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Dear Colleagues:

While preparing this State of AACE report and reflecting on the past year, I reviewed my presidential address that was published in the July/August 2016 issue of First Messenger. I listed my priorities as growth, innovation and inclusion. I specifically hoped for growth in membership, new programs and innovative projects and inclusion of members in our activities and programs to ensure AACE exists for 100 years and beyond. I am happy to say that we have accomplished all of these priorities and more over the past year. Membership has set another record, and AACE has continued to involve more members to support our ever-increasing breadth and depth of activities.

This update on the State of AACE reflects the actions taken by your Association in acting as the “Voice of Clinical Endocrinology” and the efforts of your Officers, Board, Committees and Task Forces. In fulfilling the AACE mission of enhancing our members’ ability to provide the highest quality of patient care, a strategic planning conference was held in February to update the existing strategic plan. The new plan recognizes the issues facing all clinical endocrinologists and strives to allow AACE members to be recognized for the value they bring to patients while also positioning AACE at the forefront as the voice of endocrinology.

Over the past year, the AACE scientific committees have been extremely active, as evidenced by the publication of new or updated clinical guidelines and algorithms. The 2016 update to the AACE/ACE Comprehensive Type 2 Diabetes Management Algorithm continues to be well received by the diabetes community as a well-respected resource for clinicians in the treatment of patients with diabetes.

In early 2017, AACE published the AACE/ACE Guidelines for Management of Dyslipidemia and Prevention of Atherosclerosis. This document makes a landmark move of advocating for a lower, low-density lipoprotein cholesterol (LDL-C) goal for the highest risk population and supports the measurement of coronary artery calcium scores and inflammatory markers to help stratify risk. These guidelines were updated well in advance of the guidelines from other organizations and demonstrate the commitment and excellent work of the Lipids Scientific Committee. A mobile app outlining the recommendations of these guidelines will be released this summer.

I am pleased to announce the 2016 Update to the AACE/ACE Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis, which included a treatment algorithm. The update was written by the Bone and Parathyroid Scientific Committee and is also being supplemented with AACE’s second mobile app. It is my hope that the app will serve as an excellent tool for physicians and patients in the treatment of postmenopausal osteoporosis.

During the past year, AACE published the AACE/ACE/AME Medical Guidelines for Clinical Practice for the Diagnosis and Management of Thyroid Nodules and updated the AACE/ACE Protocol for the Standardized Production of Clinical Practice Guidelines, Algorithms, and Checklists. All of these guidelines and algorithms were also supplemented by the addition of other articles published by the relevant scientific committee.

When I became president of AACE in May 2016, one of my priorities was to create a centralized repository that physicians could easily reference for all AACE guidelines, algorithms and educational materials. The result is the AACE/ACE Online Endocrine Academy, which is designed to provide website visitors with a “one-stop shop” for accessing a wide-range of valuable educational resources and CME opportunities for endocrinologists and other endocrine-related healthcare professionals to assist in providing the most optimal care possible for individuals with endocrine disorders. I asked AACE Impact Graphics to develop a well-designed and appealing website that would showcase all of these resources without overwhelming visitors. Take a look for yourself (http://academy.aace.com/), and I think you will agree that challenge was met.

In terms of a continued web presence, we launched the Obesity Resource Center (ORC) (http://obesity.aace.com/), a compendium of educational tools for AACE members and other health care professionals about the rapidly evolving landscape of obesity science and pharmacotherapy and complications-centric strategies that will result in improved long-term maintenance of weight loss in patients with obesity.

The ORC enables AACE members to take the lead in implementation of obesity practice guidelines and assist other members and their healthcare team in the formulation and delivery of education and guidelines with the goal of improving the care of patients in their communities.
To further the work of both the Diabetes and Obesity Resource Centers, AACE received funding to create the Lipids Resource Center, which will hopefully be launched in 2017.

In addition to all of the excellent work done by our clinical committees, AACE remained very active in Socioeconomics and Legislative and Regulatory efforts. Of particular note was the activity related to AACE’s signature legislation, the Clinical Care Commission Act. After two earlier attempts, the bill was finally passed by the U.S. House of Representatives. Unfortunately, the Presidential election and other legislative priorities prevented it from passing through the Senate. However, AACE was able to get it passed by the House in the new session and is now working on its passage in the Senate. I am hopeful that our bill will finally be passed this year and result in much better communications among all of the government agencies.

AACE also submitted comments on the Medicare Access and CHIP Reauthorization Act (MACRA) expressing our concerns about the applicability of MACRA and the potential negative impact on physicians and patients. CMS heard AACE and your colleagues from other medical societies and made changes to the Act. After MACRA was finalized, AACE began work on an Alternative Payment Model (APM) for diabetes care, which culminated in a conversation with CMS officials last December. CMS provided constructive feedback, and AACE is now in the process of refining the model and collecting data to support the validity of the model in the hopes of furthering our conversations with payers.

In January, AACE achieved its long-time goal of Medicare coverage of continuous glucose monitors (CGM). AACE has been advocating for this crucial change in Medicare policy since it concluded at its 2014 Consensus Conference on Glucose Monitoring that CGM is essential to diabetes care. AACE advocacy efforts resulted in the FDA selecting two members of AACE leadership, Drs. George Grunberger and Kathleen Wyne, to sit on its advisory board to evaluate the therapeutic application of the Dexcom G5 CGM. A letter writing campaign by AACE members in support of the Dexcom application was instrumental in FDA expanding the approved use of the G5 CGM, a decision necessary for Medicare to expand CGM coverage. Finally, CMS, in consultation with AACE and many of our sister societies, recently released its coverage criteria for CGM to replace finger stick blood glucose monitor testing for diabetes treatment decisions. The advocacy efforts of so many AACE members have made this critical treatment available to our Medicare patients.

In addition, AACE worked on your behalf with commercial payers in commenting on various medical policy changes and proposals from Anthem and UnitedHealthcare (UHC). In the case of Anthem, AACE provided input on Autonomic Testing. Anthem declined to accept AACE’s input on the policy, which then led to a decision by your Board of Directors to revise our input and develop a position statement, which will be readily available and part of published literature in the future.

In October, AACE leadership (Executive Committee) met with representatives from UHC, which resulted in their expressing an interest in actively using AACE as a resource to provide input on their endocrine-related medical policy. AACE and UHC are continuing to keep the lines of communications open and this has resulted in an AACE member serving on their UHC Pharmacy and Therapeutics Committee. Based on the success of the UHC meeting, AACE has now created a task force to interact with other payers so that we can maintain an open dialogue and continue to demonstrate the value of endocrinology and endocrinologist providers for patients with endocrine disorders.

AACE is also working diligently to ease the burden of the American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) program. The past year has seen many concessions by ABIM as they evaluate ways to create a MOC program that appropriately reflects realities of practicing medicine. AACE has been a vocal advocate for members that are overburdened by unnecessary practice assessment requirements and unvalidated high-stakes exams. ABIM is responding to AACE concerns and is working with medical societies to determine how each specialty may best demonstrate lifelong learning appropriate to their practice area. ABIM has also acknowledged AACE’s leadership in this field by inviting AACE President-Elect, Dr. Jonathan Leffert, to join its ABIM Diabetes, Metabolism and Endocrine Subspecialty Board. AACE remains committed to the practice of lifelong learning and continues to advocate that its members have options to demonstrate that they are growing and evolving with the body of medical knowledge.

I would like to thank the members who either joined or renewed their membership in the American Medical Association (AMA). AACE dropped below the threshold for AMA membership required for maintaining its seat in the House of Delegates as well as representation at the AMA CPT meetings. Not being able to represent clinical endocrinologists in the AMA House of Delegates and CPT meetings would have been detrimental and substantially negated our efforts in obtaining adequate valuation of CGM services provided to patients. Fortunately, our members stepped forward to support AACE and joined the AMA, thereby allowing AACE to maintain its voice in the House of Delegates and also be an effective voice in numerous other AMA forums, as well as interactions with other affiliated organizations.

At its heart, AACE is a membership-driven organization. We completed the 2016 year with a record 7,467 members—5,306 domestic members and 2,161 international members in 97 countries. As of this report, AACE has over 7,500 members, 22 domestic AACE chapters and 16 international chapters, with one (1) being developed during the past year.

Needless to say, the measure of success for AACE as an effective voice and advocate for our members is the result of the shared commitment and hard work of your colleagues who devote their time and talents serving on the AACE Executive
Committee and Board of Directors, our Committees and Task Forces, our AACE Chapters, and our dedicated and capable AACE staff.

Throughout the year, I have had the privilege of representing AACE at a large number of scientific meetings and other forums from the local to international levels. My travels to meetings in Costa Rica, Dubai, Mexico, Philippines and Peru have opened my eyes to the true global influence of AACE. I am pleased to report that AACE and our endocrinologist members are well respected. We are frequently called on by other domestic and international endocrine-related medical organizations; therein, the broader medical community, government organizations and Congress, and patient advocacy groups to collaborate on scientific, as well as legislative, regulatory, and socioeconomic issues. I have been pleased by the positive impact we have been able to achieve as a result of AACE’s scientific educational programs, initiatives, and position statements that culminate from the collective efforts of your Executive Committee, Board, Committees/Task Forces, and staff. Together, we have made progress in optimizing the care and quality of life of individuals with endocrine diseases and comorbidities, and, hopefully, in raising awareness of the value and important role of the clinical endocrinologist. AACE is committed to continuing to exert its fullest energies in preserving and enhancing our subspecialty, with a specific focus on enhancing your personal success in your own practice environment.

Lastly, AACE completed a nationwide search, led by Dr. George Grunberger, for a new Chief Executive Officer (CEO). For 20 years, Don Jones has served as the CEO and shepherded the organization and staff through its tremendous domestic and international growth. AACE and ACE will always be grateful for Don’s work and commitment throughout his years of service. At the conclusion of the Annual Meeting in Austin, Mr. Paul Markowski will become the new CEO of AACE.

In response to concerns raised about the compensation for endocrinologists, AACE worked with a consulting firm to conduct benchmarking of endocrinologists against select internist salaries. The benchmarking includes salary comparisons for non-academic and academic physicians in the specialties of noninvasive cardiology, family medicine (without OB), general internal medicine, nephrology and rheumatology. The data included in the analysis was pulled from various national compensation and production surveys that are approved by the Center for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG) relating to Stark Rules, Fair Market Value and Commercial Reasonableness Compensation Requirements. The data represent the 2016 survey reports based on 2015 data for both national and regional sections of the country. While this data should not be used for salary negotiations, it is my hope that members will find this useful as a resource when researching compensation for endocrinology. The benchmarking analysis is available at: https://www.aace.com/benchmark/.

In summary, while this report on the State of AACE recounts our accomplishments in 2016-2017, it is presented with the full recognition of the upcoming greater challenges and opportunities for success in 2017-2018, which I am confident will be capably addressed under the leadership of my talented successor, Dr. Jonathan Leffert.

I want to thank my fellow Officers, Executive Committee, Board, Committees and Task Forces for their untiring efforts and contributions that are the true measure of the unique quality of our organization (see Honor Roll of Service – Appendix 1). Furthermore, I would like to extend my thanks to our dedicated staff who have contributed significantly to our successes and who demonstrated their commitment to excellence and helping to pursue the AACE mission and future milestones of success.

Once again, thank you for the honor of being your President; it has been an exciting and personally rewarding experience. A special thanks to my husband, Francis, and my daughters, Francine, Florence and Paola, for their support and understanding over the past year. In passing the gavel to our incoming President, Dr. Leffert, I do so with my best wishes that he will enjoy the same sense of fulfillment that I have derived from serving our organization. I am committed to serving in every possible way to help Dr. Leffert in his efforts to expand the reach and influence of AACE.

Sincerely,

Pauline Camacho, MD, FACE
President
THE STATE OF AACE - 2017

MAJOR AACE ACTIVITIES

EmPower: The AACE/ACE Public/Patient Educational Resource

Originally launched in May 2003 as the **Power of Prevention** program, AACE’s EmPower program continues to grow and has become AACE/ACE’s most comprehensive, robust, and wide-reaching AACE patient education initiative. The EmPower program consists of the following:

**EmPower® Patient Outreach and Education Platform**

The EmPower patient education program is the most visible of AACE/ACE’s public educational assets, broadening awareness of the range of endocrine disease and conditions, their symptoms, diagnosis and treatment options, and disease prevention. With a reach that includes AACE member physicians, endocrine patients, their family members and friends, allied healthcare professionals (primary care physicians, diabetes educators, healthcare program administrators) and a growing number of AACE member physicians, the magazine – a free periodical published quarterly by ACE – features original content written by endocrinologists who have years of expertise in treating patients with endocrine disorders. Supported by proactive initiatives, such as social media support and subscription promotion at events attended by AACE representatives, the magazine’s subscription base continues to grow, with subscription requests received daily.

EmPower Magazine is enhanced by EmPower’s online component, www.empoweryourhealth.org. The content-rich website includes all articles from previous EmPower magazine issues (available as a downloadable PDF) as well as content also created by endocrinologists by disease category. Outdated content for each area of the website is currently undergoing updating, while additional topics of interest are being identified and content authors solicited from appropriate AACE scientific committees via the Patient Education and Awareness Committee. New content that has been vetted and added to the website in downloadable format includes: a Patient Assistance Drug Program Directory; AACE/ACE Clinical Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis: A Guide for Patients; and the AACE/ACE Osteoporosis Patient Decision Tool.

Since 2014, when the website’s mobile version was introduced and marketing of the EmPower assets were enhanced, website traffic has increased 222% overall from 2014 to 2016. For the 12 months ended December 31, 2016, the website had a total of 483,554 visitors and 586,395 page views.

**Endocrine University® (EU)**

As part of AACE’s continuing commitment to enhance and expand the educational experiences for endocrine fellows-in-training, AACE developed Endocrine University® (EU) “Disease Management and Technology Skills for Endocrinology Fellows-in-Training.” The first event of its kind ever convened was launched in 2002 at the Mayo Clinic in Rochester, MN. Endocrine University® has proven to be an unprecedented success, with approximately 3,530 endocrine fellows, representing more than 130 training programs across the country, participating since its inception. The 2017 EU, which was held March 4 – 9 at the Mayo Clinic-Rochester Campus, was specially designed to help prepare final year fellows for entering clinical practice by enhancing their exposure to the following key areas of clinical endocrinology:

- Endocrine Neck Ultrasound and UGFNA, Thyroid Cancer, and Cytology
- Bone, Lipids, Obesity, Pituitary and Transgender Sessions
- Endocrine Laboratory and Genetic Testing
- Insulin Pump and Sensor Hands-on Instruction
Practice Management Issues
Meet-The-Expert Sessions and Roundtables on Multiple Endocrine Disease States.

This year’s course had a record attendance of 275 fellows (representing over 130 programs). Participation is limited to final year fellows who are nominated by their program director. AACE greatly appreciates the cooperation of the Association of Program Directors in Endocrinology (APDEM) in helping make this important learning experience available to fellows-in-training. Endocrine University® strongly supports both AACE and ACE organizations’ missions to promote education in the art and science of endocrinology.

AACE would also like to gratefully acknowledge the following whose commitment to the future of endocrinology makes this important educational initiative possible through unrestricted educational grants: Amgen, Corcept, Dexcom, Lilly, Merck, Medtronic Diabetes, Novo Nordisk Inc., Sanofi-Genzyme. AACE also appreciates the in-kind support provided by: Esaote North America Inc., GE Healthcare, Animas, Insulet, Medtronic Diabetes, RGS Healthcare, and Tandem Diabetes Care, Inc.

AACE Congressional Visitation

Members of the AACE Board of Directors and AACE Legislative & Regulatory Committee participated in the 2017 Spring Congressional Visitation April 3 – 4, 2017. The activity included advocacy training, two congressional luncheons, a congressional reception, and an entire day of congressional meetings in House and Senate offices. AACE leaders discussed the following AACE legislative priorities during their congressional meetings:

- National Clinical Care Commission Act – AACE’s signature diabetes legislation, The National Clinical Care Commission Act was introduced early in the 115th Congress and passed by the House of Representative on January 9, 2017. The legislation awaits Senate committee action in order to advance to the Senate floor for a vote. The legislation establishes a new commission to evaluate federal activities related to metabolic and autoimmune diseases and diseases resulting from insulin deficiency and insulin resistance. The Commission will recommend new approaches to improve the quality of care for patients with diseases incorporated in this disease cluster. The Commission will help the federal government address diabetes in a more effective, fiscally responsible manner by reviewing activities currently spread across more than 35 federal agencies and eliminating duplication, inconsistency, and identifying gaps in current diabetes efforts.

- Increasing Access to Osteoporosis Testing for Medicare Beneficiaries – AACE continues to advocate for a sustainable Medicare payment rate for dual energy x-ray absorptiometry (DXA) bone density scans. AACE advocates requested congressional co-sponsorship of legislation that mandates a minimum national average payment of $98 for DXA, $35 for Vertebral Fraction Assessments (VFA), and $133 for a new bundled code for both DXA and VFA performed at the same visit. AACE continues to work in conjunction with our partners in the Fracture Prevention Coalition to secure passage of this bill.

- Treat and Reduce Obesity Act – AACE supports this legislation that provides Medicare coverage for FDA-approved drugs for the treatment of obesity and expands the qualified providers who can bill for intensive behavioral therapy for obesity in addition to primary care providers, i.e., specialists such as endocrinologists and other health care providers outside the primary care setting.

The AACE Congressional Reception held in conjunction with the visitation activity was attended by representatives of Diabetes Advocacy Alliance member organizations and invited congressional guests. The following Members of Congress were featured speakers at the AACE congressional luncheons: Representative Mike Burgess (R-26th-TX), Representative Gene Green (D-29th-TX) and Representative Pete Sessions (R-32nd-TX).

[A summary of AACE legislative priorities and activities and Board actions is included in this report]
My Diabetes Emergency Plan

The American College of Endocrinology, in collaboration with Lilly Diabetes, created the My Diabetes Emergency Plan in 2006 in the aftermath of Hurricane Katrina. This comprehensive program was designed to help people with diabetes prepare an evacuation kit to fit their needs in advance of an emergency situation or natural disaster.

The “plan” is a printed checklist that contains items that patients with diabetes should gather in advance to create a diabetes evacuation kit to use during an emergency event or unanticipated situation (i.e., a 30-day supply of medications, needles, and lancets; a two-day supply of non-perishable food; a source of carbohydrate to treat hypoglycemic reactions; a three-day supply of water; and more).

Design updates were made to the plan in 2016, moving from a credit card-sized folding piece to tear-off pads of 6” x 9” plans with a crack-and-peel backing to apply easily and conveniently to an assembled kit. Also, a robust, dedicated website was created (www.mydiabetesemergencyplan.com) with separate, dedicated pages directed at the initiatives target audiences: Emergency management/public safety personnel; healthcare professionals; and patients. The program was promoted by AACE staff at four targeted national events held throughout the year for emergency managers and healthcare professionals.

My Diabetes Emergency Plan is generously supported by a Lilly Diabetes sponsorship.

Thyroid Awareness 2017

2017 marks the 23rd consecutive year of AACE/ACE Thyroid Awareness activities. Generously sponsored once again by longtime partner AbbVie (formerly Abbott Labs), this year’s thyroid awareness campaign is highlighting the most common cause of hypothyroidism, Hashimoto’s thyroiditis.

The 2017 campaign is designed to share much-needed information using both traditional tactics that have been successful in previous campaigns complemented by a powerful, broad-reaching social media strategy to extend our campaign reach and frequency throughout the year.

Launched in January with a satellite media tour featuring AACE President Dr. Pauline Camacho, Thyroid Scientific Committee Chair Dr. Jeffrey Garber and Hashimoto’s patient/ popular YouTube beauty and lifestyle video blogger Ms. Marnie Goldberg, who has 75,000+ existing subscribers to her YouTube, Twitter and Instagram accounts and had previously used her online presence to talk about her own experiences as a Hashimoto’s Thyroiditis patient.

Interviews conducted for this year’s campaign tour included 27 television station airings, 5 radio station airings and 12 website postings, with a cumulative viewing/listening audience of 8.4 million.

Ms. Goldberg was also featured on the Winter 2017 cover of EmPower Magazine and in an article in the issue and is engaged as an advocate of Hashimoto’s awareness through a number of activities to be conducted throughout the calendar year, including:

- Quarterly, five-minute videos of Ms. Goldberg discussing various aspects of being a Hashimoto’s patient. Videos will be posted onto www.thyroidawareness.com and will be cross-promoted via her YouTube social media channel and her other social media outlets.
- Facebook Support Ads: In the weeks leading up to each broadcast posting, in addition to the video session being promoted cross-channel by Ms. Goldberg on her online media channels and by AACE/ACE on its existing social media channels (Facebook, Twitter), we are supporting viewing with targeted Facebook advertising, providing a direct link to thyroidawareness.com.
- To support the campaign and build our Hashimoto’s “community,” we developed a dedicated Hashimoto’s Facebook page (managed by AACE staff, which will develop group guidelines and monitor posts in an ongoing manner for appropriateness).
Additionally, the Thyroid Awareness website has been revamped and reorganized to provide a more intuitive and engaging visitor experience. The website was recently selected by popular consumer health information website Healthline as one of 2016’s top web destinations for consumers seeking information about thyroid disorders.

Get to the Heart of It: Know Your LDL Goal Patient Awareness Program

Launched in October 2015 in conjunction with Amgen, the Get to the Heart of It: Know Your LDL Goal public awareness program focuses on increasing awareness of one’s LDL cholesterol levels and their relationship to heart disease risk.

A dedicated LDL Awareness website – http://get2theheartofit.com – was created for the program and features an interactive calculator that utilizes HDL and LDL cholesterol levels, age, gender, blood pressure, weight, and family medical history to determine a person’s cardiovascular disease risk and suggested courses of action to help eliminate that risk. The site also offers an easy-to-understand glossary of terms related to cholesterol and heart disease, information about key blood tests, LDL-lowering treatment options, and links to additional resources for managing lipid disorders.

Corporate AACE Partnership (CAP)

Many of AACE’s excellent scientific programs, public awareness initiatives, advocacy efforts, and AACE/ACE physician educational activities initiated during the past year would not have been possible without the generous support of those industry partners represented on the Corporate AACE Partnership (CAP). CAP provides an important forum for an exchange of ideas between AACE, pharmaceutical, medical device, and other constituents interested in promoting better care for patients with endocrine disorders. These programs are conducted in different areas of the country to enable as many members as possible to attend.

CAP support also helps AACE/ACE fulfill its commitment to offer its members affordable accreditation courses in thyroid ultrasound, fine needle aspiration (FNA) biopsy, bone densitometry measurement, endocrine neck diagnostic and interventional ultrasound, nuclear medicine course, national diabetes education initiative for primary care physicians, and Endocrine University®. CAP members also provide support for ACE’s EmPower patient awareness initiatives, including EmPower Magazine and its affiliated website, empoweryourhealth.org.

A special thanks to AACE’s industry partners whose commitment to better endocrine health and generous support in the form of unrestricted educational grants contribute significantly to AACE/ACE scientific programs, including the AACE Annual Scientific and Clinical Congress and other educational initiatives throughout the year. These programs are held at the national and chapters level in order to enhance the practice of clinical endocrinology and improve care for patients with endocrine disorders. AACE is concerned about the increasing and often unwarranted attacks on physician/industry relationships and the adverse effect this portends for the future of medical education, postgraduate education, research, and innovation in scientific advancement and, ultimately, the detriment to quality patient care. AACE issued a formal position statement on physician/industry relationships during the AACE 18th Annual Meeting & Clinical Congress on May 15, 2009, stating, “There is no inherent conflict of interest in the working relationship of physicians with industry and government. Rather, there is a commonality of interest that is healthy, desirable and beneficial.”

Renewal criteria for the eligibility to serve on the Corporate AACE Partnership are as follows:

Membership on the Corporate AACE Partnership (CAP) shall be limited to those pharmaceutical, medical device or other companies whose products or services are aligned with the mission, vision, goals and objectives...
of AACE including:

- Providing a value-added benefit to the members of AACE in the pursuit of excellence in the practice of clinical endocrinology; and
- Supporting recognition of the value of endocrinology and the endocrinologist in providing the highest quality of care to individuals with endocrine disorders; and
- Preserving and enhancing of the viability of the practice of endocrinology in the future.

During the Annual Meeting in Austin, please be sure to visit the exhibits and product theaters to learn more about the many excellent products, medical devices, and services that are available to help you better serve your patients. In addition, while you are there, be sure to thank the exhibitors for their ongoing support of AACE.

The CAP is currently comprised of these 29 companies:

Abbott Diabetes Care
AbbVie
Akcea Therapeutics
Amarin
Ascensia Diabetes Care
AstraZeneca
Boehringer Ingelheim Pharmaceuticals, Inc.
Corcept Therapeutics
Dexcom, Inc.
Eli Lilly & Company
Health Monitor Network
Insulet Corporation
Intarcia Therapeutics, Inc.

Johnson & Johnson Family of Diabetes Companies
Lexicon Pharmaceuticals, Inc.
Medtronic Diabetes
Merck & Co., Inc.
Merck-Pfizer Diabetes Collaboration
Novo Nordisk, Inc.
Pfizer, Inc
PhRMA
Quest Diagnostics
Roche Diabetes Care
Sanofi
Sanofi Genzyme
Shire Pharmaceuticals
Veracyte

**Benchmarking Survey**

In response to concerns raised about the compensation for endocrinologists, AACE worked with a consulting firm to conduct benchmarking of endocrinologists against select internist salaries. The benchmarking includes salary comparisons for non-academic and academic physicians in the specialties of noninvasive cardiology, family medicine (without OB), general internal medicine, nephrology and rheumatology. The data included in the analysis was pulled from various national compensation and production surveys that are approved by the Center for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG) relating to Stark Rules, Fair Market Value and Commercial Reasonableness Compensation Requirements. The data represent the 2016 survey reports based on 2015 data for both national and regional sections of the country. While this data should not be used for salary negotiations, it is my hope that members will find this useful as a resource when researching compensation for endocrinology. The benchmarking analysis is available at: [https://www.aace.com/benchmark/](https://www.aace.com/benchmark/).

**AACE/ACE/AME Medical Guidelines for Clinical Practice for the Diagnosis and Management of Thyroid Nodules**

The AACE/ACE/AME Medical Guidelines for Clinical Practice for the Diagnosis and Management of Thyroid Nodules have been completed. These guidelines underwent the AACE review process and were published in the May 2016 edition of *Endocrine Practice*.

An App based on the guideline, similar to the Diabetes App, is currently in development. App development will be easier, quicker, and less costly than development of an interactive electronic algorithm. The App will be based on the 2016 guideline and will include a calculator to determine risk. The Task Force will work with Impact Graphics and Haifa/Deontics to develop the App. The source of funding (e.g., either internal or external) has yet to be determined.
AACE/ACE Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis and Algorithm

The AACE/ACE Clinical Practice for the Diagnosis and Treatment of Postmenopausal Osteoporosis and Algorithm has been completed. These guidelines were developed using key questions relevant to the diagnosis and treatment of Postmenopausal Osteoporosis and underwent the AACE review process. The guidelines and algorithm were published in the September 2016 edition of Endocrine Practice.

AACE/ACE Obesity Guidelines and Algorithm

The AACE/ACE Obesity Clinical Practice Guidelines were developed using key questions relevant to the evaluation and management of patients with obesity and subjected to evidence-based review, resulting in recommendations that form the basis of the clinical practice guidelines. These guidelines underwent the AACE review process. The Executive Summary was published in Endocrine Practice online in May 2016 and in the print edition of Endocrine Practice in July 2016.

The AACE/ACE Obesity Algorithm was developed utilizing the evidence-based recommendations from the recently completed Obesity Clinical Practice Guidelines. The algorithm underwent the AACE review process and was published in Endocrine Practice online in May 2016 and in the print edition of Endocrine Practice in July 2016.

AACE/ACE 2017 Comprehensive Diabetes Management Algorithm and Executive Summary

The Comprehensive Diabetes Management Algorithm has been updated to encompass glycemic control, hypertension and lipid control, and obesity management. The Task Force conducted an extensive review process of the algorithm to ensure the final product is clinically relevant, visually appealing, and user-friendly. The Algorithm, accompanied by an Executive Summary, was published online-ahead-of-print in Endocrine Practice in January 2017 and in the February 2017 print issue of Endocrine Practice.

AACE/ACE Guidelines for the Management of Dyslipidemia and Prevention of Cardiovascular Disease

The new 2017 Lipids guidelines have been completed. These guidelines contain substantial differences in content from the 2012 guidelines, including a new extreme risk category and updated references, and have undergone the AACE/ACE review process. The Executive Summary of the guidelines was published online-ahead-of-print in February and will be published in the print April 2017 issue of Endocrine Practice. The full updated Lipids Guideline with the appendix and references will be published as an online supplement to the April issue of Endocrine Practice.


The AACE/ACE Protocol for the Standardized Production of Clinical Practice Guidelines, Algorithms, and Checklists 2014 has been updated for 2017. This guideline was updated based on input from the new ACE Scientific Referencing Team and underwent the AACE review process. The guideline was submitted to Endocrine Practice in March 2017.

Diabetes Day for Primary Care Clinicians (PCC)

With the increasing prevalence of diabetes among all age groups in the U.S. population, nearly all primary care clinicians spend a significant part of every working day dealing with various challenges of providing quality care for individuals with this debilitating disease.

Since 2008, AACE has brought this half-day national comprehensive diabetes education program to over 13,500 physicians, physicians extenders, nurses and other allied health professionals in more than 75 U.S. cities in order to help our primary care colleagues improve the quality of care.
The PCC accredited program, which is updated annually by a committee of specialists, offers the opportunity for primary care clinicians to learn the latest diabetes care and management from national experts. The half-day program is held year round and is scheduled in various geographic locations throughout the country to the greatest extent possible. AACE coordinates the selection of local AACE member faculty with the chairs of AACE chapters.

**Annual AACE/ACE Cleveland Clinic Board Review Course**

The American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) joined with the Cleveland Clinic Department of Endocrinology, Diabetes and Metabolism in co-providing the 19th Annual Intensive Review of Endocrinology and Metabolism Course held September 9-11, 2016, at the InterContinental Hotel and MBNA Conference Center in Cleveland, Ohio. The Board Review Course was accredited by the Cleveland Clinic Foundation (CCF) for [AMA PRA Category 1 Credit(s) ™](http://www.ama-assn.org). The highly successful course was attended by 153 physicians, fellows, and other allied health professionals.

The 20th Annual Intensive Review of Endocrinology & Metabolism Course is scheduled for October 6-8, 2017.

**MAJOR BOARD ACTIONS**

The Board held four meetings during the 2016-2017 Association year and addressed a broad range of issues affecting endocrinologists and their patients, including reports and recommendations from AACE committees and task forces (See Appendix 1). The following is a summary of major actions taken by the Board. A summary of Board actions is also printed in *First Messenger* in the issue following each Board meeting.

**2021, 2022 and 2023 AACE Annual Meeting Location and Dates:** The Board approved the following locations and dates for upcoming Annual Meetings:

- **2021** May 16 – 23 – Sheraton Seattle and Washington State Convention Center, Seattle, WA
- **2022** May 22 – 29 – Marriott Orlando World Center, Orlando, FL
- **2023** May 3 – 7 – Mandalay Bay & Delano, Las Vegas, NV

**AACE Endocrine Patient Registry:** The Board approved moving forward with development of a business plan to explore the feasibility of the creation of an AACE Endocrine Patient Registry, to include fiscal implications and potential partners.

**AACE Participation in AstraZeneca Congressional Briefing:** The Board was pleased to note Dr. George Grunberger’s participation as a panelist as part of the congressional briefing to promote AstraZeneca’s “Get ON IT for Diabetes.” Talk show celebrity Dr. Phil McGraw served as moderator. The ON IT Movement, launched in 2016, is an awareness campaign that seeks to empower adults living with type 2 diabetes to take an active role in managing the condition to get on—and stay on—a healthy path. The Movement also seeks to elevate the national conversation around type 2 diabetes to encourage appropriate action that will better support people living with the condition.

**AACE/ACE Online Endocrine Academy:** The Board approved the proposed format and composition of the AACE/ACE Online Endocrine Academy website as presented. The goal is to have a central site where people can go to learn about endocrinology, access AACE materials, obtain CME credit, watch videos, view PowerPoint slides, and get material from past Annual Meetings. Please visit the site at [http://academy.aace.com/](http://academy.aace.com/) to take advantage of it.

**AACE/ACC Diabetes Collaborative Registry:** The Board approved that a $2,000 incentive be offered to the first fifteen (15) practices participating and submitting data to the American College of Cardiology (ACC) Diabetes Collaborative Registry (DCR). In addition, a $500 incentive fee will be provided for any AACE member who recruits such member(s) to participate in the registry, to be payable after an application is completed and data is being transmitted.

**Anthem Policy for Autonomic Testing (Med.000112) – AACE Position Statement:** The Board approved the appointment of a task force to develop a proposed AACE position statement on autonomic testing for review
and approval by the Board. The draft statement is currently undergoing final review for approval by the Board.

**Appointment of Task Force on Encapsulated Follicular Variant of Papillary Thyroid Carcinoma:** The Board approved the appointment of a task force to develop a patient and clinician statement on encapsulated follicular variant of papillary thyroid carcinoma to be reviewed by the Thyroid Scientific Committee and recommendation to the Board. The task force published a patient-centered Q&A piece in Volume 8 Issue 3 of *Empower* magazine (published mid-September 2016) and submitted a physician-centered piece to *Endocrine Practice* during the first quarter of 2017.

**Financial Support for APDEM:** The Board approved continued financial support of the Association of Program Directors in Endocrinology, Diabetes and Metabolism (APDEM) in the amount of $12,000 (in addition to in-kind support) for 2016.

**Joint AACE/United Healthcare Meeting:** The Board received from Drs. Howard Lando and Richard Haas a report on the Joint AACE/UnitedHealthcare (UHC) meeting held on October 13, 2016, in Boston, MA.

At the July meeting, the EC and Board had approved the Task Force on Third Party Payors recommendation to extend an invitation to UnitedHealthcare for a meeting in Boston in conjunction with the October Board meeting. Drs. Lando and Haas felt that the meeting with UnitedHealthcare went well and that discussion of areas of mutual interest resulted in several useful concepts that could benefit AACE members, for example, the use of AACE’s algorithms and guidelines for payer authorizations.

At the request of UnitedHealthcare, Dr. Pauline Camacho was appointed to serve as the AACE representative to their Pharmacy and Therapeutics Committee. The Board hopes this will be the first of additional meetings and ongoing dialogue between AACE and other payors.

**National Diabetes Education Program (NDEP) Guiding Principles for the Care of People With or at Risk for Diabetes:** AACE received an invitation from the National Diabetes Education Program (NDEP) to participate again in the Writing Group to update its *Guiding Principles for the Care of People With or at Risk for Diabetes*. NDEP is a joint program of the National Institute of Diabetes and Digestive and Kidney Diseases at the NIH and the Centers for Disease Control and Prevention (CDC).

Dr. Farhad Zangeneh participated in the previous writing group and, at the request of AACE President Dr. Camacho, has agreed to serve in this role for 2017.

The *Guiding Principles* aim to identify and synthesize areas of general agreement among existing guidelines to help guide primary care providers and health care teams in the delivery of quality care to adults with or at risk for diabetes. No evidence-based guidelines have been developed for this resource.

Final composition of the current writing group will be formally announced by NDEP in the near future along with the time line for initiation and completing the project.

**Obesity Medicine Education Collaboration – Obesity Medicine Association:** The Board approved collaboration with the Obesity Medicine Association and the Obesity Society on a case-by-case basis in developing, promoting, and disseminating comprehensive obesity medicine education across the continuum spanning undergraduate medical education (UME), graduate medical education (GME) and fellowship training in the U.S.-- educational outcomes to be delivered include creating:

- Core competencies
- Professional activities that do not require direct supervision [Entrustable Professional Activities (EPAs)]
- Learning objectives
- Examples of curricular content and design

**Osteoporosis Mobile App:** The Board approved that an AACE osteoporosis mobile app be developed from the Osteoporosis Guidelines. The app is still under development with an expected release by the end of April 2017.

**Use of Follow-On Biologics and Biosimilars for Endocrine Disease:** The Board authorized the AACE Task Force on the Use of Follow-on Biologics and Biosimilars for Endocrine Diseases to develop a proposed AACE position
statement on the use of follow-on biologics and biosimilars for endocrine diseases for review and approval by the Board of Directors. The statement has been drafted and is currently being finalized. It has been submitted to the Publications Committee and is anticipated to be sent to the Board for review in April 2017.

COMMITTEES/TASK FORCES

AACE Business Opportunities Committee

Task Force to Evaluate an AACE Certification/Credentialing Program for Non-Endocrinologists:
The Board authorized that, in recognition of AACE as a pre-eminent organization representing clinicians who care for those with endocrine and metabolic disorders, a task force be appointed to:

- Evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program for endocrinologists on diabetes technology, including closed loop hormone infusion/glucose sensing technology to serve patients with type 1 and insulin dependent type 2 diabetes.
- Evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program on specific endocrine diseases such as obesity or diabetes for allied health professionals who are employed by or affiliated with endocrinologists.
- Evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program on specific endocrine diseases such as obesity or diabetes for non-endocrinologists.
- Suggest a strategic plan (including funding source, curriculum and potential faculty members) for implementing the certification program(s) in 2016-2017.

Awards Committee

Eugene T. Davidson, MD, Public Service Award: The Board approved the selection of Rep. Kevin Brady (R-TX) and Rep. Gene Green (D-TX) as co-recipients of the 2017 AACE Eugene T. Davidson, MD, Public Service Award to be presented during the AACE 26th Annual Scientific and Clinical Congress in Austin, TX.

This award is presented to a health professional, organization, or individual layperson for outstanding contributions to advancing the mission of AACE in providing quality health care for patients with endocrine diseases and for the betterment of public health. AACE membership not required.

AACE Excellence in Humanities and Medical Ethics Award: The Board approved the selection of Peter A. Singer, MD, FACE, as the recipient of the 2017 AACE Excellence in Humanities and Medical Ethics Award to be presented during the 26th Annual Scientific and Clinical Congress in Austin, TX.

The Board amended the criteria for Humanities and Medical Ethics Award to read: This award is presented to an individual who has demonstrated exemplary and continuing dedication to upholding the highest principles of medical ethics, or who has demonstrated devotion to these principles through their work in the humanities or creative arts.

Frontiers in Science Award: The Board approved the selection of Gerard Karsenty, MD, PhD, as the recipient for the 2017 Frontiers in Science Award to be presented during the 26th Annual Scientific and Clinical Congress in Austin, TX.

This award is presented to an individual who has demonstrated exemplary contributions to their individual profession or area of expertise.

International Clinician Award: The Board approved the selection of Jose G. Jimenez-Montero, MD, FACE, and Kamal Al-Shoumer, BSC, MBBCH, DIC, PhD, MRCP, FRCP, FACE, as the recipients for the 2017 International Clinician Award to be presented during the 26th Annual Scientific and Clinical Congress in Austin, TX.

