## **A Presidential Reflection**

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## Abstract

I was honored to be elected in 2013 to serve as the President of the American Thyroid Association (ATA), a professional medical organization dedicated to the diagnosis and management of thyroid disorders. This brief report describes my 40-year involvement with the ATA, my experience as the president, and our accomplishments and challenges.

## **Keywords**

American Thyroid Association, Iran, Mayo Clinic, thyroid

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There is no greater honor than recognition by your peers, and it was a career highlight for me to serve as President of the American Thyroid Association (ATA) in 2014. The Mayo Clinic has always had a very strong thyroid group, beginning with Henry Plummer, who described toxic multinodular goiter (also known as Plummer's disease) in 1913, and Edward Kendall, who isolated thyroxine 100 years ago in 1914, before discovering cortisone in 1946, for which he received the Nobel Prize in Medicine in 1950. This year, I was proud and fortunate to serve as the 10th ATA President from Mayo as we celebrated the 91st ATA anniversary.

The ATA continues to be the leading worldwide organization dedicated to research into, and diagnosis and treatment of, various thyroid disorders. Founded in 1923, the ATA is a non-profit, all-volunteer professional organization with over 1,700 members from 43 countries around the world. The ATA delivers its mission through several means, including its publications, annual scientific meetings, research grants to assist young investigators, public and patient educational materials, and the development of evidence-based clinical practice guidelines.

For one who left his home in Tehran, Iran, in 1958 as an 18-year-old boy and traveled to America in pursuit of a medical education, this was a dream come true. One year after graduating from the University of Michigan Medical School, I went to Mayo for internal medicine and endocrine training. I was appointed to the Mayo staff in 1972 and joined the ATA the same year. Through the years, I have served on many ATA committees, including Patient and Advocacy, Membership, Education, Development, and Awards. I have also served 10 years as an editorial board member of *Thyroid*, the official journal of the ATA. In 2002, I was honored to receive the highly prestigious Paul Starr Award for outstanding contributions to clinical thyroidology.

I have been impressed by the excellent support ATA receives from its dedicated members, who volunteer for service on committees, task

forces, the Board, several publications, guidelines development, and the annual meeting program committee. Personally, I believe service to a professional organization is a duty, as well as a privilege. One cannot but admire current and past ATA leaders for the wisdom of their judgment, the power of their advocacy, and the strength of their leadership. Through their collective service, ATA has been able to pursue and promote the association's strategic policies.

One of our important activities is guidelines development. This makes ATA more visible, while providing valuable education to our members and service to our patients worldwide. This year, we completed three new guidelines. Dr Bryan Haugen chaired the team that revised and updated the *Thyroid Nodule and Cancer Guidelines*. The new recommendations were presented in a successful symposium at the Endocrine Society in Chicago last June. Dr Sam Wells and his task force completed the Medullary Thyroid Cancer Guidelines, and Dr Gary Francis and a group of experts finished the first edition of *Thyroid Nodule & Cancer Management in Children*. These will be ready for publication in 2015.

The annual ATA meeting is the flagship of our educational and promotional activities. The 2015 Program Committee, co-chaired by Dr Mike Tuttle of the Sloan Kettering Memorial Cancer Center and Dr Fred Wondisford of Johns Hopkins Medical Institutions, developed an outstanding, top-quality scientific program for the annual meeting, held on October 29–November 2, 2014. The program included pediatric, surgical, basic, clinical, and translational advances in thyroid research and practice. This year's meeting at the Hotel del Coronado was extremely successful, with more than 1,000 registrants attending plenary sessions and symposia, excellent industry support, and, of course, a venue that was beautiful, historic, and unique.

We have three journals, and ATA publications have a major impact on the stature of the organization. *Thyroid*, with its global reader- and authorship,

has a high impact factor and is the foremost thyroid journal worldwide. *Clinical Thyroidology*, provides research and clinical summaries to the scientific community, and *Clinical Thyroidology for Patients*, which modifies these articles for public and patients, both remain very popular.

My duties this year included bimonthly ATA Board conference calls as well as bimonthly Executive Committee calls. These calls, and many emails, increased contacts within the ATA leadership and facilitated our operations and functions. We took care of frequent interview requests from the media, mostly magazines, to explain or expand on thyroid topics such as soy, diet, iodine and thyroid; radiation and cancer; thyroid function and treatment in pregnancy; subclinical thyroid disease; selenium use; and more. Our dedicated ATA staff provided excellent administrative support for our many ongoing programs and activities.

As I reflect on our achievements this past year, I am proud of the fact that we provided stable and progressive leadership to the ATA, completed several guidelines, successfully launched VideoEndocrinology (VE), planned and executed an outstanding annual meeting with a record attendance, maintained high ATA visibility, increased our membership, and remain financially strong. It is hoped that VE, an innovative approach, will provide educational, high-quality cases, debates, or procedures for endocrinologists. As President, I think I helped to advance the ATA vision and mission. However, despite our accomplishments over an apparently successful year, I believe we need to be vigilant, remaining able to adapt and respond to a rapidly evolving healthcare landscape with shrinking resources.

In closing, it is not possible for me to acknowledge all those who have helped me throughout my life, but I would like to thank my family for their lasting and unwavering support, my colleagues who continue to teach me, my residents and fellows who inspire me, and, above all, my patients, from whom I have learnt, and still learn, a great deal.

A final thanks goes to America, incomparable land of opportunity, and to the ATA for this great honor.  $\blacksquare$