Dear Colleagues:

Welcome to summer and the transition to a new academic year! I am writing this from Baltimore, where Phil Zeitler (President-elect), Maureen Thompson (Executive Director) and I are attending the ASAE CEO symposium to learn how to serve our society more effectively in our leadership roles.

Our society members continue to be busy with many initiatives as we roll into the summer months. You will hear about some of these below as well as from our periodic emails. Please note that you will be notified when position and consensus statements are posted on our website for you to review and approve. Your comment are taken seriously and forwarded to the co-authors and reviewed by the Board members.

The Better Health Care Reconciliation Act of 2017 (BCRA) was released in the Senate last week. I have grave concerns that this bill ends Medicaid as an entitlement for millions of people (including 30 million children) and could affect health care access for many of our patients. Stay tuned for updates on this and other broad changes in the healthcare landscape that may affect health care delivery and necessitate new models of care.

Warm greetings to those new first year fellows entering the field of endocrinology. We look forward to meeting you at our pediatric endocrine meetings and encourage you to join our society and participate in our activities. Congratulations to the graduating fellows as you finish your training and enter the "real" world! Remember to stay connected to your colleagues and take an active role in the field of pediatric endocrinology by staying involved in the Pediatric Endocrine Society, your professional home. For all members, your input and engagement in PES is very much appreciated. Please let us know if you want to be on a committee, join the SIGs, come to our exciting upcoming international meeting, and continue to share with us how to best serve you. We are here to represent you!

What do the National Book Festival, the Nation’s Triathlon, the Washington Redskins Opening Game, Snallygaster (Beastly Beer Jamboree), and The 10th International Pediatric Endocrine Meeting have in common? They all take place in Washington DC in September! See you there! (Don’t forget to register soon for the early bird discount!)

2017 Meeting: The 10th International Pediatric Endocrine Meeting - Celebrating our global pediatric endocrinology community

Call for Late Breaking Abstracts!
It’s time to send in those Late-Breaking Abstracts! Submission period will end on June 29. CLICK HERE to submit a Late Breaking Abstract.

REGISTER NOW – Don’t miss the early bird RATE!

August 7, 2017 - "Early-bird" Deadline.

The 10th International Meeting 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.

Looking for a way to see the sights in Washington DC?
Sign up for our Illuminated Monuments Tour: Friday, Sept. 15, 2017 or Saturday, Sept. 16, 2017, 8-10pm for more information click here.

PES MOC 2 Session
PES MOC 2 Session at Annual Meeting in September –
This is the seventh year of providing this free session which is an educational and fun way to achieve MOC Part 2 credit. Space is limited – this session is first come first served. Click here for more info!

Special Interest Groups (SIGs)
PES invites members to form Special Interest Groups (SIGs) to provide a venue for members to network with other colleagues sharing similar interests. Visit our website if you would like information on how to form a SIG and how the PES can support your SIG. https://www.pedsendo.org/about/sigs/assets/pdf/SpecialInterestGroupPolicy2015.pdf

A number of Special Interest Groups from the various international pediatric endocrine societies will be holding “co-meetings” at the 10th International Meeting. Some of these meetings will include a brief “organizational” meeting to facilitate the formation of SIG’s supported by the Pediatric Endocrine Society. Click here for a current description of the SIGs and the updated meeting agenda.

Date: Thursday September 14th
Time: 8:30 am – 12:00 noon

Bone and Growth Diabetes Technology
DSD Obesity
Pediatric Adolescent Gynecology Turner Syndrome
Allied Health Gender Dysphoria
Global Pediatric Endocrinology

Satellite Symposia
We are excited to present the first glimpse of the Satellite Symposia at the 10th International Meeting of Pediatric Endocrinology. These sessions, generously hosted and supported by industry sponsors, will cover a wide range of interesting and timely topics designed to complement the meeting’s scientific program, presented by foremost international experts. Please click here to view details of these sessions and their sponsors.

PES Leadership Advantage Course!
In 2016, we launched PES Leadership Advantage in response to strong member interest for a tailored leadership curriculum. 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 1 was introduced at our 2016 conference and was a wonderful success.

For 2017, Module 1 will be offered again. We are pleased to announce Module 2 will be introduced. The modules will be delivered as conference pre-sessions on September 13th in Washington, D.C. Modules 3 & 4 will be introduced in 2018 and 2019, respectively. PES Leadership Advantage registration for Module 1 and Module 2 is now open! Modules may be completed in any order.