This award is presented to an AACE member who is a clinical endocrinologist practicing outside of the United States in recognition of dedicated and compassionate care provided to patients with endocrine diseases,
exceptional knowledge and expertise in the field of clinical endocrinology, and active advocacy of AACE’s mission in both professional and public environments.

**H. Jack Baskin, MD, Endocrine Teaching Award**: The Board approved the selection of Mark A. Lupo, MD, FACE, ECNU, as the recipient of the 2017 AACE H. Jack Baskin, MD, Endocrine Teaching Award to be presented during the AACE 26th Annual Scientific and Clinical Congress in Austin, TX.

>This award is presented to an AACE member in good standing who has made a profound impact in teaching and is actively involved in teaching in academic centers or otherwise.

**Outstanding Clinical Endocrinologist Award**: The Board approved the selection of Walter Futterweit, MD, FACP, FACE, as the recipient of the 2017 Outstanding Clinical Endocrinologist Award to be presented during the 65th Annual Scientific and Clinical Congress in Austin, TX.

The Board amended the criteria for the Outstanding Clinical Endocrinologists Award to read: *This award is presented to an AACE member practicing in the United States, in recognition of dedicated and compassionate care provided to patients with endocrine diseases, exceptional knowledge and expertise in the field of clinical endocrinology, and active advocacy of AACE’s mission in both professional and public environments.*

**Outstanding Corporate Partner Award**: The Board approved the selection of Janssen Pharmaceutical Companies as the recipient the 2017 AACE Outstanding Corporate Partner Award to be presented during the AACE 26th Annual Scientific and Clinical Congress in Austin, TX.

>This award is presented to an industry partner who is a member of the Corporate AACE Partnership (CAP) and has demonstrated outstanding commitment and dedication to AACE through significant contributions that allow AACE to conduct various programs and initiatives to promote the future of endocrinology. CAP membership required. Selection based on level of giving to AACE and related entities.

**Outstanding Service Award for the Promotion of Endocrine Health of an Underserved Population**: The Board approved the selection of Jorge H. Mestman, MD, as the recipient of the 2017 Outstanding Service Award for the Promotion of Endocrine Health of an Underserved Population to be presented during the 26th Annual Scientific and Clinical Congress in Austin, TX.

>This award is presented to an individual(s) for outstanding contributions to the endocrine care, health, and service to an underserved population in the United States or abroad via: leadership, long-term commitment, vision, innovation, and impact/outcomes.

**Bylaws Committee**

**Bylaws Amendments**: The Board approved recommending to the membership at the Annual Business Meeting five amendments to the AACE Bylaws as set forth in the Bylaws Amendments report.

**Editor of First Messenger**

**Commendation**: The Board commended Dr. Philip Levy for his nine-years of exemplary contributions to the continuing enhancement of *First Messenger* as an important AACE newsletter on timely information and articles on endocrine related issues affecting AACE members, their practices and patients. Dr. Levy’s term expired on December 31, 2016.

**Appointment of New Editor and Associate Editor**: The Board congratulated Dr. Victor Roberts, Orlando, FL, on his appointment as the new editor and Dr. Dan Mendlovic as associate editor, whose three-year terms commenced January 1, 2017.

**ECNU Certification Committee**

**Task Force Re the Development of Alternate Pathway for Parathyroid and Lymph Node / VCP Criteria**: The Board approved implementation of the proposed lymph node/parathyroid alternative options for the
validation of competency process for endocrine certification in neck ultrasound (ECNU) pursuant to the following criteria:

A. If a candidate has satisfied all validation of competency requirements with the exception of one case (i.e. submission and approval of all cases minus one deficient case), the candidate may be granted a 3-month extension to obtain the one remaining case.

B. If the candidate is deficient in submission of one malignant lymph node (MLN) case and all other required cases have been submitted and approved, the candidate has the option of submitting a conclusively sonographically suspicious lymph node, even if fine needle aspiration (FNA) or surgery are not considered clinically appropriate and thus pathologist confirmation will not be available. This case may be submitted for review along with an explanation as to why FNA or surgery were not performed. This option will also include parathyroid cases.

This option was offered beginning with the fall 2016 Application Session. Verbiage will be drafted for the VCP section of the Candidate Handbook to contact the ECNU Certification Manager if after 10 months following the successful completion of the CCE, the candidate is missing one of the required cases, the above options can be presented.

AACE Finance Committee

Amendment of the Finance Committee Charge: The Board approved an amendment to the first bullet of the existing Finance Committee Charge as follows:

Develop an annual budget and perform a quarterly review of financial performance and submit an annual preliminary budget for review by the Board of Directors at the annual fall (October) Board meeting and submit a final annual budget for review and approval by the Board of Directors at the annual winter (January/February) Board meeting, with such approval being retroactive to January 1 of the new fiscal year.

2016 Financial Results: The financial status of AACE continues to remain sound. AACE incurred a $674,000 surplus from program activities (all AACE activities except the investment portfolio), as compared to a $417,000 budgeted surplus for the year. Major program activities which occurred were: 1) the AACE Annual Meeting held in May 2016 in Orlando, FL; 2) the recognition of $1,292,000 of year 2016 member dues; 3) the AACE Advances in the Medical and Surgical Management of Thyroid Cancer course, AACE/ACE Principles of Endocrine Neck Sonography courses held in May and November, and the Advanced Neck Ultrasound course held in September; 4) an AACE summit on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA); 5) a Continuous Glucose Monitoring (CGM) conference held in Washington DC; 6) the Endocrine University® (EU) program; 7) completion of the Janssen industry training program; 8) several Primary Care Clinician (PCC) Diabetes Day programs and finalization of several completed AES programs; and 9) the Curso Intensivo de Diabetes program and the WCPD9 programs held in December. AACE also recorded a $341,000 gain from year 2016 investment activities, resulting in a $1.0M surplus from combined program and investment activities.

AACECORP, a wholly-owned, for-profit subsidiary of AACE, recorded an $114,000 deficit in year 2016, as compared to a budgeted $6,000 deficit and an $83,000 pre-tax surplus last year at this time. The major variance from the year 2016 budget was lower than anticipated AACE Impact Graphics® revenues. However, current year EP advertising revenues/author charges and Job Target commissions finished well ahead of budget expectations, partially offset by higher EP related printing, mailing and sales commission expenses.

2015 Audit: The AACE Board of Directors and the American College of Endocrinology, Inc. (the College) Board of Trustees reviewed and accepted the audited financial statements for AACE, AACECORP, and the College for the fiscal year January 1- December 31, 2015, as reported on by the independent Certified Public Accountant (CPA) firm of Lucas, Herndon, Hyers & Pennywitt. There were no areas of concern brought forth by the independent auditor related to the management of the finances, internal controls, or fiscal soundness of AACE, AACECORP, and the College.

2016 Audit: The Board approved retaining the services of the independent CPA firm of Lucas, Herndon, Hyers & Pennywitt to conduct the audit of the financial statements of AACE, AACECORP, and the College for the
year ending December 31, 2016, and also prepare (and file) the associated federal and state income tax returns for these entities. The year 2016 financial audits are presently ongoing.

**AACE Investment Reserves:** The AACE Finance Committee monitored the investment portfolio for AACE reserve funds during the year, in consultation with the AACE investment advisor (Douglas Capital Management) in order to maximize investment return while in accordance with the overriding objective of preservation of investment principal. The year investment results of the Association’s reserve funds remain strong. The AACE investment portfolio totaled $7,975,000 (market value) as of December 31, 2016, up 4.46% from $7,634,000 at December 31, 2015. The Committee and senior management engage in ongoing monitoring of the portfolio, in conjunction with the AACE professional investment advisor. AACE’s practice has been to maintain an adequate reserve for future needs. The restricted portion of the investment portfolio ($3.9M) can only be utilized with a two-thirds approval vote of the Board of Directors. Funds are added to the reserves based upon a review of the Association’s annual and cumulative surplus at the end of each fiscal year. The reserve is intended to protect against the disruption of AACE activities as a result of any future, unanticipated shortfall in revenues.

**2017 Budget:** The Board approved a proposed budget for AACE, excluding AACECORP, for the fiscal year January 1 to December 31, 2017, including total projected revenues from all sources (excluding investment activities) in the amount of $9.3M and expenditures of $9.1M.

**Legislative & Regulatory Committee**

**Connect for Health Act (H.R. 4442/S. 2484):** The Board adopted a position of support for the H.R. 4442/S. 2484, the Connect for Health Act, legislation that will ensure physicians and patients are able to use new technologies that remove barriers to timely, high-quality care.

**Certifying Need for Diabetic Shoes:** The Board approved that AACE adopt a position of support for legislation pending in Congress allowing physician assistants and nurse practitioners, working under the supervision of an endocrinologist, to certify need and order diabetic shoes. AACE notified the American Society of Endocrine Physician Assistants (ASEPA) of this policy.

**National Diabetes Clinical Care Commission Act:** Despite tremendous progress made on the National Diabetes Clinical Care Commission Act, including passage of the amended bill by the U.S. House of Representatives, the 114th Congress adjourned without final action taken on the bill by the U.S. Senate. A number of non-controversial public health bills, including the Commission bill referred to the Senate after they passed the House, were not acted upon due to the short window of time provided in the brief lame duck session, a focus on passing the 21st Century Cures legislation and other factors unrelated to the substance of the public health bills. Although the National Clinical Care Commission Act did not get across the finish line last year, the Committee cannot stress enough how important and helpful the advocacy by AACE Key Contacts and AACE members has been to enhance the awareness and growing support for the bill as well as the value the Commission bill brings with respect to improving access to high quality care and to improving patient outcomes.

The Board was pleased to note that the Commission bill was re-introduced in the House the first week of January 2017 and passed by a voice vote on the House floor on January 9th. AACE will now turn its full attention to the Senate Health, Education, Labor and Pensions (HELP) Committee, where the Commission bill (H.R. 309) has been referred. AACE’s goal is to have the bill favorably considered by the Health Committee in passage of the Bill by the Senate as early as possible during the session.

Additional legislative initiatives supported by AACE and on which AACE advocated were also stalled in the 114th Congress. These initiatives include the Medicare CGM Access Act (H.R. 1427 / S. 804), Protecting Access to Diabetes Supplies Act of 2015 (H.R. 771), Treat and Reduce Obesity Act (H.R. 2404 / S. 1509) and Patient Access to Osteoporosis Testing for Medicare Beneficiaries (H.R. 2461).
**Membership Committee**

**AACE Membership:** As of December 31, 2016, AACE had a total of 7,467 members in 97 countries, 71.1% of the membership was domestic and 28.9% was international members, an increase of 4.5% from 2015. This is the highest year-end membership in AACE history. The 2016 retention rate was 88%. In the year ahead, AACE will continue a comprehensive membership retention and growth campaign, including an aggressive 2017 exhibit schedule, for both domestic and international members.

**International Dues Structure:** The Board approved a dues increase involving international membership Option 2 and Option 3. The dues increase was enforced for 2017 dues renewal. The dues increase was a result of the high cost of shipping publications. The cost of International Membership Option 1 will remain the same.

**Chapters Committee – Formation of International Dominican Republic Chapter of AACE:** The Board approved a recommendation from the Chapters Committee to establish the Dominican Republic International Chapter of AACE, as the Dominican Republic complied with the AACE guidelines for international chapter development. This brings the total number of AACE international chapters to 16, including the following additional countries:

- Bangladesh
- Brazil
- Canada
- Colombia
- Costa Rica
- Gulf
- India
- Italy
- Jordan
- Lebanon
- Nigeria
- Pakistan
- Peru
- Philippines
- Romania

AACE also now has 22 domestic chapters including: Arizona, California, Carolinas, Florida, Georgia, Heartland, Illinois, Lower New York, Michigan, Mid Atlantic, Minnesota – Midwest, Nevada, New England, New Jersey, New Mexico, Ohio River Regional, Pacific Northwest, Puerto Rico, Southern States, Texas, Upper New York, and West Virginia.

**Young Physicians Subcommittee:** The Board approved establishment of an early career subcommittee of the Membership Committee. The charge of the subcommittee is to:

- Assist in recruiting and retaining young physician members of AACE one to five years out of fellowship.
- Assess the needs of young endocrinologists and current AACE programs and services to determine where gaps exist and submit recommendations for addressing identified gaps.
- Recommend strong policies, programs and processes to increase the recruitment, retention, education and engagement of early career physician membership.

**Publications Committee**

**AACE Clinical Case Reports:** *AACE Clinical Case Reports* (ACCR) has had a very successful first year, publishing 79 pages of editorial content, which included 71 case reports and 9 commentaries.

The case reports journal was recently submitted for inclusion in PubMed Central (PMC) and has passed the first step in the review process, Scientific Quality Review. The next step in the process is Technical Evaluation. If the journal content is approved, a formal agreement with PMC will be completed, and all content from ACCR from all issues up to the present will be posted in PMC.

**Endocrine Practice:** The Board commended the Editor-in-Chief of *Endocrine Practice* (EP) Dr. Derek LeRoith, his Associate Editors, and AACE publications staff for the continuing increase in the excellence of EP, publishing 2,189 pages of editorial content, which included 116 Original Articles, 15 Review Articles, 32 Commentaries, 9 Letters to the Editor, and 12 Visual Vignettes.
**First Messenger Editor:** The Publications Committee conducted a search and review of potential candidates for the new Editor of *First Messenger*. Based on the Publications Committee’s recommendations, the Executive Committee appointed Dr. Victor Roberts to serve as the new Editor, and Dr. Daniel Mendlovic was appointed to serve as Associate Editor. Their new three-year term began January 1, 2017.

**Socioeconomics & Member Advocacy Committee**

**CGM Prescribing & Commercial Carriers:** The Board approved an AACE position of support for the ability of: 1) All American trained board eligible endocrinologists; and 2) All non-endocrinologists who have earned the distinction of Fellows of the American College of Endocrinologists (ACE) to prescribe CGMs and insulin pumps for all insurance companies.

**Update of Position Statement:** The Board approved the update of the current AACE position statement on the appropriate use of testosterone and requested that the ACE/AACE Reproductive Endocrinology Scientific Committee develop a proposed update for consideration by the Executive Committee and Board of Directors at the summer meeting.

**CLINICAL AND SCIENTIFIC COMMITTEES**

**AACE/ACE Nutrition & Lifestyle Scientific Committee**

**Nutrition Case Studies Update:** The Board approved the use of AACE-produced nutrition case studies for Association of Program Directors in Endocrinology, Diabetes and Metabolism’s (APDEM) use in training of fellows and participation of fellows, working with APDEM members, as authors for future case studies preparation.

**AACE/ACE Obesity Scientific Committee**

**Consensus for Best Practices for Care of Patients with Obesity:** The Board approved the AACE/ASMBS and Obesity Medicine Association Consensus Statement for Best Practices in the Care of Patients with Obesity. A second consensus conference will be held in October 2017 where the statement will be presented.

**AACE/ACE Pediatric Endocrinology Scientific Committee**

**Pediatric Endocrinology Presence at AACE:** The Board of Directors enthusiastically approved considering inclusion of pediatric endocrinology in the planning process for appropriate AACE events.

**AACE/ACE Reproductive Endocrinology Scientific Committee**

**Publications Related to Endocrine Society Guidelines, The Endocrine Treatment of Transsexual Persons:** The Board approved exploring the concept of creating derivative works, including an algorithm, executive summary and patient-related materials, based on the Endocrine Society Guidelines on the Endocrine Treatment of Transsexual Persons.

**TASK FORCES**

**Certification and Credentialing Task Force**

**Intensive Insulin Therapy Certification for PA/NP:** The Board authorized the AACE Certification and Credentialing Task Force to proceed with planning for implementation of an Intensive Insulin Therapy Certification Course for Advanced Care Practitioners to be finalized in the fall of 2017.

As an initial step, the Board authorized the Task Force to retain a medical writer to develop a needs assessment for the purpose of applying for CME grant funding for the course.

Details regarding the course, including a proposed curricula and budget, will be submitted at an upcoming Board meeting for consideration.
Task Force for AACE/ACE Policy on Development of AACE Clinical Guidelines and Algorithms

**Policy Update to Incorporate All AACE Clinical Practice Guidelines and Algorithms:** The Board approved that the following statement be included in all AACE clinical practice guidelines and algorithms:

“The [insert name of AACE clinical practice guideline(s) and algorithm(s)] was/were developed and produced without funding support from any entity with a financial interest in health care delivery.”

**Policy Update to Develop Standard Language to Acknowledge Industry Support Where Applicable:** The Board approved the following statement pertaining to industry sponsorship and/or recognition of products derived from AACE clinical practice guidelines and algorithms:

“The [insert name of AACE clinical practice guideline(s) and algorithm(s)] was/were developed and produced without funding support from any entity with a financial interest in health care delivery.”

“AAACE recognizes and appreciates the funding provided by [insert company name here] to only disseminate and distribute this work.”

**National Guidelines Clearinghouse (NGC) New Inclusion Policy and Impact on AACE:** The Board approved that AACE continue the Association’s current protocols for AACE clinical practice guidelines production, but, on a case-by-case basis (AACE/ACE President, Board of Directors and Board of Trustees, in consultation with the chair of the task force) may include an appendix that fully adheres to the National Guidelines Clearinghouse (NGC) criteria for listing.

**Policy Update Regarding Industry Support for Consensus Conferences, Statements and Proceedings:** The Board adopted the following policy regarding industry support for consensus conferences, statements and proceedings:

1. Prioritize transparency by stating that AACE recognizes the importance of providing continuing education to its members, which may require financial support from an outside entity through unrestricted educational grants.
2. Explicitly state that outside support will not be used for the development and/or writing of AACE consensus statements/conference proceedings, white papers, or guidelines. Outside support may be accepted for the administration/logistical support of a consensus and for the dissemination and distribution of the final written paper.
3. The content of these documents is developed solely by AACE members and, as always, will remain free of any outside entity influence.

**Task Force on Patient Access to Medications**

**Formal Position Statement:** The Board approved the proposed Position Statement on Access to Necessary and Appropriate Medical Care as presented. The Position Statement will be finalized and disseminated to the membership. It can be found on the website at: https://www.aace.com/files/position-statements/Patient-Access-to-Necessary-and-Appropriate-Medical-Care.pdf. It has been published in *Endonomics* and *AACE Online News* and is scheduled to be released in the March/April issue of *First Messenger*.

**Development of Patient Website:** The Board approved that the Task Force explore development of a dedicated patient access portal on the AACE website to provide links to pharmacy companies’ patient assistance programs and information. The portal went live at http://prescriptionhelp.aace.com/ in mid-March 2017. Announcements regarding the new portal was published in *AACE Online News* and the March/April issue of *First Messenger*. 
Task Force on the Endocrinology of Aging

Publication of an *Endocrine Practice* Supplement on the Endocrinology of Aging: The Board approved compilation of five to six manuscripts covering the extensive range of topics included on the subject of endocrinology of aging to include: falls and fall risks, sarcopenia, aging and osteopenia, aging and gonadopenia, thyroid and the older patient and aging and endocrinology, to be submitted to the editor of *Endocrine Practice* for publication in *Endocrine Practice*.

Task Force to Develop an AACE Position Statement on Autonomic Testing

Formal Position Statement: The Board approved the proposed position statement on Autonomic Testing in principle with a final Board approval by email vote. The results of the Board approval vote are still pending.

The final version included an expanded section on testing, definition of Code 95943 and a list of acronyms included in the statement.

Task Force to Enhance the Value of Endocrinology and Endocrinologists

AACE Position Statement on Testosterone Prescribing Practices: The Board approved a recommendation from the Task Force to request that the AACE/ACE Reproductive Endocrinology Scientific Committee develop a proposed AACE position statement on the topic of testosterone prescribing practices for submission for consideration by the Executive Committee and Board at its May meeting.

AACE/ACE Task Force to Recapture and Preserve the Endocrine Scope of Practice

Recapturing and Preserving Obesity Treatment in the Endocrine Practice: The Board approved that the following objectives be pursued to recapture and preserve the diagnosis of obesity within the endocrine scope of practice; and further, that these objectives be referred to the appropriate AACE standing committees for further action:

1. Advocacy for public and private payer coverage of both obesity drugs and obesity treatment provided by endocrinologists;
2. Education on obesity treatment for members, e.g., CME at Annual Meeting as well as provided locally, webinars, members resources, etc.;
3. Tools & Resources for members and patients, e.g., evidence-based guidelines, algorithms, slide modules and other online resources for health care professionals, online content, brochures and awareness programs for patients; and
4. Practice Management information related to the operational aspects of an obesity program that make it financially viable.

AMERICAN MEDICAL ASSOCIATION (AMA) ACTIVITIES

AACE Presentation: AACE has been effectively represented in the AMA House of Delegates by:

- AACE AMA Delegate – Dr. Jonathan D. Leffert
- AACE AMA Alternate Delegate – Dr. John A. Seibel
- AACE Young Physician Section (YPS) Delegate – Dr. M. Kathleen Figaro

Endocrine Section Council/Internal Medicine Section Council: The purpose of AMA specialty society section councils is to provide for the deliberation and study of scientific educational and other appropriate interests and concerns of the specialty disciplines and the specialty organizations representing these disciplines within the AMA. The Endocrine Section Council (ESC) also reviews the reports and resolutions included in the Delegates’ Handbook to be addressed by the House, determines those issues on which there is agreement, and who should speak on behalf of the caucus at reference committees and, as necessary, on the floor of the House of Delegates.
This group meets in conjunction with the Annual and Interim Meetings of the House of Delegates. The principle (voting) members of the ESC include AACE, Endocrine Society, and the American Society of Reproductive Medicine. In June 2008, the ESC voted to invite the American Association of Endocrine Surgeons (AAES) to join the Council as an Associate Member. Associate members include endocrine-related organizations that do not have delegate status in the AMA House of Delegates and who are approved for membership on the Section Council upon recommendation of the voting members of the ESC and approved by the AMA Board of Trustees.

AACE also participates in the Internal Medicine Section Council, which addresses issues affecting general internal medicine as well as subspecialties and the Specialty and Service Society (SSS), which includes 130 national medical societies, military service groups, and professional interest medical associations.

Additionally, members of the AACE delegation attend the AMA Obesity Caucus, first convened by the Obesity Medicine Association (formerly known as the American Society of Bariatric Physicians) at the 2015 Annual Meeting of the AMA House of Delegates. The purpose of the Caucus is to develop collaborative initiatives to further improve obesity education and treatment, prevent obesity, reduce weight bias, and help reverse the obesity pandemic. In addition to AACE, other organizations in the Caucus include the American Academy of Pediatrics, American Academy of Sleep Medicine, AMA, American Society of Metabolic and Bariatric Surgery, American Board of Obesity Medicine, Endocrine Society, Obesity Action Coalition, Society for Cardiac Angiography and Interventions, and the Society of American Gastrointestinal and Endoscopic Surgeons.

**Medical Student Showcase:** AACE participated in the thirteenth AMA Medical Student-Sponsored Showcase during the AMA Annual Meeting in June 2016. This was a highly successful event with over 50 specialties participating and interacting with several hundred medical students from the AMA Medical Student Section. AACE had a booth with a wide variety of information to distribute, including the Endocrine Career® brochure developed by the AACE Medical Students & Residents Subcommittee. This event has proven beneficial to AACE in promoting endocrinology as a career for medical students. AACE will once again participate in the showcase at the 2017 AMA Annual Meeting in June.

**2016 AMA Annual Meeting of the House of Delegates**
June 11 - 15, 2016 – Chicago, IL

**Major House Actions:** The following are major actions taken by the AMA House of Delegates (HOD) at the Annual Meeting:

**Medicare Access and CHIP Reauthorization Act (MACRA):** MACRA was a frequent discussion topic at the meeting with multiple sessions providing overviews on the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs). There were also a number of MACRA related policies adopted by the HOD, which:
- Direct the AMA to advocate making electronic health record (EHR) vendors accountable for the provision of reports in a format suitable to satisfy physician reporting requirements;
- In response to physician burnout issues, states that the AMA will advocate that physician satisfaction be used as a Clinical Practice Improvement Activity under the MIPS program;
- From a report by the Council on Medical Service, proposes principles to guide the development and implementation of APMs. The measures in the list were included to support physician choice of practice and freedom to select their method of practicing medicine. The principles note that the burden and cost of technological compliance should not make participation in the APM prohibitively expensive. In addition, the AMA recognized that the physician is the person best suited to assume leadership of the transition to APMs; and
- Direct the AMA to work with Congress and CMS to exempt drug costs from any resource use measurement mechanism, including those under MIPS or APMs, to assess payment penalties.
**Maintenance of Certification (MOC):** The Council on Medical Education gave a report (Update on MOC and Osteopathic Continuous Certification), as requested following the A-15 meeting, to review the ongoing activities of ABMS and its member boards and submitted four recommendations. The HOD approved all four recommendations: 1) examine activities of specialty organizations to review alternative pathways for board recertification and determine if there is a need to establish criteria to evaluate alternative methods for board recertification; 2) reaffirm AMA policy that asks ABMS to ensure all ABMS member boards provide full transparency related to costs of preparing, administering, scoring and reporting MOC and certifying exams; 3) encourage ABMS to continue to examine the evidence supporting the value of MOC; and 4) ask ABMS to encourage its member boards to review MOC policies that allow physicians the option to focus on MOC activities relevant to their practice.

The HOD adopted Resolution 309: Continuing Medical Education Pathway for Recertification, which instructs the AMA to advocate for the elimination of the secured exam as a requirement for recertification and to continue working with ABMS, and its member boards, to establish an alternative to the secure, high-stakes recertification exam.

Resolution 315: MOC and MOL vs Board Certification, CME and Life-long Commitment to Learning directed the AMA to advocate against the creeping coupling of payers requiring MOC/MOL as a condition of reimbursement and institutions (like hospitals) from requiring MOC/MOL as a condition for credentialing and privileges. This resolution was adopted after amendment to direct the AMA to establish an action plan to prevent the requirement of MOC as criteria for licensure, credentialing, reimbursement, network participation or employment.

The HOD also reviewed and took action on the following issues of interest:

**Access to Self-Administered Medications:** The HOD adopted policy that the AMA support legislation to prohibit health insurance and PBM companies from denying early prescription refills for medications, like insulin, that are difficult and/or imprecise to self-administer.

**Health Care Access for Eating Disorders:** The HOD modified AMA Mental Illness Pay Parity policy to include coverage for treatment of patients with eating disorders.

**National Diabetes Prevention Program:** The HOD directed AMA to encourage public and private payers to offer the CDC’s Diabetes Prevention Recognition Program to patients as part of their suite of benefits.

**2016 AMA Interim Meeting of the House of Delegates**
**November 11 - 16, 2016 – Orlando, FL**

The AMA House of Delegates took the following actions of interest at the Interim Meeting:

**AACE Representation in the House of Delegates** – The House of Delegates (HOD) approved a Board of Trustees report recommending that AACE and nine other specialty societies retain representation in the AMA HOD, having successfully complied with the five-year review process. AACE will maintain its seat in the AMA HOD for another five years.

**Maintenance of Certification** – The HOD adopted a resolution directing the AMA to draft model legislation and advocate against using Maintenance of Certification as a condition for medical staff membership, privileging, credentialing, or re-credentialing, insurance panel participation or state medical licensure. Another resolution was adopted that calls for AMA support of greater transparency regarding the finances of the American Board of Medical Specialties (ABMS) and the American Board of Internal Medicine.

**Compound Hormone Therapy** – A Council on Science and Public Health Report was adopted that was written with AACE input, which provides a new AMA policy seeking to ensure patient safety and awareness of issues related to "compounded hormone therapy." AMA will encourage physicians to
alert patients to the fact that compounded products are not FDA approved and will advocate that the US Pharmacopeia re-examine the validity of the current estriol monograph. The AMA will also establish policy that the use of HCG for weight loss is inappropriate.

Reproductive Issues – The HOD adopted a position of support for access to infertility treatment for veterans who have become infertile due to service related injuries. The HOD also approved policy supporting reproductive health insurance coverage for all couples regardless of marital status or sexual orientation, when insurance provides coverage for fertility treatments.

**AMA Advisory Committee to the Relative Value Scale Update Committee (RUC)**

One physician representative is appointed from over 100 specialty societies seated in the AMA House of Delegates to serve on the Advisory Committee to the RUC. Advisory committee members designate an RVS Committee for their specialty, which is responsible for generating relative value recommendations using a survey method developed by the RUC. The advisors attend the RUC meeting and present their societies’ recommendations, which are evaluated by the RUC. Dr. Felice A. Caldarella serves as the AACE representative and Dr. Howard M. Lando as the alternate.


The AMA CPT® Advisory Committee is comprised of representatives from each specialty society to discuss coding and nomenclature matters. Dr. Eric A. Orzech serves as the AACE representative. Dr. William C. Biggs serves as the AACE alternate representative.
2016-2017 Board of Directors, Committees and Task Forces

One of AACE’s greatest assets is the dedicated men and women who serve as your elected officers and directors, those who participate on AACE committees, and the many physicians at the grassroots who have represented AACE in health forums addressing a broad range of issues which affect endocrinologists. An additional important dimension of AACE activities during the past years has been the support provided by the leadership of AACE chapters and working collaboratively with other medical organizations on issues of common interest.

Each of these individuals has given freely and unselfishly of their time and talents on your behalf. The positive results of their efforts will be evident throughout the reports included in the Annual Business Meeting report. Please take time during the Annual Meeting to seek them out and thank them for all they do for our organization.

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<th>AACE/ACE Bone and Parathyroid Committee (contd)</th>
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AACE/ACE Thyroid Scientific Committee

Chair–Dr. Mark A. Lupo

(task continued)

Dr. M. Carol Greenlee
Dr. R. Mack Harrell
Dr. James V. Hennessy
Dr. Kenneth H. Hupart
Dr. Irwin Klein
Dr. Stephanie L. Lee
Dr. Robert A. Levine
Dr. Mark A. Lupo
Dr. Susan J. Mandel
Dr. Jorge H. Mestman
Dr. Elizabeth Pearce
Dr. Scott A. Rivkees
Dr. Peter A. Singer
Dr. J. Woody Sistrunk
Dr. Kenneth A. Woebner

Ex Officio
Dr. Joshua I. Barzilay
Dr. Martin Julian Abrahamson

AACE/ACE Thyroid Scientific Committee

Chair–Dr. W. Timothy Garvey

Dr. George A. Bray
Dr. Elise M. Brett
Dr. Alan J. Garber
Dr. Daniel L. Hurley
Dr. Jeffrey I. Mechanick
Dr. Karl Nadolsky
Dr. Raymond Pudlowski

AACE/ACE Task Force to Update the Comprehensive Diabetes Management Algorithm

Chair–Dr. Alan J. Garber
Dr. Martin Julian Abrahamson
Dr. Joshua I. Barzilay
Dr. Lawrence Blonde
Dr. Zachary T. Bloomgarden
Dr. Michael A. Bush
Dr. Samuel Dagogo-Jack
Dr. Ralph A. DeFronzo
Dr. Daniel Einhorn
Dr. Vivian A. Fonseca
Dr. Jeffrey R. Garber
Dr. W. Timothy Garvey
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Dr. Daniel L. Hurley
Dr. Jeffrey I. Mechanick
Dr. Karl Nadolsky
Dr. Raymond Pudlowski
Dr. Irl B. Hirsch
Dr. Rachel Pessah-Pollack
Advisor–Dr. Mor Peleg

Task Force for the Endocrinology of Aging
Chair–Dr. Aaron I. Vinik
Dr. Karel Pacak
Dr. Pauline M. Camacho
Dr. Yehuda Handelsman
Dr. Laurence Katznelson
Dr. Dace L. Trence
Dr. W. Timothy Garvey
Dr. Kathleen L. Wyne
Dr. Jeffrey R. Garber

Task Force on the Endocrinology of Aging
Chair–Dr. Aaron I. Vinik
Dr. Karel Pacak
Dr. Pauline M. Camacho
Dr. Yehuda Handelsman
Dr. Laurence Katznelson
Dr. Dace L. Trence
Dr. W. Timothy Garvey
Dr. Kathleen L. Wyne
Dr. Jeffrey R. Garber

Certification and Credentialing Task Force (contd)

Dr. W. Reid Litchfield
Dr. Mark A. Lupo
Dr. Jeffrey I. Mechanick
Dr. S. Sethu K. Reddy
Dr. Sandra L. Weber
Dr. Robert S. Zimmerman

Diabetes Registry Task Force

Chair–Dr. Daniel Einhorn

Co-Chair–Dr. Rachel Pessah-Pollack

Ex-Officio–Dr. William C. Biggs
Dr. Timothy S. Bailey
Dr. Chris L. Guerin
Dr. Robert Henry
Dr. Jonathan D. Leffert
Dr. Sandra L. Weber

Task for the Development of an AACE Women’s Leadership Project

Chair–Dr. Etie S. Moghissi
Ex Officio–Dr. Pauline M. Camacho

Board FIT–Dr. Sina Jasim
Dr. Myriam Z. Allende–Vigo
Dr. Elise M. Brett
Dr. Janet B. McGill
Dr. Rachel Pessah-Pollack
Dr. Susan L. Samson
Dr. Dace L. Trence
Dr. Christine L. Twinning
Dr. Sandra L. Weber

Task Force for the Use of Follow-on Biologics and Biosimilars for Endocrine Diseases
Chair–Dr. Vivian A. Fonseca
Dr. Zachary T. Bloomgarden
Dr. Samuel Dagogo-Jack
Dr. George Grunberger
Dr. Daniel Einhorn
Dr. Alan J. Garber
Dr. Yehuda Handelsman
Dr. Irl B. Hirsch
Dr. Guillermo E. Umpierrez
Dr. Aaron I. Vinik
Dr. Kathleen L. Wyne

Task Force for the Electronic Implementation of AACE Guidelines and Algorithms

Chair–Dr. Jeffrey R. Garber
Ex Officio–Dr. William C. Biggs
Dr. Timothy S. Bailey
Dr. Jason L. Gaglia
Dr. R. Mack Harrell
Dr. Irl B. Hirsch
Dr. Rachel Pessah-Pollack
Advisor–Dr. Ioannis Chronakis
Advisor–Dr. Mor Peleg

Task Force for the Obesity Algorithm

Chair–Dr. W. Timothy Garvey
Dr. George A. Bray
Dr. Elise M. Brett
Dr. Alan J. Garber
Dr. Daniel L. Hurley
Dr. Jeffrey I. Mechanick
Dr. Karl Nadolsky
Dr. Raymond Pudlowski
Dr. Zubair W. Baloch
Dr. Elise M. Brett
Dr. R. Mack Harrell
Dr. Gregory Randolph

Task Force on the Rising Cost of Insulin

Chair–Dr. Katherine A. Roberts
Dr. Richard Dolinar
Dr. Loren W. Greene
Dr. Irl B. Hirsch
Dr. Claire S. Levetan
Dr. Sethu K. Reddy
Dr. Guillermo E. Umpierrez
Dr. Aaron I. Vinik
Dr. Kathleen L. Wyne

Task Force on Third Party Payers

Chair–Dr. Richard A. Haas
Co-Chair–Dr. Howard M. Lando
Dr. Jonathan D. Leffert

Task Force Re Possible Consensus Conference on the Endocrinology of Aging
Chair–Dr. Aaron I. Vinik
Ex Officio–Dr. Pauline M. Camacho
Dr. Alan J. Garber
Dr. R. Mack Harrell
Dr. Daniel L. Hurley
Dr. Jonathan D. Leffert
Dr. Susan L. Samson
Dr. Sandra L. Weber

Task Force on the Proposed Thyroid Nodules Guidelines Update

Chair–Dr. Jeffrey R. Garber
Co-Chair–Dr. Enrico Papini
Dr. Zubair Baloch, MD
Dr. Daniel S. Duick
Dr. R. Mack Harrell
Dr. Mark A. Lupo
Advisor–Dr. Lasio Hagedus
Advisor–Dr. Ralf Paschke
Advisor–Dr. Paolo Vitti
ANNUAL REPORTS

AACE FINANCE COMMITTEE

Dr. Sandra L. Weber, AACE Treasurer and Chair

Members of the AACE Finance Committee include: Dr. Pauline M. Camacho, AACE President, Ex Officio; Dr. Daniel Hurley; Dr. Jeffrey Mechanick, ACE President, Ex Officio; Dr. Richard A. Haas; Dr. Jonathan D. Leffert; Dr. Felice A. Caldarella; and Dr. Howard M. Lando.

The Charge of the Finance Committee is to:

- Develop an annual budget and perform a quarterly review of financial performance and submit an annual preliminary budget for review by the Board of Directors at the annual fall (October) Board meeting and submit a final annual budget for review and approval by the Board of Directors at the annual winter (January/February) Board meeting, with such approval being retroactive to January 1 of the new fiscal year.
- Review expenditures to ensure compliance with established financial policies, reimbursements to AACE Board members, Officers, and staff in conjunction with AACE official travel.
- Have fiduciary oversight for review of the AACE consolidated annual audit with the AACE independent auditor and report to the AACE Board on the results of the audit.
- Be responsible for the annual review of AACE investments and monitoring of the investments of AACE surplus funds by the AACE outside capital investment management company.
- See that reports and recommendations from the AACE Finance Committee are sent to the Executive Committee.
- Consider alternative sources of revenues, including programs that can generate incremental revenue for AACE to become more financially self-reliant.
- Evaluate revenue potential of programs, projects and other ventures that are proposed or brought forth.

Overview: The AACE Finance Committee presented the AACE Board of Directors with unaudited financial statements. For the year ended December 31, 2016, AACE incurred a $674,000 surplus from program activities, primarily associated with the highly successful AACE Annual Meeting held in Orlando, FL, and the completion of an industry training program for Janssen. There were also numerous successful Primary Care Clinician and Thyroid certification programs held in 2016. AACE also recorded a $341,000 gain from 2016 investment activities, resulting in a $1.0M surplus from combined program and investment activities. The AACE Finance Committee monitored the investment portfolio of AACE reserve funds during the year, in consultation with the AACE investment advisor, in order to ensure the primary goal of protection and preservation of investment principal.

AACE Investment Reserves: The fair market value of the AACE investment portfolio totaled $7,975,000 at year-end, up 4.47% from last year-end. The Committee and senior management engage in ongoing monitoring of the portfolio, in conjunction with the AACE professional investment advisor; this includes periodic face-to-face meetings with representatives of the investment advisor. AACE’s practice has been to maintain an adequate reserve for future needs. The restricted portion of the investment portfolio ($4.0M) can only be utilized with a two-thirds approval vote of the Board of Directors. In prior years, funds were added to the reserves based upon a review of the Association’s annual and cumulative surplus at the end of each fiscal year. The reserve is intended to protect against the disruption of AACE activities as a result of any future, unanticipated shortfall in revenues.

AACECORP: AACECORP, a wholly-owned, for-profit subsidiary of AACE, recorded an $114,000 after-tax deficit in the year, primarily associated with lower than anticipated revenues from AACE ImPact Graphics, partially offset by higher than anticipated Endocrine Practice advertising revenues.

