

# TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



Üç ayda bir yayımlanır • Üyelere ücretsiz olarak gönderilir

Sayı 58 • Nisan – Mayıs – Haziran - 2017

## 39. TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA HASTALIKLARI KONGRESİ TAMAMLANDI

**T**ürkiye Endokrinoloji ve Metabolizma Derneği'nin, ulusal "39. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi" endokrinolog, aile hekimi, dahiliye uzmanı meslektaşımızın katılımı, organizasyon şirketinin ve endüstrinin katkıları sayesinde başarı ile tamamlandı.

Kongremizin bilimsel içeriğini Uygulamalı Temel Tiroid USG Kursu, 8 Konferans, 23 Panel, 5 Sözlü Bildiri oturumu, 8 Vakalarla tartışıyoruz, 11 Uydu sempozyumu ve poster sunumları oluşturmaktaydı.

Kongremiz bu yıl 1250 meslektaşımızın katılımı ile gerçekleşti. Kongre katılımcılarımızın arasında Türk

Cumhuriyetlerinden 7 meslektaşımız da bulunmaktaydı. 40 sözlü bildiri - 229 poster bildiri sunumu yapılan kongremizde, her yıl olduğu gibi bu yıl da en iyi 3 sözlü ve 3 poster bildiriye para ödülleri verildi.

Kongremizde 2015 yılından bu güne kadar her ulusal kongrede verdiğimiz "Genç Araştırmacı" ödülü de verildi. Genç Araştırmacı seçici kurulu ödülün bu yıl Yrd. Doç. Dr. Mustafa Ünübol (Adnan Menderes Üniversitesi Tıp Fakültesi)'a verilmesi yönünde karar verdiler. Yrd. Doç. Dr. Mustafa Ünübol kongremizin açılış günü, "Diyabetin Komplikasyonları" başlığında Genç Araştırmacı Konferansı verildi.



## Ödül alan bildiriler

### ■ SÖZLÜ BİLDİRİ BİRİNCİSİ

#### ■ S 01 - Osteokalsinin Meme Kanserinde İn Vitro ve İn Vivo Olarak Etkileri

Anara Karaca<sup>1</sup>, Filiz Bakar<sup>2</sup>, Neşe Ersoz Gulcelik<sup>1</sup>, Giray Akgül<sup>3</sup>, Zeynep Şahiner<sup>1</sup>, İffet Dağdelen Duran<sup>1</sup>, Mehmet Ali Gulcelik<sup>3</sup>

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### ■ SÖZLÜ BİLDİRİ İKİNCİSİ

#### ■ S 03 - Metformin ve Pioglitazonun Kombine Kullanımının İnsan Anaplastik Tiroid Kanseri Hücrelerindeki Ampk/Mtor Sinyal Yolağı, P53 ve Apoptoz Üzerindeki Etkileri

Nilufer Ozdemir Kutbay<sup>1</sup>, Mehmet Erdoğan<sup>1</sup>, Banu Şarer Yurekli<sup>1</sup>, Cansu Çalışkan Kurt<sup>2</sup>, Cumhur Gunduz<sup>2</sup>, Cıdır Biray Avcı<sup>2</sup>

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<sup>2</sup>Ege Üniversitesi Tıp Fakültesi, Tıbbi Biyoloji Anabilim Dalı, İzmir

### ■ SÖZLÜ BİLDİRİ ÜÇÜNCÜSÜ

#### ■ S 26 - Türkiye'de Santral ve Nefrojenik Diyabetes İnsipidus'a Neden Olan Moleküler Patolojiler: Mutasyon ve Fonksiyon Analiz Çalışmaları

Hatice Mergen<sup>1</sup>, Emel Sağlar<sup>1</sup>, Beril Erdem<sup>1</sup>, Tuğçe Karaduman<sup>1</sup>, Merve Ozcan<sup>1</sup>, Ferhat Deniz<sup>2</sup>, Doğa Turkkahraman<sup>3</sup>, Aslı Celebi Tayfur<sup>4</sup>, Metin Ozata<sup>5</sup>

<sup>1</sup>Hacettepe Üniversitesi, Fen Fakültesi, Biyoloji Bölümü, Moleküler Biyoloji A.b.d., Ankara

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<sup>3</sup>Antalya Eğitim Ve Araştırma Hastanesi, Çocuk Endokrinoloji Kliniği, Antalya

<sup>4</sup>Keçiören Eğitim Ve Araştırma Hastanesi, Çocuk Nefroloji Kliniği, Ankara

<sup>5</sup>Park15 Kliniği, Koşuyolu, İstanbul

### ■ POSTER BİLDİRİ BİRİNCİSİ

#### ■ P 059 - Radyoaktif İyot Ablasyon Tedavisi ve Over Rezervi

Berna Evranos Oğmen<sup>1</sup>, Sevgül Fakı<sup>2</sup>, Şefika Burcak Polat<sup>2</sup>, Nagihan Beştepe<sup>1</sup>, Reyhan Ersoy<sup>2</sup>, Bekir Cakır<sup>2</sup>

