Dear Colleagues,

A month has now gone by since I last wrote to you, and the world seems a very different place today. While the statistics continue to be terribly sobering, there is now hope that the end is in sight. The reduced hospital and ICU admissions, the many discharges, the promise of a vaccine by the end of the year, and the gradual opening of our economy all hold promise for brighter days ahead. We can only hope that as businesses open up, no setbacks occur. Regardless, with the unofficial start of summer now behind us, there is positivity in the air. And what is most wonderful is that with the right protection for all, many of us are now able to see our patients in person again, at least those for whom a virtual visit does not quite get us the information we need for optimal management.

The ‘virtual revolution’ has certainly taught us valuable lessons that will stand us in good stead in the months, and maybe years ahead. I have learned of the kinds of patient visits that do not really require a trip into downtown Boston and can be done from the comfort of the patient’s home, and may, in fact, be done more effectively and efficiently in that setting. I have strategized with our team, like I am sure you have too, about the resources to put in place to ensure that these visits work well. There are opportunities that we need to recognize and make the most of, while remembering that things will look very different when children are back in school and not available for visits between their virtual classes.

So, what has the PES done over the past month to make the most of our ability to go ‘virtual’? In fact, a lot. We have had virtual meetings of the Board of Directors, and of the Committee Chairs with the Board of Directors. The Business Meeting was held virtually and is available for our membership to view HERE. Do spare some time to go over the recording, as the Business Meeting is really for our membership to know of our accomplishments as a Society over the past year (and there are many), and how we have advanced our mission through our five strategic pillars. Erica Eugster’s review of the work done by our Committees and Special Interest Groups is mind-blowing and emphasizes the breadth of projects being undertaken by the various groups. Kudos to you all for all you do and THANK YOU.

Further, most of our Special Interest Groups have now had virtual video or telephonic annual meetings, and the medical students selected for the Peds Endo Discovery Program met with the Education Committee for their planned session. The abstracts selected for platform presentations...
will be hosted virtually on May 29th and May 30th (see below for details and to register), and a meeting of the Board of Directors with our Mission Alliance Partners will follow the May 29th abstract presentations. Many of our Mission Alliance Partners are making their satellite symposia (planned for the 2020 Annual Meeting) available virtually to our membership for CME credit. The first of these focuses on X-linked Hypophosphatemia and is now available to our membership (details below).

There are plans ahead for our membership to come together in virtual forums to discuss coping mechanisms as we emerge from this pandemic, and for our fellows to talk to peers and mentors regarding expectations for and during the months ahead. The PES is your Society and your academic home- do so reach out to us if you have ideas for what would work for you for offerings going forward. Also, we are thinking ahead to the 2021 annual meeting- there are many logistics to work through, but we will get there one way or the other. Time will tell whether this can be an in-person meeting or will need to be a virtual meeting for the safety of our members, but regardless, we will have a terrific program for 2021.

We will keep you apprised of decisions as these are made. We have heard from some of you that your institutions are having to make difficult decisions about CME or other faculty development funds. Some of you have reached out to the management about ways to pay your dues for 2021 now rather than later. Thank you for reaching out to us, for your trust in us, and for demonstrating that you are thinking innovatively for the year ahead. Please “be on the lookout” for the opportunity to pay your 2021 dues in advance.

And before I end, and very importantly, sincere CONGRATULATIONS to our third-year fellows, who will be graduating in a month to embark on a career in pediatric endocrinology. Click here for a brief message for you all.

In the meantime, June is upon us. ‘Now have come the shining days, when field and wood are robed anew, and o’er the world a silver haze, mingles the emerald with the blue’- John Burroughs. So, do go out for hikes in the woods, or bike rides along verdant paths, or plant your summer garden, or sit outside while you hold your Zoom meetings…. Just enjoy the wonderful weather, however this works best for you.

Take care my friends.

