



Pakistan Endocrine Society

Newsletter

www.pakendosociety.org

April to June 2026

Newsletter Theme
Thyroid



**12TH MID-SUMMER
ENDOCRINE UPDATES**

"ADVANCING ENDOCRINE CARE: BRIDGING SCIENCE AND PRACTICE"

JULY 3-5, 2026 - PEARL CONTINENTAL HOTEL, BHURBAN

From the President's Desk



Dr. Ali Asghar

Dear Members and Colleagues,

It gives me great pleasure to present this edition of the Pakistan Endocrine Society Newsletter, dedicated to the important theme of Thyroid. The thyroid gland occupies a central place in endocrine practice because of its wide-ranging effects on metabolism, cardiovascular function, growth and development, reproductive health, and neurocognitive well-being. Thyroid disorders remain among the most frequently encountered endocrine conditions worldwide and continue to pose an important challenge in clinical care due to their high prevalence, varied presentations, and long-term implications across different age groups.

Each year, 25th May is observed as World Thyroid Day, providing an important opportunity to raise awareness about thyroid disorders, promote early diagnosis, and advocate for better thyroid health. For us as endocrinologists, it is also a reminder of our responsibility to continue advancing professional knowledge, improving standards of care, and extending the benefits of specialist expertise into wider clinical practice and public health. In a country where delays in diagnosis and gaps in awareness remain common, our role in education, advocacy, and evidence-based care remains especially important.

I am pleased to share that our executive and scientific executive members organized 18 CME activities nationwide as part of the World Thyroid Day academic initiatives of PES. These activities were held in Mardan, Mingora, Karachi, Swat, Timergara, Peshawar, Quetta, Hyderabad, Multan, Faisalabad, Lahore, Bannu, and Islamabad, reflecting our members' commitment to continuing medical education. Through these CME sessions, workshops, symposia, and awareness activities, PES provided valuable opportunities for healthcare professionals to update their knowledge regarding the diagnosis and management of thyroid disorders. I am also pleased to note that PES organized 8 radio programs on 25th May from different cities of Pakistan, further reinforcing our World Thyroid Day outreach and public awareness efforts. Our social media platforms aired national and regional public awareness programs on thyroid disorders.

Alongside these thyroid-focused educational efforts, PES has continued to strengthen its broader academic and public engagement mission. Endo Buzz, our buzzer quiz initiative for endocrine fellows-in-training, has provided an exciting platform for academic interaction and professional development. We are all excited to witness the final of Endo Buzz at the Mid-Summer Endocrine Updates Conference in Bhurban. Our

participation in SAFES Endocrine Clinics reflects our commitment to regional academic collaboration, while the Endocrine Monthly Round-Ups help keep our members connected with important developments in endocrinology, diabetes, and metabolism. At the community level, our weekly radio program, Hormone Talks, together with our Hajj and Diabetes awareness programs on radio and social media, has helped extend endocrine education beyond specialist circles and into the wider public sphere.

I am equally proud that PES continues to strengthen its regional and international academic presence. Our participation in the South Asian Obesity Forum in Nepal in April 2026 reflected our commitment to regional collaboration and scientific exchange. Likewise, PES members participated in the International Society of Endocrinology conference in Japan in June 2026, highlighting the growing academic visibility of our Society and our continued engagement with the global endocrine community. Such representation strengthens professional linkages, promotes collaboration, and ensures that Pakistan remains actively connected with contemporary developments in endocrinology. As we look ahead, our vision remains clear: to further strengthen endocrine and diabetes care in Pakistan through education, research, collaboration, and capacity building; to deepen professional and public awareness of endocrine disorders; and to support the continued growth of endocrinology as a dynamic and forward-looking specialty in our country.

I would like to express my sincere appreciation to all our esteemed members, the Board of Management, Vice Presidents, fellows-in-training, and corporate partners for their support and hard work. Their contributions continue to strengthen the academic and public service mission of the Society. I am grateful to the Organizing Chair, Dr Tahir Ghaffar, and his team, as well as the Scientific Chair, Dr Yaqoob Khan, and his team, for bringing us the 12th Mid-Summer Endocrine Updates Conference. I am also thankful to all the chairs, speakers, moderators, participants, and the media representatives.

I encourage all members to remain actively engaged with PES as we continue working together to advance thyroid care and improve endocrine health in Pakistan. I also take this opportunity to invite you all to the 24th Annual Conference of the Pakistan Endocrine Society, to be held in Islamabad, Pakistan, from 9–11 October 2026.

From the Editor's Desk

Dr. Saima Askari



World Thyroid Day 2026: Raising Awareness, Improving Lives

Dear Colleagues,

It gives me great pleasure to welcome you to this edition of the Pakistan Endocrine Society Newsletter, dedicated to an endocrine gland that, despite its small size, exerts a profound influence on nearly every organ system in the body—the thyroid gland.

Each year, 25th May is observed as World Thyroid Day, providing an important opportunity to raise awareness about thyroid disorders, promote early diagnosis, and advocate for better thyroid health across communities worldwide. As endocrinologists, physicians, researchers, and healthcare professionals, we recognize the significant burden thyroid diseases place on individuals, families, and healthcare systems.

After diabetes mellitus, thyroid disorders are the second most common endocrine disorders worldwide. Millions of people are affected by conditions such as hypothyroidism, hyperthyroidism, thyroid nodules, goiter, autoimmune thyroid disease, and thyroid cancer. Many patients remain undiagnosed due to the nonspecific nature of symptoms, often experiencing fatigue, weight changes, mood disturbances, menstrual irregularities, cardiovascular complications, and impaired quality of life before receiving appropriate medical attention.

In Pakistan, thyroid disorders represent a substantial and growing public health concern. Factors such as iodine nutrition, increasing awareness, improved diagnostic facilities, and the rising prevalence of autoimmune diseases have contributed to greater recognition of thyroid-related conditions. However, significant gaps remain in public knowledge, timely diagnosis, and access to specialized endocrine care, particularly in underserved regions.

The theme of this year's World Thyroid Day emphasizes awareness, education, and patient empowerment.

Early recognition and evidence-based management can prevent complications, improve outcomes, and significantly enhance quality of life. As healthcare professionals, we have a responsibility not only to diagnose and treat thyroid disorders but also to educate our patients and communities about the importance of thyroid health.

In line with this commitment, the Pakistan Endocrine Society continues to promote endocrine education through scientific activities, clinical guidelines, public awareness initiatives, and collaborative research. During the past year, PES has actively engaged the public through educational campaigns and awareness sessions addressing common endocrine conditions, including our recently conducted two-part Public Awareness Series on Thyroid Disorders. These initiatives reflect our dedication to translating scientific knowledge into meaningful public health action.

I would like to acknowledge and thank all PES members, executive committee members, speakers, moderators, researchers, and healthcare professionals whose contributions continue to strengthen endocrine care and education in Pakistan. Your commitment to excellence, collaboration, and patient-centered care remains the foundation of our society's success.

As we commemorate World Thyroid Day, let us renew our efforts to advance thyroid health through education, advocacy, research, and clinical excellence. Together, we can improve awareness, facilitate early diagnosis, and ensure better outcomes for individuals living with thyroid disorders.

Thank you for your continued support of the Pakistan Endocrine Society and its mission to advance endocrine health throughout Pakistan.

12TH MID-SUMMER ENDOCRINE UPDATES

"ADVANCING ENDOCRINE CARE: BRIDGING SCIENCE AND PRACTICE"

JULY 3-5, 2026 - PEARL CONTINENTAL HOTEL, BHURBAN

SCIENTIFIC PROGRAM

DAY 1 - FRIDAY JULY 3, 2026

TIME	TOPIC	SPEAKER
3:00 - 5:00 pm	Game Plan for Greatness: Transforming Teams through Trust & Leadership (Pharvevo)	Adnan Azam
6:15 - 6:45 pm	Industry Symposium: (Ferozsons) Moderator: Dr Faheemullah Chairpersons: Prof. A. H. Aamir, Prof. Uzma Malik, Dr Umar Yousaf Raja Talk: GLP1-RA- A pathway to comprehensive metabolic care with evidence	Prof. Arshad Hussain
6:45 - 7:15 pm	INAUGURATION OF INDUSTRY EXHIBITION	
7:15 - 7:30 pm	MAGRIB PRAYERS BREAK	
7:30 - 7:35 pm	Welcome to Mid Summer Conference - Moderator: Dr Shaista Kanwal	
7:35 - 8:00 pm	INAUGURATION <ul style="list-style-type: none"> ▪ Recitation ▪ National Anthem ▪ Address by Dr Ali Asghar - President, Pakistan Endocrine Society 	
	SESSION 1: INAUGURAL SESSION Chairpersons: Prof. Abdul Jabbar, Prof. Najmul Islam, Prof. Saeed A. Mahar	
8:00 - 8:20 pm	Pituitary Masses Requiring Surgery: Pre and Postoperative Endocrine Assessment	Dr Urooj Lal Rehman
8:20 - 8:40 pm	To Treat or Not To Treat Cases of Functional Hypogonadisms : A Reversible Epidemic	Dr Naeem Durrani
8:40 - 9:00 pm	Hypercortisolism: Practical Guidance from Available Clinical Evidence	Dr Uneeba Syed
9:00 - 9:20 pm	PMOS: An Evidence-Based Comprehensive Management in 2026	Dr Aisha Sheikh
9:20 - 9:30 pm	Q/A & Chair Comments	
9:30 - 10:00 pm	Industry Symposium: (Hilton) Moderator: Dr Kifayat Ali Chairpersons: Prof. Zaman Shaikh, Dr Osama Ishtiaq, Dr Gulshad Hassan Talk: The Current of Life	Prof. Khurshid A. Khan
10:00 pm onwards	INAUGURAL DINNER (HILTON)	

DAY 2 - SATURDAY JULY 4, 2026

TIME	TOPIC	SPEAKER
8:00 - 8:45 am	Industry Symposium: (NabiQasim) Moderator: Dr Sarwat Anjum Chairpersons: Dr Azra Rizwan, Dr Sarwar Malik, Dr Sumerah Jabeen Talk: T2 DM Challenges of New Era: How to Educate our Primary Care Physicians	Prof. A. H. Aamir
8:45 - 8:50 am	Gathering	
8:50 - 9:00 am	Recitation of Holy Quran	
9:00 - 10:30 am	SCIENTIFIC SESSION: 2 Moderator: Dr Mehwish Iftikhar Chairpersons: Prof. Zaman Shaikh, Prof. Khalid Usman, Dr Waqas Shafiq	
9:00 - 9:20 am	Uncovering Hidden Cardiometabolic Risks in South Asians	Dr Nadeem Naeem

9:20 - 9:40 am	Severe Hypertriglyceridemia: An Unrecognized Life Threatening Condition	Dr Usman Musharraf
9:40 - 10:00 am	Acromegaly : Combination & Targeted Therapies	Dr Umair Ashfaq
10:00 - 10:20 am	The Indeterminate Adrenal Mass: Tackling the Diagnostic Challenges	Dr Mujeeb ur Rahman
10:20 - 10:30 am	Q/A & Chair Comments	
10:30 - 11:00 am	Industry Symposium: (CCL) Moderator: Dr Rimsha Azhar Chairpersons: Prof. Khurshid A. Khan, Prof. Fawad Ahmad Randhawa, Dr Hussain Afridi Talk: Rewiring Relief: The Mirogabalin Story	Dr Matiullah Kamin
11:00 - 11:20 pm	TEA BREAK	
11:20 - 12:50 am	SCIENTIFIC SESSION: 3 Moderator: Dr Sidra Lodhi Chairpersons: Dr Zakir Alavi, Dr Safdar Naqvi, Dr Faisal Masood Qureshi	
11:20 - 11:40 am	CGM VS SMBG / HbA1c: Innovation VS Practicality in Resource-Limited Settings	Dr Rabnawaz Khan
11:40 - 12:00 pm	TEducation: The Role of Endocrinologist in Thyroid Eye Disease	Dr Sadia Salman
12:00 - 12:20 pm	Tackling the MASLD and MASH Epidemic: The Metabolic Liver Axis	Dr Hafeeza Naz
12:20 - 12:40 pm	From Insight to Action: Prevention and Treatment of Osteoporosis	Dr Gohar Khan
12:40 - 12:50 pm	Q/A & Chair Comments	
12:50 - 1:20 pm	Industry symposium: (Getz) Moderator: Amina Umar Chairpersons: Prof. A. H. Aamir, Dr S. Abbas Raza, Dr Asma Ahmed Talk: Semaglutide as Foundational Therapy: Science, Biosimilar and Economic Sustainability	Dr Nauman Niaz
1:20 pm onwards	LUNCH & PRAYERS BREAK PES & SMILE PROJECT (GETZ)	
2:30 - 3:30 pm	MOU SIGNING CEREMONY (BOARD ROOM) ENDOLYMPICS (CCL), ENDOCAST/ ENDOCRINE BOARD REVIEW (PHARMEVO) ENDOBUZZ (ATCO), PES SWIPE DIABETES (NABIQASIM)	
4:00 pm onwards	5 Km - Diabetes Awareness Walk Towards Healthy Life (Novo Nordisk)	
8:00 - 9:00 pm	PES Executive Members Meeting	
9:00 pm onwards	DINNER (PES EXECUTIVE MEMBERS & FACULTY) (SEARLE)	

