ENS INSIGHTS—Spring 2022

www.endo-nurses.org endocrinenurses@gmail.com

GRANTS and AWARDS

Grant submission DEADLINE is February 1st annually. Applications available on the members only section of the website.

NURSING RESEARCH GRANT or CLINICAL IMPROVEMENT PROJECT $2,000

Contact the Research Chair

POSTER AWARD $500

Contact the Research Chair to get support and guidance in preparing a grant application, an abstract and/or tips for making an effective poster.

MICHELE MIMS TRAVEL GRANT $500

The Endocrine Nurses Society restricted travel grant supported by our Pharmaceutical Sponsors allows nurses to apply for a maximum $500 travel grant towards their attendance at Endocrine Nurses Annual Symposium.

BETSY LOVE McCLUNG ENDOCRINE NURSE DEVELOPMENT AWARD $2,500

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In The News

Mental Health Outcomes in Transgender and Nonbinary Youths Recieving Gender-Affirming Care

AHA Statement Addresses CVD Risk in NAFLD

Benign adrenal tumors linked to hypertension type 2 diabetes

Oral Medication Shows Benefits Treating Type 1 Diabetes for at Least Two Years after Diagnosis

Newly Identified Hormone May be Critical Driver of Type 1 and Type 2 Diabetes

Cortisol Excess: Unsafe at Any Level?

President's Corner

Since our last newsletter, we've seen COVID-19 wax, wane and weaken but not disappear. As ENDO22 and the 31st ENS Symposium approaches, decisions regarding attending in person versus virtually continue to recycling in our minds. ENS Symposium will be offered in a hybrid format. If you choose to attend live, the Endocrine Society published their policy for protecting attendees on their website https://endo2022.endocrine.org/ If you are having difficulty signing up for ENS symposium live this year, or have an economic challenge, please contact us immediately at endocrinenurses@gmail.com

We have a great 6 hour CME program lined up for live and virtual attendees and will offer lunch for those attending live. Immediately following the symposium will be our Annual General Meeting (AGM). All members are invited to attend live or streamed. Please send any questions or recommendations you have to our e-mail address above. Following the AGM we offer our Awards reception with heavy hors-d'oevres and an open bar to which all attendees and their teams are invited.

We have had a busy year supporting the interests of endocrine nurses globally and patients with endocrine disorders. Hear about our successes and plans for the future and meet your new President Deb Greenspan at our AGM. Deb has been a member of ENS for many years and has the energy, vision and skill to take ENS to great places. I will remain on the board as past president but I thank all our hardworking board members and society members for their support over the past 4 years and for the opportunity to work with a great team and a growing organization.

Looking forward to seeing you all in Atlanta June 11th 2022, Room 408-409, the program will be worth your time.

Chris Yedinak
President ENS

PS. You will be receiving an election notice for board secretary in e-mail ASAP. Please vote!

ENS 2022 BALLOT

Board Positions: Secretary

It is that time of year again- the election of Endocrine Nurses Society Board members. This year we are electing the Board Position of Secretary for ENS.

We are fortunate to have 2 excellent candidates who have agreed to serve for a 2-year term. We ask you as a member to take a few moments and review their bios and click on the survey

VOTE: https://www.surveymonkey.com/r/FVG8CW5

Gayle Mitura

Gayle Mitura is a Endocrinology Nurse Practitioner who has been practicing at the Hospital of the University of Pennsylvania since 2009. Her main areas of focus include thyroid related diseases, calcium disorders, osteoporosis and inpatient diabetes management. She completed her Bachelors of Science degree at Immaculata University in 2001, and earned her Masters of Science in Nursing from the University of Pennsylvania School of Nursing in 2008. She holds two national certifications through the American Nursing Credentialing Center, one as a Family Nurse Practitioner and the other as Adult Acute Care Nurse Practitioner. She is a member of the American Thyroid Association and the Endocrine Society. Gayle is also an adjacent faculty member at multiple schools since 2008, most recently at the University of Pennsylvania School of Nursing. Though new to the Endocrine Nursing Society, having only become a member since 2021, she is excited for the global networking that ENS provides, as well as the educational opportunities that are available.