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**Welcome New Members!**

<table>
<thead>
<tr>
<th>New Member</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>Tracey Conlon</td>
<td>Children’s Health Ireland at Temple Street</td>
</tr>
<tr>
<td>Inha Jo</td>
<td>University of Illinois/Rush University</td>
</tr>
<tr>
<td>Sean DeLacey</td>
<td>Northwestern University/Ann and Robert H Lurie Children's Hospital</td>
</tr>
<tr>
<td>Margaret Marks</td>
<td>University of Alabama at Birmingham</td>
</tr>
<tr>
<td>Funmbi Babalola</td>
<td>The Hospital for Sick Children</td>
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<tr>
<td>Carolina Currais-Rodriguez</td>
<td>University of Miami</td>
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<tr>
<td>Einas Alkhatib</td>
<td>Michigan State University/Spectrum Health</td>
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<tr>
<td>Jacqueline Reyes Diaz</td>
<td>Emory University</td>
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<tr>
<td>Jonanlis Ramirez Alcantara</td>
<td>MassGeneral Hospital for Children</td>
</tr>
<tr>
<td>Andrew Kanouse</td>
<td>Children’s Hospital of the King’s Daughter</td>
</tr>
<tr>
<td>Janelise Clarke</td>
<td>Billings Clinic</td>
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</tbody>
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**CALLING ALL SURVEYS! Deadline June 15, 2020**
PES is soliciting surveys. These surveys are solicited three times per year. Two surveys from each cycle are selected and sent out to the PES membership. The survey deadline is June 15, 2020.

In order to submit a survey you will need to fill out the PES survey form. **To expedite survey review, please submit your survey in its final format, meaning questions with response choices as they will be entered into redcap, survey monkey, etc., rather than a topic with a draft list of questions which require additional preparation.**

If your survey is not selected for this cycle, you can always resubmit it for the next round.

Thank you,  
PES Research Affairs Committee

**SIG corner:**
**Rare Bone Disease TeleECHO**
PES members interested in bone and mineral disorders are invited to participate the Rare Bone Disease TeleECHO Series, hosted by the Osteogenesis Imperfecta Foundation and the Rare Bone Disease Alliance. This virtual Zoom videoconferencing occurs on the first Thursday of every month, from 3-4 PM EST. Participants are encouraged to present cases at the end of session for advice and opinions from experts at this interactive educational forum. To register and view previous sessions, visit [www.oif.org/ECHO](http://www.oif.org/ECHO)

**Transgender Health SIG news: Caring for Gender Diverse Youth**
As a member of the PES, either as a regular member or an in-training member, you are being asked to participate in a study designed to evaluate the effectiveness of a new set of teaching modules titled "Caring for Gender Diverse Youth," which are designed by the PES Gender Special Interest Group, in collaboration with the PES Ethics Special Interest Group. The goal is to increase members’ knowledge about this growing field. There are 5 total modules, covering terminology, ethical principles, medical management, surgical options, and psychosocial considerations. This study involves filling out a brief baseline survey (estimated to take 10-15 minutes to complete). After completing this survey, you will then be provided access to the 5 modules, to review on your own. These modules are estimated to take up to 2 hours to complete, and can be reviewed over multiple sessions, and within 30 days of the baseline survey. After reviewing the modules, you will then receive a brief 20 question follow-up survey, to assess change in knowledge. Your survey results will be de-identified and kept confidential. This project has been approved by the OHSU Institutional Review Board, IRB 20867. If you would like to participate, please send a brief email to cfgdy@ohsu.edu indicating your interest.

**Call for Committee interest!**
We are looking for new members to join the Fellows Education Material Subcommittee. Our committee is working on flipped classroom educational materials, a fellows’ newsletter, and the monthly fellows’ spotlight section of the PES newsletter. Committee members include fellows and faculty and we hope to a include a few more enthusiastic members in our team! Please contact info@pedsendo.org to share your interest.

**PES 2020 ORAL ABSTRACT PRESENTATIONS: Basic and Clinical**
May 29 – 30, 2020, 12:00pm – 1:30pm, Eastern Time. *It is not too late to register!*

As you are aware, the 2020 Pediatric Endocrine Society Annual Meeting originally scheduled for April 24-28, 2020, had to be canceled due to the COVID-19 pandemic. Given the
incredible program that was planned for our first independent PES meeting, we were extremely disappointed.

