
President's Pen

Welcome to the summer 2004 edition of PDES News. I am excited about all the new developments in progress for 2004 and 2005.

First off our next seminar is September 25th. Sharon Cini our Chairman has contacted Dr. Bruce Hillenberg Ph.D who has practiced clinical psychology for the past 25 years. Dr. Hillenberg Ph.D will work with our pituitary patient group focusing on coping with illness and communication with others. Focusing on the emotional aspects of pituitary tumors has only been a dream of mine until now. I studied the message boards and spoke with many patients since my diagnosis to understand more about what we need to help ourselves and for others to understand what we are experiencing. I knew it took years for many patients to get their doctors to believe them and to find a proper diagnosis. The diagnosis and treatment of these tumors has taken priority.

Still many patients have a difficult time communicating about their illness and limitations to the people in their lives. Many were treated poorly as if they had no medical problem because they look fine. I hope that working with a specialist will improve our communication skills and quality of relationships.

In addition to the Sept 25th seminar we have a symposium with two additional topics. Growth hormone is our 1st topic and Social Security Disability is second. Dr. Hillenburg will be our final speaker leaving time to interact with patients. Please see our calendar in this issue for more details.

We have several areas of research developing. Quality of care for patients will be assessed in a patient survey on our website www.pdes.org. This survey will help us understand what is needed in our educational programs for physicians. It will also help build our physician resource database. Sharing your experience will help us provide valuable information to patients and direction for the future.

More areas of research include:

- In 2005 the PDES will be working with endocrine nurses around the USA to assess patient needs and develop patient materials and programs.
- Psychology is a huge area to explore for pituitary patients. Pituitary tumors have a huge impact on our lives. Until now I have not found help in this area that was specific from the onset of the tumor though treatment. The emotional and physical effects may last beyond treatment. For this reason I believe we need to address all aspects of our well being. Dr. Bruce Hillenburg Ph.D has taken a great interest in this area and I am excited about our development.
- Dr. Gary Ruoff has expressed an interest in studying the migraine population of pituitary patients. There is reason to suspect that the headache center may be somewhere in the hypothalamus. The theory is that the headache center collects the sensory input from the periphery and starts the migraine complex. There is a possibility that a migraine is a whole body issue and not necessarily only the head. In our next issue I will report what development we have made toward studies in this area.

Look for more frequent updates on our website as well! Thank you again for your support of PDES.

Sincerely,

Teresa Sullivan

Pituitary Days 2004 Conference at the UVA

The Pituitary Days Program was “chockas” beginning on Friday, April 2 with a continental brekky. At 8:30 a.m. Dr. Mary Lee Vance, MD began the seminar with Diagnosis of Pituitary Disorders.

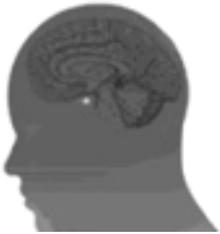
Following, Dr. Edward Laws, MD, FACS, & Dr. John Jane, Jr., MD talked on the updates on Surgery for Pituitary Adenomas, and Craniopharyngiomas. He began the talk by taking us back in time with the Egyptians mummifying the body by taking the brain out through the nose of a pharaoh and that “we’ve just capitalized it” (Dr. Laws). He also described

“recurrence is one of sciences’ biggest challenges”

the tumor as feeling like tapioca or tofu. He said, “recurrence is one of sciences’ biggest challenges” and quoted Harvey Cushing’s “Surgery would be non-existent when we get the right medicine”.

Dr. Jason Sheehan, MD from the Lars Leksell Gamma Knife Center at UVA, gave an interesting overview of Radiosurgery. After the break, Dr. Michael Thorner, MB, DSci, FRCP spoke on the Medical Treatments for Pituitary Disorders and said for all you GH ‘battlers’ “keep fighting for GH. Don’t settle for No ... It’s like the Holy Grail”!

