



The Future of European Endocrinology

As outgoing president I would like to address a few remarks to our scientific community.

EFES' strength lies in its creation of a forum for the endocrinologists of more than 300 million people. Despite our diversity, Europeans are united by a common belief in democratic institutions, the welfare state and the protection of the poor and the weak. It is on this basis that our clinical practice and endocrinological research should build its future.

Although there are large differences in our economical and/or political systems, European endocrinologists share a fairly good education and a level of clinical training that provides good standards of clinical care even in difficult economical situations. With the creation of the European Union endocrinological practice in Europe will find itself increasingly standardized.

EFES' goal should be to create a strong umbrella organization that provides the best clinical endocrine care for patients, the best teaching and fosters excellence in research. To reach these targets we need to:

- speaking a common language. Our national languages, which are the roots of our culture, are also our barriers. We need to actively pursue the goal of making scientific English our common communication tool.
- incorporate new technologies such as molecular tools, as well as genetics and proteomics, in research and clinical practice.

- take full advantage of modern electronic media for communication and teaching.
- standardize endocrinological training.
- encourage the exchange of young basic and clinical endocrinologists in order to tailor the future of the European scientific community.
- establish research networks in Europe in order to develop clinical trials and basic endocrine research.

These targets can be reached as long as we extend our mutual understanding and knowledge to the whole of Europe rather than a few countries. The European Federation of Endocrine Societies (EFES) has been and will be intensifying its efforts to do just this.

FELIPE CASANUEVA

Editorial

It seems only yesterday that we left Torino where our Italian friends, particularly Professors Ghigo and Camanni and the scientific committee headed by Professor Nieschlag, created a wonderful meeting that gave a warm reception to endocrinologists from all parts of Europe and elsewhere. The combination of excellent scientific information and a fascinating city made this meeting truly memorable so, on behalf of all the participants, a big thank you to all the organizers. (Please note that the 6th ECE will be held in Lyon from 26-30 April 2003. Preparation by Professor Berthézène and his collaborators is already well on its way.)

In this issue, I have replaced the usual historical feature with a short but critical article on the recent developments in the fight against iodine deficiency. Professors Delange and Bürgi give us a realistic picture and, whilst the situation is not perfect, this campaign is undoubtedly one of the biggest endocrinological and public health achievements of this century, perhaps the biggest endocrinological achievement after the introduction of hormonal contraception.

ALBERT BURGER, EDITOR

News from the General Council meetings in Turin

Amongst many events at the recent, highly successful European Congress of Endocrinology in Turin there were two meetings of the General Council, which comprises representatives of all member countries. A number of important decisions were taken at these meetings.

One of these was the appointment of the new Executive Committee, which will run EFES until the next Congress in Lyon in 2003. As the new President, with the role of guiding EFES through the next two years, it is my pleasure to be able to report to you on the other new developments.

The new Executive Committee is listed and our heartfelt thanks are due to the

retiring members. Felipe Casanueva has worked with tireless enthusiasm as President for the last 3 years and the current good health of EFES owes a tremendous amount to his work. Maguelone Forest stood down as Secretary after 7 years. The role of Secretary is complex and very hard work and we are grateful to Maguelone for her commitment over such a long period. Ilpo Huhtaniemi retired after 7 years, having made a substantial contribution to the development of the EFES postgraduate courses. Andrzej Lewinski made valuable contributions to EFES' joint meetings and greatly furthered endocrinology in Eastern Europe and Ebo Nieschlag's excellent chairing of the Turin POC was much appreciated.

Another major part of the General Council meetings was the selection of the locations for the Congresses in 2005 and 2007. The bidders were Budapest, Düsseldorf, Göteborg, Istanbul and London and all presented

very professional and exciting bids. After several rounds of voting, the General Council selected Göteborg for 2005 and Budapest for 2007.

There were two other major new developments. The first was the adoption of new statutes, updated to see EFES into the twenty-first century with a constitution more suited to its current needs. The new statutes are on the web site (www.euro-endo.org/statutes.htm). The other development was the strengthening of the links between EFES and the *European Journal of Endocrinology*. EFES will now receive funding from the journal, a warmly welcomed development which will put EFES on a more secure financial footing. Chris Binder is to be thanked for his considerable efforts in achieving this.

All in all, your representatives were kept busy and EFES is now fully prepared to build further on its recent success.

JOHN WASS, PRESIDENT

EFES Executive Committee

(Full contact details can be found on the EFES website: <http://www.euro-endo.org>)

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MARIE CURIE FELLOWSHIPS

A number of fellowships are available
for the years 2001-2004

at the

University of Milano's Institute of Endocrinology

For further information and an application form contact:

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Web: http://users.unimi.it/endomi/ENDOMI/M_C/MARIE_CURIE.html).

Latest update on the EFES web site

The EFES web site continues to expand and is fast becoming a major information resource for European endocrinologists. We have added two new services recently.

Jobs and grants forum

The EFES jobs and grants forum is now live on the web site, at www.euro-endo.org/jobs.htm. This is an exciting new development from EFES, which will facilitate the movement of endocrinologists all around Europe. The facility has three sections.