Charity Tan

Personally, being interested as part of a committee (role of Secretary) with Endocrine Nurses Society allows for the opportunity to collaborate with like-minded professionals. My involvement with the Endocrine Society is very new, since the Fall of 2021, when I attended the virtual symposium last year. The topics held at last year's virtual symposium was the incentive for me to join this society.

My current position is with the inpatient glycemic team, as part of the Division of Endocrinology, Diabetes and Metabolism at an academic setting. It is a position I have held for the last 5 years. At my current facility, I have been involved with the Advanced Practice Council for the last 5-6 years with the last 2 years as Co-Chair and Chair respectively.

It is my hope that consideration for my interest in the role of Secretary within the Board of Endocrine Nurses Society be considered.

31st Annual ENS Symposium

June 11, 2022

Atlanta, Georgia, USA

In-person & stream during ENDO2022

PROGRAM

Grants, Abstracts, Posters, Awards
applications now closed

REGISTER via ENDO2022

ENS 31st Annual Symposium

PROGRAM

Saturday, June 11, 2022

0800-0900 HORMONE THERAPIES - REPLACE OR SUPPRESS
Chris Yedinak DNP, FNP-BC, Oregon Health & Sciences University, Portland, Oregon

0900-1000 CHECKPOINT INHIBITORS - GOOD, BAD & UGLY
Douglas Johnson MD, Vanderbilt University, Nashville, Tennessee
Deborah Wallace FNP-BC, AOCNP, MSN, Vanderbilt University, Nashville, Tennessee

1000-1015 EXHIBITS & COFFEE

1015-1115 DIABETES TECHNOLOGY IN 2022
Anne Peters MD, University of Southern California, Los Angeles, California
Melanie Westfall FNP-C, Asante Endocrinology, Grants Pass, Oregon

1115-1215 CHALLENGES IN BONE METABOLISM: CALCIUM & PHOSPHATE BALANCE
Michael McClung MD, Oregon Osteoporosis Center, Portland, Oregon
Amy Mundy McNay FNP, BC-ADM, VA Medical Center, Richmond, Virginia

1215-1315 EXHIBITS & LUNCH (PROVIDED)

1315-1345 FEASIBILITY OF A PATIENT-CENTERED, TELEHEALTH-DELIVERED DIABETES FOOT CARE EDUCATION PROGRAM
Clinical Research Grant - Awardee 2020
Hsiao-Hui 'Joyce' Ju DNP, FNP-BC,CNE, University of Texas Health Center at Houston, Houston, Texas

1345- 1415 NEW MODALITIES IN THE TREATMENT OF ADRENAL INSUFFICIENCY
Betsy Love McClung Endocrine Nurse Development Award - Awardee 2020
Phillip Yeoh RN, BSC, MSc, The London Clinic, London, UK

1415-1430 BREAK & EXHIBITS

1430-1500 COMPARISON OF NURSE-LED CLINICS IN TRANSGENDER HEALTH: INSIGHTS ON BEST PRACTICES
Andrew Dwyer PhD, FNP-BC, FNAP, Boston College, Boston, Massachusetts

1500-1600 DEVELOPING AN INTERDISCIPLINARY APPROACH TO GENDER-AFFIRMING HEALTHCARE
Deborah Greenspan ANP-BC, BC-ADM, Vanderbilt University, Nashville, Tennessee
Dallas Ducar MSN, APRN, Northeastern University, Boston Massachusetts &
Colombia University, Charlottesville, Virginia

1700-1900 RECEPTION: AWARDS & EXHIBITS

In Memorandum

Joan Damon Simon

ENS President 2016-2018

It is with great sadness we announce the passing April 20, 2022, of Joan Damon Simon, in her home in Pearland, Texas. Joan was an extremely vivacious lady who loved life, dancing and celebrating. Her energy and humor will be greatly missed.
Our deepest condolences to her family.

