
Image credit: Tourism Tasmania & Kathryn Leahy

# ESA SEMINAR 2022

## 29 APRIL - 1 MAY 2022

DELEGATE HANDBOOK

esa
endocrine society of australia

www.esaseminar.org.au

**Hotel Grand Chancellor**
Launceston, Tasmania

# norditropin® flexpro®

somatropin (rbe)


## is indicated for adults with severe GHD*[1]

### Designed with patients in mind

**Flexible storage†**

Store at room temperature (<25°C) for up to 21 days after first use[1]

**Easy to use‡**

‡Multi-dose, pre-filled pens with no mixing required[1,2]

**Tailored dosing§**

§Fine 0.025 mg increments closely tailor the daily dose to each patient[1]

GHD=growth hormone deficiency. *As diagnosed in the insulin tolerance test for GHD and defined by peak growth hormone concentrations of <2.5 ng/mL.[1]
†All Norditropin® products must be refrigerated (between 2°C and 8°C) prior to use. While in use, the product may be stored for a maximum of 21 days below 25°C, alternatively stored for a maximum of 28 days in a refrigerator (between 2°C and 8°C).[1]

PBS Information: This product is listed on the PBS as a Section 100 item. Refer to PBS Schedule for full authority information.

Please review Product Information before prescribing. The Product Information is available from www.novonordisk.com.au

**Minimum Product Information – Norditropin® FlexPro® 5 mg, 10 mg and 15 mg, Norditropin® SimpleXx® 5 mg, 10 mg and 15 mg (Somatropin (rbe). Biosynthetic human growth hormone). Indications:** *Children:* Treatment of growth failure: due to pituitary growth hormone deficiency (GHD); girls due to gonadal dysgenesis (Turner Syndrome); due to chronic renal insufficiency where a child's height is on or less than the twenty-fifth percentile and growth velocity is on or less than the twenty-fifth percentile for bone age; and severe growth failure due to intrauterine growth retardation (IUGR). *Adults:* Treatment of severe GHD. **Contraindications:** Children with closed epiphyses; patients with retarded growth due to any cause other than pituitary GHD unless specifically indicated; patients with known hypersensitivity to excipients. Not to be used in patients with: evidence of active malignant tumours (discontinue in case of recurrent tumour growth); proliferative or preproliferative diabetic retinopathy; Prader-Willi syndrome who are severely obese or have respiratory impairment; or in children with chronic renal disease where there has been an episode of rejection in the twelve months following transplantation (discontinue in case of a new acute rejection episode). Not to be initiated in patients with acute critical illness due to complications following open heart surgery or abdominal surgery, multiple accident trauma, or those with acute respiratory failure. **Precautions:** Please review precautions section in full PI. Treatment should be directed by specialists experienced in the diagnosis and management of growth hormone deficiency, Turner Syndrome, chronic renal disease, IUGR/SGA (Small for Gestational Age). Do not mix with other medicines. Patients with increased risk for diabetes mellitus should be followed. Very rare cases of benign intracranial hypertension reported; discontinuation may be required. In cases of severe/recurrent headache, visual symptoms, nausea and/or vomiting, a fundoscopy for papilloedema is recommended. In Turner syndrome, otological evaluation and monitoring of hand/feet growth recommended. Experience limited in GHDA patients treated >10 yrs, and in geriatrics. *Use in pregnancy:* Category B1. *Use in lactation:* No studies conducted in nursing mothers and it is not known whether Norditropin is excreted in breast milk. Maximum recommended daily dose should not be exceeded. **Interactions:** Glucocorticoids, gonadal steroids, gonadotrophin, anabolic steroids, oestrogen and thyroid hormone. Somatropin may increase the clearance of compounds metabolised by cytochrome P450 isoenzymes. **Adverse Reactions:** *Paediatric:* uncommon side effects: benign intracranial hypertension; headache; seizure; motor problems; arthralgia; slipped epiphysis; scoliosis; kyphoscoliosis; oedema; nausea; skin rash; local skin reactions at injection site; lipoatrophy. *Adults:* fluid retention with peripheral oedema are very common upon initiation. *Common:* Carpal tunnel syndrome (may require transient dose adjustment). Headache and paraesthesia, muscle/skeletal pain/stiffness; pain/joint inflammation; abnormal sensation; injection site reactions. Generalised hypersensitivity reactions have been reported post-marketing but are rare. **Dosage and Administration:** Dosage should be individualised. *Paediatric:* GHD: 25-35 g/kg/day, equal to 0.7-1.0 mg/m$^2$/day; Turner Syndrome: 50 g/kg/day, equal to 1.4 mg/m$^2$/day; SGA: 33-67 g/kg/day, equal to 1-2 mg/m$^2$/day. *Adults:* Commence at a low dose of 0.15-0.3 mg/day and increase at monthly intervals based on clinical response. Do not use drug substance if it does not appear water-clear and colourless. Updated Nov 2013.

**References: 1.** Norditropin® FlexPro® Product Information. **2.** Fuchs GS *et al. Clin Ther* 2009;31:2906–14.

**Novo Nordisk® Pharmaceuticals Pty Ltd** ABN 40 002 879 996. Level 10, 118 Mount Street, North Sydney NSW 2060. www.novonordisk.com.au FlexPro® and Norditropin® are registered trademarks owned by Novo Nordisk Health Care AG and the Apis bull logo is a registered trademark of Novo Nordisk A/S.  AU21NP00023. SSW. NOR-002365-00. Date of preparation: August 2021.

novo nordisk®

# THE ANNUAL ENDOCRINE SOCIETY OF AUSTRALIA SEMINAR 2022 ACKNOWLEDGES THE SUPPORT OF

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# CONTENTS

## WELCOME

The ESA is a community and for our next Seminar meeting we hope you will all come to a new type of meeting; one that enhances our learning while breaking with tradition.

Launceston is a city of contrasts and we aim to showcase the best of Tasmania while bringing you the best of endocrinology. With the main theme of adrenal disease, our Plenary speaker is Prof Gary Hammer, the 2020 US Endocrine Society President. We hope you will come as a show of support to the global endocrine community and to celebrate his time down under.

In addition to fantastic plenary presentations and sessions with local experts, there will be case presentations and panel discussions. In particular, the program will cover topics including: diabetes, thyroid, bone and calcium, and will pay homage to the Tasman 1 kindred MEN1 publications.

The major difference will lie in the feel of the meeting. Launceston is regional. It is Australia's third oldest city and has undergone significant urban renewal. The architecture remains elegant in line with its history, but there is also a thriving art and design element. In addition, the food and wine scene is excellent, with seriously committed providores turning out some of the finest produce in Australia. It has been a while and we would love to bring our community together to celebrate our society.

We have arranged a variety of accommodations throughout the city, with the conference facilities located at the heart of it all, The Hotel Grand Chancellor. Bring your walking shoes (and umbrella) to make the most of all that we have planned.

Come and support our society while we support the thriving town of Launceston!

*Dr Anna Story and Dr Diana Learoyd,*

*Co-Convenors on behalf of ESA*

**Dr Anna Story**
Director and Endocrinologist, Northern Sydney Endocrine Centre and Sydney Medical School

**A/Prof Diana Learoyd**
Endocrinologist GenesisCare North Shore and Sydney Medical School

## SOCIETY & CONFERENCE SECRETARIAT

**Endocrine Society of Australia**
145 Macquarie Street
Sydney, NSW 2000
Contact Person: Ivone Johnson
Ph: 0414 454 085
ijohnson@endocrinesociety.org.au
www.endocrinesociety.org.au

**Conference Secretariat – ASN Events**
Unit 9/397 Smith Street,
Fitzroy VIC 3065
Contact Person: Jim Fawcett
Phone 0449 251 659
Jim.f@asnevents.net.au
www.asn.events

## CONFERENCE VENUE

**Hotel Grand Chancellor**
29 Cameron St Launceston, Tasmania
Phone: (+61) 03 6334 3434

## PARKING

Onsite, adjacent to the hotel. Car parking rates start from $6.00 per vehicle per day, subject to availability.

