

DIVISION OF ENDOCRINOLOGY & METABOLISM NEWSLETTER – 2016 SEPTEMBER

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MESSAGE FROM THE DIVISION DIRECTOR

Gary Lewis, Director, U of T Division of Endocrinology and Metabolism

What I have learned about mentoring endocrinology trainees: Possibly the most important role of Division Director

During my interview by the search committee in 2008 for the position of Division Director, one of the committee members asked me about my approach to mentoring and whether I thought that mentoring would be an important role I would play. I must admit that I had not given the issue sufficient thought and I gave a poorly considered response. Little did I know that mentoring trainees, junior-, mid-career and senior faculty would possibly be my most important and privileged role over the next 9 years, and one that I would immensely value. I'll limit my comments here to trainee mentoring.

The vast majority of the highly talented applicants to the U of T endocrinology subspecialty residency training program, when asked what type of job description they would most value after completing their endocrinology training, respond that they would like to see patients, teach and do research. After all they are products of an academic medical training environment and have been influenced by positive role models who are engaged in all of these activities. It is evident that mentoring is critically important in helping them to understand the choices that need to be made to achieve their career goals. Furthermore, many endocrinology trainees enter our program with a high level of anxiety about their future, despite their remarkable achievements up to that point. My first task is to try to reduce the level of anxiety and instill a sense of wonderment and joy at the possibilities that lie ahead. I try to help them frame their career decisions in the context of already having achieved job and financial security, a high level of work autonomy, career satisfaction and a very low risk of catastrophic failure as they move forward. There is no single predetermined path that lies ahead and even a decision that does not lead to a satisfactory career path is by no means time wasted – on the contrary it enriches the individual personally and professionally.

I listen attentively and try hard not to lead (very hard for me!) – I am trying in each case first and foremost to discern the individual's core interests and values. We usually start off our conversation with an open ended question regarding their core interests. In the minority of cases they know exactly what they want and how to achieve their career goals. Usually I try to determine whether the trainee's core interest is in 'seeing patients', or 'living and breathing teaching' or 'asking and answering scientific questions, creating new knowledge'. If 'seeing patients' is the trainee's primary interest, not accompanied by either of the other two core interests (i.e. teaching or research), the discussion usually leads to training paths for community endocrinology practice. 'Living and breathing teaching' leads to further discussions about an academic clinician teacher job description and further mentoring by some of our great clinician teachers. I might add here that one type of clinician educator, the individual involved in course development and educational leadership, would best be advised to train as a clinician teacher and subsequently assume increasingly responsible educational leadership roles. The 'creating new knowledge' answer leads to an in depth discussion about clinician scientist career paths. The clinician scientist career path is very broad and includes wet bench discovery research, population health research (clin epi), integrative physiology in humans and animal models, clinical trials research, bioethics, global health, health policy, quality improvement-innovative health systems or education research. From the outset I make it very clear that the key to success as a clinician scientist requires a serious commitment to 'PhD-level' training (PhD not absolutely required but preferable). One career path, Physician in Quality and Innovation, can involve a lesser intensity of training (certificate or

Masters). This academic stream does not prepare an individual for a clinician scientist job description. Individuals with this level of preparation will typically be able to protect up to 30% of their time for academic activities related to QI. I discourage trainees from targeting a Clinician Investigator job description. Although many current members of the Department of Medicine successfully hold the job description of Clinician Investigator, this is not something to aim for in one's training. Rather it may be a blended clinical/research job description that a particularly creative individual may migrate into from either a clinician teacher or scientist position. We are very reluctant to recruit individuals as clinician investigators because at the time of first appointment we cannot provide them with adequate time protection to ensure a successful and productive research career, nor do they have the preparative training that provides us with a high level of confidence that they will be successful in the current highly competitive funding environment.

The issue of job availability at the end of their serious commitment to training is discussed at the outset. Many of our trainees have family connections in Toronto and the vast majority of our trainees would like to remain in Toronto. From the outset I make it very clear that we cannot promise or guarantee a faculty position at U of T – it is impossible for us to do that. Furthermore we would like to observe their development during training and all positions are by search and interview process. I do however assure the trainee that if they acquire a high level of expertise, and if they excel at it, they have an excellent chance of finding a faculty position either at U of T or at any one of the outstanding institutions either in Canada or abroad. As a male Division Director, I am highly cognizant of the fact that approximately three out of four of our trainees are currently women, and are weighing up important life decisions when considering whether to undertake 4 to 5 years of additional research training. Recognising that this is an area in which I am naturally deficient in the mentoring department, I draw heavily on my many highly successful female academic colleagues to openly discuss issues that are front and foremost in this important life decision process.