DAY 3 - SUNDAY JULY 5, 2026

TIME	TOPIC	SPEAKER
8:15 - 8:45 am	Industry symposium: (Sami) Moderator: Dr Qamar Sajad Chairpersons: Dr Ibrar Ahmed, Dr Saba Hafeez, Dr Sardar Muhammad Shoaib Khan Talk: Switching Smart: The Role of High Quality Human Insulin to Improve Diabetes Outcome	Dr Fahim Ullah
8:45 - 8:50 am	Gathering	
8:55 - 9:00 am	Recitation of Holy Quran	
9:00 - 10:00 am	EndoHub for Endocrine Fellows (GETZ) Judges: Prof. Abdul Jabbar, Dr Gohar Khan, Dr Ibrar Ahmed, Dr Osama Ishtiaq, Dr Aisha Sheikh	
10:00 - 11:30 am	GREAT DEBATE: Future Of Diabetes Remission; "Life Style, Needles Or Scalpel" Moderator: Dr Suleman Elahi Malik Chairpersons: Prof. Saeed A. Mahar, Prof. Jamshed Khattak, Dr Ali Asghar	Prof. Ali Jawa (Life Style/Nutrition) Dr. S. Abbas Raza (Medications/Needles) Prof. Muhammad Zareen (Scalpel/Surgery)
11:30 - 11:45 am	Q/A & Chair Comments	
11:45 - 12:30 pm	Endo Buzz (ATCO)	Dr Nizamuddin (Host)
12:30 - 1:00 pm	Industry symposium: (Novo Nordisk) Moderator: Dr Zaina Jabeen Chairpersons: Prof. Najmul Islam, Prof. A.H. Aamir, Dr Zareen Kiran Talk: From Obesity to Wellness: The Role of innovator Semaglutide 2.4	Dr Asma Ahmed
1:00 - 1:10 pm	Vote of Thanks	Dr Yaqoob Khan
1:10 pm onwards	LUNCH & PRAYERS	

Preparing for a Safe and Healthy Pilgrimage

Hajj & Diabetes

A dedicated Public Awareness Session on Hajj & Diabetes provided essential guidance for individuals with diabetes preparing for pilgrimage. The session emphasized safety, preparedness, and effective disease management. Experts shared recommendations on medication adjustments, blood glucose monitoring, nutrition, hydration, physical activity, and strategies to manage the physical demands of Hajj to ensure a safe and healthy pilgrimage experience.

Pakistan Endocrine Society

LIVE ON
Facebook & Youtube

Public Awareness Session on
HAJJ & DIABETES

Sunday 12th April, 2026
from 5 - 6pm

Link to Join

<https://web.facebook.com/share/1Dv8ZsfKKB/>

<https://youtu.be/7mZ5Frn3aEI>

Moderator

Dr. Saima Askari
Consultant Endocrinologist
and Assistant Professor
Baqai Institute of Diabetology and
Endocrinology
Baqai Medical University
Executive Member, PES

Experts

Prof. Yakoob Ahmedani
Indus Diabetes &
Endocrine Center,
Indus Hospital and
Health Network, Karachi
Executive Member, PES

Dr. Osama Ishtiaq
Consultant Endocrinologist
Shifa International Hospitals Ltd.
Islamabad
Executive Member, PES

Dr. Sarwar Malik
Consultant Endocrinologist
& Diabetologist
HOD Capital Hospital (CDA),
Islamabad
Joint Secretary, PES

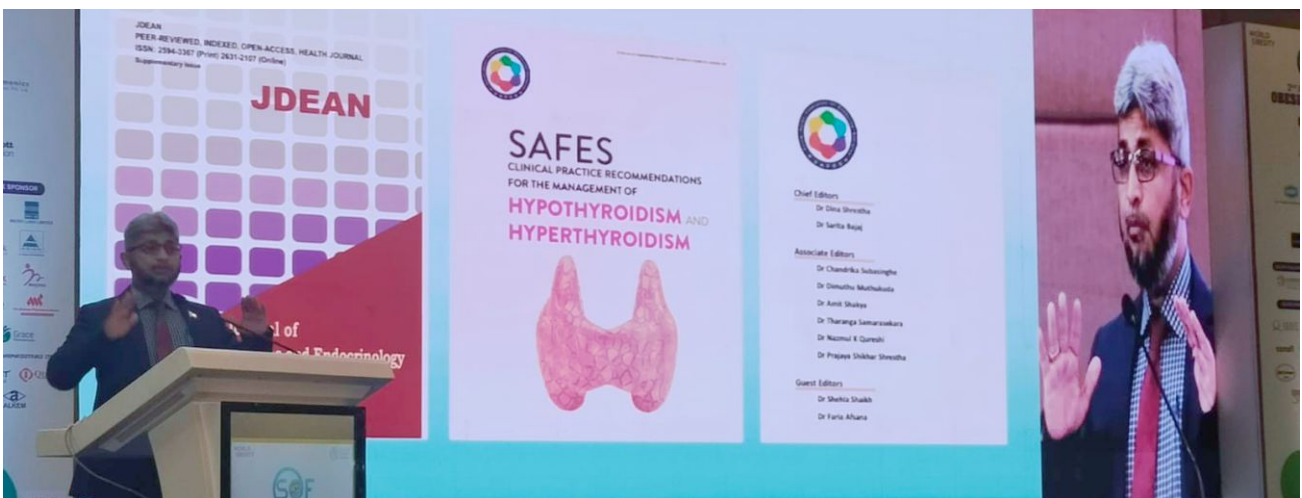
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Pakistan Endocrine Society Contributes to Regional Dialogue at SOF International Obesity Congress 2026

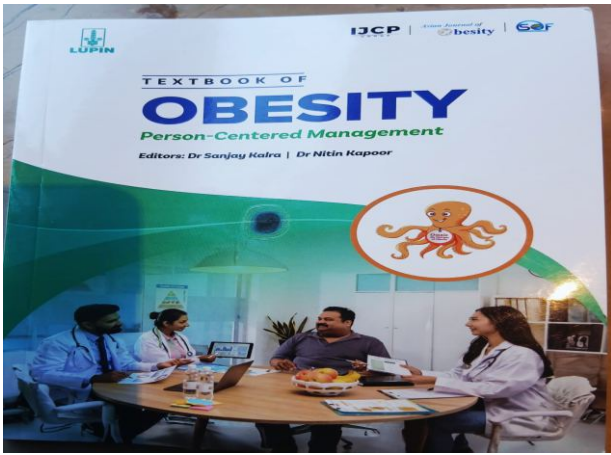
The 2nd International Obesity Congress of the South Asian Obesity Forum (SOF) was held in Kathmandu, Nepal, on April 10–11, 2026, under the theme “United Against Obesity.” The event brought together leading medical experts and regional organizations, including the Pakistan Endocrine Society (PES), to advance dialogue and collaboration on obesity research and metabolic health across the region.



Prof. A.H. Aamir delivered a keynote address at the 2nd International Obesity Congress on the South Asian burden of obesity, highlighting regional challenges and the need for collaborative action



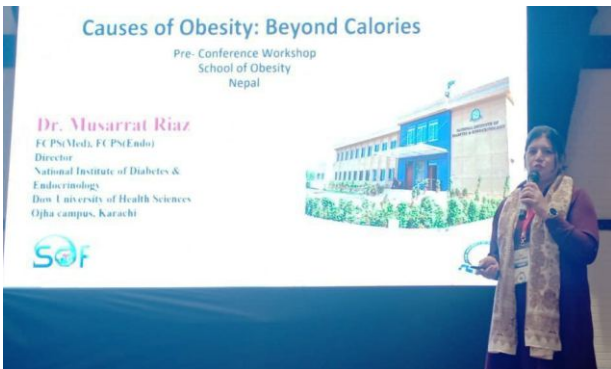
Dr. Ali Asghar at the launch of SAFES Clinical Practice Recommendations for hypothyroidism and hyperthyroidism at the SOF Congress



The launch of the Textbook of Obesity was marked as a significant academic milestone, reflecting collaborative efforts aimed at addressing one of the most pressing health challenges of current era.



The Pituitary Adenoma Guidelines of Pakistan Endocrine Society were launched during the guidelines launch session. Copies of the guidelines were brought for distribution among colleagues from SAFES countries, further supporting regional collaboration and knowledge sharing in endocrinology.



Dr Musarrat Riaz delivering a talk on causes of obesity



Coverage of Pakistan across the front pages of newspapers in Nepal is a moment of pride for the nation, reflecting strong regional academic engagement and collaboration.



Pakistan Endocrine Society

Thyroid Related Activities

Thyroid Activities - Punjab Chapter

Webinar On "Approach to Thyroid Dysfunction" on Zoom

The Pakistan Endocrine Society (PES) successfully organized a highly informative webinar titled "Approach to Thyroid Dysfunction" on 24th May 2026. The session brought together renowned endocrinologists from across Pakistan to discuss practical and evidence-based approaches to the diagnosis and management of thyroid disorders.

The academic program featured two insightful lectures: "Approach to Hyperthyroidism" by Prof. Saeed A. Mahar and "Approach to Hypothyroidism" by Prof. Khurshid A. Khan. Their presentations highlighted current clinical guidelines, diagnostic challenges, and management strategies relevant to everyday practice.

The discussions were further enriched by an esteemed panel comprising Prof. Najmul Islam, Prof. Ali Jawa, and Prof. M. Zaman Shaikh, who shared their valuable clinical expertise and perspectives. The webinar was skillfully hosted by Dr. Uneeba Syed, Vice President Punjab, Pakistan Endocrine Society.

PAKISTAN ENDOCRINE SOCIETY



Webinar on Approach to Thyroid Dysfunction

Zoom ID: 825 6788 6889 No Passcode

Link to Join https://us02web.zoom.us/webinar/register/WN_O75zocnDTouAL74ouO3Nag

Talks & Speakers

 <p>1 Approach to Hyperthyroidism Prof. Saeed A. Mahar Consultant Endocrinologist NICVD, Karachi Past President, Pakistan Endocrine Society</p>	 <p>2 Approach to Hypothyroidism Prof. Khurshid A. Khan Consultant Endocrinologist Fatima Memorial Medical and Dental College, Lahore Past President, Pakistan Endocrine Society</p>
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Panelists

 <p>Prof. Najmul Islam Consultant Endocrinologist The Aga Khan University, Karachi Founding Member & Past President, Pakistan Endocrine Society</p>	 <p>Prof. Ali Jawa Consultant Endocrinologist Medical Director WILCARE Lahore Past President, Pakistan Endocrine Society</p>
 <p>Prof. M. Zaman Shaikh Consultant Endocrinologist Sir Syed Institute of Diabetes & Endocrinology, Karachi Founder Member, Pakistan Endocrine Society</p>	

 <p>Host Dr. Uneeba Syed Consultant Endocrinologist & Assistant Professor Jinnah Hospital, Lahore Vice President Punjab, Pakistan Endocrine Society</p>	 <p>Sunday 24th May, 2026 11am - 12pm</p>
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Thyroid Symposiums

To mark World Thyroid Day 2026, multiple scientific symposium were organized under the guidance of Dr. Sarwar Malik, Dr Sadia Salman, Prof Dr Uzma Malik, Dr Usman Musharaf and Dr Asim Munir Alvi bringing together healthcare professionals and trainees to enhance awareness and understanding of thyroid disorders. The event highlighted current advances in the diagnosis and management of thyroid diseases, emphasizing the importance of early detection and evidence-based care.

The symposiums provided an engaging platform for academic discussion, knowledge sharing, and professional development. Participants actively interacted with experts, reflecting the growing commitment of the endocrine community toward improving thyroid health in Pakistan.





Public Awareness Talks on SUNO FM 89.4 PAKISTAN

As part of the World Thyroid Day celebrations, the Pakistan Endocrine Society (PES) conducted public awareness programs through a live FM radio session aimed at educating the community about thyroid health. The session featured Dr. Asim Munir Alvi and Dr Hira Irfan Consultant Endocrinologist and Scientific Executive Member of PES, who discussed common thyroid disorders, their symptoms, risk factors, and the importance of timely diagnosis and treatment.

Through this interactive platform, listeners were provided with practical information to recognize early signs of thyroid disease and were encouraged to seek medical advice when needed. The program reflected PES's ongoing commitment to promoting endocrine health awareness and empowering the public with reliable, evidence-based information.

The Pakistan Endocrine Society appreciates Dr. Asim Munir Alvi and Dr Hira Irfan for their valuable contribution in advancing public understanding of thyroid disorders and supporting the Society's mission of improving endocrine health across Pakistan.

PAKISTAN ENDOCRINE SOCIETY
Awareness Program on
WORLD THYROID DAY
 With
Dr. HIRA IRFAN
 Consultant Endocrinologist
 Pakistan Kidney and Liver Institute, Lahore
 Scientific Executive Member,
 Pakistan Endocrine Society
 موضوع: تھائیرائیڈ اور اس سے آگاہی کا دن
LIVE FROM LAHORE
SUNO FM 89.4 | 96
 May, 25th 2026 12:00 - 01:00 PM

PAKISTAN ENDOCRINE SOCIETY
PUBLIC AWARENESS PROGRAM ON
WORLD THYROID DAY
 رکھو اپنا خیال
SEHAT KA SAWAL
LIVE FROM MULTAN
Listen on FM 105
DR. ASIM MUNIR ALVI
 Consultant Endocrinologist
 Medicare & Buch Hospital, Multan
 Scientific Executive Member, Pakistan Endocrine Society
Monday 25th May 2026
10:00am - 10:30am

Thyroid Activities - Sindh Chapter

World Thyroid day CME/workshops

In celebration of World Thyroid Day 2026, the Pakistan Endocrine Society (PES) Sindh chapter organized a series of educational workshops and awareness activities throughout the month of May in Karachi. These events were designed to enhance awareness of thyroid disorders and promote evidence-based clinical practice among healthcare professionals, postgraduate trainees, and practitioners from various medical disciplines. Through expert-led sessions and interactive learning opportunities, the initiatives provided valuable insights into the diagnosis, management, and recent advances in thyroid care. The following is an overview of these successful and impactful events.

