediatric and adult information.

There will be an early bird registration fee, for nurses only, of €100 by January 1st which will enable the reduced overall fee of

€300 to be paid in full at the meeting (rather than earlier). This will allow more time to secure travel funds. There will also be a reduced room rate, for nurses, at a 150- bed hotel opposite the convention centre, single rate €127, double €140. Room rates all include breakfast. We will be looking at the possibility of condominium rental for nurses who wish to take families. Lunches each day may be included with the registration fee.

Lisbon is one of the oldest capitals of Europe, located on the Tagus river estuary on the Atlantic coast, with a temperature in September of 20-25°C (68-77°F) and average sunshine of 9 hours a day.

Information will be posted on the website (www.endo-nurses.com) as it is finalized. Looking forward to seeing you there.



The Cushing's Support and Research Foundation (CSRF) was established in 1995 to provide information and support to Cushing's patients and their families.

CSRF Mission

- * To provide information and support for Cushing's Disease and Cushing's Syndrome patients and their families;
- * To increase awareness and to educate the public about Cushing's Disease and Cushing's Syndrome;
- * To be a resource for information and support to health care professionals;
- * To raise and distribute funds for Cushing's Disease and Cushing's Syndrome research.

Visit their new web site at: www.CSRF.net

We have moved!!

Please note our new mailing address:

**Endocrine Nurses Society
8401 Connecticut Avenue
Suite 900
Chevy Chase, MD
20815-5817**



Membership Reminder:

**Renewal Campaign in process. Don't forget to renew your membership for the 2003-2004 term!
Thanks for your loyalty and support to the ENS!**

INTRODUCING THE ENDOCRINE NURSES SOCIETY BOARD FOR 2003-2004 TERM

The board of the Endocrine Nurses Society reflects the various talents and areas of expertise that is endocrine nursing.

President: *Joanne Swenson.* Joanne lives in East Walpole, Massachusetts and was elected as the President of the ENS in 2002. She has previously served on the board as the Publication Chair. She is employed as a nurse practitioner at Associates in Internal Medicine in Norwood, MA. Her particular area of interest is diabetes.

President-Elect: *Marge Ewertz.* Marge lives and works in Baltimore, MD. She was elected to her current position for the ENS in 2003. She has previously served on the board as the Board Member at Large from 1999 to 2001 and the Development Committee Chair from 1999 to 2003. She has also been the Chair of the Thyroid Task Force from 2000 to present. She works at Johns Hopkins University, School of Medicine as Endocrine nurse, specializing in thyroid, research, patient care, and teaching. She has been a member of the ENS since 1994.

Treasurer: *Elease Rumbaugh.* Elease lives in Portland, Oregon and works for Oregon Health & Sciences University. She was elected to the board for the first time this year as the Treasurer. She is a nurse practitioner and research associate, and her particular area of interest is adult growth hormone deficiency. We welcome her talents to the board.

Secretary: *Sheryl Ness.* Sheryl lives in Rochester, Minnesota and has served as Secretary of ENS since 2002. She previously served on the board as Marketing Chair. She is a clinical project manager/case manager at Mayo Clinic. Her area of interest is dynamic testing and research. She feels that serving on the ENS board has been a valuable experience. "This is a dynamic group that is dedicated to promoting excellence in patient care and Endocrine Nursing."

At-Large Board Member: *Patricia Via.* Trish takes over the her current board position this year after having served with great success as the Program Co-Chair. She lives in Richmond, Virginia and works as an adult nurse practitioner in a multispecialty clinic at Hunter Holmes McGuire Veterans Medical Center. She is a certified diabetes educator and also works in research. Her areas of interest also include osteoporosis and cardiovascular disease.

Membership: *Rubi Defensor.* Rubi has served as the Membership Chair since 1995. She lives in Silver Springs, Maryland and works at the National Institute of Health as a nurse consultant. Her areas of interest include computer order entry, pituitary disease and reproductive endocrinology.

Program Co-chairs: *Marian Sheppard.* Marian has been Program Committee Co-Chair since 2002. She lives in Richmond, Virginia where she works as Endocrine Research Coordinator at VA Commonwealth University/Medical College of VA. Her particular area of interest is osteoporosis. She would like to welcome any volunteers to work with her on her committee.