## REGISTRATION DESK

The registration desk will be situated in the Pre-Function Area, outside the Conference Centre (Chancellor 1 & 2) and attended as follows: Friday 29th April, 11:00 am – 5:15 pm | Saturday 30th April, 07:00 am – 1:00 pm | Sunday 1 May, 08:30 am – 12:15 pm. The Exhibition will be open from 12:30 pm on Friday 29th April.

## CONFERENCE MEETING ROOM & EXHIBITION

All Plenary and Symposium sessions will take place within the Chancellor 1 Room. The Exhibition will be held in the Chancellor 2 Room. Chancellor 1 & 2 are adjactent to each other and known as the Conference Centre.

*The Conference Meeting Room is supported by* AMGEN®

## COFFEE CART

Complimentary barrista coffee will be served within the Exhibition (Chancellor 2) at the start of each day and within catered breaks.

*The Coffee Cart is supported by* Boehringer Ingelheim Lilly

## NAME BADGE

Your name badge is your official pass to all scientific and catered sessions. Ensure you wear your name badge at all times and if misplaced, please see the staff at the registration desk for a replacement.

## REGISTRATION INCLUSION

Conference delegates receive the following services as part of their registration:

Access to all sessions on the day(s) of your registration, Conference Program Booklet, Name Tag, Catering during lunch and morning/afternoon tea breaks & a ticket to the Welcome Function.

## WIRELESS INTERNET

Delegates can connect to the free Wi-Fi within the Grand Chancellor.

**WIFI-Username/network**: EVENTS | **Password:** HGCL

## SUNDAY LUGGAGE STORAGE

If you are planning on departing from the Hotel Grand Chancellor on the Sunday after the Seminar Meeting, you can store your luggage directly with the front office reception team.

**SUNDAY BUS TRANSFER**

The conference offers a bus transfer ($15) from the Hotel Grand Chancellor to Launceston Airport on Sunday 1st May. The transfer will depart at approximately 1.00pm and arrive at the airport around 1.30pm. Tickets need to be pre-booked and are available for purchase from the registration desk.

**SPEAKER PRESENTATIONS**

Speakers are encouraged to load their presentations in Chancellor 1 at least one session before their talk to avoid any last-minute rushes. An AV Technician will be able to assist presenters. The standard AV set up for all presentations will be data projection using MSPowerPoint. All presentations will be run from a PC.

**PARENT'S ROOM**

The existence of the Virtual Platform will allow parents to watch the presentations live from the comfort of their own rooms or to catch up at a later time if more convenient

**VIRTUAL PLATFORM**

All delegates – both virtual and in-person- have access to the virtual conference platform to view sessions live and on-demand. The recordings will remain available to watch for up to 12 months after the meeting.

The virtual conference platform is accessible via this link: www.pheedloop.com/ESASeminar2022/virtual/. Please contact the conference secretariat if you haven't received your login details.

**MOBILE PHONES**

Please ensure your mobile phone is turned off during sessions.

**SPECIAL MEAL REQUESTS**

If you have requested a special meal (dietary requirements), please identify yourself to the venue staff. All requests have been passed onto the venue and will be catered for accordingly.

**SMOKING**

Smoking is not permitted in the venue.

**INSURANCE**

The hosts and organisers are not responsible for personal accidents, any travel costs, or the loss of private property and will not be liable for any claims. Delegates requiring insurance should make their own arrangements.

**DISCLAIMER**

The hosts, organisers and participating societies are not responsible for, or represented by, the opinions expressed by participants in either the sessions or their written abstracts.

For your patients with type 2 diabetes

# THE POWER TO ACCOMPLISH MORE†

## †Above and beyond glycaemic control[1,2^]

^The **ONLY** ORAL T2D treatment indicated for

## PREVENTION OF CV DEATH

in patients with T2D and established CV disease (CAD, PAD, MI or stroke) on top of standard of care[1#]

# Standard of care included antihypertensives, lipid-lowering agents, anticoagulants and glucose-lowering therapies.[2]

Jardiance® (empagliflozin)

**PBS Information: JARDIANCE®: Authority Required (STREAMLINED). Type 2 Diabetes.**
**Code 7506** - Add-on to metformin or SU. **Code 4991** - Add-on to Insulin. **Code 5629** - Triple therapy (with metformin and SU). **Code 7528** - Triple therapy, initial treatment (with metformin + DPP4i). **Code 7495** - Triple therapy, continuing treatment (with metformin + DPP4i). Refer to PBS Schedule for full Authority Required Information.

BEFORE PRESCRIBING, PLEASE REVIEW THE FULL PRODUCT INFORMATION AVAILABLE FROM BOEHRINGER INGELHEIM AT WWW.BOEHRINGER-INGELHEIM.COM.AU/PI.

**JARDIANCE® (empagliflozin) 10 mg, 25 mg film-coated tablets. INDICATIONS:** Glycaemic control: Treatment of type 2 diabetes mellitus (T2DM) to improve glycaemic control in adults as: *Monotherapy* - When diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; *Add-on combination therapy* - With other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Prevention of cardiovascular (CV) death: In patients with T2DM and established CV disease to reduce the risk of CV death. To prevent CV deaths, Jardiance should be used in conjunction with other measures to reduce CV risk in line with the current standard of care. **CONTRAINDICATIONS:** Hypersensitivity to empagliflozin or any of the excipients; for the treatment of T2DM - JARDIANCE should not be used in patients with severe renal impairment (eGFR <30mL/min/1.73m$^2$) as glycaemic efficacy depends on renal function; rare hereditary conditions of galactose intolerance, e.g. galactosaemia. **PRECAUTIONS:** Patients with type 1 diabetes; ketoacidosis; surgery; patients with T2DM - contraindicated when eGFR is below 30mL/min/1.73m$^2$; monitoring of renal function is recommended; consider discontinuation in patients with recurrent complicated urinary tract infections (UTIs); necrotising fasciitis of the perineum (Fournier's gangrene); patients for whom a drop in BP could pose a risk (e.g. those with known CV disease, on diuretics, have a history of hypotension, or aged ≥75 years); pregnancy; lactation; children (<18 years). **INTERACTIONS:** Diuretics - may add to diuretic effect of thiazide and loop diuretics; insulin and sulfonylurea (SU) - may increase the risk of hypoglycaemia; interference with 1,5-anhydroglucitol assay. **ADVERSE REACTIONS:** Very common: hypoglycaemia (combination with metformin and an SU; insulin). Common: hypoglycaemia (combination with metformin; pioglitazone with or without metformin; metformin and linagliptin); UTIs; increased urination; vaginal moniliasis, vulvovaginitis, balanitis and other genital infections; volume depletion (patients aged ≥75 years); thirst; pruritis; serum lipids increased. Others, see full PI. **DOSAGE AND ADMINISTRATION:** JARDIANCE can be taken with or without food. The recommended starting dose is 10mg once daily. For patients tolerating 10mg once daily and require additional glycaemic control, increase dose to 25mg once daily. No dose adjustment is necessary for patients based on age, patients treated for T2DM with eGFR ≥30mL/min/1.73m$^2$ or hepatic impairment. When used in combination with an SU or insulin, a lower dose of the SU or insulin may be considered to reduce the risk of hypoglycaemia. December 2021.

CAD=coronary artery disease; CV=cardiovascular; MI=myocardial infarction; PAD=peripheral artery disease.

**References: 1.** JARDIANCE® Product Information 23 December 2021. **2.** Zinman B *et al. N Engl J Med* 2015;373:2117–28.

Boehringer Ingelheim

Boehringer Ingelheim Pty Limited, ABN 52 000 452 308,
78 Waterloo Road, North Ryde, NSW 2113, Australia


Eli Lilly Australia Pty Limited, ABN 39 000 233 992,
112 Wharf Road, West Ryde, NSW 2114, Australia


Lilly

**WELCOME RECEPTION - FRIDAY 29TH APRIL**

Start off ESA Seminar 2022 with a bang and join us for the Welcome Function on Friday night!