World Thyroid Day at NIDE

Under the supervision of NIDE Director Dr. Musarrat Riaz, the National Institute of Diabetes & Endocrinology (NIDE), in collaboration with the Pakistan Endocrine Society (PES), organized a two-hour CME session on 19 May 2026 to mark World Thyroid Day. The session focused on awareness, screening, timely diagnosis, and management of thyroid disorders through clinical case discussions. Speakers included Prof. Rakhshinda Jabeen, Dr. Syed Muhammad Hassan, Dr. Nida Shakeel, and Dr. Nazish Fatima, and it was moderated by Dr. Sabiha Banu.



World Thyroid Day CME Workshop – SSCMS, Karachi

On 19th May 2026, Sir Syed College of Medical Sciences, Karachi, in collaboration with the Pakistan Endocrine Society (PES), organized a CME workshop to mark World Thyroid Day. The session was conducted under the supervision of Prof. M. Zaman Shaikh. Dr. Vinod Kumar delivered a talk on "Hypothyroidism," followed by Dr. Khalil-ur-Rehman Shaikh, who discussed "Hyperthyroidism."

An engaging interactive group discussion and hands-on practical session were also conducted by the speakers and the organizer. Mr. Zia-ud-din Shaikh, Director Administration, SSCMS, graced the event as Chief Guest. The audience comprised final-year medical students and family physicians.

WORKSHOP ON THYROID DISORDERS
On The Occasion of
WORLD THYROID DAY

Organized by
Pakistan Endocrine Society & Sir Syed Medical College, Karachi

Chief Guest
Mr. Zia-ud-din Shaikh
Director Admin, Sir Syed College of Medical Sciences

Facilitators

Prof. Dr. M. Zaman Shaikh
FCPS, MRCP (UK), MSC & FRCP (Glasgow)
Director Sir Syed Institute of Diabetes & Endocrinology

Lecturers

Dr. Vinod Kumar
Assistant Professor
MBBS, FCPS
Sir Syed College of Medical Sciences

Dr. Khalil-ur-Rehman
Assistant Professor
MBBS, FCPS
Sir Syed College of Medical Sciences

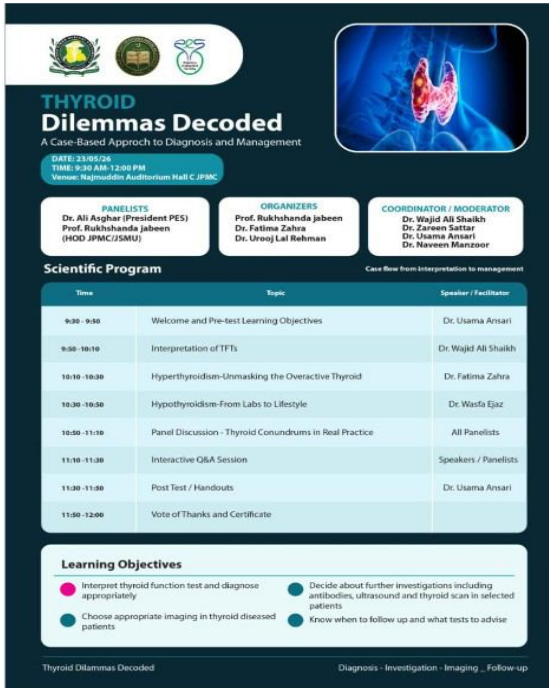
Venue: Sir Syed College of Medical Sciences
19th May
Tuesday 2026
Time: 11:00 PM to 02:00 PM

Sponsored by:
ICLIX PHARMA



Thyroid Dilemmas Decoded - JPMC Karachi

World Thyroid Day was observed on 21st May 2026 at Jinnah Postgraduate Medical Centre in collaboration with Pakistan Endocrine Society. The event was themed “Thyroid Dilemmas Decoded.” The session featured insightful lectures by Dr. Fatima Zahra, Dr. Wajid Ali, and Dr. Wasifa Ejaz, who discussed various thyroid disorders along with interpretation of TFTs. The workshop was skillfully moderated by Dr. Usama Ansari.



THYROID Dilemmas Decoded
A Case-Based Approach to Diagnosis and Management

DATE: 23/05/26
TIME: 9:30 AM - 12:00 PM
Venue: Nazimuddin Auditorium Hall C, JPMC

PANELISTS
Dr. Ali Asghar (President PES)
Prof. Rukshanda Jabeen (HKO, JPMC/USMU)

ORGANIZERS
Prof. Rukshanda Jabeen
Dr. Fatima Zahra
Dr. Urooj Lal Behman

COORDINATOR / MODERATOR
Dr. Wajid Ali Shaikh
Dr. Zareen Sattar
Dr. Usama Ansari
Dr. Naveen Manzoor

Scientific Program
Case flow from interpretation to management

Time	Topic	Speaker / Facilitator
9:30 - 9:50	Welcome and Pre-test Learning Objectives	Dr. Usama Ansari
9:50 - 10:10	Interpretation of TFTs	Dr. Wajid Ali Shaikh
10:10 - 10:30	Hyperthyroidism-Unmasking the Overactive Thyroid	Dr. Fatima Zahra
10:30 - 10:50	Hypothyroidism-From Labs to Lifestyle	Dr. Wasifa Ejaz
10:50 - 11:10	Panel Discussion - Thyroid Conundrums in Real Practice	All Panelists
11:10 - 11:30	Interactive Q&A Session	Speakers / Panelists
11:30 - 11:50	Post Test / Handouts	Dr. Usama Ansari
11:50 - 12:00	Vote of Thanks and Certificate	

Learning Objectives

- Interpret thyroid function test and diagnose appropriately
- Choose appropriate imaging in thyroid diseased patients
- Decide about further investigations including antibodies, ultrasound and thyroid scan in selected patients
- Know when to follow up and what tests to advise patients

Thyroid Dilemmas Decoded Diagnosis - Investigation - Imaging - Follow-up



World Thyroid Day 2026 – AKUH (Karachi)

World Thyroid Day 2026 was observed by Aga Khan University Hospital in collaboration with Pakistan Endocrine Society on 23 May 2026 at PC Hotel Karachi. Under the theme “Thyroid Updates 2026,” experts delivered concise updates on thyroid nodules, hypothyroidism, and thyrotoxicosis. Moderation was conducted by Dr. Khalid Abdul Basit.



THYROID UPDATES 2026
Evidence-Based Thyroid Care

SPEAKERS

DR. AISHA SHEIKH
Topic: Hypothyroidism in Clinical Practice: Common Pitfalls & Practical Pearls

PROF. DR. NAJMUL ISLAM
Topic: Thyroid Nodules: Risk Stratification and Management

DR. FATIMA ZAHRA
Topic: Navigating the Complexities of Thyrotoxicosis

PANELISTS

PROF. DR. NAJMUL ISLAM
Consultant Endocrinologist, Aga Khan University Hospital, Karachi
Past President, Pakistan Endocrine Society

PROF. DR. SAEED A MAHAR
Consultant Endocrinologist
National Institute of Cardiovascular Disease, Karachi
Past President, Pakistan Endocrine Society

PROF. DR. GAMAR MASOOD
Consultant Endocrinologist
Section Head, Department of Endocrinology, Aga Khan University Hospital, Karachi
Executive Member of Pakistan Endocrine Society

DR. AISHA SHEIKH
Consultant Endocrinologist, Aga Khan University Hospital, Karachi
Past President, Pakistan Endocrine Society

DR. ALI ASGHAR
Assistant Professor & Consultant Endocrinologist,
Liaquat National Hospital & Medical College, Karachi
President, Pakistan Endocrine Society

MODERATOR
DR. KHALID ABDUL BASIT
Fellow, Diabetes, Endocrinology & Nephrology,
AKU, Karachi



Thyroid Activities - KPK Chapter

The Pakistan Endocrine Society has successfully conducted a range of academic activities across the country aimed at increasing public awareness and updating professional knowledge regarding the management of thyroid dysfunction. These activities included CME-accredited symposia and interactive workshops. Multidisciplinary academic sessions on thyroid disorders were held in different regions of Khyber Pakhtunkhwa (KP) province. Medical professionals from various specialties actively participated and engaged in collaborative learning. The sessions emphasized the importance of a holistic approach to patients with thyroid disorders.

Academic Session on Thyroid Disorders at Hayatabad Medical Complex, Peshawar

SYMPOSIUM ON THYROID DISORDERS
Enhancing Knowledge. Improving Care. Advancing Endocrinology.

DATE: 21 May 2026 Thursday
TIME: 11:00 AM to 1:00 PM
VENUE: PGMI MOCK Hall HMC
TARGET AUDIENCE: Faculty, Post Graduate Students, Registrars, Medical Officers

ORGANIZING DETAILS
Organizing Institution: Endocrinology Department, Hayatabad Medical Complex, Peshawar.
Department / Unit: Endocrinology Department, Hayatabad Medical Complex, Peshawar.
Organizer: Chairman & Associate Professor Endocrinology, Dr. Tahir Ghaffar Khattak, Assistant Professor, Dr. Mujeeb ur Rehman.

OBJECTIVES OF THE CME
To enhance the knowledge and management skills of the audience.

TEACHING-LEARNING METHODS
• Lecture/Workshop
• Q&A session

SPONSORSHIP
Sponsor Name: Tabros Pharma
Type of Support: Financial/logistics

SPEAKERS DETAIL			
SPEAKER NAME	DESIGNATION	DEPARTMENT / INSTITUTION	TOPIC
Dr. Khalid Usman	Professor	Endocrinology Department HMC	Hyperthyroidism and Thyrotoxicosis
Dr. Muhammad Hussain Afridi	Associate Professor	Endocrinology Department HMC	Hypothyroidism and Thyroiditis: Diagnosis and Management
Dr. Tahir Ghaffar Khattak	Chairman & Associate Professor	Endocrinology Department HMC	Approach To Aberrant Thyroid Function Tests
Dr. Mujeeb ur Rehman	Assistant Professor	Endocrinology Department HMC	Approach to Thyroid Nodules

This Activity is Supported by an unrestricted educational grant from Tabros Pharma



Thyroid CME at DHQ Landikotal Khyber Agency



Evidence Based Approach to Thyroid Dysfunction Symposium at Khyber Teaching Hospital, Peshawar



Endocrine, Diabetes & Metabolism Interest Group (EDMIG-KMC) and with Pediatrics Department, MTI-KTH in collaboration with Pakistan Endocrine Society.

Evidence-Based Approach to Thyroid Dysfunction

From Congenital Hypothyroidism to Adult Thyroid Disorders

Topic	Speaker	Designation
<ul style="list-style-type: none"> Opening remarks Brief introductions of each speaker 	Sundus Huma	Founding President EDMIG-KMC
<ul style="list-style-type: none"> Approach to Thyroid Dysfunction: Evidence-Based Workup and Management of Hyperthyroidism and Hypothyroidism 	Dr. Suleman Elahi Malik	Head, Division of Endocrinology, MTI-KTH, Supervisor EDMIG-KMC
<ul style="list-style-type: none"> Evidence based workup and management of Congenital Hypothyroidism 	Prof. Dr. Sabahat Amir	Chairperson Pediatrics Department, MTI-KTH
<ul style="list-style-type: none"> Recognizing age-specific presentations and management of thyroid disorders in pediatric and adult patients 	Dr. Shazia Bahar	Assistant Professor, Children C ward
<ul style="list-style-type: none"> Workup for hyperthyroidism and hypothyroidism 	Dr. Daniyal Ahmed	Resident Internal Medicine
<ul style="list-style-type: none"> Closing Remarks 	Dr. Danish Hakeem	Trainee Registrar, Children C ward

Who Can Attend?
Undergraduate Medical Students - House Officers - Postgraduate Trainees

Explore evidence-based endocrine care through interactive clinical learning and discussion.