With that in mind, the Program Committee has decided to allow selected abstracts for oral presentation by zoom.

We are pleased to invite you to our Virtual Oral Presentation Sessions that will take place on:

**Friday, May 29, 2020 at 12:00pm - 1:30pm EDT for BASIC ABSTRACTS**
*Register in advance for this meeting:*
https://us02web.zoom.us/meeting/register/tZUtc--qqzIuE93iQBruV5exoH4X3XUXrvMH

**Saturday, May 30, 2020 at 12:00pm - 1:30pm EDT for CLINICAL ABSTRACTS**
*Register in advance for this meeting:*
https://us02web.zoom.us/meeting/register/tZUsc-uqrjsoEtZyuHiriN0cwIk75a-RTW0Z

After registering, you will receive a confirmation email containing information about joining the meeting.

The authors will briefly present their work highlighting pertinent research findings. Time is allotted for questions at the end of the presentations. Specifically, the presentations will be 8 minutes in length followed by a 2-minute question and answer session.

**Mission Alliance Partner (MAP) Spotlight: FDA approves Fensolvi® for pediatric patients with central precocious puberty**

*Leuprolide acetate joins triptorelin pamoate as an FDA-approved GnRH analog administered every 6 months for treatment of central precocious puberty in pediatric patients two years of age or older.*

The U.S. Food and Drug Administration (FDA) has approved FENSOLVI® (leuprolide acetate) for injectable suspension for treatment of pediatric patients two years of age and older with central precocious puberty (CPP). Fensolvi is the first and only six-month, subcutaneous leuprolide acetate with a small injection volume that allows flexibility in selection of injection site.

Leuprolide acetate is the most widely prescribed treatment for CPP. Fensolvi utilizes an innovative proprietary polymeric gel extended delivery technology that forms an in situ solid after injection and releases leuprolide acetate in a sustained and controlled manner over time. This polymeric gel technology enables a small, 0.375mL injection volume, subcutaneous administration and a six-month dosing cycle.

FDA approval was based on results from a multicenter, open-label, single arm Phase 3 study evaluating the efficacy, safety and pharmacokinetics of Fensolvi in 64 children with CPP. The study achieved its primary endpoint, with 87 percent of children achieving a serum luteinizing hormone concentration of <4 IU/L post GnRH stimulation test at six months. The study also demonstrated that Fensolvi suppressed sex hormones to pre-pubertal levels and arrested or reversed the progression of clinical signs of puberty.

Fensolvi is contraindicated in individuals with hypersensitivity to any drug that is in the same class as Fensolvi, in individuals who are allergic to any of the ingredients in Fensolvi, or in individuals who are pregnant. Fensolvi may cause fetal harm when administered to a pregnant
Patient. Treatment emergent adverse reactions were mostly mild or moderate, with none leading to withdrawal from the study. The most common reactions were injection site pain (31%), nasopharyngitis (22%), and fever (17%). Tolmar expects to publish the results in a peer-reviewed journal in the near future.

**Tolmar Pharmaceuticals received the FDA approval on May 1, 2020, which may be viewed here.**

Important safety information about FENSOLVI is available at [fensolvi.com](http://fensolvi.com) and full prescribing information for Fensolvi may be found [here](http://www.tolmar.com/sites/default/files/resources/FEN_Full_PI.pdf).

Leuprolide acetate thus joins triptorelin pamoate as an FDA-approved GnRH analog administered every 6 months for treatment of CPP in pediatric patients two years of age or older.

**Tolmar is part of the PES Mission Alliance Partnership. This announcement was prepared in compliance with PES guidelines to ensure objective educational content.**

Tolmar received the FDA approval on May 1, 2020, which may be viewed [here](http://www.accessdata.fda.gov/drugsatfda_docs/appletter/2020/213150Orig1s000ltr.pdf). Important safety information about Fensolvi is available at [fensolvi.com](http://fensolvi.com) and full prescribing information for Fensolvi may be found [here](http://www.tolmar.com/sites/default/files/resources/FEN_Full_PI.pdf).