<sup>1</sup>Ankara Atatürk Eğitim Ve Araştırma Hastanesi Endokrinoloji Ve Metabolizma Bilim Dalı

<sup>2</sup>Yıldırım Beyazıt Üniversitesi Tıp Fakültesi İç Hastalıkları Anabilim Dalı Endokrinoloji Ve Metabolizma Bilim Dalı

### ■ POSTER BİLDİRİ İKİNCİSİ

#### ■ P 119 - Hashimoto Tiroiditinde Endokrin Bozucular ve Selenoproteinlerin Rolü

Unzile Sun<sup>1</sup>, Ayşe Derya Buluş<sup>2</sup>, Pınar Erkekoğlu<sup>1</sup>, Nesibe Andıran<sup>3</sup>, Belma Kocer Gümüsel<sup>1</sup>

<sup>1</sup>Hacettepe Üniversitesi Eczacılık Fakültesi Farmasötik Toksikoloji Anabilim Dalı Ankara, Türkiye

<sup>2</sup>Sağlık Bakanlığı Keçiören Eğitim Araştırma Hastanesi Pediatrik Endokrinoloji Bölümü Ankara, Türkiye

<sup>3</sup>Neoroma İş Merkezi (Armada Yanı), Yaşam Cad. No:13A, Kat:2 Daire:4 Ankara, Türkiye

### ■ POSTER BİLDİRİ ÜÇÜNCÜSÜ

#### ■ P 004 - Tip 2 Diabetes Mellitus Tanılı Hastalarda Serum İsfenol A Düzeyi İle Periferik Diyabetik Nöropati Arasındaki İlişki

Seda Sali<sup>1</sup>, Sinem Kıyıcı<sup>2</sup>, Yasemin Ustundağ<sup>3</sup>, Deniz Sığırlı<sup>4</sup>, Nilufer Buyukkoyuncu Pekel<sup>5</sup>, Neslihan Parmak Yener<sup>6</sup>, Mursel Sali<sup>1</sup>, Gurcan Kısakol<sup>1</sup>

<sup>1</sup>Sağlık Bilimleri Üniversitesi, Bursa Yüksek İhtisas Eğitim Ve Araştırma Hastanesi, İç Hastalıkları Kliniği

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<sup>4</sup>Uludağ Üniversitesi Tıp Fakültesi, Biyoistatistik Anabilim Dalı

<sup>5</sup>Sağlık Bilimleri Üniversitesi, Bursa Yüksek İhtisas Eğitim Ve Araştırma Hastanesi, Nöroloji Kliniği

<sup>6</sup>Sağlık Bilimleri Üniversitesi, Bursa Yüksek İhtisas Eğitim Ve Araştırma Hastanesi, Göz Hastalıkları Kliniği



## 6. Lipid Metabolizması ve Bozuklukları Eğitim Kursu Tamamlandı



Türkiye Endokrinoloji ve Metabolizma Derneği tarafından düzenlenen ve Trakya Üniversitesi'nin ev sahipliğini yaptığı "6. Lipid Metabolizması ve Bozuklukları Eğitim Kursu" 15 Nisan 2017 tarihinde ile Edirne'de gerçekleştirildi. TEMD Obezite, Dislipidemi ve Hipertansiyon Çalışma Grubu Başkanı *Prof. Dr. Tüvrik Sabuncu* konuşmasında, güncel bilgilerin ve tecrübelerin paylaşılmasını sağlayan kursların önemini vurguladı. TEMD Yönetim Kurulu adına *Prof. Dr. Fabri Bayram* bir konuşma gerçekleştirdi. Ardından Tıp Fakültesi Dekanı *Prof. Dr. Ahmet Muzaffer Demir*, bu kursun, derneğin yaptığı en önemli aktivitelerinden birisi olduğunu belirterek bu kurslar sayesinde doğru bilgilerin doğru ellerden, doğru kişilere anlatılmasının önemli olduğunu vurguladı. Kurs uzman, aile hekimi ve öğrencilerden oluşan yaklaşık 80 katılımcı ile tamamlandı.

## Troid haftası etkinlikleri

**25-31 Mayıs Tiroid Farkındalık Haftası ve 25 Mayıs Dünya Tiroid Günü için, Derneğimiz ve Tiroid Çalışma Grubu Üyelerimizin Düzenlenen faaliyetler...**