Topics for Module 1:
• Understanding Yourself as a Leader – Operating with Emotional Intelligence
• Managing Your Time & Delegating Effectively
• Delivering Powerful Feedback & Managing Through Conflict

For more information or to register for Module 1 click
Topics for Module 2:
- Decision Making – Leadership vs. Clinical Approaches
- Coaching and Mentoring for Performance
- Creating a Positive Culture & High Engagement


RETURNING PARTICIPANTS ONLY WILL RECEIVE A SPECIAL DISCOUNT AT THIS LINK TO REGISTER FOR MODULE 2


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

Memorials

On Thursday September 14, beginning at 8PM, PES will make space available for those members who would like to conduct informal memorials at the International Meeting. Please look to future newsletters for updated details.

**PES 2017 Board Review Course**

**September 11-13, 2017, in Arlington, VA**

Join colleagues for interactive lectures covering the ABP Pediatric Endocrine Content Outline. The Course will be held at Crystal Gateway Marriott in Arlington, VA prior to the 10th International Meeting of Pediatric Endocrinology.

Attendees are responsible for making their own hotel reservations. Once you have registered for the Board Review Course you will be sent a link with hotel reservation information.

PES has set aside a block of rooms at a special rate of $259/night for those who wish to stay at the hotel where the Course will take place. Group pricing is good until August 21, 2017 - please plan accordingly.

[Click here](http://beampines.com/product/pes-leadership-advantage-module-2-continuing-participant/) to register for the PES 2017 Board Review Course, as well as hotel information.

**INTERNATIONAL APS 1 SYMPOSIUM – JULY 13-15, 2017**

For Endocrine clinicians, researchers and families

STONY BROOK UNIVERSITY MEDICAL CENTER, LONG ISLAND, NEW YORK.

PRESENTERS INCLUDE: Dr. Andrew Lane, Stony Brook University, US; Dr. Olle Kampe, Karolinska Institutet, Sweden; Dr. Cheri Deal, University of Montreal, Canada; Dr. Derek Proudlove, Dept. of Health, Isle of Man; Kerry Glennon, Patient, US; Dr. Mihalis Lionakis, NIH, US; Dr. Louise Merkher, Duke University, US; Dr. Audrey Parent, University of California, SF, US; Dr. Eystein Husebye, Karolinska Institutet, Sweden; Dr. Bill Robinson, Stanford University, US; Jennifer Orange, parent, Canada; Dr. Vicky Mingin, Stony Brook University, US; Dave Seyfert, parent, US; Brian Dwyer, parent, US; Dr. Asim Ali, Hospital for Sick Children, Canada and Todd Talarico, President APS 1 Foundation.

Registration is free at [apstype1.org](http://apstype1.org)

**Zika Care Connect - pediatric endocrinologists needed**

The CDC and March of Dimes are launching a program called Zika Care Connect (ZCC) designed to connect women, infants, and families affected by Zika virus to recommended healthcare services. ZCC has established a network of specialty healthcare professionals in 10 high-risk jurisdictions within the United States and its territories ([https://www.zikacareconnect.org/find-a-doctor/](https://www.zikacareconnect.org/find-a-doctor/)). They are seeking pediatric endocrinologists for this network for expertise regarding recommended thyroid screening.

The 10 current high-risk jurisdictions involved are California, Florida, Georgia, Maryland, New Jersey, New York, Puerto Rico, Texas, US Virgin Islands, and Virginia. ZCC plans to
expand to 10 additional jurisdictions in the near future. If you are interested in participating in the ZCC network please contact the organization at helpline@zikacareconnect.org. Participating healthcare professionals will receive periodic emails with key Zika updates, including new CDC clinical guidance recommendations and patient resource tools.

**Jordan Medical Missions in Need of Endocrinologists**

The Syrian-American Medical Society (SAMS) is a non-profit, non-political humanitarian organization that provides medical education, training and critical medical services to refugees living in Syria, Jordan, Lebanon, Turkey, and Greece with the help and support of volunteer physicians from all over the world. An upcoming medical mission trip to Jordan is scheduled for November 2017 and endocrinology expertise is urgently needed. If interested, visit [https://www.sams-usa.net/medical-missions/](https://www.sams-usa.net/medical-missions/) for more information or email medicalmissions@sams-usa.net.

