As convener of the local organising committee, I have the pleasure of welcoming you to our 47th annual SEMDSA Congress, taking place in the President Hotel, next to the ocean in the beautiful suburb of Sea Point. The local organising committee has made a considerable effort to ensure the participation of some of the best speakers in basic and clinical diabetes and endocrinology. We have compiled a balanced programme, with superb topics delivered by fascinating speakers who are world experts in their fields. We have included some well-known alternatives to the routine oral presentations, such as the meet-the-expert session and poster session. However, both of these will be in new guises, which will hopefully make these sessions more stimulating to the audience. We have introduced a new facet to the programme, called the professorial debate, which is likely to be more stimulating than the Republican contender debates in the USA!

The jewel in the crown is Professor Robert P Millar (Bob), one of South Africa’s favourite sons in the field of basic and applied pituitary research, as well as a former SEMDSA chairman. Bob has headed a high-power neuroendocrine unit at Edinburgh University for the last 10 years, and we are thrilled to have him back in his homeland, where his incisive thinking and meticulous research work will keep us enthralled. His groundbreaking work on kisspeptin has great clinical relevance in the fields of gynaecology, osteoporosis, and general endocrinology. Bob will also deliver the Bernard Pimstone Memorial lecture, and will describe his group’s work on molecules engineered to bind to G-protein coupled receptors (GPCRs) which are used to treat certain endocrine diseases caused by an abnormality of the GPCRs. This is a true bench-to-bedside approach.

David Nathan of Harvard University, also known as Mr. ADA (American Diabetes Association), is lauded as an advanced thinker in diabetes, and for his very clear, thought-provoking presentations. Our local SEMDSA Guidelines will soon include haemoglobin A1c (HbA1c) as one of the screening tests to diagnose diabetes. It is most appropriate that Professor Nathan, as the leader of the international body which approved HbA1c for this purpose (with certain limitations), should give the keynote address on HbA1c for screening/diagnosis: is it appropriate for Africa? His other plenary will be an update on recent advances in basic and clinical endocrinology and future Therapy of type 1 diabetes: from biologics to bionics.

Professor Edwin Gale from the UK is known worldwide for being one of the most original minds in diabetes. His highly perceptive and paradigm-shifting viewpoints provide a very different perspective on many aspects of diabetes, which are often taken for granted. Professor Gale will discuss the Myth of pre-diabetes, and is expected to generate great interest when he closes the congress with the WPU Jackson Memorial Lecture. His title for this provocative talk is Insulin therapy in type 2 diabetes: are we pouring oil on the flames?

To add to these fascinating talks, these two stimulating diabetes speakers will joust with each other in the highly apt and topical professorial debate, entitled: Incretin therapy: is it the Holy Grail? Prof Nathan will speak for the motion, and Prof Gale will contest it. Although they will both do their utmost to win over the audience, it is important to note that the views expressed by these perennial debaters are not necessarily their own sentiments, nor those of SEMDSA or the local organising committee.

Our final coup is Annamaria Colao of the University of Naples, Italy. In the European endocrine circle, she is known as the queen of the pituitary, and her work in managing functional pituitary tumours is world renowned. Her first plenary will be devoted to pure Medical management of acromegaly, with particular reference to her ongoing study of longer than five years. Her second talk is on gastroenteropthalic neuroendocrine tumours (GEP-NETs). She will concentrate on the Medical management of functional GEP-NETs, with particular reference to carcinoids and insulinomas.

Bob Millar and Annamaria Colao will participate in a joint meet-the-pituitary-expert session, in which medical management of pituitary problems (other than acromegaly) will be discussed with the audience on an interactive basis.

Besides the local oral presentations, there will be a poster session with a difference. The top posters in basic and clinical endocrinology will be briefly presented in an oral form, with questions from the audience, in the main lecture hall. This will allow all delegates to participate in the presentations and discussions using excellent audio and visual effects.

Finally, this is the first SEMDSA Congress in which we will use the digivote system (à la “ask the audience”). This will apply to all the sessions, and should lead to a much more interactive, enjoyable congress for both delegates and presenters.

We are grateful to our many pharmaceutical partners and other sponsors, whose continued and generous participation permits us to compile a fine programme with top-class international speakers.

Last, but not least, Shelley Harris, the Congress Secretariat for 20 years, is an exemplary organiser and the most wonderful person with whom to work. Perhaps it is time that JEMDSA instituted the Shelley Harris Medal to be awarded at future congresses for the best contributor to the success of SEMDSA Congresses.

Brynne Ascott-Evans
Chairperson, Local Organising Committee, SEMDSA 2012