



## Minutes

**Date:** Friday, 12 Oct 2018

**Time:** 12 pm

**Venue:** Teleconferencing

**Present:** Greg Anderson, Joe Yip, Michael Pankhurst, Chris McMahon, Kathy Mountjoy

**Apologies:** Richard Carrol, Ryan Paul, Stella Milsom, Susannah O’Sullivan, Stephen Bunn

**Approve Minutes of previous meeting:** Will be confirmed via email

### **Matters arising from Minutes dated 10 August 2018:**

Typo on the incoming and outgoing transaction

### *Action required*

- Greg to draft wording for new Emerging Endocrinologist award (minuted below)

### **Incoming Correspondence:**

**04 September 2018** – *Harriet, Members Services, Policy and Advocacy NZ, RCAP*

Requesting endorsement from NZSE to a recently launched position statement and accompanying evidence review on the *Action to Prevent Obesity and Reduce its Impact Across Life Course* at RCAP Congress in May 2018 – *responded back to Harriet*

**25 September 2018** – Shalini Kumar, PhD student, University of Otago

Submitted application for student travel fund and abstract to assist her travel to MedSci 2018 – to be discussed (see appended).

**04 October 2018** – Gill Sutherland, Director of Academy Operations, RSNZ

Inviting feedback on scenarios for the use of gene editing in the primary industry sector (see appended).

### **Outgoing Correspondence:**

**02 October 2018** - Greg emailed to Harriet in regard to the endorsement of the “RACP position statement and evidence review action to prevent obesity and reduce its impact across the life course” (see appended).

**02 October 2018** – Greg circulated to NZSE members the email of invitation from Gill Sutherland to provide feedback on scenarios for the use of gene editing in the primary industry sector.

**Items:**

1. Prospective new NZSE Exec candidates:

Preident: 3 potential candidates

- **Ryan Paul** and **Stephen Bunn** have expressed some interest in this position.
- **Jenny Juengal** from AgResearch (a long standing member) could potentially be the president. If she is elected as president, Greg will lead for a longer period before handing over to her due to the lack of experience/ familiarity as NZSE exec. (Note, in follow-up discussion she agreed to stand as a basic science rep).

Potential candidates for other positions:

- **Kate Lee** volunteered to be secretary and/or basic science rep
- **Jill Cornish** show interest to be part of the exec (basic science rep)
- **Michael Pankhurst** will step down from his current position as Treasurer and keen to stay in the committee as General Committee member to represent basic research members
- **Richard Carrol** will carry his role as a General Committee member to represent Clinical members
- In subsequent discussions to the meeting, Erik Wibowo (new member from University of Otago) volunteered to stand as treasurer and basic science rep.

Things to be considered:

- A paid secretary role, potentially 2 hours. The role of secretary will include managing the new website.
- Having president, secretary and treasurer separated in terms of base location could potentially make co-signing of cheques to be difficult. Therefore, switching to electronic banking may be a solution. Or, we could simply retain the existing Dunedin signatories to make cheque signing easier for a Dunedin-based treasurer.
- More Clinical members are encourage to be part of the exec

**Action required:** Greg to collate a brief biographic sketch from each applicant and organise online voting/endorsement.

2. Wording for new “**Emerging Endocrinologist award**”:

The (XXNameXX) Emerging Endocrinologist Award is presented at the annual biomedical science (MedSci) meeting and at the biennial Clinical Meeting to recognise the best oral

(original research or clinical case study) presentation by an active member of the NZSE early in their career.

**Eligibility:**

Society members who are within 4 years of having obtained a higher degree or diploma (i.e. PhD, MD, FRACP) and who are currently financial (the applicant must have been a financial member of NZSE for the past 12 months).

**Regulations:**

- The value of the award supported by XXX is \$500 and will be accompanied by a certificate of recognition.
- The deadline for applications is the same as that for abstracts to the annual biomedical or biennial clinical meetings. In years where both meetings occur, two awards may be awarded.
- Applications should be addressed to the NZSE Secretary ([contact@nzse.science.org.nz](mailto:contact@nzse.science.org.nz)) and should include a copy of the submitted abstract and a brief letter in support from a supporting financial full member of the Society (this should include a comment about the applicants role in the work being presented).
- The work presented must have been performed predominantly in New Zealand
- The winner will usually be announced at the conference dinner.

Changes required:

- Eligibility: Change from 4 to 6 years of having higher degree or diploma. Should come up with a criteria to prove this or just base on honesty of applicants. If they are required to submit a CV (see below), this problem is solved.
- Amount of award: from NZ\$500 to NZ\$1000
- Application deadline: Should be way ahead, 4-6 weeks before anstracts submission to the annual biomedical or biennial clinical meetings

**Action required:** Greg to re-draft

How to judge (presentation vs achievement):

- Base on abstract/ presentation – this method is less prestigious
- Base on achievement – CV, research statement and publications (publication ranking will be taken into consideration). In addition, judging ahead will reduce the burden of having judges and also possible to “invite” awardee to present at meeting by providing free registration.