### ■ Türkiye Endokrinoloji Metabolizma Derneği, Tiroidini Fark Et Etkinliği

26 Mayıs 2017, Ortaköy, İstanbul

#### Program

16.00 **Açılış konuşması**

Doç. Dr. Seda Sancak

16.30 **Balonların gökyüzüne bırakılması**

16.50 **Konser / Kargo**

### ■ 25 Mayıs Dünya Tiroid Günü , Tiroid Hastaları İçin 7. Ankara Bilgilendirme Toplantısı

25 Mayıs 2017

Doç. Dr. Özgür Demir

Prof. Dr. Murat Faik Erdoğan

İbn-i Sina Hastanesi, Hasan Ali Yücel Toplantı Salonu, Ankara

### ■ Tiroid Farkındalığı, Hasta bilgilendirme

25-26 Mayıs 2017

Doç. Dr. Didem Özdemir

Prof. Dr. Bekir Çakır

Endotem, Balgat, Ankara

### ■ Tiroid Hastalıkları, Seminer

24 Mayıs 2017

Prof. Dr. Mehtap Çakır

Kent Hastanesi

Türkan Saylan Kültür Merkezi, İzmir

### ■ Hasta bilgilendirme

25-31 Mayıs 2017

Doç. Dr. Serpil Salman

Ulus Liv Hospital, İstanbul

### ■ Tiroid Kanserinde Güncel Tanı ve Tedavi Sempozyumu (Hekimlere Yönelik)

13 Mayıs 2017

Prof. Dr. Ersin Akarsu

Holiday Inn Otel, Gaziantep

## Kongre, Kurslar ve Sempozyumlar

ENDOCRINE SOCIETY

European Society of Endocrinology

**endo bridge®**

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**19-22 October 2017**

**40.**

TÜRKİYE  
ENDOKRİNOLOJİ VE  
METABOLİZMA  
HASTALIKLARI  
KONGRESİ

9 - 13 MAYIS 2018  
SUENO HOTEL, ANTALYA

[www.temhk2018.org](http://www.temhk2018.org)

## Bilimsel Kongreler, Ulusal ve Uluslararası Sempozyumlar

### 19. Ulusal İç Hastalıkları Kongresi

11-15 Ekim 2017  
Sueno Deluxe Hotel & Kongre Merkezi, Belek, Antalya  
<http://ichastaliklari2017.org/>

### EndoBridge 2017

19-22 Ekim 2017  
Regnum Carya Hotel, Antalya  
<http://www.endobridge.org/>

### 87<sup>th</sup> Annual Meeting of the ATA

18-22 Ekim 2017  
The Fairmont Empress & Victoria Conference Centre Victoria, BC,  
Canada  
<http://www.thyroid.org/87th-annual-meeting-ata/>

### Hipertansiyon ve Lipid Metabolizması Bozuklukları Eğitim Sempozyumu

27-29 Ekim 2017  
DoubleTree by Hilton Hotel Avanos, Kapadokya  
[www.temdkapadokya.org](http://www.temdkapadokya.org)

### 13. Hipofiz Sempozyumu

10-11 Kasım 2017  
Sheraton Otel, Ankara  
<http://hipofiz2017.org/>

### Endokrinologlar için İleri Tiroid ve Boyun Ultrasonografisi Kursu

18 Kasım 2017  
Mövenpick Otel - Zurih Salonu, Ankara  
[www.temd.org.tr](http://www.temd.org.tr)

### 40. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi

09-13 Mayıs 2018  
Sueno Hotel, Antalya  
<http://temhk2018.org/>  
<http://www.temd.org.tr>

## Üyelerimizden Literatür Seçmeleri

### EMERGING MEDICATION FOR THE TREATMENT OF MALE HYPOGONADISM.

Aydogdu A<sup>1,2</sup>, Swerdloff RS<sup>1</sup>. Expert Opin Emerg Drugs  
2016 Sep;21(3):255-66. doi: 10.1080/14728214.2016.1226799.

**Introduction:** Male hypogonadism is characterized by inadequate production of Testosterone (T) (hypoandrogenism) and deficiencies in spermatogenesis. The main treatment of male hypogonadism is T replacement therapy (TRT), but for some of the patients, alternative drugs may be more suitable.

**Areas covered:** The available literature of T and alternative treatments for male hypogonadism are discussed.

**Expert opinion:** Transdermal application of T gels are the most commonly used route of T administration. Some oral T formulations are either associated with hepatic toxicity (i.e. methyltestosterone) or short half-lives that require multiple doses per day (i.e. oral testosterone undecanoate). Short acting, injectable T formulations are also available. If the patient prefers not to use daily drugs or short acting injectable formulations, depot formulations such as injectable testosterone undecanoate (TU) may be a good alternative. If the patient has hypogonadotropic hypogonadism and desires fertility or if he is adolescent, instead of TRT, gonadotropins can be started to stimulate testicular growth and spermatogenesis. In obese patients or for the patients having high risks for TRT, off label aromatase inhibitors (AI) and clomiphene citrate (CC), may be considered to stimulate LH, FSH and T levels. In patients with high prostate disease risk, selective androgen receptor modulators may be an alternative treatment but these latter treatments have not had high level evidence.

### THE EFFECTS OF STATIN TREATMENT ON ADRENAL AND SEXUAL FUNCTION AND NITRIC OXIDE LEVELS IN HYPERCHOLESTEROLEMIC MALE PATIENTS TREATED WITH A STATIN.

Baspınar O<sup>1</sup>, Bayram F<sup>2</sup>, Korkmaz S<sup>3</sup>, Aksu M<sup>4</sup>, Kocer D<sup>5</sup>, Dizdar OS<sup>6</sup>, Simsek Y<sup>2</sup>, Toth PP<sup>7</sup>  
*J Clin Lipidol.* 2016 Nov - Dec;10(6):1452-1461. doi: 10.1016/j.jacl.2016.09.004. Epub 2016 Sep 13.

