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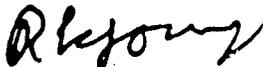
FROM: SCHME

10 January 1974

SUBJECT: F-21, The Role of Thyrotropin in the Pathophysiology of  
Goiter and Thyroid Nodules

TO: SGS/Dr McPhaul

This project was formerly closed out and the information is being used on a clinical basis, however the data has been compiled and will be presented at the Society of Air Force Physicians meeting in Las Vegas in March 1974 and has been submitted to the ACP meeting in New York in June 1974. An abstract which was submitted is attached.



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**IMPORTANT**

Instructions on the reverse side must be followed COMPLETELY for all abstracts that will be presented at the Annual Session. Abstracts that do not conform will be retyped at a cost of \$15.00 to the author, or rejected.

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THYROID STIMULATING HORMONE (TSH) IN PATIENTS WITH EUTHYROID GOITER AND NORMALS WITH SIMILAR TOTAL THYROXIN (T4) AND FREE THYROID INDEX (FTI) DETERMINATIONS. Robert L. Young, F.A.C.P., William C. Harvey (Member), Ernest L. Mazzaferri, M.D., James C. Reynolds, M.D. and Carlos R. Hamilton, Jr. (Member) Wilford Hall USAF Medical Center, Lackland AFB, Tex.

Previous studies have generally failed to show an increased TSH level in patients with goiter, but details regarding clinical status and ancillary thyroid function have been incomplete. This study was performed to determine if there was a difference between TSH levels in patients with euthyroid goiter and other euthyroid patients without goiter who had similar T4 and FTI determinations. All patients had TSH, T4 and T3 resin determinations performed and more than 90% had 131-Iodine uptake performed. TSH was determined by double antibody radioimmunoassay; T4 by Murphy-Pattee method. All patients had normal T4 or FTI levels. Patients with clinical evidence of thyroiditis were excluded. 150 normals and 50 patients with goiter were studied. Mean plasma TSH in normals was  $3.2 \pm 0.4$  (SE)  $\mu$ U/ml. Mean TSH in goiter patients was 7.2. Mean TSH level in patients with goiter of less than 1 year duration was 11.1. Several patients followed serially developed evidence of hypothyroidism. The results support the long held concept that TSH plays a role in the genesis of idiopathic goiter. Levels of TSH may be definitely elevated only early in the course of goiter development. The TSH elevation is probably secondary to decrease in circulating thyroid hormone levels undetectible by standard techniques.

**EXAMPLE**

ANDROGEN THERAPY IN PATIENTS WITH AND WITHOUT KIDNEYS UNDERGOING HEMODIALYSIS Walter Fried, (Member), Olga M. Jonasson, M.D., Gordon E. Lang, M.D., and Franklin S. Schwartz, F.A.C.P., Abraham Lincoln School of Medicine, Chicago, Illinois.  
 Androgens increase renal but not extra-renal erythropoietin (Ep) production in mice

If, in the conduct of these studies, human subjects were exposed to risks not required by their medical needs, the author affirms that the study was approved by an appropriate committee, or, if no such committee was available, that informed consent was needed, it was obtained in accordance with the provisions set forth in "The Institutional Guide to IRB Policy on Protection of Human Subjects".