



ADLER, Robert A., M.D. Chief, Endocrinology and Metabolism, McGuire Veterans Affairs Medical Center; Professor of Internal Medicine, Professor of Epidemiology and Community Health, Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA

Place of Birth: Somerville, New Jersey, USA

Education/Training/Positions: Franklin & Marshall College, Lancaster, Pennsylvania, 1963-65; BA, Johns Hopkins University, Baltimore, Maryland, 1967; MD, Johns Hopkins University School of Medicine, 1970; Intern and

Resident, Internal Medicine, Johns Hopkins Hospital, 1970-1972; Fellow in Endocrinology, Massachusetts General Hospital, Boston, Massachusetts, 1972-73; Fellow in Endocrinology, Walter Reed Army Medical Center, Washington, DC, 1973-74; Assistant Chief, Endocrinology and Clinical Investigator, Fitzsimons Army Medical Center, Denver, Colorado, 1974-76; Clinical Instructor in Medicine, University of Colorado, Denver, Colorado, 1975-76; Assistant Professor and Associate Professor of Medicine, Dartmouth Medical School, Hanover, New Hampshire, 1976-84; Staff Endocrinologist, Dartmouth-Hitchcock Medical Center, Hanover, New Hampshire, 1976-84; Consultant, Endocrinology, White River Junction Veterans Affairs Medical Center, White River Junction, Vermont, 1976-84; Associate Professor and Professor of Internal Medicine, Medical College of Virginia, Virginia Commonwealth University, Richmond, Virginia, 1984-present; Professor of Epidemiology and Community Health, Virginia Commonwealth University School of Medicine, 2002-present; Assistant Chief, Endocrinology, McGuire Veterans Affairs Medical Center, Richmond, Virginia, 1984-1985; Chief, Endocrinology and Metabolism, McGuire Veterans Affairs Medical Center, 1985-present

Honors/Awards: Teaching Award, Dartmouth Medical School, 1984; Teaching Award, Medical College of Virginia, Virginia Commonwealth University, 1998-1999; Irby-James Award for Excellence in Clinical Teaching, Virginia Commonwealth University, 2004

Editorial Duties/Peer Review Panels: Editorial Boards: *Journal of Bone and Mineral Research*, 2010-present; *Journal of Clinical Endocrinology and Metabolism*, 1988-1992, 2012; *Journal of Clinical Densitometry*, 1997-present; *American Journal of Physiology*, Endocrinology Section, 1998-2001; *Endocrine Research*, 2008-present; CME Editor, *Journal of Bone and Mineral Research*, 2012; Editor, *Osteoporosis – Pathophysiology and Clinical Management*, 2nd Edition; Reviewer for >40 journals; Review Panels: Ad hoc reviewer, Department of Veterans Affairs Merit Review Program; March of Dimes Grant Program; American Federation for Aging Research; Spinal Cord Foundation; Jeffress Foundation; MayDay Foundation; Department of Veterans Affairs Cooperative Studies Program; NIH Study Sections-Prevention of Osteoporosis, DDK-B Subcommittee, Skeletal Biology Structure and Regeneration, NIAMS Special Emphasis Panel; Ad hoc reviewer, NIH Skeletal Biology and Development and Disease, 2003-present; US Army Medical Research and Materiel Command Congressionally Directed Medical Research Program, 2009; Pre-Reviewer, Endocrinology Specialty Programs, Accreditation Council for Graduate Medical Education, 1994-1998; Endocrinology Subspecialty Appeals Panel, Accreditation Council for Graduate Medical Education, 2000-present; Osteoporosis Working Group, American Medical Association, Physician Consortium for Performance Improvement, 2006-2007; Chair, Department of Veterans Affairs Male Osteoporosis Technical Advisory Panel, 2007-present; Endocrinology and Diabetes Field Advisory Committee, Department of Veterans Affairs, 2008-present; American College of Rheumatology Glucocorticoid-Induced Osteoporosis Guidelines Task Force, 2009-2011; American Dental Association Council on Scientific Affairs Advisory Committee on Medication-Associated Osteonecrosis of the Jaw 2010-present; NASA Summit on the Risk of Early Onset Osteoporosis Due to Spaceflight 2010-present.