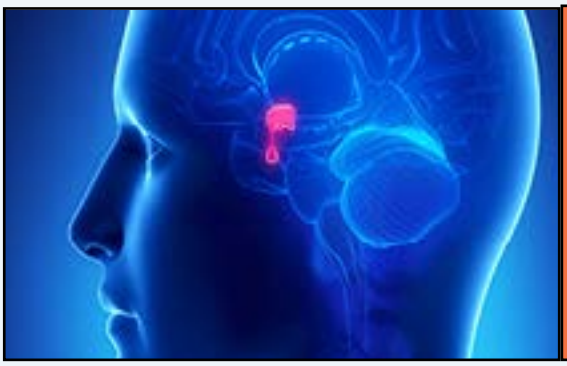
Educational Opportunities

BOSTON COLLEGE
Connell School of Nursing

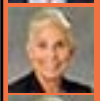
Webinars & Online Courses

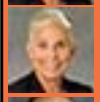
CCO
powered by cea

Growth Hormone Challenges & Resources




Mark E. Molitch, MD


Patience H. White, MD, MA


Chris Yedinak, DNP, FNP, MN


Kevin C.J. Yuen, MD, FRCP (UK), FACE

Growing Pains: Overcoming Challenges in the Management of Adult Growth Hormone Deficiency

https://www.clinicaloptions.com/diabetes/programs/2022/adult-ghd/video-module

Help manage your patients with GHD resources to support pediatric patients with GHD who are transitioning to adult care
https://www.clinicaloptions.com/diabetes/programs/2022/adult-ghd/resources

Expert Commentary from Dr. Kevin Yuen: Their perspective on how new, long-acting growth hormone preparations may be used for managing patients with growth hormone deficiency.
https://www.clinicaloptions.com/diabetes/programs/2022/adult-ghd/clinicalthought

Dr. Chris Yedinak's insights on her take on the nurse's role in all phases of the life cycle of care for patients with growth hormone deficiency.
https://www.clinicaloptions.com/diabetes/programs/2022/adult-ghd/clinicalthought/ct2/page-1

Congratulations to

Andrew Dwyer Ph.D.,FNP-BC, FNAP, FAAN

On achiving Tenure as an Assistant Professor

BOSTON COLLEGE

Connell School of Nursing

Hindawi

International Journal of Endocrinology

Research Article | Open Access Full Article

Volume 2022 |Article ID 7360282

A Comparison of the Blood Glucose, Growth Hormone, and Cortisol Responses to Two Doses of Insulin (0.15 U/kg vs. 0.10 U/kg) in the Insulin Tolerance Test: A Single-Centre Audit of 174 Cases

Phillip Yeoh, Andrew A. Dwyer, Ella Anghel, Pierre M. Bouloux, Bernard Khoo Shern Chew, Florian Wernig, Paul Carroll, Simon J. B. Aylwin, Stephanie E. Baldeweg, William Drake, Jeannie Todd, Lindiwe Mangena, and Ashley Grossman