Dr. Vance and Dr. William Evans, MD discussed the Differential Diagnosis of Cushing’s Disease versus Polycystic Ovarian Syndrome (PCOS) as some of you know how this is still being misconceived. She showed a slide of the lovely picture of a guy breastfeeding his baby.



Dr. Maria-Beatriz Lopes, MD-UVA Pathology, gave us a fascinating insight to the world of pathologists who study patient’s histology, of whom they and we never see. It was wonderful to meet face-to-face with the behind-the-scene team.

A discussion session followed and then the Focus Groups succeeded. The Focus Group choices were Acromegaly, Prolactinoma’s and Cushing’s disease. The later discussion was open to all questions. When the topic of GH arouse concerning osteoporosis, I asked if it would help me and I found Dr. Vance to be very comprehensive about the answer.

Focus Group II had three choices as well; Psychological Aspects of Pituitary Disease, Non-functioning Adenoma, Craniopharyngiomas or Reproductive and Sexual Issues. I went to the first and last discussion, not at the same time of course, but was very interested in those two topics.

Thank you to Yasmin Ismail, who is a member of the APF: Australian Pituitary Foundation (www.pituitary.asn.au) & PDES. Yasmin wrote this piece based on her experiences at the convention.



Survey on Acromegaly Understanding the Pathway to Diagnosis

On behalf of SYNOVATE Healthcare, we would like to invite you to participate in an important study on acromegaly. We are looking for people who have been diagnosed with acromegaly AND who would be willing to share their experiences and thoughts.

This is strictly a research effort and your name and responses will be held in the strictest confidence in accordance with HIPPA guidelines. The study will be conducted by telephone and will last approximately 20-30 minutes. In appreciation of your time we will offer you an honorarium of \$75.

**To see if you qualify and to schedule a time to participate ASAP, please call:
Ruth at 1-800-980-3999 EXT 318, or Barbara at 1-866-883-4468.**

Thank you for taking the time to help SYNOVATE Healthcare gather information that will help us build awareness about acromegaly.

New Haven Fundraiser—Thank you, Peg!

To help others faced with the same disorder, Peg and a studio full of New Haven yogis joined on April 30th for a celebration of shared breath and yoga and to raise money for Pituitary Disorders Education and Support.



Peg, a yoga, pilates and group fitness teacher in the greater New Haven area, called upon her friends and students to come together on the yoga mat to offer their hearts full of compassion for her as she proceeds with treatment.

“A yoga class seemed like the most appropriate way to celebrate the healing that has begun for me, to gather strength from my community to carry me into the next phase of treatment, and to offer the opportunity to engage in a little good karma building,” said Peg. “The yoga mat is a place to come together, have fun, and make a difference both in the lives of the participating individuals, as well as in the lives of those their donations will touch.”

Nearly 50 yoga students participated on an exceptionally warm spring evening, filling the CT Yoga Center with the spirit of loving community. Novice and veteran yogi’s alike, side by side, offered their breath and sweat in a show of support for a fellow yogi faced with the challenges of Acromegaly, and for the work and mission of Pituitary Disorders Education and Support. The event raised \$1500 as well as brought awareness to the community of the disorder, Acromegaly, and the help available through PDES.

“I wanted to say thank you, in my way, to the community that continues to share in my healing, as well as to PDES for their empathic care,” said Peg. “PDES has offered information and advice beyond the call of duty, that I’d not received from any other support groups I’d spoken with. I will be forever indebted to their angelic guidance, dropping into my life at the exact right moment.”♦

“From the PDES and all of those you have helped in return . . . We Thank YOU Peg!”



American Holistic Medical Association Overview

What is Holistic Medicine? Holistic medicine is the art and science of healing that addresses the whole person—body, mind, and spirit. The practice of holistic medicine integrates conventional and alternative therapies to prevent and treat disease, and most importantly, to promote optimal health. This condition of holistic health is defined as the unlimited and unimpeded free flow of life force energy through body, mind, and spirit.