Jobs offered

This covers both academic and commercial positions. Universities, research institutes and pharmaceutical

companies who have positions for endocrinologists can enter the details very quickly via a form on the web. The job ad will normally be on the web within one working day and will remain there for 2 months or until the closing date for applications. The charge for this service is €100 for academic institutions and €200 for commercial companies.

Jobs wanted

This section allows individuals anywhere in Europe to post brief details of themselves on the web for three months for prospective employers to see. There is no charge for this.

Grants

This section allows grant-making

bodies to post details of grants available around Europe. These can be postgraduate studentships, postdoctoral fellowships or any other kind of grant available to endocrinologists anywhere in Europe. There is no charge for this.

Bookmark it!

All three sections of the Jobs and Grants Forum had entries on them within one week of the service being launched at the European Congress in Torino. This suggests that the service will be another very successful EFES activity. As new entries will be added all the time, we suggest you bookmark it and check it regularly. Don't forget to tell your colleagues, both about the service generally and also about any specific entries you think they will be interested in.

Links to other sites

The other new service provides links to other sites of interest. There are three categories:

Societies

This currently links to 42 endocrine and related societies around the world and also links to the EFES full and associated membership lists.

Journals

This currently links to the web sites of 44 endocrine and related journals. Whether you want to browse the latest issue of your favourite journal before the paper edition is published or you are looking for author guidelines, you should be able to locate the journal here.

Resources

In this section we are gradually compiling links to various information resources around the world, from CancerNet to PubMed.

We aim to expand these lists as we go along. The 'links' page has a facility to email us with ideas of new sites to link to.

WILMAR WIERSINGA

Progress in the control of IDD: a major public health achievement

Iodine is required for the synthesis of thyroid hormones. Thyroid hormones in turn act by regulating the metabolic pattern of most cells of the organism. They also play a determining role in the process of early growth and development of most organs, especially that of the brain, which occurs in human subjects during fetal and early postnatal life. Consequently, iodine deficiency, if severe enough to affect thyroid hormone synthesis during this critical period, will result in hypothyroidism and brain damage. The clinical consequence will be mental retardation (1).

In 1990, an estimated 1.572 billion people (28.9% of the world's population) were at risk of iodine deficiency disorders (IDD), 655 million (12%) were affected by goiter, up to 11.2 million (2%) by cretinism (the extreme form of mental retardation due to iodine deficiency) and another 43 million had some degree of mental impairment. Iodine deficiency therefore appeared as the world's greatest single cause of preventable brain damage and mental retardation (2).

The elimination of iodine deficiency is now within reach and would constitute an unprecedented public health success in the field of non-communicable diseases (3, 4). Following the commitment in 1990 of the World Health Organization (WHO) and the United Nations World Summit for Children to the goal of virtual elimination of IDD by the year 2000, the last decade has seen enormous efforts and investments toward reaching this goal. The governments of the affected

countries mobilized their resources to implement programs of IDD control, aided by coordination from WHO and the United Nations Childrens Fund (UNICEF), technical support of the International Council for Control of Iodine Deficiency Disorders (ICCIDD) and the combined efforts of many other partners, including international and bilateral cooperation agencies, national and international non-governmental organizations such as the Micronutrient Initiative and private organizations such as Kiwanis International. Moreover, an effective partnership with the salt industry also played a major role, recognized during the 8th World Salt Symposium, "Salt 2000", which took place in The Hague, The Netherlands in May last year.

The progress achieved during the last decade is remarkable. As indicated earlier, in 1990, almost 30% of the world's population was at risk of IDD. By 1999, 81% of the 130 countries where IDD was a public health problem had a national inter-organizational coordination body, 78% had an action plan for IDD control, 75% had salt iodization legislation in place, 65% had laboratory

facilities for program monitoring, 68% of households had access to iodized salt (Table 1), 73% of countries were monitoring salt quality and 61% were monitoring iodine nutrition in the population (3). However, these optimistic figures for access of households to iodized salt should be interpreted cautiously because, in many countries, the proportion of households having access to iodized salt was estimated by

Table 1: Household consumption of iodized salt in 1999

WHO region	No. of countries with IDD	Households consuming iodized salt (%)
Africa	44	63
Americas	19	90
SE Asia	9	70
Eastern Mediterranean	17	66
Europe	32	27
Western Pacific	9	76
Total	130	68

Source: Reference (3)

Table 2: Global outcome of the partnership evaluation of country programmes by using the ThyroMobil model

Region (main investigator)	No. of			Urinary iodine (%)		
	Countries	Sites	Children	<100	100-200	>200 µg/l
Europe (Delange)	12	80	10414	58	42	0
Latin America (Pretell)	11	145	13283	10	45	45
Indonesia (Djokomoeljanto)	1	129	7447	23	33	44
Africa (Ntambwe)	4	39	4039	32	24	44
TOTAL	29	329	35183			

Source: Reference (4)

dividing the amount of iodized salt imported or produced (as reported by the salt industry) by the total population of the country (4).