**Background:** Erectile dysfunction complaints among men treated with a statin are not uncommon.

**Objectives:** To evaluate the effect of lowering low-density lipoprotein cholesterol (LDL-C) to target levels using varying doses of atorvastatin therapy in hypercholesterolemic male patients on adrenocortical hormones, sexual functions, and serum nitric oxide (NO) levels.

**Methods:** Eleven hypercholesterolemic male patients who had LDL-C levels greater than 160 mg/dL were included in the study and 11 healthy male individuals served as controls. Following basal hormone measurements, 1- and 250-mcg adrenocorticotrophic hormone stimulation tests were performed in both groups, and blood sampling was performed at 0, 30, and 60 minutes for the determination of blood levels of cortisol, total testosterone (TT), free testosterone (FT), 11-deoxycortisol, and dehydroepiandrosterone. Depending on baseline LDL-C concentrations, atorvastatin therapy was given to patients with daily doses of 5 or 10 mg and the study procedures were repeated once patients reached risk stratified goal LDL-C levels. LDL-C values after treatment were classified into 3 groups as LDL-C >160 mg/dL, LDL-C 100 to 130 mg/dL and LDL-C < 100 mg/dL. NO levels were measured at baseline and after statin therapy. Erectile function was assessed both objectively and subjectively by using penile somatosensory evoked potential (SEP) and the International Index of Erectile Function-5 Questionnaire, respectively, at 3 different LDL-C levels.

**Results:** With regard to adrenocorticotrophic hormone stimulation test (1 or 250 mcg) results, peak cortisol levels before and after statin treatment

among 3 LDL-C groups and among controls did not differ significantly. However, peak TT and FT hormone levels decreased in conjunction with decreasing levels of LDL-C among the statin-treated patients, whereas dehydroepiandrosteredione and 11-11-deoxycortisol peak values did not change. N1 latency obtained during SEP, which is the first negative deflection, was prolonged with decreasing levels of LDL-C and a significant decrease in International Index of Erectile Function-5 scores were observed. When LDL-C levels of  $\geq 160$  mg/dl was reduced to 100 to 130 mg/dl, maximal NO elevations were noted.

**Conclusions:** Our results suggest that decreased LDL-C levels caused by different doses of atorvastatin treatment did not associate with significant changes in adrenal hormone levels. In contrast, there was a significant relationship between attained LDL-C on statin therapy and TT and FT levels. Electrophysiologically, abnormal SEP responses obtained in the patient group with LDL-C levels below 100 indicate a negative impact on the integrity of the somatosensory pathway, which plays a role in erectile function. Reducing LDL-C with a statin was associated with both decreased testosterone levels and erectile dysfunction.

## C-PEPTIDE LEVELS PREDICT THE EFFECTIVENESS OF DIPEPTIDYL PEPTIDASE-4 INHIBITOR THERAPY.

Demir S<sup>1</sup>, Temizkan S<sup>2</sup>, Sargin M<sup>3</sup>

*J Diabetes Res. 2016;2016:4509603. Epub 2016 Nov 2.*

**Background:** Our aim was to define the conditions that affect therapeutic success when dipeptidyl peptidase-4 (DPP-4) inhibitor is added to metformin monotherapy

**Materials and Methods:** We reviewed the medical records of 56 patients who had received DPP-4 inhibitor as an add-on to metformin monotherapy and evaluated their response in the first year of therapy. Fasting blood glucose (FBG), HbA1c, C-peptide, and weight of the patients were recorded at 3-month intervals during the first year of treatment.

**Results:** Patients who added DPP-4 inhibitor to metformin monotherapy had significant weight loss ( $P = 0.004$ ) and FBG and HbA1c levels were significantly lowered during the first 6 months (both  $P < 0.001$ ). Baseline levels of C-peptide were predictive for success of the treatment ( $P = 0.02$ ), even after correction for confounding factors, for example, age, gender, or BMI ( $P = 0.03$ ). Duration of diabetes was not a predictor of response to treatment ( $P = 0.60$ ).

**Conclusion:** Our study demonstrates that in patients having inadequate glycemic control, the addition of a DPP-4 inhibitor as a second oral agent to metformin monotherapy provides better glycemic control, protects  $\beta$ -cell reserves, and does not cause weight gain. These effects depend on baseline C-peptide levels.

## ASSESSMENT OF FACTORS RELATED TO THE UNDERSTANDING OF EDUCATION AND KNOWLEDGE OF SELF-CARE AMONG PATIENTS WITH DIABETES MELLITUS: A CROSS-SECTIONAL PROSPECTIVE STUDY.

Dizdar O<sup>1</sup>, Gul O<sup>2</sup>, Baspınar O<sup>3</sup>, Cander S<sup>4</sup>, Sisman P<sup>2</sup>, Eker B<sup>3</sup>, Ersoy C<sup>2</sup>.

*Adv Ther 2016 Sep;33(9):1565-78. doi: 10.1007/s12325-016-0378-6. Epub 2016 Jul 11.*

**Introduction:** The prevalence of diabetes mellitus is rapidly increasing particularly in developing countries. The aim of this study was to assess the knowledge and self-care practices of diabetes patients and to assess the contribution of the education to this knowledge level and glycemic control.