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**2020 Satellite Symposia: The originally scheduled Industry-Supported Satellite Symposia are going virtual!**

It is our pleasure to make you aware of current educational opportunities that you can enjoy from the safety of your home or office. **Please note: These are independent Industry-Supported symposia originally scheduled to take place in conjunction with the PES annual meeting. The content and views expressed therein are those of the Sponsoring Organization and not of the PES. The PES program committee was NOT involved in the development of the session content. IF CME is being offered for this session, it is the responsibility of the sponsoring organization to communicate the method to obtain this CME to the attendees.**

**X-LINKED HYPOPHOSPHATEMIA: Early Recognition and Proactive Management**

**Speaker:**

*Dr. Erik A. Imel, MS, MD*

*Associate Professor of Medicine and Pediatrics*

*Indiana University School of Medicine*

*Indiana Center for Musculoskeletal Health*

*Indianapolis, IN*

**Disclosures:** *Dr. Imel has served as site investigator and an advisory board member for Ultragenyx and has received research grant funds, honoraria, and consulting fees. EXCEL staff and peer reviewer: no relevant financial information to disclose.*

**PROGRAM DESCRIPTION**

X-linked hypophosphatemia (XLH) is the most common cause of inherited phosphate wasting and is associated with severe complications such as rickets, lower limb deformities, pain, poor
mineralization of the teeth and disproportionate short stature in children. Characteristics and severity of XLH vary between patients. Because of its rarity, the diagnosis and specific treatment of XLH are frequently delayed, which has a detrimental effect on patient outcomes.

In this CME-accredited activity, we will discuss strategies for improving early detection of XLH by recognizing clinical signs and symptoms, provide guidance for treatment initiation and ongoing optimal therapeutic management through sample case scenarios that may be seen in clinical practice.

LEARNING OBJECTIVES
Upon completion of this program, participants should be better able to:

- Discuss clinical manifestations, signs, and symptoms of XLH in children
- Apply specific methods when diagnosing and evaluating XLH pediatric patients
- Initiate XLH management strategies across the age span
- Review available treatment options

ACCREDITATION/Designation of Credit STATEMENT
EXCEL Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. EXCEL Continuing Education designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Click here to access: https://www.mycme.com/courses/x-linked-hypophosphatemia-early-recognition-and-proactive-management-7068 Or at: www.excelcme.com/webinars

Supported through an educational grant from ULTRAGENYX.

PES ZOOM Member Meet Up Invitation!

Friday- (Let’s just BE happy) - Hour!
While we will not be lifting or raising a glass, our goal is to lift your spirits and raise your sense of awareness! Join your peers for an hour of enlightenment led by Dr. Warren Y.K. Ng from NYPH-CUMC.

Friday, June 5, 2020
5:00pm Eastern time

Speaker:
Warren Y.K. Ng MD MPH
Medical Director Outpatient Behavioral Health
NYPH-CUMC
Director of Clinical Services Child and Adolescent Psychiatry
Associate Professor of Psychiatry at CUMC

Topic: TGIF-"True Gifts in Flourishing": Well-being and Resilience

Session outline/takeaways:
Learn to awaken your well-being and resilience
Review coping skills, mindfulness and practical practices
List of helpful resources for exploring on your own and together

To register to participate click on the link below:

When: Jun 5, 2020 05:00 PM Eastern Time (US and Canada)

Register in advance for this meeting:
https://us02web.zoom.us/meeting/register/tZ0sfuypqj4jHnbGA51-zSkLUxyEVIAzp_i1

After registering, you will receive a confirmation email containing information about joining the meeting.