 Fri, 22nd May 2026 at 10:30 AM
 CCW-SEMINAR ROOM, PEDIATRICS DEPARTMENT, KTH
 Chairperson / Supervisor: Asst. Prof. Dr. Suleman Elahi Malik, Head of Endocrinology, MTI-KTH
 Organized by: EDMIG-KMC Executive Team, President: Sundus Huma



Thyroid Symposium North West General Hospital And Research centre, Peshawar



Thyroid Symposium at Khyber Medical University Hospital and Research Centre, Peshawar

PROFESSIONAL EVENT ADVERTISEMENT

THYROID AWARENESS SESSION 2026

Department of Endocrinology & Diabetes & Metabolic Diseases

Target Audience: HCPs & Undergraduate Students

CME ACCREDITED

PANEL OF EXPERTS

1. Prof. Dr. Khalid Usman Khattak
HOD Endocrinology & Diabetes, HMC, Professor
2. Prof. Dr. Abdul Jalil Khan
HOD Family Medicine, KMH Hospital & Research Centre
3. Prof. Dr. Wazir Muhammad
Medical Director & HOD Department of Medicine, KMH-HBRC
4. Dr. Tahir Ghaffar
Chairperson & Associate Professor, Endocrinology, HMC

SPEAKERS & SCIENTIFIC PROGRAM

MODERATOR: Dr. Kifayat Ali (MTH)

TIME	TOPIC	SPEAKER
12:00-12:05 PM	Opening, Tilawat & Introduction of the session	Dr. Kifayat Ali Assistant Professor Endocrinology, MTH
12:05-12:15 PM	Common Thyroid Disorders in Community, how to Screen	Dr. Mohammad Jawad Assistant Professor Consultant Family Medicine & Public Health, KMHU & RC
12:15-12:25 PM	Pregnancy: The TSH Dilemma	Dr. Fahim Ullah Associate Professor & HOD Diabetes & Endocrinology, RMI
12:25-12:35 PM	Thyroid Cancers: Which one is the malignant nodule from Ultrasound to FNAC	Dr. Faheem Ullah Assistant Professor, Dept of Diabetes & Endocrinology, KMHU & RC
12:35-12:45 PM	Thyroid Disorders & Its Link with Obesity	Prof. Dr. Sobia Sabir Ali HOD of Diabetes, Endocrinology & Metabolic Diseases, KMHU & RC
12:45-1:00 PM	Expert Panel Discussion & Q/A Session	Panel of Experts
1:00-1:05 PM	Closing Remarks	Dr. Tahir Ghaffar Chairman Dept of Diabetes & Endocrinology, MTH HMC

DATE: Thursday, 11 June 2026

TIME: 12:00 PM - 1:15 PM

VENUE: ALEXANDER FLEMING HALL KMHU

ORGANIZER

Dr. Faheem Ullah
Assistant Professor, Endocrinology & Diabetes KMHU Hospital & Research Centre



Thyroid CME Saidu Medical College Swat

CME ON THYROID DISORDERS

Enhancing Knowledge. Improving Care. Advancing Endocrinology.

DATE: 14 May 2026 (Thursday)

TIME: 10:00 AM to 1:00 PM

VENUE: CME Hall Saidu Medical College

TARGET AUDIENCE: Faculty, Post Graduate Students, Registrars, Medical Officers

ORGANIZING DETAILS

Organizing Institution: Endocrinology/Medicine Unit, Saidu Group of Teaching Hospital, MTI, Swat

Department / Unit: Endocrinology Section Department of Medicine Saidu Group of Teaching Hospital, MTI, Swat

Organizer: Dr. Mohammad Yaqoob Khan, Executive Member Pakistan Endocrine Society

OBJECTIVES OF THE CME

- To enhance the knowledge and management skills of the audience.

TEACHING-LEARNING METHODS

- Lecture/Workshop
- Q&A session

SPONSORSHIP

Sponsor Name: Hilton Pharma
Type of Support: Financial/logistics

SPEAKERS DETAILS

SPEAKER NAME	DESIGNATION	DEPARTMENT/INSTITUTION	TOPIC
Dr. M Yaqoob Khan	Assistant Professor Endocrinology	Endocrinology / Medicine Department SGTH MTI Swat	How Thyroid Affects Pregnancies
Dr. Azmat Ali Khan	Specialist Endocrinologist	Endocrinology / Medicine Department SGTH MTI Swat	Challenging Cases: Across Spectrum Of Hyperthyroidism
Dr. Sohail Khan	Assistant Professor ENT	ENT Department SGTH MTI Swat	Approach To Thyroid Nodules Based On New Guidelines
Dr. Amir Naseem	Assistant Professor Ophthalmology	EYE Department SGTH MTI Swat	Surgical Perspectives of Graves Orbitopathy



Thyroid Symposium at Mardan Medical Complex

MMC **CME ACTIVITY ON APPROACH TO THYROID DISORDERS** **2025** Pakistan Endocrine Society

Enhancing Knowledge, Improving Care, Advancing Endocrinology

DATE: 25 May 2024, Monday
TIME: 10:00 AM to 1:00 PM
VENUE: CPC Hall, Admin block, MTI MMC, Mardan
TARGET AUDIENCE: Faculty, Post Graduate Students, Residents, Medical Officers

ORGANIZING DETAILS:
 Organizing Institution: Endocrinology Unit, Bacha Khan Medical college Mardan, MTI Mardan Medical complex
 Department/Unit: Endocrinology
 Organizer: Assistant professor Dr. Asad ulah, Incharge/Head of Department, Endocrinology Unit, Bacha Khan Medical college Mardan, MTI Mardan Medical complex

OBJECTIVES OF THE CME:
 To enhance the knowledge and management skills of the audience.

TEACHING-LEARNING METHODS:
 • Lecture/Workshop
 • Q&A session

MODERATORS:
 Dr. Waseed Khan
 Dr. Muqaddas Jameel

SPEAKER NAME	DESIGNATION	DEPARTMENT/INSTITUTION	TOPIC
Dr. Laila Khan	Assistant Professor Radiology	Dept. Of Radiology BQAC/MTI MMC	TRADS scoring system is it significant to do
Dr. Sayeed Muzaffer shah	Assistant Professor ENT	Dept. Of ENT BQAC/MTI MMC	Is FNAC needed for Every thyroid nodule ?
Dr. Asad ulah	Assistant Professor/Head of Department Endocrinology	Dept. Of Endocrinology BQAC/MTI MMC	Thyroid Nodule What are the latest Guidelines in pregnancy
Dr. Shahbaz	Associate professor Medicine	Dept. Of Medicine BQAC/MTI MMC	Challenging Thyroid cases
Dr. Shahid shehzad	Assistant Professor Endocrinology	Dept. Of Endocrinology BQAC/MTI MMC	Genetic etiology: the physicians role
Dr. Shafiq Ali shah	Associate professor ophthalmology	Dept. Of ophthalmology BQAC/MTI MMC	Genetic etiology: when to refer to the ophthalmologist

Assistant professor Dr. Asad ulah
 Incharge/Head of Department Endocrinology Unit, Bacha Khan Medical college Mardan, MTI Mardan Medical complex



Thyroid Awareness Session at Teaching hospital Timergara, Lower Dir



Thyroid Symposium at Swat Medical Complex

SESSION 2 THYROID DISEASES IN PREGNANCY 11AM TO 12PM

PANEL OF EXPERT:

Professor Dr. Sania Khattak,
HOD Obs/Gynaecology
Swat Medical College

Professor Dr. Aziz Ahmed
Dept of Medicine,
Swat Medical College,

SPEAKERS:

1. Thyroid dysfunction in Pregnancy: Case based approach: **Dr. Sardar Ali Khan**
Consultant Endocrinologist, IDC Swat 11:00 to 11:15

2. Effect of Thyroid dysfunction on fertility and ART: **Dr. Romana Khurshid** Consultant Gynaecologist
Senior Registrar Swat Medical College 11:15 to 11:30

3. Dose optimization of thyroxine during pregnancy: **Dr. Izhar ul haq** Fellow Endocrinology/
Senior Registrar Medicine 11:30 to 11:45

Closing Talk : The Thyroxine Checklist, Ensuring Efficacy from Shelf to System: **Dr Ikram ur Rahman** director pharmacy and Therapeutics Swat Medical Complex. Swat. 11: 45 to 11:55

QUESTION/ANSWERS SESSION: EXPERT PANELIST DISCUSSION REMARKS

Chief Guest Closing Address
Shield Distribution.
HI Tea
Awareness walks Swat medical Complex

SPEAKERS:

1. Interpretation of TFTs: **Dr. Muhammad Fozan Khan.**
Assistant Professor Medicine,
Swat Medical College 9:45 to 10:00

2. Basic of US thyroid and thyroid Nodule TIRAD Classification
Dr. Tariq Alam
Consultant Radiologist,
Saidu Medical College/IDC Swat 10:00 to 10:15

3. Thyroid scan: when to order in thyroid diseases
Dr. Shahzad Qasim
H.O.D Nuclear Medicine Dept
Sinor Hospital Swat. 10:15 to 10:30

4. Thyroid Surgery: When and Why!
Dr. Sohail Khan,
Associate Professor ENT
Saidu Medical College Swat 10:30 to 10:45

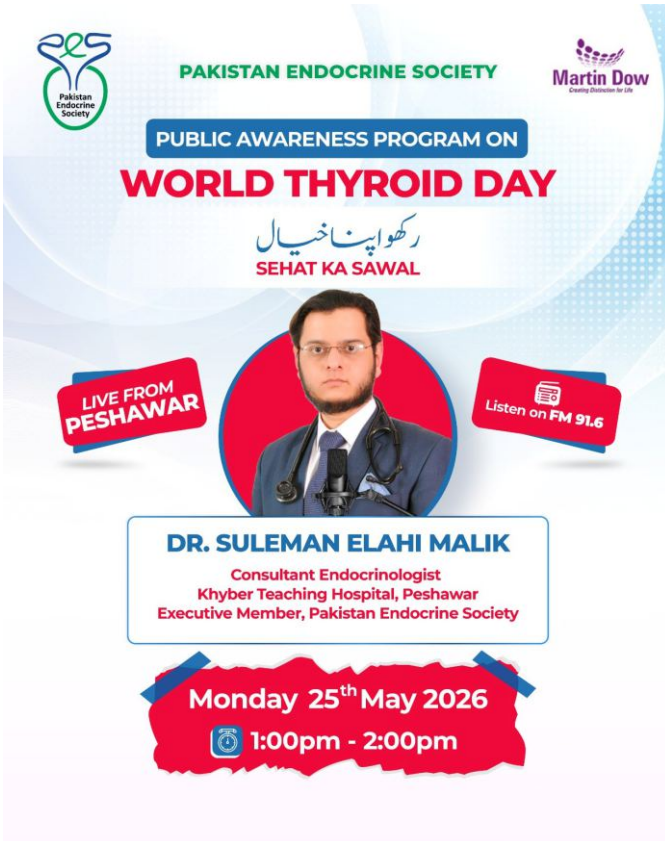
**Question/answers session:
Expert panelist Discussion remarks**



Thyroid symposium at Khalifa Gul Nawaz Hospital Bannu



Radio Talks and Podcast



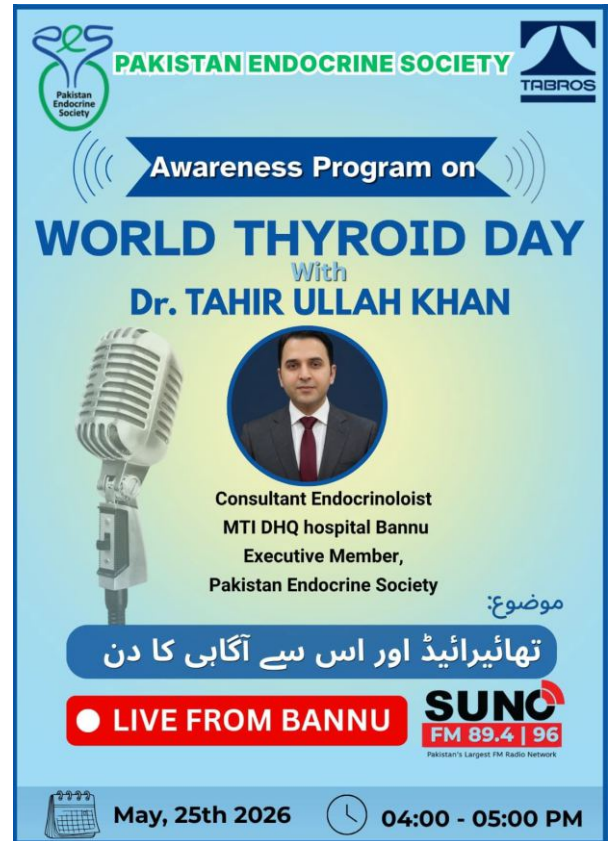
PAKISTAN ENDOCRINE SOCIETY
Martin Dow
Creating Solutions for Life

PUBLIC AWARENESS PROGRAM ON
WORLD THYROID DAY
رکھو اپنا خیال
SEHAT KA SAWAL

LIVE FROM PESHAWAR
Listen on FM 91.6

DR. SULEMAN ELAHI MALIK
Consultant Endocrinologist
Khyber Teaching Hospital, Peshawar
Executive Member, Pakistan Endocrine Society

Monday 25th May 2026
1:00pm - 2:00pm



PAKISTAN ENDOCRINE SOCIETY
TABROS

Awareness Program on
WORLD THYROID DAY
With
Dr. TAHIR ULLAH KHAN

Consultant Endocrinologist
MTI DHQ hospital Bannu
Executive Member,
Pakistan Endocrine Society

موضوع:
تھائیرائیڈ اور اس سے آگاہی کا دن

LIVE FROM BANNU
SUNO FM 89.4 | 96
Pakistan's Largest FM Radio Network

May, 25th 2026 04:00 - 05:00 PM

Thyroid Activities - Baluchistan Chapter

World Thyroid Day was observed on 20th May 2026 at Sandeman Provincial Hospital, Quetta. Lectures on Hyperthyroidism, Hypothyroidism, Interpretation of Thyroid Function Tests, and Thyroid Disorder Case Studies were delivered by Dr. Suresh Kumar, Dr. Rehmatullah, Dr. Shair Zaman, and Dr. Abdul Aziz, respectively. The session was well attended by endocrinologists, general physicians, gynaecologists, and postgraduate trainees.



