Greetings!

I hope you are enjoying the last halcyon days of summer as you welcome your new learners and prepare for the start of the academic year.

The 10th International Meeting of Pediatric Endocrinology and our 2017 PES meeting are only two weeks away, with already over 3,500 attendees committed! The main program is outstanding and a number of satellite symposia and ancillary programs have been developed that offer even more terrific programming. IPOC has scheduled several topic focused special interest groups programming on Thursday morning.

We have invited the leadership of the Canadian and Mexican pediatric endocrine societies to join the PES Board at our upcoming meeting preceding the International meeting to discuss opportunities for our three North American groups to collaborate. We are looking forward to exploring new initiatives with our neighbors to the north and south.

The PES has formed SIGs (special interest groups) for clinicians interested in networking, advocacy, and clinical practice guidelines focused on specific clinical areas of interest. We have SIGs on Bone, Diabetes, Obesity, Transgender Health, and Turner’s Syndrome and are forming a new SIG for DSD. The Ethics committee and Board are also considering shifting the Ethics committee to a SIG, which enables broader involvement of our members with no time limits on participation. SIGs are open to all members of our society. Be on the lookout for future communications on how you can join a PES SIG.

The American Academy of Pediatrics Section on Endocrinology is currently accepting nominations for a pediatric endocrinology clinical Fellow-in-Training to serve on the section executive committee. Applicants will serve during their second and third fellowship years. The commitment will begin October 1, 2017 and end June 30, 2019. Clinical fellows who are not current members of the AAP and the Section on Endocrinology may apply, but are expected to join if selected. Interested individuals should submit a brief letter of interest (250 words or less), curriculum vitae and recommendation letter from the program director to Laura Laskosz, MPH, Manager, Division of Technical and Medical Service at laskosz@aap.org by Friday, September 8, 2017. The statement should include information about specific interest in serving on the section executive committee and can include information such as training, research interests, and suggestions for improvement in pediatric endocrinology training and education. Candidates will be notified by October 1, 2017.

The University of Pennsylvania Orphan Disease Center’s Million Dollar Bike Ride Pilot Grant Program offers grants for a variety of conditions. For 2017, conditions relevant to pediatric endocrinology include adrenoleukodystrophy, fibrous dysplasia/McCune-Albright syndrome, and hyperinsulinism. Letters of interest are due on September 18, 2017. Details can be found at http://www.med.upenn.edu/orphandisease/rare-disease-overview.html

2017 Meetings

The 10th International Pediatric Endocrine Meeting - Celebrating our global pediatric endocrinology community is rapidly approaching. For more information and for a comprehensive schedule click here.
Click here to register! Please note that hotel reservation information is not on the link and will be sent automatically via the meeting registration confirmation email. Our PES annual meeting will be held in conjunction with this meeting.

If you have a registration related question, please email registration@pedsendo.org or call us at +1.202.624.1755 from 09:00 - 17:00 ET, Monday - Friday. Please provide complete information as to how we might help so that we can respond with answers in a most efficient manner.

Sign up now! Registration for One Day PES Leadership Advantage Course, September 13, 2017

PES Leadership Advantage delivers the leadership skills most sought after by our members and specific to application in our PE work environments. When fully constructed, PES Leadership Advantage will offer four learning modules. Module One was introduced at our 2016 conference and was a great success. Module Two is being offered at the 10th International Meeting of Pediatric Endocrinology on September 13, 2017 in Washington DC. These modules do not need to be taken sequentially.

The next module will be offered in conjunction with the PES 2018 Annual Meeting in Toronto Canada – May 5-8, 2018

Topics for Module 2:
- Decision Making – Leadership vs. Clinical Approaches
- Coaching and Mentoring for Performance
- Creating a Positive Culture & High Engagement

For more information or to register for Module 2 click here:

If you would like to speak with someone regarding the program please contact David Mazer at (917) 379-3481 or dmazer@beampines.com or Sharon Malone at (860) 674-9325 or smalone@beampines.com

CLICK HERE for registration and course details

CLICK HERE to see the full course brochure.

Memorials

On Thursday September 14, beginning at 8PM, PES has reserved a room for those members who would like to gather for informal memorials at the International Meeting.

Welcome New Members

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Know Your Website

- MOC part 4: Instructions on how to access MOC part 4 activities on the American Board of Pediatrics (ABP) website can be found under the Education/training/Resources tab on the PES home page [PES homepage](#). You will need your ABP log in information to access the activities.

GROWTH AWARENESS WEEK - MAGIC Foundation

In June, 2014, The MAGIC Foundation was granted a Congressional Resolution for “Children’s Growth Awareness Week” to occur the third week of September each year. Because growth is a major indicator of a child’s overall health the goal is to educate parents and give doctors more time to intervene if needed to help the child with abnormal growth. The following link will provide many ways you can help spread the word for "Children’s Growth Awareness Week".


Pediatric Endocrinology Papers of Interest

The following papers are quarterly selections identified by the PES publications committee (one from our official journal Hormone Research in Paediatrics, the second from an outside journal):

**Pharmacokinetic and Pharmacodynamic Modeling of MOD-4023, a Long-Acting Human Growth Hormone, in Growth Hormone Deficiency Children**

This article describes the use of a once-weekly growth hormone product. With numerous once-weekly growth hormone products that very much differ in their pharmacological means of delivery now in simultaneous advanced clinical trials, the article highlights the newest developments in growth hormone delivery to address the current challenges of daily growth hormone injections in children.