SUMMARY: The Association’s overall financial position remains in good condition. AACE has managed its cash position to the extent that temporary seasonal cash withdrawals from the unrestricted investment portfolio were not required in years 2008 through 2016.

Our focus continuously remains on protecting AACE’s financial status and seeking new sources of revenues, as well as positioning AACE to meet new and ongoing financial challenges. The Finance Committee and AACE staff undertake numerous actions to safeguard the fiscal stability of the organization. This includes a careful review of all AACE activities and business operations to identify ways to increase operating efficiencies and reduce costs, as well as expand AACE’s sources of revenues.
Looking forward, there has been an increased emphasis on viewing the “global” financial picture of AACE, AACECORP, and the American College of Endocrinology, Inc. These affiliated entities have closely intertwined programs and activities which impact each other.

2017 Budget: Another major goal of the Finance Committee is to submit a balanced budget for program activities. While AACE has built up financial reserves in the past, nonetheless, there remains a need to be fiscally prudent with respect to new programs and to increase emphasis on generating new sources of revenues, as a fiscally prudent policy suggests that not every initiative, however well-intentioned, can be undertaken by AACE. Accordingly, the Board approved a proposed budget for AACE, excluding AACECORP, for the fiscal year January 1 to December 31, 2017, including total projected revenues from all sources (excluding investment activities) in the amount of $9.3M and expenditures of $9.1M. The Board also approved, subject to the availability of funds, up to $489,000 in capital expenditures, of which approximately $350,000 is designated for the purchase of association management software.

<table>
<thead>
<tr>
<th>Program Revenue</th>
<th>Actual (unaudited)</th>
<th>Percent</th>
<th>Budget 2017</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues &amp; Membership Activities</td>
<td>$1,292,000</td>
<td>9.35%</td>
<td>Dues &amp; Membership Activities</td>
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<td>Annual Meeting</td>
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<td>33.53%</td>
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<td>Satellite Symposia</td>
<td>$2,088,000</td>
<td>14.97%</td>
<td>Satellite Symposia</td>
<td>$520,000</td>
<td>5.55%</td>
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<tr>
<td>Clinical Symposia</td>
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<td>Certification Courses</td>
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<tr>
<td>CAP</td>
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<tr>
<td>Disease Initiatives</td>
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<tr>
<td>Legislative and Socio Activities</td>
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<td>3.81%</td>
<td>Endocrine Univ. (transferred to College)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Business Development activities</td>
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<td>Business Development activities</td>
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<td>Conferences, Programs, mailings &amp; other</td>
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<td>Resource centers/Other</td>
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<td>Certification Courses (Thyroid)</td>
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<td>ECNU</td>
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<tr>
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<tr>
<td>Income (Loss) from AACECORP (1)</td>
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<td>Income (Loss) from AACECORP (1)</td>
<td>-</td>
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<tr>
<td>Total Revenue</td>
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<td>Total Revenue</td>
<td>$9,365,000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Expenses</th>
<th>Actual (unaudited)</th>
<th>Percent</th>
<th>Budget 2017</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Meeting</td>
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<td>16.19%</td>
<td>Annual Meeting</td>
<td>$2,037,000</td>
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<tr>
<td>Satellite Symposia</td>
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<td>12.55%</td>
<td>Satellite Symposa</td>
<td>-</td>
<td>0.00%</td>
</tr>
<tr>
<td>Board, Liaison &amp; Committee Meetings</td>
<td>$521,000</td>
<td>3.96%</td>
<td>Board, Liaison &amp; Committee Meetings</td>
<td>$706,000</td>
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</tr>
<tr>
<td>CME</td>
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<tr>
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<tr>
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<td>Dues &amp; Membership Activities</td>
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</tr>
<tr>
<td>Legislative and Socio Activities</td>
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</tr>
<tr>
<td>Disease &amp; Public Awareness Initiatives</td>
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<td>Disease &amp; Public Awareness Initiatives</td>
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</tr>
<tr>
<td>AES</td>
<td>$904,000</td>
<td>6.88%</td>
<td>AES</td>
<td>$388,000</td>
<td>4.25%</td>
</tr>
<tr>
<td>ECNU</td>
<td>$67,000</td>
<td>0.51%</td>
<td>ECNU</td>
<td>$74,000</td>
<td>0.81%</td>
</tr>
<tr>
<td>Rents &amp; Leases</td>
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<td>Rents &amp; Leases</td>
<td>$361,000</td>
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</tr>
<tr>
<td>Certification Courses (Thyroid)</td>
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<td>3.59%</td>
<td>Certification Courses (Thyroid)</td>
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<td>Endocrine University</td>
<td>$478,000</td>
<td>3.64%</td>
<td>Endocrine Univ. (transferred to College)</td>
<td>-</td>
<td>0.00%</td>
</tr>
<tr>
<td>Business Development activities</td>
<td>$1,701,000</td>
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<td>Business Development activities</td>
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</tr>
<tr>
<td>Contract, Admin., Operating Expenses/other</td>
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<td>Contract, Admin., Operating Expenses/other</td>
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</tr>
<tr>
<td>Wages, benefits &amp; payroll taxes</td>
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<td>6.64%</td>
<td>Wages, benefits &amp; payroll taxes</td>
<td>$3,488,000</td>
<td>38.92%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$13,141,000</td>
<td>100.00%</td>
<td>Total Expenses</td>
<td>$9,130,000</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

| subtotal - net surplus (deficit) from program activities | $674,000 | - |
| Investment activity: | $235,000 | - |
| net capital gains & (losses), realized and unrealized | $200,000 | - |
| Investment income, net of mgm’t. fees | $132,000 | - |
| subtotal - investment activity | $341,000 | - |
| Grand Total - surplus of revenues in excess of expenses | $1,015,000 | $485,000 |

* The year 2017 budget excludes the AACECORP projected year deficit of approximately $142,000.
(1) The Internal Revenue Service has deemed certain revenue items such as advertising to be unrelated to the tax exempt purpose of membership associations such as AACE. AACE maintains a “for profit” wholly-owned subsidiary (i.e., AACECORP) to account for these items. AACECORP financial information is NOT included in the table above.

The graphs detailed in the Appendix 2 to this report reflect: Year 2016 revenues by activity, year 2016 expenses by activity, five-year revenue analysis, five-year expenses analysis, and five-year revenue vs. expense trend.

**Audit**

The AACE Finance Committee met via conference call in September 2016. The AACE Finance Committee Chair presented a report to the full Committee, which included a discussion of the Chair’s private communications with the Association’s independent auditor, the Jacksonville, FL based Certified Public Accounting firm of Lucas, Herndon, Hyers & Pennywitt, to discuss the results of the year 2015 audit of the financial statements for AACE, the American College of Endocrinology (ACE) and AACECORP. The independent auditor’s report reflected no discrepancies with the financial statements or financial policies and procedures. No issues were identified in the management of the Association’s finances which required any corrective actions. There were no areas of concern brought forth by the independent auditor related to the management of the finances, internal controls, or fiscal soundness of AACE, AACECORP, and the College. The financial statements for the year ended December 31, 2016, are currently being audited. The external auditors will also prepare (and file) the associated year 2016 federal and state income tax returns for these entities.
Members of the AACE/ACE Patient Education and Awareness Committee included: Dr. Cindy Bredefeld; Dr. William C. Biggs; Dr. Pauline M. Camacho; Dr. Richard Correa; Dr. Boris Draznin; Dr. M. Kathleen Figaro; Dr. Vivian A. Fonseca; Dr. Yehuda Handelsman; Dr. Sina Jasim; Dr. Armand Krikorian; Dr. Ritu Madan; Dr. Fadi Adel Nabhan; Dr. Harmeet Singh Narula; Dr. Elif Arioglu Oral; Dr. Rachel Pessah-Pollack; Dr. Sripriya Raman; Dr. Dace Trence; and Dr. Aaron I. Vinik.

The Charge of the AACE/ACE Patient Education and Awareness Committee is to:

- Review all current AACE/ACE patient education and awareness initiatives, patient advocacy activities, and patient-focused publications and materials for all endocrine disease states.
- Evaluate current activities and materials as to their relevance and effectiveness and if they should be continued, and/or updated, or eliminated.
- Explore ways to enhance current activities, or identify and develop new ones needed to fill existing gaps to better serve the patient and increase awareness of endocrinology, including development of a patient-centric information resource center on the AACE website.
- Explore ways to develop metrics to evaluate the effectiveness of these activities.
- Seek Industry support for conducting patient education and awareness and advocacy activities from AACE corporate partners whose patient awareness and advocacy priorities and activities align with those of AACE.
- Evaluate the feasibility of developing a multi-faceted patient awareness initiative.
- Explore ways to increase public perception of AACE and the College.

The AACE/ACE Patient Education and Awareness Committee undertook the following activities during the past Association year:

- Committee members inventoried and evaluated existing online and offline patient education materials and activities to identify outdated content and informational gaps. Based on the resulting information needs assessment, Committee members were assigned to designated groups to work on content updates based on their area(s) of interest/expertise, develop new content, and identify further information needs for AACE/ACE’s various online and offline patient education assets. Once content was created, it was forwarded to the appropriate scientific committees for review, as well as the Editor-in-Chief of EmPower Magazine. As opportunities are identified for materials that align with possible sponsorship, a list of supportable programs will be supplied to Executive Committee members to share at industry meetings at the AACE Annual Meeting. All materials will be branded with AACE/ACE identifiers.

Several patient materials were finalized and added to the EmPower website in a downloadable format. They include an AACE/ACE osteoporosis patient decision tool and a patient-facing document on post-menopausal osteoporosis derived from the recently published 2016 Clinical Guidelines update.

- The Committee directed AACE staff to benchmark baseline web metrics information for the patient website and identify growth objectives in key categories such as number of visits, number of unique visitors, and number of page views per visit. The Committee also recommended a periodic review of search engines on endocrine topics to assess AACE’s web presence. It was determined that EmPower Magazine should continue via office distribution, complimentary AACE patient website www.EmPowerYourHealth.org be optimized for search engines, and all content be available for patient access.

- After reviewing multiple options, the Committee determined that a public awareness campaign was not cost-effective at this time.
Members of the AACE/APDEM Joint Liaison Committee included: Dr. Pauline Camacho, Ex Officio, (AACE President); Dr. Geetha Gopalakrishnan, Ex Officio; Dr. Odelia Cooper; Dr. Ann Danoff; Dr. M. Kathleen Figaro; Dr. Ved Vyas Gossain; Dr. Jonathan D. Leffert; Dr. David Charles Lieb; Dr. Sara Elisabeth Lubitz; and Dr. Janet B. McGill.

The Charge of the AACE/APDEM Joint Liaison Committee is to:

- Pursue ways in which APDEM and AACE may collaborate on enhancing the educational curriculum and experience for fellows-in-training that will best serve to prepare them for pursuing their chosen area of interest and practice environment upon completion of their training.
- Partner together in the development of teaching materials for fellows and reviewing the curriculum to ensure that it meets the needs of the current and changing practice environment.
- Explore ways to encourage more interest in endocrine fellowships to address the severe shortage of endocrinologist workforce.

The AACE/APDEM Joint Liaison Committee under took the following activities during the past Association year:

- The main goal of the AACE/APDEM collaboration is to assist fellows with the transition from training to actively practicing endocrinology, to provide additional endocrine training modules, programs and develop ways to engage Fellows-in-Training. AACE and APDEM are working together to improve the creation, visibility and promotion of beneficial training and resources available to fellows.

- Program Directors were pleased that Nutritional Vignettes have been added to endocrine training and the access Fellows-in-Training will have to additional resources to help them transition into practice. More vignettes will be added in the future.

- The Committee created an AACE/APDEM Webinar Subcommittee. The goal is to allow a select, trial group of Programs and senior Fellows-in-Training to participate in an interactive webinar with experienced physicians from different endocrine practice settings and gain insight from a variety of endocrine professionals. The Committee also explored ideas to help create more Fellows-in-Training interaction with AACE’s Mentorship Program and potentially collaborating with APDEM in this effort.
Members of the AACE Business Opportunities Committee included: Dr. Sandra L. Weber; Dr. William C. Biggs; Yehuda Handelsman; Dr. Israel A. Hartman; Dr. Jonathan D. Leffert; Dr. W. Reid Litchfield; Dr. Brij M. Makkar; Dr. Jeffrey I. Mechanick; Dr. Etie S. Moghissi; Dr. Fadi A. Nabhan; and Dr. Victor L. Roberts.

The Charge of the AACE Business Opportunities Committee is to:

- Explore and evaluate potential business opportunities and other ventures for non-dues revenues for AACE, such as educational and public awareness activities, as well as other business relationships.

The AACE Business Opportunities Committee undertook the following activities during the past Association year:

- The Committee discussed the possibility of developing a “Best of AACE” live program based on 10 AACE Annual Meeting (AM) sessions to be presented in countries such as India, China and other foreign countries, as a source of additional income for AACE. It was noted that there has been considerable interest in AACE guidelines and the education provided by AACE, and the Committee agreed that the environment is conducive and receptive to having international caliber speakers from the U.S. present locally.

- As requested, staff explored the possibility of providing AM sessions online through the AACE Learning Management System (LMS) to clinicians unable to physically attend the AM and was able to arrange, through IntelliQuest (the organization contracted by AACE to record AM sessions), the ability to provide 10 CME sessions as enduring material after the Annual Meeting at no cost to AACE. These sessions can also be offered to AM attendees as an additional service. The timeline and fee for these sessions is to be determined.

- The Committee is exploring the creation of derivative products from the Obesity Guidelines, such as teaching materials, slides, patient education materials and CME questions, to be used domestically and on an international scale, including in a transculturalized format.
Members of the **AACE Education Services Oversight Committee** consists of: Dr. Pauline M. Camacho (Ex Officio, AACE President); Dr. Sandra L. Weber (Ex Officio, Treasurer); Dr. Vivian A. Fonseca; Dr. Etie S. Moghissi; Dr. John B. Tourtelot; and Dr. Jeff Unger

The **Charge of the AACE Education Services (AES) Oversight Group** is to:

- Appointments will be for three (3) year terms.
- Committee Chair will have demonstrated industry connections and knowledge of AACE and AES initiatives.
- The AACE Treasurer will serve as an Ex Officio member of the committee, unless the Treasurer is the Chair.
- Members of the committee will be comprised of representatives from each disease scientific committee.
- Explore potential opportunities as well as barriers to be addressed in the development of AACE Educational Services as a viable non-dues resource for the Association and submit recommendations to the Executive Committee.
- Assist the Allied Health Education Committee in providing logistical support services for educational programs.
- Explore opportunities for potential discovery of full capacity and mandate, reaching out to known industry contacts for business rather than waiting for drugs to be released.
- Formalize business development and marketing, to include designation of a dedicated Director to coordinate all AES activities and revenue generation.

The AES Oversight Group undertook the following activities during the past Association year:

- AES was awarded a grant from Novo Nordisk to present a satellite program on “Prevention through the Use of the AACE Algorithms and Guidelines” on December 2, 2016, in conjunction with the 9th World Congress on the Prevention of Diabetes (WCPD9).

- AES was awarded a grant from Sanofi to present a satellite symposium “Using Insulin When, Where, and How it’s Needed: Type 2 Diabetes Treatment in the Modern Age,” at the 2017 AACE Annual Meeting in Austin, TX.

- AES was awarded a grant from Abbott to present a satellite symposium “Standardized Glucose Report: The New EKG for Diabetes?” at the AACE Annual Meeting in Austin, TX.

- AES received funding from the following companies to present the 2016-2017 Diabetes Day for PCCs Series: Novo Nordisk, Merck, Lilly, BI-Lilly, Dexcom and Sanofi. Program locations were: Albuquerque, NM; Phoenix, AZ; San Juan, PR; Jacksonville, FL; Novi, MI; Oakbrook, IL; Rochester, NY; Boston, MA; Las Vegas, NV and Pittsburgh, PA.

- AES provided management services for the following 2016-2017 meetings:
  1. AACE/ACE Advanced Neck Ultrasound Training™ Course, September 10 – 11, 2016, at the Boston Aloft Seaport Hotel in Boston, MA.
  2. AACE/ACE Principles of Endocrine Neck Sonography™ Course, November 5-6, 2016, at the Westin Atlanta Airport Hotel.
  3. AACE Advances in the Medical and Surgical Management of Thyroid Cancer January 14-15, 2017, at the Renaissance International Plaza in Tampa, FL.
  4. AACE Endocrine University® March 4-9, 2017, at the Marriott and Kahler Hotels at Mayo Clinic, Rochester, MN.
  5. AACE/ACE Principles of Endocrine Neck Sonography™ Course, May 1-2, 2017, immediately prior to AACE Annual Meeting in Austin, TX.
Members of the 2017 Annual Meeting Clinical Congress Program Committee included: Dr. Pauline Camacho, Ex Officio, (AACE President); Dr. Jeffrey I. Mechanick, Ex Officio, (College President); George Grunberger; Ex Officio, (Chair of Awards Committee); Dr. Devaraprabu Abraham; Dr. A. Jay Cohen; Dr. Jaime Davidson; Dr. Steven A. De Jong; Dr. Gary W. Edelson; Dr. M. Kathleen Figaro; Dr. Jeffrey R. Garber; Dr. Martin M. Gajower; Dr. Chris K. Guerin; Dr. Yehuda Handelsman, MD; Dr. Robert R. Henry; Dr. Edward S. Horton; Dr. Daniel L. Hurley; Dr. Laurence Katzenelson; Dr. Anne L. Leddy; Dr. Jonathan D. Leffert; Dr. Matthew Levine; Dr. E. Michael Lewiecki; Dr. David C. Lieb; Dr. W. Reid Litchfield; Dr. Mark A. Lupo; Dr. Janet B. McGill; Dr. Moises Mercado; Dr. Mira Milas; Dr. Harmee S. Narula; Dr. Karel Pacak; Dr. Rachel Pessah-Pollack; Dr. Gregory Randolph; Dr. Robert Rapaport; Dr. Cheryl Rosenfeld; Dr. Peter A. Singer; Dr. Lance Sloan; Dr. Christine L. Twining; Dr. Aaron I. Vinik; Dr. Nelson B. Watts; Dr. Sandra L. Weber; Dr. Craig Wierum; and Dr. Susan E. Williams.

The Charge of the 2017 Annual Meeting Clinical Congress Program Committee is to:
- Develop the clinical congress portion of the Annual Meeting, which includes selecting, inviting, and securing speakers, appointing moderators, and determining topics and time allotment for general sessions, workshops and satellite symposia.
- Arrange the publication of the Annual Meeting programs, syllabus, and speaker support materials.
- Incorporate the College program, special guest speakers selected by the President, and the business meeting in the Annual Meeting format.
- Ensure that other activities adjacent to or contemporaneous with the Annual Meeting are coordinated with the Annual Meeting schedule and with the President.

The 2017 AACE Annual Meeting is scheduled for May 3-7, 2017, at the JW Marriott Austin and the Austin Convention Center in Austin, TX. The JW Marriott Austin will host the primary sleeping room block, Board of Directors, EC, and CAP meetings, UGFNA course, satellite symposia, chapter receptions, ACE Convocation and the President’s Gala. All meeting functions, including, plenaries, workshops, meet-the-experts, in-depth symposia, pre-congress, exhibits, and poster sessions, will be held at the convention center. The hotel is approximately two blocks from the convention center. It is a walkable distance; however, transportation options will be available for those with limited mobility or in the event of inclement weather. Overflow hotels include the Hilton Austin, Courtyard and Residence Inn by Marriott Austin Downtown, Hyatt Place Austin, Omni Austin Hotel Downtown, and Hilton Garden Inn Austin Downtown.

The program will begin on Wednesday, May 3, with the Pre-Congress sessions. There will be four (4) morning sessions and four (4) afternoon sessions. This will include a full day program on Diabetes Technology and the AACE Board Review and MOC Course.

There will be ten (10) Plenaries, beginning on Thursday, May 4, with Dr. Gerard Karsenty speaking on his cutting-edge research of bone as an endocrine organ. The other confirmed Plenary Speakers include Prof. John Kanis, UK, Dr. Judith Fradkin from NIH, Dr. William Tamborlane from Yale, Dr. Anne Klibanski from Mass General, Dr. Steve Sherman from MD Anderson and Dr. Rob Califf, former Commissioner of the FDA. The Sunday Plenaries will follow the format of 2016 with panel style discussions. New for 2017, plenary sessions will include question and answer sessions at the end of each session. Questions will be facilitated through an online app that attendees can access through their phones. Moderators will review and pose the questions to the speaker to allow for a more direct Q & A session with questions that will most appeal to the broad audience. To ensure clinical-based presentations, all speakers have been strongly advised of the nature of the audience, and there will be planned review of the presentations prior to the Annual Meeting.

In-Depth Symposia will be held on Friday, May 5. A total of eleven (11) programs will be held with five (5) in the morning and six (6) after lunch. Programming covers a variety of topics, including: Transitional Care, Diabetes & Heart, Diabetic Foot Disease, Thyroid, Bone, Aging, Adrenal, Appetite and Obesity, SMNE sponsored symposium, Socio-Economics and the popular NP/PA session. A total of eighteen (18) Meet-the-Expert (MTE) sessions will be held during the Congress with nine (9) each on Thursday, May 4, and Saturday, May 6. All MTE sessions will repeat and cover the full range of endocrine topics.
The Exhibit Hall will be located at the Austin Convention Center and contain posters, the AACE booth, exhibits and three product theater locations for a total of twelve (12) scheduled time slots. The coffee break within the Exhibit Hall on Thursday and Saturday is labeled as a “Poster Viewing” break to increase traffic to the posters and ePosters. Additionally, the Wine & Cheese reception on Friday is labeled a “Poster Viewing” reception. Boxed lunches will be served in the Exhibit Hall on Thursday and Friday. Lunches will be available to all attendees and marketed to encourage attendees to visit the exhibits and product theaters during breaks.

The Family & Guest Program for Austin is being planned by Dr. Frances Almeda, Dr. Pauline Camacho’s husband. On Thursday, May 4, guests can enjoy breakfast while learning about all Austin has to offer from the Convention and Visitors Bureau. Breakfast will be followed by an optional tour of the Texas State Capitol and Bullock Texas State History Museum. On Friday, May 5, the morning will begin with a magician during breakfast. Guests can then visit the Lyndon B. Johnson Presidential Library. The Family & Guest program will close with a breakfast on Saturday, May 6, including a presentation on osteoporosis by AACE President, Dr. Pauline Camacho. This will be followed by a visit to the Lady Bird Johnson Wildflower Center, one of the country’s premier botanic gardens housing the most diverse collection of Texas native plants in North America.

The overall theme of the Congress is “Driving Innovation.” Austin is a city known for advancing technology and the AACE Annual Meeting will follow that theme. In addition to technology usage for plenary questions and answers, the theme will be present throughout the meeting in the speaker presentations and new technological features that will be displayed. Speakers have been asked to consider the theme in development of their program content with new and innovative insights and approaches to endocrine disease. Speakers will find seamless transition between talks as all presentations will be centrally uploaded to the session rooms. Walk-in slides for breakouts will be customized to feature content of upcoming sessions, programs, and events occurring in real-time. Additionally, digital video boards will display advertisements, social media feeds, and more.
Members of the Annual Meeting Oversight Committee included: Dr. S. Sethu K. Reddy, Ex Officio (Annual Meeting Program Committee Chair); Dr. R. Mack Harrell, Advisor; Dr. Elise M. Brett; Dr. Vivian A. Fonseca; Dr. Jeffrey R. Garber; Dr. Edward S. Horton; Dr. Daniel L. Hurley; Dr. Derek LeRoith; Dr. Rachel Pessah-Pollack; and Dr. Sandra L. Weber.

The Charge of the Annual Meeting Oversight Committee is to:

- Provide oversight regarding the logistics of the AACE Annual Meeting
- Process, vet and implement comments, criticisms and improvements from one year to the next
- Coordinate with the AACE Program Committee and AACE Staff to optimize the Annual Meeting logistics

The Annual Meeting Oversight Committee undertook the following activities during the past Association year:

The Annual Meeting Oversight Committee was pleased with the overall logistics of the AACE 25th Annual Scientific & Clinical Congress. The schedule changes made to the 2016 program were well received by the Board of Directors and attendees. Because changes to the program schedule cannot be considered successful until they have been in place for a period of 2-3 years, the Committee only made minor changes to the 2017 program. The only noteworthy change is to the Exhibit Hall hours to cut down on low traffic times for exhibitors in the hall.

The Committee also reviewed the scheduled time for lunch breaks during the meeting. Some evaluations indicated the lunch break was too long. The Committee felt this time is important for purposes outside of CME, including visiting exhibitors, attending product theaters, and networking. They agreed to keep the schedule the same and continue to offer a boxed lunch with plans to market lunch time as a time to be spent in the exhibit hall.

The Committee revised existing moderator instructions for the 2017 Annual Meeting to enhance the communication between moderator and speaker in advance of the meeting, including detailed timelines for speaker communication, collaboration and session format. The moderator documents were provided to all selected chairs for Pre-Congress sessions and In-Depth Symposia and sent to Plenary and Meet-the-Expert moderators.

The 2017 Annual Meeting will offer MOC credit for the entire program. To simplify the process for attendees, the Annual Meeting Oversight Committee created a specific template for speakers to follow regarding questions and references. Moderators and session chairs received directions to assist in facilitating the process. Speakers were notified early in the faculty selection process of this new process and were able to submit questions seamlessly via an online portal. A MOC Peer Review Committee was established to review all submitted speaker questions and ensure all MOC requirements are met.
AACE/ACE AWARDS COMMITTEE
Dr. George Grunberger, Chair
Dr. Jeffrey I. Mechanick, Vice Chair

Members of the Awards Committee included: Dr. Pauline M. Camacho, Ex Officio, AACE President; Dr. S. Sethu Reddy, Ex Officio, Chair, 2017 Annual Meeting Program Committee; Dr. Felice Caldarella; Dr. Yank D. Coble; Dr. Jeffrey R. Garber; Dr. Hossein Gharib; Dr. Christian A. Koch; Dr. Steven M. Petak; and Dr. Sandra L. Weber.

The Charge of the Awards Committee is to:
- Solicit nominations from the AACE membership for internal and external awards (i.e., those dedicated to the art and science of medicine) to be recommended to the AACE Board of Directors for approval.
- Develop, produce, and promote the annual recognition awards to AACE Annual Meeting attendees through digital and print mediums.
- Evaluate the awards titles and criteria for AACE and the College, and submit recommendations to the Board.
- Consider creation of new awards as necessary.

The AACE/ACE/ACEF Awards Committee undertook the following activities during the past Association year:

- A Call for Nominations for the 2017 AACE Awards notification was sent to all AACE members via First Messenger, AACE Online News, the AACE website, Social Media outlets and emails to the AACE Board of Directors, the ACE Board of Trustees and the ACEF Board of Regents. The initial nomination deadline was August 19, 2016 and extended to September 23, 2016. The Call for Nominations is open to all AACE members in order to ensure a wide-range of candidates are given the opportunity to be recognized and does not exclude members of the AACE Board of Directors, ACE Board of Trustees or ACEF Board of Regents if they meet the criteria.

- The Committee discussed the nominations and based their selections according to the Awards Criteria. A total of seventeen (17) award winners were selected ten (10) AACE category winners, and seven ACE/ACEF category winners, and presentations will take place at the 26th Annual AACE Scientific & Clinical Congress in Austin, Texas, during AACE plenary sessions and the College Convocation.

- 2017 Award Winners
The following were selected as Award Winners:
**AACE Awards**
- Frontiers in Science: Dr. Gerard Karsenty
- Excellence in Humanities and Medical Ethics: Dr. Peter A. Singer
- International Clinician Award: Dr. Jose G. Jimenez-Montero and Dr. Kamal Al-Shoumer
- Outstanding Clinical Endocrinologist: Dr. Walter Futterweit
- Outstanding Service Award for the Promotion of Endocrine Health of an Underserved Population: Dr. Jorge H. Mestman
- H. Jack Baskin, MD, Endocrine Teaching Award: Dr. Mark A. Lupo
- Eugene T. Davidson, MD, Public Service Award: Congressman Kevin Brady, (R-TX) and Congressman Gene Green, (D-TX)
- Outstanding Corporate Partner Award: Janssen

- **ACE Awards**
- Distinction in Endocrinology: Dr. Ralph A. DeFronzo
- International Endocrinology: Dr. Andrew Boulton
- Master of the American College of Endocrinology (MACE): Dr. Yehuda Handelsman and Dr. Christian Koch
- Yank D. Coble, MD, Distinguished Service Award: Dr. Paul S. Jellinger

- **ACEF Awards**
- John A. Seibel, MD: Dr. Dace Trence
- ACEF Philanthropy Award: Amgen

- As stewards of sensitive information, the Committee members are discrete with confidential information shared in nomination materials. Furthermore, Committee members are impartial and recuse themselves when a conflict arises. In order to maintain the integrity of the selection process:
Committee members do not share information about the identities, number, or origin of nominations with individuals outside the Committee prior to approval by the appropriate Board.

All AACE/ACE conference calls are recorded, and any information revealed during the call is confidential.

Once the AACE BOD and College BOT have approved the nominees, winners were formally notified via email by AACE staff. Also, winners may be acknowledged by Board or committee members once the approval process is complete.

Any information shared publically about winners, after final approval should be done with the recipient’s knowledge.
Members of the Chapters Committee included: Dr. Pauline Camacho, Ex Officio, AACE President; Dr. Harmeet S. Narula, Ex Officio, Chair, Membership Committee; Dr. Myriam A. Allende-Vigo, Ex Officio, Chair, International Membership Committee; Dr. Kevin H. McKinney, Ex Officio, Chair, Underserved Population Committee; Dr. Howard M. Lando, Chair, Legislative and Regulatory Committee; Dr. Daniel L. Hurley, At-Large Member; Dr. Stephanie Lee, At-Large Member; and Dr. Terry Meriden, At-Large Member.

Chapter Chairs: Dr. Myriam Allende-Vigo, Puerto Rico AACE; Dr. Steven Artz, WV AACE; Dr. Michael Bush, CA AACE; Dr. Gerald Charnogursky, IL AACE; Dr. Navitka Desai, NJ AACE; Dr. Leslie Eldeiry, New England AACE; Dr. Kathleen Figaro, MN – Mid-West AACE; Dr. Kathleen Hands, TX AACE; Dr. Ryan Hungerford, Pacific NW AACE; Dr. Jonathan Insel, AZ AACE; Dr. Michael Irwig, Mid-Atlantic AACE; Dr. Kenneth Izuora, NV AACE; Dr. John Janick, FL AACE; Dr. Eric Langer, MI AACE; Dr. Jennifer Kelly, Upper NY AACE; Dr. Angelo Licata, Ohio River Regional AACE; Dr. Richard Rosenthal, Southern States AACE; Dr. Orlin Sergev, Carolinas AACE; Dr. John Seibel, NM AACE; Dr. Alan Silverberg, Heartland AACE; Dr. Cacia Soares-Welch, GA AACE; and Dr. Gary Trager, Lower NY AACE.

The Charge of the Chapters Committee is to:

- Empower Chapter Chairs in their roles as Chapter leaders by providing support.
- Help chapters coordinate chapter meetings and receptions.
- Provide chapter with current listings of AACE members and potential AACE members in the area the chapter represents.
- Enlist the aid of each chapter in the recruitment and retention of AACE members and aid the chapters in doing this.
- Coordinate chapter activities at the AACE Annual Meeting.
- Work to enhance the development of activities of AACE chapters, including development of an ongoing grassroots Key Contact program.
- Assist the Membership Committee in coordinating AACE domestic and international chapter activities, including membership recruitment and retention, and ensure the visibility of AACE at international endocrine meetings.
- Initiate resolution process and coordinate with the AACE President for Chapter issues as they arise.
- Serve as resource to the Underserved Population Committee in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at-risk and underserved population.

The Chapters Committee undertook the following activities during the past Association year:

- More Chapters provided Fellow-specific opportunities to engage and encourage the next generation of AACE Endocrinologists. Activities included unique programming geared specifically to Fellows, subsidized meeting participation, dedicated seats on Chapter Boards of Directors, outside education reimbursement, abstract contests for oral and poster presentations, engagement of Fellow program directors and more.

- AACE Chapters continue to work on developing member advocates and increasing member participation in the Key Contact Program and AACEPAC as part of an overall effort to strengthen AACE grassroots advocacy for legislative and regulatory issues and congressional candidate support. These efforts have helped to facilitate the significant progress made to AACE’s top legislative priority, the National Diabetes Clinical Care Commission Act.

- AACE membership hit an all-time high with more than 7,000 members in 2016. AACE Chapters played an integral role in the recruitment effort by contacting lapsed members and engaging new ones in Chapter activities.

- AACE’s influence around the world continued to expand in 2016 through the increase of AACE International Chapters. The Chapters Committee reviewed and recommended formation of three additional international chapters to the AACE Board of Directors. Brazil, Canada and the Dominican Republic formed and instituted processes to begin offering AACE activity at the local level.

AACE Chapter Status: There are 22 active AACE domestic chapters: Arizona, California, Carolinas (NC, SC), Florida, Georgia, Heartland (AR, KS, MO, NE, OK), Illinois, Michigan, Mid-Atlantic (DC, DE, MD, VA), Minnesota/Midwest (IA, MN, ND, SD, WI), Nevada, New England (CT, MA, ME, NH, RI, VT), New Jersey, New Mexico, New York – Lower, New York – Upper, Ohio River Regional (IN, KY, OH, PA), Pacific Northwest (AK, HI, ID, MT, OR, WA, WY), Puerto Rico, Southern States (AL, LA, MS, TN), Texas and West Virginia.
There are now 16 international AACE chapters located in the countries of Bangladesh, Brazil, Canada, Colombia, Costa Rica, Dominican Republic, Gulf (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates), India, Italy, Jordan, Lebanon, Nigeria, Pakistan, Peru, Philippines and Romania.

The Chapters of AACE play a strong role in the education and development of clinical endocrinologists around the world. Over the course of the year, domestic chapter influence, participation and education provided more than 2,000 healthcare professional encounters. Collectively, domestic AACE Chapters held in excess of 60 programs facilitated by more than 200 faculty that included nearly 200 hours of continuing medical education. Chapter programs included annual meetings, dinner programs and primary care activities managed at the chapter and national level. Nearly 400 exhibit displays contributed to the overall support and success of these programs.

International AACE Chapters supported many educational activities around the world that also propelled membership recruitment to its highest level yet.
Members of the Continuing Medical Education Accreditation Committee included: Dr. Sina Jasim, Board FIT; Dr. Myriam Z. Allende-Vigo; Dr. Joshua I. Barzilay; Dr. David S. H. Bell; Dr. Ricardo Correa; Dr. Stephen R. Crespin; Dr. Martin M. Grajower; Dr. Israel Hartman; Dr. Phillip D.K. Lee; Dr. Virginia A. LiVolsi; Dr. Dorothy S. Martinez; Dr. Fernando Ovalle; Dr. Philip Raskin; Dr. Joseph M. Tibaldi; Dr. Jeff Unger; and Dr. Jagdeesh Ullal.

The Charge of the Continuing Medical Education Accreditation Committee is to:
- Review and accredit educational programs and activities related to the practice of clinical endocrinology.
- Maintain ACCME accreditation standards and ensure compliance with reporting requirements.
- Serve as a resource to the Legislative and Regulatory Committee and Socioeconomics and Advocacy Committee as it relates to Maintenance of Certification (MOC).

The Continuing Medical Education Accreditation Committee (CME) undertook the following activities during the past Association year:

Submitted performance-in-practice CME activity file reviews and an organizational self-study to the Accreditation Council for Continuing Medical Education (ACCME) as part of its reaccreditation process. The Committee Chair, Vice Chair, and staff participated in a required interview with the ACCME reviewers on February 25, 2016. AACE is accredited by the ACCME to provide AMA PRA Category 1 Credit(s)™ for physicians. The ACCME awarded AACE Accreditation with Commendation reaccreditation status in July 2016. Accreditation with Commendation is the highest accreditation status offered by the ACCME where educational providers have to demonstrate both an engagement with your environment in support of physician learning and change that is a part of a system of quality improvement. AACE’s new accreditation term is six years and will expire on July 31, 2022.

Reviewed and approved CME applications for 59 live courses, 16 internet activity enduring materials, and 3 print enduring materials, for a total of 78 AACE provided CME activities. The CME Accreditation Committee awarded credit for a total of 540 hours of instruction. The 2016 Annual Meeting was approved for 36.5 CME credits and the 2017 event will be approved for the same amount of credit. Approximately 8,269 physicians and 3,859 non-physicians participated in the above-mentioned activities. Educational activities in all areas of endocrine diseases were offered, including, but not limited to: glucose metabolism (i.e., diabetes mellitus, hypoglycemia), hypertension, lipid disorders, nutrition, obesity, disorders of bone metabolism (i.e., osteoporosis), calcium metabolism disorders (i.e., parathyroid), disorders of pituitary function, reproductive endocrinology, thyroid abnormalities, and other metabolic disorders.
Members of the ECNU Certification Committee included: Dr. Thomas C. Blevins; Dr. Elise M. Brett; Dr. Benjamin Dennis; Dr. Gauri Dhir; Dr. Leslie S. Eldeiry; Dr. Jason L. Gaglia; Dr. Brooks Mays; Dr. Michael J. Thomas; Dr. John B. Tourtelot; Dr. Colleen Veloski; Dr. Sandra S. Werbel; Dr. J. Woody Sistrunk, Ex Officio; Dr. Mark A. Lupo, Ex Officio, AACE BOD Liaison;

Members of the Task Force for Development of Lymph Node/Parathyroid Practicum for ECNU included: Dr. Patrick R. Hungerford, Chair; Dr. Thomas C. Blevins; Dr. Allan Golding, Dr. Robert A. Levine; Dr. James McCallum; J. Woody Sistrunk; and John B. Tourtelot.

The Charge of the ECNU Certification Committee is to:

- Provide direct oversight of and develop strategies and components of the AACE Endocrine Certification in Neck Ultrasound (ECNU) Program.
- Review ECNU history, status and trends.
- Review ECNU eligibility criteria.
- Review Payer trends regarding ECNU certification.
- Review challenges to physicians in urban or rural settings that limit their ability of achieving ECNU certification.
- Research alternatives, such as preceptorship, to enable physicians to obtain their certification.

The Endocrine Certification in Neck Ultrasound (ECNU) Certification Committee undertook the following activities during the past Association year:

- Due to the concerns raised at January, 2016 AACE Board of Directors meeting, the ECNU Certification Committee accepted the recommendation of the Task Force for Development of Lymph Node/Parathyroid Practicum to allow the following options for candidates who are struggling to meet the current criteria:
  - If a candidate has satisfied all Validation of Competency requirements with the exception of one case (i.e. submission and approval of all cases minus one deficient case), the candidate may be granted a three month extension to obtain the remaining case.
  - If the candidate is deficient in submission of one malignant lymph node case and all other required cases have been submitted and approved, the candidate has the option of submitting a conclusively sonographically suspicious lymph node, even if Fine Needle Aspiration (FNA) or surgery are not considered clinically appropriate and thus pathologist confirmation will not be available. This case may be submitted for review along with an explanation as to why FNA or surgery were not performed.

