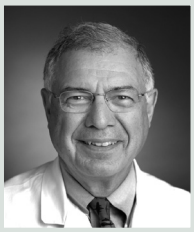

Edward R Laws, Jr, MD, FACS, is Director at the Neuroendocrine/Pituitary Center, Department of Neurosurgery, Brigham and Women's Hospital Boston, Massachusetts and Professor of Neurosurgery at Harvard Medical School, Boston, Massachusetts. During his surgical career he has performed more than 7,000 brain tumor operations, of which 5,400 have been pituitary lesions. He is the fifth neurosurgeon to become President of the American College of Surgeons, and was elected a member of the Institute of Medicine of the National Academy of Science. He remains actively involved in pituitary tumor and neuroendocrine research and surgery. Dr Laws has served as President of the World Federation of Neurosurgical Societies, President of the Congress of Neurological Surgeons, Editor of *Neurosurgery*, Chairman of the Board of Trustees of the Foundation for International Education in Neurosurgery, Director of the American Board of Neurological Surgery, President of the American Association of Neurological Surgeons, and President of the Pituitary Society. He has authored over 500 scientific papers and book chapters, and is co-editor of the encyclopedic volume, *Brain Tumors*, which is in its third edition. Dr Laws received his bachelor's degree from Princeton University with honors in Economics and Sociology in the Special Program in American Civilization, and then attended the Johns Hopkins University School of Medicine in Baltimore, Maryland. He completed his surgical internship and neurosurgical residency at Johns Hopkins under A Earl Walker.

Welcome to the winter edition of *US Endocrinology*, which features a diverse range of articles covering multiple topics in endocrinology. This issue begins with an article by Lardinois that highlights the need for a paradigm shift in atherosclerosis. The current standard of care focuses on modifying traditional risk factors, but can fail to identify some individuals with atherosclerosis. There is a need to identify the disease process itself and to develop disease-focused therapies.

In terms of diabetes management, adherence to blood sugar monitoring among patients remains a significant challenge. A literature review by Javitt shows that mobile health interventions for diabetes show promise in reducing glycated hemoglobin across multiple settings, a clinical outcome that is likely to result in reduction of near-term medical costs.

Disorders of the thyroid are a significant health and economic burden—it has been estimated that more than 12 % of the US population will develop a thyroid condition during their lifetime—and this is reflected in four articles in this issue. Hossein Gharib, who this year received the prestigious American College of Endocrinology Master Award, presents a special report reflecting on his year as the President of the American Thyroid Association. In addition, LaFranchi discusses the worldwide coverage of newborn screening for congenital hypothyroidism. Only 30 % of the world birth population currently undergo screening for this disorder, despite the fact that the expense incurred in treating the condition far outweighs the cost of screening. Thyroid disorders present unique challenges during pregnancy, and antithyroid drug use has been associated with impairment of fetal thyroid function. In an editorial, Davies discusses the present state of antithyroid drug use in pregnancy. The fourth article discusses the use of molecular testing for thyroid nodules. Thyroid nodules are common findings in clinical practice, but the assessment of clinically relevant thyroid nodules is imprecise and nonspecific. In a review article, Alexander and Angell discuss the use of molecular testing options that can better inform treatment decisions, with a focus on the Afirma® gene-expression classifier.

Finally, two articles focus on pituitary disorders. An update to the 2012 summary of the diagnosis and management of acromegaly discusses the therapeutic options available and recommends a multimodality approach, with the aim of achieving successful management of the disease and associated consequences in the majority of patients. In addition, Genc et al. present a case report of a giant hemorrhagic prolactinoma with sparse prolactin expression presenting with thalamic infarction. Pituitary tumors are relatively common lesions that have profound effects on the entire endocrine system. Fortunately, most are benign, and respond well to therapy. Treatment ranges from medical management with a variety of novel drug strategies, to surgery, to radiotherapy and radiosurgery. It is essential to a have a publication such as *US Endocrinology* that can include pituitary lesions of all varieties in the spectrum of endocrine disease. A great deal of pioneering molecular research has led to remarkable advances in our understanding of these problems and their associated co-morbidities. This research stimulates all of us in the quest for more effective and lasting translational therapies. This publication has become a significant contributor to the interdisciplinary cooperation that ultimately will result in great benefits for our patients with pituitary and other endocrine disorders.

US Endocrinology would like to thank all expert authors who contributed towards this edition. A special thanks goes to our Editorial Board for their continuing support and guidance. We hope that these thought-provoking articles will be of interest, and wish all our readers health and happiness in 2015. ■