Holistic medicine encompasses all safe and appropriate modalities of diagnosis and treatment. It includes analysis of physical, nutritional, environmental, emotional, spiritual and lifestyle elements. Holistic medicine focuses upon patient education and participation in the healing process.

American Holistic Medical Association (AHMA). AHMA was founded in 1978 to unite licensed physicians who practice holistic medicine. AHMA membership is open to licensed medical doctors (MDs) and doctors of osteopathic medicine (DOs) from every specialty, and the medical students studying for those degrees. Associate membership is also open to those health care practitioners certified, registered, or licensed in the state in which they practice.

The mission of the AHMA is to support practitioners in their evolving personal and professional development as healers and to educate physicians about holistic medicine.

Vision: To transform health care so that it addresses physical, environmental, mental, emotional, spiritual, and social health, thereby contributing to the healing of the planet. As holistic physicians, we are committed to the health of all whom we serve including ourselves. The essence of our vision is unconditional love.

The First 6 Principles of Holistic Medical Practice

1. Holistic physicians embrace a variety of safe, effective options in the diagnosis and treatment, including: **a.** Education for lifestyle changes and self-care **b.** complementary alternatives; and **c.** conventional drugs and surgery.
2. Searching for the underlying causes of disease is preferable to treating symptoms alone.
3. Holistic physicians expend as much effort in establishing what kind of patient has a disease as they do in establishing what kind of disease a patient has.
4. Prevention is preferable to treatment and is usually more cost-effective. The most cost-effective approach evokes the patient’s own innate healing capabilities.
5. Illness is viewed as a manifestation of a dysfunction of the whole person, not as an isolated event.
6. A major determinant of healing outcomes is the quality of the relationship established between physician and patient, in which patient autonomy is encouraged.



Contact information: **American Holistic Medical Association** 1800 878-3373
<http://www.holisticmedicine.org/>

For an AHMA Referral Directory, send a check or money order for \$10 to

American Holistic Medical Association, 6728 Old McLean Village Drive, McLean, VA 22101

Please indicate that you are requesting a copy of the AHMA Referral Directory and include clearly printed shipping information. ♦

Look in our next issue for more information about The AHMA Principles of Ethics, the Most Asked Questions About Holistic Medicine, and how to choose a holistic practitioner.



Patient’s Story by Peg Oliveira

In January of this year, at age 31, I walked in to a routine visit with a new primary care physician with a confusing puzzle of physical ailments . . . and left the owner of a rare brain tumor causing the pituitary disorder Acromegaly. Scientists estimate that, worldwide, only three out of every million people develop Acromegaly each year and that only 40 to 60 out of every million people suffer from the disease at any time. I always knew I was special.

Despite a lifetime of being active . . . teaching yoga, Pilates, and aerobics . . . running and cycling . . . I found myself in increasingly intense musculoskeletal pain. I had carpal tunnel symptoms in both hands and debilitating neck and back pain. Despite no decrease in activity levels, and in fact while training for a marathon, I still managed to gain 35 pounds in two years. Oddly, my feet and hands had grown exponentially. . . my facial structure had changed enough to make me unrecognizable to family and friends who had not seen me in some time. I noticed a thickening of my tongue and slurring of speech. I had persistent headaches, and fatigue was overwhelming.

I spent three years in doctors' offices . . . chiropractors, hand surgeons, massage therapists, osteopaths, orthopedists . . . none could help. Resolved to living a life of chronic pain, I abandoned the search for a cure. Despite discomfort, I continued to teach aerobics and yoga and blamed age and stress on my deteriorating condition. Eventually I quit my full time job as a child advocate assuming the demands of this occupation were contributing to my exhaustion and headaches.

Months later, during a physical, a new primary care physician was stunned that no one had suggested a brain MRI, claiming I was a textbook case for Acromegaly.