The recommendation was submitted to the AACE Board of Directors and was approved for implementation.

- The ECNU recertification process was revised. The previous requirement of passing a computer-based Recertification Examination has been replaced. It was determined that a more accurate evaluation of documenting both continuing clinical activity in diagnostic US and UGFNA procedures and maintenance of high level skills would be the submission of five case reviews.

- As of January 1, 2017, 488 physicians have completed the ECNU process and earned the ECNU credential.
Members of the Endocrinology Annual Board Review Course Committee included: Dr. Intekhab Ahmed; Dr. Vishnu Garla; Dr. Betul Hatipoglu; Dr. Michael Kleerekoper; Dr. Armand Krikorian; Dr. Angelo A. Licata; Dr. Harmeet Singh Narula; Dr. S. Sethu Reddy; Dr. Elias Siraj; Dr. Mario Skugor; Dr. Kyaw Soe; Dr. Angelina L. Trujillo; and Dr. Aaron I. Vinik

The Charge of the Endocrinology Annual Board Review Course Committee is to:
• Collaborate with Cleveland Clinic in the development and promotion of an annual Endocrinology Board Review Course.

The American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) joined with the Cleveland Clinic Department of Endocrinology, Diabetes and Metabolism in co-providing the 19th Annual Intensive Review of Endocrinology and Metabolism Course held September 9-11, 2016 at the InterContinental Hotel and MBNA Conference Center in Cleveland, Ohio. The Board Review Course (Appendix 3) was accredited by the Cleveland Clinic Foundation (CCF) for "AMA PRA Category 1 Credit(s)™. The highly successful course was attended by 153 physicians, fellows, and other allied health professionals.

The 20th Annual Intensive Review of Endocrinology & Metabolism Course is scheduled for October 6-8, 2017.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Registration/Continental Breakfast/ Exhibits</td>
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<tr>
<td>7:55 am</td>
<td>Welcome</td>
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<td>Farhad Zangeneh, MD</td>
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<td>Robert S. Zimmerman, MD</td>
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<td>Course Codirectors</td>
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<td>8:00 am</td>
<td>Adrenal Dysfunction</td>
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<td>Thomas A. Murphy, MD</td>
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<tr>
<td>9:00 am</td>
<td>Thyroid Board Simulation</td>
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<td>Henry B. Burch, MD</td>
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<tr>
<td>10:00 am</td>
<td>Hyperthyroidism and Hypothyroidism</td>
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<td>Mary Vouyioukis Kelis, MD</td>
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<tr>
<td>10:45 am</td>
<td>Refreshment Break and Exhibits</td>
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<tr>
<td>11:05 am</td>
<td>Endocrine Hypertension</td>
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<td>Richard J. Auchus, MD, PhD</td>
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<tr>
<td>12:05 am</td>
<td>Luncheon and Exhibits</td>
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<td>1:05 pm</td>
<td>Menopause: A Pause for... Thought</td>
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<td>Charles Faiman, MD</td>
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<td>1:45 pm</td>
<td>Thyroid Nodules and Cancer</td>
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<td>Steven I. Sherman, MD</td>
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<tr>
<td>2:45 pm</td>
<td>Refreshment Break and Exhibits</td>
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<tr>
<td>3:05 pm</td>
<td>Male Hypogonadism and Infertility</td>
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<td>Kevin Pantalone, DO</td>
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<tr>
<td>3:50 pm</td>
<td>Case Management Studies in Endocrine Surgery</td>
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<td>Allan E. Siperstein, MD</td>
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<td>4:30 pm</td>
<td>Obesity</td>
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<td>Sangeeta Kashyap, MD</td>
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<tr>
<td>5:00 pm</td>
<td>Diabetes Therapeutics: From New Insulins to Incretins</td>
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<td></td>
<td>Robert S. Zimmerman, MD</td>
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<tr>
<td>6:00 pm</td>
<td>Workshop: Pediatric Endocrinology Case Reviews</td>
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<td>Anzar Haider, MD</td>
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<td>Sumana Narasimhan, MD</td>
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<tr>
<td>7:00 pm</td>
<td>Adjourn</td>
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**SESSION 1**
Moderator: Ula Abed Al wahab, MD

**SESSION 2**
Moderator: Farhad Zangeneh, MD
**SATURDAY, SEPTEMBER 10, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Continental Breakfast/Exhibits</td>
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<tr>
<td>7:30 am</td>
<td><strong>SESSION 3</strong>&lt;br&gt;Moderator: Dorota Whitmer, MD</td>
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<tr>
<td>7:30 am</td>
<td>Board Simulation in Pediatric Endocrinology</td>
<td>Donald Zimmerman, MD</td>
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<tr>
<td>8:15 am</td>
<td>Female Hypogonadism</td>
<td>Marjan Attaran, MD</td>
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<tr>
<td>9:00 am</td>
<td>Pituitary Disorders</td>
<td>Mark E. Molitch, MD</td>
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<tr>
<td>10:00 am</td>
<td>Refreshment Break and Exhibits</td>
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<tr>
<td>10:15 am</td>
<td><strong>DI/SIADH</strong>&lt;br&gt;Joseph G. Verbalis, MD</td>
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<tr>
<td>11:00 am</td>
<td>Board Simulation: Pituitary/Adrenal</td>
<td>Laurence Kennedy, MD</td>
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<tr>
<td>11:55 pm</td>
<td>Luncheon and Exhibits</td>
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<tr>
<td>2:15 pm</td>
<td>Hyper and Hypo Calcemia</td>
<td>Michael A. Levine, MD</td>
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<tr>
<td>3:15 pm</td>
<td>Refreshment Break and Exhibits</td>
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<tr>
<td>3:30 pm</td>
<td>Endocrinology and Pregnancy</td>
<td>Adi Mehta, MD</td>
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<tr>
<td>4:15 pm</td>
<td>Visual Journey of Endocrinology</td>
<td>Farhad Zangeneh, MD</td>
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<tr>
<td>5:00 pm</td>
<td>Endocrinology Highlights – 2015-2016</td>
<td>Who Wants to be an Endocrine Millionaire?</td>
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<tr>
<td>5:45 pm</td>
<td>Dinner on your own</td>
<td>Faculty vs. Fellows</td>
</tr>
</tbody>
</table>
|        | **6:00 – 8:00 pm**<br>Optional ABIM Maintenance of Certification Learning Session | S. Sethu Reddy, MD  
|        | **2016 Update in Endocrinology**                                     | Mario Skugor, MD                               |
|        | **Robert S. Zimmerman, MD**                                          |                                                |

**SUNDAY, SEPTEMBER 11, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>7:00 am</td>
<td>Coffee/Exhibits</td>
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<tr>
<td>7:30 am</td>
<td><strong>SESSION 5</strong>&lt;br&gt;Moderator: Divya Yogi-Morren, MD</td>
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<tr>
<td>7:30 am</td>
<td>Board Simulation: Potpourri</td>
<td>Christian Nasr, MD</td>
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<tr>
<td>8:20 am</td>
<td>Genetics and Endocrinology</td>
<td>S. Sethu Reddy, MD</td>
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<tr>
<td>9:10 am</td>
<td>Dyslipidemia: Diagnostic Question &amp; Answer</td>
<td>Michael H. Davidson, MD</td>
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<tr>
<td>10:10 am</td>
<td>Brunch</td>
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<tr>
<td>11:00 am</td>
<td>Pancreatic Endocrine Tumors and Flushing</td>
<td>Aaron Vinak, MD</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Preventive Endo-Cardiology Highlights</td>
<td>Betul Hatipoglu, MD</td>
</tr>
<tr>
<td>12:45 pm</td>
<td>Preventing Diabetes Complications and Intensive Therapy:</td>
<td>Leann Olansky, MD</td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Vote of Thanks and Adjournment</td>
<td>Robert S. Zimmerman, MD</td>
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</tbody>
</table>
Members of the Fellows-in-Training Committee included: Dr. Pauline Camacho, Ex Officio, (AACE President); Dr. Geetha Gopalakrishnan, Ex Officio; Harmeet Sing Narula, Ex Officio; Dr. Brandi Markita Addison; Dr. Monica Agarwal; Dr. Intekhab Ahmed; Dr. Halis Kaan Acturk; Dr. Rod Marianne Arceo-Mendoza; Dr. Ricardo Correa; Dr. Amy DeGueme; Dr. Vivian Andrew Fonseca; Dr. Ved Vyasa Gossain; Dr. Akanksha Goyal; Dr. Richard Hellman; Dr. Soemiwati Weidris Holland; Dr. Heather Marie Huribal; Dr. Eric Scott Langer; Dr. Matthew Jason Levine; Dr. David Charles Lieb; Dr. Brooke Hollins McAdams; Dr. Janet B. McGill; Dr. Nadine E. Palermo; Dr. Vishal Sehgal; Dr. Jad Sfeir; Dr. Rajeev Sharma; Dr. Kyaw K. Soe; Dr. Vin Tangpricha; Dr. Sonali N. Thosani; Dr. Dace L. Trence.

The Charge of the Fellows-in-Training Committee is to:
- Identify and maintain a current list of all endocrine training programs and the names of program directors and fellows enrolled.
- Recruit, retain, and increase the Fellows-in-Training membership of AACE and develop a marketing plan for recruitment.
- Develop programs that enhance and encourage internists to seek fellowships in endocrinology.
- Organize endocrine fellows’ activities for the purpose of enhancing professional growth and education, and foster camaraderie between fellows and clinical endocrinologists in practice.
- Review the endocrine fellowship training program curriculum and advocate changes in the curriculum in collaboration with the APDEM leadership.
- Communicate directly with endocrine training programs (trainees and program directors) with aim to increase AACE membership.
- Provide leadership training opportunities to FITs.
- Enroll future endocrinologists in organized medicine.
- Provide opportunities for trainees to relate what AACE programs and activities are most important and beneficial to them.
- Develop AACE activities and resources relevant to Fellows-in-Training.
- Provide a forum for discussion of common issues in graduate endocrine education.
- Educate FIT about AACE and the value of fellowship in the American College of Endocrinology.
- Communicate with the AACE Chapters Committee on ways to increase FIT participation in state and regional chapters.
- Assist FITs with job placement by providing necessary information (e.g., Annual Meeting Booth).

The Fellows-in-Training Committee undertook the following activities in 2016 and set the following goals for 2017:

- Reaffirmed the benefits of complimentary membership for all fellows-in-training, residents, and medical students; substantial discounts for attendance at the AACE Annual Meeting; various certification/training courses, and other clinical symposiums. As of February 15, 2017, AACE had a total of 782 fellows (624 domestic and 158 international), 190 residents, and 19 medical students.

- Updated the Fellows Clinical Corner to be more mobile and user-friendly form. A Fellows’ Clinical Corner banner on the AACE homepage was created to direct fellows to the Clinical Corner. In addition, a newly created clinical case report section on the Fellows’ Clinical Corner webpage gives fellows the opportunity to submit cases month to month. The site contains AACE applications and resources, critical research references, coding, billing and reimbursement information, AACE medical guidelines for clinical practice, AACE position statements, AACE consensus conference summaries, a link to the AACE fellows-in-training member directory, information about the AACE Self-Assessment Program (ASAP), a link to the Modules for Endocrine Fellowship, and information about AACE Endocrine Careers®.

- The goals for 2017 include: establishing a fellow-in-training (FIT) representative at the chapter level to get fellows more involved. This will be accomplished by getting get in contact with individual chapter chairs. For those states that do not have a local chapter, a plan was presented to establish a FIT representative based on regions of the country.

- Discussed increasing fellow involvement at the national level by creating a FIT focused program within the main Annual Meeting. The FIT Luncheon will take place on Friday, May 5, 2017, from 12:30 p.m.–2:00 p.m. The candidates for the FIT Board Representative position will give a brief speech and the attendees will vote for the incoming FIT Board Representative. The fellows call for nominations is currently being promoted through the Annual Meeting website, FIT Clinical Corner, APDEM newsletter, emails to FIT and Program Directors, FIT Facebook page, and word of mouth marketing.

- Discussed increasing fellow involvement at the national level by creating a FIT focused program within the main Annual Meeting. The FIT Luncheon will take place on Friday, May 5, 2017, from 12:30 p.m.–2:00 p.m. The candidates for the FIT Board Representative position will give a brief speech and the attendees will vote for the incoming FIT Board Representative. The fellows call for nominations is currently being promoted through the Annual Meeting website, FIT Clinical Corner, APDEM newsletter, emails to FIT and Program Directors, FIT Facebook page, and word of mouth marketing.

- Focused on retaining fellows from Endocrine University® (EU) as dues paying AACE Members. The Committee plans on creating a membership presentation by the current Fellow-in-Training Board Representative and by AACE leaders at EU 2017 to help retain these fellows. In addition, an AACE membership representative will be in attendance to promote retention efforts.
Members of the **International Committee** included: Dr. Pauline Camacho, AACE President; Dr. Anne L. Leddy, Ex Officio; Dr. Harmeeet S. Narula, Ex Officio; Dr. Fatma H. Al Marashi; Dr. Saleh A. Aldasouqi; Dr. Mohamed Abdullah Al-Lamki; Dr. Melchor Alpizar Salazar; Dr. Henrietta Fiscian Arhin; Dr. Francisco Bandeira; Dr. Olufemi Adetola Fasanmade; Dr. Franco Grimaldi; Dr. Amir H. Hamrahian; Dr. Akshay Bhanwarlal Jain; Dr. Mudit Jain; Dr. Selim M. Jambart; Dr. Nadim Salim Jarrah; Dr. Jose Guillermo Jimenez-Montero; Dr. Shashank Rameshchandra Joshi; Dr. Maria Cecilia Lansang; Dr. Brij Mohan Makkar; Dr. Terry Meriden; Dr. Jose Carlos Santos Miranda; Dr. Faruque Pathan; Dr. Catalina Poiana; Dr. Georgina G. Polanco; Dr. Joao Filipe Raposo; Dr. Pedro Nel Rueda; Dr. Jugal Kishor Sharma; Dr. Elias Said Siraj; Dr. Narsingh Verma; Dr. Jaime E. Villena; Dr. Subhashini Yaturu; Dr. Farhad Zangeneh.

The **Charge** of the **International Committee** is to:

- Identify and maintain a current list of all endocrine training programs and the names of program directors and fellows enrolled.
- Recruit, retain, and increase the Fellows-in-Training membership of AACE and develop a marketing plan for recruitment.
- Develop programs that enhance and encourage internists to seek fellowships in endocrinology.
- Organize endocrine fellows’ activities for the purpose of enhancing professional growth and education, and foster camaraderie between fellows and clinical endocrinologists in practice.
- Review the endocrine fellowship training program curriculum and advocate changes in the curriculum in collaboration with the APDEM leadership.
- Communicate directly with endocrine training programs (trainees and program directors) with aim to increase AACE membership.
- Enroll future endocrinologists in organized medicine.
- Provide opportunities for trainees to relate what AACE programs and activities are most important and beneficial to them.
- Develop AACE activities and resources relevant to Fellows-in-Training.
- Provide a forum for discussion of common issues in graduate endocrine education.
- Educate FIT about AACE and the value of fellowship in the American College of Endocrinology.
- Communicate with the AACE Chapters Committee on ways to increase FIT participation in state and regional chapters.
- Assist FITs with job placement by providing necessary information (e.g., Annual Meeting Booth).

The International Committee undertook the following activities during the past Association year:

- **As of February 15, 2017, AACE had 2,209 international members from 97 countries. International members make up 28.9% of overall AACE Membership. The countries with the largest concentration of members outside of the U.S. or its territories and commonwealths are: India (429), Mexico (151), Canada (118), the Philippines (113), United Arab Emirates (110), and Nigeria (98).**

- A dues increase involving international membership Option 2 and Option 3 was approved and became effective with the 2017 dues renewal. The dues increase was a result of the high cost of shipping publications. The cost of International Membership Option 1 would remain the same.

- Decreasing the number of international suspended members remained a high priority. International suspended members will now receive communication from international chapter chairs and members to encourage them to renew. Submitting suspended members’ contact information to each international chapter has been effective in reaching out to suspended members and potential new members. The Committee agreed that incentives such as international awards – grants, poster awards, and abstracts, would encourage more international members to renew their memberships, as well as recruiting new members.

- Recruitment and retention efforts of international members continued by addressing their specific needs and interests. In an effort to continue to expand AACE’s global presence, AACE staff exhibited at several international meetings in 2016. The Committee firmly believes that face-to-face interaction between international members and membership is pertinent in the recruitment and retention process. It has been noted that AACE international meetings have been highly successful and should be exhibited at. Each 2016 meeting name, location, date, and total new members and renewals obtained are listed in the table below:
<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Date</th>
<th>Location</th>
<th>New Members and Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Association for the Study of Diabetes</td>
<td>September 12-16, 2016</td>
<td>Munich, Germany</td>
<td>31</td>
</tr>
<tr>
<td>AME/AACE Annual Meeting</td>
<td>November 10-13, 2016</td>
<td>Rome, Italy</td>
<td>41</td>
</tr>
<tr>
<td>SMNE/AACE Joint Annual Meeting</td>
<td>November 29–December 4, 2016</td>
<td>Monterrey, Mexico</td>
<td>93</td>
</tr>
<tr>
<td>XVIII Annual Davidson-Mestman Curso Intensivo de Diabetes</td>
<td>December 7-10, 2016</td>
<td>Miami, FL</td>
<td>30</td>
</tr>
</tbody>
</table>
The **IT Committee**

**Dr. William C. Biggs, Chair**  
**Dr. Rachel Pessah-Pollack, Vice Chair**

Members of the **IT Committee** included: Dr. Pauline M. Camacho, Ex-Officio; Dr. Steven M. Petak, AACE Website Editor-in-Chief; Dr. Elise M. Brett, Co-Editor of ASAP; Dr. Romesh K. Khardori, Co-Editor of ASAP; Dr. Sina Jasim, Board FIT; Dr. Saleh A. Aldasouqi; Dr. Ahmad Alhashemi; Dr. Timothy S. Bailey; Dr. Raymond E. Bourley; Dr. Jeffrey A. Colburn; Dr. Rodolfo J. Galindo; Dr. Jeffrey R. Garber; Dr. Kristin L. Hanson; Dr. Scott D. Isaacs; Dr. Pooja Narwal; and Dr. David S. Sneid.

The **Charge** of the IT Committee is to:

- Develop and coordinate all technology activities that are relevant to AACE and clinical endocrinologists, analyze their realistic potential for implementation, and generate a concrete set of recommendations.
- Provide an Editor-in-Chief for AACE websites.
- Maintain, optimize, and continually enhance (as possible) all sections of the AACE website.
- Create, implement and optimize an AACE Global Data Repository (GDR).
- Explore the potential for AACE to generate and maintain patient registries.
- Serve as a technology resource to other committees.
- Assist in developing web-based tools for optimizing clinical practice and assisting academic endocrinologists.
- Review and redesign AACE outreach to patients and professionals regarding drug safety and announcements.
- Create a comprehensive database of AACE member attributes for strategic data-mining.
- Provide checklist to AACE members and industry of what endocrinologists’ needs are with relation to an effective EHR.
- Collaborate with industry to promote interchanges standardization with diabetes data.
- Create a “Checklist for Technology in Clinical Endocrinology Practice,” relevant to thyroid cancer, osteoporosis, diabetes, obesity, pituitary, and other specific disorders.
- Explore and submit recommendations to the Annual Meeting Program Committee for a technology exposition in conjunction with Annual Meetings.

The IT Advisory Group undertook the following activities during the past Association year:

- An online educational series for mid-level practitioners was developed to give case based interaction with AACE member “mentors.”

- A patient resource center is being developed on the AACE website where physicians and patients may access information organized by disease state. Older sections of the website are being updated for better mobile device access.

- The Committee members agreed to use data from existing sources as a framework to develop check lists for an effective EHR.

- Dr. Galindo volunteered to write an article on use and complications of ineffective supplements and over the counter remedies for diabetes The article appeared in the February issue of *EmPower*. 
LEGISLATIVE AND REGULATORY COMMITTEE
Dr. Howard M. Lando, Chair
Dr. Pavan Chava, Vice Chair
Dr. Elizabeth Holt, Vice Chair

Members of the Legislative and Regulatory Committee included: Dr. Pauline M. Camacho, Ex Officio, AACE President; Dr. Vivian Fonseca, FDA Liaison; Dr. J. Michael González–Campoy, Underserved Populations Committee Liaison; Dr. Sina Jasim, Board FIT Rep; Dr. Paul Aoun; Dr. Howard S. Blank; Dr. Felice A. Caldarella; Dr. Edward M. Condon; Dr. Kristina Derrick; Dr. Richard O. Dolinar; Dr. Victor Ettinger; Dr. Raymond I. Fink; Dr. Steve Fordan; Dr. Ved V. Gossain; Dr. Sathya G. Jyothinagaram; Dr. Bill Law, Jr.; Dr. Anne L. Leddy; Dr. Jonathan D. Leffert; Dr. Brian Michael; Dr. Gregory E. Peterson; Dr. Annaswamy Raji; Dr. Archana R. Sadhu; Dr. Ralph Schmeltz; Dr. Lance Sloan; Dr. John Stokes; Dr. Nisha Suda; Dr. John B. Tourtelot; Dr. Gary A. Trager; Dr. Susan S. Wasserman; Dr. Sandra L. Weber; Dr. William D. Zigrang; Dr. Robert S. Zimmerman; and Dr. Fred Gallasch, Advisor.

The Charge of the Legislative and Regulatory Committee is to:
- Assess and develop recommended AACE policy with respect to legislation at the national and state levels.
- Address, assess, and develop AACE policy in response to federal, state and other issues related to the regulation of the practice of clinical endocrinology.
- Act on AACE policy through lobbying, visitation, testimony and other appropriate communications with legislative and regulatory entities.
- Serve AACE members through publication and in communication of AACE policy related to legislation and regulation of the practice of clinical endocrinology.
- Develop and maintain a grassroots legislative key contact program for state and national issues.
- Develop and maintain a Legislative Bulletin/Congressional Contact Alert for the AACE membership and Key Contacts for legislative and regulatory issues pertinent to the practice of clinical endocrinology.
- Interact with the Washington Consultant to effectively advance AACE’s legislative and regulatory priorities.
- Serve as resource to the Underserved Population Committee in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at-risk and underserved population.
- Monitor Food and Drug Administration (FDA) issues to determine whether AACE would provide testimony, in consultation with the AACE President, on endocrine issues.
- Maintain a formal review mechanism for early identification of potential FDA issues that will affect clinical endocrinologists.
- Create an AACE response and seek action from the Centers for Medicare and Medicaid Services (CMS) and other federal entities, such as Congress, regarding ongoing problems identified in the implementation of the Sunshine Act including:
  - Registration process for Open Payments database
  - Resolving disputed report issues with applicable manufacturers and CMS
  - Expanding reporting requirements including CME activities
  - Collaboration with other stakeholders in the physician community.

The Legislative and Regulatory Committee undertook the following activities during the past Association year:

National Clinical Care Commission Act
Significant progress was made on AACE’s signature diabetes legislation, the National Diabetes Clinical Care Commission Act (H.R. 1192/S. 586) during the 114th Congress. The Committee focused on AACE advocacy activities to successfully increase the number of House and Senate co-sponsors and advance the legislation, including conducting the annual congressional visitation activity in Washington, D.C., presenting testimony before a congressional committee, conducting meetings with legislators in their home districts, and orchestrating a robust grassroots campaign to send messages to Congress. AACE was joined in advocacy for the legislation by over 40 organizations, including members of the Diabetes Advocacy Alliance and other stakeholders representing physicians, allied health professionals, patients, community health organizations and industry.

On September 8th, 2016, Dr. Jonathan Leffert, AACE President-Elect and Committee member, presented testimony on the Commission legislation before the House Energy & Commerce Health Subcommittee and the following week the bill was marked up and passed by the Subcommittee. The Subcommittee approved H.R. 1192 in an amended form that expanded the scope of the bill to include metabolic and autoimmune diseases and diseases resulting from insulin deficiency and insulin resistance. The name of the Commission was also changed to the National Clinical Care Commission to reflect the Commission’s expanded scope. The legislation creates a public/private sector commission composed of diabetes specialists, physicians, non-physician health care professionals and patient advocates to improve the coordination and implementation of federal clinical care activities. The amended legislation passed the House of Representatives on November 14, 2016 and was then referred to the Senate Health, Education, Labor, and Pensions (HELP) Committee for consideration. Due to the short lame duck session of Congress following the November elections and a focus on passing major legislative initiatives, a number
of non-controversial public health bills, including H.R. 1192, were not acted on by the Senate prior to the adjournment of the 114th Congress.

AACE started the new year working with congressional staff to leverage the significant progress made on this legislation in the hopes of achieving passage as early as possible in the 115th Congress. The National Clinical Care Commission Act was reintroduced in the House of Representatives on January 5, 2017 by Rep. Pete Olson (R-22nd-TX) and passed the House by a voice vote on January 9th. The bill, (H.R. 309), has been referred to the Senate HELP Committee. With the continued support of the Diabetes Advocacy Alliance and the broader diabetes community, AACE is again working to secure Senate passage of the bill and move one step closer to getting the bill signed into law.

**Advocacy on Other Legislative Initiatives**

During the 114th Congress AACE also advocated for passage of the following legislative initiatives; however, they were not passed before Congress adjourned.

**Medicare CGM Access Act of 2015** (H.R. 1427/S. 804) – This legislation would have provided Medicare coverage for continuous glucose monitors (CGMs) to qualified Medicare beneficiaries who lose coverage for their CGMs when they turn 65 and enroll in Medicare. Note: The recent decision by FDA to categorize the Dexcom G5 Mobile CGM as therapeutic and the subsequent decision by CMS in early 2017 to categorize therapeutic CGMs as durable medical equipment provides a pathway for Medicare coverage of CGMs. Therefore, this legislation is not expected to be re-introduced in the 115th Congress.

**Protecting Access to Diabetes Testing Supplies Act of 2015** (H.R. 771) – This legislation enhanced patient protections under the Medicare Competitive Bidding Program to ensure access to a range of safe and effective meters and compatible testing supplies.

**Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2015** (H.R. 2461) – This legislation provided a payment fix for DXA bone density scans and mandated a minimum national average payment of $98 for DXA, $35 for Vertebral Fraction Assessments (VFA), and $133 for a new bundled code for both DXA and VFA performed at the same visit. AACE continues to work in conjunction with our partners in the Fracture Prevention Coalition on this issue.

**Treat and Reduce Obesity Act of 2015** (H.R. 2404/S. 1509) – This legislation provided Medicare beneficiaries and their physicians with meaningful tools to reduce obesity by improving access to weight-loss counseling and by allowing coverage for new FDA-approved prescription drugs for chronic weight management. AACE continues to work for passage of this legislation with the Obesity Care Advocacy Network, in which AACE participates as a member.

**Diabetes Advocacy Alliance**

AACE remains an active participant in the Diabetes Advocacy Alliance (DAA), a coalition of professional and patient advocate groups with an interest in diabetes. DAA members include AACE, American Association of Diabetes Educators (AADE), American Diabetes Association (ADA), American Optometric Association (AOA), Endocrine Society (ES), and Novo Nordisk, among others. The DAA was actively engaged in advocacy activities on Capitol Hill on behalf of the National Clinical Care Commission Act, the Medicare CGM Access Act of 2015, the National Diabetes Prevention Program, and other diabetes-related initiatives.

**AACE Congressional Visitations**

AACE conducted a spring and fall congressional visitation trip in 2016. The main purpose of the congressional visitation trips was to secure co-sponsors in the House and Senate for passage of the National Clinical Care Commission Act. AACE visitation participants included representatives from the AACE Board of Directors, AACE Legislative & Regulatory Committee, AACE Chapters and AACEPAC Board of Directors. The schedule of activities included an advocacy training session, congressional luncheon and congressional reception, and a total of two and a half days of meetings with congressional offices. Between the two trips, AACE representatives participated in approximately 220 meetings with Members of Congress and congressional staff.
Grassroots Advocacy
AACE grassroots advocacy campaigns and quarterly Key Contact Newsletters were launched through the AACE Legislative Action Center on the National Clinical Care Commission Act and other legislative priorities the Committee sought to advance. The AACE membership also received updates on legislative and regulatory issues in AACE publications, First Messenger and AACE Online News. As part of this effort, the Resource Center for Congressional District Visits on the AACE website is continually updated with the latest information on AACE legislative priorities to provide centralized access to helpful information for AACE members interested in conducting district visits with their lawmakers. The resource center includes AACE Legislative Fact Sheets, talking points for AACE member use in congressional meetings, links to relevant legislation, a Grassroots Advocacy Network Manual, and a schedule of the congressional district work periods for the entire year. The Resource Center for Congressional District Visits is accessible via the AACE Legislative and Regulatory homepage under Advocacy or going directly to https://www.aace.com/advocacy/leg/resources/district-meetings.

The Committee cannot stress enough how important and helpful the advocacy by AACE Key Contacts and AACE members was in the 114th Congress to enhance the awareness of, and growing support for, AACE legislative priorities. These efforts will be even more important in this new Congress. AACE’s ability to successfully represent the interests of clinical endocrinology and achieve important legislative priorities is dependent upon AACE member participation in advocacy activities. With this in mind, Legislative and Regulatory Committee members continued to build on efforts within each of their own state or regional chapters to either establish a committee on legislation and socioeconomics or serve as a mentor to strengthen an already existing committee. The Committee believes having an organized advocacy effort within each of the chapters will help facilitate and strengthen relationships with the local lawmakers and expand AACE’s influence within the Congress. It is also the intention that these chapter committees will be able to alert national AACE about state and local legislative/socioeconomic issues that require attention.

Regulatory Issues
AACE advocacy on behalf of the membership also involved a number of efforts directed at federal regulatory issues, including: working with CMS to broaden access and coverage for insulin pumps; participation in a FDA workshop on outcome measures for new diabetes therapies beyond A1c; strong advocacy at FDA and CMS to achieve coverage for continuous glucose monitoring systems as part of CMS’s durable medical equipment program; presenting testimony at FDA Advisory Committee meetings on the need for improved drugs in specific therapeutic areas; and participation at meetings to discuss the development of quality measures for diabetes and obesity care.
Membership Committee
Dr. Harmeet Singh Narula, Chair
Dr. Chris K. Guerin, Vice Chair

Members of the Membership Committee included: Dr. Myriam A. Allende–Vigo, Ex Officio (Chair, International Committee); Dr. Anne L. Leddy, Ex Officio (Chair, Chapters Committee); Dr. Sina Jasim (Board FIT, Vice Chair FIT Committee); Dr. Devaprabu Abraham; Dr. Joseph Alo; Dr. Ann Danoff; Dr. Rodolfo J. Galindo; Dr. Ved V. Gossain; Dr. Heather M. Huribal; Dr. Scott D. Isaacs; Dr. Igor Kravets; Dr. Stephanie L. Lee; Dr. Matthew J. Levine; Dr. David C. Lieb; Dr. Kenneth Patrick L. Ligaray; Dr. Nadine E. Palermo; Dr. Jill M. Paulson; Dr. Sripraya Raman; Dr. Herbert I. Rettinger; Dr. J. Woody Sistrunk; Dr. Sheldon S. Stoffer; Dr. Vin Tangpricha; Dr. Gary A. Trager; Dr. Sandra L. Weber; Dr. Craig Wierum.

The Young Physicians Subcommittee consist of the following members: Dr. Ricardo Correa, Chair; Dr. M. Kathleen Figaro, Vice-Chair; Dr. Anne Leddy, Ex-Officio; Dr. Harmeet S. Narula, Ex-Officio; Dr. Sina Jasim, Board FIT; Dr. Aakif Ahmad; Dr. Diana Alba; Dr. Rod M. Arceo-Mendoza; Dr. Melany Castillo; Dr. Maya Fayfman; Dr. Rodolfo Galindo; Dr. Heather Huribal; Dr. Akshay Jain; Dr. Joanna Miragaya; Dr. Daisy A. Morales; Dr. Nisha Nathan; Dr. Nadine Palermo; Dr. Resmi Premji.

The Charge of the Membership Committee is to:

- Coordinate all AACE membership activities.
- Increase both domestic and international AACE membership each year in accordance with the Strategic Plan.
- Specifically address issues of membership retention, especially among our young members, retiring members, and women.
- Oversee AACE international activities with aim to increase international AACE membership and active participation in AACE programs.
- Communicate directly with endocrine training programs (trainees and program directors) with aim to increase AACE membership.
- Develop and implement a plan for the recruitment and retention of academic endocrinologist members of AACE.
- Assist in coordinating AACE domestic and international chapter activities, including membership recruitment and retention, as well as logistical support when needed.

The Membership Committee undertook the following activities during the past Association year:

- The Committee focused its activities on both domestic and international membership recruitment and retention, including all constituencies.
- As of February 15, 2017, AACE had a total membership of 7,628 members, with 5,419 domestic and 2,209 international members in 97 countries.
- The Committee continued to recruit new members and reach out to domestic and international members including students, residents and fellows-in-training. This included monthly new member emails to chapter chairs; six month new member emails; and the 2016 Recruit-a-Member Campaign. Recruitment and retention of women endocrinologists early on in their career remains a top priority.
- AACE continued to have membership representation at all significant national endocrine meetings during 2016, including the Endocrine Society, American Diabetes Association, American Thyroid Association, and others, including international meetings. Word of mouth marketing is a powerful recruiting tool, and AACE members are encouraged to actively promote the benefits of membership to their eligible nonmember colleagues. The proposed 2017 domestic and international travel schedule will include:
The Young Physicians Subcommittee undertook the following activities during the past Association year:

- Formed the Young Physicians Subcommittee consisting of Physicians one to five years out of practice.

- The Subcommittee focused on contacting suspended and inactive young physicians to encourage them to continue their AACE membership or join.

- Social media and the newly formed Young Physicians webpage will be used to support this demographic new to clinical practice. Recruitment ideas include the social media hashtag #proudtobepysacemember campaign and a 30 second video from members of the Subcommittee promoting the benefit of being an AACE member. The member videos will be displayed on the AACE webpage and Facebook page. A discounted membership rate for members one to three years out of fellowship was assessed and rates between other organizations were compared. This subject will be a matter for future discussion.

- Worked on creating a Young Physicians section of the website similar to the FIT Clinical Corner. The site will include an article of the month section, the AACE /ACE Online Endocrine Academy, current practice tools, and meetings and events.

<table>
<thead>
<tr>
<th>Meeting Name</th>
<th>Date</th>
<th># Attendees</th>
<th>Av. # New Members/Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrine University</td>
<td>March 4-9, 2017</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>The 4th Latin America Congress on Controversies to Consensus</td>
<td>March 16-18, 2017</td>
<td>2,500</td>
<td>New Mtg</td>
</tr>
<tr>
<td>Endocrine Society</td>
<td>April 1-4, 2017</td>
<td>7,000</td>
<td>15</td>
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<tr>
<td>AAES</td>
<td>April 2-4, 2017</td>
<td>500</td>
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<tr>
<td>AACE 26th Annual Meeting</td>
<td>May 3-7, 2016</td>
<td>2,000</td>
<td>50</td>
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<tr>
<td>ECE- European Congress of Endocrinology</td>
<td>May 20-23, 2017</td>
<td>3,000</td>
<td>30</td>
</tr>
<tr>
<td>ADA Scientific Sessions</td>
<td>June 9-13, 2017</td>
<td>16,000</td>
<td>25</td>
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<tr>
<td>EASD- Euro. Assoc. for the Study of Diabetes</td>
<td>September 11-15, 2017</td>
<td>17,000</td>
<td>35</td>
</tr>
<tr>
<td>ATA- American Thyroid Association</td>
<td>October 18-22, 2017</td>
<td>1,000</td>
<td>7</td>
</tr>
<tr>
<td>BES- British Endocrine Society</td>
<td>November 6-8, 2017</td>
<td>1,000</td>
<td>20</td>
</tr>
<tr>
<td>AME/AACE Annual Meeting</td>
<td>November 9-12, 2017</td>
<td>1,200</td>
<td>41</td>
</tr>
<tr>
<td>SMNE/AACE Joint Meeting</td>
<td>December TBD 2017</td>
<td>1,200</td>
<td>93</td>
</tr>
<tr>
<td>IDF- International Diabetes Fed</td>
<td>December 4-8, 2017</td>
<td>10,000</td>
<td>27</td>
</tr>
<tr>
<td>SPED</td>
<td>December TBD 2017</td>
<td>200</td>
<td>30</td>
</tr>
<tr>
<td>Davidson-Mestman Curso Intensivo</td>
<td>December TBD 2017</td>
<td>500</td>
<td>30</td>
</tr>
<tr>
<td>*Gulf/Regional AACE Chapter Meeting</td>
<td>October 4-8, 2017</td>
<td>1500</td>
<td>New Mtg</td>
</tr>
</tbody>
</table>
The Public Relations Oversight and Rapid Response Committee served as the core group of individuals responsible for fulfilling media requests for interviews, responses to breaking news and/or public relations crises within the organization. The PR staff facilitated general media requests by first contacting AACE President Dr. Pauline M. Camacho to determine if she would like to serve as spokesperson or designate an appropriate AACE media representative, and then coordinated the interview with the media outlet and the appointed endocrine expert. More than 80 media requests were fulfilled from January 2016 through December 2016. Scheduled conference calls were not required, and no crisis-level situations occurred during this time frame.
Members of the **Publications Committee** included: Dr. Dace L. Trence – Chair; Dr. Pauline M. Camacho - Ex Officio, AACE President; Dr. Sandra L. Weber - Ex Officio, AACE Treasurer; Dr. Derek LeRoith - Editor of EP; Dr. Philip Levy - Editor of FM; Dr. Rachel Pessah-Pollack - Guidelines Coordinator; Dr. Joseph J. Torre - AACE Book Store Manager; Dr. Zachary T. Bloomgarden; Dr. Susan Braithwaite; Dr. Elena Christofides; Dr. Maria Fleseriu; Edward S. Horton, MD, FACE; Dr. Christian Koch; Dr. Samuel T. Olatunbosun, MD, FACE; Dr. George E. Shambaugh, III; Dr. Craig Stump, MD, PhD; Dr. Vin Tangpricha; Dr. Rokshana Thanadar; and Dr. Xianbing Wang, MD, PhD.