Abstract

Objective. The insulin tolerance test (ITT) is the gold standard endocrine test used to assess the integrity of the growth hormone (GH) and cortisol axes. The ITT has potential risks, and severe hypoglycaemia may necessitate intravenous glucose rescue. There is no clear consensus as to the optimal insulin dose for the ITT. Therefore, we sought to compare the standard dose (0.15 U/kg) and a low-dose ITT (0.1 U/kg). Design. Single-centre audit of ITT data (2012–2021). Patients and Measurements. Patients who underwent an ITT to assess possible GH deficiency/adrenal insufficiency were included. Glucose, GH, and cortisol were measured at baseline and 30, 45, 60, 90, and 120 minutes following I.V. insulin bolus (0.15 U/kg or 0.10 U/kg). Results. Of the ITTs performed, only 3/177 (1.7%) did not achieve adequate hypoglycaemia (≤2.2 mmol/L) with a single insulin dose. In total, 174 patients (43.5 ± 12.1 yrs, mean ± standard deviation) were included for analysis (0.15 U/kg: n = 113, 0.10 U/kg: n = 61). All 174 subjects had adequate hypoglycaemia regardless of baseline fasting blood glucose level or insulin dose. Neither nadir glucose nor glucose delta (i.e., baseline minus nadir) differed between insulin doses. Trends in both cortisol and GH responses over time were similar between groups, and a greater proportion of patients receiving the standard dose had an adequate cortisol response (77/106 (72.6%) vs. 32/60 (53.3%),). The rates of glucose rescue did not differ in a subset of 79 patients, with on-demand glucose rescue in 4/35 (11%) for the standard dose and 2/44 (5%) for the low dose (). Conclusions. Our results suggest that the low-dose ITT produces comparable glucose, cortisol, and GH responses to the higher dose. Given the risks associated with hypoglycaemia, the low dose appears to be preferable to the standard dose ITT in most circumstances.

The New Sunshine Act

by Daphne Adelman

A bill recently signed into law expands the reporting requirements under the Physician Payments Sunshine Act **("Sunshine Act")**. Pharmaceutical companies are now required to report payments and other transfers of value to physician assistants and advance practice nurses, in addition to physicians and teaching hospitals.

Currently, applicable manufacturers are required to report payments and other transfers of value to "covered recipients," defined as physicians and teaching hospitals.

The bill **(Subtitle L—Fighting the Opioid Epidemic With Sunshine SEC. 6111. FIGHTING THE OPIOID EPIDEMIC WITH SUNSHINE. (a) INCLUSION OF INFORMATION REGARDING PAYMENTS TO ADDITIONAL PRACTITIONERS)** expands the definition of "covered recipients" to include physician assistants, nurse practitioners, clinical nurse specialists, certified nurse anesthetists, and certified nurse-midwives, recognizing that these providers have prescriptive authority under most states' laws.

This change became effective January 1, 2022. Pharma companies will need to update their policies and systems for capturing and tracking payments and transfers of value to this expanded list of providers and should consider providing additional training.

What does that mean for us as health care providers? It means we should still take opportunities to meet with sales representatives and Medical Science Liaisons for important information about new treatment options for patients. Perhaps we cannot go to as many speaker program dinners or have lunches at our office as each meal will be reported, but this should not deter us from taking the time to meet with these pharmaceutical representatives. Interprofessional collaboration is key to research education and policy making challenges that are often not addressed inter-professionally. Involving all key stakeholders in patient care helps our patients take full advantage of modern medicine and can offer opportunities for improved patient outcomes and enhanced quality of life for our patients.

Furthermore, interactions with pharmaceutical representatives provide us with other benefits:

- Educational dinners help raise awareness of new products that may treat disease better and improve chances of survival with fewer side effects than older or generic drugs.
- Access to funding you would not normally have
- Pharma tends to have deeper pockets and different avenues to secure funding- Marketing, Provider relations, Medical, KOL development – each with it's own budgets
- Good option when membership is low (annual dues do not generate much revenue)
- Access to other HCPs in your territory (can help recruit more members to your society)
- Can help contribute to the advancement of research on disease condition (societal well-being)

We should not be afraid of this new law, but embrace it as our group becomes stronger and we are seen as part of the clinical care team as we share prescriptive authority.

ENS Advocacy in Action:

Margaret Eckert-Norton RN, PhD

As many of you are aware, the price of insulin, especially long-acting analog insulin is skyrocketing in the US. The Rand Corporation, a not-for-profit policy research organization, conducted a study in October 2020 comparing the cost of insulin in the US to cost for insulin in 32 other Organization for Economic Cooperation and Development countries. Here is a link to the research report: Comparing Insulin Prices in the UnitedStates to Other Countries: Results from a Price Index Analysis | RAND

The study showed that price of insulin in the US is 8-27% higher than that in other developed countries. The US does permit non-prescription sale of insulin and OTC insulin is about half the price of prescription insulin in the US. However, the OTC price of insulin here is still between 4-8X higher in the US than other nations and long-acting analog insulins are typically not available OTC (ref. 1).