**Methods:** We formed patient groups consisting of 15-30 diabetic patients. First, patients were surveyed using a diabetes self-care knowledge questionnaire (DSCKQ-30). Subsequently, a standard PowerPoint presentation about diabetes self-management was made to the patients

who were then surveyed again using DSCKQ-30. All patients were invited to hospital to measure their control glyated hemoglobin (HbA1c) level 3 months later.

**Results:** Of the total 364 participants, 62.9% were females. Significant increases in the percentage of correct responses were determined in all components between, before and after education. There was a significant decline of 1.1 in HbA1c levels after 3 months of education. Married or active working patients had a better understanding of the education about diabetes and had a greater knowledge of self-care management regardless of their level of education or income.

**Conclusion:** Education about diabetes can significantly improve knowledge of self-care management and can help in achieving glycemic control. Continuing education about self-care management and complications is crucial and this should be accompanied by a regular assessment of patients' diabetic knowledge.

## INCREASED CHROMOSOMAL AND OXIDATIVE DNA DAMAGE IN PATIENTS WITH MULTINODULAR GOITER AND THEIR ASSOCIATION WITH CANCER.

Donmez-Altuntas H<sup>1</sup>, Bayram F<sup>2</sup>, Bitgen N<sup>3</sup>, Ata S<sup>2</sup>, Hamurcu Z<sup>1</sup>, Baskol G<sup>4</sup>.

*Int J Endocrinol. 2017;2017:2907281. doi: 10.1155/2017/2907281. Epub 2017 Mar 8.*

Thyroid nodules are a common clinical problem worldwide. Although thyroid cancer accounts for a small percentage of thyroid nodules, the majority are benign. 8-Hydroxy-2'-deoxyguanosine (8-OHdG) levels are a marker of oxidative stress and play a key role in the initiation and development of a range of diseases and cancer types. This study evaluates cytokinesis-block micronucleus cytome (CBMN-cyt) assay parameters and plasma 8-OHdG levels and their association with thyroid nodule size and thyroid hormones in patients with multinodular goiter. The study included 32 patients with multinodular goiter and 18 age- and sex-matched healthy controls. CBMN-cyt assay parameters in peripheral blood lymphocytes of patients with multinodular goiter and controls were evaluated, and plasma 8-OHdG levels were measured. The micronucleus (MN) frequency (chromosomal DNA damage), apoptotic and necrotic cells (cytotoxicity), and plasma 8-OHdG levels (oxidative DNA damage) were significantly higher among patients with multinodular goiter. Our study is the first report of increased chromosomal and oxidative DNA damage in patients with multinodular goiter, which may predict an increased risk of thyroid cancer in these patients. MN frequency and plasma 8-OHdG levels may be markers of the carcinogenic potential of multinodular goiters and could be used for early detection of different cancer types, including thyroid cancer.

## CORTISOL RESPONSE PATTERNS IN DEPRESSED WOMEN AND THEIR HEALTHY DAUGHTERS AT RISK: COMPARISON WITH HEALTHY WOMEN AND THEIR DAUGHTERS.

Gonul AS<sup>1</sup>, Cetinkalp S<sup>2</sup>, Tunay S<sup>3</sup>, Polat I<sup>3</sup>, Simsek F<sup>3</sup>, Aksoy B<sup>4</sup>, Kizilates G<sup>4</sup>, Erdogan Y<sup>4</sup>, Coburn KL<sup>5</sup>

*J Psychiatr Res. 2017 Feb;85:66-74. doi: 10.1016/j.jpsychires.2016.11.001. Epub 2016 Nov 3.*

A dysfunctional hypothalamic pituitary adrenal (HPA) axis is widely accepted as a significant pathophysiological aspect of Major Depressive Disorder (MDD). Despite studies suggesting that a dysfunctional HPA axis might be present before the clinical syndrome becomes apparent, the functioning of the HPA axis in high-risk populations has not been well defined. The aim of the present study was to investigate the HPA axis functioning of mothers suffering from MDD and their healthy daughters compared to age- and sex-matched healthy controls. This design allowed a comparison of HPA axis functional differences among daughter and mother groups. HPA axis function was evaluated with a

modified dexamethasone/corticotropin-releasing hormone (Dex/CRH) test, which was performed after obtaining the diurnal adrenocorticotropic hormone (ACTH) and cortisol values at 8:00, 16:00, and 23:00 h. We found that MDD mothers and their daughters had low morning cortisol and the MDD mothers additionally had low-morning ACTH compared with controls. Dexamethasone suppressed both cortisol and ACTH in all groups and subsequent HPA axis stimulation by CRH-evoked a lower cortisol response but a higher ACTH response among subjects with MDD mothers. Although high-risk daughters had comparable cortisol levels after CRH infusion, the AUC for ACTH was greater than those of controls. These patterns of results suggest that multiple level HPA dysfunctions are present in both MDD patients and their high-risk carrying daughters. However, insufficient cortisol secretion was only present in MDD mothers, while the daughters could compensate cortisol levels during CRH challenge.