Fisher D.M.ª · Rosenfeld R.G. b · Jaron-Mendelson M. c · Amitzi L. c · Koren R. c · Hart G. c

Click here to view the article: [doi.org/10.1159/000470842](https://doi.org/10.1159/000470842)

**Clinical practice guidelines for the care of girls and women with Turner syndrome: proceedings from the 2016 Cincinnati International Turner Syndrome Meeting.**

The care of girls and women with Turner syndrome requires a multidisciplinary approach to care. This clinical practice guideline addresses the latest advances in the care of females with Turner syndrome (since the last set of guidelines published 10 years ago) with a focus on diagnostic and genetic issues, growth and development during childhood and adolescence, congenital and acquired cardiovascular disease, transition and adult care, and other comorbidities and neurocognitive issues. A systematic review of the literature pertaining to the optimal treatment of short stature, infertility, hypertension, and hormonal replacement therapy was also performed.

Gravholt CH 1–2, Andersen NH 3, Conway GS 4, Dekkers OM 5, Geffner ME 6, Klein KO 7, Lin AE 8, Mauras N 9, Quigley CA 10, Rubin K 11, Sandberg DE 12, Sas TC 13,14, Silberbach M 15, Söderström-Anttila V 16, Stockholm K 17,18, van Alfen-van der Velden JA 19, Woelfle J 20, Backeljauw PF 21; International Turner Syndrome Consensus Group.

Click here to view the article: [doi: 10.1530/EJE-17-0430](https://doi.org/10.1530/EJE-17-0430)

The End of the SCAMPs Program but not of QI in PES

In February of this year, we received a 30-day notice by the CEO of IRCDA, the organization that managed the SCAMP’s QI programs that IRCDA was to cease operations because they could not find a financially viable model to sustain their program. After multiple individual phone calls and conference calls, consultations with the QI
authorities at Boston Children’s Hospital, consultation with the Board of Directors of PES, the SCAMPs steering committee and with Degnon, we collectively agreed that we neither had the resources nor expertise to take over the SCAMPs program in totality for PES and have determined that we could not move forward with this platform.

Literally, thousands of hours of work has been committed to this program by the members on the Steering Committee, the individuals on the specific SCAMP committees, participating members and dedicated work of the supporting staff at IRCDA and at Degnon. I want to thank them all for their dedication and hard work. As we deal with uncommon disorders, pursuing multi-institutional QI regarding the management and care of these children and to do it with the highest of quality and in a cost effective fashion is, in fact, the challenge of our collective futures. The QI committee of PES under the talented, indefatigable and competent leadership of Erinn Rhodes is now responsible for all of these activities going forward. I would encourage each of you who has interest in and ideas as to how this task might be accomplished, I would ask that you contact Erinn and, if committed, to ask to join her QI committee.

I am reminded of the speech “THE MAN IN THE ARENA: Citizenship In a Republic” given by Theodore Roosevelt in Paris on 23 April 1910.

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who err, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

Thanks again to all who participated in our PES SCAMPs program.

- Morey W. Haymond, Chairman of the SCAMPs Steering Committee

**Endocrine Image of the month**

8 year old girl was identified by the newborn screening program as having possible congenital hypothyroidism. She was evaluated by a pediatric endocrinologist and the hypothyroidism was thought to be very mild and was not treated. At age 4 she injured her finger and a radiologist commented on unusual fingers (description below) which prompted referral to an endocrinologist. Karyotype 46XX. Calcium 10 mg/dL, PTH 301 pg/mL, mg 1.9 mg/dL, phosphorus 6 mg/dL TSH 12.4 µIU/mL, free T4, 1.2 ng/dL.

Diffuse widening and shortening of the osseous structures of the hand, most pronounced in the 1st, 4th, and 5th metacarpals. Cone-shaped epiphyses and generalized demineralization of the osseous structures. No soft tissue calcifications. There is fusion of the physes of the distal phalanges making bone age very difficult to interpret. There is early partial to complete fusion of the physes of some of the proximal and middle phalanges and most of the metacarpals. Findings are characteristic of pseudohypoparathyroidism type 1 A (Albright’s Hereditary Osteodystrophy [AHO]) and pseudopseudohypoparathyroidism. Child has been treated with small doses of calcitriol and thyroxine.

AHO is associated with mutation of the GNAS (adenylate cyclase-stimulating G alpha protein) gene resulting in hormone resistance at one or more G-coupled protein receptors, most commonly PTH and TSH. Inheritance is autosomal dominant but expression is imprinted depending on parent of origin such that maternal inheritance results in phenotype plus endocrine abnormalities, while paternal inheritance is associated with only phenotype.

Please click here to view the endocrine image of the month.

**History tidbit provided by Dr. Alan D. Rogol**

The Ascheim-Zondek (A-Z) test for pregnancy
In 1927 Selmer Ascheim and Bernhard Zondek established the first bioassay to detect early human pregnancy by injecting a woman’s urine into an immature female mouse. The test was positive (pregnancy) if the mouse went into “heat”. Later modifications used rabbits and then frogs, but all relied on the biological activity of hCG, whose identity was not established until the 1960’s, even though its specific biological activity was known in the 1930’s. The first few thousand tests were deemed more than 98 % accurate with just a few false positives or negatives, a remarkable success rate! These bioassays have been supplanted by immunoassays, which quantitate hCG and can detect pregnancy at about 3 days post-implantation.

Sincerely,

Mary Min-Chin Lee, MD
PES President

Dorothy Shulman, MD
PES Board Member