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NEWSLETTER SEPT 2011

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Division of Endocrinology & Metabolism

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Division Director's Report – What attracts trainees to a career in endocrinology?

I have sat on the selection committee for the Endocrinology Fellowship Training Program for the past 4 years, interviewing applicants and exploring their motivation for choosing Endocrinology. It is instructive to understand what attracts individuals to Endocrinology training at U of T. I am particularly interested in the 'substrate' for future endocrinologists in Canada, and in particular for our future faculty in the Division. A number of common themes begin to emerge, best illustrated by the following statements the applicants have made in their personal letters and in their interviews:

'Endocrinology offers a variety of cases and diversity of patient population; I have a passion for teaching and look forward to developing these teaching skills; I love the logical pathophysiology of endocrine diseases; I am committed to teaching; multidisciplinary environment in which diabetes is best managed; my passion for patient counselling and empowerment will better encourage patients to take control of their metabolic diseases; I envision combining an academic career combining clinical endocrinology with research and education; I am very passionate about quality assurance; I love teaching professional skills to medical students; I flourish in an educational role and plan to incorporate teaching into my career; the ability to incorporate a masters of clinical epidemiology into my training would help me attain my career goals as a clinician investigator; I see myself in 10 years at a tertiary institution where my focus will be on educating; I will likely complete my Masters in Education as I have a large interest in teaching and see myself interacting daily with learners; ideally I would do mostly outpatient medicine with some inpatient consults; Endocrinology suites my lifestyle as I believe striking the right life/work balance is very important to overall happiness; I have seen many endocrinologists achieve the balance of spending enough time with family and friends while still achieving career goals.' One has to look very hard to find the following comments, expressed by only one or two of the 13 to 15 applicants each year:

'My need to understand pathophysiology of disease and recognize its manifestations will be best satisfied by a research career in endocrinology; I became intrigued by research and academia; endocrinology training at U of T will allow me to become a well-rounded clinician scientist; I am eager to do additional research in endocrinology; my ideal career would be as an academic endocrinologist with protected time for research.'

Should we be surprised at the above imbalance between those who plan to pursue careers as clinical endocrinologists, clinician teachers, educators or clinician researchers (95% of applicants) and those who are interested in the clinician scientist career path (5% of applicants)? I think not, although this proportion is very different from that one would have encountered three decades ago. The highly talented individuals applying to our program each year have, after all, chosen a career in medicine rather than basic science, and the world they have inhabited for the past few years of their academic lives has been a clinical world rather than a basic research world. Their role models for the most part have been the great clinicians, diagnosticians and teachers and the research methodologies they have been exposed to for the most part have centered on clinical research. Should we be concerned about this imbalance? I think so, since a well balanced division of Endocrinology should ideally be made up of a balance of clinician teachers/educators, investigators and scientists. Is there anything we can do to correct the imbalance? Two immediate things and I believe we are doing them. Firstly, to favour those rare applicants who express a genuine interest in the clinician scientist pathway (and it is not difficult for us to discern genuine interest from skilled interviewees) and secondly to expose the PGY4 trainees to the vast array of research currently being conducted by clinician scientists in our division, which we are doing as part of the endocrinology clinician scientist training program. Beyond that, it is clear that much more needs to be done at a far earlier stage of training to expose medical students and residents to basic and translational research. This is being done at the departmental and faculty level and is certainly not an issue that is unique to endocrinology nor to the academic Canadian medical establishment.

Gary Lewis
 Director, Division of Endocrinology, U of T

The University of Toronto Diabetes in Pregnancy Study Group

The University of Toronto Diabetes in Pregnancy Study Group (U of T DPSG) was formed in the fall of 2010. The founding and current Chair is Dr Denise Feig and the group is comprised of University of Toronto-affiliated endocrinologists and obstetricians interested in clinical and research aspects of diabetes and endocrinology in pregnancy. The purpose of this group is several-fold. Firstly, we wish to share ideas regarding completed, ongoing and future research in the area of diabetes and endocrinology in pregnancy with the intention of gaining feedback and furthering collaboration between hospitals. Secondly, we wish to discuss interesting and controversial topics and papers in the area of diabetes and endocrinology in pregnancy. Thirdly, we have the opportunity to confer and discuss the diagnosis and management of difficult cases. We have rounds every 2 months with 2 presenters each time. One presents their research, while another presents a clinical topic of interest. All staff and fellows from endocrinology, obstetrics and maternal fetal medicine are invited and are welcome to come. The first round of this year will be October 12, 2011, 5:30 at 60 Murray St room 5038. Drs Howard Berger and Ian Blumer will be debating the topic "The new IADPSG diagnostic criteria should be adopted for the diagnosis of gestational diabetes". Given that this is a very controversial topic, the debate should be exciting.