Those of us who provide care for persons with diabetes have heard heart-wrenching stories from our patients on insulin. Their struggles to pay for their medication, even with insurance coverage, is staggering. Here is the link to a local news report about the impact of soaring insulin prices on the lives of persons with diabetes and their families in Mississippi and Arkansas:
Life-saving insulin 'belongs to the world,' scientists said. Pricing challenges that concept. (msn.com)

- According to the National Coalition on Health Care (NCHC), there are several policy changes that could help stem the tide of rising insulin cost in the US:
- Improve transparency and pass drug discounts directly to patients
- Limit compound price increases: Price increases should be allowed only when higher input costs or improved effectiveness are clearly documented
- Promote generic drug development and curb patent abuses by supporting the Medicare Negotiation and Competitive Licensing Act. Here is a link to the most recent version of this bill.

Medicare Negotiation and Competitive Licensing Act of 2021 (H.R. 4811) - GovTrack.us

Here is a link to the NCHC Insulin Pricing website: Policy Solutions to Address the Rising Cost of Insulin (nchc.org)

Finally, please join with our colleagues at the Endocrine Society to urge Congress to lower the cost of insulin. The link below will take you to an editable letter to your federal senators and house representative:
Take Action | Endocrine Society

References:
Analysis | RAND

1: Mulcahy, Andrew W., Daniel Schwam, and Nathaniel Edenfield, Comparing Insulin Prices in the United States to Other Countries: Results from a Price Index Analysis. Santa Monica, CA: RAND Corporation, 2020 Retrieved 11/16/2021 from: Comparing Insulin Prices in the United States to Other Countries: Results from a Price Index

spruce BIOSCIENCES

TOGETHER, WE CAN EXPLORE THE FUTURE FOR GENERATIONS OF PATIENTS LIVING WITH CLASSIC CONGENITAL ADRENAL HYPERPLASIA (CAH)

Spruce Biosciences is currently enrolling two clinical trials investigating a potential new, **once-daily** treatment for adults (18+) living with classic CAH. The details of these trials can be found below. Please discuss with your healthcare provider whether a clinical trial may be right for you.

CAHmelia 203

CAHmelia 203 is a study to assess the safety and effectiveness of tildacerfont* in adults (18+) living with classic CAH

The goal of CAHmelia 203 is to assess the potential reduction of androgen levels (A4)

This is a randomized, double-blind, placebo-controlled, dose-ranging study

70 WEEK STUDY

PART 1 | PART 2

Part 1 will last 12 weeks. Participants will receive either tildacerfont* or placebo

Part 2 will last 58 weeks. All participants will receive tildacerfont*

CAHmelia 204

CAHmelia 204 is a study evaluating whether tildacerfont* can reduce the need for glucocorticoid steroids in adults (18+) living with classic CAH

The goal of CAHmelia 204 is not to eliminate steroid use, but to address classic CAH symptom control such that steroid dosing could be reduced

This is a randomized, double-blind, placebo-controlled study

76 WEEK STUDY

PART 1 | PART 2

Part 1 will last 24 weeks. Participants will receive either tildacerfont* or placebo

Part 2 will last 52 weeks. All participants will receive tildacerfont* and reduced steroid dosing will be explored

*Tildacerfont is an investigational treatment that is not currently authorized for use outside of clinical trials.

To learn more about the CAHmelia clinical trials, please visit: www.clarshealth.com/studies/cahmelia

MAKE A DONATION

Your tax-deductible donation to ENS will help Advance Endocrine Nursing & Improve Patient Outcomes

- ENS 501(c)(3) non-profit society
- ENS is staffed by members who volunteer
- Funded by tax-deductible donations
- ENS has no office space and no employees

All donations are tax deductible as a charitable contribution

Click Here to Donate

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To support endocrine nursing education, research, and publication efforts.