**Time**: 5:15 PM - 6:15 PM | **Location**: Hotel Grand Chancellor | **Price**: Included for delegates | $15 per additional ticket

*The Welcome Reception is supported by* Pfizer

**A NIGHT OF CULINARY ADVENTURE AT ALIDA - FRIDAY 29TH APRIL**

After the Welcome Reception, let us take you on a journey filled with local culinary delights! Join us at Alida (formerly known as Penny Royal Wine Bar and Restaurant) for a uniquely Tasmanian food and wine experience, with a menu embracing Tassie's seafood and beef heritage, complimented by Joseph Chromy wines and local spirits. The venue is conveniently located between the picturesque Cataract Gorge and Launceston's CBD (walking distance from Hotel Grand Chancellor) and boasts wonderful water views from the adjoining boardwalk.

**Time**: 6:30 PM - 8:30 PM | **Location**: Alida Restaurant (Penny Royal complex) | 1 Bridge Rd, Launceston (15-minute walk from Hotel Grand Chancellor) | **Price**: $25 per person

**CONFERENCE DINNER - SATURDAY 30TH APRIL**

For the Conference Dinner on Saturday Night, we are delighted to have booked out Cataract on Paterson, a beautiful venue boasting a quirky, yet elegant industrial design paired with contemporary cuisine and polished service. The menu focuses on fresh Tasmanian produce, featuring high-quality grass-fed beef from Great Southern Pinnacle and a seafood tasting plate, containing locally caught fresh Tasmanian oysters and scallops.

**Time**: 7:00PM – late | **Location**: Cataract of Paterson Restaurant - 135 Paterson Street, Launceston | **Price**: $50 for delegates | $90 per additional ticket

*The Conference Dinner is supported by* IPSEN Innovation for patient care

This year, our dinner speaker will be **Dr James Haddy from University of Tasmania** with a talk on the effects of stress on reproduction. Dr James Haddy's area of expertise is in conducting field and laboratory based research on the population dynamics, life history ecology and physiology (reproduction and stress endocrinology) of aquatic fauna. The majority of his work has focused on important recreational and commercial species of fish, crustaceans and molluscs. As a result, James has expertise in fisheries research and stock assessment modelling, from the initial collection of data (field biology) through to computer intensive quantitative modelling. Currently, James teaches undergraduate units covering aquatic biology, fisheries biology and population dynamics, fisheries assessment and field research techniques for aquatic ecosystems.

IPSEN assist®

# INTRODUCING IPSEN ASSIST®

A support program sponsored by Ipsen Pty Ltd for patients prescribed Somatuline® Autogel® (lanreotide)

## Work with your patients to identify the most appropriate program service for them:

### In-home, self-injection*

- **Training for self injection provided to a patient or their caregiver in the home***
- **Three training sessions (via live video call or face-to-face)**

**For patients controlled on Somatuline Autogel, and who are both motivated and competent to perform the injection following training*

*Option to switch to the local-clinic service at any time*

### Administration at a local GP clinic

- **Training for a local GP or nurse at the patient's nominated clinic**
- **Arrangements taken care of by an Ipsen Assist coordinator**

*The reassurance of administration by a known and trusted healthcare professional and the opportunity to coordinate visits with regular GP appointments*

## Learn more about Ipsen Assist

- Visit the Ipsen Medical Stand on Friday or Saturday
- Call Ipsen Assist on 1800 477 366 or email support@ipsenassist.com
- Talk to us further about your needs including our nurse home injection service

**To enrol patients go to ipsenassist.com and use access code SOM101**

**PBS Information:** Authority required (STREAMLINED). This product is a highly specialized drug listed on the PBS as a Section 100 item. Refer to PBS Schedule for full authority information.

Before prescribing please refer to the full Product Information, which is available from Ipsen Medical Information. Ph: 1800 317 033 or from http://www.guildlink.com.au/gc/ws/ipsen/pi.cfm?product=ispsatgi

**Somatuline® Autogel®:** Lanreotide as acetate in a pre-filled syringe (60, 90 and 120 mg). **Indications:** Treatment of acromegaly when circulating growth hormone and IGF-1 levels remain abnormal after surgery and/or radiotherapy or in patients who have failed dopamine agonist therapy; the treatment of symptoms of carcinoid syndrome associated with carcinoid tumours; the treatment of gastroenteropancreatic neuroendocrine tumours (GEP-NETs) in adult patients with unresectable locally advanced or metastatic disease. **Contraindications:** Lactation; hypersensitivity to lanreotide or related peptides or other excipients. **Precautions:** May experience hypoglycaemia or hyperglycaemia (monitor blood glucose levels); slight decrease in thyroid function; may reduce gall bladder motility (recommend gall bladder echography); postmarketing reports of cholecystitis, cholangitis and pancreatitis requiring cholecystectomy; discontinue use if complications of cholelithiasis are suspected; monitor kidney and liver function; may reduce heart rate in patients without an underlying cardiac problem (monitor heart rate; caution with treatment initiation in patients with bradycardia). Not recommended for use in children. See full PI for further information. **Interactions with Other Medicines:** Reduced absorption of cyclosporin A, decreased bioavailability of cyclosporine, increased availability of bromocriptine, additive bradycardia effects with beta-blockers, decreased clearance of quinidine, terfenadine. **Effect on driving / using machinery:** If affected by dizziness do not drive or use machinery. **Adverse Effects:** Very common: diarrhoea or loose stools, abdominal pain, cholelithiasis; Common: hypoglycaemia, hyperglycaemia, diabetes mellitus aggravated, fatigue, lethargy, asthenia, dizziness, headache, sinus bradycardia, alopecia, hypotrichosis, nausea, vomiting, dyspepsia, flatulence, abdominal distension, abdominal discomfort, constipation, biliary dilatation, steatorrhoea, injection site reactions (pain, mass, induration, nodule, pruritis), laboratory investigation changes, weight decreased, decreased appetite, musculo-skeletal pain, myalgia. See full PI for further information. Dose: Acromegaly: For first time treatment the starting dose is 60 mg every 28 days; for patients previously treated with Somatuline LA every 14, 10 or 7 days, the starting dose is 60 mg, 90 mg or 120 mg respectively every 28 days. Dosage should be adjusted according to GH and/or IGF-1 response. Well controlled patients can be treated with 120mg every 42-56 days. Carcinoid Syndrome: 60 to 120 mg every 28 days, adjusted according to symptomatic relief. GEP-NETs: 120mg every 28 days; treatment should be continued for as long as needed for tumour control. **Administration:** Deep subcutaneous injection in the superior external quadrant of the buttock (healthcare professional or carer); or the upper, outer thigh (self-administration). Decision for injection by patient or carer to be made by a healthcare professional. Patients must be controlled on Somatuline Autogel and patients/carers must be motivated, competent and trained to inject. **Storage:** 2°C–8°C

*For patients controlled on Somatuline Autogel, and who are both motivated and competent to perform the injection following training. ®Ipsen Assist, Somatuline and Autogel are registered trade marks of Ipsen Pty Ltd. Ipsen Assist Support Program is an initiative of Ipsen Pty Ltd. ™ Cohere is a trade mark of Partizan Health. For further information about Somatuline® Autogel®, please contact Ipsen Pty Ltd, ABN 47 095 036 909, Level 2, Building 4, Brandon Office Park, 540 Springvale Road, Glen Waverley, VIC 3150 Australia. **T:** +61 (0)3 8544 8100 **F:** +61 (0)3 9562 5152 **E:** info@ipsen.com.au **W:** www.ipsen.com.au Date of preparation: April 2022 SOM-AU-001012

Somatuline® autogel® lanreotide

IPSEN Innovation for patient care

## INVITED PLENARY SPEAKER

### Prof Gary Hammer- University of Michigan, USA

Gary D. Hammer, M.D., Ph.D. is a Professor in the Departments of Internal Medicine (Metabolism, Endocrinology & Diabetes), Cell & Developmental Biology, and Molecular & Integrative Physiology at the University of Michigan (UofM). Before arriving in Michigan in 1999, he obtained his M.D. and Ph.D. in Neuroscience from Tufts University and completed his residency in Internal Medicine followed by a clinical fellowship in Endocrinology and a post-doctoral fellowship with Holly Ingraham at the University of California, San Francisco. He currently serves as the Director of the Endocrine Oncology Program in the Comprehensive Cancer Center at UofM where he holds the Millie Schembechler Professorship in Adrenal Cancer. He has brokered the recent renaissance of the current Michigan team of adrenal scientists that includes a who's who in the clinical and basic study of adrenal disease. He received the UofM Jerome Conn Award for Outstanding Research in Internal Medicine, the Endocrine Society Edwin B. Astwood Award for Outstanding Research in Endocrinology and is a member of the American Society for Clinical Investigation and Association of American Physicians.