Rebecca Qualey. Rebecca has joined the board for the first time this year as Program Committee Co-Chair. She lives in New York, NY where she works as a Clinical Nurse III at Memorial Sloan Kettering Cancer Center. Her area of interest is thyroid cancer.

Research: *Cathy Kessenich.* Cathy has served on the board as the Research Chair since 1993. She lives and works in the Tampa, Florida area. She is nurse practitioner and a professor at the University of Tampa. Her area of interest is osteoporosis.

Marketing: *Michel Martin.* Michel has served as Marketing Chair since 2002. She lives in Rochester, Minnesota where she works as a Nursing Supervisor - Endocrinology at the Mayo Clinic. Her

particular areas of interest include diabetes and endocrine testing.

Education Co-Chairs: *Karen Liebert.* Karen lives in Boston, Massachusetts and has served as Education Co-Chair for ENS since 1999. She works at Massachusetts General Hospital as a research nurse. Her area of interest is neuroendocrine disease.

Teresa Kidder-Moore. Teresa has been Education Co-Chair since 2000. She lives in New York, New York and works at New York University School of Medicine. She is a Clinical Research Nurse Coordinator and her area of interest is neuroendocrine disease.

Development: *Joyce Kuntze.* Joyce is currently serving as the Development Chair, appointed this year. She has previously served as Board Member at Large from 2001 to 2002 and Program Co-Chair from 1999 to 2001. Joyce is self-employed as a clinical consultant in clinical research and drug development. Her particular areas of interest are in diseases and therapies related to the GH/IGF-I axis both in pediatric and adult patients. She lives in Burfordville, Missouri.

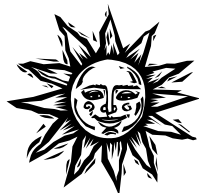
International Liaison: *Molly Solares.* Molly has served as International Liaison since 2000. She was previously on the board as Program Co-Chair. She lives in Swinton, Yorkshire, UK where she is self employed as a consultant working with weight management programs. Her areas of interest are diabetes, weight management, and clinical research.

Publication: *Julie Hellman.* Julie has been Publication Chair since 2001 and previously served on the board as the Development Chair in the mid-1990's. She works with her husband in North Kansas City, Missouri at Hellman & Rosen Endocrine Associates. She is a clinical research coordinator and manages the computer system for their electronic medical record.

THIRTEENTH ANNUAL ENDOCRINE NURSES SOCIETY SYMPOSIUM

(Continued from page 1)

In addition, foods and milk products are now being fortified with Vitamin D. However, the best source of Vitamin D is sunlight. Dr. Holick recommended five to fifteen minutes of sunlight three times a week to obtain optimum amounts of



Vitamin D. He recommended that sunscreen be applied after this time period. Because the east coast has been inundated with rainy and cloudy

days this spring, many wondered how this would be possible, at least this year.

Rebecca Qualey, RN and Michael Tuttle, MD, from Memorial Sloan Kettering Cancer Center in New York City, provided the attendees with an update in the management of thyroid cancer. They reported that the incidence of thyroid cancer has been increasing over the last thirty years, but the risk of dying from thyroid cancer has significantly decreased. Early detection of primary tumors and recurrence, as well as improvements in therapy, are probably largely responsible for this. They collaboratively presented a case study complete with scanning techniques and treatment options available to the patient. Dr. Tuttle also outlined the follow-up care that is essential to monitoring for recurrence of the disease.

Beverly Biller, MD and Karen Szczesuil RN, of Massachusetts General Hospital, presented an overview of Cushing's syndrome, which was defined as the symptoms and signs of cortisol excess. The discussion was primarily directed at the endogenous Cushing's syndrome, which can be due to a pituitary, adrenal or ectopic source. Dr. Biller outlined the testing that is done to determine if the patient has a pathologic cortisol overproduction. Once that is accomplished, the source of the hyperproduction must be identified. Karen Szczesuil, who has previously been a nurse in radiology, described the inferior petrosal sinus testing in some detail as a differentiating test to

determine whether or not the source of the overproduction of cortisol is located in the pituitary gland.

Brooke Swearington, MD, a neurosurgeon at Massachusetts General Hospital, followed with an update on pituitary surgery to remove tumors of the gland. He provided an interesting video which outlined with graphic, animated pictures the procedure that the neurosurgeon utilizes while performing transphenoidal surgery.