The **Charge** of the **Publications Committee** is to:

- Manage the publication of an informational newsletter to inform members on issues pertinent to clinical endocrinologists and activities of AACE, and solicit the support and input from AACE members in doing so.
- Manage the publication of a medical journal for clinical endocrinology that is both clinical and practical.
- Propose and arrange for the writing of guidelines important to clinical endocrinology as needed. Writing and development should be consistent with the National Guidelines Clearinghouse and AMA Criteria for Clinical Practice Guidelines.
- Assign the update of AACE clinical practice guidelines (CPG), algorithms, and other white papers periodically and dissemination of all guidelines in *Endocrine Practice* and other relevant journals, on AACE Online and other Internet-based mediums, through the CAP, consistent with AMA requirements and AACE Clinical Practice Guidelines policy.
- Assess or work toward the development or appropriate therapeutic protocols.
- Create an endocrine library for AACE members to use in educating physicians in endocrine disorders. This includes updating slide-sets for completed guidelines.
- Review requests from sister societies for AACE to cosponsor or endorse guidelines in order to assure AACE guidelines protocols are met.
- Provide guidance to CPG subcommittee chairs regarding AACE protocols for evidence-based production of CPG.
- Ensure adherence of CPG during various stages of development with AACE guidelines for guidelines, algorithms, and other white papers.
- Annually review all previously published CPGs between the Annual Meeting and first Board of Directors meeting regarding the need to update (yes or no).
- Revise and update the current AACE “guidelines for guidelines” to make CPG more consistent, briefer, more intuitive with respect to evidence-based medicine, and more transparent; to ultimately create a simpler template to expedite the production of CPG.
- Conduct annual training/orientation sessions during Annual Meeting for Chairs of algorithms and guidelines task forces and scientific committees.
- Provide input and assistance as requested to the Editor-in-Chief of AACE Website for maintaining and updating patient safety exchange every quarter, including practice improvement.
- Annually review AACE White Papers Diligence Policy and provide recommendations to the Board of Directors as needed.

The **Publications Committee** undertook the following activities during the past Association year:

- The Publications Committee conducted a search and review of potential candidates for the new Editor of *First Messenger*. Based on the Publications Committee’s recommendations, the Executive Committee appointed Dr. Victor Roberts to serve as the new Editor, and Dr. Daniel Mendlovic was appointed to serve as Associate Editor. Their new three-year term began January 1, 2017.

- The Neuroendocrine and Pituitary Scientific Committee reviewed the 2009 growth hormone guidelines and agreed that a full update to the guidelines is necessary. A Task Force has been appointed and a draft is in progress.

- The Obesity Scientific Committee and the Nutrition & Lifestyle Scientific Committee reviewed the 2013 AACE Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Patient, co-sponsored with The Obesity Society and The American Society for Metabolic & Bariatric Surgery, and agreed that an update was necessary. A Task Force has been appointed and a draft is in progress.

- The Publications Committee agreed to include the following statement regarding industry support to prioritize transparency regarding industry funding for development and writing of AACE white papers: “AACE recognizes the importance of providing continuing education to its members, which may require financial support from an outside entity through unrestricted educational grants. Outside support will not be used for the development and/or writing of AACE consensus statements/conference proceedings, white papers, or guidelines. Outside support may be accepted for the administration/logistical support of a consensus conference and for the dissemination and distribution of the final written paper. The content of these documents is developed solely by AACE members and, as always, will remain free of any outside entity influence.”

- The following AACE/ACE white papers were published in 2016-2017:
  - Clinical practice guidelines: obesity, postmenopausal osteoporosis, and lipids.
- The ABCDs of Obesity – Presenting a New Diagnostic Term: An AACE/ACE Position Statement on Adiposity-Based Chronic Disease
- The AACE/ACE Continuous Glucose Monitoring Consensus Conference Statement
- AACE/ACE Disease State Clinical Review: Update on Growth Hormone Stimulation Tests and Proposed Growth Hormone Cut-Points for the Glucagon Stimulation Test in the Diagnosis of Adult Growth Hormone Deficiency
- AACE/ACE Disease State Clinical Review: Diagnosis of Recurrent Cushing Disease
Members of the Socioeconomics Committee included: Dr. Pauline Camacho, Dr. Eric Orzech, Dr. Shadi Abdelnour, Dr. William Biggs, Dr. Arvind Cavale, Dr. Kathleen Figaro, Dr. Mudhi Jain, Dr. Jonathan Leffert, Dr. Wanda Ryan, Dr. Sharon Selinger, Dr. Susan S. Wasserman, Dr. William Zigrang, Dr. Richard Dolinar, Dr. Todd Frieze, Dr. Bill Law, Dr. Brooke McAdams, Dr. John Seibel, Dr. Howard M. Lando, Dr. J. Michael Gonzalez-Campoy, Dr. Michael G. Carlson, Dr. Tilak Kumar Mallik, Dr. Ajanta Naidu, Dr. Michael Sokol, Dr. David M. Trdgell

The Charge of the Socioeconomics Committee is to:

- Develop policies and strategies, as well as serve as a membership resource, related to the effective positioning of the clinical endocrinologists within managed care or other integrated health care delivery systems.
- Solicit hassle factor reports from members on abuses by managed care, insurance payers, or other third party health care delivery system parties, and initiate appropriate actions to resolve and address identified abuses.
- Address and respond to third party payer denials for reimbursement of endocrinology procedures to practicing clinical endocrinologists including radiopharmaceuticals, neck ultrasound, DXA, etc.
- Determine the most appropriate forum for presenting Program research findings at the AACE Annual Meeting.
- Represent AACE on coding issues before appropriate government or third party organizations to enhance and promote maximum reimbursement for services provided by clinical endocrinologists. Develop and provide support for new codes for the services of the clinical endocrinologist.
- Regularly compile, disseminate, and publish information in AACE publications on third party relations, coding, reimbursement and other practice management issues for endocrinology services/procedures.
- Assist AACE members in receiving optional reimbursement for Continuing Glucose Monitoring through the development of appropriate guidelines.
- Explore ways by which AACE can provide greater support for individual clinical endocrinologists, including transitioning to other practice environments (i.e., ACOs, hospitals, integrated health care systems, etc.), establishing their practices, supporting practice activities, and expeditiously assisting with various practice management problems as they arise.
- Coordinate with PhRMA to establish a standardized reporting template to be provided to physicians for all Sunshine Act defined transfers of value.
- Develop a template for AACE members to use for all industry interactions to assist members in evaluating the Sunshine Act burden of any transaction with individual applicable manufacturers.
  - Coordinate activities regarding PhRMA with the Legislative & Regulatory Committee as needed
  - Create an AACE response and seek action from CMS and other federal entities, such as Congress, regarding ongoing problems identified in the implementation of the Sunshine Act, including:
    a. Registration process for Open Payments database
    b. Resolving disputed report issues with applicable manufacturers and CMS
    c. Expanding reporting requirements including CME activities
    d. Collaboration with other stakeholders in the physician community
- Serve as a resource to the Chapters and Legislative and Regulatory Committees in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at risk and underserved population.
- Monitor the certification and recertification process and requirements for endocrinologists as administered by ABMS and ABIM including economic, participation, self-assessment recognition, and other changes imposed by the Maintenance of Certification (MOC) program.
- Maintenance of Certification (MOC)
  - Seek to redress identified abuses in the MOC process, including collaboration with affiliated subspecialty organizations.
  - Provide updates to the membership related to AACE activities regarding MOC; seek input from other AACE educational related committees, including the CME Committee.
  - Seek to identify viable alternative mechanisms to the MOC process and that relevant certification options for lifelong learning are available.
  - Staff to coordinate these activities with the Legislative and Regulatory Committee as appropriate to ensure uniformity.

The Socioeconomics Committee undertook the following activities during the past Association year:

- Recommended the AACE Board of Directors adopt a position of support for the ability of all American trained, board eligible endocrinologists and all non-endocrinologists who are fellows of the American College of Endocrinology to prescribe Continuous Glucose Monitors (CGMs) and Insulin Pumps for all insurance companies.
- Recommended the AACE Board of Directors update the current AACE position statement on the appropriate use of testosterone and that the AACE Reproductive Endocrinology Scientific Committee be requested to develop a proposed update to the current position statement.
- Represented AACE and its interests at the American Medical Association’s (AMA) Relative Value Update Committee (RUC) and Current Procedural Terminology Editorial Panel meetings,
- Conducted member survey in order to ascertain the method/manner in which AACE members utilized CGM in their practice; this information was presented to the RUC in an attempt to increase reimbursement rates.
• Gathered information and subsequently contracted with an external vendor to conduct a compensation benchmarking survey.

• Drafted and submitted letters to Florida Blue to support coverage of PCSK9 Inhibitors for cardiac care, Anthem Insurance Company regarding their denial of coverage for Continuous Glucose Monitors,

• Contracted with Project Management Institute to provide chart-auditing services to members.

• Met (via conference call) with representatives from Anthem Insurance Company to discuss coverage of Continuous Glucose Monitors.

• Plans for remainder of 2017:
  - Developing a white paper on the prescribing of diabetes test strips.
  - Coordinating a Socioeconomics Session during 26th AACE Annual Meeting in Austin, TX.
Members of the **Thyroidology Educational Committee** included: Mark A. Lupo, MD, FACE, ECNU, Deputy Chair; Patrick R. Hungerford, MD, FACE, ECNU (Ex Officio, Chair, ECNU Certification Committee); David A. Cohen, MD, ECNU; Diana S. Dean, MD, FACE; Daniel S. Duick, MD, FACP, MACE; Kathleen E. Hands, MD, FACE, ECNU; R. Mack Harrell, MD, FACP, FACE, ECNU; John W. Interlandi, MD, FACE, ECNU; Angela M. Leung MD, MSc, ECNU; Robert A. Levine, MD, FACE, ECNU; Mira Milas, MD; Giovanni Pinna, MD

The **Charge** of the **Thyroidology Educational Program Committee** is to:

- Address all aspects of thyroid-related courses. These courses include the Basic Endocrine Neck Ultrasound Course, the Advanced Endocrine Neck Ultrasound Course, the Advances in Thyroid Cancer Course, the thyroid/ultrasound segment of Endocrine University®, and the development of novel thyroid programs. Determine course scheduling and curriculum, as well as develop a standard slide deck for the Basic and Advanced Endocrine Neck Ultrasound Courses. A program chair and faculty members will be assigned to the Basic (including the segment at EU) and Advanced courses as they are scheduled.
- Review and consider any domestic or international requests for AACE Endocrine Neck Ultrasound workshops or other thyroid programs.

The Thyroidology Educational Program Committee undertook the following activities during the past Association year:

- Revised the educational content of the thyroid courses, including updating lecture titles and slides. In addition, an Audience Response System was purchased in order to provide interactive case studies to attendees and enhance outcomes reporting.
- Held/Scheduled the following courses in 2016-2017:

  1. AACE/ACE Advanced Neck Ultrasound Training™ Course, September 10 – 11, 2016, at the Boston Aloft Seaport Hotel in Boston, MA.
  2. AACE/ACE Principles of Endocrine Neck Sonography™ Course, November 5-6, 2016, at the Westin Atlanta Airport Hotel.
  3. Advances in the Medical and Surgical Management of Thyroid Cancer, January 14 – 15, 2017, at the Renaissance Tampa International Plaza in Tampa, FL.
  4. AACE/ACE Principles of Endocrine Neck Sonography™ Course, May 1-2, 2017, immediately prior to AACE Annual Meeting in Austin, TX.
  5. AACE/ACE Advanced Neck Ultrasound Training™ Course, September 8-10, 2017, Dallas, TX.
  6. AACE/ACE Principles of Endocrine Neck Sonography™ Course, Fall 2017 (Dates TBD), Atlanta, GA.
Members of the Underserved Populations Committee included: Dr. Ved V. Gossain, Board Liaison; Dr. J. Michael González-Campoy, Socioeconomics & Advocacy and Legislative & Regulatory Committees Liaison; Dr. Joumana Chaiban; Dr. Michael A. Dempsey; Dr. Elena De Filippis; Dr. Gayotri Goswami; Dr. Fadi Nabhan; Dr. Kanakasabai Narasimhan; Dr. Harmeet S. Narula; Dr. Evelyn Runer; and Dr. Angelina L. Trujillo.

The Charge of the Underserved Populations Committee is to:

- Serve as a resource in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at-risk and underserved population.

The Underserved Populations Committee undertook the following activities during the past Association year:

- Conducted a review of potential candidates for the 2017 AACE Outstanding Service Award for the Promotion of Endocrine Health of an Underserved Population, resulting in the nomination of Dr. Jorge H. Mestman as their candidate to the AACE Awards Committee. The Committee is pleased to note that he was selected as the award recipient.

- Updated and maintained the Cultural Competency and Health Care Disparities Resources webpage, which provides centralized access to both general and culturally-specific information on health care disparities and endocrine diseases, as well as cross cultural competency and additional related resources for AACE members and their patients. ([https://www.aace.com/resources/cultural-competency-and-minority-health](https://www.aace.com/resources/cultural-competency-and-minority-health))

- Published articles and other resources on health-disparities and culturally competent care in *First Messenger* and AACE Online News.

- Continued to monitor legislation and regulatory policies related to health care disparities in minority populations.

- Pleased to follow the continuous development of the American College of Endocrinology Center for Transcultural Endocrinology (ACTE), which was established to enhance clinical endocrine care, both internationally and domestically, by specifically addressing diverse ethnic and culturally sensitive factors. Such as adapting and optimizing evidence-based clinical practice guidelines and algorithms to meet specific cultural, ethnic or socioeconomic needs for a broad range of patient populations. ([https://www.aace.com/acte](https://www.aace.com/acte))
Members of the AACE/ACE Adrenal Scientific Committee included: Dr. Richard J. Auchus; Dr. Aaron I. Vinik; Dr. Amir H. Hamrahian; Dr. Maria Fleseriu; Dr. Carl D. Malchoff; Dr. Barbra S. Miller; Dr. Phyllis W. Speiser; Dr. Hans Ghayee; Dr. Christian Koch, and Dr. Anand Vaidya.

The Charge of the AACE/ACE Adrenal Scientific Committee is to:

- Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for adrenal diseases.
- Serve as a resource for the Executive Committee and other committees related adrenal diseases.
- Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] regarding adrenal diseases.
- Develop a clinical algorithm and/or checklists or another format for adrenal related disorders including congenital adrenal hyperplasia and Cushing’s syndrome.
- Provide guidelines and logistical support to the Publications Committee.
- Participate, as requested, in any AACE activity with content related to any adrenal topic.
- Prior to the introduction of new adrenal-related drug/products, identify appropriate entity contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any adrenal-related activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to adrenal disorders.
- Identify an adrenal-related rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.
- Serve as a resource in assessing the economic aspects of significant adrenal-related health issues at a local level for the at risk and underserved population.

The Adrenal Scientific Committee undertook the following activities during the past Association year:

- The Committee submitted the following six review articles to *Endocrine Practice* to be included in the same issue, they will be published in May 2017:
  - Adrenocortical Carcinoma
  - Aldosteronoma
  - Pheochromocytoma
  - Evaluation of Adrenal Disorders in Critically Ill Patients
  - Cushing Syndrome
  - Precision Medicine in Adrenal Disorders

  The articles focus on precision medicine in adrenal disorders, especially their biochemical evaluation.

- The Committee, during 2017, plans to begin an update of the 2009 AACE and American Association of Endocrine Surgeons Medical Guidelines for the Management of Adrenal Incidentalomas. The Committee is working on a plan of action and timeline with the update being complete sometime in 2018.

- The Committee is working on quality measures to assist physicians in dealing with new MACRA rules. The goal is to provide a guide for clinicians, during diagnosis and treatment that will promote a more efficient use of tests to be ordered.

- Dr. Speiser and Dr. Auchus are involved with the update to the 2010 Guidelines for Congenital Adrenal Hyperplasia (CAH). The Committee feels strongly that a co-sponsorship of the guidelines between Endocrine Society and AACE would benefit both organizations. At this time, there is still no agreement on co-sponsorship.

- The Committee is actively supporting the possibility of creating a satellite symposia on adrenal disorders with Endocrine Society, that focuses not only on adrenal cortex but adrenal medulla as well.
Members of the AACE/ACE Bone and Parathyroid Scientific Committee included: Dr. Donald A. Bergman; Dr. John P. Bilezikian; Dr. David N. Bimston; Dr. Neil Binkley; Dr. Dima Diab; Dr. Azeez Farooki; Dr. Steven T. Harris; Dr. Daniel L. Hurley; Dr. Jennifer Kelly; Dr. Michael Kleerekoper; Dr. Angelo A. Licata; Dr. E. Michael Lewiecki; Dr. Alan Malabanan; Dr. Michael R. McClung; Dr. Rachel Pessah-Pollack; Dr. Steven M. Petak; Dr. Vin Tangpricha; Dr. Nelson B. Watts; Dr. Sunil J. Wimalawansa.

Members of the Bone Resource Center included: Dr. Pauline Camacho, Chair.

The Charge of the AACE/ACE Bone and Parathyroid Scientific Committee is to:
- Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools regarding osteoporosis and bone.
- Serve as a resource for the Executive Committee and other committees on topics related to osteoporosis and bone.
- Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about osteoporosis and bone.
- Develop an algorithm/assessment for detection of fracture risk in pre and post-menopausal women and men, to include prevention of bone loss.
- Provide guidelines and logistical support to the Publications Committee.
- Participate, as requested, in any AACE activity with content related to any osteoporosis or bone topic.
- Prior to the introduction of new osteoporosis and bone-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any osteoporosis and bone activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to osteoporosis and bone disorders.
- Identify an osteoporosis and bone-related rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.
- Serve as a resource in assessing the economic aspects of significant osteoporosis and bone-related health issues at a local level for the at-risk and underserved population.
- Develop two white papers to be published in a primary care journal and endocrine practice on bone densitometry (how to recognize pitfalls, interpretation and accuracy issues) and nutritional supplements and their efficacy for osteoporosis.

The Bone and Parathyroid Scientific Committee undertook the following activities during the past Association year:

- Two writing groups, which consist of members of the Committee, were established during the 2015-2016 Association year for the purpose of publishing white papers on: 1) how to recognize the pitfalls and the interpretation and errors in bone densitometry tests (DXA); and 2) nutritional supplements and their efficacy for osteoporosis. Both papers have been drafted and are in final revision by the medical writer. Both are expected to be submitted to the Executive Committee for approval by March 2017, and submitted to Endocrine Practice for peer review and publication by May 2017.

- Dr. Camacho appointed a subgroup including Dr. Dima Diab, Dr. Jennifer Kelly, Dr. Azeez Farooki, and herself to assist in the creation of patient resource materials to be made available on the EmPower website.

- Postmenopausal Osteoporosis Clinical Practice Guidelines (CPG) was published in the fall of 2016. The Osteoporosis Guidelines App is nearly complete. The Committee reviewed mock-ups and discussed content additions in January. The app is expected to be released in March 2017.

- The Bone Resource Center was established and is currently in the first stages of seeking funding for the Bone Resource Center (BRC); modeled after the Diabetes Resource Center and the Obesity Resource Center, the BRC will be available to the public via the AACE website and contain valuable information for clinicians treating patients with bone disorders.
Members of the AACE/AEC Diabetes Scientific Committee included: Dr. David S.H. Bell; Dr. Lawrence Blonde; Dr. Zachary T. Bloomgarden; Dr. Stephen Brunton, MD; Dr. Michael A. Bush; Dr. Samuel Dagogo-Jack; Dr. Jaime A. Davidson; Dr. Ralph DeFronzo Dr. Daniel Einhorn; Dr. Vivian A. Fonseca; Dr. Alan J. Garber; Dr. Ved V. Gossain; Dr. George Grunberger; Dr. Irl B. Hirsch; Dr. Paul S. Jellinger; Dr. Philip Levy; Dr. Janet B. McGill; Dr. John Miles; Dr. Etie S. Moghissi; Dr. Eric Orzech; Dr. Leigh Perreault; Dr. Sethu K. Reddy; Dr. Victor Roberts; Dr. Paul D. Rosenblit; Dr. Guillermo Umpierrez; Dr. Jeff Unger; Dr. Aaron I. Vinik; and Dr. Farhad Zangeneh.

Members of the Diabetes Education Subcommittee included: Dr. Guillermo E. Umpierrez, Chair; Dr. Yehuda Handelsman, Ex-Officio, Chair, Diabetes Scientific Committee; Dr. David S.H. Bell; Dr. George Grunberger; Dr. Chris K. Guerin; Dr. Daniel L. Hurley; Dr. Etie S. Moghissi; Dr. Jeff Unger; Dr. Stephen Brunton; Dr. Leigh Perreault; and Dr. Javier Morales.

Members of the Diabetes Resource Center included: Dr. Etie Moghissi, Chair; and Archana R. Sadhu, MD, FACE.

The Charge of the AACE/AACE Diabetes Scientific Committee is to:

- Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for diabetes.
- Serve as a diabetes resource for the Executive Committee and other committees.
- Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about diabetes.
- Update diabetes guidelines as necessary to remain consistent with current algorithm unless new data is available.
- Provide guidelines and logistical support to the Publications Committee.
- Participate, as requested, in any AACE activity with content related to any diabetes topic.
- Prior to the introduction of new diabetes-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any diabetes-related activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to diabetes disorders.
- Identify a diabetes-related rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.
- Serve as a resource in assessing the economic aspects of significant diabetes-related health issues at a local level for the at risk and underserved population.

The AACE Diabetes Scientific Committee undertook the following activities during the past Association year:

- Published the 2017 Consensus Statement on Continuous Glucose Monitoring in the February edition of *Endocrine Practice*. The 2016 AACE Comprehensive Diabetes Management Algorithm and Executive Summary was released and published in the January issue of *Endocrine Practice*.

- Assisted AES in developing several PCP Diabetes Day educational program grant applications by recommending and/or serving as physician advisors and faculty.

- To date, the Diabetes Education Subcommittee has received funding for the 2016-17 series of Diabetes Day for Primary Care Clinicians, for a total of ten programs.

- Continued to update the AACE Comprehensive Diabetes Resource Center (DRC), which is available to AACE members and non-members. The DRC had a record number of visitors in 2016, with the total number for the inpatient and outpatient sections totaling 46,221.

- Provided input and feedback to other AACE Committees, outside organizations and other entities on a variety of endocrine issues. 1) to the AACE Legislative and Government Affairs Department supporting AACE and ADA input regarding the CMS insulin pump NCD document; 2) to Anthem regarding diabetes agents and, additionally, its “artificial pancreas policy”; and 3) to the National Diabetes Education Program’s (NDEP) regarding approval of its edition of *Helping the Student with Diabetes Succeed: A Guide for School Personnel*.
The Charge of the AACE/ACE Endocrine Surgery Scientific Committee is to:

- Define and promote activities that integrate and benefit endocrine surgeons as unique members of AACE.
- Develop greater linkage between AACE, AAES, and AHNS in educational, strategic, and mutual patient care improvement activities.
- Explore opportunities for joint meetings between AACE, AAES, and AHNS.
- Provide guidelines and logistical support to the Publications Committee.
- Recruit endocrine surgeons and head and neck surgeons for AACE membership and promote track for gaining FACE designation.
- Explore development of white papers in endocrine surgery topics.
- Provide liaison with Endocrine Surgery University and informational reports to the Board of Directors.
- Prior to the introduction of new endocrine surgery-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any endocrine surgery-related activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to endocrine surgery.
- Identify an endocrine surgery-related rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.
- Serve as a resource in assessing the economic aspects of significant endocrine surgery-related health issues at a local level for the at risk and underserved population.
- Coordinate the special requirements of the endocrine pharmaceutical industry with the interests and availability of the AACE membership in the area of clinical endocrine research.

The Endocrine Surgery Scientific Committee undertook the following activities during the past Association year:

- In collaboration with the AACE Thyroid Scientific Committee, drafted a statement in response to the Anthem Office of Medical Policy & Technology Assessment (OMPTA) request for input on the topic of Molecular Markers in Fine Needle Aspirates of the Thyroid (policy 2.04.78-).
- Coordinated an initiative to recruit more endocrine surgeons as AACE members

- Currently considering the following topics for Disease State Clinical Reviews:
  Adrenal, Weight loss, Pancreatic
  Endocrine Implications of Bariatric Surgery
  Vitamin D and Endocrine surgery
  Thyroid Surgery on Bariatric Surgery Patients
  Parathyroid Related Topics/Renal Hyperparathyroid
  Review of endocrine surgery data registry/database options
Members of the **AACE/ACE Lipids Scientific Committee** included: Dr. David S.H. Bell; Dr. Zachary T. Bloomgarden; Dr. Eliot Brinton; Dr. Sergio Fazio; Dr. Vivian A. Fonseca; Dr. Alan J. Garber; Dr. George Grunberger; Dr. Chris K. Guerin; Dr. Paul S. Jellinger; Dr. Ronald Krauss; Dr. Connie Newman; Dr. Paul D. Rosenblit; Dr. Donald A Smith; and Dr. Kathleen Wyne.

Members of the **Lipids Resource Center** included: Dr. Yehuda Handelsman, Chair.

The **Charge** of the AACE/ACE Lipids Scientific Committee is to:
- Provide scientific expertise in lipidology as it relates to diabetes, prediabetes and other cardio-metabolic conditions (i.e., Metabolic Syndrome).
- Assess and advance the potential role of AACE in clinical leadership and public health, as it relates to lipid disorders and the prevention of Atherosclerosis.
- Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for diabetes.
- Serve as a lipids resource for the Executive Committee and other committees.
- Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about lipids.
- Update lipids guidelines as necessary to remain consistent with current algorithm unless new data is available.
- Provide guidelines and logistical support to the Publications Committee.
- Participate, as requested, in any AACE activity with content related to any lipids topic.
- Prior to the introduction of new lipids-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any lipids-related activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to lipids disorders.
- Identify a lipids-related rapid response team to be used at the discretion of the President.
- Serve as a resource in assessing the economic aspects of significant lipids-related health issues at a local level for the at risk and underserved population.

The AACE Lipids Scientific Committee undertook the following activities during the past Association year:

- Provided two significant recommendations for the 2016 AACE Lipids Guidelines Update. The updated guidelines included the Committee’s recommendation to add a new extremely high risk category with LDL-C goal <55 MG/DL, Non-HDL-C <80 MG/DL, and Apolipoprotein B <70 MG/DL and included four CVD risk calculators that will allow the clinician to choose an appropriate calculator based on patients’ characteristics.

- Received funding to develop an app and to create pocket cards for the 2016 AACE Lipids Guidelines.

- Contributed case studies to a LDL/CVD risk awareness project called I am the *Face of CVD Risk*. The website [http://facesofcvdrisk.com](http://facesofcvdrisk.com) currently features five case studies profiling patients at varying levels of risk for cardiovascular disease.

- Agreed to sponsor a PCSK9i access initiative by the American Society of Preventive Cardiology. Other sponsors include The American College of Cardiology (ACC) and the National Lipid Association (NLA).

- Worked with the American Association of Preventive Cardiology to recommend that Florida Blue add ASCVD to their commercial coverage for Repatha and Praluent. This effort was successful and was implemented in March 2017. It is now expected that there will be a domino effect among other BCBS plans.

- The comprehensive AACE Lipids Resource Center (LRC) received funding from Amgen near the end of this Association Year. This resource center will be the next to go online, following the successful pattern of the Diabetes and Obesity Resource Centers. AACE will seek additional support for the LRC.
Members of the AACE/ACE Nutrition and Lifestyle Scientific Committee included: Dr. Elise M. Brett; Dr. Gregory Dodell; Dr. Daniel Hurley; Dr. Seema Kumar; Dr. Matthew J. Levine; Dr. Ramon E. Martinez; Dr. Jeffrey I. Mechanick; Dr. Karl Nadolsky; Dr. Quang Tat Nguyen; Dr. Thomas B. Repas; Dr. Lance Sloan; Dr. Vin Tangpricha; Dr. John A. Tayek; and Dr. Daniel Weiss.

The Charge of the AACE/ACE Nutrition and Lifestyle Committee is to:
- Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for nutrition.
- Serve as a nutrition medicine resource for the Executive Committee and other committees.
- Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about nutritional topics.
- Develop a web-based educational module that will help AACE members obtain a certification in nutrition.
- Provide guidelines and logistical support to the Publications Committee.
- Participate, as requested, in any AACE activity with content related to any nutrition topic.
- Prior to the introduction of new nutrition/lifestyle-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any nutritional medicine activity, based on scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to nutrition and lifestyle.
- Identify a nutrition and lifestyle rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.

The AACE Nutrition and Lifestyle Scientific Committee undertook the following activities during the past Association year:

- The Committee extended the opportunity to author case studies to Fellows in Training and members of APDEM (through the AACE-APDEM Task Force) and permission was granted by Endocrine Practice Editor in Chief Dr. Derek LeRoith to consider for publication appropriate, properly vetted nutrition case studies in the AACE Clinical Case Reports Online Journal. Three new case studies have been completed or are in progress.

- The Committee also continued its work coordinating with Endocrine Practice on published professional guidelines and updates, EmPower articles review and editing of Patient Education handouts.
Members of the AACE/ACE Obesity Scientific Committee included: Dr. Fida Bacha; Dr. Nancy J. V. Bohannon; Dr. George A. Bray; Dr. Elise M. Brett; Dr. Felice A. Caldarella; Dr. Rhoda H. Cobin; Dr. Daniel Einhorn; Dr. Ken Fujioka; Dr. Alan J. Garber; Dr. J. Michael González-Campoy; Dr. George Grunberger; Dr. Yehuda Handelsman; Dr. Daniel L. Hurley; Dr. Scott Isaacs; Dr. Janet B. McGill; Dr. Travis J. McKenzie; Dr. Jeffrey I. Mechanick; Dr. Etie S. Moghissi; Dr. Leigh Perreault; Dr. Domenica M. Rubino; Dr. Sunil J. Wimalawansa; Dr. Farhad Zangeneh; and Dr. Yi-Hao Yu.

Members of the Obesity Resource Center included: Alan Garber, MD, PhD, FACE, Chair; W. Timothy Garvey, MD, FACE, Vice Chair; Etie S. Moghissi, MD, FACE, FACP, Vice Chair; Elise Brett, MD, FACE, ECNU; Elena A. Christofides, MD, FACE; Janet McGill, MD, FACE; Jeffrey I. Mechanick, MD, FACP, FACE, ECNU; Karl Nadolsky, DO.

The Charge of the AACE/ACE Obesity Scientific Committee is to:
• Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for obesity.
• Serve as a resource for the Executive Committee and other committees related to obesity.
• Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about obesity.
• Develop an initiative plan for an obesity algorithm/checklist for physicians to be the first white paper project.
• Provide guidelines and logistical support to the Publications Committee.
• Participate, as requested, in any AACE activity with content related to any obesity topic.
• Prior to the introduction of new obesity-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
• Responsible for review and approval (sign-off) of any obesity-related activity, based on its scientific validity and consistency with other AACE activities.
• Identify local national and international AACE member experts that can be called upon for activities relevant to obesity disorders.
• Identify an obesity-related rapid response team to be used at the discretion of the President.
• Seek to identify a minimum of three specific priority projects for the committee to pursue.
• Serve as a resource in assessing the economic aspects of significant obesity-related health issues at a local level for the at risk and underserved population.

The Obesity Scientific Committee undertook the following activities during the past Association year:

• The AACE Obesity Scientific Committee took the lead in drafting a consensus statement approved by approximately 20 other medical societies and organizations including the American Society of Metabolic and Bariatric Surgery (ASMBS) and the Obesity Medicine Association. The statement outlines the core principles of optimal care that cross disciplinary boundaries and applies to all healthcare professionals with a vested interest in obesity care and/or who participate in obesity care. The Best Practices are by design, consistent with the AACE Clinical Practice Guidelines for Comprehensive Medical Care of Patients with Obesity. The document entrains consensus with AACE position statements and guidelines, and will promote greater accessibility and coverage for evidence-based consensus. The document will also strengthen AACE’s position at the AACE Second Consensus Conference on Obesity.

• The Committee agreed the format of the Second Consensus Conference on Obesity will be Implementation, incorporating the AACE Obesity Guidelines, Algorithm, Consensus for Best Practices for Care of Patients with Obesity, and the ABCD position statement. The Committee is planning on a Summer or early Fall 2017 timeframe for the Consensus Conference. Invited participants will mirror the first Consensus Conference held in March 2014, including the pillars with the addition of a patient pillar.

• The Committee released a statement that redefines the medical diagnostic, treatment and management of obesity. Adiposity-Based Chronic Disease (ABCD) focuses on the characteristics pathophysiological effects of excess weight, rather than the weight itself, and offers physicians standardized protocols for weight loss and treatments for obesity-related conditions.

• The Obesity Resource Center (ORC) was launched to the public on September 1, 2016. (http://obesity.aace.com). The site is divided into three sections: What is the disease of obesity; Why do we treat obesity; How do we treat obesity? Each section contains up-to-date, comprehensive, shareable slide decks for health care professionals. An “Obesity Resource Toolkit,” and Interactive Obesity Algorithm,” were added to the site in late December.
U.S. Preventive Services Task Force (USPSTF) released a draft recommendation statement and evidence review on screening for obesity in children and adolescents. The Obesity Scientific Committee reviewed the statement and agreed with the statement, but said more emphasis on screening and management of the disease was needed. Specifically, that obesity in children and adolescents severely impact health and that screening should go beyond BMI, and that these patients should be screened and evaluated for adiposity-based complications such as glucose intolerance, hypertension, asthma, immobility, obstructive sleep apnea, and others. In addition, the statement clinically significant weight loss should be defined as the amount of weight loss needed to result in adequate improvements to prevent or delay the onset of complications.
Members of the AACE/ACE Pediatric Endocrinology Scientific Committee included: Dr. Sripriya Raman; Dr. Christine Twining; Dr. Valerie Auyeung; Dr. Ilene Fennoy; Dr. John A. Germak; Dr. Phyllis W. Speiser; Dr. Phillip D. K. Lee; Dr. Rose L. Schneier; Dr. Quentin L. Van Meter; Dr. A. Jay Cohen; Dr. Minu M. George; Dr. Surendra K. Varma; Dr. Scott Rivkees; Dr. Richard Guthrie; Dr. Nancy Wright, and Dr. Mark W. Parker.

The Charge of the AACE/ACE Pediatric Endocrinology Scientific Committee is to:

- Involve pediatric endocrinologists in all AACE activities.
- Plan appropriate educational activities for Pediatric Endocrinologists at the Annual Meeting and other clinical symposia.
- Identify medical issues of common concern to both pediatric and adult endocrinologists, (e.g., type 1 Diabetes Mellitus, and areas where appropriate transition from pediatric to adult endocrinologist management is important), (e.g., Growth Hormone deficiency and Turner's syndrome, etc.), and perhaps promulgate guidelines and consider publication of important studies and clinical experience in these areas in Endocrine Practice.
- Identify and address socioeconomic, practice management and regulatory issues for clinical pediatric endocrinologists in practice and in academia.
- Help foster the spirit of collegiality among pediatric endocrinologists and with pediatric and adult endocrinologist MDs.
- Provide guidelines and logistical support to the Publications Committee.
- Prior to the introduction of new pediatric endocrine-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval of any pediatric endocrinology activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to pediatric endocrinology.
- Identify a pediatric endocrinology-related rapid response team to be used at the discretion of the President.
- Serve as a resource in assessing the economic aspects of significant pediatric endocrine-related health issues at a local level for the at risk and underserved population.

The Pediatric Endocrinology Scientific Committee undertook the following activities during the past Association year:

- The Committee is promoting pediatric initiatives in the following areas in order to the pediatric presence at AACE:
  - Increase pediatric articles in *Endocrine Practice* and *First Messenger*
  - Increasing pediatric subject matter at regional meetings and symposia’s
  - Including endocrinology in pediatric residency training program

- The Committee intends to produce guidelines on genetic testing, by the end of 2017, which would help justify the use of genetic testing for pediatric endocrine conditions.
Members of the AACE/ACE Reproductive Endocrinology Scientific Committee included: Dr. Sandra L. Weber; Dr. Sandeep Dhindsa; Dr. Rhoda H. Cobin; Dr. Glenn R. Cunningham; Dr. Paresh Dandona; Dr. Charles Faiman; Dr. Walter Futterweit; Dr. Jennifer S. Glueck; Dr. Michael Scott Irwig; Dr. Rachel Pessah-Pollack; Dr. Ronald Tamler; Dr. Vin Tangpricha, and Dr. Neil F. Goodman.

The Charge of the AACE/ACE Reproductive Endocrinology Scientific Committee is to:

- Promote and support continuing education in the field of reproductive endocrinology.
- Promote reproductive endocrinology training in fellowship programs.
- Develop a working relationship with the Androgen Excess Society and explore collaborative projects.
- Produce guidelines, position statements, algorithms and related educational tools in reproductive endocrinology.
- Serve as a reproductive endocrinology resource for other committees.
- Provide guidelines and logistical support to the Publications Committee.
- Prior to the introduction of new reproductive endocrine-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any reproductive endocrinology activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to reproductive endocrinology disorders.
- Identify a reproductive endocrinology-related rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.
- Serve as a resource in assessing the economic aspects of significant reproductive endocrine-related health issues at a local level for the at-risk and underserved population.

The Reproductive Endocrinology Scientific Committee undertook the following activities during the past Association year:

- With Board approval, the Committee intends to create an executive summary, algorithm and patient-oriented materials based on Endocrine Society Guidelines, “The Endocrine Treatment of Transsexual Persons.”

- The Committee intends to work with the Patient Education Committee to update patient education materials with regard to reproductive endocrinology.

- Some members of the Committee assisted the Task Force on the Endocrinology of Aging by producing papers on estrogen and testosterone.

- The Committee submitted the following metrics to the MACRA Task Force Chair, Dr. Felice Caldarella:
  - For men undergoing testosterone supplementation, has a hematocrit been ordered within six months to a year?
  - How much time is the physician spending with the patients?
  - Addressing depression, especially with transgender
The AACE/ACE Thyroid Scientific Committee included:  Dr. Erik K. Alexander; Dr. Zubair W. Baloch; Dr. Victor J. Bernet; Dr. Lewis E. Braverman; Dr. Elise M. Brett; Dr. Rhoda H. Cobin; Dr. Gerard M. Doherty; Dr. Daniel S. Duick; Dr. Hossein Gharib; Dr. M. Carol Greenlee; Dr. R. Mack Harrell; Dr. James V. Hennessey; Dr. Kenneth H. Hupart; Dr. Irwin Klein; Dr. Robert A. Levine; Dr. Mark A. Lupo; Dr. Susan J. Mandel; Dr. Jorge H. Mestman; Dr. Elizabeth Pearce; Dr. Scott A. Rivkees; Dr. Peter A. Singer; Dr. J. Woody Sistrunk and Dr. Kenneth A. Woeber.

The Charge of the AACE/ACE Thyroid Scientific Committee is to:

- Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools related to thyroid disease.
- Serve as a resource for the Executive Committee and other committees regarding thyroid disease.
- Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about thyroid disease.
- Provide guidelines and logistical support to the Publications Committee.
- Prior to the introduction of new thyroid-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.
- Responsible for review and approval (sign-off) of any thyroid-related activity, based on its scientific validity and consistency with other AACE activities.
- Identify local national and international AACE member experts that can be called upon for activities relevant to thyroid disorders.
- Identify a thyroid-related rapid response team to be used at the discretion of the President.
- Seek to identify a minimum of three specific priority projects for the committee to pursue.
- Serve as a resource in assessing the economic aspects of significant thyroid-related health issues at a local level for the at-risk and underserved population.