## INVITED SYMPOSIUM SPEAKERS

### Prof John Burgess

*Royal Hobart Hospital & University of Tasmania*

Professor John Burgess (MBBS, PhD, MD, FRACP) is a consultant endocrinologist at the Royal Hobart Hospital, the Professor of Endocrinology at University of Tasmania, and Director of the Endocrinology Laboratory at the RHH. After attaining Fellowship of the Royal Australasian College of Physicians, he completed an MD examining factors influencing clinical expression of tumours in Multiple Endocrine Neoplasia type 1, and subsequently a PhD investigating the epidemiology of papillary thyroid carcinoma. He maintains an active research interest in relation to both endocrine neoplastic conditions as well as iodine nutrition and thyroid disease. Dr Burgess is the physician in charge of the Endocrine Neoplasia Clinic at the RHH and he continues to published extensively in the field MEN 1 pathogenesis, screening and clinical management.

### Prof Rory Clifton-Bligh

*Royal North Shore Hospital, NSW*

Prof Roderick Clifton-Bligh is Head of the Department of Endocrinology at Royal North Shore Hospital, and professor of Medicine at the University of Sydney. He completed a PhD in the genetics of thyroid disorders at the University of Cambridge. He now supervises dual research groups, one of which focuses on the genetics of endocrine neoplasms, and the other on metabolic bone disease. The Cancer Genetics Unit studies the molecular bases of thyroid cancer, phaechromocytoma/paraganglioma syndromes, adrenal cancer, and pituitary neoplasms. The Metabolic Bone Research Unit studies calcium-sensing receptor gene mutations and FGF23 biology. His scope of clinical practice remains broad. He has co-supervised 10 completed PhDs, including five Endocrinologists. He maintains a strong involvement in teaching and mentoring young physicians.

### A/Prof Samantha Fraser-Bell

*Sydney Eye Hospital and Royal North Shore Hospital, NSW*

Samantha Fraser-Bell is an Associate Professor in the discipline of Ophthalmology at the University of Sydney. She is actively involved in clinical research, running a weekly research clinic at the Macula Research Unit, Save Sight Institute, and Sydney Eye Hospital, where she has been an investigator for more than 50 retinal clinical trials, including several investigator initiated trials in the management of diabetic macular oedema. Samantha has authored more than 100 peer-reviewed publications. Other significant positions held include: Medical retina and uveitis specialist at Royal North Shore Hospital; Deputy Director of Clinical Trials, Save Sight Institute, University of Sydney; Medical Retina subeditor for Clinical and Experimental Ophthalmology; Ophthalmic Research Institute of Australia (ORIA) board member and secretary of the ORIA grant review panel; International Macula Society member; and co-Director of Sydney Eye Hospital Medical Retina fellowship program.

### A/Prof Christian Girgis

*Royal North Shore and Westmead Hospitals, NSW*

A/Prof Christian Girgis is a staff endocrinologist at Royal North Shore and Westmead Hospitals in Sydney. He completed a PhD in 2014 at the Garvan Institute of Medical Research on vitamin D signaling and skeletal muscle. He was subsequently awarded an NHMRC post-doctoral research fellowship and in 2015, was a visiting scholar to the Salk institute of Biological studies, USA. Currently, his clinical work focuses on metabolic bone disease, calcium disorders and osteoporosis re-fracture prevention. He conducts translational research in broad areas of musculoskeletal health and is involved in medical education as an associate professor at the University of Sydney.

### A/Prof Sarah Glastras

*Royal North Shore Hospital, NSW*

Dr Sarah Glastras is a clinician researcher who works as a Staff Specialist in Endocrinology at the Royal North Shore Hospital, Sydney and holds a conjoint appointment as an academic Senior Lecturer at the University of Sydney. She also consults in a busy private endocrinology practice in St Leonards. Dr Glastras completed her PhD studies in 2016 at the Kolling Institute of Medical Research, University of Sydney on the role of maternal obesity in predisposing offspring towards chronic disease, and continues foetal programming research as a NHMRC Early Career Fellow. In addition to her basic science research, she is involved in many clinical studies in the areas of diabetes and obesity, with a special interest in pregnancy. She is leading a clinical study investigating the role of biomarkers in predicting preeclampsia in women with type 1 diabetes in pregnancy, funded by a JDRF Mentored Clinician Researcher Fellowship and supported by Diabetes Australia. She chairs the Complex Medical Management in Pregnancy Working Group within the Northern Sydney Local Health District.

### Dr Caroline Jung

*St Vincent's Hospital, Royal Women's Hospital, The Royal Victorian Eye and Ear HospitaL, VIC*

Dr Caroline Jung graduated from the University of Melbourne with Honours in 1999. She completed specialist physician training in Endocrinology in 2006. Her PhD (University of Melbourne 2011) evaluated the hypothalamic-pituitary-adrenal axis during pregnancy and in people with obesity, diabetes, Cushing's syndrome and adrenal insufficiency. Dr Jung has received several awards and grants for her research, including the Bryan Hudson Clinical Endocrinology award and the ESA Seed grant. Dr Jung works at St Vincent's Hospital, Royal Women's Hospital and at the Royal Victorian Eye and Ear Hospital in Melbourne. She is a Senior Lecturer at the University of Melbourne.

### A/Prof Don Mcleod

*Royal Brisbane & Womens's Hospital, QLD*

Don McLeod is a Senior Staff Specialist in Endocrinology at the Royal Brisbane & Women's Hospital, Honorary Senior Research Officer at QIMR Berghofer Medical Research Institute, and Associate Professor of the University of Queensland. After gaining his FRACP in 2010, Don undertook a Master of Public Health in Quantitative Methods at Harvard School of Public Health, Boston, USA, followed by a research fellowship in thyroid cancer in the Division of Endocrinology and Metabolism at The Johns Hopkins University School of Medicine in Baltimore, USA. He was awarded his PhD in thyroid epidemiology in 2015. Don's main research interests are thyroid cancer and autoimmunity, including Graves' disease, and is supported by a Queensland Advancing Clinical Research Fellowship and a Metro North Clinician Research Fellowship. He serves as an Editorial Board member of Thyroid and Associate Editor of Clinical Thyroidology. Don's contribution to education has also been recognized with the UQ Medical Society Award for Excellence in Clinical Teaching.

### Dr Emily Meyer

*University of Adelaide and Royal Adelaide Hospital, SA*

Emily Meyer is an Endocrinologist currently completing her PhD the University of Adelaide and Royal Adelaide Hospital. She has a passion for clinical research, having embarked on a PhD in corticosteroid-binding globulin (CBG) in septic shock and was successful in being awarded the AR Clarkson Scholarship, Royal Adelaide Hospital Research Fund. Emily has published a number of reviews and research papers in the field, demonstrating an association between a reduction in high-affinity CBG and septic shock mortality. As part of her PhD, she has developed a novel homogenous ligand binding assay using Surface Plasmon Resonance (SPR) technology. Using this technique, she has characterised the binding affinities of both high- and low-affinity CBG to a library of steroid ligands, at temperatures and at physiological and acidaemic pH to mimic the pathophysiological conditions of septic shock. Emily has presented these findings at both the ESA and ENDO annual meetings, receiving the ESA IPSEN and Endocrine Society's Early Career Travel Awards. She has also published on SGLT2 inhibitor associated diabetic ketoacidosis (DKA) in the perioperative period, received a Australian Diabetes Association (ADS) Clinical Poster award and work which has informed ADS and ANZCA released clinical management guidelines. Research is ongoing to address incidence and risk of SGLT2 inhibitor associated DKA in the perioperative setting with the aim to further guide clinical practice.