## EVALUATION OF INSULIN RESISTANCE AND PLASMA LEVELS FOR VISFATIN AND RESISTIN IN OBESE AND NON-OBESE PATIENTS WITH POLYCYSTIC OVARY SYNDROME.

Gul O<sup>1</sup>, Cander S<sup>2</sup>, Gul B<sup>3</sup>, Açıkgöz E<sup>4</sup>, Sarandol E<sup>4</sup>, Ersoy C<sup>1</sup>.  
*Eur Cytokine Netw. 2015 Oct-Dec;26(4):73-8. doi: 10.1684/ecn.2015.0370.*

This study was designed to evaluate insulin resistance and plasma levels of visfatin and resistin in obese and non-obese patients with polycystic ovary syndrome (PCOS). A total of 37 premenopausal PCOS patients with (n = 18, mean (SD) age: 27.5 (5.7 years) or without obesity (n = 19, mean (SD) age: 23.7 (3.1) years) and healthy volunteers (n = 18, mean (SD) age: 29.8 (4.1) years) were included in this study. Data on clinical characteristics, glycemic parameters and lipid parameters were recorded for each subject as were plasma visfatin and resistin levels. Mean (SD) HOMA-IR values were significantly higher in obese PCOS patients (3.4 (1.7)) compared with non-obese PCOS patients (2.0 (1.2), p<0.01) and controls (1.6 (0.8), p<0.01). No significant difference was noted between study groups in terms of plasma resistin (ng/mL) or visfatin (ng/mL) levels. There was no correlation between serum plasma visfatin (r = 0.127, p = 0.407) and resistin (r = -0.096, p = 0.544) levels and HOMA-IR. In conclusion, our findings revealed increased likelihood of metabolic and dyslipidemic manifestations in obese compared to non-obese PCOS patients, while no significant difference was noted in visfatin and resistin levels among PCOS patients in terms of co-morbid obesity and in comparison to controls.

## BRAFV600E MUTATION: HAS IT A ROLE IN CERVICAL LYMPH NODE METASTASIS OF PAPILLARY THYROID CANCER?

Kurtulmus N<sup>1</sup>, Ertas B<sup>2</sup>, Saglıcan Y<sup>3</sup>, Kaya H<sup>1</sup>, Ince U<sup>3</sup>, Duren M<sup>1</sup>  
*Eur Thyroid J. 2016 Sep;5(3):195-200. Epub 2016 Aug 20.*

**Background:** The BRAF<sup>V600E</sup> mutation is common in papillary thyroid cancer (PTC). Lymph node metastasis (LNM) may be associated with poor prognosis. However, the LNM mechanism remains unclear.

**Objectives:** Our aim was to evaluate the prevalence of the BRAF<sup>V600E</sup> mutation in primary tumors and accompanying LNM at the time of diagnosis.

**Methods:** This retrospective study included 51 PTC patients (40 women, 11 men; mean age 40.0 ± 16.5 years; range 6-81) who underwent total thyroidectomy accompanied by a lateral neck dissection due to preoperatively detected LNM. Real-time PCR was used for the detection of the BRAF<sup>V600E</sup> mutation in specimens from primary thyroid tumors and metastatic lymph node tumors.

**Results:** The prevalence of the BRAF<sup>V600E</sup> mutation was 64.7% (n = 33) in primary tumors and 47.1% (n = 24) in metastatic lymph nodes. Of 33 patients with BRAF<sup>V600E</sup>-positive primary tumors, 18 (54.5%)

had BRAF<sup>V600E</sup>-positive metastatic lymph nodes. Of 18 patients with BRAF<sup>V600E</sup>-negative primary tumors, 6 (33.3%) had BRAF<sup>V600E</sup>-positive metastatic lymph nodes. The presence of the BRAF<sup>V600E</sup> mutation in the primary tumor did not affect the tumor size, but the diameter of metastatic lymph nodes significantly increased (by nearly 3 mm) with the presence of BRAF<sup>V600E</sup> in LNM (p = 0.01).

**Conclusions:** In our study, the BRAF<sup>V600E</sup> mutation did not show a one-to-one correspondence. This indicates that the presence of BRAF<sup>V600E</sup> in the primary tumor is not clonal and addresses the role of intratumor heterogeneity in PTC tumorigenesis. This supports the theses that mutations occur in the later stages of tumorigenesis, might be subclonal, and develop de novo, or that some other factors may be involved in the development of metastasis.

## STIMULATED THYROGLOBULIN VALUES ABOVE 5.6 NG/ML BEFORE RADIOACTIVE IODINE ABLATION TREATMENT FOLLOWING LEVOTHYROXINE WITHDRAWAL IS ASSOCIATED WITH A 2.38-FOLD RISK OF RELAPSE IN Tg-AB NEGATIVE SUBJECTS WITH DIFFERENTIATED THYROID CANCER.

