Ancillary Symposia Request for Proposals
Saturday, March 17 - Tuesday, March 20, 2018
McCormick Place South, Grand Ballroom
Chicago, Illinois
www.endo2018.org

Partner with the Endocrine Society to Educate the Endocrine Community.

Join the Endocrine Society in Chicago for the 100th Annual Meeting & Expo, March 17-20, 2018. Partnership at ENDO offers the opportunity to provide top quality education to the largest annual audience of US and international clinical endocrinologists in the world. The Endocrine Society welcomes collaboration with medical education companies, academic CME offices, and other societies to provide educational activities at ENDO 2018 and beyond.

I. Purpose and Scope
   A. Continuing Medical Education Mission of the Endocrine Society
      The CME mission of the Society is to promote the education and continued training of practicing clinicians, teachers of endocrinology and related disciplines, and allied health professionals who assist in the treatment of patients with endocrine disorders, with the ultimate goal of improving the care and treatment of patients.
   B. Audience
      • ENDO ancillary symposia provide the opportunity to educate and share the latest clinical discoveries to more than 300 endocrinologists.
      • ENDO 2017 hosted more than 5,900 total scientific attendees; including more than 4,100 clinical endocrinologists.
      • ENDO 2017 hosted the next generation of endocrinologists - more than 1,200 residents and clinical fellows-in-training.

II. Educational Activity Formats
   A. Live Educational Meetings
      Ancillary symposia present significant opportunities to reach clinicians. The majority of the clinician attendees at the Society’s annual meetings are board certified endocrinologists, pediatric endocrinologists, or reproductive endocrinologists. Educational content developed for presentation at these meetings must always be appropriately rigorous.
      • 90% of the physician attendees at ENDO 2017 indicated that learning about new treatments at ENDO is highly important
• 86% see patients, write prescriptions, and order diagnostic tests.
• 86% of all attendees use information they receive at ENDO in their current practice
• 36% are currently involved as a clinical investigator on an active clinical trial

Multimedia presentations containing case-based scenarios are strongly encouraged.

The Endocrine Society is the primary sponsor of educational activities and the exclusive provider of CME for all ancillary activities occurring at ENDO 2018. The Endocrine Society maintains control of all learner data; any pre or post survey will be distributed by the Endocrine Society on behalf of the educational partner. The Endocrine Society will distribute follow-up surveys and related CME activities, as funded, that relate directly to the live ancillary symposia. All correspondence with learners must be approved by the Endocrine Society.

B. Enduring Activities

Internet-based learning and other enduring educational modalities lend themselves to the development of a series of activities that can reinforce knowledge and provide diversified learning options. Activities that provide for learner self-assessment and performance feedback are particularly attractive.

The Society wishes to offer a complete portfolio of enduring CME activities to address all of the core areas of endocrine practice. These activities may be tailored to endocrinologists, primary care clinicians, or a multidisciplinary audience. Distribution of these activities through Society channels is reasonably comprehensive when targeting endocrine clinicians. Initiatives wishing to reach beyond our core membership should include a supplemental learner recruitment strategy.

III. Areas of Endocrinology for Proposed Collaboration

The areas below are based on membership assessments and needs. The Endocrine Society will accept all endocrinology and metabolism related proposals.

A. Adult Endocrine Topics:

Health disparities and/or emerging therapeutic options are relevant in any of the below stated endocrine topics.

• Adrenal
  o Adrenal Insufficiency
  o Adrenal Tumors
  o Primary Aldosteronism
  o Diagnosis and Effects of Hypersecretion of Adrenal Hormones and Exogenous Glucocorticoid Therapy

• Bone and Bone Mineral Metabolism
  o Osteoporosis
  o Hypophosphatasia
  o Parathyroid Hormone Excess and Deficiency
  o Calcium Excess and Deficiency
  o Vitamin D Deficiency
• Diabetes Mellitus
  o Differential Diagnosis, Risk Assessment, and Prevention of Diabetes
  o Diabetes Management
    ▪ New Pharmacological Therapies
    ▪ Advanced Management (insulin selection/dose change)
    ▪ Diabetes Technology (insulin pump therapy, continuous glucose monitoring, SMBG, data and practice management tools)
  o Prevention and Treatment of Diabetes-Related Comorbidities
    ▪ Microvascular (retinopathy, nephropathy and neuropathy/gastroparesis)
    ▪ Macrovascular (cardiovascular disease/dyslipidemia)
  o In-patient Care and Diabetes
  o Diabetes and Pregnancy
• Lipids
  o Diagnosis and Management of Lipid Disorders
    ▪ Fatty Liver Disease
    ▪ Lipodystrophy
    ▪ Familial Hypercholesterolemia
    ▪ Hypertriglyceridemia
  o Dyslipidemia and Diabetes
  o Risk Assessment, Risk Reduction, and Cardiovascular Disease Prevention
• Obesity
  o Metabolic Syndrome
  o Diagnosis and Management of Obesity
  o Evaluation and Management of Bariatric Surgery Patients
  o Risk Assessment and Cardiovascular Disease Prevention in Obese/Overweight Patients
• Pituitary
  o Pituitary Tumors
  o Traumatic Brain Injury
  o Panhypopituitarism
  o Fluids and Electrolytes
  o Hypersecretion of ACTH
  o Growth Disorders
    ▪ Acromegaly
    ▪ Growth Hormone Deficiency
• Reproduction, Female
  o Androgenic Disorders
  o Disorders of Menstruation
  o Infertility
  o Anovulation
  o Menopause
  o Polycystic Ovary Syndrome
• Reproduction, Male
  o Androgen Deficiency / Hypogonadism
  o Infertility
• Thyroid
  o Thyroid Cancer
  o Thyroid Nodules
  o Thyroid Hormone Excess and Deficiency
  o Thyroid Disorders and Pregnancy

