Greetings!

The days get so short and dark this time of year. As I was walking our dog last night, I was thinking how long it had been since we had walked in the light and I was feeling a bit down with the pressures of life in the absence of the blue sky to lighten the mood. But as we got back to the house, I realized it was December 20th and we had reached the shortest day of the year. This meant that the days were going to start getting longer again and, though it will take a while to be noticeable, the worst was over. In a sense, the shortest day contains within it the promise of renewal and must be experienced before the sun can begin to return. At the risk of being trite, this may be a good analogy for where Pediatric Endocrinology finds itself a week after the seriously disheartening Match results in which half of positions and 2/3 of programs didn’t fill. While the times feel dark, with decreasing interest in the specialty driven by multiple factors, increasing clinical burdens on both private practice and academic members, risk for burnout, and an aging workforce, maybe Pediatric Endocrinology needed to experience this moment of darkness in order to lead us to renewal. Maybe this result is crystallizing what all of us have felt as vague unease and will spur us to reimagine what training and practice might look like in coming years. Certainly, it is already activating the membership to participate in discussions locally, through the various listserves, and through email. The Board has also considered the implications of the Match and we have had some initial conversations with our industry partners.

Over the next few weeks and months, we will be applying some structure to these discussions, with the ultimate goal of developing a set of actions for PES to take, possibly in conjunction with other pediatric subspecialties and other pediatric stakeholders, to address the various aspects of the challenges that Pediatric Endocrinology faces. The first step will be a webinar/conference call of the Training Committee, the Program Directors, the Board of Directors and Committee Chairs in January to discuss the Match results in a more organized fashion and to develop working groups to explore the broad themes in our challenges. We will be engaging the membership in this process through a series of enlarging circles as the working groups proceed through their exploration. These working groups will then be tasked with bringing to the meeting in May their ideas for concrete actions to address these areas. Ideally, PES can then develop a road map for tackling the identified challenges, some more easily than others, leading to an improved over the next few years.

The Board of Directors will meet in Fort Worth in January and will spend a day with our Mission Alliance Partners (MAP), about which I have written in recent months. Uptake of our previous CAB members into this program has been excellent and we are adding a number of new partners, with more being approached. The January meeting will be an opportunity to explore how this new model promotes engagement of the MAP as true partners as we discuss the PES strategic plan, identify areas of alignment, and develop possible collaborations. This meeting will also be an opportunity to get the perspective of our partners on our looming workforce challenges and how they might also collaborate with us to address these challenges, which also have an impact on their future success.

So, keep in mind that the darkest moment means that the light is returning, enjoy the solstice and have a happy and healthy new year full of satisfaction and laughter.

Choosing Wisely: What does it mean for pediatric endocrinologists?
Paul Kaplowitz, MD
In 2012, the American Board of Internal Medicine launched the Choosing Wisely (CW) initiative to involve physicians in reducing wasteful spending on diagnostic tests and procedures of limited value. Since then, more than 80 medical societies, including the American Academy of Pediatrics, have signed on and developed lists of 5 evidence-based items that have extensively reviewed and posted on the ChoosingWisely.org website and in various newsletters. For the last 34 years, I have been the AAP Physician Champion for CW and have been working with various specialty groups to develop new lists. The AAP Section on Endocrinology, with the input of our members and the Executive Committee, published a list of 5 items in 2017.

1. Avoid ordering LH, FSH, estradiol, or testosterone for children with pubic hair and/or body odor but no other signs of puberty.
2. Avoid ordering screening tests for chronic illness or an endocrine cause (including CBC, CMP, IGF-1, thyroid tests, and celiac antibodies) in healthy children who are growing at or above the 3rd percentile for height with a normal growth rate and with appropriate weight gain.
3. Avoid ordering serum vitamin D routinely in otherwise healthy children, including children who are overweight or obese.
4. Avoid routinely measuring thyroid function and/or serum insulin in children with obesity. (This item submitted jointly with the AAP Section on Obesity)
5. Avoid routinely ordering thyroid ultrasounds in children who have simple goiter or autoimmune thyroiditis.