The Endocrine Nurses Society Annual Luncheon and Business Meeting followed this speaker. There were approximately eighty people in attendance at this event including four past presidents: Terri Loriaux, our founding President, Betsy McClung, Linda Pachucki-Hyde and Marie Cook. Officers, committee chairs, and task force chairs each presented a very brief report of the activities of their areas of responsibility. Molly Solares, our International Liaison, provided an overview of the events being planned at the 2nd International Congress of Endocrinology Nursing in Lisbon, Portugal, August 31 through September 4, 2004. These events will occur concurrently with the International Congress of Endocrinology. The planning is being done collaboratively by the Endocrine Nurses Society, Pediatric Endocrine Nursing Society, both of the United States, the Endocrine Nursing Committee of the United Kingdom, and the Endocrine Nurses Society of Australia.

Grand Rounds Presentations

The Endocrine Nurses Society afternoon presentations once again included interesting and thought provoking Grand Rounds presentations. The first presentation included a discussion on the history and treatment of type 2 diabetes and the metabolic syndrome by Beth LaLande, MD and Linda Pachucki-Hyde, RN, CS, CDE. Currently, around 15.7 million people have diabetes, and 5.4 million of

these people are undiagnosed. Diabetes is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, action or both. Type 2 diabetes is a term used to describe individuals who have insulin resistance and usually have relative insulin deficiency. Glucose intolerance, a hallmark sign of type 2 diabetes, is only one feature of a syndrome of disorders characterized by insulin resistance. Other features of metabolic syndrome are obesity, arteriogenic dyslipidemia, hypertension, prothrombotic states, early coronary artery disease and polycystic ovary syndrome. The presenters discussed the severe consequences of not treating metabolic syndrome early and effectively. Research results from the United Kingdom Prospective Diabetes Study and the Diabetes Prevention Program were also featured. An interesting case of metabolic syndrome was presented. The presenters focused on early identification of those patients with risk factors, as well as a discussion of the controversies in diagnosis and treatment and early interventions. This was a terrific overview of the history of type 2 diabetes and metabolic syndrome, as well as the latest and greatest information that is currently being used in practice.

John Nestler, MD and Linda Thurby-Hay, MS, APRN, CDE presented next on insulin resistance and the polycystic ovary syndrome. This was a great extension on the continued discussion of a component of metabolic syndrome. Polycystic ovary syndrome (PCOS) affects an estimated 3.5-5 million women. The syndrome is characterized by chronic anovulation and hyperandrogenism. A frequent feature of PCOS is insulin resistance. Because of this link, women with PCOS need to be evaluated for other disorders associated with insulin resistance such as Type 2 diabetes, hypertension, dyslipidemia, and atherosclerosis. Traditional vs. novel treatment options were discussed. Recommended lifestyle changes such as diet and weight loss, along with treatment with insulin sensitizing medications can

22ND JOINT MEETING OF THE BRITISH ENDOCRINE SOCIETIES, 22-26 MARCH 2003

by Molly Solares

greatly improve outcomes with this group of women. Support and education provided by the nurse working with patients with PCOS was emphasized. Establishing a treatment plan that includes reestablishing a regular menstrual cycle, weight loss strategies and addressing fertility concerns is important. This was a very interesting and well-received discussion on a subject that is a major health concern of young women that is frequently ignored.

(coverage by Sheryl Ness)



The Program Committee was able to provide participants of the Thirteenth Annual Endocrine Nurses Society Symposium with 8.4 contact hours which were granted by the Maryland Nurses Association.

The 5 hour train journey was memorable. On climbing up into the appropriate numbered carriage that housed my reserved seat, my way was barred. A first experience for me - meeting a wall of very large men, all with alcoholic drinks and wearing kilts! The dozen or so men were apparently Scotland's rugby team, dressed in their own tartan kilts, returning from a match in London. They proved to be extremely polite and hospitable and only halfway through their 12-hour train journey. My own journey was then serenaded by their vocal renditions of various songs with guitar and bagpipe accompaniment – in a small rail carriage – a very enjoyable and special experience.

About 50 nurses from all over the UK enjoyed the 1/2-day nurses' meeting.