Members of the Thyroid Resource Center included: Dr. Mark Lupo, Chair.

The Thyroid Scientific Committee undertook the following activities during the past Association year:

- Supported AACE endorsement of the 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer.
- Submitted comments to the U.S. Preventive Services Task Force (USPSTF) on a draft recommendation statement and draft evidence review on screening for thyroid cancer.
- In collaboration with the AACE Endocrine Surgery Scientific Committee, drafted a statement in response to the Anthem Office of Medical Policy & Technology Assessment (OMPTA) request for input on the topic of Molecular Markers in Fine Needle Aspirates of the Thyroid (policy 2.04.78-)
- Published an AACE position statement on Thyroid Dysfunction in the February 2016 issue of Endocrine Practice.
- Supported AACE endorsement of the 2017 American Thyroid Association guidelines on Diagnosis and Management of Thyroid Disease during Pregnancy and the Postpartum.

The Thyroid Resource Center undertook the following activities during the past Association year:

Current plans are for the Thyroid Resource Center to go online after the Lipids and Bone Resource Centers.
Members of the AACE/ACE Obesity Guidelines Task Force included: Dr. George A. Bray; Dr. Elise M. Brett; Dr. Alan J. Garber; Dr. Daniel L. Hurley, Dr. Jeffrey I. Mechanick; Dr. Karl Nadolsky; and Dr. Raymond Plodkowski.

The Charge of the AACE/ACE Obesity Guidelines Task Force is to:

• Develop an AACE/ACE clinical practice guideline on obesity.

The AACE/ACE Obesity Guidelines Task Force undertook the following activities during the past Association year:

• Worked to create a comprehensive Obesity Clinical Practice Guideline that includes screening, diagnosis, evaluation, selection of therapy, treatment goals, and individualization of care for patients with obesity.

• The new Obesity Guideline, accompanied by an executive summary, evidence review, algorithm, and obesity chronic care model was published in the July 2016 printer version of *Endocrine Practice*. 
Members of the AACE/ACE Task Force to Update the Comprehensive Diabetes Management Algorithm included: Dr. Martin J. Abrahamson; Dr. Joshua Barzilay; Dr. Lawrence Blonde; Dr. Zachary T. Bloomgarden; Dr. Michael A. Bush; Dr. Samuel Dagogo-Jack; Dr. Ralph DeFronzo; Dr. Daniel Einhorn; Dr. Vivian A. Fonseca; Dr. Jeffrey R. Garber; Dr. W. Timothy Garvey; Dr. George Grunberger; Dr. Yehuda Handelsman; Dr. Irl B. Hirsch; Dr. Paul S. Jellinger; Dr. Janet B. McGill; Dr. Jeffrey I. Mechanick; Dr. Paul D. Rosenblit; and Dr. Guillermo E. Umpierrez.

The Charge of the AACE/ACE Task Force to Update the Comprehensive Diabetes Management Algorithm is to:

- Update the 2016 algorithm to reflect the latest therapeutic treatments

The Task Force to Update the Comprehensive Diabetes Management Algorithm undertook the following activities during the past Association year:

- Worked to create a comprehensive diabetes management algorithm that encompasses glycemic control, hypertension and lipid control, and obesity management.

- Conducted an extensive review process of the algorithm to ensure the final product is clinically relevant, visually appealing, and easy to navigate. The updated algorithm, accompanied by an Executive Summary, was published online in January 2017 and in the February 2017 print version of *Endocrine Practice*. 
CERTIFICATION AND CREDENTIALING TASK FORCE
Dr. Daniel Hurley, Chair

Members of the Certification and Credentialing Task Force included: Dr. Felice Caldarella; Dr. W. Timothy Garvey; Dr. Ved Gossain; Dr. Martin Grajower; Dr. Chris Guerin; Dr. Richard Haas; Dr. Yehuda Handelsman; Dr. R. Mack Harrell; Dr. Reid Litchfield; Dr. Mark Lupo; Dr. Jeff Mechanick; Dr. Sethu Reddy; Dr. Sandra Weber; and Dr. Robert Zimmerman.

The Charge of the Certification and Credentialing Task Force is to:
• Evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program for endocrinologists on diabetes technology, including closed loop hormone infusion/glucose sensing technology to serve patients with type 1 and insulin dependent type 2 diabetes.
• Evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program on specific endocrine diseases such as obesity or diabetes for allied health professionals who are employed by or affiliated with endocrinologists.
• Evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program on specific endocrine diseases such as obesity or diabetes for non-endocrinologists.
• Suggest a strategic plan (including funding source, curriculum and potential faculty members) for implementing the certification program/s in 2016-2017.

The Certification and Credentialing Task Force undertook the following activities during the past Association year:

• Performed an environmental scan on available education and certification programs in multiple endocrinology disciplines (diabetes, obesity, thyroid, osteoporosis) for endocrinologists, primary care physicians, and allied health professionals, including NP’s, PA’s, and CDE’s, to determine where gaps existed in educational opportunities and practitioner competency. Based on those findings the Task Force determined that AACE members and their patients may benefit from certification programs intended for NP’s, PA’s, and CDE’s who provide a comprehensive education in intensive insulin therapy. The Task Force is designing a certification curriculum that will provide rigorous instruction to advanced care practitioners, as well as potential CME opportunities for endocrinologists and other interested physicians.

• An all-day advanced diabetes technology (ADT) course will take place during the Wednesday sessions in conjunction with the AACE Annual Meeting in Austin. The ADT course will serve as a pilot for the more comprehensive intensive insulin therapy certification program.
DIABETES REGISTRY TASK FORCE
Dr. Daniel Einhorn, Co-Chair
Dr. Rachel Pessah-Pollack, Co-Chair

The Diabetes Registry Task Force consists of the following members: Dr. William C. Biggs, Ex-Officio; Dr. Timothy S. Bailey; Dr. Chris K. Guerin; Dr. Robert Henry; Dr. Jonathan D. Leffert; and Dr. Sandra L. Weber.

The Charge of the Diabetes Registry Task Force is to:
- Maximize enrollment in the Diabetes Collaborative Registry.
- Give advice and consent regarding the work-products of the Diabetes Collaborative Registry.
- Help create a standing committee of AACE to manage the Diabetes Collaborative Registry once the work of this task force is completed.

The AACE/ACC Diabetes Collaborative Registry Task Force undertook the following activities during the past Association year:

- The Task Force reviewed milestone achievements and noted that more promotion is needed to reach the final milestone incentive payment of $50,000 for having 25 practices successfully submitting data by November 2017. The $2000 member participation incentive for the first 10 practices to successfully submit data was extended to include the first 15 practices on the recommendation of the Task Force and approved by the AACE Board of Directors.

- AACE currently has four practices submitting data, two in data testing phase, three working to connect to EHR, one is in queue with eClinicalWorks, and two are still in the initial contact phase.

- To encourage member participation: 1) the Task Force is coordinating with the ACC to host an information exhibit booth at the AACE Annual Meeting, 2) the exhibit booth and promotional video will be mentioned with housekeeping items in a plenary session, 3) static signage will be placed at the meeting directing interested members to the booth, and 4) the Task Force recommended an AACE staff member be assigned to serve as liaison with ACC to facilitate communication and simplify the enrollment process with the ACC.

- In order to increase member participation, the Task Force recognizes the importance of having DCR Registry participation fulfill MACRA/MIPS reporting measures for endocrinologists. The Task Force is working with the ACC to determine if metrics can be updated to include those needed to meet the standards for PQRS reporting for endocrinologists, as it currently does not meet these requirements.
Members of the Task Force for AACE/ACE Policy on Development of AACE Clinical Guidelines and Algorithms included: Dr. Jeffrey R. Garber; Dr. Michael A. Bush; Dr. Etie S. Moghissi; and Dr. Rachel Pessah-Pollack.

The Charge of the Task Force for AACE/ACE Policy on Development of AACE Clinical Guidelines and Algorithms is to:

- Determine how best to incorporate all AACE papers (consensus conferences, white papers, etc.) in the policy and develop standard language to acknowledge industry support where applicable.

The Task Force for AACE/ACE Policy on Development of AACE Clinical Guidelines and Algorithms undertook the following activities during the past Association year:

- Worked to create a new policy with standard language that can be applied to all AACE white papers to acknowledge industry support where applicable. The following statement reflecting the policy was approved by the Executive Committee and the Board of Directors and will be published in the Acknowledgement section of all future AACE/ACE white papers.

1) Prioritize transparency by stating that AACE recognizes the importance of providing continued education to its members, which may require financial support from an outside entity through unrestricted educational grants.

2) Explicitly state that outside support will not be used for the development and/or writing of AACE consensus statements/conference proceedings, white papers, or guidelines. Outside support may be accepted for the administration/logistical support of a consensus conference and for the dissemination and distribution of the final written paper.

3) The content of these documents is developed solely by AACE members and, as always, will remain free of any outside entity influence.
Members of the Task Force for the Development of an AACE Women’s Leadership Project included: Dr. Pauline Camacho, Ex Officio (AACE President); Dr. Sina Jasim, Board FIT; Dr. Myriam Z. Allende-Vigo; Dr. Elise M. Brett; Dr. Janet B. McGill; Dr. Rachel Pessah-Pollack; Dr. Susan L. Samson; Dr. Dace L. Trence; Dr. Christine L. Twining; and Dr. Sandra L. Weber.

The Charge of the Task Force for the Development of an AACE Women’s Leadership Project is to:

- Develop educational women’s leadership sessions in different cities to address the challenges and opportunities of AACE’s women members on leadership, work and life aspects.
- Develop and implement a plan to identify key issues affecting the recruitment and retention of women as members of AACE.

The 4th Annual Women in Endocrinology Luncheon: Female Physicians and the Future of Endocrinology will be held on Thursday, May 4 at 12:30 pm during the AACE 26th Annual Scientific & Clinical Congress. Dr. Ann Danoff, Past President of APDEM and Professor of Clinical Medicine at the University of Pennsylvania, will be the guest speaker. Dr. Danoff was a primary author on the recently published Women in Endocrinology paper and will bring her insights to the luncheon. AACE staff is seeking sponsorship funding.

AACE has been approached by AstraZeneca to develop a series of programs focusing on women in endocrinology, which will expand on the activities of the Task Force. These half-day programs will be held in four (4) cities, to be determined, around the country to address the challenges and opportunities affecting AACE’s women members seeking leadership roles, work environment and lifestyle. A goal of the programs will also be to develop and implement a plan to identify issues affecting the recruitment and retention of women as members of AACE. A variety of agenda topics were discussed, including mentoring, public speaking, time management, work/life balance and delegating, lifestyle modifications/behaviors to implement for a busy schedule, and “burnout” prevention. They also discussed offering tools for presentations, as women tend to pass up opportunities to give presentations to their male counterparts. This includes other opportunities besides the medical audience.

The full proposal and draft agenda is in development. The primary contact for AACE at AstraZeneca is no longer at the company. Submission is pending further instruction from the new representative.
Member of the Task Force for the Electronic Implementation of AACE Guidelines and Algorithms included: Dr. William C. Biggs, Ex-Officio; Dr. Timothy S. Bailey; Dr. Jason L. Gaglia; Dr. R. Mack Harrell; Dr. Irl B. Hirsch; and Dr. Rachel Pessah-Pollack.

The Charge of the Task Force for the Electronic Implementation of AACE Guidelines and Algorithms is to:

- Explore and evaluate potential business opportunities and other ventures for non-dues revenues for AACE, such as educational and public awareness activities, as well as other business relationships.

The Task Force for the Electronic Implementation of AACE Guidelines and Algorithms undertook the following activities during the past Association year:

Integration of Deontics Technology in an ACO

This pilot project will use the Deontics technology to embed the AACE algorithm into the Electronic Health Record (EHR) of an Accountable Care Organization (ACO) in Amarillo, Texas. The primary goal is to generate data and outcomes demonstrating the effectiveness of using the AACE algorithm in daily practice. The project will measure cost and patient care outcomes.

The project consists of two phases. The first phase consists of bringing AACE representatives, Dr. Reddy Biggs (CEO of the ACO), key personnel from the ACO, Deontics representatives, and industry funders together for a meeting to discuss phase two of the project. This meeting is taking place February 23-25, 2017 in Amarillo, Texas. Phase two will be the actual integration of the algorithm into the EHR, the funding for which has not yet been established.
Members of the Task Force for the Obesity Algorithm included: Dr. George A. Bray; Dr. Elise M. Brett; Dr. Jeffrey I. Mechanick, Dr. Alan J. Garber, Dr. Daniel L. Hurley, Dr. Ania M. Jastreboff, Dr. Karl Nadolsky; Dr. Rachel Pessah-Pollack, and Dr. Raymond Plodkowski.

The Charge of the Task Force for the Obesity Algorithm is to:

• Develop an algorithm for the Obesity Guidelines.

The Task Force for the Obesity Algorithm undertook the following activities during the past Association year:

• Worked to create a user friendly algorithm utilizing the evidence-based recommendations from the Obesity Clinical Practice Guidelines.

• The algorithm together with the executive summary of the clinical practice guidelines were published online prior to the 2016 AACE Annual Meeting and in the July print version of Endocrine Practice.
Member of the Task Force on Encapsulated Follicular Variant of Papillary Thyroid Cancer included: Dr. Zubair W. Baloch; Dr. Elise M. Brett; Dr. R. Mack Harrell; Dr. Gregory Randolph

The Charge of the Task Force on Encapsulated Follicular Variant of Papillary Thyroid Cancer is to:

- Develop a patient and clinician statement on Encapsulated Follicular Variant of Papillary Thyroid Carcinoma, to be reviewed by the Thyroid Scientific Committee.

The Task Force on Encapsulated Follicular Variant of Papillary Thyroid Cancer undertook the following activities during the past Association year:

- The task force published a patient-centered Q&A piece in Volume 8 Issue 3 of Empower magazine (published mid-September 2016). This piece was in response to a report published in the April 2016 Journal of the American Medical Association - Oncology, stating that many cases previously diagnosed as thyroid cancer were not cancer after all. The purpose of the Empower piece was to review the report, whom it applied to and what it really meant for patients. The task force submitted a physician-centered piece to Endocrine Practice during the first quarter of 2017.
Members of the Task Force on Patient Access to Medications included: Dr. J. Michael Gonzalez-Campoy; Dr. Irl B. Hirsch; Dr. Scott D. Isaacs; Dr. Etie S. Moghissi; Dr. S. Sethu K. Reddy; and Dr. Kathleen L. Wyne.

The Charge of the Task Force on Patient Access to Medications is to:

- Compile currently available information regarding patient assistance programs available for patients from pharmaceutical and medical device companies.
- Review the most recent summary report of the Task Force on the Rising Cost of Insulin and submit suggestions to be presented to those industry partners based on the findings of the task force with those companies.
- Consult with the appropriate patient advocacy organizations on ways to collaborate on shared resources and other support services for patients.
- Develop a proposed plan for advising AACE members about patient assistance programs for medications for diabetes and other endocrine diseases including, but not limited to, information for distribution to patients through the Diabetes Resource Center, AACE publications and Empower Magazine.
- Submit recommendations to the EC/Board

The Task Force on Patient Access to Medications undertook the following activities during the past Association year:

- Reviewed the activities and efforts of the terminated Task Force on the Rising Costs of Insulin.
- Conducted research and collected information on patient assistance and patient advocacy programs. Information was culled from numerous websites and utilized to compose a comprehensive list of these programs that were placed on the AACE website.
- Assisted with an article written by AACE staff, Mary Green, and published in EmPower Magazine regarding available programs/patient resources for controlling prescription drug costs. The article outlines various types of assistance patients that patients can utilize to offset out-of-pocket expenses. Additionally, the AACE website now includes links to the various assistance programs.
- Recommended AACE hold an educational session(s) for primary care physicians and first year endocrinologists on the proper utilization of NPH and regular insulin for Type 1 and Type 2 diabetes. It was further suggested that a session during the 2017 Annual Meeting be devoted to this topic. As the Annual Meeting program chair, Dr. Sethu Reddy indicated he would make inquiries on the possibility of scheduling such a session.
- Developed a position statement on Patient Access to Necessary and Appropriate Medical Care (Appendix 4). The position statement was submitted for approval to the AACE Executive Committee and Board of Directors. The Board, at its meeting on January 28 2017, approved the proposed position statement.
- Included information compiled on patient advocacy and assistance groups on the www.Empoweryourhealth.org website (under Patient Resources tab).
- Created patient portal website with an anticipated launch date of March 2017.
AACE/ACE Position Statement

AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS AND AMERICAN COLLEGE OF ENDOCRINOLOGY POSITION STATEMENT ON PATIENT ACCESS TO NECESSARY AND APPROPRIATE MEDICAL CARE

This document represents the official position of the American Association of Clinical Endocrinologists and the American College of Endocrinology. Where there were no randomized controlled trials or specific U.S. FDA labeling for issues in clinical practice, the participating clinical experts utilized their judgment and experience. Every effort was made to achieve consensus among the committee members. Position statements are meant to provide guidance, but they are not to be considered prescriptive for any individual patient and cannot replace the judgment of a clinician.

The American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE) envisions a society in which all people in need, regardless of their disability, age, race, religion, ethnicity, gender, sexual orientation, or ability to pay, should have access to consistent, affordable, timely, patient-centered, comprehensive medical care. AACE/ACE support healthcare initiatives and efforts to increase the access and affordability of health insurance for everyone. Additionally, AACE/ACE support the following positions regarding medical care:

- Individuals must be empowered to control and decide how their own healthcare dollars are spent;
- Individuals must have unencumbered access to specialty care;
- Healthcare coverage must be made more affordable;
- There must be improved value and increased quality in our healthcare system;
- Coverage and access should be extended to both the uninsured and under-insured;
- Health care should be provided in a comprehensive, culturally and linguistically appropriate manner;
- People of all ages and their families should have access to health care that responds to their needs over their lifetimes, and provides continuity of care that helps treat and prevent chronic conditions;
- All individuals and their families should receive comprehensive health, rehabilitation, habilitation, and long term support services provided on the basis of individual need, preference, and choice;

AACE/ACE oppose any policies that restrict access to medically necessary care and/or medications. Such policies, which include preferred drug lists with prior authorization requirements, restrictive formularies, fail-first requirements, monthly prescription limits, and tiered co-payment structures, fail to achieve their intended purpose of reducing overall healthcare costs. Such policies also prolong human suffering, and reduce the potential for an individual with a medical condition to make a full recovery. Moreover, restrictive policies fail to acknowledge that practitioners and patients should make individualized treatment decisions, recognizing the unique and non-interchangeable nature of human beings and medical care/medications. Restrictive policies also fail to acknowledge that the lack of access to necessary and appropriate medical care and medications has both human and fiscal consequences.
AACE/ACE believe that decisions should always be clinically based and that best practice treatment planning will provide long-term cost containment. If implemented based upon the evidence, the practices and tools identified above can be useful for policy makers, practitioners, and patients to ensure appropriate access to medical care and medications leading to quality improvement and cost containment.

In this context, we wish to draw particular attention to insulin. Patients with type 1 diabetes need insulin for survival and frequently insulin is the only drug that can control the diabetes of patients with type 2 diabetes. In recent years, the cost of insulin has nearly tripled, which has placed tremendous hardship on many patients with diabetes, which may lead to poorly controlled diabetes when patients take less insulin than is prescribed, or even death in some cases.

Without adequate control of diabetes, people with diabetes have a higher risk of developing microvascular complications such as blindness, kidney disease and nerve damage, and macrovascular complications including heart attacks and strokes. Therefore, it is imperative that people who require insulin be able to obtain it at a cost that is affordable. AACE strongly encourages all parties involved in the production and distribution of insulin to make every effort to contain the cost of insulin.

Recognizing that many states have already implemented a preferred drug list, AACE/ACE support the exemption of all medications used to treat endocrine related conditions from prior authorization requirements. Such an exemption should address all classes of medications to treat endocrine diseases, and not include limits based on diagnosis. Moreover, states that have implemented preferred drug lists and other restrictive policies should ensure that the following consumer protection policies exist and are enforced:

1. No "fail-first" requirements;
2. Prescribers should have the option to designate “Dispense as Written” to prevent automatic switching at the pharmacy point-of-sale;
3. A “grandfathering” policy should exist to ensure that consumers who are successfully being treated on a non-preferred medication are not forced to switch;
4. Preferred drug lists should be developed and revised based on clinical evidence and scientific consensus taking into account efficacy, safety, and cost;
5. Utilization management strategies should be developed by a Pharmacy & Therapeutics Committee that includes practicing physicians in the field of mental health and substance abuse treatment;
6. The process for developing state utilization management strategies should include meaningful involvement from consumers and adequate opportunity for public input;
7. Prior authorization should be timely and efficient so as not to delay access to medication, nor to deter the prescriber from ordering medications that will have optimal benefits;
8. Appeals and grievance procedures must be clearly disseminated to beneficiaries (subject to restrictions) and must be both accessible and timely; and,
9. Third-party payers should be legally accountable for harm to patients resulting from negligent utilization management policies or patient treatment decisions through all available means, including proportionate or comparative liability, depending on state liability rules.
References

AACE’s *Position Statement on Patient Access to Necessary and Appropriate Medical Care* are drawn from and reflect the significant background work of many organizations, particularly the American College of Physicians\(^1\), the American Academy of Dermatology Association\(^2\), Council of Medical Specialty Societies\(^3\) and, Mental Health America\(^4\).

Members of the Task Force on the Endocrinology of Aging included: Dr. Pauline M. Camacho; Dr. Karel Pacak; Dr. Yehuda Handelsman; Dr. Laurence Katznelson; Dr. Dace L. Trence; Dr. W. Timothy Garvey; Dr. Kathleen Wyne, and Dr. Jeffrey Garber.

The Charge of the Task Force on the Endocrinology of Aging is to:
• Explore the possibility of creating an algorithm on the endocrinology of aging.

The Task Force on the Endocrinology of Aging undertook the following activities during the past Association year:

• The Task Force is developing, in two separate submissions, the following manuscripts on the Endocrinology of Aging for publication in an upcoming supplement to Endocrine Practice:

  o **Summary: Gliding Through the Golden Years Gracefully**  
    (Accepted for Publication)  
    Dr. Aaron Vinik
  o **The Endocrinology of Aging: a Key to Longevity “Great Expectations”**  
    (In EP Review)  
    Dr. Sethu Reddy and Dr. Joumana Chaiban
  o **Aging, Diabetes and Falls**  
    (In EP Review)  
    Dr. Aaron Vinik; Dr. Pauline Camacho; Dr. Sethu Reddy; Dr. Willy Valencia; Dr. Dace Trence; Dr. Alvin Matsumoto and Dr. John Morley
  o **Sarcopenia: An Endocrine Disorder?**  
    (In EP Review)  
    Dr. Alexis McKee; Dr. John Morley; Dr. Alvin Matsumoto and Dr. Aaron Vinik
  o **Thyroid and Aging**  
    (In EP Review)  
    Dr. Sina Jasim and Dr. Hossein Gharib
  o **Osteoporosis**  
    (In Development)  
    Dr. Pauline Camacho
  o **Male Hypogonadism**  
    (In Development)  
    Dr. Kittie Wyne
  o **Female Hypogonadism**  
    (In Development)  
    Dr. Kittie Wyne
  o **Diabetes and Its Comorbidities in the Elderly**  
    (In Development)  
    Dr. Robert Palmer
Members of the Task Force on the Implications of MACRA Law for AACE Members included: Dr. Richard Haas; Dr. Howard Lando; Dr. Kevin McKinney; Dr. Johnathan Leffert; Dr. William Biggs; Dr. Renuka Boyapalli; Dr. Arvind Cavale; Dr. Lee Goscin; Dr. Bill Law, Jr.; Dr. Anne Leddy; Dr. Erick Orzeck; Dr. Victor Roberts; Dr. Ralph Schmeltz; Dr. John Stokes; and Dr. William Zigrang.

The Charge of the Task Force on the Implications of the MACRA Law for AACE Members is to:

- Develop educational tools and resources to guide AACE membership in understanding the new MACRA law and its physician payment system transformations including the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs), and the opportunities and challenges they present.
- Formulate performance measures and APMs appropriate to enhancing the value/practice of endocrinology and gain professional acceptance of the formulations by government and private entities involved in any aspect of physician reimbursement and regulation.

The Task Force on the Implications of the MACRA Law for AACE Members undertook the following activities during the past Association year:

- Conducted three (3) live webinars educating over 200 AACE members on MACRA/QPP.
- Held a follow-up MACRA meeting in October 2016.
- Redesigned the AACE MACRA webpage to include newly published MACRA information and documents.
- Created a MACRA mailbox allowing members to submit questions, concerns, or comments regarding MACRA (MACRAinfo@aace.com).
- Collaborated with Medtronic to gather Medicare data which was utilized in the formulation of the AACE Advanced Alternative Payment Model (APM).
- Developed an AACE Advanced Alternative Payment Model for diabetes (Diabetes Care Model).
- Met with the Centers for Medicare and Medicaid Services (CMS) official to discuss the merits of the Diabetes Care Model.
- Dr. Felice A. Caldarella, MACRA Task Force Chair, served on the MACRA Episode-Based Resource Use Measures Clinical Committee convened by CMS. The Committee's charge is to provide input on the development of episode-based resource use measures to be utilized in the Merit-Based Incentive Payment System (MIPS) under the new MACRA law. Dr. Caldarella represented AACE on the Clinical Committee.
- Plans for remainder of 2017:
  - Developing a Frequently Asked Questions (FAQs) webpage for MACRA.
  - Establishing MIPS quality measures for endocrine disease states.
  - Updating the MACRA webpage with registry information (which will become available in March 2017).
  - Attending American Medical Association’s (AMA) APM workshop scheduled for March 20, 2017.
  - Conducting a webinar focusing on the Clinical Practice Improvement Activities.
  - Exhibiting MACRA booth during 26th AACE Annual Meeting in Austin, TX.
Members of the **Task Force on Third Party Payors** included: Dr. Pauline M. Camacho; Dr. Felice A. Caldarella; and Dr. Jonathan D. Leffert.

The **Charge** of the **Task Force on Third Party Payors** is to:
- Establish a plan of action for exploring ways to develop an ongoing dialogue with private third-party payors on coverage and reimbursement policies for endocrine related disorders.
- Develop plans for a joint meeting between the EC and one or more third-party payors in conjunction with the October 2016 Board meeting on Thursday evening preceding the EC meeting on Friday and determine if additional meetings are needed.
- Determine initial third-party invitees (maximum of 3) including United Health Care.
- Develop questions and other informational material regarding endocrine diseases and the role of the endocrinologist to be discussed.
- Submit recommendations to the EC/Board for follow-up action.

The Task Force on Third Party Payors undertook the following activities during the past Association year:
- Hosted, coordinated, and participated in an in-person joint meeting (dinner) with of the AACE Executive Committee (EC) and UnitedHealthcare (UHC) representatives, Dr. Sanford Cohen (CMO, UHC Employer & Individual) and Dr. Sam Ho (Executive Vice President).
- Held multiple conference calls with UnitedHealthcare representatives.
- Supplied UHC with AACE algorithms and guidelines which will be utilized by UHC personnel.
- Recommended an AACE representative (Dr. Pauline Camacho) to serve as a member on the UHC Pharmacy and Therapeutics Committee.
- Began a dialog with Florida Blue (FB) representative serving on the Blue Cross Blue Shield Association (BCBSA) to gain an introduction to the BCBSA.
Members of the Task Force RE The Proposed Thyroid Nodules Guidelines Update included: Dr. Andrea Frasoldati; Dr. Hossein Gharib; Dr. Rinaldo Guglielmi; Dr. Daniel S. Duick; Dr. R. Mack Harrell; Dr. Laszlo Hegedus, Advisor; Dr. Ralf Paschke, Advisor; Dr. Paolo Vitti; Dr. Anna Crescenzi, Advisor; Dr. Sareh Parangi, Advisor; Dr. Zubair Baloch; and Dr. Mark A. Lupo.

The Charge of the Task Force RE The Proposed Thyroid Nodules Guidelines Update is to:
• Update the 2016 AACE/AME/ETA Medical Guidelines for Clinical Practice for the Diagnosis and Management of Thyroid Nodules.

The Task Force RE The Proposed Thyroid Nodules Guidelines Update undertook the following activities during the past Association year:

• The Task Force will advance the current guideline by developing an App based on the guideline, similar to the Diabetes App. App development will be easier, quicker, and less costly than development of an interactive electronic algorithm. The App will be based on the 2016 guideline and will include a calculator to determine risk. The Task Force will work with Impact Graphics and Haifa/Deontics to develop the App. The source of funding (e.g., either internal or external) still needs to be determined. The Task Force will plan to meet again in Austin at the Annual Meeting to discuss further.

• Worked to create The 2016 Thyroid Nodules Guidelines Update that was published in the May 2016 edition of *Endocrine Practice*. 
Members of the **Task Force to Develop an AACE Position on MOC Testing** included: Dr. Felice Caldarella; Dr. Daniel Hurley; Dr. Janet McGill and Dr. Vin Tangpricha.

The **Charge of the Task Force to Develop an AACE Position on MOC Testing** is to:

- Develop an AACE position on ABIM’s Maintenance of Certification (MOC) Testing.

The Task Force to Develop an AACE Position on MOC Testing undertook the following activities during the past Association year:

- Evaluated a proposal by the American Board of Internal Medicine (ABIM) to reform the testing structure of their Maintenance of Certification (MOC) program and developed an AACE response to that proposal. The AACE response was circulated to ABIM leadership on Monday, November 7, 2016. AACE reaffirmed its endorsement of the value of lifelong learning, but rejected ABIM’s insistence that a secure exam is necessary to prove a physician is “keeping up.” AACE remains committed to working with ABIM to ease the burden of the MOC process on practicing physicians, and continues to advocate for alternative pathways as an option for endocrinologists to maintain their initial board certification.
Members of the Task Force to Develop an AACE Position Statement on Autonomic Testing included: Dr. David S.H. Bell; Dr. Jaime A. Davidson; Dr. Yehuda Handelsman; Dr. Howard M. Lando; Dr. Anne L. Leddy; and Dr. S. Sethu K. Reddy. Advisors included: Dr. Richard Cook; Dr. Vicenza Spallone; Dr. Solomon Tesfaye; and Dr. Dan Ziegler.

The Charge of the Task Force to Develop an AACE Position Statement on Autonomic Testing is to:

- Develop an AACE position statement on Autonomic Testing.

The Task Force to Develop an AACE Position Statement on Autonomic Testing undertook the following activities during the past Association year:

- Reviewed the Anthem Medical Policy (MED.0012) on Autonomic Function Testing. After consulting with AACE President, Dr. Pauline Camacho and various task force members, it was agreed that the Task Force’s charge and development of the AACE position statement should not solely address the Anthem policy. Consequently, the Task Force was renamed; and its charge was modified to exclude specific reference to Anthem and address the situation regarding autonomic testing, in general.

- Developed a position statement on Testing for Autonomic and Somatic Nerve Dysfunction. The position statement was submitted to the AACE Executive Committee and Board of Directors for approval. The Board, at its meeting on January 28 2017, approved the proposed position statement in principle with a final Board approval by email vote. The final version should include an expanded section on testing, definition of Code 95943 and a list of acronyms included in the statement. The items recommended by the Board, as well as other clarifying language, were included in the revised version of the position statement. The final version of position statement has been distributed to members of the task force for their approval and the final document will be circulated to the board for email approval.

- Plans for remainder of 2017:
  - During the next Board of Directors meeting, the Task Force will make the recommendation to develop an algorithm for the care of autonomic neuropathy. Additionally, it was suggested AACE should capitalize on the ambiguous nature of the ADA guidelines on neuropathy by updating its current position statement.
  - Seeking support/endorsement from various organizations (ADA, Endocrine Society, and American Academy of Neurology) to increase the impact of the position statement national and international stages.
The Charge of the Task Force to Enhance the Value of Endocrinology and Endocrinologists is to:

- Based on the AACE Strategic Plan (2014-2016), accomplishing the following goals as listed should enhance the value of the clinical endocrinologists:
  - G1: Development of future payment models. (sp3)
  - G3: Quality measurers for endocrinologists. (sp3, sp6)
  - G5: Demonstrate that endocrinologists are valued by healthcare decision makers as experts in endocrine disease management. (sp2, sp5)
  - G6: By 2015, all endocrinologists will look to AACE as the best source of guidance for practicing endocrinology in any setting, by providing access to payment models and quality measurements. (sp2, sp3)
  - G7: AACE will be valued as the premier “voice of clinical endocrinology.” (sp2, sp5)
  - G9: The public recognizes and values endocrinologists as providing expertise specific for endocrine disorder. (sp2, sp5)

The Task Force to Enhance the Value of Endocrinology and Endocrinologists undertook the following activities during the past Association year:

The Task Force discussed the potential development of an AACE multifaceted communications campaign as a way to increase awareness of the value of endocrinologists as experts in endocrine disease management among healthcare decision makers such as Medicare, the government and insurers. In order to demonstrate the value of the endocrinologist in the healthcare system, there is a requirement to have the financial data to prove this hypothesis. AACE will work to identify accessible sources for the necessary data to develop AACE’s message, including Medicare/insurance companies, and registries, then create a data driven messages that demonstrate the value of the endocrinologist.

The Task Force discussed the requirement for prior authorizations on all testosterone prescriptions. Because of the prior authorization requirement which delays treatment, the Task Force feels that endocrinologists should not be questioned when writing prescriptions for testosterone. Allowing better access to endocrinologists will mitigate the incidents of overprescribing. The Task Force proposed the topic be referred to the Reproductive Endocrinology Scientific Committee to write a position statement regarding testosterone prescribing practices, and include patient education on the topic through EmPower.
The **Task Force to Evaluate the Creation of an AACE Patient Registry** consist of the following members: Dr. R. Mack Harrell, Chair; Dr. Rachel Pessah-Pollack, Co-Chair; Dr. Pauline M. Camacho, Ex Officio; Dr. Timothy S. Baily; Dr. William C. Biggs; Dr. Daniel Einhorn; Dr. Alan J. Garber; Dr. George Grunberger; Dr. Richard A. Haas; Dr. Scott D. Isaacs; Dr. Howard M. Lando; Dr. Jonathan D. Leffert; Dr. Jeffrey I. Mechanick; Dr. S. Sethu K. Reddy; Dr. Susan L. Samson; Dr. Christine L. Twining.

The **Charge of the Task Force to Evaluate Creation of an AACE Patient Registry** is to:
- Evaluate the feasibility of the creation of a AACE/ACE Registry focused on the collection of efficacy, safety and clinical outcomes data regarding newly released pharmaceuticals and diabetes technology, and possibly other disease states.
- Develop a five-year business plan that evaluates the financial viability of a registry.
- Evaluate the role of a clinical registry in the future of AACE and Clinical Endocrinology
- Provide a comprehensive report to the Executive Committee that includes fact-based recommendations regarding the creation of a clinical registry

The Task Force to Evaluate the Creation of an AACE Patient Registry undertook the following activities during this past Association year:

The Task Force spoke with representatives from the American Academy of Ophthalmology, American Academy of Otolaryngology, and American College of Rheumatology, all with successful registries to gather insight, recognize potential hurdles in funding development of an AACE registry for endocrinology and evaluate future potential revenue streams. Sample business plans have been collected from those organizations, and proposals are being gathered from the American Heart Association, FigMD and other potential vendors to develop a business plan for an AACE patient registry.

The biggest challenges remain (1) obtaining the funding for building a registry though development until revenues from the collected data can be realized and (2) capturing the interest and participation of AACE membership (who have been less than eager to participate in other AACE registry initiatives despite financial incentives). The Task Force is exploring options for external funding sources, such as industry support from companies as yet unidentified, in addition to internal sources, such as using AACE reserves. For ongoing expenses, an annual participant fee structure is being considered for maintenance cost after launch of the registry. The Task Force recognizes the potential incentive for member participation in a Registry, which can fulfill meaningful use requirements for endocrinologists (eg MACRA/MIPS). In addition we are developing strategies to stimulate membership interest regarding the benefits of registry enrollment.
Members of the Task Force to Review AACE Policy on the Authorized Use of AACE’s Name, Logo, Copyright and Other Intellectual Properties included: Dr Alan Garber; Dr. Daniel Hurley; Dr. Jonathan Leffert; and Dr. Derek LeRoith.

The Charge of the Task Force to Review AACE Policy on the Authorized Use of AACE’s Name, Logo, Copyright and Other Intellectual Properties is to:

- Review current AACE policies and process for the authorized use of all categories of AACE intellectual property including:
  a. Name
  b. Logo
  c. AACE copyright including publications and other derivatives (i.e. pocket cards, flash cards, etc.)
  d. Other intellectual properties
- Review current fees charged by AACE for use of these materials and imprimaturs.
- Submit recommendations to the EC/Board.

The Task Force to Review AACE Policy on the Authorized Use of AACE’s Name, Logo, Copyright and Other Intellectual Properties undertook the following activities during the past Association year:

The Task Force reviewed the current AACE criteria for the use of AACE’s name and logo as well as the internal AACE processes and fee schedule for copyrighted AACE/ACE journal materials and other AACE products. Other than an approval process for AACE copyrighted material schedule of charges, the Task Force noted there is no formal policy cited in the AACE Policy Compendium for the use of the AACE logo and intellectual property.

The Task Force compared the copyright fees of *Endocrine Practice* with other medical journals. AACE charges a flat fee plus an incremental charge based on type of use and quantity used for each individual permission request. The current policies have been in effect since 2006 and the pricing schedule was last revised in 2011. In researching these policies, the Task Force found that while copyright permission fees were implemented prior to 2006, they were never formally reviewed and approved by the Board of Directors and included in the AACE Policy Compendium. Based on the recommendations of the Task Force, the AACE Executive Committee adopted a new fee schedule for printed materials at its Winter 2017 meeting.

The Task Force was also concerned about the licensing and use of AACE intellectual property in an electronic format since AACE materials can be downloaded more than once. The electronic medium presents unique pricing and valuation issues. The Task Force agreed that use of intellectual property in an electronic format must reflect the value generated, but there is not ample data to create a comprehensive fee structure for electronic media.

The Task Force agreed that the AACE name has steadily increased medical and commercial value and that it provides significant benefit to the requesting organization. Therefore, the AACE “brand” must be protected from unauthorized use while generating financial benefit commensurate with the value derived by others for the use of AACE’s imprimaturs.

After extensive discussion, the Task Force agreed to pursue the following actions:

- A revision to the current policy on the use of the AACE name, the AACE logo, and other AACE intellectual property.
- Develop a fee schedule for the digital use of AACE products and intellectual property.
Members of the Task Force to Update the AACE/ACE Growth Hormone Clinical Practice Guidelines included: Dr. Rachel Pessah-Pollack, ACE Scientific Referencing Team (ASRT) representative; Dr. Kevin Pantalone, ASRT representative; Dr. Sina Jasim, ASRT representative; Dr. Beverly M. K. Biller; Dr. John D. Carmichael; Dr. Andrew R. Hoffman; Dr. Sally Radovick.