Acromegaly is a disorder caused by a benign tumor of the pituitary gland that secretes excessive growth hormone (GH). GH itself does not promote growth. Instead, it induces production of yet another hormone, IGF-I in virtually all organs and tissues. High IGF-I in turn promotes cell growth. Acromegaly is associated with increased amounts of soft tissues (large puffy hands, rough facial features) and bone overgrowth (protruding lower jaw, forehead bossing). Other symptoms include headaches, sweating, snoring, sleep apnea, carpal tunnel syndrome and joint aches. Though the majority of these tumors are benign, they cause life-threatening symptoms due to the importance of the pituitary gland in controlling many hormonal functions, and due to the placement of the gland at the base of the brain.

In April on my 32nd birthday I called to the yoga mat the community that cradled my spirits through surgery, and continues to hold my hand as I embark on a journey of healing. On April 30, over 50 luminous spirits joined for an evening of shared yoga and to celebrate every day as a healing victory. It was truly a magical gathering. We raised \$1500, with proceeds donated to PDES. Though unsure of the path that lay before me, I was comforted to know that I would not approach alone . . . I was assured, that evening, of a community of compassion at my side.

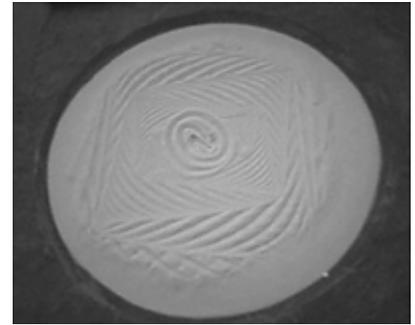
This week's MRI tells the story of a tenacious lesson that will not have its voice stifled by the noise of my return to a busy life of expectations and aspirations. The tumor is again demanding attention. . . this lesson is not content to be half heard. The residual tumor appears close to my optic nerve and coexists with IGF-1 levels elevated even higher than before surgery. As such, a second surgery has been scheduled for this month to remove as much remaining tumor as possible.

The uncertainty of this healing journey is a true exercise in living my yoga off the mat. . . recognizing that struggling, fighting and "trying hard" get me nowhere better than surrendering, allowing, and "trying easy". . . concerning myself with only what the here and now has to offer. . . trusting that today is as close to an illusive "end point" on this journey as any other day. . . so be here now.

And most importantly, I have experientially learned of the great love available to us in this life if we allow ourselves to open to it. So many caring souls have offered the unending tide of compassion and prayers that carry me through each day.

Sometimes you have to come apart fully, in order to come back together in an entirely new way. I hear the call. A moment of choice: I can't continue this way . . . awaken and grow . . . be fully present . . . fully alive! Forget the paradigms of the past . . . the present has an opportunity for a rebirth. Drop the struggle and emerge in a new form. And so I pass into a life of complete surrender. Breathe me.♦

Note from president of PDES: Peg underwent a second surgery. Most of her tumor is removed and she is healing well. Medications will be her next step to control the IGF-1 levels that are secreted from the remaining tumor that could not be removed. My prayers are for Peg's recovery. I thank God that I met such a wonderful, spiritual person. It doesn't matter how we meet; it is who we meet that blesses our lives.



Is Your Endocrine System Keeping You Up at Night?

Researchers argue that adrenal insufficiency is linked to sleeplessness

By Mark McCarty

Having a tough time getting a decent night's sleep? You're not alone. Insomnia scored the second highest mean rating of the symptoms included in the survey of pituitary patients conducted by researchers at Henry Ford Hospital in Detroit, MI. Our founder Teresa Sullivan participated in constructing that survey.

Still, insomnia is fairly common in the general population. According to the publishers of the Web site Wrongdiagnosis.com, roughly 32 million Americans suffer from insomnia at any given time. Some cases resolve more quickly than others, but this represents almost 12 percent of the U.S. population.