Other discussion:

- It will be difficult to compare between basic and clinical research
- If the standard and quality of the applicants are not met, there will be no award presented in that particular year. The standard and quality will be based on the research statement and reference from someone in the society to support the application.

3. Belated MedSci student travel funding application:

Applicants: **Ms Shalini Kumar** (see appended application and abstract). Shalini had been informally accepted as a member of NZSE prior to MedSci, but was told to formally join up through the new website once it was operational. She was waiting on this formal membership before submitting the application for travel funding. (My recommendation: we agree to covering her registration cost of \$230).

An award of NZ\$230 is approved by all exec. The cheque will be made payable to the funder who funded Ms Kumar (Greg will discuss with her supervisor).

4. Report from MedSci 2018 – Greg’s email to exec on 30 Aug 2018:
  - a. NZSE’s involvement at MedSci was great. This include student oral presentation, Nancy Sirett lecture, uterine biology symposium workshop.
  - b. AGM had the usual attendance (~15 members).
  - c. Possible ESA meeting in Auckland in 2020. Attendance of NZSE members to be encouraged.
  - d. NZSE should continue its usual MedSci involvement rather than joining the ESA meeting in that year, but members can be encouraged to attend ESA as well.

### **Treasurer’s Report:**

#### Account balances:

Business account:	\$ 7,130.87	
Serious Saver:	\$ 8,109.44	
Term deposit 1	\$ 40,000.00	(matures 21 Dec)
Term deposit 2	\$ 22,666.13	(matures 02 Apr)
Term deposit 3	\$ 16,952.06	(matures 09 Jul)
Paypal account	\$ 529.32	

#### Transactions since last meeting:

##### Outgoing:

\$5000.00 Sanofi – Conference Sponsorship

##### Incoming:

\$470.60 Ivy & Lola's Kitchen & Bar MedSci Speakers Dinner

\$500.00 Rachel Nunn MediRay Student Prize

\$250.00 Royal Society NZ Membership fees

\$500.00 Twenty Seven Steps NZSE conference dinner deposit

Notes: The Term deposit 1 account will be the potential account for left-over money from Clinical Meeting to be deposited.

### **New Member applications: 6 (all accepted)**

#### **Melissa Yssel** [melissa.yssel@wellingtonscl.co.nz](mailto:melissa.yssel@wellingtonscl.co.nz) **Full 1 Year Membership**

Clinical and Basic endocrinology (General endocrinology) **Aug 15 2018**, Wellington Hospital

#### **Jude Ogechukwu Eze** [ezejudeogechi@gmail.com](mailto:ezejudeogechi@gmail.com) **Full 1 Year Membership**

Clinical and Basic endocrinology (General, metabolic, reproductive endocrinology) **Aug 18, 2018**, University of Auckland

#### **Jane Girling** [jane.girling@otago.ac.nz](mailto:jane.girling@otago.ac.nz) **Full 1 Year Membership**

Basic endocrinology (Reproductive endocrinology) **Sept 7, 2018**, University of Otago

**Jane McKee** [jlomckee@gmail.com](mailto:jlomckee@gmail.com) **Full 1 Year Membership**

Clinical endocrinology (Brain & Pituitary, general reproductive endocrinology) **Sept 13, 2018**,  
Capital & Coast, Hutt Valley District Health

**Kristina Smiley** [Kristina.smiley@otago.ac.nz](mailto:Kristina.smiley@otago.ac.nz) **Post-doc Membership**

Sept 10, 2018 University of Otago

**Anthony Walter** [agbw90@gmail.com](mailto:agbw90@gmail.com) **Full 3 Year Membership**

Clinical endocrinology (Brain & Pituitary, general and metabolic endocrinology) **Sept 30, 2018**,  
North Shore Hospital

**Full members:** TBA

**Student members:** TBA

**Life Members:** 11

**Other Business:**

**Meeting closed:** 12.55pm

**Next Meeting:** TBA

**Appendix**

**Appendix 1:**

Kia ora all Constituent Organisations

The Society has today published a [discussion paper](#) inviting feedback on scenarios for the use of gene editing in the primary industry sector.

The paper outlines the relevant considerations, risks and potential benefits for five scenarios of how gene editing could be used for primary production sectors including agriculture, forestry and horticulture.

The paper is part of the Society's larger [Gene Editing in Aotearoa project](#), for which a multidisciplinary expert panel and reference group have been brought together to explore the wider social, cultural, legal and economic implications of gene editing in New Zealand, incorporating Māori perspectives and broader cultural contexts.

The discussion paper has a companion [technical summary](#) with full details, and follow on from resources produced last year to explain the underpinning [gene-editing technology](#).

I hope you find them useful and please share them with anyone you think may find them of interest. If you have any feedback or comment in relation to these issues, please send them to Dr Marc Rands in our expert advice team ([marc.rands@royalsociety.org.nz](mailto:marc.rands@royalsociety.org.nz)).

Yours sincerely

Gill Sutherland

Director—Academy Operations

## Appendix 2:

Dear Harriet,

After considerable discussion, the New Zealand Society of Endocrinology has decided NOT to endorse this RACP position statement. Many of our members (and other colleagues that we consulted) are involved in obesity research and management, and so we appreciate the urgent need to make progress in this area.

