**The 97th Annual Meeting of the Japan Endocrine Society**

**English Oral Session**

Abstract Submission Form

Please fill out this form and email to jes2024@c-linkage.co.jp (the Secretariat for JES2024).

Submission deadline: November 14th (Thu.), 2023

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Affiliation |  |
| Position |  |
| Zip code |  |
| Street/Town |  |
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| State |  |
| Country |  |
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| Email Address |  |

Main Author

Co-Author:1

|  |  |
| --- | --- |
| Name |  |
| Affiliation |  |

Co-Author:2

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| --- | --- |
| Name |  |
| Affiliation |  |

Co-Author:3

|  |  |
| --- | --- |
| Name |  |
| Affiliation |  |

Please select a category from the followings:

|  |  |  |
| --- | --- | --- |
|  | **Category** | **Sub-category** |
| **01-1** | **Hypothalamus-pituitary system: Basic** |  |
| **01-2** | **Hypothalamus-pituitary system: Clinical** | 1. **Posterior pituitary gland**
 |
| **(2) Hyperpituitarism associated with tumors in the hypothalamus-pituitary system** |
| 1. **Hypopituitarism**
 |
| 1. **Other**
 |
| **02-1** | **Thyroid gland: Basic** |  |
| **02-2** | **Thyroid gland: Clinical** | 1. **Thyroid disfunction**
 |
| 1. **Thyroid tumors**
 |
| 1. **Other**
 |
| **03-1** | **Diabetes, hypoglycemia: Basic** |  |
| **03-2** | **Diabetes, hypoglycemia: Clinical** | **(1) Type 1 diabetes** |
| 1. **Type 2 diabetes**
 |
| 1. **Insulinoma, hypoglycemia**
 |
| 1. **Other**
 |
| **04-1** | **Obesity, food intake regulation: Basic**  |  |
| **04-2** | **Obesity, food intake regulation: Clinical** |  |
| **05-1** | **Bone metabolism, parathyroid: Basic** |  |
| **05-2** | **Bone metabolism, parathyroid: Clinical** | 1. **Parathyroid disfunction**
 |
| 1. **Osteoporosis, osteomalacia, rickets**
 |
| **(3) Other** |
| **06-1** | **Hypertension, adrenal gland: Basic** |  |
| **06-2** | **Hypertension, adrenal gland: Clinical**  | 1. **Cushing's syndrome**
 |
| **(2)** **Primary aldosteronism and related disorders**  |
| **(3) Melanocytoma** |
| **(4) Other** |
| **07-1** | **Lipid metabolism, cardiovascular endocrinology: Basic** |  |
| **07-2** | **Lipid metabolism, cardiovascular endocrinology: Clinical** |  |
| **08-1** | **Gastrointestinal hepatic-endocrinology and metabolism: Basic** |  |
| **08-2** | **Gastrointestinal, hepatic-endocrinology and metabolism: Clinical** |  |
| **09-1** | **Pediatric endocrinology and metabolism: Basic** |  |
| **09-2** | **Pediatric endocrinology and metabolism: Clinical** |  |
| **10-1** | **Reproductive endocrinology, reproductive glands, menopause: Basic**  |
| **10-2** | **Reproductive endocrinology, reproductive glands, menopause: Clinical**  |
| **11-1** | **Hormones and tumors (including neuroendocrine tumors): Basic** |
| **11-2** | **Hormones and tumors (including neuroendocrine tumors): Clinical** |
| **12** | **Other** |  |

|  |  |
| --- | --- |
| Category |  |

|  |  |
| --- | --- |
| Abstract Title |  |

Abstract (max of 200 words)

|  |
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Key Words:

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| --- |
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Application for the Travel Grant

Do you wish to apply for the Travel Grant? □ Yes □ No

If you answered “Yes”, is your age 40 years or under? □ Yes □ No

( Date of Birth : / / )

##  **Form１**

## The Japan Endocrine Society

## **Self-reported Potential Conflict of Interest**

## **Disclosure Statement**

**Personal Financial Interests**

|  |  |  |
| --- | --- | --- |
| Area | No | If Yes: Give name(s) of authors and commercial entity(ies) or for-profit organization(s), and use as much space as necessary |
| 1. Employment/Leadership position/ Advisory role **(1,000,000 yen\* or more)** |  |  |  |
| 2. Stock ownership or options**(Profit of 1,000,000 yen or****more/ownership of 5% or** **more of total shares)** |  |  |  |
| 3. Patent royalties/licensing fees **(1,000,000 yen or more)** |  |  |  |
| 4. Honoraria (e.g. lecture fees) **(500,000 yen or more)** |  |  |  |
| 5. Fees for promotionalmaterials (e.g. manuscript fee)**(500,000 yen or more)** |  |  |  |
| 6. Research funding (e.g. clinical trial, contract and collaborative researches)**(1,000,000 yen or more)** |  |  |  |
| 7. Scholarship donation**(1,000,000 yen or more)** |  |  |  |
| 8. Donated fund laboratory**(1,000,000 yen or more)** |  |  |  |
| 9. Others (e.g. trips, travel, orgifts, which are not related toresearch)**(50,000 yen or more)** |  |  |  |

\* 1000 yen is *#.##* US$ (or *#.##* Euro) on *MONTH DATE, YEAR. (Please show your rate.)*

Corresponding author’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This declaration form is archived for 2 years after the presentation)

## The Japan Endocrine Society

## **Clinical Trials Act**

|  |  |
| --- | --- |
| Question | Answer |
| 1. Is submitted abstract classified as “clinical research”? | Yes / No |
| 2. Is submitted abstract classified as “case report”? | Yes / No |
| 3. If your answer is “Yes” in Q2, did you use any interventions and/or observation studies with analytical methods for research purposes? | Yes / No |
| 4. If your answer is “No” in Q3, have proper considerations been given to protect personal information? | Yes / No |
| 5. If your answer is “Yes” in Q1 or Q3, has the study been reviewed by an appropriate Ethical Review Board? | Approved / Under the review / Not reviewed yet |

\* If your answer is “Yes” in Q1 or Q3, complete the ethical review and have an approval at least three months prior to the presentation. Otherwise, you cannot make a presentation at the scientific meeting.

\* When your answer is “No” in Q4, you cannot make a presentation at the scientific meeting.