**Congratulations! The 2016 PES/HRP awards go to:**

**Best Original Paper:** Author: George Ford MD MS

“Transient versus permanent congenital hypothyroidism after the age of 3 years in infants detected on the first versus second newborn screening test in Oregon, USA”

**Best Novel Insights paper:** Author: Andrew C. Calabria, M.D.

“Postprandial hypoglycemia in children after gastric surgery: Clinical characterization and pathophysiology”

**Committee Corner: NEW: Ask the Drug & Therapeutics and Rare Disorders Committee!**

To help fulfill the mission of the Drug & Therapeutics and Rare Disorders Committee, we would love to hear from you about clinical questions or dilemmas that you are facing. Your input can range from a simple question or comment about a therapy to a suggestion for an area for which the Committee should develop published guidelines. Examples of helpful questions or comments (all of which have been recently addressed by the committee) might be:

- My patient is having trouble getting insulin pens covered by insurance – is this something the Committee can help advocate for?
- I am caring for a child with congenital lipodystrophy and wonder if there are guidelines available?
- My state just started newborn screening for X-linked adrenoleukodystrophy and I would like to help develop guidelines for how to manage positive screens.

A committee member will respond to your question or comment within a week, and all questions and comments will be reviewed at monthly Committee calls. Although we may not always be able to provide a definitive answer, we will provide feedback whenever possible, and your questions and comments will be invaluable in determining where D&T can best help with relevant clinical issues and problems. If you would like to be involved in working with the committee in an area that is of interest to you, please indicate that on the form. Thank you for your help informing us how to best serve the PES membership! Please [click here](https://www.sams-usa.net) to share your question.

**Endocrine Image of the month**

Female infant born at 33 weeks gestation via C-section to a G1P0 mother who received prenatal care. Ultrasound early in the pregnancy was suspicious for skeletal dysplasia. After delivery, a skeletal survey reported “demineralization with numerous fractures with angular deformity in the bilateral upper and lower extremities with diffuse callus formation” (Figure). Genetic testing for osteogenesis imperfecta was negative. Calcium levels were noted to be elevated from 11.7-12 mg/dL, phosphorus 4.7-6 mg/dL, alk phos 582 U/L, Due to persistent hypercalcemia, PTH level was drawn which was elevated (181 pg/mL) prompting endocrine consultation. Other labs included magnesium 2.8 mg/dL, 1,25 Vit D 212 pg/mL, urinary calcium <2 mg/dL, renal ultrasound negative. Calcium in mother was 8.8 mg/dL, and in father, 11.8 mg/dL Paternal aunt and grandfather had been told they had high calcium levels and were asymptomatic. Sequencing of the calcium sensing receptor (CaSR) revealed a novel mutation of “unknown significance” resulting in an amino acid change, Cys851Phe (Athena Labs). The baby fed well and remained stable with healing of the fractures. At 2.5 years of age on a regular diet, growth has accelerated to the 3rd centile and legs are gradually straightening with no intervention. Development is normal.
Severe neonatal hyperparathyroidism with respiratory distress, bone demineralization, fractures, and neurocognitive delay has been reported in infants with homozygous and heterozygous inactivating mutations of CaSR. The latter situation occurs in the setting of a normal serum calcium in mother, which is perceived as low by the fetal parathyroids resulting in significant hyperparathyroidism and bone resorption in utero. Parathyroidectomy, Cinecalcet and pamidronate have been used to treat severe neonatal hyperparathyroidism. Our baby was clinically stable and healed without intervention.

Click here to view the image.

History Tidbit – provided by Walter L. Miller
Sulfation factor, Somatomedin-c, NSILA, and IGF-I

AmazonSmile: support PES through online shopping!
AmazonSmile is a simple way for individuals to support their favorite charitable organization. PES has enrolled as such an organization. The AmazonSmile Foundation will donate 0.5% of the purchase price of your eligible AmazonSmile purchases. For more details about the program click on this link, http://smile.amazon.com/ch/23-7283008.

If you have any questions, please sign in to http://org.amazon.com and click on the Help tab to see FAQ topics.

Sincerely,

Mary Min-Chin Lee, MD
PES President

Dorothy Shulman, MD
PES Board Member