Honours and Awards

Congratulations to:

Minna Woo – Recipient of the 2011 Canadian Diabetes Association Young Scientist Award

George Steiner – Recipient of the 2011 Canadian Diabetes Association Lifetime Achievement Award

Daniel Drucker – Recipient of the 2012 Claude Bernard Lecture/Award of the European Association for the Study of Diabetes (EASD).

Dr. Jeremy Gilbert – Recipient of 2011 The George L.A. From Postgraduate Teaching Award in Endocrinology and Metabolism University of Toronto

Dr. Rowena Ridout Recipient of 2011 Dr. Robert Volpe Undergraduate Education Award In Endocrinology and Metabolism University of Toronto

Ivy Fettes – Recipient of the 2011 CSEM Robert Volpé Distinguished Service Award

Minna Woo – Recipient of the 2011 CSEM Diabetes Young Investigator Grant

Mladen Vranic is the recipient of an Honorary Doctorate of the University of Zagreb – Doctor Honoris Causa Universitatis Studiorum Zagrabiensis

Meetings

CDA/CSEM Meeting October 26 – 29, 2011 Toronto, ON

<http://www.diabetes.ca>

Division Member Profile

Dr. Shoba Sujana Kumar

Shoba Sujana Kumar was born in York, United Kingdom, grew up in Regina, Saskatchewan, and moved east to Ontario for medical school. She then completed medical school at the University of Western Ontario, her internal medicine training at Queen's University, and her endocrine training at the University of Toronto. A Masters in Community Health and a Women's Health Fellowship at the University of Toronto soon followed. She then became an active staff member of Women's College Hospital (WCH) and Assistant Professor of Medicine at the University of Toronto in 2010.

As a clinician, Shoba has a growing outpatient endocrine practice, and has interests in the endocrinology of pregnancy, thyroid disease, and diabetes. She is Director of the Endocrine in Pregnancy program at WCH and also attends in the Endocrine Obstetrical Clinic at Sunnybrook Hospital. She is the consultant endocrinologist for the Family Health Team at WCH, and attends in the Clinical Decision Unit for internal medicine at WCH as well.

Shoba is most excited about her evolving role in education, and has a passion for teaching at all levels of medical education. She is a core tutor for the second-year undergraduate clinical skills course (ASCM II), as well as the Year 1 Metabolism and Nutrition (MNU) and Year 2 Mechanisms, Manifestations and Management of Disease (3MD) PBL courses. In the past year, she was extensively involved in the revision of the PBL and seminar materials for the MNU course. She is co-director of the annual U of T Pediatric and Adult Endocrine Residents' Diabetes Week with Dr. C. Kelly; she is also co-director of the second-year

internal medicine CRISP course with Dr. Heather McDonald-Blumer, and coordinator of interprofessional "Lunch and Learn" rounds at WCH. In the last year she has enjoyed working with longitudinal PGY3 residents as well.

When not engaged in clinical work or actively teaching trainees, Shoba can be found searching for new ways to improve the care of women through the Endocrine in Pregnancy Program, and trying to answer the question of which dose of radioactive iodine really is best for thyroid cancer treatment. Outside of the hospital, she is an avid traveler always planning her next trip, closet fiction writer of slightly unfinished novels, a former classical Indian dancer and mandolin player, and an avid enthusiast of the performing arts.



Journal Articles

Publications of Primary Division of Endocrinology Appointees – July 1st 2011 to September 30th 2011

1.

[Effect of macronutrient intake during the second trimester on glucose metabolism later in pregnancy.](#)

Ley SH, Hanley AJ, **Retnakaran R**, Sermer M, **Zinman B**, O'Connor DL.

Am J Clin Nutr. 2011 Sep 28. [Epub ahead of print]

PMID:

21955650

[PubMed - as supplied by publisher]

[Related citations](#)

2.

[Short-term oral \$\alpha\$ -lipoic acid does not prevent lipid-induced dysregulation of glucose homeostasis in obese and overweight nondiabetic men.](#)

Xiao C, Giacca A, **Lewis GF**.

Am J Physiol Endocrinol Metab. 2011 Oct;301(4):E736-41. Epub 2011 Jul 12.

PMID:

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[PubMed - in process]

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3.