Mentoring is an ongoing commitment to an individual's career development. We meet regularly throughout their endocrinology training as they work through their decisions, we guide those interested in research in selecting a supervisor and we keep in touch periodically throughout their academic training. I have had the pleasure of working with some of the most talented and committed endocrinologists over the past decade. Unexpectedly, mentoring has been one of the most rewarding aspects of my job as Division Director. I feel privileged to have played a role in the career development of future stars and leaders in Endocrinology.

HONORS AND AWARDS ANNOUNCED IN THE PAST 6 MONTHS (SINCE SPRING 2016 NEWSLETTER)

Special recognition:

Dr. Larry Leiter was the 2016 Recipient of the Canadian Diabetes Association Lifetime Achievement award. The award was presented to Dr. Leiter at the CDA/CSEM Professional Conference and Annual meeting in Ottawa in October 2016.

Larry Leiter was the recipient of the Canadian Society of Endocrinology and Metabolism (CSEM) 2016 Dr. Robert Volpé Distinguished Service Award. The Robert Volpé Distinguished Service Award is awarded to a senior member of the CSEM who has made a significant contribution to the CSEM and the discipline of endocrinology in two or more of the areas of research, education or clinical service

Dr. Catherine Yu – awarded the 2016 U of T Division of Endocrinology George L.A. From Postgraduate Teaching Award

Dr. Robert Silver – recipient of the U of T Division of Endocrinology Dr. Robert Volpé Undergraduate Teaching Award for 2016

RESEARCH GRANTS awarded during the past 6 months

CIHR Project Grants

<u>Principal Investigator</u>	<u>Project Title</u>	<u>CIHR Contribution</u>	<u>Term Yrs/Mths</u>
Brubaker, Patricia L	Mechanisms dictating the actions of glucagon-like peptide-2, a unique therapeutic for intestinal disorders	\$764,500	5 yrs 0 mth
Fantus, Ivan G	Novel mediators of thioredoxin-interacting protein in diabetes complications.	\$424,296	4 yrs 0 mth
George, Susan R	A dopamine receptor complex mediates susceptibility to depression with enhanced effect in females	\$909,755	5 yrs 0 mth
Shah, Baiju R	Derivation of risk prediction models and a computer microsimulation model in type 2 diabetes to aid clinical decision making and health technology assessment.	\$424,298	3 yrs 0 mth

CIHR Foundation Grants

<u>Principal Investigator</u>	<u>Project Title</u>	<u>CIHR Contribution</u>	<u>Term Yrs/Mths</u>
Adeli, Khosrow	Fundamental and Translational Studies of Diabetic Dyslipidemia in Insulin Resistant States	\$2,838,143	7 yrs 0 mth
Matthews, Stephen G	Developmental Pathways to Health and Disease: Fetal Programming and Protection	\$4,094,169	7 yrs 0 mth
Winer, Daniel A	The role of the immune system in obesity related insulin resistance and metabolic disease	\$1,222,389	5 yrs 0 mth

2017 Diabetes and Endocrinology Meetings

January

Cleveland Clinic Diabetes and Obesity Summit 2017 – January 12-14, 2017 – Honolulu, HI - [Website](#)

Keystone Symposia: Diabetes – January 22-26, 2017 – Keystone, CO - [Website](#)

20th Annual Mayo Clinic Endocrine Update 2017 – January 30 – February 3, 2017 – Miami Beach, FL - [Website](#)

February

3rd World Congress on Clinical Lipidology – February 10-12, 2017 – Brisbane, AUS - [Website](#)

10th International Conference on Advanced Technologies & Treatments for Diabetes 2017 – February 15-18, 2017 – Paris, FR - [Website](#)

March

The 7th International Conference on Fixed Combination Therapy in Cardiovascular Disease, Hypertension, Diabetes, Dyslipidemia and the Cardio-Metabolic Syndrome – March 2-5, 2017 – Cannes, FR - [Website](#)

