**The 98th Annual Meeting of the Japan Endocrine Society**

**English Session**

**Abstract Submission Form**

Please fill out this form and email to [jes2025@convention.co.jp](mailto:jes2025@convention.co.jp)

(the Secretariat for JES2025).

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If there are more than one affiliation, please fill in the followings.

Additional affiliations can be added as needed.

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**Category**

|  |  |  |
| --- | --- | --- |
| No. | 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 |  |

Please choose one from the table above and fill in it down.

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| --- | --- |
| Category No. |  |
| Category |  |
| Sub-category\* |  |
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| **Abstract Title** |  |

**Abstract** (max of 200 words)

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**Key Words:**

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## **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 promotional  materials (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, or  gifts, which are not related to  research)  **(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**

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| --- | --- |
| 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.