### A/Prof Frances Milat

*Hudson Institute & Monash University, VIC*

Associate Professor Frances Milat is an Endocrinologist, Head of the Metabolic Bone Services at Monash Health, Head of the Metabolic Bone Research Group at the Hudson Institute and Research Fellow in the Department of Medicine, School of Clinical Sciences, Monash University. After graduating from Medicine at Monash University in 1996, she pursued her clinical and research interest in endocrinology and metabolic bone disorders, completing her doctorate in PTH and Wnt pathway action in bone at St Vincent's Institute. Fran is committed to improving patient care through clinical research, with interests in osteoporosis in chronic disease and osteoporosis in young adults. She is involved in the supervision of research students as well as medical student and postgraduate teaching. A/Prof Frances Milat has been awarded several prizes for clinical and research excellence. She is also involved in osteoporosis and endocrine guideline development and serves on national committees in both a clinical and research capacity.

### Dr Julie Miller

*The Royal Melbourne Hospital & Australia/New Zealand Endocrine Surgeons, VIC*

A/Professor. Miller is a specialist surgeon with specific expertise in endocrine surgery. Originally from the United States, she became a fully qualified surgeon in New York City before moving to Australia in 2001. She is a consultant surgeon at The Royal Melbourne Hospital and Epworth Freemason's Hospital, and former Clinical Sub-Dean for Surgical Education at the University of Melbourne. Professor Miller serves as the President of Australia/New Zealand Endocrine Surgeons, and Head of the Endocrine Section of the Royal Australasian College of Surgeons. She is Head of the Thyroid and Endocrine Tumour Group of the Royal Melbourne Hospital, and directs the Thyroid Cancer Multidisciplinary Care Conference. She has a special interest and expertise in minimally invasive parathyroid surgery, as well as thyroid and adrenal surgery. In 2011, A/Professor. Miller was the first surgeon in Victoria to perform a PRA (posterior retroperitoneoscopic adrenalectomy). This approach to the adrenal gland is relatively painless, so it benefits the patient in terms of faster recovery. Most patients have no need for prescription pain tablets. In 2017, she became the first surgeon in Australia to offer non-surgical ablation of benign thyroid cysts using medical grade ethanol, thereby allowing patients with large, symptomatic cysts to be treated without surgery. A/Professor. Miller is a sought after speaker and has given many invited lectures nationally and internationally on her areas of expertise.

### Dr Barbora Paldus

*St Vincent's Hospital, VIC*

Dr Barbora Paldus is an Endocrinologist and Research Fellow at St Vincent's Hospital, Melbourne. Dr Barb is passionate about improving the lives of people with type 1 diabetes (T1D) and has a special interest in the application of novel diabetes technologies and algorithms to the management of T1D. As a technology and sports enthusiast, she has undertaken tertiary studies in mathematics and computer programming and is currently completing a PhD through the University of Melbourne focusing on advancing closed loop insulin delivery (artificial pancreas) and other novel technologies for T1D management during exercise.

### Dr Michael Thompson

*Royal Hobart Hospital, TAS*

Michael Thompson is an Advanced Trainee in Endocrinology based at the and PhD candidate at the Menzies Research Institute Tasmania supported by a NHMRC scholarship. Michael has served as Chief Registrar for the Royal Hobart Hospital, Support Registrar and Medical Education Advisor for the Postgraduate Medical Council of Tasmania and Editor-in-Chief of the Australian Medical Student Journal. He has presented as a finalist for the ESA Bryan Hudson Clinical Endocrinology award (2018 & 2019) and been recipient of the RACP Tasmanian Trainee Research prize (2014 & 2018) and inaugural Tasmanian AMA President's Award for Excellence (2015). He is a current lecturer and examiner at the University of Tasmania. Recreational pursuits include hiking and long distance trail running.

### Prof David Torpy

*Royal Adelaide Hospital, SA*

David Torpy is a Consultant Endocrinologist at the Royal Adelaide Hospital. His research interests predominantly involve studies of the hypothalamic-pituitary-adrenal axis and stress. Recent specific areas have included corticosteroid-binding globulin (CBG) genetic variants and their effect on the stress response, immune-HPA interactions involving CBG and cortisol delivery in inflammatory states, adrenal function in septic shock, maternal cortisolaemia in complicated pregnancies, inherited forms of adrenal dysfunction causing Cushing's and cortisone dosing and well-being in Addison's disease and studies of adrenal crisis.

### Dr Venessa Tsang

*Royal North Shore Hospital, NSW*

Dr Venessa Tsang is an Endocrinology Staff Specialist at Royal North Shore Hospital. She has an interest in endocrine cancers, having completed a PhD on the Molecular Pathogenesis of Phaeochromocytoma and Paraganglioma at the Kolling Institute of Medical Research, University of Sydney, in 2015. She is currently involved in a number of clinical trials and investigator led research looking at advanced and metastatic thyroid cancer. She has published and presented on basic and clinical research in thyroid cancer, phaeochromocytoma and paraganglioma and other familial endocrine syndromes, endocrine adverse effects of immune check point inhibitors, functional neuroendocrine tumours, and type 3c diabetes secondary to pancreatic surgery. She is strongly involved with medical education, having co-ordinated the MD project for Northern Clinical School and involved in Endocrine Assessment for the Sydney Medical Programme. She is currently a supervisor for MD student project and PhD Student.

### Dr Annabelle Hayes

*Royal Adelaide Hospital, SA*

Annabelle is a second year Advanced Trainee in Endocrinology at Flinders Medical Centre, and previously at the Royal Adelaide Hospital. She has an interest in Pituitary and Adrenal Endocrinology and is undergoing research in cortisol metabolism and diabetes in Indigenous populations. She has served in the role of Chief Medical Resident and continues to be involved in medical student education.

# eSHINE OFFERS QUALITY & FLEXIBILITY[1]

## for your patients with acromegaly or neuroendocrine tumours

## Patients prescribed Sandostatin® LAR® (Octreotide) have the option to receive the following services on eSHINE:

The convenience of free **home delivery***

* Offered in metro and major regional areas; standard dispensing fees apply

The reassurance of home injections, admininstered at a time that suits them

Additional support and resources

To *find out more* about the eSHINE Patient Support Program, contact your Novartis representative.

To *register for eSHINE* and start enrolling patients please visit: **www.eshinesupportprogram.com.au** or scan the QR code.

Scan to register

## Sandostatin® LAR®: AUSTRALIA

Sandostatin® LAR® PBS Information: Section 100.
Public & Private Hospital and Community Access Authority Required (STREAMLINED).
Refer to PBS Schedule for full Authority Information.

**See approved Product Information before prescribing. TGA approved Product Information available on request.**
**Sandostatin® LAR® (octreotide)**