Diabetes UK Professional Conference – March 8-10, 2017 – Manchester, UK - [Website](#)

9th International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy – March 8-12, 2017 – Barcelona, ESP - [Website](#)

Diabetic Foot Global Conference 2017 – March 23-25, 2017 – Houston, TX - [Website](#)

April

ENDO 2017 – April 1-4, 2017 – Orlando, FL - [Website](#)

Diabetes Summit 2017 – April 10-12, 2017 – Boston, MA - [Website](#)

Diabetes Update 2017 – April 21, 2017 – Toronto, ON - [Website](#)

5th Canadian Obesity Summit 2017 – April 25-29, 2017 – Banff Springs, AB - [Website](#)

May

AACE 26th Annual Scientific & Clinical Congress – May 3-7, 2017 – Austin, TX - [Website](#)

BBDC 28th Annual Scientific Day – May 5, 2017 – Toronto, ON - [Website](#)

European Diabetes Epidemiology Group Annual Meeting 2017 - May 6-9, 2017 – Dubrovnik, CR - [Website](#)

22nd Annual Cleveland Clinic Diabetes Day – May 12, 2017 – Cleveland, OH - [Website](#)

24th European Congress on Obesity (ECO 2017) – May 17-20, 2017 – Porto, POR - [Website](#)

19th European Congress of Endocrinology – May 20-23, 2017 – Lisbon, POR - [Website](#)

June

American Diabetes Association 77th Scientific Sessions – June 9-13, 2017 – San Diego, CA - [Website](#)

DIVISION MEMBER PROFILE- Dr. Karen Gomez-Hernandez, University Health Network

Karen Gomez Hernandez completed her medical degree and Endocrinology residency at the University of Costa Rica in her native city of San Jose, Costa Rica. During the last year of her Endocrine residency, she spent several weeks at University of Texas MD Anderson Cancer Center in the Division of Endocrine Neoplasia and Hormonal Disorders. This is where she was inspired to pursue a career in Endocrine Oncology. After completing her residency in Costa Rica, she moved to Toronto, where from July 2011 to June 2016 she completed fellowships in Thyroidology and Endocrine Oncology. During her last two years of her Endocrine Oncology fellowship and the summer of 2016, she completed a Master's in Science with a focus on the molecular signatures of papillary thyroid carcinoma at the Institute of Medical Science, University of Toronto. In addition, she will complete the University's Master Teacher Program in 2017.

Upon completion of her Masters, Karen joined our division as an Assistant Professor, Clinician Teacher. Her academic interests include undergraduate and postgraduate education as well as clinical research in endocrine neoplasia. She hopes to collaborate with the Endocrine Site Group at UHN and other physicians involved in the diagnosis and treatment of endocrine tumors.

Karen is enthusiastic about teaching and this past summer had the opportunity to give the endocrinology house staff a summer course on common and uncommon endocrine tumors entitled "The Zebra Case Files". In the future, she hopes to develop an Endocrine Oncology training program within the Division of Endocrinology and to involve endocrinology trainees in pituitary and neuroendocrine tumor rounds at UHN.

Whenever she is able to, Karen goes back to Costa Rica to visit her family. In her spare time she enjoys spending time with her friends hiking or cooking a good meal. She is also an avid amateur of cinema and opera, where she is a season ticket holder. Karen is very connected with her church community; here is a picture of Karen hiking in Mount Nemo, taken during one of the trips with her friends from church.



JOURNAL ARTICLES

Primary Appointees to Endocrinology – April 1st 2016 to September 1st 2016

[Cardiovascular Risk Factor Management Performance in Canada and the United States: A Systematic Review.](#)

Alabousi M, Abdullah P, Alter DA, **Booth GL**, Hogg W, Ko DT, Manuel DG, Farkouh ME, Tu JV, Udell JA.

Can J Cardiol. 2016 Jul 18. pii: S0828-282X(16)30208-2. doi: 10.1016/j.cjca.2016.07.005. [Epub ahead of print] Review.

PMID:

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[2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult.](#)

Anderson TJ, Grégoire J, Pearson GJ, Barry AR, Couture P, Dawes M, Francis GA, Genest J Jr, Grover S, Gupta M, Hegele RA, Lau DC, **Leiter LA**, Lonn E, Mancini GB, McPherson R, Ngui D, Poirier P, Sievenpiper JL, Stone JA, Thanassoulis G, Ward R.