Sir John Lilleyman, a pediatric hematologist from Barts and the London School of Medicine, recently chaired the committee deciding an infamous lawsuit involving the use of retained tissue and organs from pediatric post-mortems, where parental consent was not obtained. Because of his experience he gave an insightful presentation of the process and meaning of informed consent. (General consent form format used in the UK can be obtained from: www.doh.gov.uk/consent)

Margaret Miller, from Newcastle, gave an excellent presentation on Nurse Prescribing and chaired an interactive workshop. The attendees were split into groups, to produce an assigned patient directive. In the UK it is currently illegal for nurses to advise medication change, for example, a steroid dose cannot be increased over



One of the pipers outside the Conference Centre

the phone, when a patient calls in and is unwell. (A lot of the nurses present were surprised at this restriction). To educate the patient how to do so is OK, but to prescribe an actual dose is not. In order to do so, the nurse must complete a 38-day academic course to legally prescribe over-the-counter medication or change prescribed drug dosage. Even then, dose adjustment can only be performed by following a written protocol (called a patient directive). The protocol must also be approved by the hospital therapeutics committee. The protocol must include the name of the nurse(s) who is licensed to follow this. This also applies to endocrine stimulation and suppression testing. The protocols that were produced at the meeting will be made available for each attendee.

The attendees all enjoyed the sessions and left looking forward to the next UK nurse meeting to be held in Durham in September.

The evening was highlighted by "Supper and Ceilidh" at the Arches. The Arches are seven enormous brick-lined railway vaults built in the Victorian era, underneath the central Glasgow railway line. A Ceilidh is a traditional Scottish dance. Hundreds of scientists of all ages had a wonderful time dancing all the traditional line dances to a live trio.



The Scottish Exhibition and Conference Centre, Glasgow, U.K.

Congratulations to the 2003 Research and Poster Award Winners!

\$2000 Research Award:

Andrew Dwyer
"Evaluation and
Quantification of the
Informed Consent Process
in Healthy Volunteers"

\$750 Poster Awards (1st Author listed only):

Lori Hanton
Terri Lipman
Diane Schwarz
Carol J. Woodburn

ITEMS OF INTEREST

by Marge Ewertz

POTASSIUM IODINE DISTRIBUTION IN THE EVENT OF A NUCLEAR ACCIDENT

In February, the American Thyroid Association (ATA) and the American Association of Clinical Endocrinologists (AACE) sponsored a forum to discuss strategies for protecting the thyroid with potassium iodine (KI) in case of a nuclear accident. International experts exchanged their experiences after the 1986 Chernobyl accident and discussed the future impact of KI distribution in the future.

KI is an inexpensive, over the counter, approved method for protecting the thyroid from radioactivity. If a radioactive accident occurs, KI tablets should be taken 6-12 hours prior to or several hours after the exposure. Pregnant women, babies and children up to 18 years should be targeted since they are at greatest risk of developing thyroid cancer.

In December 2001, the Nuclear Regulatory Commission offered free KI tablets to 34 states that have a nuclear reactor or people living within 10 miles of a nuclear reactor. Currently, the Public Health Security and Bio-terrorism Preparedness Act of 2002 calls for the distribution of KI, by June 2003, to all individuals in the United States living within 10 miles of any nuclear reactor. This bill relies on the individual states to identify and distribute KI to the areas of risk. Many other important issues need to be clarified and addressed such as: cost, public education and awareness, plus strategies for distribution. Unfortunately, these issues still remain unanswered. It is hoped that the U.S. government will soon recognize the importance of making KI available to communities with the greatest risk.

PET/CT COVERAGE FOR MEDICARE PATIENTS

Medicare has just released a statement outlining a new standard for covering the cost of PET/CT scans for thyroid cancer patients. To be eligible, these patients must have a negative whole body scan with a thyroglobulin >10ng/ml after a previous total thyroidectomy and radioactive iodine ablation.

ENS WARMLY WELCOMES THE FOLLOWING NEW MEMBERS FOR THE 2003-2004 TERM:

Bennett, Betty from Medford, OR
Bennett, Marie from Topsfield, MA
Bernstein, Kathy from Midlothian, VA
Cardona, Hilda* from Beltsville, MD
Chlebus, Stephanie from Erie, PA
Currie, Barbara from Nova Scotia, Canada
Dunn, Connie from Benton City, MI
Dunning, Diana from Omaha, NE
Finley, Lori Ann from Teaneck, NJ
Finucan, Judy from Pittsburgh, PA
Hayes, Ann Marie from Wakefield, MA
Hedrick, Debra from Crawfordsville, IN
Hunzelman, Joy from Boston, MA
Jester, Donni from Roswell, GA
Kelly, Marilyn from Bethesda, MD
Kochman, Lynda from Rochester, NY
LaPorte, Melissa from Plains, PA
Lewis, Margaret from Hickory, NC
McGuire, Nancy from Rome, NY
Meyer, Laurie from Marshfield, WI
Mitten, Kathy from Milwaukee, WI
Norton, Margaret from Brooklyn, NY
Palyo, Kathleen from Fort Wayne, IN
Patton, Cynthia from Hummelstown, PA
Peters, Dolores from South River, NJ
Schmidt, Janice from LaSalle, Canada
Swearman, Delaine from Erie, PA
Tanabe, Ryoko ** from Los Angeles, CA
Valko, Cyndy from Pittsburg, PA
Walsh, Janet from Medford, NJ
Wenners, Mary from Boston, MA
Wood, Judy from Milwaukee, WI
Zib, Kenneth from S. San Francisco, CA

* = Welcome Back

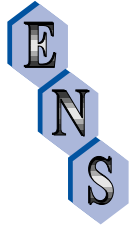
** = Won raffle for Complimentary Annual Membership

The ENS Program committee is looking for volunteers with an interest in making things happen! Lend us your talent and get involved in making our annual meeting program a valuable learning experience for everyone.

**To get involved contact Marian Sheppard:
email mlsheppa@vcu.edu or phone 804-364-0948**

Question: Why haven't I been receiving the *Endocrinologist*?

Our pharmaceutical funding for the journal is no longer available and the board made the decision to eliminate the subscription rather than to increase the dues. We hope that in the future this journal or another journal will be available to our membership at a reasonable cost.



ENDOCRINE NURSES SOCIETY

MEMBERSHIP APPLICATION

Date of Application _____
 Renewal of Membership
 New Member
Recruited by _____

Name: Last _____ First _____ MI _____

Preferred Mailing Address _____

Organization/Employer _____

Position Title _____ Subspecialty Area(s) _____

City/State/Province _____ Zip/Postal _____ Country (if non-USA) _____

Phone Home Business _____ FAX Number _____ E-Mail Address _____

Please provide the following information, allowing ENS to serve the needs of its members

<u>Committee Interest</u>	<u>Education/Licensure</u>	<u>Position</u>	<u>Birthday Month</u>
<input type="checkbox"/> Development	<input type="checkbox"/> RN	<input type="checkbox"/> Clinical Staff	<input type="checkbox"/> Jan <input type="checkbox"/> Jul
<input type="checkbox"/> Education	<input type="checkbox"/> NP	<input type="checkbox"/> Patient Education	<input type="checkbox"/> Feb <input type="checkbox"/> Aug
<input type="checkbox"/> Marketing	<input type="checkbox"/> MS	<input type="checkbox"/> Staff Education	<input type="checkbox"/> Mar <input type="checkbox"/> Sep
<input type="checkbox"/> Membership	<input type="checkbox"/> CDE	<input type="checkbox"/> Administration	<input type="checkbox"/> Apr <input type="checkbox"/> Oct
<input type="checkbox"/> Program	<input type="checkbox"/> PhD	<input type="checkbox"/> Clinical Specialist	<input type="checkbox"/> May <input type="checkbox"/> Nov
<input type="checkbox"/> Publications	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Study/Research Coordinator	<input type="checkbox"/> Jun <input type="checkbox"/> Dec
<input type="checkbox"/> Research	_____	<input type="checkbox"/> Nurse Practitioner	
	_____	<input type="checkbox"/> Other: _____	

Member Category:	Annual Dues	Amount Enclosed
<input type="checkbox"/> Full (RN status)	\$65.00	\$ _____
<input type="checkbox"/> Associate (non-RN)	\$65.00	\$ _____
<input type="checkbox"/> <i>Optional</i> - 2 yr. membership	\$120.00 (save \$10.00)	\$ _____

Method of Payment:

Check enclosed (made payable to Endocrine Nurses Society)

Charge my AmEx Visa MasterCard

Card no. _____ exp: _____

Are you interested in (check all that apply):

Preceptorship Presentation Publication

Office Use Only
Date _____
Check # _____
Letter Y N
Member # _____

Send membership application to:



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We would like to thank the following companies for their gracious support:

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