See approved Product Information before prescribing. TGA Approved Product Information available on request.
**Indications:** •Symptomatic control and reduction of GH and IGF-1 plasma levels in acromegaly patients inadequately controlled by surgery, radiotherapy, or dopamine agonist treatment but who are adequately controlled on s.c. treatment with Sandostatin, unfit or unwilling to undergo surgery, or in the interim period until radiotherapy becomes fully effective. •Relief of symptoms associated with carcinoid tumours with features of carcinoid syndrome and vasoactive intestinal peptide secreting tumours (VIPomas) in patients who are adequately controlled on s.c. treatment with Sandostatin.•Treatment of patients with progression of well-differentiated, advanced neuroendocrine tumours of the midgut or suspected midgut origin.
**Dosage and administration:** Read the enclosed directions before use. Deep intragluteal injection. Initial dose 20 mg every 4 weeks for 3 months. Dose to be adjusted according to response (10 to 30 mg every 4 weeks). The recommended dose of Sandostatin LAR for the treatment of advanced neuroendocrine tumours of the midgut or suspected midgut origin is 30mg every 4 weeks.
**Contraindications:** Hypersensitivity to octreotide or any components of the formulation.
**Precautions:** Antidiabetics, beta-blockers, calcium channel blockers or agents to control fluid and electrolyte balance, dose adjustment may be necessary. Ultrasonic examination of the gallbladder at timed intervals recommended. Monitor pituitary tumour size expansion. Sudden escape from symptomatic control has occurred using s.c. Sandostatin. Sandostatin LAR is likely to affect glucose regulation. Monitor patients with Type I diabetes mellitus and patients with concomitant hypersecretion of insulin. Recommend monitoring non-diabetic and type II diabetics for increases in post-prandial glycaemia. May alter absorption of dietary fats. Monitor B12 levels in patients with a history of vitamin B12 deprivation. Abnormal Schilling's tests have been observed. Monitor thyroid function during prolonged treatment. Limited experience with Sandostatin LAR in children. Use during pregnancy only under compelling circumstances. Do not breast-feed. May affect fertility. Inform patient of this possibility. Use of adequate contraception for female patients of childbearing age advised.
**Interactions:** Reduced absorption of cyclosporin and delayed absorption of cimetidine; effect on absorption of orally administered drugs should be considered. Dose adjustments of drugs such as antidiabetics, beta-blockers, calcium channel blockers, or agents to control fluid and electrolyte balance, may be necessary. Increased bioavailability of bromocriptine. Caution with concomitant use of drugs mainly metabolised by CYP3A4 and which have a low therapeutic index (e.g. quinidine).
**Side effects:** Very common: diarrhoea, abdominal pain, nausea, constipation, flatulence, headache, cholelithiasis, hyperglycaemia, and injection-site reactions (including local pain and occasionally swelling, irritation and rash). Common: dyspepsia, vomiting, asthenia, abdominal bloating, steatorrhoea, loose stools, discolouration of faeces, dizziness, hypothyroidism, thyroid disorder (e.g. decreased thyroid stimulating hormone [TSH], decreased Total T4, and decreased Free T4), cholecystitis, biliary sludge, hyperbilirubinaemia, hypoglycaemia, impairment of glucose tolerance, anorexia, elevated transaminase levels, pruritus, rash, alopecia, dyspnoea, and bradycardia. Uncommon: dehydration, and tachycardia. Rare: gastrointestinal side effects (may resemble acute intestinal obstruction, with progressive abdominal distension, severe epigastric pain, abdominal tenderness and guarding), acute pancreatitis and cholelithiasis-induced pancreatitis in patients taking s.c. Sandostatin. Post-marketing reports: anaphylaxis, isolated cases of anaphylactic shock, allergy/hypersensitivity reactions, urticaria, acute pancreatitis, acute hepatitis without cholestasis, cholestatic hepatitis, cholestasis, jaundice, cholestatic jaundice, arrhythmia, thrombocytopenia, increased alkaline phosphatase levels, and increased gamma glutamyl transferase levels.

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Internal Document Code: smsL210820m is based on PI smsL210820i

Sandostatin® LAR® octreotide/IM INJECTION eSHINE SUPPORT PROGRAM

**Abbreviation**: eSHINE, **E**lectronic **S**andostatin LAR **H**ome **IN**jection Servic**E** Patient Support Program; LAR, long-acting repeatable.

Reference:1. Wakelin K. Patient reported experiences of the burden of neuroendocrine tumors and impact of eSHINE Patient Support Program on patient quality of life. Asia-Pac J Clin Oncol.

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# FRIDAY 29TH APRIL

| | |
|---|---|
| 11:00 AM | **REGISTATION OPENS** |
| 12:30 PM | **EXHIBITION OPENS** |
| | **WELCOME** |
| 1:15 PM - 1:30 PM | **Dr Anna Story and A/Prof Diana Learoyd** |
| | **SYMPOSIUM #1 DIABETES**<br>*Chair: Dr Sally Abell* |
| 1:30 PM - 2:00 PM | New type 1 diabetes technologies; **Dr Barbora Paldus**<br>*Presentation supported by Novo Nordisk* |
| 2:00 PM - 2:30 PM | Metabolic issues surrounding pregnancy; **A/Prof Sarah Glastras** |
| 2:30 PM - 3:00 PM | Diabetic eye disease update; **A/Prof Samantha Fraser-Bell** |
| 3:00 PM - 3:30 PM | **AFTERNOON TEA** |
| | **SYMPOSIUM #2 THYROID**<br>*Chair: Dr Kris Park* |
| 3:30 PM - 4:00 PM | Iodine- refractory thyroid cancer; **Dr Venessa Tsang** |
| 4:00 PM - 4:30 PM | Troublesome forms of thyroiditis; **Dr Don McLeod** |
| 4:30 PM - 5:15 PM | **PLENARY 1**<br>*Chair: Prof David Torpy*<br>Adreno-cortical cancer; What's New Today/Where is Hope? **Prof Gary Hammer** |
| 5:15 PM - 6:15 PM | **WELCOME FUNCTION**<br>*Supported by Pfizer* |
| 6:30 PM - 8:30 PM | **A NIGHT OF CULINARY ADVENTURE AT ALIDA (PENNY ROYAL)** |

# SATURDAY 30TH APRIL

| | |
|---|---|
| 7:00 AM | **REGISTRATION OPENS** |
| | **BREAKFAST SYMPOSIUM** |
| 7:30 AM - 8:30 AM | Focus Group: Developing a Decision Aid for Patients with Low-Risk Thyroid Cancer<br>**Dr Chris Rowe & Dr Christine O'Neill** |
| | **SYMPOSIUM #3 ADRENAL**<br>*Chair: A/Prof Morton Burt* |
| 8:30 AM - 9:00 AM | Issues with cortisol measurements from a clinician's perspective; **Dr Caroline Jung** |
| 9:00 AM - 9:30 AM | Adrenal insufficiency management; **Prof David Torpy** |
| 9:30 AM - 10:00 AM | What's New with the Adrenal Medulla? **Prof Rory Clifton-Bligh** |
| 10:00 AM - 10:30 AM | **MORNING TEA** |
| | **PLENARY 2**<br>*Chair: Dr Anna Story* |
| 10:30 AM - 11:15 AM | The Enigma of the SHH Adrenal Progenitor; **Prof Gary Hammer** |
| | **DIFFICULT ADRENAL CASES and TOPICS**<br>*Chair: Prof David Torpy*<br>*Panel: Prof Gary Hammer, Prof Rory Clifton-Bligh and Dr Caroline Jung* |
| 11:15 AM - 11:35 AM | A tale of two sisters; **Prof David Torpy** |
| 11:35 AM - 12:00 PM | Adjunctive medical treatment for adrenal tumours with histological features suspicious for ACC; **Dr Annabelle Hayes** |
| 12:00 PM - 12:30 PM | Cortisol in Severe Illness; **Dr Emily Meyer** |
| 12:30 PM - 1:00 PM | **LEADERSHIP AND MENTORSHIP BY PROF GARY HAMMER + LUNCH** |
| 1:45 PM - 7:00 PM | **SATURDAY AFTERNOON ACTIVITIES/FREE TIME** |
| 7:00 PM - late | **CONFERENCE DINNER (CATARACT ON PATERSON)** |
| | *Supported by Ipsen* |

# SUNDAY 1ST MAY

| | |
|---|---|
| 6:00 AM – 8:00 AM | **CATARACT GORGE WALK** |
| 8:30 AM | **REGISTRATION OPENS** |
| | **SYMPOSIUM #4 BONE AND PARATHYROID**<br>*Chair: Dr Syndia Lazarus* |
| 9:00 AM - 9:30 AM | Timely intervention in osteoporosis; **A/Prof Fran Milat**<br>*Presentation supported by Amgen* |
| 9:30 AM - 10:00 AM | Complications of osteoporosis therapies; **A/Prof Christian Girgis** |
| 10:00 AM - 10:30 AM | Management of hyper and hypoparathyroidism; **A/Prof Julie Miller** |
| 10:30 AM - 11:00AM | **MORNING TEA** |
| | **FINAL SYMPOSIUM #5**<br>*Chairs: A/Prof Diana Learoyd & Dr Amanda Seabrook* |
| 11:00 AM - 11:30 AM | Adrenal surgery update; **A/Prof Julie Miller** |
| 11:30 AM - 12:15 PM | Lessons learned from the Tasman1 kindred; **Prof John Burgess & Dr Michael Thompson** |
| 12:15 PM - 1:00 PM | **LUNCH** |
| 1:00 PM | **BUSES TO AIRPORT DEPART** |

# LAUNCESTON

We call it Launnie.