Can J Cardiol. 2016 Nov;32(11):1263-1282. doi: 10.1016/j.cjca.2016.07.510.

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[Serial post-surgical stimulated and unstimulated highly sensitive thyroglobulin measurements in low- and intermediate-risk papillary thyroid carcinoma patients not receiving radioactive iodine.](#)

Kashat L, Orlov S, Orlov D, Assi J, Salari F, **Walfish PG**.

Endocrine. 2016 Nov;54(2):460-466.

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[Fibroblast activation protein \(FAP\) as a novel metabolic target.](#)

Sánchez-Garrido MA, Habegger KM, Clemmensen C, Holleman C, Müller TD, Perez-Tilve D, Li P, Agrawal AS, Finan B, **Drucker DJ**, Tschöp MH, DiMarchi RD, Kharitonov A.

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[Traditional foods and 25\(OH\)D concentrations in a subarctic First Nations community.](#)

Mansuri S, Badawi A, Kayaniyil S, Cole DE, Harris SB, Mamakeesick M, Wolever T, Gittelsohn J, Maguire JL, Connelly PW, **Zinman B**, Hanley AJ.

Int J Circumpolar Health. 2016 Sep 22;75:31956. doi: 10.3402/ijch.v75.31956.

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[Diabetes in Emerging Adulthood: Transitions Lost in Translation.](#)

Markowitz B, Parsons JA, **Advani A**.

Can J Diabetes. 2016 Sep 19. pii: S1499-2671(16)30026-0. doi: 10.1016/j.jcjd.2016.06.004. [Epub ahead of print] No abstract available.

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[Microbially produced glucagon-like peptide 1 improves glucose tolerance in mice.](#)

Arora T, Wegmann U, Bobhate A, Lee YS, Greiner TU, **Drucker DJ**, Narbad A, Bäckhed F.

Mol Metab. 2016 Jun 22;5(8):725-30. doi: 10.1016/j.molmet.2016.06.006.

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[Disease activity in chronic inflammatory demyelinating polyneuropathy.](#)

Albulaihe H, Alabdali M, Alsulaiman A, Abraham A, Breiner A, Barnett C, Katzberg HD, Lovblom LE, **Perkins BA**, Bril V.

J Neurol Sci. 2016 Oct 15;369:204-9. doi: 10.1016/j.jns.2016.08.034.

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[Hepatic fat and abdominal adiposity in early pregnancy together predict impaired glucose homeostasis in mid-pregnancy.](#)

De Souza LR, Berger H, **Retnakaran R**, Vlachou PA, Maguire JL, Nathens AB, Connelly PW, Ray JG.

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[Semaglutide and Cardiovascular Outcomes in Patients with Type 2 Diabetes.](#)

Marso SP, Bain SC, Consoli A, Eliaschewitz FG, Jódar E, **Leiter LA**, Lingvay I, Rosenstock J, Seufert J, Warren ML, Woo V, Hansen O, Holst AG, Pettersson J, Vilsbøll T; SUSTAIN-6 Investigators..

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[Optimizing Estimates of Instantaneous Heart Rate from Pulse Wave Signals with the Synchrosqueezing Transform.](#)

Wu HT, **Lewis GF**, Davila MI, Daubechies I, Porges SW.

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[Never Waste a Good Crisis: Confronting Reproducibility in Translational Research.](#)

Drucker DJ.

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[Neurochemical evidence supporting dopamine D1-D2 receptor heteromers in the striatum of the long-tailed macaque: changes following dopaminergic manipulation.](#)

Rico AJ, Dopeso-Reyes IG, Martínez-Pinilla E, Sucunza D, Pignataro D, Roda E, Marín-Ramos D, Labandeira-García JL, **George SR**, Franco R, Lanciego JL.

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[A detailed spatial analysis on contrasting cancer incidence patterns in thyroid and lung cancer in Toronto women.](#)

Brown P, Jiang H, Ezzat S, **Sawka AM**.

BMC Public Health. 2016 Sep 8;16:950. doi: 10.1186/s12889-016-3634-4.