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*Clin Transl Oncol. 2017 Aug;19(8):1028-1034. doi: 10.1007/s12094-017-1640-3. Epub 2017 Mar 3.*

**Background:** Serum thyroglobulin (Tg) is the key parameter used in the follow-up of subjects with differentiated thyroid cancer (DTC). Current guidelines advise its measurement to take place when Thyrotropin (TSH) levels are >30 µU/ml (stimulated Tg) and when TSH < 0.1 µU/ml (suppressed Tg). Although stimulated Tg levels <1 ng/ml have been shown to display excellent prognosis, relapses may occur despite low Tg levels. Recently, very low cut-off levels of stimulated Tg have been proposed for determining the recurrence risk in these subjects. In this study, we aimed to assess the association between ablative stimulated Tg obtained before radioactive iodine ablation therapy (RAI) (ASTg) and late stimulated Tg obtained 6-12 months after primary therapy (LSTg) in a group of subjects with DTC. We also aimed to establish a cut-off level of Tg for recurrence.

**Methods:** We retrospectively analyzed 393 subjects with low or intermediate risk DTC diagnosed at our institution between January 2000 and December 2010 with a mean follow-up period of 64.4 months (range 14-192 months). All stimulated Tg levels were performed following levothyroxine withdrawal in this study.

**Results:** Histopathological analysis indicated papillary carcinoma in 362 (92.1%) subjects and follicular carcinoma in 31 (7.9%) subjects. Three hundred and twenty-four (82.4%) of our cases were females, and 69 (17.6%) were males. Recurrence occurred in 82 (20.9%) of the subjects. Relapse was significantly more frequently observed in subjects with ASTg ≥ 2 ng/ml; and LSTg ≥ 2 ng/ml. (p = 0.004 and p < 0.001, respectively). In subjects negative for thyroglobulin antibodies (Tg-ab), an ASTg value ≥5.6 ng/ml was established to increase the risk of recurrence by 2.38-fold (p = 0.002), whereas an LSTg ≥ 0.285 ng/ml increased the risk of relapse by 3.087-fold (p < 0.001).

**Conclusion:** As a result of this study, we determined that the optimum cut-off level for both ASTg and LSTg may be lower than those previously reported. Using such a lower cut-off may improve sensitivity for detecting relapse.

### Erratum in

**Erratum to:** Stimulated thyroglobulin values above 5.6 ng/ml before radioactive iodine ablation treatment following levothyroxine withdrawal is associated with a 2.38-fold risk of relapse in Tg-ab negative subjects with differentiated thyroid cancer. [Clin Transl Oncol. 2017]

## CIRCULATING MICRORNAS AS POTENTIAL BIOMARKERS FOR TRAUMATIC BRAIN INJURY-INDUCED HYPOPITUITARISM.

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*J Neurotrauma. 2016 Oct 15;33(20):1818-1825. Epub 2016 Mar 30.*

Traumatic brain injury (TBI), a worldwide public health problem, has recently been recognized as a common cause of pituitary dysfunction. Circulating microRNAs (miRNAs) present in the sera are characteristically altered in many pathological conditions and have been used as diagnostic markers for specific diseases. It is with this goal that we planned to study miRNA expression in patients with TBI-induced hypopituitarism. Thirty-eight patients (27 male, 11 female; mean age, 43 ± 18 years) who had been admitted to the neurosurgery intensive care unit due to TBI were included in the acute phase of the study. In the chronic phase, miRNA expression profile blood samples were drawn from 25 patients who had suffered TBI 5 years ago. In the acute phase (on Days 1, 7, and 28), a substantial amount of patients (26%, 40%, and 53%; respectively) had hypopituitarism (acute adrenocorticotrophic hormone deficiency). In the chronic phase eight of 25 patients (32%) had TBI-induced-hypopituitarism. Forty-seven age-gender-similar healthy controls (25 male, 22 female, mean age: 41 ± 14 years) were included in the study. In order to identify potential candidate miRNA/miRNAs whose levels had been altered in response to TBI-induced hypopituitarism, 740 miRNA expression analyses were performed in the sera of TBI patients by high throughput real-time polymerase chain reaction. Statistical analyses showed that miRNA-126-3p (miR-126-3p) and miRNA-3610 (miR-3610) were detected in the sera of patients who developed hypopituitarism on the 1st, 7th, and 28th days, and in the 5th year following TBI. In addition, miRNA-3907 showed statistically significant and constant dynamic changes on the 1st, 7th, and 28th days, and in the 5th year in the patients with TBI. Our results indicated that altered expression of miR-126-3p and miR-3610 may play an important role in the development of TBI-induced hypopituitarism.

## CAN RATIO OF THE BIGGEST TUMOR DIAMETER TO TOTAL TUMOR DIAMETER BE A NEW PARAMETER IN THE DIFFERENTIAL DIAGNOSIS OF AGGRESSIVE AND FAVORABLE MULTIFOCAL PAPILLARY THYROID MICROCARCINOMA?

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*Oral Oncol. 2017 Feb;65:1-7. doi: 10.1016/j.oraloncology.2016.12.004. Epub 2016 Dec 18.*

**Objectives:** In this study, we aimed to evaluate the usefulness of a new parameter -ratio of the biggest tumor diameter to total tumor diameter- for the differentiation of aggressive and favorable papillary thyroid microcarcinomas (PTMC).