There's something that lies beneath the surface here that defines us as a city. You may not see it at first, but the moment you step foot here, you feel it. You sense it in the architecture, in the streets, out in nature, between the people — an undercurrent — born from generations of hard-work, curiosity, community, resilience, independence. The meeting place of three waterways, our beautiful city has been a cultural hub and gastronomic centre for more than two thousand generations. The first to love this land were the Tasmanian Aboriginal people, who have one of the oldest continuing cultures in the world. Today, around 110,000 people call Launnie home. There are no tourists here – just locals and temporary locals still discovering their true north. Our city is human scale. A series of green and wild spaces linked by heritage streetscapes and thoughtful adaptions. A real blend of old-world and new, tradition and innovation. We've honed our craft and aren't scared to experiment either – there's always something exciting bubbling away. Our natural and built heritage, food, wine (and spirit) have drawn together a diverse community of makers, artisans, storytellers and nature lovers from all over the world. Culture takes many forms, and we've made life's simple pleasures an art. We aren't much into big-city swagger, but you'll find plenty of charm. Our close-knit community always has time for people, time to connect. Here, the farm gate is the local store, nature is our playground, and the cellar never runs dry.

## Launnie Favourites

***Architecture along the ages***

Launceston is a jewel-box of built styles and design – best explored on foot, camera in-hand. Here is a list of some of the city's most iconic buildings and storied streetscapes, for visitors to enjoy at their own pace. All locations are closely connected in and around the CBD by flat paths and offer curious stories of ingenuity and innovation that have helped build the real story of Launnie. Visit some in a couple of hours or all in a couple of days and don't forget to stop and enjoy the eateries, boutiques, parks and galleries along the way.

**Holyman House, Brisbane Street.**
Built in 1936, this iconic Art Deco building originally housed Holyman Company's automobile showroom as well as shipping and aviation interests. The buildings sleek curves and neon-lit spire embodied the owners bold, futuristic vision.

**Kings Bridge, Trevallyn Road.**
Dating from 1864, Kings Bridge links to the accessible paths of the magnificent Cataract Gorge Reserve. Fabricated in Manchester, England and transported to Launceston, it was assembled on a pontoon and floated into position before being lowered onto its abutments on the receding tide.

**Prince's Square, Elizabeth Street.**
Established in 1858 on a disused brickfield, Prince's Square is known for its dappled light and beautiful Val d'Osne Fountain. Its manicured symmetry belies earlier use as a rubbish dump, military parade ground, and rowdy political meeting-place.

**The Post Office, Cameron Street.**
Launceston Post Shop was built between 1886 – 1899 in the Queen Anne architectural style. The stout tower (nicknamed the pepper pot) was added a few years later by public subscription, and the clock installed just in time to celebrate Launceston's centenary in 1906.

## Dining in Launceston

***Eats of Charles Street***
About mid-way along Charles Street in Launceston's centre is a string of epicurean attractions to tempt the seasoned gastronome or casual foodie. Each eatery offers an individual spin on produce sourced fresh from around the region. Havilah wine bar is a place to stop for a glass of Tamar Valley vino and piece of cheese or settle in for an evening of tailored drops and dishes. Next door is Geronimo, a luxurious space to indulge in family-style dishes and share plates. If you enjoy Asian fusion, try the big, hugely satisfying flavours of Monsoon or Buddhai Thai - both offer takeaway, too. Over the road from these restaurants is Prince's Square, a locally-loved green space featuring a fountain with a most fortuitous story and beds of colour. Further south along Charles Street are brunch hot spots Mondello and Elaia cafes, as well as the Sporties pub for a parmi or Burger Got Soul for takeaways. Coffee is never far away, either - try Prince's Square Bar or Aroma's. Bread and Butter is just around the corner: try their renowned morning buns. Charles Street Greengrocer and Landfall butcher offer backyard-fresh morsels and supermarkets and boutique shopping such as Ecoco aren't far away, either.

***Eats in general***
A few other must-samples while you're in Launnie…
**Caffeine**: Valley Coffee, Amelia's, Sweet Brew, Off Centre
**Snacks**: Turkish Tukka, Small Grain, Alberto's, Earthy Eats, Veg Out
**Dinner**: Pachinko, Curry Club, Black Cow Bistro, Kosaten, Stelo
**Drinks**: Bar Two, Saint John Craft Beer, Royal Oak
**Picnic basket**: Harvest Market, Alps and Amici, Trevallyn Grocer

***Waterway Wanderings***

Along the edge of kanamaluka/Tamar River and the North Esk River are various, distinctive experiences for the whole family to discover and learn from - all accessible along flat paths and in one day. Begin at Queen Victoria Museum where you'll learn about the intricate and unique biodiversity of what lies beneath the surface of these internationally-significant waterways. Next stop is discovering more than a century of mechanical knowledge at the National Automobile Museum then onto Peppers Silos for a fresh-baked snack followed by bursts of energy at the adjacent Riverbend Park playground.

This incredible facility offers space for all ages and abilities and connects to the stretch of restaurants including Mud Bar and Levee Food Co at Seaport Precinct. The Seaport Boardwalk winds along the banks of kanamaluka, which you can enjoy from different perspectives on a Tamar River Cruise or by ascending the famed zig-zag track. Another playground, fish'n'chips or the acclaimed eatery Stillwater are further attractions to be savoured along the way to the Cataract Gorge, an unparalleled natural attraction and sacred meeting place for Tasmanian Aboriginal communities for tens of thousands of years. An exceptional day out in Launnie.

Uncover more experiences in and around Launnie at www.visitnortherntasmania.com.au

**AMGEN** **BOOTHS 10 & 11**

Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. This approach begins by using tools like advanced human genetics to unravel the complexities of disease and understand the fundamentals of human biology. Amgen focuses on areas of high unmet medical need and leverages its expertise to strive for solutions that improve health outcomes and dramatically improve people's lives. A biotechnology pioneer since 1980, Amgen has grown to be one of the world's leading independent biotechnology companies, has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

**AUDIT4 SOFTWARE** **BOOTH 6**

Audit4 software, developed by S4S Pty Ltd (an Australian Company) is unique because it was developed by medical specialists for medical specialists. It has led to a greater efficiency for the medical specialist as the software is designed the way the clinician thinks. Every field in Audit4 – clinical (diagnoses, medications, pathology results etc), demographic and patient reported, is auditable – giving the clinicians and hospital outpatient clinics unprecedented ability to instantly analyse their own clinical data, measure clinical workloads and patient outcomes. Nearly one-third of all Endocrinologists around Australia use Audit4 for billing, appointments and their clinical practice including electronic scripts and integration with My Health Record.

**AUSTRALIAN ADDISON'S DISEASE ASSOCIATION INC** **BOOTH 4**

The Australian Addison's Disease Association Inc. provides a valuable resource on Addison's disease/adrenal insufficiency to the medical community, patients and carers. As a non-profit organisation with 350 plus members, the Association strives to improve outcomes for people with this rare condition by providing up-to-date information and ongoing support.

Email: info@addisons.org.au

Website: www.addisons.org.au/medicalprofessional/

**BESINS HEALTHCARE** **BOOTH 5**

Besins Healthcare has been an innovator in hormone replacement therapy for four generations. Over the last 50 years, Besins Healthcare has established a strong reputation internationally for the development and production of novel agents for the treatment of hypogonadism, menopause, luteal support in IVF, contraception, and other gynaecological, fertility and obstetrical conditions.

**BOEHRINGER INGELHEIM AND ELI LILLY AND COMPANY ALLIANCE**

**COFFEE CART SPONSOR**

Two companies; one commitment to diabetes. Since 2012, Boehringer Ingelheim and Eli Lilly as an Alliance have brought to market a number of new therapies, based on years of research and development. Supporting multiple international clinical trials, new evidence has been

generated to improve the management and outcomes for patients with type 2 diabetes. By partnering with the medical and healthcare community, we will continue to contribute these improvements as two companies, with one commitment to diabetes.

*Find out more at www.boehringer-ingelheim.com.au and www.lilly.com.au*

**EISAI** **BOOTH 7**

Eisai is derived from the Japanese word for 'health product' and, here at Eisai, we discover, develop and market innovative, high quality medicines throughout the world. In Australia, Neurology and Oncology are our primary specialty areas.