However, it has been my experience talking to colleagues that many are unaware of this effort and the items in the above list. There are, no doubt, many contributing factors to overuse of testing and treatments that are out of the control of physicians. But we need to do a better job in explaining to our patients why tests they want us to order may not be necessary and to our referring providers why, in many cases, it may be better for us to see the child before undertaking an extensive (and expensive) diagnostic work-up. Furthermore, unnecessary testing often gives borderline abnormal results that lead to parental anxiety and further testing.

I would appreciate hearing from the PES membership as to any ideas you may have about

1) The usefulness of the items listed above (both positive and negative)
2) Any additional ideas for items the SoEn, in collaboration with PES, might develop
3) Suggestions for making more physicians aware of CW.

Please send comments to me at pkaplowi@childrensnational.org

EVENTS AND DEADLINES

2019 Spring Retreat

Fellows’ Retreat Application deadline: January 8, 2019
The Spring Retreat is for Pediatric Endocrine Society (PES) members in their first or second year of Pediatric Endocrinology training. The Retreat is held annually in association with the Pediatric Academic Societies (PAS)/PES meeting. The goals of the Spring Retreat are to develop and practice critical thinking skills in clinical Pediatric Endocrinology, learn different career trajectories within the field, and network with other fellows and faculty.
For more information and to register click here.

2019 PAS/PES Annual Meeting

Save the date for a very exciting PES meeting (preliminary schedule). We have expanded our offerings this year with pre-PAS programming for all members and with more symposia and Meet the Professor Sessions. PES programming will start on Friday, April 26th at 4:30 p.m. with all members invited to join our Special Interest
Groups for exciting workshops and meetings. Official PES/PAS programming will start on Saturday morning, April 27th, and end mid-afternoon Monday, April 29th. Meet the Professor sessions will occur at our headquarter hotel, the Hyatt Regency, which is close to the Baltimore Convention Center.

Click here to view the Pediatric Endocrine Society (PES) Schedule at a Glance

PAS 2019 Meeting Registration NOW OPEN.
PAS 2019 Meeting Hotel Booking OPEN.
PAS 2019 Meeting Call for Abstracts OPEN.

PES Leadership Advantage PREVIEW: ENVISION Module - Baltimore - April 26th

Just over one week left on the early bird discount for PES Leadership Advantage - ENVISION which is scheduled for Friday, April 26th during the 2019 PES Conference. Session runs 8:30a-5:00p with a break from 11:00a-2:00p.

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<th>ENVISION</th>
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<td>Planning &amp; Navigating Your Leadership Career Path</td>
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**Preview: Creating a Shared Vision**

According to a Harvard Business Review survey, two qualities employees admire most in a leader, are first, a person who values “honesty”, and second, someone who is “forward-looking”. Honesty can be defined as a part of character, and being forward-looking is defined more through creating a Shared Vision.

A successfully shared vision is defined enough to create excitement, energy and clarity among employees, and flexible enough to allow each team member to define his/her individual role and contributions within that vision. Creating a shared vision involves more than simply sharing what you imagine for the future. A truly successful shared vision includes creating the pathway and processes to achieving it, assembling well-defined success measures, and guiding a talented team to deliver on it.

**Creating and Effectively Communicating a Shared Vision Will:**

- Define you as a forward-looking leader
- Create goal and role clarity among your team members and other stakeholders
- Increase the success of your change management initiatives
- Establish measurable indicators of success – a dashboard

Returning participants can register for the early bird discount here:  

New participants can register for the early bird discount here:  

For more information, please contact BeamPines, Inc. at (212) 476-4100: Sharon Malone, x225 or smalone@beampines.com or Lisa Milano, Psy. D. x275 or lmilano@beampines.com
PES will host the 2019 Board Review Course from April 24th-26th, 2019. The course will be held in Baltimore, Maryland, just before the 2019 PAS/PES Annual Meeting and will end in time for members to attend the PES Committee Meetings on Friday afternoon, April 26th. [Click here](#) to register.