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[Design of DEVOTE \(Trial Comparing Cardiovascular Safety of Insulin Degludec vs Insulin Glargine in Patients With Type 2 Diabetes at High Risk of Cardiovascular Events\) - DEVOTE 1.](#)

Marso SP, McGuire DK, **Zinman B**, Poulter NR, Emerson SS, Pieber TR, Pratley RE, Haahr PM, Lange M, Frandsen KB, Rabøl R, Buse JB.

Am Heart J. 2016 Sep;179:175-83. doi: 10.1016/j.ahj.2016.06.004.

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[iNKT Cells Induce FGF21 for Thermogenesis and Are Required for Maximal Weight Loss in GLP1 Therapy.](#)

Lynch L, Hogan AE, Duquette D, Lester C, Banks A, LeClair K, Cohen DE, Ghosh A, Lu B, Corrigan M, Stevanovic D, Maratos-Flier E, **Drucker DJ**, O'Shea D, Brenner M.

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[Erratum to: CONCEPTT: Continuous Glucose Monitoring in Women with Type 1 Diabetes in Pregnancy Trial: A multi-center, multi-national, randomized controlled trial - Study protocol.](#)

Feig DS, Asztalos E, Corcoy R, De Leiva A, Donovan L, Hod M, Jovanovic L, Keely E, Kollman C, McManus R, Murphy K, Ruedy K, Sanchez JJ, Tomlinson G, Murphy HR; CONCEPTT Collaborative Group..

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[Predictors of sustained drug-free diabetes remission over 48 weeks following short-term intensive insulin therapy in early type 2 diabetes.](#)

Kramer CK, Zinman B, Choi H, Retnakaran R.

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[The appropriateness and persistence of testosterone replacement therapy in Ontario.](#)

Martins D, Yao Z, Tadrus M, **Shah BR**, Juurlink DN, Mamdani MM, Gomes T; Ontario Drug Policy Research Network..

Pharmacoepidemiol Drug Saf. 2016 Aug 16. doi: 10.1002/pds.4083. [Epub ahead of print]

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["There's no billing code for empathy" - Animated comics remind medical students of empathy: a qualitative study.](#)

Tsao P, **Yu CH.**

BMC Med Educ. 2016 Aug 12;16(1):204. doi: 10.1186/s12909-016-0724-z.

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[Efficacy and Safety of Liraglutide Added to Insulin Treatment in Type 1 Diabetes: The ADJUNCT ONE Treat-To-Target Randomized Trial.](#)

Mathieu C, **Zinman B**, Hemmingsson JU, Woo V, Colman P, Christiansen E, Linder M, Bode B; ADJUNCT ONE Investigators..

Diabetes Care. 2016 Oct;39(10):1702-10. doi: 10.2337/dc16-0691.

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[Disruption of a dopamine receptor complex amplifies the actions of cocaine.](#)

Perreault ML, Hasbi A, Shen MY, Fan T, Navarro G, Fletcher PJ, Franco R, Lanciego JL, **George SR**.

Eur Neuropsychopharmacol. 2016 Sep;26(9):1366-77. doi: 10.1016/j.euroneuro.2016.07.008.

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[Retraction Notice to "Kidney Function and Rate of Bone Loss at the Hip and Spine: The Canadian Multicentre Osteoporosis Study" \[Am J Kidney Dis. 55\(2\):291-299\].](#)

Jamal SA, Swan VJ, Brown JP, Hanley DA, Prior JC, Papaioannou A, Langsetmo L, **Josse RG**; Canadian Multicentre Osteoporosis Study Research Group..

Am J Kidney Dis. 2016 Aug;68(2):333. doi: 10.1053/j.ajkd.2016.06.005. No abstract available.

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[Stromal cell-derived factor-1 is upregulated by dipeptidyl peptidase-4 inhibition and has protective roles in progressive diabetic nephropathy.](#)

Takashima S, Fujita H, Fujishima H, Shimizu T, Sato T, Morii T, Tsukiyama K, Narita T, Takahashi T, **Drucker DJ**, Seino Y, Yamada Y.

Kidney Int. 2016 Oct;90(4):783-96. doi: 10.1016/j.kint.2016.06.012.

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[A rapid decline in corneal small fibers and occurrence of foot ulceration and Charcot foot.](#)

Dehghani C, Russell AW, **Perkins BA**, Malik RA, Pritchard N, Edwards K, Shahidi AM, Srinivasan S, Efron N.