Currently we have much less information about the impact of the salt iodization programs on IDD than on the implementation of the programs themselves. For example, the oft-quoted statement that correction of iodine deficiency protects 85 million neonates from brain damage and mental retardation annually was reached by multiplying the birth rate of the populations by their estimated access to iodized salt at the household level. These two figures are potentially subject to appreciable errors (4).

Moreover, partnership evaluation of country programmes based on standardized measurements of thyroid volume and urinary iodine concentrations in schoolchildren (the ThyroMobil model) conducted in 35,223 school children from 378 sites in 28 countries (Table 2) showed that urinary iodine in the normal range (100-200 µg/l) was found in only 28-41% of the children while up to 52% were above the upper limit of normal at 200 µg/l (4). In some Latin American countries, for example Chile, up to 17.5% of the values were above the potentially toxic level of 1000 µg/l. Sudden iodine excess following a long period of iodine deficiency can have damaging consequences. The most important of these is hyperthyroidism induced by iodine which is potentially lethal, a condition well documented in some parts of Africa and elsewhere (5, 6). Its diagnosis by clinical evaluation alone is unreliable whilst biochemical screening of populations is much more accurate but is too rarely performed.

In conclusion, the progress achieved in the elimination of IDD around the world is spectacular. However, monitoring and quality control must be rapidly and greatly improved. Finally, adequate measures have to be implemented in order to guarantee the long-term sustainability of the on-going programs of correction of iodine deficiency.

FRANÇOIS M. DELANGE
HANS BÜRGI

INTERNATIONAL COUNCIL FOR CONTROL OF IODINE DEFICIENCY DISORDERS

References

- (1) Delange F 2001 Iodine deficiency as a cause of brain damage. *Postgraduate Medical Journal* **77** 217-220.
- (2) WHO, UNICEF and ICCIDD 1994 Indicators for assessing iodine deficiency disorders and their control through salt iodization. WHO/NUT/94.6, pp 1-55.
- (3) WHO, UNICEF and ICCIDD 1999 Progress towards the elimination of iodine deficiency disorders. WHO/NHD/99.4 pp 1-33.
- (4) Delange F *et al.* 2001 Iodine deficiency in the world. Where do we stand at the turn of the century? *Thyroid* **11** 437-447.
- (5) Stanbury JB *et al.* 1998 Iodine-induced hyperthyroidism: occurrence and epidemiology. *Thyroid* **8** 83-100.
- (6) Todd CH *et al.* 1995 Increase in thyrotoxicosis associated with iodine supplements in Zimbabwe. *Lancet* **346** 1563-1564.

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Forthcoming Meetings and Courses

EFES Meetings and Courses

9th EFES Postgraduate Course in Clinical Endocrinology

Moscow, Russia 2002
Contact: To be announced

6th European Congress of Endocrinology

Lyon, France, 26-30 April 2003
Contact: Congress Agency Scientific Secretariat, Transit Communications, 18, Place Tolozan, F 69001 Lyon, France (Tel: +33 4 72 98 58 58; Fax: +33 4 72 98 58 98; Email: info@endocrinology2003.com; Web: http://www.endocrinology2003.com)

Other meetings

192nd Meeting of the Society for Endocrinology

London, UK, 3-4 December 2001
Contact: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642200; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: http://www.endocrinology.org).

21st Joint Meeting of the British Endocrine Societies

Harrogate, UK, 8-11 April 2002
Contact: British Endocrine Societies, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642210; Fax: +44-1454-642222; Email: info@endocrinology.org; Web: http://www.endocrinology.org).

29th European Symposium on Calcified Tissues

Zagreb, Croatia, 25-29 May 2002
(Tel: +44-1453-549929; Fax: +44-1453-548919; Email: admin@ectsoc.org; Web: http://www.ectsoc.org).

ENDO 2002: 84th Annual Meeting

San Francisco, CA, USA, 19-22 June 2002
Contact: Beverly Glover, Administrative Assistant, Meetings, The Endocrine Society, 4350 East West Highway, Suite 500, Bethesda, MD 20814-4410, USA (Tel: +1-301-9410220; Fax: +1-301-9410259; Email: bglover@endo-society.org; Web: http://www.endo-society.org).

21st Conference of European Comparative Endocrinologists

Bonn, Germany, 26-31 August 2002
Contact: CECE2002, University of Bonn, Institute of Zoophysiology, Endericher Allee 11-13, D-53115 Bonn, Germany (Fax: +49-228-732496; Email: esce2002@uni-bonn.de; Web: http://www.esce2002.uni-bonn.de).

5th International Congress of Neuroendocrinology

Bristol, UK, 31 August-4 September 2002
Contact: BioScientifica Ltd, 17/18 The Courtyard, Woodlands, Bradley Stoke, Bristol BS32 4NQ, UK (Tel: +44-1454-642240; Fax: +44-1454-642222; Email: icn2002@endocrinology.org; Web: http://www.bioscientifica.com/icn2002.htm).

28th Meeting of the European Thyroid Association

Göteborg, Sweden, 8-11 September 2002
Contact: Ernst Nystrom (Email: euro-thyroid-assoc@cf.ac.uk).

EFES News



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