Before jumping to the conclusion that one's endocrine system is at fault, the reader is advised to look at the sleep environment. Is your bedroom dark and quiet enough when you take to bed? If you can't get the neighbor to turn the stereo down, try foam earplugs. If the rising sun blasts a hole in your drapes, you might consider trying those funny-looking sleep blindfolds worn by Hollywood types in the movies.

Other things to watch for include vigorous exercise or heavy dining within four hours of bedtime. The same goes for smoking and heavy consumption of alcohol and caffeine. Shift work is another bugaboo for sleep because it conflicts with the internal clock we all inherit in the genome. One of the best things you can do for a good night's sleep is to go to bed and get up at the same times every day.

However, if none of these describe you, your problem may be due to endocrine abnormalities, especially if you are fresh off a surgery or are panhypopituitary. So what's different for the pituitary patient?

The short answer is that sleep is partly dependent on the interaction between the hypothalamus, the pituitary, and the adrenal glands, a system known as the HPA axis. According to researcher A. Steiger of the Max Planck Institute of Psychiatry, "It is well documented that corticotropin-releasing hormone (CRH) impairs sleep and enhances vigilance." Steiger's comments appeared in the April 2002 edition of *Sleep Medicine Reviews*.

CRH is the hormone secreted by the hypothalamus that stimulates the pituitary to produce ACTH. ACTH, in turn, makes the adrenals produce cortisol and other hormones. The problem is that anyone with adrenal insufficiency, whether it originates in the pituitary or the adrenals, is going to have a lot of CRH production because the cortisol deficiency ramps up production of CRH.

Most patients who take cortisol replacement take a dose in the morning and two smaller doses later in the day to keep cortisol levels up in the bloodstream. This schedule is designed to match the normal cortisol surges typically occurring at or around 8:00 a.m. and shortly after noontime.

However, the entire picture is not quite that simple. The *Textbook of Endocrine Physiology* includes a graphic depiction of cortisol secretion that shows cortisol levels elevating again between 4:00 and 8:00 p.m., then dropping to four micrograms or less per milliliter of blood by 10:00 p.m. Four micrograms of cortisol is not much compared to the amounts showing up earlier in the day, but that amount may nonetheless prove significant.



Later in the same chapter about adrenal physiology the author noted “the half-life of exogenous cortisol is 70-90 minutes.” This strongly suggests that a hypopituitary patient will probably not have the same blood levels of cortisol in the evening as a person with normal cortisol production ♦

Note from founder of PDES: Never make any changes in cortisol doses without your endocrinologist’s approval. Each patient varies in the amount they need. The amount needed by each patient is determined and monitored by your blood work. Your endocrinologist can get an idea of the level of your pituitary gland functions through your blood work and correlate your dosages from that. Labs that report your blood levels vary in the number ranges they use to define “normal”. If you are deficient in cortisol your doctor should recommend that you wear a medical alert bracelet at all times.



Endocrine Convention “Endo 2004”

Endo Society Overview

In June the largest annual endocrine convention was held in New Orleans. Endo 2004 lasted for four days. It attracted more than 7,500 researchers, clinicians, clinical investigators, students, fellows, and post Docs to learn about the largest advancements in the field of endocrinology.

Endo 2004 is full of opportunities to hear the latest advancements in basic and clinical endocrinology.

I was elated to see attention drawn to the pituitary gland. This brings much hope to the advancements in treating pituitary tumors and the abnormal hormone levels that result from them. Many topics involved the treatment of all types of pituitary tumors and hormone replacement.

One of the biggest advancements in pituitary tumor treatment is Somavert. www.somavert.com Somavert is a drug approved by the FDA to treat acromegaly.

Another featured topic at the convention and in a following press release was about hormone replacement in women. Studies have provided valuable information about the benefits of replacing androgens such as testosterone and DHEA. This topic is gaining recognition as beneficial to health care for women.