Thyroid Dialogue: Public Awareness Session by PES in Collaboration with SAFES

The Pakistan Endocrine Society (PES), in collaboration with the South Asian Federation of Endocrine Societies (SAFES), conducted a public awareness session titled "Thyroid Dialogue" as part of its thyroid awareness activities for the general public. This engaging initiative focused on improving understanding of thyroid disorders, their timely diagnosis, and appropriate management, with leading endocrinology experts from Pakistan, India, Nepal, and Bangladesh sharing valuable insights. A key highlight of the program was that the entire discussion was conducted in Urdu, ensuring accessibility and clarity for the general public.

The session brought together distinguished specialists including Dr. Faria Afsana, Prof. A.H. Aamir, Dr. Sanjay Kalra, and Dr. Dina Shrestha, with Dr. Saima Askari serving as host, and was broadcast live on Facebook and YouTube to extend its reach across the region.

PAKISTAN ENDOCRINE SOCIETY



Pakistan
Endocrine
Society


Pakistan


India


Nepal


Bangladesh



South Asian Federation of Endocrine Societies
SAFES

Public Awareness Session
عوامی آگاہی سیشن

THYROID
DIALOGUE

Sunday 24th May, 2026

2pm to 3pm (PST)





LIVE ON

Facebook & Youtube



<https://www.facebook.com/share/17mNs9hiVs/>



<https://youtu.be/8wMyiGtLpRY>



Dr. Faria Afsana

Associate Professor & Head,
Department of Endocrinology,
BIRDEM, Dhaka
President,
Bangladesh Endocrine Society
President,
South Asian Federation of
Endocrine Societies



Dr. Dina Shrestha

Sr Consultant Endocrinologist
Norvic International Hospital,
Siddhi Polyclinic, Kathmandu
Past President,
South Asian Federation of
Endocrine Societies



Host

Dr. Saima Askari

Consultant Endocrinologist
and Assistant Professor
Baqai Institute of Diabetology
and Endocrinology
Baqai Medical University, Karachi,
Pakistan
Executive Member, PES



Prof. A.H. Aamir

Professor & Consultant Endocrinologist
Peshawar General Hospital
Peshawar, Pakistan
President Elect,
South Asian Federation of
Endocrine Societies



Dr. Sanjay Kalra

Consultant Endocrinologist
Bharti Hospital, Karnal, India
Treasurer, International Society
of Endocrinology (ISE)
Past President
South Asian Federation of
Endocrine Societies



www.pakendosociety.org

Thyroid Disorders Awareness Series: Empowering the Public Through Education

The Pakistan Endocrine Society (PES) successfully conducted a two-part Public Awareness Series on Thyroid Disorders, bringing together leading endocrinologists from across Pakistan and abroad to educate the public about the recognition, diagnosis, treatment, and long-term management of thyroid diseases. The sessions addressed common misconceptions, highlighted the importance of timely diagnosis, and provided practical guidance on living with thyroid disorders. Through expert-led discussions and interactive engagement, the series reinforced PES's commitment to promoting endocrine health awareness and empowering communities with accurate, evidence-based information.


Pakistan Endocrine Society
Public Awareness Session
عوامی آگاہی سیشن

Thyroid Disorders
تھائیرائیڈ کے امراض


LIVE ON
Facebook & Youtube

<https://web.facebook.com/share/1HNkdkHvpc/>
<https://youtu.be/A7nklLJ1SM0>


Panel of Experts




Dr. Uzma Khan
Professor of Medicine & Endocrinologist
University of Missouri, Columbia, USA
Executive Member, PES



Dr. Ibrar Ahmed
Consultant Endocrinologist
Divisional Head
Department of Diabetes & Endocrine & Metabolic Diseases
Post Graduate Medical Institute
Lady Reading Hospital, Peshawar
Past President PES



Dr. Aisha Sheikh
Consultant Endocrinologist
The Aga Khan University Hospital, Karachi
Past President PES



Moderator
Dr. Saima Askari
Consultant Endocrinologist and Assistant Professor
Baqai Institute of Diabetology and Endocrinology
Baqai Medical University, Karachi
Executive Member, PES



Sunday
17th May, 2026
5pm - 6pm

www.pakendosociety.org


Pakistan Endocrine Society
Part - II
Public Awareness Session
عوامی آگاہی سیشن

Thyroid Disorders
تھائیرائیڈ کے امراض


LIVE ON
Facebook & Youtube

<https://web.facebook.com/share/1HNkdkHvpc/>
<https://youtu.be/ItWCrfd6zQ>


Panel of Experts




Dr. Uzma Khan
Professor of Medicine & Endocrinologist
University of Missouri, Columbia, USA
Executive Member, PES




Dr. Faisal Masood Qureshi
Consultant Endocrinologist
Al Khaliq Hospital, Multan
Finance Secretary, PES



Dr. Musarrat Riaz
Director & Consultant Endocrinologist
National Institute of Diabetes and Endocrinology, Dow University of Health Sciences, Karachi
Publication Secretary, PES



Moderator
Dr. Saima Askari
Consultant Endocrinologist and Assistant Professor
Baqai Institute of Diabetology and Endocrinology
Baqai Medical University, Karachi
Executive Member, PES



Sunday
31st May, 2026
5pm - 6pm

www.pakendosociety.org

: Global Collaboration and Scientific Excellence in Endocrinology

ICE 2026 Kyoto

The 22nd International Congress of Endocrinology (ICE 2026), held in Kyoto, Japan from 2–6 June 2026, brought together leading endocrinologists, researchers, and healthcare professionals from around the world to discuss advances in diabetes, obesity, thyroid disorders, and precision medicine. Dr. Syed Abbas Raza represented Pakistan as Co-Chair and delivered a lecture on “Cardiovascular Complications of Type 2 Diabetes Mellitus.” The congress also highlighted international collaborations and SAFES-led initiatives promoting regional cooperation and knowledge exchange in endocrinology.



Dr. Syed Abbas Raza Serving as Co-Chair of ICE 2026



Dr. Syed Abbas Raza presenting on “Cardiovascular Complications of Type 2 Diabetes Mellitus” during the scientific program



Prof. A.H. Aamir, giving his expert views as Panelist, in the SAFES session at the ICE 2026



Dr Aisha Sheikh, panelist in a SAFES session on Obesity



Keeping You Updated with the Latest in Endocrinology and Diabetes

Endocrine Monthly Round-Up

The Pakistan Endocrine Society has launched the Endocrine Monthly Round-Up, a monthly newsletter highlighting key research and developments in Endocrinology and Diabetes published during the preceding month. Led by Dr. Tejhmal Rehman, Editor of the PES Monthly Endocrine Round-Up, under the supervision of Dr. Ali Asghar, President of the Pakistan Endocrine Society, this initiative provides concise educational commentary on recent endocrine literature to help the wider medical community stay informed about advances in the field. The newsletter is available online at: <https://pakendosociety.org/endocrine-monthly-round-up/>

PES Endocrine Monthly Round-Up

April 2026



Editor's Perspective

April brings a diverse set of clinically relevant updates across endocrine practice, including new evidence on levothyroxine dosing flexibility, the largest UK trial to date evaluating CGM in type 2 diabetes on modern therapies, long-term metabolic risk associated with early-life obesity, and the impact of chronic TSH suppression on menopause-related health in women with differentiated thyroid carcinoma. Together, these studies reinforce the importance of personalised, risk-stratified care across thyroid, metabolic, and renal endocrinology.

Research Highlights

1. Fasting vs Nonfasting, Dose-Adjusted Levothyroxine Ingestion — Randomized Clinical Trial

Study Focus:

Evaluation of whether levothyroxine taken with breakfast (with a 15% dose increase) maintains biochemical stability compared with traditional fasting ingestion.

Key Findings:

- TSH stability was equivalent between fasting and nonfasting groups (>74% in both).
- Free T4 and total T3 levels were also similar.
- Patients reported better well-being and strong preference for nonfasting intake.
- ~89% chose to continue nonfasting LT4 at study end.
- No safety concerns identified.

Clinical Takeaway:

A modest 15% dose increase allows levothyroxine to be taken with breakfast without compromising biochemical control, improving convenience and patient satisfaction.

2. Continuous Glucose Monitoring vs SMBG in Type 2 Diabetes — FreeDM2 Randomised Trial

Study Focus:

Large UK multicentre RCT evaluating real-time CGM versus SMBG in adults with type 2 diabetes treated with basal insulin plus SGLT2 inhibitors and/or GLP-1 or dual GIP/GLP-1 receptor agonists.

PES Endocrine Monthly Round-Up

May 2026



Editor's Perspective

May delivers a particularly rich set of updates across metabolic and endocrine medicine. Highlights include new cardio-renal data on tirzepatide in type 2 diabetes, long-term weight-loss maintenance strategies in obesity, the emergence of oral orforglipron as a post-injectable maintenance option, renewed evidence for fenofibrate in diabetic retinopathy, and a landmark global consensus renaming PCOS as Polyendocrine Metabolic Ovarian Syndrome (PMOS). Together, these studies underscore the shift toward chronic-disease frameworks, organ protection beyond glycaemia, and precision in how we name and classify endocrine conditions.

Research Highlights

1. Tirzepatide vs Dulaglutide: Kidney Outcomes — SURPASS-CVOT

Study Focus: Comparison of tirzepatide and dulaglutide on major kidney outcomes in adults with type 2 diabetes and established ASCVD, including albuminuria, eGFR decline, and composite renal endpoints across CKD risk categories.

Key Findings:

- Tirzepatide reduced the composite kidney outcome by 23% compared with dulaglutide.
- Benefits were consistent across low-moderate and high-risk CKD groups.
- In low-moderate CKD, the benefit was driven by lower incidence of new macroalbuminuria.
- In high-risk CKD, the dominant effect was slower eGFR decline, with a between-group difference of 0.93 mL/min/1.73 m² per year.
- Overall annual eGFR decline was significantly slower with tirzepatide.
- GI adverse events were more frequent but consistent with the incretin class profile.

Clinical Takeaway: Tirzepatide demonstrates meaningful renal protection beyond glycaemic control, reinforcing its role as a cardio-renal-metabolic therapy rather than a glucose-lowering agent alone.

2. Long-Term Weight-Loss Maintenance With Tirzepatide — SURMOUNT-MAINTAIN

Study Focus: Randomised evaluation of whether continuing tirzepatide at maximum tolerated dose (MTD), reducing to 5 mg, or switching to placebo best maintains weight loss achieved during a 60-week open-label tirzepatide phase.

Advances in the Diagnosis and Management of Cushing's Syndrome

SAFES Endocrine Clinics 2026

The SAFES Endocrine Clinics 2026 session provided an in-depth review of Cushing's syndrome, including case-based discussions on severe hypercortisolism, paediatric Cushing disease, and contemporary management strategies in endocrine emergencies.



SAFES
Endocrine Clinics
(Under the aegis of SAFES Women's Wing)

Date: 11th June 2026 **Time:** 8.15 PM – 10.00 PM (IST)

Theme: Cushing's Syndrome

Dr. Sarita Bajaj
Patron
India

Dr. Faria Afsana
Patron
Bangladesh

Dr. Aravinthan Mahalingam
Convener
Sri Lanka

Agenda

Quiz – Pre Conference 04th June to 10th June 2026

11th June 2026 – 8:15PM to 10:00PM (IST)

8:15PM to 8:20PM – Welcome & Introduction : Dr. Sarita Bajaj & Dr. Faria Afsana

8:20PM to 8:30PM (IST) : Live Quiz

Dr. Alka Bishnoi
Quizmaster
India



SAFES
Endocrine Clinics
(Under the aegis of SAFES Women's Wing)

Session 1- 8:30 PM to 9:15 PM (IST)

8:30 PM to 8:40 PM (IST)
Case Presentation :
Severe hypercortisolism : Navigating an endocrine emergency

Dr. Tharanga Samarasekera
Chairperson
Sri Lanka

Dr. Himansa Ranawaka
Case Presenter
Sri Lanka

Discussion: 8:40 PM to 9:15 PM (IST)

Dr. Gayani Samarasinghe
Moderator
Sri Lanka

Dr. Faria Afsana
Expert Panelist
Bangladesh

Dr. Uditha Bulugahapitiya
Expert Panelist
Sri Lanka

Session 2- 9:15 PM to 9:45 PM (IST)

9:15 PM to 9:25 PM (IST)
Case Presentation:
Paediatric Cushing Disease - Management Challenges

Dr. Ali Asghar
Chairperson
Pakistan

Dr. Anuruddhika Prasadi Withana
Case Presenter
Sri Lanka

Discussion: 9:25 PM to 9:45 PM (IST)

Dr. Jananie Suntharesan
Moderator
Sri Lanka

Dr. Amit Shakya
Expert Panelist
Nepal

Dr. Navoda Atapattu
Expert Panelist
Sri Lanka

9:45 PM to 10:00 PM (IST) Quiz answers and results

Dr. Alka Bishnoi
Quizmaster
India

10:00 PM (IST) Vote of Thanks

Dr. Sarita Bajaj
Patron
India

Dr. Faria Afsana
Patron
Bangladesh

[Click here to Login](#)

A New Platform for Public Endocrine Education

Hormone Talks

The Pakistan Endocrine Society (PES) has launched Hormone Talks, a weekly radio program aimed at increasing public awareness about endocrine health and hormonal disorders. This valuable initiative brings expert endocrinologists directly to the community through an accessible platform, where they discuss important health topics, answer common questions, and provide evidence-based guidance.