The Charge of the Task Force to Update the AACE/ACE Growth Hormone Clinical Practice Guidelines is to:
- Update the 2009 AACE/ACE Medical Guidelines for Clinical Practice for Growth Hormone Use in Growth Hormone-Deficient Adults and Transition Patients.

The Task Force to Update the Growth Hormone Clinical Practice Guidelines undertook the following activities during the past Association year:
- Began work on updating the 2009 AACE/ACE Medical Guidelines for Clinical Practice for Growth Hormone Use in Growth Hormone-Deficient Adults and Transition Patients.
- One of the first AACE/ACE Task Forces to utilize representatives from the AACE Scientific Referencing Team (ASRT) to ensure uniformity in AACE/ACE guidelines structure, format, and reference grading.
Members of the AACE/ACE Task Force to Update the Bariatric Surgery Clinical Practice Guidelines included: Dr. Rachel Pessah-Pollack, ACE Scientific Referencing Team (ASRT) representative; Dr. Riccardo Correa, ASRT representative; Dr. M. Kathleen Figaro, ASRT representative; Dr. Caroline Apovian, The Obesity Society (TOS) representative; Dr. Robert Kushner, TOS representative; Dr. Stacy Brethauer, American Society for Metabolic and Bariatric Surgery (ASMBS) representative; Dr. Deborah B. Horn, The Obesity Medicine Association (OMA) representative; and Dr. Jennifer Seger, OMA representative.

The Charge of the AACE/ACE Task Force to Update the Bariatric Surgery Clinical Practice Guidelines is to:

- Update the 2013 AACE/ACE Bariatric Surgery Clinical Practice Guidelines

The Task Force to Update the Bariatric Surgery Clinical Practice Guidelines undertook the following activities during the past Association year:


- Began updating the 2013 Bariatric Surgery Clinical Practice Guidelines

- First Task Force to utilize representatives from the ACE Scientific Referencing Team (ASRT) to ensure uniformity in AACE/ACE guidelines structure, format, and reference grading.
Members of the Task Force to Update the Lipids Guidelines included: Dr. David S. H. Bell; Dr. Zachary T. Bloomgarden; Dr. Eliot Brinton; Dr. Sergio Fazio; Dr. Vivian A. Fonseca; Dr. Alan J. Garber; Dr. George Grunberger; Dr. Chris K. Guerin; Dr. Paul S. Jellinger; Dr. Paul D. Rosenblit; Dr. Donald A. Smith; Dr. Kathleen Wyne, and Dr. Michael Davidson, Special Advisor.

Members of the Writing Committee for the Task Force to Update the Lipids Guidelines included: Dr. Paul S. Jellinger, Chair; Dr. Yehuda Handelsman, Co-Chair; Dr. David S. H. Bell; Dr. Zachary T. Bloomgarden; Dr. Eliot Brinton; Dr. Michael H. Davidson; Dr. Sergio Fazio; Dr. Vivian A. Fonseca; Dr. Alan J. Garber; Dr. George Grunberger; Dr. Chris K. Guerin; Dr. Paul D. Rosenblit; Dr. Donald A. Smith; and Dr. Kathleen Wyne.

The Charge of the Task Force to Update the Lipids Guidelines is to:

• Update the 2012 AACE Lipid Guidelines

The Task Force to Update the Lipids Guidelines undertook the following activities during the past Association year:

• Worked to create a comprehensive Lipids Guidelines that includes a new extreme risk category.

• The Executive Summary was published online in January 2017 and will be published in the April 2017 print version of Endocrine Practice.

• The full updated Lipids Guideline with the appendix and references will be published as an online supplement to the April issue of Endocrine Practice.
AACE ENDOCRINE CAREERS®

AACE Endocrine Careers® was established in April 1999, as a member benefit to help physician practices and others identify qualified candidates to fill vacant positions and to help endocrinologists locate employment opportunities.

The Charge of AACE Endocrine Careers® is to:

- Help Fellows-in-Training with job placement by providing necessary information (e.g., Annual Meeting Booth)
- Assist members seeking employment opportunities and/or members seeking clinical endocrinologists to fill openings for their practice.

AACE Endocrine Careers® is an online service that is available 24 hours/7 days a week, and allows Association members and site users a place to post their resumes at no charge. Along with a resume bank, the site offers listings of career opportunities in endocrinology and other non-physician health care-related fields. Users may also choose various formats to post their job listing: via online only advertisements, print advertisements in First Messenger and/or Endocrine Practice, along with options to contact potential candidates individually online.

In 2016, the online job board received 501 job listings, as compared to 445 in 2015. Collectively, these job listings received 93,549 views, slightly lower than the previous year. There were 808 ad replies that were completed through the AACE Endocrine Careers® Web site, an increase of 351 for the year. The year 2016 also saw 11 classified ads printed in Endocrine Practice and/or First Messenger, the same amount as 2015. There were 49 resumes posted to the online resume bank, a decrease from 70 in 2015, and the resume bank received 459 resume views, an increase from 316 in 2015.

Although resume postings were down from 2015, online revenue was up $26,000 to $136,000 for 2016 due to the increased job listings. The goal for 2017 is to increase revenue by continuing to promote job listings for PA’s, nurses and other allied health professionals in the endocrinology field.

The AACE Endocrine Careers® Expo, held in conjunction with the 2016 AACE Annual Scientific and Clinical Congress in Orlando, FL, offered the following services to AACE members seeking employment opportunities or recruiting an endocrinologist for their practice:

I. Jobseekers
   - Web site registration
   - Instruction on AACE Endocrine Careers® and the Web site portal
   - Complimentary compensation reports
   - Scheduling on-site interviews with matched employers

II. Employers
   - Web site registration
   - Instruction on AACE Endocrine Careers® and the Web site portal
   - Complimentary compensation reports
   - Marketing opportunities via the Job Board
   - Scheduling on-site interviews with matched jobseekers

III. Market Active Retained Searches
   - Scheduling on-site interviews with matched jobseekers
   - Direct marketing campaign to jobseekers from AACE

This year’s Endocrine Careers® Expo was not successful when measuring three criteria: 1) Registered Participants, 2) New Business Development and 3) Member Satisfaction.

Registered Participants:
- Total number of Registered Jobseekers: 3 down from 7
- Total number of Registered Employers: 9 up from 6
During the 2016 Career Expo, four registered employers had to have their money refunded because the computer system operated by our third party administrator, Yourmembership, would not allow them to participate in the job fair. In order for any future career expos to be successful, there must be technical support from the TPA on site.

In 2017, there will not be an AACE Endocrine Careers® Career Expo during the Annual Scientific & Clinical Congress in Austin, TX. There will be an AACE Endocrine Careers booth with laptops and resumes available for members. AACE staff will be on-site to discuss employment opportunities, network, and assist AACE members interested in recruiting an endocrinologist for their practice or broadening their own career goals.
The purpose of the AACE Political Action Committee (AACEPAC) is to promote the interests of AACE members and their patients through all forms of political action, including contributions to candidates for election to Congress. Clinical endocrinologists have a direct interest in legislative and regulatory issues that impact their practice and the care they provide to patients with endocrine diseases. AACEPAC provides an important vehicle for supporting candidates for elective office who share AACE and its members views and will want to protect our interests. AACEPAC is the most effective and visible advocacy tool to enhance AACE influence with Congress and advance its legislative priorities.

AACEPAC’s growth in size and presence is very important as Congress continues to address many issues affecting endocrinology, including:

- implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) law transforming physician reimbursement;
- reducing administrative burdens imposed on physicians, such as those under the program to demonstrate meaningful use of EHRs and other CMS quality programs;
- coverage of important treatments and devices for our patients, such as FDA-approved obesity drugs and CGMs; and
- passage of the AACE diabetes bill establishing a National Clinical Care Commission.

AACEPAC undertook the following activities during 2016:

- Provided AACEPAC funds for the 2016 election cycle to the 37 candidates listed below. Recipients for AACEPAC funds are determined by a candidate’s support for AACE legislative priorities and the importance of initiating or strengthening AACE’s relationship with a candidate. (Names bolded won their election campaigns; names with an asterisk were not up for re-election in 2016.)

**House Races**

- Representative Rod Blum (R-1st-IA)
- Representative Kevin Brady (R-8th-TX)
- Representative Michael Burgess (R-26th-TX)
- Representative Rodney Davis (R-13th-IL)
- Representative Diana DeGette (D-1st-CO)
- Representative Renee Ellmers (R-2nd-NC)
- Representative Virginia Foxx (R-5th-NC)
- Representative Louie Gohmert (R-1st-TX)
- Representative Gene Green (D-29th-TX)
- Representative Brett Guthrie (R-2nd-KY)
- Representative Dave Loebsack (D-2nd-IA)
- Representative John Mica (R-7th-FL)
- Representative Tim Murphy (R-18th-PA)
- Representative Pete Olson (R-22nd-TX)
- Representative Frank Pallone (D-6th-NJ)
- Representative Scott Peters (D-52nd-CA)
- Representative Joe Pitts (R-16th-PA)
- Representative David Price (D-4th-NC)
- House Candidate Jacky Rosen (D) (3rd-NV)
- Speaker Paul Ryan (R-1st-WI)
- Representative Pete Sessions (R-32nd-TX)
- Representative John Shimkus (R-15th-IL)
- Representative Kyrsten Sinema (D-29th-AZ)
Representative Fred Upton (R-6th-MI)
House Candidate Monica Vernon (D) (1st-IA)
Representative Ed Whitfield (R-1st-KY)

Senate Races
*Senator Lamar Alexander (R-TN)
  Senator Kelly Ayotte (R-NH)
*Senator Richard Burr (R-NC)
  *Senator Bill Cassidy (R-LA)
  *Senator Susan Collins (R-ME)
Representative Joe Heck (R-3rd-NV)
  Senator Mark Kirk (R-IL)
*Senator Patty Murray (D-WA)
  Senator Tim Scott (R-SC)
*Senator Patrick Toomey (R-PA)
  Senator Ron Wyden (D-OR)

• Raised almost $37,000 from 6.2% of the domestic membership. The AACEPAC Board would like to thank all those AACE members who contributed in 2016 and became part of the advocacy efforts in the critical election year. The Board notes that AACE’s influence on Capitol Hill would be greatly enhanced if more domestic AACE members contributed to AACEPAC and would like to remind everyone that AACEPAC is an annual contribution program.

• Launched a quarterly electronic newsletter, AACEPAC ADVOCATE, to keep the membership informed about AACEPAC activities and how contributions enhance AACE advocacy on behalf of the domestic membership.

• Solicited nominations from the AACE domestic chapters and AACEPAC members for candidates to fill open positions on the AACEPAC Board of Directors. The following candidates were approved by the AACE Board of Directors and will serve a three-year term effective January 1, 2017:
  
  Dr. Edward Condon
  Dr. Marc Gutin
  Dr. James Hennessey (reappointed to a second three-year term)
  Dr. Elizabeth Holt (reappointed to a second three-year term)
  Dr. Donald Richardson
  Dr. John Stokes (reappointed to a second three-year term)

The AACEPAC Board of Directors and Officers for 2017 are:
  Dr. Raymond I. Fink, Chair
  Dr. Richard A. Haas, Vice Chair
  Dr. Gary A. Trager, Secretary
  Dr. Ralph Schmeltz, Treasurer
  Mr. Donald C. Jones, Assistant Treasurer

  Dr. Edward Condon
  Dr. Marc Gutin
  Dr. James V. Hennessey
  Dr. Elizabeth Holt
  Dr. Howard M. Lando
  Dr. Anne L. Leddy
  Dr. Jonathan D. Leffert
  Dr. Gregory E. Peterson
  Dr. Annaswamy Raji
  Dr. Donald Richardson
  Dr. John Stokes
  Dr. Paul V. Tomasic
As a wholly-owned subsidiary of AACE, AACECORP’s primary mission is to administer such programs and activities as may be requested by AACE and the American College of Endocrinology (ACE), including the administration of the AACE Member Rewards Program, and to identify and promulgate other non-dues income opportunities. AACECORP administers special projects of AACE and ACE, as requested, including publication of *Endocrine Practice* and *First Messenger*. AACECORP also serves as the principal contractor for all meetings and conventions of AACE and ACE.

**AACECORP, INC.**

**YEAR 2016 SUMMARY FINANCIAL REPORT**

In December 2016, AACECORP recorded a $69,000 surplus, as compared to a budgeted $40,000 deficit and a $39,000 pre-tax deficit last year. Approximately $112,000 of medical writing contract services costs, incurred in year 2016 associated with development of the lipids, obesity and postmenopausal osteoporosis guidelines, were transferred from AACECORP to AACE, in the expectation of future revenues to be derived by AACE from royalties, licensing fees, and sales of various derivative product. These costs were recorded as prepaid expense by AACE and will be charged to AACE expense in future periods when revenues are expected to be generated from the final products.

In year 2016, AACECORP recorded an (unaudited) $114,000 deficit, as compared to a budgeted $6,000 deficit, and an $83,000 pre-tax surplus last year at this time. The major variance from the current year budget was lower than anticipated AACE ImPact Graphics® revenues. Current year *Endocrine Practice* advertising revenues/author charges and Job Target commissions finished well ahead of budget expectations, partially offset by higher EP related printing, mailing and sales commissions expenses. Last year’s surplus included the legal settlement of the International Guidelines Center (IGC) contract dispute, which resulted in an $110,000 cash payment to AACECORP. Prior year financial results also reflected the transfer to AAE of approximately $480,000 of royalties received from Springer Healthcare.

**Springer Healthcare**

Representatives from Springer Healthcare paid their annual customary visit to AACE headquarters in December, to provide an update on current year sales and future sales prospects.

**Outlook**

The revenue forecast of AACE ImPact Graphics® is continually updated and accordingly, each project is evaluated internally to determine if any revenues ultimately generated (i.e., from the sale of flashcards and/or other derivative products) should be assigned to AACECORP (a taxable entity) or AACE (a nontaxable entity). Some of the original AACECORP revenue projections, originally allocated to AACE ImPact Graphics® that have come to fruition in year 2016, are now assigned to AACE.

**Cash Position**

The cash and receivables position of AACECORP was $669,000 at December 31, 2016. The intended transfer of a significant portion of this balance back to AACE (associated with last year’s transfer of Springer Healthcare royalties and permission/licensing revenues to AACE) has been deferred to a future period, after AACECORP reduces and/or exits its present operating deficit status.

**Prepaid Guidelines Development Costs**

These costs, totaling $30,800, represent a $15,800 payment made in year 2012 to Deontics Ltd., associated with a partnership to explore development of an interactive electronic thyroid guidelines module, together with an additional $15,000 investment made to Deontics Ltd. in September 2013. These payments were recorded to prepaid guideline development costs and therefore do not impact any profit and loss statement from year 2012 through year 2016.
AACE MEMBER REWARDS PROGRAM

Administered by AACECORP, Inc., the AACE Member Rewards Program offers members discounted prices on a wide range of products and services. AACE members and their families can take advantage of valuable products and services for the office, home, travel, entertainment, etc. AACE receives benefits when items are purchased from any of the affiliated vendors through the AACE Member Rewards page.

In some cases, purchases may not reflect an initial savings. AACE receives a percentage of the proceeds from all purchases as non-dues revenue of the Association. AACE is not liable for purchases made through vendors. Participation in the AACE Member Rewards Program is voluntary, and AACE members can be assured that the programs offered represent the best combination of quality, convenience, reliability, and service. Vendors must provide a product or service of meaningful value and cost savings to the member, offer full service regardless of location, and receive prior approval of all promotions, marketing plans and materials.

Five Star Affiliates (***** ) are those companies that have been part of the AACE Member Rewards Program for many years and provided AACE members with valuable and reliable products and services.

For information about any of the following benefits, contact AACECORP, Inc., 245 Riverside Avenue, Suite 200, Jacksonville, Florida 32202 Fax: 1-904-353-8185, Phone: 1-904-353-7878, E-mail: rewards@aace.com or visit http://www.aace.com/membership/rewards.

The AACE Collection – Distinctive Merchandise & Medical Apparel: The American Association of Clinical Endocrinologists is pleased to present a collection of AACE-branded clothing and accessories. This distinctive merchandise, exclusively for AACE members, includes apparel, desk accessories, and gifts. Items are offered to AACE members at discount prices and a portion of the proceeds benefit the American College of Endocrinology. To produce the line, AACE is partnering with Mandarin Embroidery & Trophies, Inc., which manufactures and distributes the items.

Long Term Care Resources (LTCR): How will you spend the years ahead? That may depend on the long-term care insurance you choose today. Like most people, you probably recognize the need for long-term care insurance. It's not simply "nursing home" coverage, but insurance that helps assure you of continued independence as you age - without depleting the personal assets you've worked hard to acquire. But choosing the right protection from the many plans available can be a daunting task. Long Term Care Resources has partnered with the American Association of Clinical Endocrinologists to offer a comprehensive Long Term Care Program. AACE members are entitled to a special discount on certain LTC plans available through this program. Call Long Term Care Resources today to receive a FREE AACE Long Term Care Planning Kit.

To speak with an authorized LTC Specialist in your area, please contact LTCR Toll Free at (800) 616-8759.

Wells Fargo: Wells Fargo Business Banker offers over 80 lines of financial services to help you take your practice to the next level through: financing growth, managing cash flow and reducing risk. Wells Fargo Business Banking specializes in programs designed for Doctors and other Medical professionals:

- Practice financing is available for start-ups or to purchase an existing practice, including commercial real estate.
- For those with established practices, we can use equity in the practice to provide capital for office improvements, expansions, fund your retirement or refinance business debt.
- Equipment requests are submitted on a one-page application and decisions are typically made in 48 hours. Equipment ranges from furniture & fixtures, computers, software and servers to MRI, X-Ray and Ultrasound just to name a few.

For additional information, contact Lisa McIntosh, Senior Relationship Manager, Wells Fargo Business Banking Group, office: (904) 536-8117, or by e-mail: LisaMcIntosh@wellsfargo.com.
**HealthCare Associates Credit Union**: HealthCare Associates Credit Union is a not-for-profit financial institution currently servicing your peers in the industry. The partnership with the American Association of Clinical Endocrinologists brings smart and sound options for all of your financial needs. With 2009 marking its 30-year Anniversary, HealthCare Associates is one of the largest healthcare-affiliated credit unions in the country, exemplifying a history of stability and financial security. Nationwide access is available for members. When you join HealthCare Associates, you will become a member and an owner and will be treated as such. There is no cost to join – product offerings include:

- Free checking with free nationwide account access
- Flexible and competitive investment options
- Low fixed rate credit cards
- Below market interest rates on personal and business loans
- Educational programs for Physicians and Residents

For a complete listing of products and services, visit our website at [www.hacu.org](http://www.hacu.org) or contact Norma Cantrell at 630-276-5730 or [ncantrell@hacu.org](mailto:ncantrell@hacu.org).

**TSYS Merchant Solutions**: *Members Save on Credit Card Acceptance with this exclusive, members-only program.*

Take full advantage of your membership benefits. Serving merchants for over 55 years TSYS Merchant Solutions offers a payment processing program tailored to your practice needs. With this program you will receive:

- Negotiated member-only rates
- Qualified service representatives available 24 hours a day
- An account management team
- Free online reporting

TSYS Merchant Solutions is a top 10 acquirer with more than 55 years’ experience delivering unparalleled customer service and end-to-end payment solutions to businesses. To learn more, call 888-749-7860 today to see how much you can save.

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***** **Hartley Press**: Hartley Press, Inc. offers printing benefits by an award winning and reputable printing company. The Hartley Press, Inc. has been a valued and reliable printing solution for AACE for many years, and looks forward to meeting and serving the printing needs of AACE members. This benefit includes quick and easy online order options, fast delivery, and special low rates. Take advantage of your new AACE member reward and save on the cost of your printing needs.

***** **Doc’s Duds**: Dress to impress with our fine portfolio of beautifully made and classically styled lab coats for the discerning healthcare professional. Fit, flair and function have been thoughtfully combined in the Doc's Duds collection to create a high fashion look with all the attributes you've longed for in the ideal lab coat!

**Xenex Merchant Services**: Reduce your credit card processing rates today! Xenex Merchant Services offers low credit card processing rates to all AACE members. Xenex Merchant Services takes pride in the personal service that is provided to all of our customers and we are excited about the opportunity to work with all of the participating doctors in AACE. Take advantage of our exclusive low rates.

- Visa/MasterCard/Discover (Qualified) - 1.69%
- Visa/MasterCard/Discover (Partial Qualified) - 2.22%
- Visa/MasterCard/Discover (Non-Qualified) - 2.95%
- Visa/MasterCard/Discover Transaction Fee - $0.19
- *There will NOT be Statement or Application Fees
**Lease on a credit card terminal - $29 a month for 36 months**

To take advantage of this partnership, please contact Brett Kotcher at 1-888-918-4409 or BKotcher@goxenex.com.

***** Section 170 Plan™: This unique plan, under Section 170 of the Internal Revenue Code, provides a tax-deductible income/savings program for physicians as a method for saving for retirement, college, disability or estate planning. The program allows physicians to use the American College of Endocrinology (ACE) 501 (c) (3) exempt status to gain a tax-deductible and enhanced return annuity with income for life. The program may be utilized to diversify or supplement retirement plans without the expenses or market risks of traditional plans. The plan will guarantee you or your chosen second income beneficiary to receive an income for life funded through an annuity starting on the date chosen by you. At the time of your death, ACE will also receive an endowment in your name that will help provide future income for funding education and research programs for endocrinologists. A paramedical or physical exam may be required depending on age and contribution amount. However, participation is not contingent on passing a physical exam. For assistance with the Section 170 Plan™, please contact Mr. Richard Howard at 1-800-692-6893.

***** AACE Legal Services: Legal services provided through the office of AACE General Counsel include a physician legal guide compiled in a loose-leaf notebook format that can be periodically updated, containing important information on legal topics such as managed care contracts, anti-trust, federal laws affecting all physicians, Medicare and Medicaid rules and regulations and patient self-referral. Contract review for physicians contracting with hospitals, managed care plans, third party payors and others. Legal advice on issues affecting office practice, administration, personnel, and business relationships. Christopher Nuland, Esq., may be contacted at 1-904-355-1555 for legal services.

***** TaxResources Incorporated: AACE has partnered with TaxResources Incorporated to bring you discounted pricing on their Audit Defense Membership Plans. TaxResources Incorporated's membership protects you from the potentially devastating effects of a tax audit. TaxResources' highly trained and specialized tax professionals will defend you during any Federal or State income tax audit initiated during the membership period. Membership also includes unlimited access to their toll-free TaxHotline and a monthly TaxBulletin. The TaxHotline is available year-round for tax questions, tax planning advice and tips for minimizing your audit risk and tax liability. The TaxBulletin is a monthly newsletter that will keep you up to date on tax-related legislation and IRS developments. If you would like more information about joining TaxResources Incorporated, please go to http://org.taxaudit.com or call toll-free 1-800-922-8348. Make sure you mention you are an AACE member.

LexisNexis: IDEX is a collaborative defense network for expert witness research. IDEX services include testimonial history searches; copies of depositions, transcripts, CVs or other documents; professional discipline searches; challenges to exclude expert searches; searches for articles written by an individual; searches for articles naming an individual; experts you can use; similar facts case searches; custom queries of the IDEX database; and topic searches of medical and scientific literature. AACE members can learn about the numerous services available from IDEX network online at www.idex.com or by calling the IDEX toll-free number (800-521-5596). The annual enrollment fee is paid by AACE, which will enable all AACE members to access the services offered by IDEX for a nominal fee.

AACE Endocrine Careers®: AACE Endocrine Careers® was designed to assist AACE members and other affiliated endocrine related health professionals in seeking practice and/or employment opportunities and prospective employers/recruiters seeking qualified candidates to fill vacant positions. For a nominal fee, employers may register and place classified ads in AACE publications and on the Internet at AACE Online (www.aace.com). Employers registered also receive copies of CVs or resumes of candidates seeking employment. Members seeking employment opportunities may use this service at no charge. Interested members may contact AACE Membership at 1-904-353-7878.

***** The Travel Authority: The Travel Authority is pleased to offer our travel services to AACE. They are a total Travel Management Company and can handle all your reservation needs, 24 hours a day.
To contact The Travel Authority, call 888-260-8883 or 904-260-7827. Regular office hours are 8:30 a.m. to 5:30 p.m. ET Monday-Friday. They offer a 24 Hour Emergency Service that will answer your calls after regular business hours. The Travel Authority looks forward to working with you to make your travel experience as pleasant as possible.

***** **Global Rescue**: Global Rescue is committed to keeping its members safe. By providing world class medical and security response, advice and evacuation, help is only a phone call away. This is the highest level of medical security from the world's top experts and emergency evacuations from around the globe.

**Avis**: You can save up to 20% off your next car rental while experiencing the comfort and reliability that come with renting from Avis. With 4,800 locations in over 140 countries, there's always an Avis nearby to help you with your car rental needs. To rent a car, visit Avis or call toll free at 1-800-331-1212. And remember to use your AACE Avis Discount number (AWD): B155104 to enjoy these special savings. PHONE/PROMO 1-800-331-1212 mention AWD # B155104

**Budget Car Rental**: Make your budget go further by getting a great deal on a great car from Budget. As an AACE member, you’ll get an amazing deal every time you rent – up to 25 percent off Budget’s great rates. To book your car, visit Budget Car Rental or call toll free 1-800-527-0700 and mention the AACE BCD number: R584704 to receive your discount. Make the smart choice, rent Budget and start saving today! PHONE/PROMO 1-800-527-0700 mention BCD # R584704

**AACE Impact Graphics – your full service graphic design company**: The American Association of Clinical Endocrinologists is pleased to introduce AACE Impact Graphics; YOUR FULL SERVICE GRAPHICS DESIGN COMPANY! Specializing in Medical Graphic and Web Designs, AACE Impact Graphics will help you make an Impactful first impression. As an AACE Member you will receive 10% off our Graphic and Web Design Services. Please call 904-353-7878, ext. 172 or visit www.aaceimpactgraphics.com for more information.

**Flower.com**: Shop FLOWER.com for the season's best! Choose from the most comprehensive collection of fresh flowers, plants and gift baskets. They are not only committed to providing you with the best selection, but also the best and most convenient service. Gifts under $50.

**Practice Management Institute**: AACE and Practice Management Institute (PMI) have formed a partnership to bring your practice valuable educational opportunities. Visit http://www.pmimd.com/audio/totalaccess.asp to learn more.

**Veterinary Pet Insurance**: Veterinary Pet Insurance (VPI) provides affordable pet health coverage from preventive care to significant medical incidents. AACE members are eligible for a 5% discount (or more for multiple pets), which makes this peace-of-mind protection even more affordable. Find out why VPI is the #1 choice in America for pet insurance. Visit www.petinsurance.com/aace to enroll or get more information or contact by phone at 1-877-PETS-VPI / (877)738-7874. Mention you’re a member of AACE.

**Office Depot**: AACE has partnered with Office Depot to bring you a FREE national discount program. Save up to 80% off preferred products! Shop online or in stores! FREE next day delivery on orders over $50! To shop or print off your in-store savings card, http://aace.ctshares.com.

**Wyndham**: As a member of AACE you will receive up to 20% off the “Best Available Rate” at over 7,500 participating locations worldwide. Book online or call and give the agent your special discount ID number 1000010676 at time of booking to receive discount. Whether you are looking for an upscale hotel, an all-inclusive resort or something more cost-effective, we have the right hotel for you, and at the right price. So start saving now. Call our special member benefits hotline 1-877-670-7088 and reserve your room today. Be sure to mention corporate code 1000010676.
**TNT Vacations**: With more than 900 destinations in Mexico, Hawaii, the Caribbean, Europe, Asia, and the U.S., as well as more airlines and thousands of more hotels to choose from, your trip will be more enjoyable with the ease planning it. With your exclusive AACE 5% member discount and “Price Match Plus” you’re guaranteed to have the most cost efficient trip, or we’ll match it! All-in-One Travel Protection allows you to change or cancel your reservation, with no fees, and full monetary return. For more information visit [http://www.funjet.com/default.aspx?plcode=AACE&gsVendor=TPV](http://www.funjet.com/default.aspx?plcode=AACE&gsVendor=TPV) or call 1-800-282-0276 and use promo code “AACE” for your 5% member discount!

**Cruises Only**: AACE is pleased to announce several new offerings including cruises! We’ve partnered with America’s largest cruise agency, CruisesOnly, to offer the lowest prices in the industry to AACE members. In fact, CruisesOnly even backs their prices with the only 110% Best Price Guarantee in the industry. Shop and compare thousands of cruises from 25 of the world’s top fleets departing from 22 U.S. ports, on over 250 ships! Browse the latest in new promotions and last-minute offers or shop by category – weekend cruises, family cruises, honeymoon cruises, and more. Check out customer reviews and travel tips. Plus, trained cruise consultants are ready to answer your questions, help you choose the right cruise for your needs and even help arrange land excursions. So visit [http://www.cruisesonly.com/?cm_mmc=Affiliate--ONLY-Affinity_Marketing--85--NA](http://www.cruisesonly.com/?cm_mmc=Affiliate--ONLY-Affinity_Marketing--85--NA) to start planning your cruise now!

**Orlando Vacations**: Save up to 35% on Your Orlando Vacation! Orlando Employee Discounts offers Exclusive Pricing on Hotels & Vacation Homes in or nearby Disney World and Universal Studios Orlando as well as Discounts on Tickets for All Orlando Area Theme Parks and Attractions! Just click on the following link in order to access your discounts. [http://www.orlandoemployeediscounts.com/member-login/?uname=aace](http://www.orlandoemployeediscounts.com/member-login/?uname=aace)

**National Auto Leasing**: A unique program designed to meet the needs of the busy physician. A highly competitive and professional approach to leasing or purchasing an automobile delivered to your door no matter your location. Contact Tom McCabe, National Auto Leasing, at 1-888-967-2886.
During 2016-2017, the American College of Endocrinology (ACE) was served by the following members of its Board of Trustees: Dr. R. Mack Harrell, President Elect; Dr. Sandra Weber, Secretary/Treasurer; Dr. George Grunberger, Chancellor; Dr. Alan Garber, Immediate Past President; Dr. Daniel Einhorn, Member-At-Large (2016-2019) Dr. Ved Gossain, Member-At-Large (2016-2017) Dr. Jeffrey R. Garber, Member-At-Large (2015-2018); Dr. Ved V. Gossain, Member-At-Large (2016-2017); Dr. S. Sethu K. Reddy, Member-At-Large (2015-2018); Dr. Dace L. Trence, Member-At-Large (2015-2017) and EmPower Magazine Editor-in-Chief; and Dr. Derek LeRoith, Endocrine Practice Editor-in-Chief, Ex Officio; Dr. Hossein Gharib, Endocrine University® Dean; Dr. Pauline Camacho, AACE President.

The mission of the College, incorporated in 1993 as a nonprofit corporation, is:

ACE is a scientific, educational and charitable medical organization dedicated to promoting the art and science of clinical endocrinology, diabetes, and metabolism for the improvement of patient care and public health.

Activities of the College over the course of the past year focused on the following areas:

FINANCE COMMITTEE – Dr. Sandra Weber, Chair, Secretary/Treasurer

In year 2016, the College recorded a $28,000 surplus from program activities (which excludes investment activities), as compared to a budgeted $8,000 surplus and a $122,000 surplus from program activities last year. Program activity in the year included: 1) a $20,000 contribution from Mr. Frank Meggers, and a $10,000 unrestricted contribution from the Nevada Chapter of AACE; 2) $38,000 of Convocation Induction fees; 3) $6,725 of gross receipts associated with the “Silent Auction” held during the AACE Annual Meeting; 4) costs associated with the May 2016 College Convocation; 5) costs associated with four College Board of Trustees/Board of Regents meetings; 6) ongoing work associated with several disease initiative programs combined with the closeout of Thyroid Awareness current and prior year programs, and ASAP; 7) $8,000 of costs associated with the Fellows Grant program, and 8) costs associated with an American College of Endocrinology Foundation (ACEF) fundraising event. Unrestricted corporate contributions were much lower than budgeted in year 2016. The College has also recorded a $19,000 gain in the year from investment activities; this results in a $47,000 surplus in year 2016 from combined program and investment activities.

New Disease Initiative Program funding update: funds received.

In year 2016, the College received $742,500 of new program cash funding for continuation and/or expansion of several disease initiative programs. The following is a summary of additional or new disease initiative program funding received in year 2016:

<table>
<thead>
<tr>
<th>Supporter</th>
<th>Month</th>
<th>Amount</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBVIE</td>
<td>December 2016</td>
<td>$200,000</td>
<td>EMPOWER®</td>
</tr>
<tr>
<td>ABBVIE</td>
<td>December 2016</td>
<td>128,000</td>
<td>THYROID AWARENESS</td>
</tr>
<tr>
<td>MERCK</td>
<td>January 2016</td>
<td>32,500</td>
<td>BLOOD SUGAR BASICS</td>
</tr>
<tr>
<td>BOEHRINGER</td>
<td>January 2016</td>
<td>100,000</td>
<td>EMPOWER®</td>
</tr>
<tr>
<td>MERCK</td>
<td>March 2016</td>
<td>25,000</td>
<td>BLOOD SUGAR BASICS</td>
</tr>
<tr>
<td>ASTRAZENECA</td>
<td>May 2016</td>
<td>50,000</td>
<td>EMPOWER®</td>
</tr>
<tr>
<td>NOVO NORDISK</td>
<td>October 2016</td>
<td>10,000</td>
<td>EMPOWER®</td>
</tr>
<tr>
<td>LILLY</td>
<td>November 2016</td>
<td>197,000</td>
<td>EMPOWER® AND DIABETES EMERGENCY PLAN</td>
</tr>
<tr>
<td><strong>Total cash received</strong></td>
<td><strong>$ 742,500</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These amounts are recorded when received as deferred revenue; the above noted amounts are then released to unrestricted revenues, in future months, when the underlying program activity or event actually occurs. It is anticipated the College and other affiliated entities (which includes AACE Impact
Graphics) will ultimately retain approximately twenty percent of these funds in the form of project management fees.

**Face of CVD Risk program** - in late 2015, the College received $200,000 of funding from Amgen for this program. It was expected to occur in year 2016, however commencement of the program was delayed until late in year 2016. It is now expected to proceed in February 2017.

Most of the assets of the College are in an insurance annuity plan. The accompanying financial statements reflect December 31, 2015 audited actuarial data. Actuarial assets exceed actuarial liabilities by approximately $1.1M as of December 31, 2015. The College places Plan contributions from participants with insurance carriers so as to minimize the long-term risk to the College. Year end 2016 data is presently being compiled by the plan’s insurance representatives for review by external auditors.

**Deferred Revenue** - totaled $1.6M at December 31, 2016. This represents cash received/billed in advance of future events or programs, which will be released to unrestricted revenues in a future month when the underlying event, activity or program occurs. These programs include future issues of EmPower®, the Thyroid Awareness program, the Diabetes Emergency Planning program, and the Face of CVD Risk program (funded by Amgen). The December 31, 2016 balance also includes $269,000 of corporate funding already received/billed in support of the upcoming March 2017 Endocrine University program (this program is being transferred to the College from AACE effective January 1, 2017). See also the preceding section on new disease initiative program funding received in year 2016.

**Restricted Revenue** - totaled $210,000 at month end, representing grant funds or donations received that are restricted for designated purposes. The major items in restricted funds are: 1) $107,000 of remaining funds in the Hossein Gharib (MD) Educational Fund; $42,000 in the Jeffrey Garber MD fund; and 3) $56,000 in the Alan Garber MD fund.

ACE FOUNDATION FOUNDING BOARD OF REGENTS – Dr. Donald Bergman, President

In 2015, the College established the ACE Foundation (ACEF) to provide financial support for the American College of Endocrinology’s educational and public awareness programs.

Currently the Foundation has the following funds for specific purposes: Jeffrey R. Garber, MD Fund, Hossein Gharib, MD Educational Fund, the Alan J. Garber, MD, PhD, FACE, Lectureship for the Prevention and Management of the Complications of Diabetes and the Donald C. Jones Leadership and Endocrine Excellence Award.

The Foundation also received $20,000 from Sanofi to launch the Don Jones Award; $55,00 from Sanofi for the ACE Center for Transcultural Endocrinology (ACTE) and $5,00 to support an event in Jacksonville.

Patient brochures were developed and are available to AACE members. These brochures are designed to provide information on the Foundation and the College programs it supports.

ACE CENTER FOR TRANSCULTURAL ENDOCRINOLOGY STEERING COMMITTEE – Dr. Jeffrey Mechanick, Chair

Dr. Mechanick appointed Dr. Larissa Aviles-Santa, Dr. Rodolfo Galindo, Dr. Osama Hamdy, Dr. Kevin McKinney, Dr. Vin Tangpricha, Dr. Gillerino Umpierrez, Dr. Jaime Davison, Dr. Shashank Joshi and Dr. Kwame Osei to the ACTE Task Force on Diabetes Care in America. The charge of the Task Force is to develop a project based on Sanofi sponsorship proposal. The Task Force is working on project development.

Dr. Mechanick will participate in the Duval County Medical Society Foundation Future of Healthcare Conference on May 23, 2017 in Jacksonville, FL speaking on “Nutrition, Obesity and Diabetes – Transcultural Issues.”
ACE SELF-ASSESSMENT PROGRAM (ASAP) COMMITTEE – Dr. Elise M. Brett, Co-Chair and Dr. Romesh K. Khardori, Co-Chair

The current edition of ASAP was launched November 12, 2014, on the AACE Learning Management System (LMS) at education.aace.com. This online educational activity provides a core curriculum with updated information on the evaluation, diagnosis, treatment, and management of endocrine disease. ASAP fulfills the cognitive needs of the endocrinologist to be effective and competent in delivering optimal endocrine care and assists endocrinologists in preparation and maintenance of their subspecialty certification.

ASAP is available to AACE and non-AACE members. It is comprised of 11 sections, approved for a maximum of 76.0 AMA PRA Category 1 Credit(s)™, and up to 83 American Board of Internal Medicine (ABIM) Maintenance of Certification (MOC) credits/points. Participants of ASAP have the option of claiming CME credits after completion of each section, or participants can claim credits after completing and passing the 11 sections of ASAP. Participants can automatically print CME certificates after passing the post test exam and completing the evaluation for each section. Additionally, ABIM diplomates can submit their MOC credit to ABIM via the direct data portal within ASAP. Since its launch, 332 participants have utilized ASAP. The current edition of ASAP expires in November 2017. Upon its expiration on November 12, 2017, the projected net revenue from ASAP 2014 is approximately $117,000.

For ASAP 2017, the format has been changed from the traditional chapter, question, and answer format to a case study followed by questions and discussion. The possibility of adding an E-book, in which all subjects are combined into 1 book, as part of the ASAP products was also discussed. An updated list of sub-topics was created for ASAP 2017 and authors were identified for each section. These cases and questions have undergone an extensive review process to ensure that the final product covers a wide range of topics relevant to practicing endocrinologist and keeps apace with the latest clinical practices and recommendations.