PedsENDO Discovery Spotlight: Meet your 2020 participants

Name: Joshua Preston
Year: M1
Program: MD/PhD
School Name: Emory University School of Medicine

1. What is your most memorable experience in medical school so far?
Only having been in medical school one year, I am still in the thick of a very difficult time in my career where the bulk of information that I need to learn is overwhelming. However, the single most memorable experience of medical school so far has been that all my colleagues and mentors have been remarkably collegial, supportive, and loving of me. I think there is a truly wonderful culture change occurring in medicine right now, where the focus in medical school and clinical practice is shifting away from competition and one-up man ship to collegiality, collaboration, and support of one another. There are so many examples of this throughout the year, from Dr. Ham (see below) helping with a manuscript which was particularly difficult for me to write, to my clinical preceptors being patient and graceful with my still fledgling knowledge of clinical medicine, and finally in seeing how colleagues and mentors have come together during this pandemic to support and uphold each other. I have been happily surprised by the sincere care and concern that my colleagues and mentors have for me and others, and I hope that this is a trend at large in the future of medicine: away from over-competitiveness and towards collaboration to provide the best patient care possible.

2. What experience led to your interest in pediatric endocrinology?
I have a wonderful mentor, Dr. Nina Ham, who I reached out to early during medical school to help me finish the discussion of a basic science paper from my previous work. It is fascinating to see how her experience as a clinician brings insight to scientific questions which are usually relegated to laboratory environments. She has been an excellent mentor, and
she ended up nominating me for the PES Discovery Award this year. I look forward to rotating and learning more in her pediatric endocrinology clinics in my clerkship years, as well as to continued collaboration on research projects!

3. What do you see yourself doing in five years?
In five years I will probably be in the middle of my PhD. At Emory, we start our PhD training after the M3 year once we have gotten some clinical experience. I look forward to pursuing my PhD focusing my thesis on endocrinology, type II diabetes, metabolism, adipose tissue biology, aging, early life origins of health and disease, or a combination thereof.

4. What aspect of the Q&A session of the PedsENDO discovery program did you find most helpful? What are you hoping to learn from your PedsENDO discovery program experience (including attending PES 2021)?
Not sure about this to be honest. I think that this may be in the future, but I have not heard a Q and A session. However, I am extremely excited to attend next year’s meeting and present my work to other physicians and scientists there. I am particularly excited about learning more about how basic science and pediatric endocrinology can mix, and how one day I could potentially be a physician-scientist in the field of peds endo, translating basic science findings to clinical practice.

Name: Patrick Tiffany

I am (now) a graduate of Indiana University School of Medicine and am a first-year pediatrics resident at the University of Colorado Denver.

1. What is your most memorable experience in medical school so far?
My most memorable experience in medical school was meeting the friends that I have been lucky to become so close with. We have had lots of very fun times together and I know that we will be lifelong friends as we moved to our new cities for residency.

2. What experience led to your interest in pediatric endocrinology?
I first became interested in pediatric endocrinology when I worked at Camp Sweeney, a camp for children with diabetes, between my first and second year in medical school. My interest continued as I became involved with the Transgender Health and Wellness Center and the Riley Gender Clinic in Indianapolis.

3. What do you see yourself doing in five years?
In 5 years, I hope that I can either be working in pediatric endocrinology, or closely alongside pediatric endocrinologists, in a gender clinic. I have a special place in my heart for the transgender patients I have worked with in the past, and I hope to continue providing them with safe quality healthcare in the future.

4. What aspect of the Q&A session of the PedsENDO discovery program did you find
most helpful? What are you hoping to learn from your PedsENDO discovery program experience (including attending PES 2021)?

I am hoping that at PES 2021, I will be able to learn more about how I can get involved with pediatric endocrinology as a resident. I would also be interested to meet and hear from physicians who are working in gender clinics across the country.

Fellow Spotlight:

Kate Millington, M.D.
Fellow at Boston Children’s Hospital

1. How did you get to your current position as a fellow? Were there any mentors that were particularly inspiring to you along the way?

After starting medical school at the University of Pennsylvania I was immediately drawn to the field of endocrinology because of its elegant feedback regulation and broad control of many body systems. I became inspired to consider pediatric endocrinology through the mentorship of several endocrinologists at Children’s Hospital of Philadelphia (CHOP); Dr. Charles Stanley, Dr. Bassil Kublaoui, Dr. Andrea Kelly, and Dr. Andrew Palladino. When I joined the pediatric residency program at Boston Children’s Hospital, I knew that I was bound for pediatric endocrinology fellowship and a career in clinical research. The list of mentors I have had at Boston Children’s is long and growing. I am inspired daily by Dr. Yee-Ming Chan, Dr. Jessica Kremen, Dr. Joseph Wolfsdorf, Dr. Laurie Cohen, and my co-fellows especially Dr. Elise Tremblay and Dr. Rebecca Harris.