By promoting accurate health information and encouraging early recognition of endocrine conditions, Hormone Talks represents another significant step by PES in advancing public education and improving health outcomes across Pakistan.

<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. ALI ASGHAR CONSULTANT ENDOCRINOLOGIST LIAQUAT NATIONAL HOSPITAL, KARACHI PRESIDENT, PAKISTAN ENDOCRINE SOCIETY</p> <p>Topic: Hormone Highlights</p> <p>Thursday 2nd April 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 KARACHI Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>PROF. SAEED A. MAHAR Consultant Endocrinologist National Institute of Cardiovascular Diseases, Karachi Past President, Pakistan Endocrine Society</p> <p>موضوع: موٹاپا کیلئے صرف کھانے کی وجہ سے ہے؟</p> <p>Thursday 9th April 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 KARACHI Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. ABBAS RAZA Consultant Endocrinologist National Institute of Cardiovascular Diseases, Karachi Past President, Pakistan Endocrine Society Past President, International Society of Endocrinology</p> <p>موضوع: موٹاپے کی دوائیوں کے فائدے اور نقصانات کیا ہو سکتے ہیں؟</p> <p>Thursday 16th April 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 LAHORE Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. AISHA SHEIKH Consultant Endocrinologist The Aga Khan University Hospital Recognised tutor, University of South Wales, UK Immediate Past President, Pakistan Endocrine Society</p> <p>موضوع: سچ سے پہلے اور دوران سچ ڈیپنٹس کی دیکھ بھال</p> <p>Thursday 23rd April 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 KARACHI Station</p>
<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. UZMA MALIK Professor, Endocrinology, FRCR (Endocrine) Visiting Consultant Mayo Hospital Lahore Member, American Association of Clinical Endocrinology Executive Member Pakistan Endocrine Society</p> <p>موضوع: سچ اور ڈیپنٹس</p> <p>Thursday 30th April 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 LAHORE Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. ZAKIR ALAVI MD, PhD Consultant Endocrinologist Formerly Member and in Office Bearer Pakistan Endocrine Society</p> <p>موضوع: گلیٹر (Goiter) کیلئے آپ خطرے میں ہیں؟</p> <p>Thursday 7th May 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 KARACHI Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>Professor (Capt.) M. Zaman Shaikh MBBS, DPM, FRCR, FRAC, MRCP, MRCP (Diabetes), FRCR (Endocrinology), FRCR (Diabetes) Consultant Endocrinologist & Diabetes Specialist CONSULTANT ENDOCRINOLOGIST & DIABETES SPECIALIST</p> <p>موضوع: پانچھٹا تیرے لیزیزم علامات، وجوہات اور علاج</p> <p>Thursday 14th May 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 KARACHI Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>Dr. Ibrar Ahmed Associate Professor MBBS, FRCR (Endocrinology), FRCR (Diabetes), FRCR (Diabetes) Consultant Endocrinologist, Department of Diabetes & Endocrinology Unit Lady Reading Hospital, Faisalabad</p> <p>موضوع: پانچھٹا تیرے لیزیزم علامات، وجوہات اور علاج</p> <p>Thursday 21st May 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 Faisalabad Station</p>
<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>PROF. EMERITA TASNIM AHSAN MBBS, FRCR (Endocrinology), FRCR (Diabetes) MRCP (UK), MRCP (UK), FRCR (UK)</p> <p>موضوع: عمل کے دوران ہارمونز کی سطحیں اور اس کی اہمیت</p> <p>Thursday 28th May 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 KARACHI Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. TAHIR ULLAH KHAN MBBS, FRCR (Endocrinology) Assistant Professor of Endocrinology, Medical Teaching Institute, Bahawalpur Executive Member, Pakistan Endocrine Society</p> <p>موضوع: ڈیپنٹس میں مردانہ ہارمونز کی سطحیں اور ان کا عمل</p> <p>Thursday 4th June 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 HYDERABAD Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. MUHAMMAD SALEEM Diabetes, Thyroid and Hypertension Specialist MBBS, FRCR (Diabetes & Endocrinology) (UK) Assistant Professor of Endocrinology, Jinnah Hospital, Consultant Endocrinologist, Jinnah Hospital, Hyderabad Consultant Endocrinologist, Jinnah Hospital, Hyderabad Scientific Executive Member, Pakistan Endocrine Society</p> <p>موضوع: ڈیپنٹس میں مردانہ ہارمونز کی سطحیں اور ان کا عمل</p> <p>Thursday 11th June 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 HYDERABAD Station</p>	<p>PAKISTAN ENDOCRINE SOCIETY Weekly Radio Program</p> <p>Hormone Talks ہارمونز کی دنیا</p> <p>DR. AHMED IMRAN SIDDIQI MRCP (UK) & CCT (London) Diabetes & Endocrinology, MRCP (UK) & CCT (Internal Medicine) (London) FRCR (London) FRCR (Diabetes) FRCR (Diabetes) FRCR (USA) Consultant Endocrinologist and Internal Medicine Executive Member, Pakistan Endocrine Society</p> <p>موضوع: موٹاپا اور ڈیپنٹس کا مردانہ صلاحیت پر اثر</p> <p>Thursday 18th June 2026 2:00 - 2:30pm</p> <p>Listen on FM 100 LAHORE Station</p>

Bringing Diabetes Awareness and Early Screening Closer to Communities

REACH Project



Diabetes continues to be one of the fastest-growing health challenges in Pakistan, with a large number of people remaining undiagnosed until complications develop. To address this growing concern, the Pakistan Endocrine Society (PES) launched the REACH (early screening of diAbetes to rejoicE Healthy Life) Project. The initiative aims to identify individuals at high risk of diabetes, promote early detection, and increase public awareness regarding diabetes prevention and management.

The REACH Project was initially established in Mardan, Khyber Pakhtunkhwa, and has since expanded to Swat, Gujrat, and Sargodha, reflecting its success and growing impact within local communities. The project operates through dedicated REACH outlets, which remain open daily during evening hours to facilitate easy access for community members. Following are the areas where the REACH clinics are already established under the supervision of Dr. Ibrar Ahmed, Dr. Rab Nawaz and Dr. Yaqoob Khan:

1. Mardan
2. Bakhshali
3. Wari
4. Kabal

Further to these clinics, REACH clinics entering in new phase by establishing new setup in Gujrat & Sargodha under the supervision of Dr. Uneeba Syed and Dr. Amina Riaz.

At each REACH outlet, trained healthcare professionals, including pharmacists and diabetes educators, provide counselling and education to both diabetic and non-diabetic individuals. Visitors receive guidance regarding diabetes risk factors, healthy lifestyle choices, dietary modifications, physical activity, and preventive healthcare practices. The goal is not only to support individuals already living with diabetes but also to identify those who may be at risk before the disease progresses.

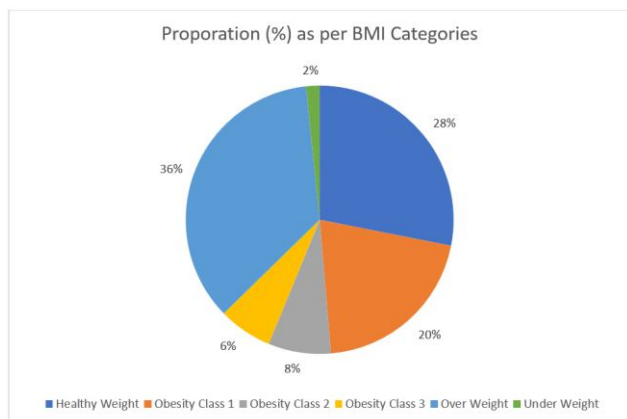


As part of the screening process, visitors are offered Random Blood Sugar (RBS) or Fasting Blood Sugar (FBS) testing, structured education along with assessment of other basic health parameters and vital signs. Based on the results, individuals are evaluated for their risk status and provided with appropriate recommendations. Those requiring further assessment are referred for a free-of-cost consultation every Sunday with an expert physician or endocrinologist, ensuring timely medical evaluation and professional guidance.



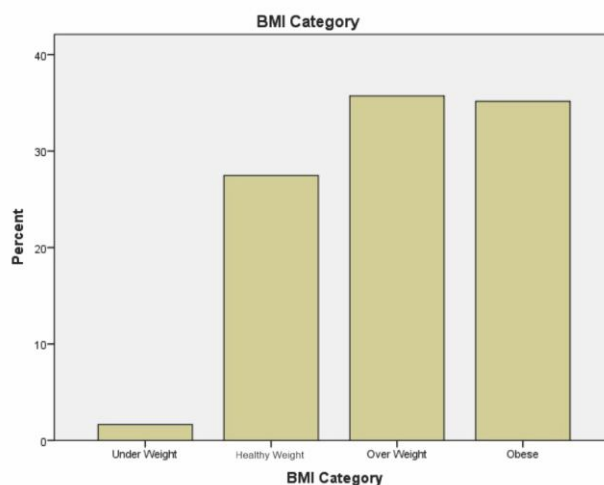
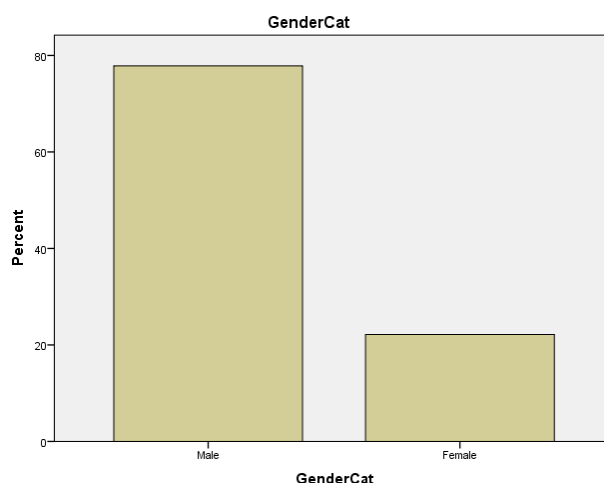
A distinctive feature of the REACH Project is its emphasis on community engagement and preventive healthcare. By creating awareness at the grassroots level and encouraging routine screening, the project seeks to reduce the burden of undiagnosed diabetes and prevent long-term complications associated with the disease.

So far around 1300 people were evaluated in those REACH Clinics where around 27% are known cases of diabetes and 11% are the one with high blood sugar levels than normal and further reviewed by the endocrinologist to confirm their state. Around 17% of the walk-in individuals were provided with an expert consultation on their uncontrolled sugar levels. A subset analysis of data from Wari & Kabal clinics showing around 70% of the people visited these clinics were either over weight or obese (BMI > 25 Kg/m²). Among them 85% were either over weight or obese were either known cases of diabetes or unaware of diabetes as per their fasting blood glucose (FBS) levels on cross tabulation.



The REACH Project is led by the Pakistan Endocrine Society under the visionary leadership of Dr. Ibrar Ahmed, whose commitment to improving endocrine health has been instrumental in the development and expansion of this initiative. The project is generously supported by PharmEvo, whose partnership has enabled the establishment and sustainability of REACH centres across multiple regions.

Since its launch, the project has served as an important platform for diabetes awareness, screening, education, and referral. Through the collective efforts of healthcare professionals, community stakeholders, and supporting partners, REACH continues to empower individuals with the knowledge and resources needed to prevent diabetes and manage their health effectively.



As the project expands to new regions, the Pakistan Endocrine Society remains committed to its mission of promoting early detection, improving access to expert care, and building healthier communities across Pakistan. Through REACH, thousands of individuals are being given the opportunity to identify health risks early, seek timely medical advice, and take meaningful steps toward a healthier future.

A National Quiz Competition for Endocrine Fellows in Training

Endocrine Buzz

Endocrine Buzz is an academic quiz competition designed for endocrine fellows in training to enhance clinical knowledge, evidence-based practice, and professional engagement in endocrinology.

Participants competed at multiple regional centers, followed by the national-level competition scheduled for the Mid-Summer Conference 2026 in Bhurban. The first competition was conducted on 17th June 2026 at the PGMI Auditorium, Peshawar. Subsequently, quiz competitions were held in Islamabad on 19th June 2026 and in Lahore on 20th June 2026. The Karachi round was scheduled for 23rd June 2026.

The final competition will be held during the Mid-Summer Conference in Bhurban, bringing together the top-performing fellows from all participating centers.