B. Pediatric Endocrine Topics:
  *Transitional care of pediatric patients in long-term management and care of endocrine-related disorders and health disparities are relevant within each category.*
  • Congenital Adrenal Hyperplasia
    o Prenatal Treatment
    o Postnatal Treatment Options
  • Diabetes Mellitus in Pediatric Patients
    o Differential Diagnosis
    o Treatments in Children and Adolescents
      ▪ Type 1 Diabetes
      ▪ Type 2 Diabetes
      ▪ Monogenic Diabetes
    o New Pharmacological Therapies
    o Advanced Management (insulin selection/dose change)
    o Diabetes Technology (insulin pump therapy, continuous glucose monitoring, SMBG, data and practice management tools)
  • Disorders of Growth
    o Idiopathic Short Stature
    o Differential Diagnosis of Growth Hormone Deficiency and Insensitivity
    o Treatment of Growth Hormone Deficiency in Pediatric Patients
  • Endocrine Sequelae of Childhood Cancer Treatment
  • Metabolic Bone Disease in Children and Adolescents
    o Diagnosis and Treatment
  • Obesity and Cardiometabolic Health
    o Treatment Options in Children and Adolescents
  • Disorders of Puberty
    o Precocious Puberty
    o Delayed Puberty
  • Pediatric Thyroid Disorders
    o Congenital Hypothyroidism
    o Diagnosis and Treatment

IV. RFP Response Requirements
A. Policies
The proposed content, rationale, and educational design of each proposal should be developed in collaboration with the Endocrine Society. In addition, each activity proposed must include information identifying specific and documented gaps in professional practice that underlie the need for the activity. All elements of a potential grant application must be reviewed and approved by the Society in advance of submission.
Educational partners must notify the Endocrine Society prior to submission of grant applications to commercial supporters and submit all final grant documents to the Society following submission.

The Society anticipates collaborators may propose activities in response to Requests for Proposals (RFPs) from commercial supporters. Any submission based on an RFP from a commercial supporter should be accompanied by the original commercial supporter RFP.

V. Application Requirements
Complete RFPs submitted to the Society will include the following items:
1. Application Form
2. Full Proposal
3. Proposed Budget (in Endocrine Society format)
4. Educational Partner Attestation Form

VI. Deadline for ENDO 2018 - September 6, 2017 and September 27, 2017 (see details below)
All parties interested in collaborating with the Society in the 2018 calendar year, and particularly those interested in providing educational activities at ENDO 2018, should submit draft proposals by **Wednesday, September 6, 2017** for all Adrenal, Bone, Thyroid, Lipids/Cardiometabolic, and reproductive-endocrinology related proposals, and by **Wednesday, September 27, 2017** for all Adrenal, Diabetes, Obesity, and Pituitary related proposals. These will be reviewed by the Special Programs Committee (SPC) at its review meeting on September 14, 2017 and October 6, 2017. As some opportunities for commercial support may arise after this date, the Society will entertain late proposals, with scheduling priority given to funded activities in the order that they are received and approved by the SPC.

If interested, collaborators may submit one proposal for content to be presented at ENDO 2018 and Clinical Endocrinology Update (CEU) 2018. The Society’s annual clinical update meeting, CEU is a comprehensive educational meeting for practicing endocrinologists, attracting more than 600 clinicians. Contact Endocrine Society staff for additional information.

*Please note; the Endocrine Society will accept Applications after the published deadlines, provided space is available. However, please be aware that these deadlines were set so that the Society has sufficient time to produce and market the best educational activity possible.*

VII. Contact
All parties interested in collaborating with the Society should email development@endocrine.org to express interest and to receive detailed information about the Society’s protocols.