Endo 2005 will be in San Diego, CA June 4–7. <http://www.endo-society.org/educationevents/index.cfm>

More about the Endocrine Society: *Founded in 1916, The Endocrine Society is the world's oldest, largest, and most active organization devoted to research on hormones, and the clinical practice of endocrinology. Endocrinologists are specially trained doctors who diagnose, treat and conduct basic and clinical research on complex hormonal disorders such as diabetes, thyroid disease, osteoporosis, obesity, hypertension, cholesterol and reproductive disorders. Today, The Endocrine Society's membership consists of over 11,000 scientists, physicians, educators, nurses, and students, in more than 80 countries. Together, these members represent all basic, applied, and clinical interests in endocrinology. The Endocrine Society is based in Chevy Chase, Maryland. To learn more about the Society, and the field of endocrinology, visit the Society's web site at www.endo-society.org ♦*

Legal Disclaimer: The material and content contained in this newsletter is for general health information only and is not intended to be a substitute for professional medical advice, diagnosis or treatment. Readers of Pituitary News should not rely exclusively on information provided in this newsletter for their own health needs. All specific medical questions should be presented to your own health care provider.

**The PDES would like to thank Pfizer for their support
in the form of a non-restricted educational grant.**

Calendar of Events

See the PDES website for current and updated information.

“Keeping Wind in Your Sails” on September 25th, 2004 Patient Meeting with Guest Speaker: Bruce Hillenberg, Ph.D.

Practicing clinical psychology for the past 25 years, Dr. Bruce Hillenberg’s focus is on the psychological management of acute and chronic physical illness, with a strong interest in helping individuals maintain quality of life in the face of the challenges and angst of illness. Topics include: Coping on a daily basis, Managing worry, Maintaining quality of life, Coping with anger and frustration, Being assertive with healthcare professionals, and Communicating with others.

Location: West Bloomfield Library, 4600 Walnut Lake Road, West Bloomfield, MI 48323 (USA)

Time: 10:00am to 12:30pm

Please RSVP by phone: 810 227-2715 or Email: PDES@comcast.net *No fee to attend. Donations are necessary for educational programs. If you can help, please send donations to: PDES, 809 Oakridge Ct., Brighton MI. 48116.*

Treatment for Growth Hormone Disorders, Social Security Disability, The Effects of Chronic Illness Patient Symposium on October 9th 2004 at Rochester Hills, Michigan, USA

Guest Speaker: Abdul K. Al-Kassab, M.D., Ph.D, Assistant Clinical Professor at Wayne State University. **Topic:** Treatment for Growth Hormone (GH) disorders, Acromegaly and GH Deficiency: Symptoms, Testing, Treatment.

Guest Speaker: Brenda Anderson, representative for DSI, Disability Services, Inc. **Topic:** Social security disability: Do you qualify for benefits? How to apply; How to communicate with your physician about your health.

Guest Speaker: Bruce Hillenburg, Ph.D. **Topic:** The effects of chronic illness: How to communicate with friends and family; How to cope with long-term illness.

Location: Best Western ConCorde Inn of Rochester Hills, 1919 Star Batt Drive, Rochester Hills, Michigan, United States, 48309: You may book hotel accommodations at www.concordeinnrochesterhills.com

Time: Continental breakfast will be served at 9:30 a.m.

Important! RSVP as soon as possible. Limited seating. Call & leave a voice mail at (810) 227-2715 or email pdes@comcast.net Please include name(s), phone, and number of people attending.

Physician Conference 20th Anniversary Year Annual Endocrinology Conference October 15-17, 2004, Presented by Broda O. Barnes, M.D. Research Foundation, Inc.

Exciting program with extensive presentations and ample Q & A time. Invitees include: Physicians in clinical practice, Academic/Research physicians, Allied health professionals, Staff, Spouses, and Patients. Questions? Call Barnes Foundation, Mon-Fri, 9am to 5 pm EST, at (203) 261-2101, or fax (203) 261-3017.