Endo Buzz Peshawar

PAKISTAN ENDOCRINE SOCIETY PESHAWAR

ENDO BUZZ

PARTICIPANTS

<p>Northwest General Hospital, Peshawar</p> <p>Dr. Khurram Saleem MBBS, FCPS Medicine, Fellow Endocrinology, NWGH</p>	<p>Hayatabad Medical Complex, Peshawar</p> <p>Dr. Naqeeb Ahmad MBBS, FCPS Medicine, Fellow Endocrinology HMC</p>	<p>Lady Reading Hospital, Peshawar</p> <p>Dr. Usman Akber MBBS, FCPS Medicine, Fellow Endocrinology LRH</p>
<p>Dr. Ayesha Durrani MBBS, FCPS Medicine, Fellow Endocrinology, NWGH</p>	<p>Dr. Waqar Kabir FCPS Medicine, MRCP UK Fellow Endocrinology, HMC</p>	<p>Dr. Tayeeba Taj MBBS, FCPS Medicine Fellow Endocrinology, LRH</p>

ORGANIZERS

<p>Dr. Tahir Chaffar Associate Professor Endocrinology, HMC</p>	<p>Dr. Nizamud Din Assistant Professor Endocrinology, NWGH & RC</p>
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PANEL OF EXPERTS

<p>Dr. Ibrar Ahmad Professor of Endocrinology, LRH</p>	<p>Dr. Arshad Hussain Professor of Endocrinology, NWGH</p>	<p>Dr. Khalid Usman Professor of Endocrinology, HMC</p>	<p>Dr. A. H. Aamir Professor of Endocrinology, PGH</p>
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17th June 2026 | **09:00am** | **PGMI Auditorium Phase 4 Hayatabad, Peshawar.**



Endo Buzz Islamabad





**PAKISTAN ENDOCRINE SOCIETY
ISLAMABAD**

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Dr. Saira Bashir
Consultant Endocrinologist,
Federal Government Polyclinic Hospital,
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Dr. Umar Yousaf Raja
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Dr. Osama Ishtiaq
Consultant Endocrinologist,
Shifa International Hospital

18th June 26 | **12:00pm** | **Main Auditorium
Federal Govt. Polyclinic Hospital,
Islamabad**



Dr. Sualeha Ahmed
1st Position



Dr. Eithisham
2nd Position



Endo Buzz Lahore





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 <p>Dr. M. Umar Khan Nasar Fellow Endocrinology, Bahria International Hospital, Lahore</p>	 <p>Dr. Umair A Siddiqui FCPS Medicine, Fellow Endocrinology, Services Hospital, Lahore</p>	 <p>Dr. M. Sohail Tariq FCPS Medicine, Fellow Endocrinology, SIMS Hospital, Lahore</p>	

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Dr. Waqas Shafiq
Shaukat Khanum Hospital, LHR

Dr. Mehboob Qadir
Nishtar Hospital, Multan

19th June 26 | **2:30pm** | **Fatima Memorial
Hospital, Lahore**



Dr. Sajjad Ahmed
1st Position



Dr. Tanveer Fatima
2nd Position



Endo Buzz Karachi

**PAKISTAN ENDOCRINE SOCIETY
KARACHI**

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Consultant Endocrinologist,
JSMU

Prof. Dr. Saeed A. Mahar
Consultant Endocrinologist,
NICVD

23rd June 26

1:00pm

PDC Hall, 2nd Floor
DIMC, DOW Karachi



Showcasing Research and Clinical Excellence

Poster Competition

The Pakistan Endocrine Society (PES) launched the Poster Competition 2026 to encourage fellows-in-training and young researchers to showcase their scientific and clinical work in the fields of diabetes, endocrinology, and metabolism. The competition invited submissions of original research articles and case reports, providing a platform for participants to share innovative findings, discuss challenging clinical cases, and contribute to advancing endocrine practice. Through academic engagement and healthy competition, the initiative aimed to promote research culture, scientific communication, and evidence-based learning among future endocrinologists, with outstanding presentations recognized through awards and prizes.

PAKISTAN ENDOCRINE SOCIETY

POSTER COMPETITION

Dear Fellows you are cordially invited to participate in the Poster Presentation competition and submit your poster of original article and case report.

CATEGORIES

DIABETES

Original article and case related to diabetes and it's complications

ENDOCRINE

Original article and case related to endocrine disorders and hormones

METABOLISM

Original article and case related to metabolism disorders and relates clinical disorders

LAST DAY OF SUBMISSION
25th July 2026

Top 3 winners will get a prize

SUBMIT YOUR POSTER AT: nazish.fatima@duhs.edu.pk

This activity is supported by an unrestricted educational grant from TABROS PHARMA (PVT.) LTD.

LET YOUR RESEARCH MAKE AN IMPACT

Advancing Endocrine Learning Through Real-World Case Discussions

ENDO HUB 2026

ENDO HUB 2026, an academic initiative of the Pakistan Endocrine Society (PES), invited Endocrinology Fellows-in-Training (Adult and Pediatric) to share and discuss challenging real-world endocrine cases. Designed to promote clinical reasoning, evidence-based practice, expert mentorship, and peer-to-peer learning, the platform provided an opportunity for trainees to learn from authentic patient experiences and diverse clinical perspectives. Through collaborative case discussions, ENDO HUB aimed to strengthen diagnostic and management skills, ultimately contributing to improved patient care and outcomes in endocrinology. **Shortlisted cases will be presented during the 24th Annual Conference of the Pakistan Endocrine Society (PESCON 2026), scheduled from 9–11 October 2026 in Islamabad, where the final round of ENDO HUB 2026 will be conducted.**



The poster features the logos for SMART DOC and the Pakistan Endocrine Society (PES). The central graphic includes a stylized icon of three people and the text 'ENDO HUB' in large blue letters. Below this, it specifies 'FOR ENDOCRINOLOGY FELLOWS IN TRAINING (Adults & Peds)'. A central banner reads 'WHERE REAL CASES MEET REAL THINKING.' To the left, four key benefits are listed: 'REAL WORLD CASES' (From real practice.), 'EXPERT INSIGHTS' (Learn from the best.), 'PEER DISCUSSION' (Stronger together.), and 'BETTER OUTCOMES' (For every patient.). A large blue brushstroke graphic contains the text 'CASE SUBMISSIONS NOW OPEN'. Submission details include a deadline of '31ST MAY 2026' and the email 'endohub2026@gmail.com'. The bottom of the poster features the Getz Pharma logo, stating it is a WHO and PIC/S Approved Manufacturing Facility, with social media icons and the website 'www.getzpharma.com'. The background is decorated with medical-themed images: a thyroid gland, a hand pointing at a tablet with a human figure, and a DNA double helix.

SMART DOC

Pakistan Endocrine Society

ENDO HUB

FOR ENDOCRINOLOGY FELLOWS IN TRAINING (Adults & Peds)

WHERE REAL CASES MEET REAL THINKING.

- REAL WORLD CASES**
From real practice.
- EXPERT INSIGHTS**
Learn from the best.
- PEER DISCUSSION**
Stronger together.
- BETTER OUTCOMES**
For every patient.

CASE SUBMISSIONS NOW OPEN

SUBMISSION DEADLINE
31ST MAY 2026

SUBMIT YOUR CASES AT
endohub2026@gmail.com

🗣️ Your case could spark the next breakthrough. 🗣️

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**Journal of Pakistan
Endocrine Society
(JPES)**



Rifampicin-Based Antitubercular Therapy and Thyroid Dysfunction: Implications for Levothyroxine Replacement in High-Burden Tuberculosis Settings

1. INTRODUCTION: RELEVANCE IN HIGH-BURDEN TUBERCULOSIS PRACTICE

Pakistan carries one of the world's highest tuberculosis burdens, ranked fifth in the World Health Organization's 2025 report, with roughly 6.3% of global cases.[1] Rifampicin, the backbone of first-line therapy [2], is taken by most patients for at least six months. In most cases, this has no clinically significant endocrine consequence, and even among those on levothyroxine (LT4), the majority remain euthyroid and need no dose change.[3] In a minority, however, rifampicin alters thyroid hormone handling in an easily missed way, a predictable, pharmacokinetic interaction, readily managed with monitoring and not a barrier to tuberculosis treatment.

2. MECHANISTIC BASIS OF THE RIFAMPICIN-THYROID HORMONE INTERACTION

Rifampicin is among the most potent inducers of drug metabolism in clinical use, upregulating cytochrome P450 enzymes (notably CYP3A4), the UDP-glucuronosyltransferases that conjugate thyroid hormone, and efflux transporters.[4] Clearance of thyroxine (T4) and triiodothyronine (T3) increases. A patient with an intact thyroid-pituitary axis compensates, so the change stays subclinical;[3] one on a fixed LT4 dose cannot, and free T4 falls as TSH rises. Induction develops progressively after initiation and declines gradually after discontinuation [3,4], which is why two monitoring windows matter.

3. LEVOTHYROXINE INSTABILITY DURING RIFAMPICIN-BASED THERAPY

Levothyroxine is a narrow-therapeutic-index drug, so small changes in availability produce measurable shifts [5], and the daily requirement tends to rise during rifampicin exposure. Co-prescribed iron, calcium, antacids, proton-pump inhibitors, and supplements impair LT4 absorption,[6] compounded by malnutrition, gastrointestinal illness, and polypharmacy. An important diagnostic consideration is that a rising TSH may be interpreted as non-adherence or autoimmune progression when the contributing factor is a recognized, reversible interaction. Early recognition of the interaction may prevent unnecessary investigations and inappropriate alterations in management.

4. ENDOCRINE PHENOTYPES AT HIGHEST RISK

Not all patients are affected to the same extent, and specific phenotypes may require closer monitoring. Athyreotic and post-thyroidectomy patients lack residual tissue to buffer the change and appear to be at the highest risk of needing

adjustment; remaining thyroid tissue was independently associated with a dose increase in the available data.[3] Patients on TSH suppression for differentiated thyroid cancer may lose their target. Pregnant and preconception patients are particularly vulnerable; though not studied in rifampicin-treated cohorts, the principle that maternal hypothyroidism should be avoided justifies earlier testing.[5] Elderly individuals and those with underlying cardiovascular disease are often less tolerant of rapid changes in thyroid hormone status, potentially unmasking subclinical hypothyroidism.

5. EVIDENCE BASE AND KNOWLEDGE GAPS

The evidence is limited and largely observational. In a retrospective review of 71 Korean patients started on rifampicin while taking LT4, median TSH rose from 0.25 to 2.58 mIU/L; a dose increase was needed in about 26% of those treated for hypothyroidism and roughly 50% of those on suppressive therapy, so most replacement patients needed no change, though a meaningful minority did.[3] Prospective data on monitoring intervals and dose adjustment are lacking; recommendations rest on this single cohort and on pharmacological principles. This is distinct from antitubercular drug-induced hypothyroidism, which involves the thioamides and para-aminosalicylic acid in drug-resistant regimens, a thyroperoxidase-inhibition mechanism with a pooled prevalence near 17%,[7] not rifampicin's altered LT4 handling.

6. MONITORING AND DOSE ADJUSTMENT: A SPECIALIST APPROACH

A proportionate monitoring strategy can address the interaction without unnecessary investigations. Obtain a baseline TSH and free T4 before rifampicin, then stay vigilant across two periods during therapy and for four to six weeks after it ends. Although no formal guideline specifies a monitoring interval, a practical approach informed by levothyroxine steady-state pharmacology and observational data rather than a formal guideline interval, a repeat TSH and free T4 at four to eight weeks after starting rifampicin is likely to identify relevant changes, with a further check after stopping. [3,5] Because responses vary, timing should be individualized earlier in athyreotic, thyroid-cancer, pregnant or symptomatic patients. Titrate to target, recheck after each change, and reconcile interfering medications before interpreting an abnormal result.[3]

7. RIFAMPICIN DISCONTINUATION: THE EASILY OVERLOOKED SECOND WINDOW

The phase most often overlooked is after rifampicin stops. As induction subsides over the following weeks, clearance returns toward baseline, and the on-treatment dose may become modestly excessive; continued unchanged, it can cause mild biochemical over-replacement.[4] This is usually

ACKNOWLEDGEMENTS

The authors gratefully acknowledge Dr Faisal Sultan, Infectious Diseases Consultant, Shaukat Khanum Memorial Cancer Hospital & Research Centre, Lahore, for his guidance, mentorship, and continued commitment to antimicrobial stewardship and evidence-based infectious diseases practice.

Table 1. Endocrine risk stratification and levothyroxine monitoring during rifampicin-based antitubercular therapy.

Endocrine phenotype	Rifampicin-related concern	Monitoring implication	LT4 adjustment consideration
Stable primary hypothyroidism	Rising TSH from increased hormone clearance	TSH/FT4 at baseline and 4–8 weeks	Modest, stepwise dose increase if TSH rises
Athyreotic / post-thyroidectomy	No endogenous reserve to buffer the change	Earlier biochemical reassessment	Lower threshold for dose escalation
Differentiated thyroid cancer on suppression	Loss of intended TSH suppression	Check against the individual TSH target	Adjust to maintain risk-adapted suppression
Pregnancy / preconception	Under-replacement carries maternal–fetal risk	Earlier and more frequent TFTs	Prompt adjustment to pregnancy-specific targets
Elderly / cardiovascular disease	Vulnerability to rapid swings in dose	Conservative titration, closer review	Smaller increments
<i>Rifampicin discontinuation (all phenotypes)</i>	<i>Induction wanes; the on-treatment dose may now be slightly high</i>	<i>Repeat TFTs 4–6 weeks after stopping</i>	<i>Down-titrate if mild over-replacement emerges</i>

The final row describes the post-treatment phase, which applies across all phenotypes. Monitoring intervals shown are based on available observational evidence, endocrine pharmacology principles, and expert clinical practice; formal guideline recommendations specific to rifampicin-associated levothyroxine adjustment are limited. ATT, antitubercular therapy; FT4, free thyroxine; LT4, levothyroxine; TFTs, thyroid function tests; TSH, thyroid-stimulating hormone.

mild and readily corrected. As an expert practice recommendation based on the reversal of enzyme induction rather than a formal guideline, a single thyroid function check four to six weeks after stopping identifies it, and a small dose reduction restores the previous steady state. [3,4]

8. PAKISTAN-SPECIFIC PRACTICE IMPLICATIONS

In countries with a high disease burden, even rare interactions become clinically relevant due to the significant number of exposed patients. Aligning practice with the national TB management framework [2] and treating the rifampicin–LT4 interaction as routine are reasonable starting points. A simple prompt to reassess thyroid function after starting rifampicin may facilitate earlier recognition of altered thyroid hormone requirements in patients with hypothyroidism. The interaction can be effectively managed through coordinated multidisciplinary follow-up.