**Rising Star Award**

Registration deadline: January 19th, 2019

The purpose of this small grant award is to support and encourage research efforts of fellows. The maximum amount of funding available for each of these grants is $2000 for one year. The PES plans to fund a maximum of 5 grants every 6 months. The RSA program is in addition to the already established and larger Research Fellowship Award program. [Click here](#) for additional information.

**2019 Membership Dues Renewal**

If you were a new member or renewed in 2018 your demographics are prepopulated for your convenience. Please review the data for accuracy. These data help us make informed decisions when developing new programs and resources and are essential to our mission. We thank you for your cooperation, and highly value your feedback! [Click here](#) to renew your dues.

**AAMC Mid-Career Women Faculty Leadership Development Seminar in Atlanta, GA**

Four Pediatric Endocrinologists were selected to participate in the AAMC Mid-Career Women Faculty Leadership Development Seminar in Atlanta, GA (December 1st-4th).

From left to right: Megan Kelsey (U of Colorado, Denver), Janet Sanchez (U of Miami), Tandy Aye (Stanford), Jill Simmons (Vanderbilt)

Megan Kelsey (U of Colorado, Denver): I was fortunate to be trained in a fellowship with an incredible research program focused on type 2 diabetes and insulin resistance in youth. This training not only prepared me for clinical research in prevention and treatment of type 2 diabetes in youth, but also led to my leadership role directing our programs for type 2 diabetes and adolescent bariatric surgery at our institution.

Janet Sanchez (U of Miami): Fellowship gave me the building blocks to become an Academic physician. I learned how to study a clinical condition, analyze it in the laboratory and then apply the results to patient care. During my fellowship I also learned grant writing, the IRB submission process, and scientific writing. In addition, my clinical work in fellowship helped me to determine the clinical areas I wanted to concentrate on.

Tandy Aye (Stanford): Fellowship solidified my interest in academic medicine. I continue to build on my foundations in research, clinical care and teaching that I learned as a fellow. As a program director and the PES Training Committee chair, I’m always thinking about how to improve the fellowship experience. I also appreciated my network of co-fellows that I met through PES and I continue to keep in touch with them.
Jill Simmons (Vanderbilt): My fellowship provided me ample time for research as well as clinical care. This ability to focus upon both enhanced my own intellectual curiosity as well as my desire to work with patients on a daily basis. Currently, I spend 50% of my time providing patient care, 10% is focused upon faculty development programs for the Department of Pediatrics at Vanderbilt University, and 40% of my time is spent performing clinical research. I thrive on the variety of activities from day-to-day and even minute-to-minute that this career gives me. Together with my Vanderbilt colleagues, I have created an extensive menu of faculty development programs with peer-reviewed published curricula and results. I have also created a multidisciplinary pediatric metabolic bone disease program. I was able to hone my leadership skills from experiences with my mentors during fellowship, who allowed me to seek knowledge both about pediatric endocrinology but also about myself. In doing so, I have found the perfect career for me.

**History Tidbit provided by Walter L Miller**

**Testosterone – The First Hormone**

It was long known that prepubertal castration of boys made eunuchs and prepubertal castration of roosters made capons. In 1767, John Hunter transplanted rooster testes into a hen’s abdomen, without masculinizing the hen. In 1849, Arnold Adolf Berthold (1803-1861) castrated six young roosters: two remained capons; two received transplanted testes from another rooster; and two received their own testes. The four transplanted animals developed as normal roosters; subsequent autopsies showed good blood supply but no neural connections, thus providing evidence that the testes made a humoral factor (Gesellsch Wissensch Göttingen 1849;1-6). TF Gallagher and Fred Conrad Koch reported a testosterone preparation (J Biol Chem 84:495,1929); crystallization was achieved later (K David et al., Hoppe Seylers Z Physiol Chem 233:281,1935).

Philip Scott Zeitler, MD, PhD
PES President

Madhusmita Misra, MD, MPH
PES Board Member