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[Sodium Glucose Cotransporter 2 Inhibitors in the Treatment of Diabetes Mellitus: Cardiovascular and Kidney Effects, Potential Mechanisms, and Clinical Applications.](#)

Heerspink HJ, **Perkins BA**, Fitchett DH, Husain M, Cherney DZ.

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[No effect of PCSK9 inhibitor alirocumab on the incidence of diabetes in a pooled analysis from 10 ODYSSEY Phase 3 studies.](#)

Colhoun HM, Ginsberg HN, Robinson JG, **Leiter LA**, Müller-Wieland D, Henry RR, Cariou B, Baccara-Dinet MT, Pordy R, Merlet L, Eckel RH.

Eur Heart J. 2016 Oct 14;37(39):2981-2989.

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[Prediction of recurrence free survival for esophageal cancer patients using a protein signature based risk model.](#)

Hasan R, Srivastava G, Alyass A, Sharma R, Saraya A, Chattopadhyay TK, DattaGupta S, **Walfish PG**, Chauhan SS, Ralhan R.

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[Association Between Sitagliptin Use and Heart Failure Hospitalization and Related Outcomes in Type 2 Diabetes Mellitus: Secondary Analysis of a Randomized Clinical Trial.](#)

McGuire DK, Van de Werf F, Armstrong PW, Standl E, Koglin J, Green JB, Bethel MA, Cornel JH, Lopes RD, Halvorsen S, Ambrosio G, Buse JB, **Josse RG**, Lachin JM, Pencina MJ, Garg J, Lokhnygina Y, Holman RR, Peterson ED; Trial Evaluating Cardiovascular Outcomes With Sitagliptin (TECOS) Study Group..

JAMA Cardiol. 2016 May 1;1(2):126-35. doi: 10.1001/jamacardio.2016.0103.

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[A Digital Health Intervention to Lower Cardiovascular Risk: A Randomized Clinical Trial.](#)

Anand SS, Samaan Z, Middleton C, Irvine J, Desai D, Schulze KM, Sothiratnam S, Hussain F, **Shah BR**, Pare G, Beyene J, Lear SA; South Asian Heart Risk Assessment Investigators..

JAMA Cardiol. 2016 Aug 1;1(5):601-6. doi: 10.1001/jamacardio.2016.1035.

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[Metformin in women with type 2 diabetes in pregnancy \(MiTy\): a multi-center randomized controlled trial.](#)

Feig DS, Murphy K, Asztalos E, Tomlinson G, Sanchez J, **Zinman B**, Ohlsson A, Ryan EA, **Fantus IG**, Armson AB, **Lipscombe LL**, Barrett JF; MiTy Collaborative Group..

BMC Pregnancy Childbirth. 2016 Jul 19;16(1):173. doi: 10.1186/s12884-016-0954-4.

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[CONCEPTT: Continuous Glucose Monitoring in Women with Type 1 Diabetes in Pregnancy Trial: A multi-center, multi-national, randomized controlled trial - Study protocol.](#)

Feig DS, Asztalos E, Corcoy R, De Leiva A, Donovan L, Hod M, Jovanovic L, Keely E, Kollman C, McManus R, Murphy K, Ruedy K, Sanchez JJ, Tomlinson G, Murphy HR; CONCEPTT Collaborative Group..

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[Subcellular differential expression of Ep-ICD in oral dysplasia and cancer is associated with disease progression and prognosis.](#)

Somasundaram RT, Kaur J, Leong I, MacMillan C, Witterick IJ, **Walfish PG**, Ralhan R.

BMC Cancer. 2016 Jul 16;16:486. doi: 10.1186/s12885-016-2507-7.

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[The temporal relationship between diabetes and cancer: A population-based study.](#)

Lega IC, Wilton AS, Austin PC, Fischer HD, Johnson JA, **Lipscombe LL**.

Cancer. 2016 Sep 1;122(17):2731-8. doi: 10.1002/cncr.30095.

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[Safety and efficacy of linagliptin in patients with type 2 diabetes mellitus and coronary artery disease: Analysis of pooled events from 19 clinical trials.](#)

Lehrke M, **Leiter LA**, Hehnke U, Thiemann S, Bhandari A, Meinicke T, Johansen OE.

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