Professional Societies: Membership: ASBMR, 1986-present; American Association for the Advancement of Science, Endocrine Society, Southern Society for Clinical Investigation, International Bone and Mineral Society, International Society for Clinical Densitometry (ISCD) Scientific Advisory Committee, 2003-present; Chair and member, ASBMR Professional Practice Committee, 2004-2011; Ex-Officio Member, ASBMR Science Policy Committee, 2007-2011; Member, ASBMR Clinician Outreach Task Force, 2009; Co-Chair, Task Force on ASBMR-Industry Interactions, 2009; ASBMR Subtrochanteric Fracture Task Force 2009-present; ASBMR representative to Endocrine Society Male Osteoporosis Guidelines Committee, 2009-present; ASBMR Strategic Planning Team 2010-present; ASBMR Taskforce on Osteoporotic Fracture Secondary Prevention 2011-present; Clinical Program Co-Chair for ASBMR 2012 Annual Meeting.

Current Research: Screening for osteoporosis in men; bone mineral density testing in men; osteoporosis in men on androgen deprivation therapy for prostate cancer; muscle strength, balance, and osteoporosis in Parkinson's Disease; interventions to improve management of glucocorticoid-induced osteoporosis; body composition changes and osteoporosis management in spinal cord injury; use of electronic medical records and decision support to improve osteoporosis management; male hormone replacement therapy; osteoporosis diagnosis and management in the Department of Veterans Affairs; pituitary dysfunction after traumatic brain injury

Statement of Interest: I became deeply interested in mineral metabolism when my basic research on prolactin led to studies of the association of hyperprolactinemia with osteoporosis. During a later career transition from basic to clinical research I found that little was known about osteoporosis in men, and I have devoted more than 15 years trying to add to our knowledge base. I founded a Metabolic Bone Disease Clinic at my Veterans Affairs Medical Center. As male osteoporosis became better recognized, the clinic has become very busy. It is a major teaching clinic, the only one where our students, residents, fellows, and pharmacy residents can learn about metabolic bone diseases. I serve as Chair of the Male Osteoporosis Technical Advisory Panel for the Department of Veterans Affairs. We have prepared an osteoporosis management algorithm that has been distributed to all V.A. medical centers. In addition, we have started a program using clinical pharmacists and the electronic medical record to identify male and female veterans with fragility fractures who have not received evaluation and treatment of the underlying osteoporosis.

Some years ago I applied for a position on the ASBMR Professional Practice Committee (PPC), and after a few tries was nominated. As I became very involved with the work of the committee, I eventually became its chair, serving in this capacity for 4 years. The PPC has dealt with many topics such as the new NOF Guidelines, reimbursement for DXA, review of the American College of Rheumatology (ACR) Glucocorticoid-induced Osteoporosis Guidelines, review of the Institute of Medicine calcium and vitamin D recommendations, performance measures for osteoporosis, potential side effects of calcium supplementation, and bisphosphonate safety. PPC subcommittees have written a statement on calcium supplements for the ASBMR website and published a paper in the *Journal of Bone and Mineral Research* on the remaining problems of managing glucocorticoid-induced osteoporosis after the ACR guidelines. These are examples of how the PPC carried out important parts of the ASBMR Strategic Plan.

The PPC has continued to sponsor sessions at the ASBMR Annual Meeting, and I have had the privilege of moderating interesting clinical debates at the annual meeting. With a background in basic science, experience in clinical research, and continuing as a physician who sees patients with bone diseases (and reads bone density tests), I feel I have a broad perspective that has been widened even further by my participation in the PPC. Recently I spoke at the FDA hearing on bisphosphonate safety, presenting the dilemmas facing the clinician: patients at risk for fracture and treatment that is imperfect.

Serving on Council would utilize my experience as PPC Chair and help with continuing and future issues. As US medicine is “reformed,” there will be many challenges. We can learn from other countries, from the “socialized” system I have worked in (the Department of Veterans Affairs), and from the many PPC discussions. It would be a great honor to continue my work this way, with perspectives from basic science, clinical research, clinical practice, teaching, and committee experience. I have enjoyed and learned much working with my ASBMR colleagues and the ASBMR staff. I believe that I can make further contributions to the organization and to medical science.

Disclosures: Research support to institution from Eli Lilly and Co.; Genentech; Merck & Co., Inc.; Novartis; Amgen. Consulting- Eli Lilly (2009 and possible future). Other: ISCD -Scientific Advisory Committee; *Endocrine Research* - Editorial Board; *Journal of Clinical Densitometry* - Editorial Board; *Journal of Clinical Endocrinology and Metabolism* - Editorial Board; American Dental Association- Panel on Osteonecrosis of the Jaw.