2. What are your interests? (clinical, research, educational, etc.)

My clinical and research interest in fellowship has been in transgender health and sex differences in disease. Specifically, my research focuses on cardiovascular health outcomes of gender-affirming treatment. The field of transgender health, although growing, is relatively new. There are many fundamental questions that remain unanswered. For a trainee just establishing my career this is an amazing opportunity to enter the field in its nascent state.

Transgender patients are a vulnerable and underserved population and face numerous barriers to care. Providing gender affirming care has an outsized impact on this underserved population. By reducing suicidality and improving overall wellbeing medical gender transition can save lives and improve quality of life. I have had the honor of providing this care in the context of the Boston Children’s Hospital Gender Multispeciality Service (GeMS), where I have learned a tremendous amount from its physicians and psychologists.

3. What are your plans?
After completing my fellowship next month (!) I will be staying on at Boston Children’s as junior faculty to continue my research and clinical work in transgender health. I have the best job in the world where I am never bored, encouraged to be curious, and inspired daily by my patients and colleagues.

**Grant Opportunity**
We want to make members aware of two grant opportunities around growth hormone therapies: (the sponsor for each of the grant funding is Pfizer, Inc.)

- **2020 Growth Hormone Research Competitive Grant Program**
  - Deadline has been extended until July 15th
  - Grant applications may include requests for Genotropin® product and/or funding
  - RFP Link: [2020 Growth Hormone Research Competitive Grant Program](#)

- **Long-acting Growth Hormone Research (Global) Competitive Grant Program**
  - Deadline has been extended until July 31st
  - Grant applications may include requests for the long acting growth hormone product and/or funding
  - RFP Link: [Long-acting Growth Hormone Research (Global) Competitive Grant Program](#)

**PER Volume 17 Supplement 1 now available:**
**Pediatric Endocrinology Reviews (PER)**

Reviews (PER) has become an affiliated journal of our society. Hormone Research in Paediatrics remains our official journal. PER is an international peer-review journal (with ~ 800 subscriptions from 19 countries) that publishes review articles on topics related to pediatric endocrinology, diabetes, metabolism, nutrition, and genetics. PER also publishes extensive Meeting Reports, including those of our annual meeting, along with reviews of recently published books in the field of endocrinology. There are usually four issues each year, along with periodic supplements [last two on Noonan Syndrome (editor, Robert Rapaport, MD) and the 50-year history of growth hormone (editor, Adda Grimberg, MD)]. We will continue to provide links at the PES website to the PER Table of Contents.

You can subscribe to PER and receive access to current and future journal issues at the discounted rate of $100 (USD) per year, while individual articles can be purchased at the low discount rate of $39 each.

Click here [https://www.pedsendo.org/docs/PER17_2_00_3.pdf](https://www.pedsendo.org/docs/PER17_2_00_3.pdf) for a Table of Contents

Click [here](#) to subscribe

**History Tidbit**
**Pediatric Science and Subspecialty Care: A United States-centric View**
Alan D. Rogol, MD, PhD

Pediatrics is a recent clinical specialty. The first children’s hospitals were founded in Paris (1802) and London (1852). The first permanent children’s hospitals in the US were the Children’s Hospital of Philadelphia (1855) and Boston Children’s Hospital (1869). It was at Johns Hopkins that the first full time department of pediatrics was formed (1912, reviewed in The Harriet Lane Home, Johns Hopkins University Press) to carry on the scientific basis
championed by L. Emmett Holt, by his “mentee” John Howland. In the 1930’s Edwards Park organized subspecialties by appointing several chiefs, including Lawson Wilkins in endocrinology. Wilkins became known for meticulous record keeping and graphic charts; for he was among the first to integrate clinical care with laboratory investigation.

Sincerely,

Madhu Misra, MD, MPH
PES President

Philippe Backeljauw, MD
PES Board Member