Cushing’s Convention

Friday, October 22, 2004, Nashville, Tennessee

Dr. Lewis S. Blevins will be the keynote speaker of the 2004 CUSH Convention at Vanderbilt Ingram Cancer Center, Preston Research Building, Nashville, TN. Dr. Scott C Isaacs will also be among the speakers. Dr. Isaacs’ topic will be “Coping With Cushings Through Diet and Lifestyle”. For more information visit <http://www.cushings-help.com/>

Research Studies Available

Check the PDES website for the latest clinical trials and study information.

http://www.pituitarydisorder.net/clinical_trials.htm Contact Teresa at PDES if you are a medical professional or researcher and want your study listed with PDES for patient access pdes@comcast.net or 810 227-2715

From Massachusetts General Hospital: Patients may qualify for research studies in the Neuroendocrine Clinical Center, Massachusetts General Hospital, Boston, MA 02114. MGH is currently accepting the following categories of patients for screening to determine study eligibility. Depending on the study, subjects may receive free testing, medication and/or stipends.

Subjects	Studies — Call 617-726-3870	Contact
Newly diagnosed acromegaly patients	Evaluating preoperative medical treatments	Dr. Laurence Katznelson
Patients with acromegaly requiring medical therapy	Evaluating two different medical therapies	Karen Szczesiul, R.N.
Patients with history of cured acromegaly and current hypopituitarism	Investigating GH effects in patients with history of cured acromegaly and GH deficiency	Dr. Catherine Beauregard Dr. Anne Klibanski
Patients with hypopituitarism (panhypopituitary or partial hypopituitarism)	GH deficiency/replacement studies	Dr. Beverly M.K. Biller Dr. Karen K. Miller
Women with anorexia nervosa	New hormonal therapies	Dr. Karen K. Miller Dr. Anne Klibanski
Adolescent girls with anorexia nervosa	Evaluating bone density and the effects of estrogen replacement	Dr. Anne Klibanski Dr. Madhu Misra
Women with hypopituitarism, ages 18-50	Testosterone replacement therapy study	Dr. Karen K. Miller
HIV positive women with weight loss or fat redistribution markers	Evaluating testosterone therapy Evaluation of bone loss Evaluation of cardiovascular risk	Dr. Steven Grinspoon
HIV positive men and women with fat redistribution	Novel treatments to redistribute fat Determination of growth hormone levels and efficacy of GH secretagogues Novel lipid lowering therapy	Dr. Steven Grinspoon Dr. Colleen Hadigan Dr. Polyxeni Koutkia

Check the PDES website for the latest study information.

Pituitary Disorders Education and Support

Membership Form

Become a member and receive the "Pituitary News" and calendar of events.

To receive a quarterly subscription containing information from medical professionals and patient educational and support events, please subscribe on this form.

As an Active Member, Patron, Sponsor or Lifetime Member you will help the PDES continue to provide information.

The PDES is dedicated to reach all medical professionals, the public, and people whose lives are affected by pituitary disorders.

Name _____ Date _____

Address _____ Phone _____

City/State/Zip _____ Email _____

Type of pituitary tumor, if applicable _____

Treatment, if any _____

Medications/Hormone replacement, if any _____

Membership levels:

____ \$25.00 Active Member

____ \$50.00 Patron

____ \$100.00 Sponsor

____ \$500.00 Lifetime Member

____ \$1,000.00 Founders Circle

Professional Web site sponsorship

____ \$500.00–1,000.00

Corporate Web site sponsorship

____ \$1,000.00–10,000.00

Please indicate if we may have your permission to print your name, in honor of your membership, in the Pituitary News and Website. Yes _____ No _____

Please send check payable to the : P.D.E.S.

Mail to: P.D.E.S.
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Brighton, MI 48116

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which relies on corporate sponsorship,
membership contributions, and private donations.

Your contribution is important to help us reach our goals
and to continue to provide education and support.

www.pdes.org or www.pituitarydisorder.net



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