[Association between tamoxifen treatment and diabetes: A population-based study.](#)

Lipscombe LL, Fischer HD, Yun L, Gruneir A, Austin P, Paszat L, Anderson GM, Rochon PA.

Cancer. 2011 Sep 20. doi: 10.1002/cncr.26559. [Epub ahead of print]

PMID:

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4.

[Hepatic Insulin Resistance Is an Early Determinant of Declining \$\beta\$ -Cell Function in the First Year Postpartum After Glucose Intolerance in Pregnancy.](#)

Retnakaran R, Qi Y, Ye C, Hanley AJ, Connelly PW, Sermer M, **Zinman B**.

Diabetes Care. 2011 Sep 16. [Epub ahead of print]

PMID:

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[Related citations](#)

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[Prospective Associations of Vitamin D With \$\beta\$ -Cell Function and Glycemia: The Prospective Metabolism and Islet Cell Evaluation \(PROMISE\) Cohort Study.](#)Kayanilyil S, **Retnakaran R**, Harris SB, Vieth R, Knight JA, Gerstein HC, **Perkins BA**, **Zinman B**, Hanley AJ.

Diabetes. 2011 Sep 12. [Epub ahead of print]

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[Fracture risk assessment in patients with chronic kidney disease.](#)**Jamal SA**, West SL, Miller PD.

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[Glucagon-like peptide-1 \(GLP-1\) receptor agonists, obesity and psoriasis: diabetes meets dermatology.](#)**Drucker DJ**, Rosen CF.

Diabetologia. 2011 Sep 3. [Epub ahead of print]

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[Combination Angiotensin Converting Enzyme and Direct Renin Inhibition in Heart Failure following Experimental Myocardial Infarction.](#)Connelly KA, **Advani A**, Advani S, Zhang Y, Thai K, Thomas S, Krum H, Kelly DJ, **Gilbert RE**.

Cardiovasc Ther. 2011 Jul 4. doi: 10.1111/j.1755-5922.2011.00292.x. [Epub ahead of print]

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[Achieving a clinically relevant composite outcome of an HbA\(1c\) of <7% without weight gain or hypoglycaemia in type 2 diabetes: a meta-analysis of the liraglutide clinical trial programme.](#)**Zinman B**, Schmidt WE, Moses A, Lund N, Gough S.

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[Discordant Effects on Central Obesity, Hepatic Insulin Resistance, and Alanine Aminotransferase of Low-dose Metformin and Thiazolidinedione Combination Therapy in Patients with Impaired Glucose Tolerance.](#)

Retnakaran R, Ye C, Hanley AJ, Harris SB, **Zinman B**.

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[Evaluation of a clinical decision support tool for osteoporosis disease management: protocol for an interrupted time series design.](#)

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[Molecular target characterization and antimyeloma activity of the novel, insulin-like growth factor 1 receptor inhibitor, GTx-134.](#)

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[Dorsal versus ventral monofilament testing of the great toe for the identification of diabetic sensorimotor polyneuropathy.](#)

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[Effects of denosumab on fracture and bone mineral density by level of kidney function.](#)**Jamal SA**, Ljunggren O, Stehman-Breen C, Cummings SR, McClung MR, Goemaere S, Ebeling PR, Franek E, Yang YC, Egbuna OI, Boonen S, Miller PD.

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[Inhibition of the epidermal growth factor receptor preserves podocytes and attenuates albuminuria in experimental diabetic nephropathy.](#)**Advani A**, Wiggins KJ, Cox AJ, Zhang Y, **Gilbert RE**, Kelly DJ.

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[Immunity against a therapeutic xenoprotein/Fc construct delivered by gene transfer is reduced through binding to the inhibitory receptor FcγRIIb.](#)Liang Y, Qiu H, Glinka Y, Lazarus AH, Ni H, Prud'homme GJ, **Wang Q**.

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[Short-term oral {alpha}-lipoic acid does not prevent lipid-induced dysregulation of glucose homeostasis in obese and overweight nondiabetic men.](#)Xiao C, **Giacca A**, Lewis GF.

Am J Physiol Endocrinol Metab. 2011 Oct;301(4):E736-41. Epub 2011 Jul 12.

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[Hepatic Insulin Resistance Is an Early Determinant of Declining {beta}-Cell Function in the First Year Postpartum After Glucose Intolerance in Pregnancy.](#)Retnakaran R, Qi Y, Ye C, **Hanley AJ**, **Connelly PW**, Sermer M, Zinman B.

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