For more information about Eisai, or our products, please visit www.eisai.com.au or email Contact_Australia@eisai.net

**iNOVA PHARMACEUTICALS** **BOOTH 2**

iNova Pharmaceuticals markets and sells a range of industry-leading and trusted consumer healthcare products and prescription medicines across Asia, Africa, and Australasia. Our vision is to improve people's health and well-being within the therapeutic areas of weight management, cough, cold & flu, pain management, health supplements, dermatology, sun care, and female health products.

**IPSEN** **BOOTH 1**

Ipsen provides specialty medicines and quality services to healthcare professionals and their patients suffering from debilitating diseases. At Ipsen, our passion is improving the lives of patients. We do this by working together to build partnerships based on trust and mutual respect with Healthcare Professionals. We deliver tailored solutions through our agility and innovation and we strive to be even better tomorrow than we are today.

Ipsen Pty Ltd is the Australian affiliate of a global biotech company.

**NOVARTIS** **BOOTH 13**

Novartis is the largest Australian medicines company, improving the lives of more than 2.8 million patients across Australia and New Zealand. From generics to gene therapy, we are committed to accelerating patient access to life saving treatments. We are reimagining medicine by using innovative science and technology to address challenging healthcare issues and our rich pipeline has 200+ projects in development and an industry leading clinical trial footprint in Australia.

**NOVO NORDISK** **BOOTHS 8 & 9**

Novo Nordisk is a leading global healthcare company, founded in 1923 and headquartered in Denmark. Our purpose is to drive change to defeat diabetes and other serious chronic diseases such as obesity and rare blood and endocrine disorders. We do so by pioneering scientific breakthroughs, expanding access to our medicines and working to prevent and ultimately cure disease. Novo Nordisk employs about 45,000 people in 80 countries and markets its products in around 170 countries. For more information, visit novonordisk.com, Facebook, Twitter, LinkedIn, YouTube.

**PFIZER ENDOCRINE CARE** **BOOTH 12**

**Breakthroughs that change patients' lives™**

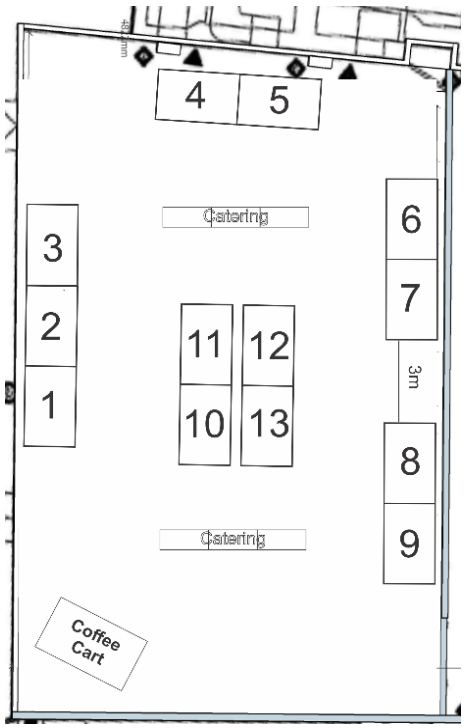
At Pfizer, we apply science and our global resources to improve health and well-being at every stage of life. We strive to set the standard for quality, safety and value in the discovery, development and manufacturing of medicines. Our diversified global health care portfolio includes human biologic and small molecule medicines and vaccines, as well as many of the world's best-known consumer products.

For more than 150 years, Pfizer has worked to make a difference for all who rely on us.

**SANOFI** **BOOTH 3**

Sanofi is driven by science and the patients whose health and wellbeing depend on us. Our purpose is to bring hope, relief and cures to patients around the world by researching, developing and manufacturing medicines and vaccines, and by accelerating access to scientific innovation.

## EXHIBITION FLOOR PLAN




| Booth Number | Organisation |
|---|---|
| 1 | Ipsen |
| 2 | iNova Pharmaceuticals |
| 3 | Sanofi |
| 4 | Australian Addison's Disease Association Inc. |
| 5 | Besins Healthcare |
| 6 | Audit4 Software |
| 7 | Eisai |
| 8 & 9 | Novo Nordisk |
| 10 & 11 | Amgen Australia |
| 12 | Pfizer Endocrine Care |
| 13 | Novartis |

# Genotropin®

somatropin (rbe)

# Give patients with Growth Hormone Deficiency peace of mind for the long term[1-4]

## Offer your adult patients with GHD the benefits of GH replacement therapy with Genotropin:

- Results from baseline to 12 months (n=163)[2]
  - Increased lean body mass (p<0.001)
  - Reduced total skin fold thickness (p=0.003)
  - Decreased LDL-cholesterol (p=0.019)
- 25 years clinical use in >16000 adults[4]

**PBS Information:** Authority required. Refer to PBS Schedule for full authority information.

BEFORE PRESCRIBING PLEASE REVIEW FULL PRODUCT INFORMATION AVAILABLE FROM WWW.PFIZER.COM.AU/PRODUCTS/GENOTROPIN.

GENOTROPIN®/GENOTROPIN GoQuick® (somatropin [rbe]) 5 mg, 5.3 mg and 12 mg Injection. GENOTROPIN® MiniQuick® (somatropin [rbe]) 0.2 mg – 2.0 mg Injections. **Therapeutic indications:** Short stature (GH deficiency); growth disturbances associated with Turner syndrome or chronic renal insufficiency (CRI); Prader-Willi syndrome (PWS); severe GH deficiency in adults. **Dosage and method of administration:** Administer by subcutaneous (sc) injection. Vary injection site to prevent lipoatrophy. Dosage is individual and gradually titrated. Give weekly dose in divided doses, 6-7 times per week. **Recommended weekly doses in children:** *GHD:* Initial dose of 0.175 to 0.245 mg/kg body weight. *Turner syndrome and CRI:* 0.3 to 0.35 mg/kg body weight. *PWS:* 0.245 to 0.35 mg/kg body weight. **Adults with GHD:** 0.04 mg/kg/week gradually increased to 0.08 mg/kg/week (maximum), divided into 7 daily sc injections. Women may require higher doses than men, meaning that women, especially those on oral oestrogen replacement may be undertreated. Monitor growth rate and measure biochemical markers (e.g. IGF-1) regularly. Dose requirements may decline with age. See PI for details. **Contraindications:** Active tumours (anti-tumour therapy must be complete); closed epiphyses; metacresol hypersensitivity; acute critical illness; severe obesity or severe respiratory impairment in PWS. **Special warnings and precautions for use:** PWS; myositis; diabetes (or risk factors); hypoadrenalism; oral oestrogen therapy; malignancy relapse; leukaemia; pituitary tumour or pituitary hormone deficiencies; thyroid hormone replacement therapy; hypothyroidism; pregnancy; lactation. See PI for details. **Interactions with other medicines and other forms of interactions:** Concomitant glucocorticoids; CYP3A4 metabolised drugs; women on oral oestrogen replacement. **Adverse effects:** Symptoms of fluid retention: peripheral oedema, face oedema, musculoskeletal stiffness, arthralgia, myalgia, paraesthesia; antibody formation; injection site reactions (children); carpal tunnel syndrome (adults); Type 2 diabetes mellitus; benign intracranial hypertension; leukaemia (children), slipped capital femoral epiphysis, Legg-Calve-Perthes disease (children); rash, pruritis, urticaria; others. See PI for details. Before prescribing, please review Product Information available from Pfizer Australia Pty Ltd. ® Registered Trademark V10220

**Abbreviations:** GHD, growth hormone deficiency

**References: 1.** GENOTROPIN® Approved Product Information. **2.** Cuneo RC, *et al. J Clin Endocrinol Metab* 1998; 83(1): 107–16. **3.** Allen DB *et al. Eur J Endocrinol* 2015; 174(2): PI–P9. **4.** Pfizer International Metabolic Database (KIMS). Available at https://medicaloutcomes.pfizer.com/kims. Last accessed March 2021.


Pfizer Medical Information: 1800 675 229. PP-GEN-AUS-0485. April 2022. PFE2300.

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