9. CONCLUSION

Rifampicin-related levothyroxine instability is predictable, and the associated morbidity can usually be avoided through monitoring and appropriate dose titration during and after rifampicin therapy, with the greatest impact observed in athyreotic patients, those with thyroid cancer requiring TSH suppression, pregnant women, and other vulnerable groups. Monitoring before, during, and after therapy is generally sufficient and protects thyroid control without compromising tuberculosis treatment.

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Beyond TSH: Reassessing Thyroid Dysfunction in Clinical Practice

1. Introduction

Thyroid disorders are among the most common endocrine conditions encountered in clinical practice, affecting nearly every age group and clinical setting. Hypo-thyroidism and hyperthyroidism often present with non-specific symptoms, making biochemical testing essential for diagnosis. Traditionally, thyroid-stimulating hormone (TSH) has been regarded as the cornerstone of thyroid function testing due to its high sensitivity and early response to changes in thyroid hormone status.

However, exclusive reliance on TSH can be misleading in several clinical scenarios. Discordance between TSH and free thyroxine (FT4), influence of systemic illness, medication effects, and the presence of autoimmune disease may alter interpretation. This article reassesses thyroid dysfunction evaluation by integrating TSH, FT4, and thyroid antibodies into a more clinically meaningful framework for everyday practice.

2. Physiology Refresher: The TSH–FT4 Axis

The hypothalamic–pituitary–thyroid (HPT) axis regulates thyroid hormone production through a tightly controlled feedback loop. Thyrotropin-releasing hormone (TRH) stimulates pituitary secretion of TSH, which in turn regulates thyroid gland production of thyroxine (T4) and triiodothyronine (T3). Circulating FT4 is the biologically active fraction available to tissues.

TSH is highly sensitive to small changes in circulating thyroid hormones, often making it the earliest marker of dysfunction. Even minor reductions in FT4 can result in significant elevations in TSH. However, this sensitivity becomes a limitation when the pituitary response is impaired or when non-thyroidal factors interfere with regulation. In such cases, FT4 becomes essential for accurate biochemical assessment.

3. Clinical Role and Limitations of TSH

TSH remains the most widely used screening test for thyroid dysfunction due to its cost-effectiveness and sensitivity. It is particularly useful in detecting primary hypothyroidism and hyperthyroidism.

In primary hypothyroidism, elevated TSH with low FT4 confirms overt disease. In hyperthyroidism, suppressed TSH with elevated FT4 supports diagnosis. However, several important limitations exist:

- **Central (secondary) hypothyroidism:** Pituitary or hypothalamic disease leads to inappropriately normal or low TSH despite low FT4.
- **Non-thyroidal illness (euthyroid sick syndrome):** Acute or chronic illness alters TSH secretion and peripheral hormone conversion.
- **Medication effects:** Glucocorticoids, dopamine, amiodarone, biotin, and antiepileptics can suppress or alter TSH levels.
- **Pregnancy:** hCG-mediated TSH suppression in early pregnancy may mimic hyperthyroidism.

Thus, TSH should not be interpreted in isolation when clinical suspicion is high.

4. The Role of Free T4 in Diagnosis

Free T4 (FT4) reflects the unbound biologically active thyroid hormone fraction and provides direct insight into peripheral thyroid status.

FT4 is particularly valuable in:

- Confirming overt thyroid dysfunction when TSH is abnormal
 - Diagnosing central hypothyroidism, where TSH is unreliable
 - Differentiating subclinical vs overt disease
- Key diagnostic patterns
- High TSH + normal FT4 - Subclinical hypothyroidism
 - High TSH + low FT4 - Overt hypothyroidism
 - Low TSH + normal FT4 - Subclinical hyperthyroidism
 - Low/normal TSH + low FT4 - Central hypothyroidism

In clinical practice, discordant TSH–FT4 results should prompt repeat testing and evaluation for pituitary or systemic disease rather than premature diagnosis.

5. Thyroid Antibodies: The Missing Dimension

Thyroid antibodies provide critical insight into the autoimmune basis of thyroid disease and help predict disease progression.

Anti-thyroid peroxidase (Anti-TPO) antibodies

Anti-TPO antibodies are strongly associated with Hashimoto's thyroiditis and are present in most patients with autoimmune hypothyroidism. Importantly, their presence in euthyroid individuals increases the risk of future hypothyroidism.

Clinical relevance:

- Subclinical hypothyroidism
- Pregnancy planning
- Infertility and recurrent miscarriage evaluation

TSH receptor antibodies (TRAb)

TRAb are central to Graves' disease pathogenesis. They:

- Confirm autoimmune hyperthyroidism
- Help predict relapse risk
- Guide therapy decisions (medical vs definitive treatment)

Incorporating antibodies allows clinicians to move beyond biochemical dysfunction toward etiological diagnosis.

6. Integrated Diagnostic Approach

A modern approach to thyroid dysfunction requires integration of TSH, FT4, and antibody status rather than reliance on a single marker.

Practical framework

1. TSH as initial screening test
2. FT4 for confirmation and severity assessment
3. Thyroid antibodies for etiological classification and prognosis

Common patterns

- Subclinical hypothyroidism: High TSH, normal FT4 ± anti-TPO positive
- Overt hypothyroidism: High TSH, low FT4, usually anti-TPO positive
- Graves' disease: Low TSH, high FT4, TRAb positive
- Central hypothyroidism: Low/normal TSH, low FT4

This integrated model improves diagnostic precision and reduces over-reliance on a single laboratory marker.

7. Clinical Pitfalls in Practice

Despite clear biochemical frameworks, several pitfalls persist:

- Overdiagnosis of subclinical hypothyroidism based on mildly elevated TSH alone

- Failure to measure FT4 in suspected central hypothyroidism
- Misinterpretation of thyroid tests in pregnancy and elderly patients
- Ignoring antibody status in autoimmune or recurrent disease
- Premature treatment without repeat confirmation

Clinical correlation remains essential. Laboratory results should support—not replace—clinical judgment.

8. Conclusion

TSH remains a fundamental tool in thyroid assessment, but it is not sufficient as a standalone marker. FT4 provides essential confirmation of thyroid hormone status, while thyroid antibodies offer critical insight into autoimmune etiology and disease trajectory. A combined interpretation of TSH, FT4, and antibodies leads to more accurate diagnosis, better risk stratification, and improved patient outcomes. Moving “beyond TSH” does not mean replacing it—it means using it intelligently within a broader clinical framework.

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American Thyroid Association (ATA) 2026 Guidelines for Thyroid Disease in Preconception, Pregnancy, and Postpartum: What Every Clinician Should Know

Thyroid disorders are among the most common endocrine conditions encountered in women of reproductive age and are second only to diabetes mellitus in frequency. Thyroid dysfunction before, during, and after pregnancy can adversely affect maternal health, fertility, pregnancy outcomes, and fetal development. To address these challenges, the American Thyroid Association (ATA) has released its updated 2026 Guidelines for Thyroid Disease in Preconception, Pregnancy, and Postpartum, incorporating new evidence and providing practical recommendations for everyday clinical practice.

Why Should General Practitioners Care?

Pregnancy significantly alters thyroid physiology. Untreated thyroid dysfunction may increase the risk of miscarriage, preterm delivery, hypertensive disorders of pregnancy, fetal growth restriction, and impaired neurocognitive development in offspring. Since family physicians and obstetricians are often the first point of contact for pregnant women, early recognition and timely intervention are critical.

Who Should Be Screened?

The ATA continues to recommend targeted screening rather than universal screening. Thyroid function testing should be considered in women with:

- Known thyroid disease
- Family history of thyroid disorders
- Type 1 diabetes or other autoimmune diseases
- Infertility
- Recurrent miscarriage
- Previous preterm delivery
- Prior thyroid surgery or radioiodine treatment
- Symptoms or signs suggestive of thyroid dysfunction

Practical Tip: Any pregnant woman with a history of thyroid disease should have thyroid function assessed as soon as pregnancy is confirmed.

Preconception Care: The Best Time to Act

Women with known hypothyroidism planning pregnancy should ideally achieve a TSH below 2.5 mIU/L before conception. Patients undergoing fertility treatment or assisted reproductive techniques particularly benefit from thyroid optimization before pregnancy.

Hypothyroidism: The Most Important Clinical Message

Treat Overt Hypothyroidism

Levothyroxine remains the treatment of choice.

Treatment is strongly recommended when:

- TSH ≥ 10 mIU/L, regardless of free T4
- Elevated TSH with low free T4

Once pregnancy is confirmed, women already receiving levothyroxine should increase their dose promptly (usually by approximately 25–30%) and undergo early TSH testing.

What About Subclinical Hypothyroidism (SCH)?

One of the most clinically relevant updates concerns SCH.

Treat SCH if:

- ✓ TSH ≥ 4.0 mIU/L and TPO antibodies are positive
- ✓ TSH ≥ 10 mIU/L regardless of antibody status

Consider Treatment if:

- ✓ TSH 4–10 mIU/L with negative antibodies, especially in women with infertility, recurrent miscarriage, or previous adverse pregnancy outcomes

Treatment is Usually Not Required if:

- ✗ TSH is mildly elevated (< 4.0 mIU/L)
- ✗ TPO antibodies are negative
- ✗ No significant obstetric risk factors are present

Clinical Pearl: Not every pregnant woman with a TSH above 2.5 mIU/L requires levothyroxine. Treatment decisions should consider antibody status, degree of TSH elevation, and clinical context.

Thyroid Autoimmunity: A More Individualized Approach

Positive thyroid peroxidase antibodies (TPOAb) are associated with increased risks of miscarriage and preterm delivery. However, the ATA no longer supports routine levothyroxine treatment for all euthyroid antibody-positive women.

Instead, management should be individualized based on:

- TSH level
- Reproductive history
- Presence of infertility
- Previous pregnancy outcomes

This reflects a move toward precision medicine and avoidance of unnecessary treatment.

Hyperthyroidism During Pregnancy

The key challenge is differentiating Graves' disease from transient gestational thyrotoxicosis.

When to Refer?

Immediate endocrine referral is advised for:

- Newly diagnosed hyperthyroidism
- Suppressed TSH with elevated free T4
- Suspected Graves' disease
- Significant goiter or ophthalmopathy

The goal is to maintain maternal euthyroidism while minimizing fetal exposure to antithyroid medications.

Don't Forget Iodine

Adequate iodine intake remains essential.

The ATA recommends:

- Iodine-containing prenatal supplements
- Adequate dietary iodine intake before conception, during pregnancy, and while breastfeeding

This recommendation is particularly relevant in regions where iodine deficiency remains prevalent.

Postpartum Follow-Up: Frequently Overlooked

The postpartum period is a high-risk time for thyroid dysfunction.

Women at increased risk include those with:

- Positive TPO antibodies
- Type 1 diabetes
- Previous postpartum thyroiditis
- Prior Graves' disease

GPs should maintain a low threshold for checking thyroid function in women presenting postpartum with fatigue, mood changes, palpitations, anxiety, or unexplained weight changes.

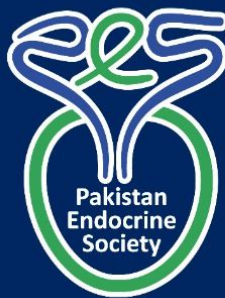
ATA 2026 Pregnancy Thyroid Checklist:

- ✓ Check thyroid function early in all high-risk women planning pregnancy or already pregnant.
- ✓ Aim for TSH <2.5 mIU/L before conception in women with known hypothyroidism.
- ✓ Increase the levothyroxine dose promptly once pregnancy is confirmed and monitor TSH regularly throughout gestation.
- ✓ Treat overt hypothyroidism without delay to reduce maternal and fetal complications.
- ✓ Treat subclinical hypothyroidism (SCH) when TSH \geq 4.0 mIU/L and TPO antibodies are positive.
- ✓ Not all cases of mild SCH require treatment; management should be individualized based on TSH level, antibody status, and obstetric risk factors.
- ✓ Ensure adequate iodine supplementation before conception, during pregnancy, and throughout lactation.
- ✓ Refer women with suspected Graves' disease or overt hyperthyroidism early for specialist evaluation and management.
- ✓ Remain vigilant for postpartum thyroid dysfunction, particularly in women with thyroid autoimmunity, type 1 diabetes, or a history of postpartum thyroiditis.
- ✓ Reassess thyroid function and adjust levothyroxine requirements after delivery to ensure optimal long-term maternal thyroid health.

Reference: Korevaar TI, Leung AM, Alexander EK, Bliddal S, Boelaert K, Brenta G, et al. American Thyroid Association 2026 Guidelines for Thyroid Disease in Preconception, Pregnancy, and Postpartum. *Thyroid*. 2026 May 1;36(5):481-544.

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