AWARDS COMMITTEE – Dr. George Grunberger, Chair and Dr. Jeffrey Mechanick, Vice Chair

The College is pleased to present the following distinguished awards during the May 6th Convocation or at a plenary session during the AACE 26th Annual Scientific & Clinical Congress.

PLENARY SESSION

ACEF John A. Seibel, MD, Award
Dance L. Trence, MD, FACE

ACE Distinction in Endocrinology Award
Ralph A. De Fronzo, MD, BMS, MS, BS

ACEF Philanthropy Award
Amgen

ACE International Endocrinology Award
Andrew J.M. Boulton, MD, MRCP, FRCP

CONVOCATION

Master of the American College of Endocrinology (MACE)
Yehuda Handelsman, MD, FACP, FACE, FNLA
Christian A. Koch, MD, FACP, FACE

ACE Yank D. Coble, Jr., MD, Distinguished Service Award
Paul S. Jellinger, MD, MACE

BYLAWS COMMITTEE – Dr. Jeffrey R. Garber, Chair

The Bylaws Committee reviewed the ACE Bylaws and submitted recommended amendments throughout the year.

ACE EMPOWER® COMMITTEE – Dr. Dace L. Trence, Chair
EmPower Program Online Platforms

The Empoweryourhealth.org website attained its highest number of annual visitors during the 12 months ending December 31, 2016. The number of unique visitors was 431,388, the number of visits to the site totaled 483,554, and page views topped the half-million milestone at 586,395.

The EmPower Committee, in conjunction with the Patient Education and Awareness Committee, remains engaged in efforts to evaluate existing online and offline patient education materials to identify topics where information is inadequate or outdated and create new content.

The thyroidawareness.com site underwent a design refresh during 2016, and the resulting website was selected by popular consumer health information website Healthline as one of the web’s best sources for thyroid disease information. More than 271,000 users visited the site, with 307,108 sessions and a total of 390,151 page views in 2016.

Also newly designed during 2016 was a dedicated website for the My Diabetes Emergency Plan (www.mydiabetesemergencyplan.com), sponsored by Lilly Diabetes. The site features distinct areas of information for Emergency Management and Public Safety personnel; Healthcare professionals; and patients. The website and plan distribution are promoted by AACE Public Relations staff attending select emergency manager and healthcare professional meetings throughout the year.

EmPower® Magazine

The three issues of the magazine distributed since the 2016 Annual Meeting included the following editorial content:

- **Summer 2016 issue**: “Secondary Osteoporosis” Other Causes of a Decrease in Bone Density; Diabetes and You: Why Body Shape Matters; Meet Your Body’s Master Gland, The Pituitary; When Is A Thyroid Cancer No Longer A Thyroid Cancer?; Life In Balance: A Classic Hypothyroidism Patient Regains Her Health; How To handle Hypothyroidism; What Every Man Needs to Know About Testosterone Replacement Therapy; Do You Take Care of an Older Adult With Diabetes? Your Support Can Go A long Way; and Little-Known Consequences of Diabetes;

- **Fall 2016 issue**: How to Find Help Controlling Your Prescription Drug Costs; Managing Diabetes Isn’t Easy, But It’s Worth It; The Bone Disease You’ve Likely Never Hear Of (Paget’s disease, How to Beat the Holiday Urge to indulge; What It really Takes to Work Off those Holiday Calories; The Low Blood Sugar Blues: How to Handle Hypoglycemia; Myths and Misconceptions About Diabetes; When Your Pet Has Diabetes; Dear Machines: You Can Take This Job (Open APS) ; A Conversation With Open APS Creator Dana Lewis; DKA: How to Avoid a Severe Complication of Insulin Deficiency; and, Overcoming Diabetes-Driven Distress.

- **Winter 2017 issue** (features a special Thyroid disease section): Optimizing Your Thyroid Treatment: Why Other Medications Matter; Golden Girl: A popular YouTube video blogger advocates for Hashimoto’s thyroiditis awareness; Hashimoto’s Thyroiditis: The Thyroid and Beyond; Thyroid Patients, Be Aware of Biotin; Thyroid Cancer Care Collaborative Offers Patients Decision Support Tools for Treatment; Where Did I Put My Car Keyes, Again? The Diabetes-Dementia Connection; Rick Factors for Type 2 Diabetes; What Everyone With Diabetes Should Know About Liver Disease; 90 Days and Counting: Making a Change for the Better (Patient weight-loss story); Is Alternative Care Going to Help or Hurt My Diabetes?; and, Free Endocrine Resources Are Just a Click Away.

Magazine subscription requests from patients and healthcare professionals remain steady; current distribution over 7,500 subscribers (AACE members, PCPs, allied healthcare professionals and patients, on-demand). Grant support for 2016 totaled $535,000 and was provided by the BI Alliance, Lilly Diabetes, AbbVie and Novo Nordisk. Commitments received to-date in 2017 total $300,000.

FACE APPLICATION COMMITTEE – Dr. Sandra L. Weber, Chair
The Board of Trustees is expecting 61 qualified candidates to be inducted as Fellow of the American College of Endocrinology (FACE) during the 2017 ACE Convocation.

The next FACE Application period will be from August 14, 2017 through November 1, 2017

ENDOCRINE FELLOW TRAVEL GRANT SELECTION COMMITTEE – Dr. Vin Tangpricha, Chair

The Endocrine Fellow Travel Grant Selection Committee reviewed nine (9) applications. Applications were emailed to endocrine program directors and AACE fellow members. The Committee selected two recipients.

Dr. Adnan Ajmal received a grant to participate in an extramural rotation in the areas of pediatric and adolescent endocrinology with focus on genetic forms of hypopituitarism, including combined pituitary hormone deficiency (CPHD), isolated growth hormone deficiency (IGHD) and idiopathic hypogonadotrophic hypogonadism (IHH) at University College London Hospital (UCLH).

Dr. Catherine Sullivan received a grant to participate in a study based out of Yerevan State Medical University in Yerevan, Armenia along with collaborators from Columbia University investigating iodine nutritional status and the iodine content in table salt in Armenia. The purpose of this study is to investigate whether there are current deficiencies in nutritional iodine in Armenia 10 years after efforts by UNICEF and the Health Ministry of Armenia corrected iodine deficiency in the country. There has recently been increased concern that iodine deficiency may have recurred in this country as there continues to be a high prevalence of goiters in the population.

ENDOCRINE UNIVERSITY® PROGRAM COMMITTEE – Dr. Hossein Gharib, Dean

The 16th Annual Endocrine University® (EU) was held March 3-9, 2017, at the Marriott and Kahler Hotels at Mayo Clinic in Rochester, MN. Two hundred seventy five (275) fellows from 130 programs were in attendance.

Members of the ACE ASAP Committee included: Dr. Intekhab Ahmed; Dr. Susan S. Braithwaite; Dr. Bart L. Clarke; Dr. David A. Cohen; Dr. Seema Kumar; Dr. Donald A. Smith; Dr. Joseph J. Torre; Dr. Batul Valika; Dr. Pankaj Shah; and Dr. Michael Via.

The Charge of ACE ASAP Committee is to:

ASAP Committee: Dr. Elise M. Brett, Co-Chair, Dr. Romesh K. Khardori, Co-Chair

The ACE ASAP Committee undertook the following activities during the past Association year:
• Changed the format for ASAP 2017 from the traditional chapter, question, and answer format to a case study followed by questions and discussion. The possibility of adding an E-book, in which all subjects are combined into one book, as part of the ASAP product was also discussed.
• Created an updated list of sub-topics and identified authors for each ASAP section. Conducted an extensive review process of the cases/questions to ensure the final product covers a wide range of topics relevant to practicing endocrinologists and keeps pace with the latest clinical practices and recommendations.
• ASAP 2014 was launched to the public on November 12, 2014, via the Learning Management System (http://education.aace.com). This program was approved for 76.0 AMA PRA Category 1 Credit(s)™, and accepted as part of the Maintenance of Certification (MOC) program of the American Board of Internal Medicine (ABIM) for 83 points. To date, 332 participants have utilized ASAP 2014. Revenue generated thus far is $90,325. Upon its expiration on November 12, 2017, the projected net revenue from ASAP 2014 is approximately $117,000.

ASAP Fees by Category:
$375 AACE Non-Member
$275 AACE Member
$175 AACE Fellow-in-Training and Retired/Emeritus/Senior
$85 AACE Resident
$25 AACE Medical Student
BYLAWS AMENDMENTS

Howard M. Lando, MD, FACP, FACE
Secretary

In compliance with the Bylaws, the Board of Directors submits the following recommendations for amendments to the AACE Bylaws to be voted on by the membership at the Annual Business Meeting on Saturday, May 6, 2017, in Ballroom E-G, Level 4, Austin Convention Center, Austin, Texas. The recommendation, specific chapter/section under consideration, and amendment are presented below. The full text of the Bylaws is provided as Appendix 5 to this report.

PROPOSED AMENDMENTS TO AACE BYLAWS

I. MEMBERSHIP

The Board of Directors is proposing an amendment by addition and/or deletion to the following Bylaws section: Chapter 2. Membership, Section 2.3 Associate Membership. The amendment, if passed, will:

- Provide consistency in language with Chapter 2. Membership, Section 2.2., Active Membership.

RECOMMENDATION NO. 1: CHAPTER 2. MEMBERSHIP, SECTION 2.3 ASSOCIATE MEMBERSHIP

THAT CHAPTER 2. MEMBERSHIP, SECTION 2.3 ASSOCIATE MEMBERSHIP, BE AMENDED BY ADDITION AND/OR DELETION.

2.3 Associate Membership: The qualifications for admission to associate membership in AACE shall require that a physician be enrolled in a postgraduate fellowship training program for treatment or investigation of endocrine disease. Associate members may vote, hold office, be directors, and serve on committees so long as the member remains in good standing.

II. MEMBERSHIP

The Board of Directors is proposing an amendment by addition and/or deletion to the following Bylaws section: Chapter 2. Membership, Section 2.6 InternationalMembership. The amendment, if passed, will:

- Provide consistency in language with Chapter 2. Membership, Section 2.2., Active Membership.

RECOMMENDATION NO. 2: CHAPTER 2. MEMBERSHIP, SECTION 2.6 INTERNATIONAL MEMBERSHIP

THAT CHAPTER 2. MEMBERSHIP, SECTION 2.6 INTERNATIONAL MEMBERSHIP, BE AMENDED BY ADDITION AND/OR DELETION.

2.6 International Membership: The qualifications for admission to international membership in AACE shall be the same as those for active domestic members with the exception provision that the applicant must be an internationally licensed physician who resides outside the United States of America, its territories or commonwealths. International members may vote and serve on AACE committees so long as the member remains in good standing, but may not hold office or be a director.

III. MEMBERSHIP

The Board of Directors is proposing an amendment by addition and/or deletion to the following Bylaws section: Chapter 2. Membership, Section 2.7 Inactive Membership. The amendment, if passed, will:
that Chapter 2. Membership, Section 2.7 Inactive Membership, be amended by addition and/or deletion.

2.7 Inactive Membership: Inactive membership may be extended to former active members who are not actively practicing, or who are confronted by unusual, extenuating circumstances that preclude active membership as adjudged approved by the Board of Directors. A member may only remain in this category for up to two years, after which time the member must reactivate his/her membership or resign. Inactive members are not required to pay dues or assessments, and may not vote, hold office, be directors, or serve on committees.

IV. BOARD OF DIRECTORS

The Board of Directors is proposing an amendment by addition and/or deletion to the following Bylaws section: Chapter 4. Board of Directors, Section 4.3, Term Limits. The amendment, if passed, will:

- Clarify that eligibility is contingent on service as a voting member of the Board of Directors, not as an Advisor.

V. OFFICERS

The Board of Directors is proposing an amendment by addition and/or deletion to the following Bylaws section: Chapter 5. Officers, Section 5.2, Election of Officers, Subsection (a). The amendment, if passed, will:

- Provide consistency in language with the proposed change to Chapter 4. Board of Directors, Section 4.3 Term Limits, and clarify that eligibility is contingent on service as a voting member of the Board of Directors.
5.2 Election of Officers: (a) Qualifications: Candidates for Officer positions must have completed a minimum of three (3) years of service as a voting member on the Board of Directors and that the final year of Board service as a voting member must have transpired within the five (5) prior consecutive years. Qualifications for President must include at least two (2) full terms on the Executive Committee with the last term occurring within five years of assuming the Presidency. Candidates for President Elect must have served at least one (1) full term on the Executive Committee within the past five (5) years. The election of Officers shall be determined in accordance with the election procedures as set forth in Chapter 6 of these Bylaws.
Chapter 1. Definitions

1.1 Definitions: As used in these Bylaws, the expression “AACE” shall mean the American Association of Clinical Endocrinologists and the phrase “endocrine disease” shall pertain to all disorders of the endocrine system and to metabolic disorders including diabetes mellitus.

Chapter 2. Membership

2.1 Application for Membership: Persons eligible for application for membership include any physician (MD, DO, or foreign equivalent) with an active, unencumbered license to practice medicine who is engaged, at least 50 percent (50%) of their work time, in the treatment of patients with endocrine disease or involved in research or educational activities relating to endocrine disease; fellows enrolled in a postgraduate training program for the treatment or investigation of endocrine disease; residents in internal medicine or pediatrics; and medical students enrolled in a medical school accredited by the Association of American Medical Colleges. A willful and material misstatement by the applicant shall be cause for rejecting the application.

2.2 Active Membership: The qualifications for admission to active membership in AACE shall require that the applicant be a physician (MD, DO, or foreign equivalent) who has an active, unencumbered license to practice medicine in the United States and is engaged, at least 50 percent (50%) of their work time, in the treatment of patients with, or involved in research or educational activities relating to endocrine disease. Each active member shall have the right to vote, hold office, be a director, and serve on committees so long as the member remains in good standing. In extraordinary circumstances, approval of at least 75 percent (75%) of the Board members voting may waive the requirements for active membership and offer active membership to endocrine-related health professionals who have demonstrated distinguished service to AACE and the endocrine community.

2.3 Associate Membership: The qualifications for admission to associate membership in AACE shall require that a physician be enrolled in a postgraduate fellowship training program for treatment or investigation of endocrine disease. Associate members may vote, hold office, be directors, and serve on committees.

2.4 Affiliate Membership: The qualifications for admission to affiliate membership in AACE shall require that a physician be enrolled in a postgraduate residency training program in Internal Medicine or Pediatrics or be enrolled as a student in a medical school accredited by the Association of American Medical Colleges. Affiliate members may not vote, hold office, be directors, or serve on committees.

2.5 Honorary Membership: Honorary membership may be conferred by the Board of Directors upon such persons who have provided distinguished service to AACE or to the endocrinology community. Honorary members shall not be required to pay any dues or assessments and shall not have the right to vote, hold office, or be directors, but may serve on committees.

2.6 International Membership: The qualifications for admission to international membership in AACE shall be the same as those for active members with the exception that the applicant must be an internationally licensed physician who resides outside the United States of America, its territories or commonwealths. International members may vote and serve on AACE committees but may not hold office or be a director.
2.7 Inactive Membership: Inactive membership may be extended to former active members who are not actively practicing, or are confronted by unusual, extenuating circumstances that preclude active membership as adjudged by the Board of Directors. A member may only remain in this category for two years, after which time the member must reactivate the membership or resign. Inactive members are not required to pay dues or assessments, and may not vote, hold office, be directors, or serve on committees.

2.8 Emeritus Membership: Active members who retired from significant remunerative professional activities and who have held continuous membership in good standing in AACE for fifteen (15) previous years and have served AACE either at the chapter/national level or are a charter member may apply for Emeritus status. Emeritus members may vote, hold office, be a director, and serve on committees. Emeritus members pay no dues but retain all rights to active membership. Applicants for emeritus status who do not meet these criteria may apply to the Membership Committee for review as an exception. Final approval for Emeritus membership shall be vested in the Executive Committee.

2.9 Retired Membership: (a) Retired Membership in AACE requires that a physician must have reached the age of 65 and be retired from clinical practice, but otherwise qualified for active membership in AACE within the previous five (5) years. Retired members may vote, hold office, be directors, and serve on committees. Retired members pay reduced dues as determined by the Board of Directors and retain all rights of active membership.

(b) Prior to the age of 65, members who have retired from clinical practice due to disability or financial hardship may apply for retired membership status, with adjudication on a case-by-case basis by the Board of Directors or a duly appointed committee. They may vote, hold office, be directors, and serve on committees.

2.10 Election of Members: (a) Applications for membership in AACE shall be forwarded to the AACE headquarters for processing and shall be accompanied by the application fee. The Association staff person responsible for membership will conduct a preliminary review of the application and will verify the address and medical licensure of the applicant prior to approval. The Membership Committee will provide oversight for the application process.

(b) Applicants accepted for membership will be notified of such acceptance by mail, within thirty (30) days. A membership certificate will also be mailed to each new member.

(c) Requests for a change in membership status shall be made in writing to the Membership Chair at AACE headquarters. All such requests will be forwarded to the Membership Committee Chair for approval.

2.11 Dues and Assessments: (a) The Board of Directors shall periodically review the dues for all categories of membership and determine if there is need for a dues change and shall institute any such change.

(b) Dues are due and payable by January 1 of each calendar year (the due date) or as prescribed by the Board of Directors. Members will be sent a reminder of unpaid dues seven (7) days after the due date. Members whose dues remain unpaid thirty (30) days after the due date are considered delinquent and will be notified of their delinquent status and informed that their membership benefits, including the right to vote, have been discontinued until such time as the dues are paid. Members whose dues remain unpaid one hundred twenty (120) days from the due date (January 1st) will be dropped from membership. Members may reinstate membership with payment of delinquent dues, if the remaining requirements for membership are otherwise met.

2.12 Termination of Membership: (a) When any action is taken which may result in the termination of a member’s rights to membership, for reason other than nonpayment of dues, the Association shall provide the member with written notification by certified US Mail, return receipt requested, of its proposed actions and the reasons therefore, at least thirty (30) days before the effective date of the termination of membership. This written notification shall inform the terminated member that he or she has the right to petition the Board of Directors for a hearing.

(b) A request for a hearing shall be in writing. Such hearing shall be before the current Board of Directors (as of the date of the hearing) making the decision on membership and shall afford the individual an opportunity to
present evidence, either in writing or orally at the discretion of the Board of Directors. Such hearing shall be held not more than fifteen (15) business days after the request for the hearing has been received by AACE. The effective date of the termination of membership shall be postponed pending the decision of the Board of Directors. The decision of the Board of Directors shall be final. Failure of the affected individual to request this hearing within thirty (30) days after receipt of notification shall constitute waiver of his or her right for this appeal.

(c) Subject to the above, AACE, through its Board of Directors, shall have the ultimate authority on the termination of membership

2.13 Reinstatement of Members: A person whose membership has been terminated for reasons other than dues payment as explained in section 2.11 may be reinstated only upon a new application and election.

2.14 Discrimination: Membership in any category of AACE or in any of its Chapters shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic or national origin, sexual orientation, or for any other reason unrelated to character or competence. Nor shall membership in any category of AACE or in any of its Chapters be denied to any person who meets the requirements for membership as set forth in these Bylaws and in the bylaws of the applicant’s respective Chapters. In considering applicants for membership, information as to the character, ethics, professional status and professional activities of the individual is considered.

Chapter 3. Meetings

3.1 Place of Meeting: All meetings of the members of AACE shall be held at such place as designated by the Board of Directors and stated in the notice of the meeting.

3.2 Annual Meeting: An Annual Meeting of the members of AACE shall be held on a date to be designated by the Board of Directors, at which election results shall be announced for Officers and Board of Directors of AACE and other business transacted as may properly be brought before the meeting. Elections shall be held as provided for in Chapter 6 of these Bylaws.

3.3 Special Meetings: A special meeting of the members of AACE may be called at any time by the President with the approval of a majority of the Board of Directors, a majority vote of the Board of Directors or by ten percent of the voting AACE members in good standing upon written request.

3.4 Notice of Meetings: Notice is given if delivered in person, by regular mail, fax, e-mail, telephone or telegram, at least thirty (30) days prior to the meeting. If notice is given by regular mail, such notice shall be deemed to be delivered when deposited in the United States mail, addressed to the member at the address then appearing on the records of the Association, with postage prepaid.

3.5 Quorum for Meetings: A majority of the voting members registered at the Annual Meeting or, if at a special meeting, at least ten percent (10%) of the total Association members shall constitute a quorum.

Chapter 4. Board of Directors

4.1 Composition of the Board of Directors: (a) The President, President Elect, Vice President, Secretary, Treasurer, Immediate Past President, an Endocrine Fellow-in-Training, and the President, President Elect and Immediate Past President of the American College of Endocrinology, shall serve as members of the Board of Directors with full Board privileges and voting rights along with not more than twenty-one (21) elected Directors; and nonvoting advisory members (not to exceed five (5) in number) to be appointed by the President and approved by the Board. The term “elected Director” only applies to the “not more than 21 elected Directors” and does not include Officers or the Endocrine Fellow-in-Training. The term “Director” applies to elected Directors, Officers and the Fellow-in-Training.
(b) Qualifications: Candidates for the elected Directors positions must have been members of AACE in good standing for at least three (3) consecutive years prior to the annual meeting that marks the start of Board service.

4.2 Election of the Board of Directors: (a) Up to twenty-one (21) elected Directors shall be elected in accordance with the Election Procedures set forth in Chapter 6 of these Bylaws. Notwithstanding this provision, in the event that more than seven (7) seats are being elected in any given year, those candidates with the seven (7) highest number of votes shall be elected to three-year (3) terms, with the other elected members being elected to such shorter terms as are necessary to ensure that an equal number of Directors shall be elected in future years.

(b) Newly-elected Board members shall assume their respective Board positions at the conclusion of the last session on the last day of the AACE Annual Meeting.

4.3 Term Limits: (a) The elected Directors shall serve for a term of three (3) years. No elected Director shall serve for more than a maximum of two (2), three (3) year terms for a maximum of six (6) years unless first elected to fill an unexpired term. In this case, if the remaining portion of the unexpired term is one (1) year, the candidate is eligible for two (2) full three (3) year terms in addition for a total of seven (7) years maximum of service. If the unexpired term is two (2) years, only one (1) three-year term may be served for a maximum of five (5) years. Notwithstanding the provisions in this section, those elected Directors who have completed their maximum tenure of service on the Board shall be eligible for one (1) additional three (3) year term following a minimum of five (5) years absence from the Board of Directors, with the exception of past presidents of AACE, who will not be eligible for additional service on the Board as an elected Director. The Nominating Committee will be allowed to nominate up to one (1) candidate for a third term during each election year.

(b) The endocrine Fellow-in-Training Director must be an associate member and shall be elected annually for a term of one (1) year by the Fellows-in-Training members of the Association present at an annual Fellows-in-Training members meeting, to be held during the Association’s Annual Meeting.

(c) Advisory member(s) without voting privileges, not to exceed five in number, may be appointed annually for a one-year term by the President of AACE, with the approval of the Board. Advisory member(s) may represent other affiliated associations or may possess specialized knowledge or experience.

4.4 Vacancies: If a vacancy occurs among the Directors, a member of the Association, eligible pursuant to Section 4.1 (b), may be appointed by the President, with the approval of a majority of the Board of elected Directors, to serve until the next annual election. A member of the Association shall be elected at the next annual election in accordance with Chapter 6, Section 6.2 (a) and Chapter 4, Section 4.3 to complete the unexpired term.

4.5 Duties: (a) The Board of Directors shall administer the affairs of the Association during intervals between Annual Meetings, subject to the general policies established by the Board of Directors or the membership.

(b) The most recent policy actions shall be deemed to supersede contradictory past actions. In the absence of a specifically applicable current statement of policy, the Board of Directors shall determine what it considers to be the position of the Association based upon the tenor of past and current actions that may be related in subject matter. Such determinations shall be considered to be AACE policy until modified, approved or rescinded at the next annual or special meeting of the Association.

4.6 Meetings: (a) Regular meetings of the Board of Directors shall be held at such time and place as the Board shall determine. Notice of each regular meeting shall be given at least thirty (30) days before each such meeting.

(b) Special meetings of the Board of Directors may be called at any time by the President or at the request of fifteen (15) members of the Board. Notice shall be given at least fifteen (15) days before each such meeting. The notice shall specify the general purposes of, and business to be transacted at the meeting, but other business may also be transacted.
(c) A majority of the members of the Board of Directors shall constitute a quorum.

(d) Notice is given if delivered to the members of the Board of Directors as prescribed in Chapter 3.4.

4.7 Chief Executive Officer: The Board of Directors may employ a Chief Executive Officer for the Association. The Chief Executive Officer shall be directly responsible to the Board of Directors and serve at its pleasure. The assignment of duties of the Chief Executive Officer shall be the responsibility of the Board of Directors. The salary of the Chief Executive Officer shall be determined by the Executive Committee.

Chapter 5. Officers

5.1 Officers: The Officers of the Association shall be the President, President Elect, Vice President, Secretary, Treasurer, and Immediate Past President.

5.2 Election of Officers: (a) Qualifications: Candidates for Officer positions must have completed a minimum of three (3) years of service on the Board of Directors and that the final year of Board service must have transpired within the five (5) prior consecutive years. Qualifications for President must include at least two (2) full terms on the Executive Committee with the last term occurring within five years of assuming the Presidency. Candidates for President Elect must have served at least one (1) full term on the Executive Committee within the past five (5) years. The election of Officers shall be determined in accordance with the election procedures as set forth in Chapter 6 of these Bylaws.

(b) The President Elect, Vice President, Secretary, and Treasurer are elected for a term of one (1) year, by a majority vote of the eligible members submitting ballots.

(c) All Officers shall immediately assume their respective offices and the President Elect shall automatically succeed to President at the conclusion of the last session on the last day of the AACE Annual Meeting. If there is an election challenge, for contested positions, the prior office holders will continue in their positions until the election is declared final.

5.3 Term Limits: An individual may serve no more than seven (7) full terms as an Officer. If an individual does not complete his/her full term as an Officer, he/she will be eligible to serve for no more than one (1) additional term.

5.4 Vacancies: (a) If the President becomes unable to perform the duties of the office, the President Elect shall serve as President until either the President can resume such duties or until the next annual business meeting. In the event the President Elect serves as President for less than eight (8) months, this individual shall continue as President through the time for which originally elected. If the President Elect's service as President exceeds eight (8) months, the term will have expired at the time of the Annual Meeting and a new President and President Elect shall be elected for the succeeding year. Qualifications for President must include at least two (2) years on the Executive Committee with the last year occurring within five years of assuming the Presidency.

(b) If the President Elect is unable to perform the duties of the office, the Board of Directors shall appoint an interim President Elect from either the current Vice President, Secretary, or Treasurer. The appointee shall perform the duties of the President Elect and continue to serve in his/her original elected position until the succeeding annual election. The Board of Directors will then elect a qualified candidate from the Board to fill the Officer position vacated, which remains open. At the succeeding annual election, an election will be conducted for the office of President and President Elect.

(c) In the event the President and/or President Elect are unable to perform their duties, the Vice President shall assume the duties of President until the President and President Elect are able to resume their duties or until the succeeding Annual Meeting.

(d) If the office of the Secretary, Treasurer, and/or Vice President shall become vacant, a member of the Board, eligible pursuant to Section 5.2 (a), shall be elected by a majority vote of the Board of Directors to serve until the next annual election.
5.5 President: The President shall preside at all meetings of the Board of Directors and Executive Committee and at all meetings of the membership, and shall ensure that all actions and resolutions of the membership, Board of Directors, and Executive Committee are carried out. The President shall serve as the principal spokesperson for the Association in all forums provided, however, that the President, at his/her discretion, may designate an alternate spokesperson for the Association. The President may, with the concurrence of the Board, also appoint ex officio, non-voting members to serve in such other positions and to assume such tasks as may be delegated by the President.

5.6 President Elect: The President Elect shall, in the absence or disability of the President, perform the duties of the President and shall also perform such duties as the Board of Directors may prescribe.

5.7 Immediate Past President: The Immediate Past President shall perform such duties as the President or Board of Directors may prescribe.

5.8 Vice President: The Vice President shall perform such duties as may be required under Chapter 5.4 (b) and (c), and shall perform such other duties as from time to time may be assigned by the President or by the Board of Directors.

5.9 Secretary: The Secretary shall: (1) Notify all members in advance of all Association member meetings; (2) Keep a record of proceedings of all Annual Meetings and meetings of the Board of Directors; and (3) Otherwise perform the duties expected of the Secretary.

5.10 Treasurer: The Treasurer shall: (1) Oversee the collection and retention of all funds due or accepted by the Association; (2) Expend the funds under the direction of the Board of Directors; (3) Submit to the Board of Directors an annual financial report; (4) Arrange for an audit of the financial records; and (5) Otherwise perform the duties expected of the Treasurer.

Chapter 6. Election Procedures

6.1 Nominating Committee: (a) Composition and Eligibility: The Nominating Committee shall be comprised of the Immediate Past President (the Chair), five (5) members appointed by the Board of Directors at the summer Board of Directors’ meeting and two (2) members selected by the Chapter Chairs through an electronic voting process, at least 30 days prior to the AACE Annual Meeting under the direction of the Chapters Committee Chair, who will establish the criteria for voting with the Chapters Committee. At least three (3) of the members appointed by the Board of Directors must have served for three (3) years or more on the Board of Directors. A preliminary slate of Nominating Committee candidates must be presented by the Executive Committee to the Board for their consideration and modification at the summer Board of Directors’ meeting. Members appointed to the Nominating Committee are ineligible for nomination for any Officer or Board position during their scheduled term of service on the Committee. (The members may refuse the appointment to the Committee if they wish to retain their eligibility for office.) In the event of any vacancy on the Nominating Committee, regardless of how created, the Board of Directors shall immediately appoint a replacement(s) to serve until the next Annual Meeting. The President shall serve as an Ex Officio, nonvoting member of the Committee.

(b) Conduct: The Immediate Past President shall serve as nonvoting Chair, except as otherwise provided for in this section, unless unavailable, in which case the President shall appoint a new Chair. Any Committee member may abstain from voting on a particular candidate. At least three (3) votes must be cast for the results to be valid. If an even number of members vote and there is a tie, then the Nominating Committee Chair shall cast the deciding vote.

6.2 Nominating Committee Duties: (a) Board of Directors. The Nominating Committee shall be solely responsible for soliciting nominations for candidates for election to the Board of Directors at least one hundred and sixty (160) days prior to the AACE Annual Business Meeting. A preliminary slate of candidates will be sent to the membership at least one hundred and twenty (120) days prior to the AACE Annual Business Meeting. The Nominating Committee shall submit directly to the AACE membership a slate of candidates for the Board of Directors for vote by mail-in or electronic ballot, or a combination thereof, at least sixty (60) days
prior to the AACE Annual Business Meeting. The total number of candidates submitted by the Nominating Committee shall be equal to or greater than the number of open seats on the Board of Directors, but no more than twice the number of open seats, and shall attempt to provide for regional geographic representation on the Board. All ballots must be received by an independent auditing firm appointed by the Board for tabulation and certification no later than thirty (30) days in advance of the AACE Annual Business Meeting, after which time the elections will be declared closed and ballots received after this date shall be declared invalid. The results of the balloting will be presented to the membership at the Annual Business Meeting. The successful candidates for election to the Board shall be those candidates receiving the highest number of votes for the number of open seats on the Board. In the event of a tie vote for the last open Board slot, there will be a runoff election between those candidates receiving an equal number of votes. The Nominating Committee shall conduct a runoff election by mail/fax/electronic ballot within five (5) business days. Ballots must be returned to the independent auditor no later than five (5) business days in advance of the AACE Annual Business Meeting. Ballots received after this date will be considered invalid.

(b) Officers: Except as provided in Chapter 6, Section 6.2(a), the Nominating Committee may submit up to two (2) candidates for election for each office of President Elect, Vice President, Secretary, and Treasurer by mail-in or electronic ballot, or a combination thereof. Members shall be given the option of submitting ballots either by mail or electronically. Tabulation and certification of results shall occur as outlined for election of Board Members as set forth in Chapter 6, Section 6.2(a).

(c) Nominations from the Membership: Nominations for elected Board positions and the Officer positions of President Elect, Secretary, Treasurer and Vice President may also be made from the membership, provided that the candidate otherwise qualifies under these Bylaws and a separate petition, in support of each nominee, signed by at least one percent (1%) of the eligible voting AACE members has been received by the Nominating Committee at least ninety (90) days prior to the Annual Business Meeting.

6.3 Announcement of Election Results: The election results for Officers and members of the Board of Directors shall be announced at the AACE Annual Business Meeting and notification provided to the AACE membership.

6.4 Retention of Ballots: (a) Board of Directors and Officers: Written ballots for the election of members of the Board of Directors and Officers shall be maintained until the conclusion of the AACE Annual Business Meeting, after which time the ballots shall be destroyed unless challenged.

(b) Challenge to Elections: Any challenge questioning the results of the election of members of the Board of Directors not occurring prior to the conclusion of the AACE Annual Business Meeting shall be declared invalid. A call for a recount of election ballots must be approved by a two-thirds majority of the membership in attendance at the AACE Annual Business Meeting for each contested office. The results of a recount of election ballots shall be deemed final and no further challenges may be made.

6.5 Eligibility to Vote: Members of AACE eligible to vote for the election of members of the Board of Directors shall be those provided for in Chapter 2 of the AACE Bylaws; provided, however, that only such members whose dues have been paid in accordance with Chapter 2.11(b) of the AACE Bylaws shall be eligible to vote.

Chapter 7. Committees

7.1 Executive Committee: The Executive Committee shall consist of the President, President Elect, Vice President, Secretary, Treasurer, Immediate Past President, and the President, President Elect and Immediate Past President of the American College of Endocrinology. The Executive Committee shall act on behalf of the Board of Directors to administer the affairs of the Association between meetings of the Board of Directors, subject to the general policies established by the Board of Directors.

7.2 Ad Hoc Committees: All ad hoc committees and task forces shall be established by the President at the direction of, or with the approval of, the Board of Directors. All such committees shall have only such authority
as delegated by the Board of Directors and may make recommendations to the Board for establishment of
Association policy.

7.3 Standing Committees: Except as otherwise provided, all standing committees shall be established by the
President at the direction of, or with the approval of, the Board of Directors. Except as otherwise provided, all
such committees shall have only such authority as delegated by the Board of Directors and may make
recommendations to the Board for establishment of Association policy.

7.4 AACE AMA Delegate/Alternate Delegate: The AACE President shall appoint the AACE Delegate and
Alternate Delegate to the American Medical Association (AMA) House of Delegates and the Delegate to the
AMA Young Physicians Section with approval of the Executive Committee. The appointments should take into
consideration the representatives' experience and knowledge of the processes of the AMA House of Delegates to
provide for continuity.

Chapter 8. Chapters

8.1 Chapters: (a) A state, regional groups of states, or other groups may organize its AACE membership into an
AACE chapter under a Chapter Chair as approved by the AACE Board of Directors.

(b) The Chapter Chair may be appointed initially by the National President at the suggestion of the chapter
members. Subsequently, the Chapter Chair shall be elected by a majority vote of the chapter members subject to
the approval of the National AACE President or Executive Committee.

(c) The term of the Chapter Chair shall be determined by the chapter members subject to the approval of the
National President or Executive Committee.

(d) Each state, region or group may formally organize the AACE Chapter under Chapter Articles of
Incorporation, with election of the Chapter Officers and Chapter Directors and adoption of the Model AACE
Chapter bylaws. Any chapter bylaws or subsequent amendments must be recorded with the AACE Bylaws
Committee.

(e) AACE retains the right to deny or rescind Chapter status, at its sole discretion.

Chapter 9. Financial Policies

9.1 Financial Policies: (a) The fiscal year of the Association shall be from January 1 to December 31, inclusive.

(b) No member of the Association shall have any right, title or interest, legal or equitable, in or to the properties
or assets of this Association. All of the assets of the Association shall be devoted exclusively for the purpose of
the Association as set forth in the Articles of Incorporation.

Chapter 10. Amendments

10.1 Amendments: These Bylaws may be amended or repealed or new Bylaws adopted upon approval of at
least two-thirds (2/3) of the votes cast, but no less than fifty percent (50%) of the AACE voting membership in
good standing by mail-in or electronic ballot. Alternatively, these Bylaws may be amended or repealed or new
Bylaws adopted at the AACE Annual Business Meeting which action shall be determined, a quorum being
present, by an affirmative vote of at least two-thirds (2/3) of the members present. No Bylaws shall be
amended, repealed, nor any new Bylaws adopted, unless written notice of such proposed action shall be mailed
by the Secretary to each eligible AACE member in advance of the specified due dates as proscribed herein.
Mail-in or electronic ballots must be sent by the AACE Secretary to each eligible AACE member at least sixty
(60) days in advance of the specified due date or shall be deemed invalid. The AACE Secretary shall announce
the results of the vote of the mail-in or electronic ballot at the Annual Business Meeting and in an organizational
notice or newsletter. No Bylaws shall be amended, repealed nor any new Bylaws adopted at the AACE Annual
Business Meeting unless written notice of such proposed action is provided by the AACE Secretary to each
member either in person, by regular mail, fax, e-mail, telephone or telegram at least thirty (30) days in advance of the AACE Annual Meeting. Proposed changes in Bylaws from the membership must be made to the AACE Secretary by a signed petition of at least ten percent (10%) of AACE members in good standing.

Chapter 11. Dissolution

11.1 Dissolution: The Association may be dissolved only upon the approval of at least two-thirds majority of the voting AACE Board of Directors and voting membership, the latter of which must occur during a meeting of the membership. Upon such dissolution, the Association shall, after the discharge of all of its liabilities, distribute all remaining assets to such organizations as the Board may determine which are both qualified as tax-exempt pursuant to the Internal Revenue Code (as then in effect) and are devoted to medical research, scientific or other purposes related to the practice of endocrinology. Any assets remaining after any such distribution shall be distributed as ordered by a court of competent jurisdiction.

11.2 Mergers: The Association may become a party to a merger only upon the approval of at least a two-thirds majority of both the voting AACE Board of Directors and voting membership present at an AACE Annual Meeting wherein a quorum is present as stated in Chapter 3, Meetings.

Chapter 12. Parliamentary Procedure

12.1 Parliamentary Procedure: Parliamentary procedure not provided for by these Bylaws for the conduct of AACE meetings (including meetings of the Board) shall be according to the American Institute of Parliamentarians Standard Code of Parliamentary Procedure.

Chapter 13. Code of Medical Ethics

13.1 Code of Medical Ethics: The principles set forth in the Code of Medical Ethics of the American Medical Association shall be the Principles of Medical Ethics for the American Association of Clinical Endocrinologists, and shall govern the conduct of the members of the Association in their relations to each other and to the public. Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association shall be used as a guide in the interpretation of the principles.