**Materials and methods:** The diameter of the biggest tumor focus was taken as the primary tumor diameter. Total tumor diameter was calculated as the sum of the maximal diameter of each lesion. Ratio of primary tumor diameter to total tumor diameter was defined as tumor diameter ratio (TDR). Positive and negative predictive value, sensitivity and specificity of TDR to predict capsular invasion, extrathyroidal extension (ETE) and lymph node metastasis (LNM) were determined.

**Results:** Mean TDR was significantly lower in multifocal PTMC patients with capsular invasion, ETE, lymphovascular invasion and LNM compared to patients without these features. The sensitivities of TDR for the detection of LNM, ETE and capsular invasion were 100%, 100% and 94.2%, respectively. Specificity of TDR was 86.2% for LNM, 88% for ETE and 94.7% for capsular invasion. Best cut off values of TDR that can predict capsular invasion, ETE and LNM in multifocal PTMC were 0.62, 0.57 and 0.56, respectively. Multifocal papillary thyroid carcinoma patients with capsular invasion, ETE and LNM had significantly lower

mean TDR when compared to ones without these features.

**Conclusion:** Decreased TDR was associated with capsular invasion, ETE and LNM in patients with multifocal PTMC and PTC. This new parameter might be particularly helpful for the detection of aggressive behavior in multifocal PTMCs.

## CORRELATION OF BRAF MUTATION AND SUVMAX LEVELS IN THYROID CANCER PATIENTS INCIDENTALLY DETECTED IN 18F-FLUORODEOXYGLUCOSE POSITRON EMISSION TOMOGRAPHY.

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*Endocrine. 2017 Jan;55(1):215-222. doi: 10.1007/s12020-016-1128-x. Epub 2016 Oct 1.*

The prognostic importance of <sup>18</sup>F-fluorodeoxyglucose avidity in primary thyroid tumor and molecular basis responsible for its mechanism has not yet been well characterized. In this study, we aimed to evaluate the correlation between the maximum standardized uptake levels and B-type Raf kinase mutation positivity in incidentally detected papillary thyroid cancer patients during <sup>18</sup>F-fluorodeoxyglucose positron emission tomography examination. We retrospectively evaluated 6873 <sup>18</sup>F-fluorodeoxyglucose-positron emission tomography scans of consecutive subjects from a database search for tumor staging in 2014 at our hospital Nuclear Medicine Center. In total, 135 patients had focal <sup>18</sup>F-fluorodeoxyglucose uptake in the thyroid. Of these, 76 patients had fine-needle aspiration biopsy. <sup>18</sup>F-fluorodeoxyglucose-maximum standardized uptake of the positron emission tomography-detected nodules was recorded. B-type Raf kinase (V600E) mutation and p53 protein expression were evaluated in papillary thyroid cancer patients. The incidence of thyroid incidentaloma in <sup>18</sup>F-fluorodeoxyglucose-maximum standardized uptake scans was 2% (135/6873). Of the 76 patients evaluated, 41% (n=31) were diagnosed papillary thyroid cancer. B-type Raf kinase mutation was positive in 51% (17/30) of the papillary thyroid cancer patients. Maximum standardized uptake levels of the nodules (≥1 cm) were significantly higher in B-type Raf kinase-mutated papillary thyroid cancer patients than in non-mutated patients [16.6 (10.4-27.9) vs. 9.7 (6.8-11.1); P=0.007]. Correlation analysis revealed that maximum standardized uptake was significantly associated with B-type Raf kinase mutation positivity (r=0.519; P=0.005). Logistic regression analysis showed an association between maximum standardized uptake and B-type Raf kinase mutation positivity even after adjustment for age and gender (P=0.01). B-type Raf kinase mutation is closely related to <sup>18</sup>F-fluorodeoxyglucose-positron emission tomography maximum standardized uptake levels in patients with incidentally detected papillary thyroid cancer.

## GASTROENTEROPANCREATIC NEUROENDOCRINE TUMORS: RECOMMENDATIONS OF TURKISH MULTIDISCIPLINARY NEUROENDOCRINE TUMOR STUDY GROUP ON DIAGNOSIS, TREATMENT AND FOLLOW-UP.

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*Arch Med Sci. 2017 Mar 1;13(2):271-282. doi: 10.5114/aoms.2017.65449. Epub 2017 Jan 25.*

Gastroenteropancreatic neuroendocrine tumors (GEPNETs) are a relatively rare, heterogeneous group of diseases in which important advances have been observed in the diagnosis and treatment as well as in our understanding of the biology and genetics of the disease in recent years. Given the insufficient scientific data available on evidence-based management of GEPNETs and the differences in circumstances in individual countries, a multidisciplinary study group was established to provide guidelines for the management of GEPNETs. This study group consisted of a medical oncologist, endocrinologist, surgeon, pathologist, gastroenterologist, and a nuclear medicine specialist, who aimed to prepare a practical guide in the light of existing scientific data and international guidelines, to be used in common clinical practice.

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