Our members were somewhat divided in their support regarding the focus of the position statement, which seems to us to be based around public health interventions. Such interventions have been tried for many years now, and their success seems to be limited to certain sectors of society such as those in the middle-high socioeconomic bracket. There is little evidence that these measures alone will ever be very effective. For example, most of our members felt that (in the absence of any good data to the contrary), the introduction of a sugar tax would likely end up simply making low income people pay more for a behaviour that they would continue to practice as before. There are some public health options with a strong evidence base that we felt deserved *more* emphasis; in particular there was little emphasis on sleep quality despite the clear evidence that sleep deprivation contributes to obesity.

Our members were supportive of the call for more equitable access to bariatric surgery. However, it is unacceptable that for most obese people in NZ, this is the only funded weight management option (which is by design very limited in access). Most of our members who expressed views commented on the apparent lack of endocrinology or genetics expertise on the panel, or of support for low energy diets as an emerging therapeutic strategies and the expanding range of pharmaceutical options that are becoming available (eg: liraglutide). As an example, ref 28 states that the contribution of common genetic variation *genome-wide* to heritability is 30%, equating to a total contribution to variance of nearly 20%, yet this is dismissed at the top of page 7 as “only a few percent, [such that] personalised treatments based on genetic information are not appropriate for most patients with obesity”.

In summary, the balance of our members expressed disappointment at what they felt was a lack of support for a multidisciplinary weight management program, particularly for those who are ineligible or not desiring bariatric surgery, and the lack of recognition of obesity is a complex disease rather than just a societal problem. We noted the contrast in emphasis of the proposed RACP position statement with those produced recently by the US Endocrine Society on the science and pathogenesis of obesity

(see <https://www.ncbi.nlm.nih.gov/pubmed/29518206> and <https://www.ncbi.nlm.nih.gov/pubmed/28898979>).

Thank you for the opportunity to comment on this position statement.

Regards,

Greg Anderson  
President, New Zealand Society of Endocrinology

### **Application for NZSE Student Travel Grant**

1. Name: Shalini S Kumar
  
2. Postal and email address: [kumsh868@student.otago.ac.nz](mailto:kumsh868@student.otago.ac.nz)  
Department of Physiology, Otago School of Medical Sciences, Dunedin, NZ.
  
3. Degree and university currently enrolled in: PhD, University of Otago
  
4. Title and authors of abstract to be presented:  
Chronic prolactin administration increases kisspeptin expression in virgin mice  
SS Kumar, RA Augustine, CH Brown
  
5. Applicants NZSE membership subscription payment status: Paid, full time member
  
6. Previous awards from NZSE: Nil
  
7. Financial details:
  - (a) total amount sought: \$410
  - (b) breakdown of costs: Registration - \$ 230

Accommodation - \$180

8. Other financial support applied for/obtained: Department of Physiology funding
9. Statement from supervisor that the applicant is currently enrolled in a university degree programme: I confirm that Shalini Kumar is currently enrolled in a PhD at Otago University.

## **10. Chronic prolactin administration increases kisspeptin expression in virgin mice**

SS Kumar, RA Augustine, CH Brown

Brain Health Research Centre, Centre for Neuroendocrinology and Department of Physiology, School of Biomedical Sciences, University of Otago, Dunedin, New Zealand

Oxytocin is secreted from the posterior pituitary gland by hypothalamic neurones in the supraoptic and paraventricular nuclei (SON and PVN) and is required for normal parturition. Kisspeptin fibre density surrounding oxytocin neurones increases during pregnancy and we have previously demonstrated that kisspeptin excites oxytocin neurones only in late pregnancy. Kisspeptin and oxytocin neurones express prolactin receptors and placental lactogen, which acts on prolactin receptors, is elevated in late pregnancy. Thus, we hypothesised that prolactin receptor activation might increase kisspeptin fibre expression to excite oxytocin neurones in late pregnancy. Here, we determined the effect of prolonged prolactin infusion on kisspeptin and oxytocin neurones in virgin mice.

Following subcutaneous infusion of ovine prolactin (1500 µg/day at 1µl/hr for seven days) or vehicle (0.01M NaHCO<sub>3</sub>), double-label immunohistochemistry (IHC) for kisspeptin and oxytocin was carried out. There was no significant difference in the mean number of kisspeptin-labelled cells in the hypothalamic periventricular nucleus ( $58.6 \pm 23.7$  vs  $49.1 \pm 11.7$ ,  $P = 0.20$ ) or in oxytocin-labelled cells in the PVN ( $139.9 \pm 22.8$  vs  $138.1 \pm 19.6$ ,  $P = 0.47$ ) or SON ( $48.8 \pm 8.9$  vs  $52.1 \pm 2.5$ ,  $P=0.21$ ). Prolactin administration increased kisspeptin fibre density in the SON and perinuclear zone (PNZ) surrounding the SON upon (both  $P < 0.0001$ , Student's t-test), however the fibre density was not different between the two groups in the PVN.

Hence, chronic prolactin receptor activation increases kisspeptin fibre expression in the mouse hypothalamus.