Greetings of the season!

We are pleased to provide updates about the 10th International Meeting of Pediatric Endocrinology in September, 2017, and on a number of other initiatives and opportunities. A gentle reminder: If you haven’t already done so, please be sure to renew your dues soon for 2017 so as to avoid any gap in benefits (access to Hormone Research in Paediatrics, discounted registration rates for the International meeting, etc.).

As 2016 draws to a close, on behalf of the Board of Directors and the Executive Management team, we wish to express our gratitude for the opportunity to work together – along with our Councils, Committees, SIGs, and our Corporate Advisory Board – in support of the mission of PES. We are fortunate, indeed, to have so many members deeply dedicated to the breadth of pediatric endocrinology, and it is the spirit of genuine commitment and collegiality that is perhaps our greatest strength. 2017 promises to be an exciting year for our Society, as we initiate our new Strategic Plan and host the International Meeting in September.

We hope you have a happy and peaceful holiday season, and wish all of you the very best for a healthy and happy new year!

10th International Meeting of Pediatric Endocrinology: Washington DC, September 2017

The meeting is now only 9 months away! Hope you are making plans now to attend. Information and updates on the meeting can be found at http://internationalmeeting2017.org/

ABSTRACTS NOW OPEN! Click here for information/submission-deadline is March 6th.

REVIEWERS NEEDED! Abstract Reviewers needed! You will need to be available to review your assigned abstracts between March 27 - April 10, 2017. Click here to submit your name

2017 GLOBAL FELLOWS PROGRAM: (takes place of the Spring Fellows Retreat) September 10-13, 2017, near Washington, DC. The Program will provide up-to-date teaching in selected areas, help develop and practice critical thinking skills, provide the opportunity to present cases to faculty and peers, and promote discussions and networking between younger and more senior physicians. Assembled by a committee of members from numerous participating societies from the International Meeting, the program will be open to Fellows from all societies. More detailed information will be available soon. (note: due to scheduling and holidays, this program is taking place prior to the International Meeting.)

PES 2017 BOARD REVIEW COURSE: September 11-13, 2017, in Washington, DC This Course will be held in Washington, DC just prior to the 10th International Meeting. More information—including location, registration, speakers, and agenda—will be available soon!

PES 2017 TRAVEL GRANTS: PES will be offering Travel Grants to PES Fellows attending the 10th International Meeting. Applications will be available soon on the PES website.

PES Advocacy and Public Policy

We are pleased to note that with unanimous approval of our Board of Directors, PES (in addition to other professional societies and academic centers in the U.S.) signed on to an amicus brief filed on November 29, 2016, in the United States District Court for the
Western District of Pennsylvania in support of the right of transgender youth to be treated equally and with dignity in schools. The case involves three transgender students who have been excluded from using the restrooms used by all of their peers. A copy of this brief can be viewed at the following link: https://www.pedsendo.org/about/public_policy/PDF/Dkt64WPATHetalAmicusBrief.pdf

**PES International Scholar Award**

Do you know a young pediatrician or pediatric endocrinologist in a resource limited country who would like to gain experience or specific skills in your clinic or lab? Are you interested in hosting such a person at your institution in 2018? [Click here for details!]

- **Deadline:** March 1, 2017

If you have questions, or are interested in being a sponsor, please email the International Scholar Committee Chair: holley.allen@baystatehealth.org

**Pediatric Endocrinology Fellowship Match 2017**

The results of the 2017 NRMP Pediatric Endocrine Fellowship match are now available. Although the majority of programs filled their positions, many programs still have fellowship positions available. If you know of third year Pediatric Residents considering Pediatric Endocrinology as a career, encourage them to check on the PES website at [https://www.pedsendo.org/education_training/residents_fellows/current_openings/index.cfm](https://www.pedsendo.org/education_training/residents_fellows/current_openings/index.cfm) for available positions. And if you are a Program Director with an available position, please post this on the website by visiting this link [https://www.pedsendo.org/education_training/residents_fellows/current_openings/submit/index.cfm?page=step2](https://www.pedsendo.org/education_training/residents_fellows/current_openings/submit/index.cfm?page=step2)

**Recommended Reading from the Publications Committee:**

**Hormone Research in Paediatrics:**


In this study, the authors set out to evaluate the effect of GnRHa treatment on BMI-standard deviation score (SDS) from diagnosis of idiopathic CPP until adult height. Prior to treatment, girls were slightly heavy. During treatment, there was an increase in BMI SDS of 0.43 ± 1.17 (95% CI: 0.20-0.64). At adult height (n = 49), BMI SDS was 1.51 ± 1.38, which was 0.60 ± 1.09 higher than at diagnosis (95% CI: 0.43-0.75). The authors concluded that, during treatment with GnRHa, girls experience a significant increase in BMI-SDS that persists after therapy is stopped and adult height has been reached.

**Additional Article from Nature**


In tackling the obesity pandemic, significant efforts are devoted to development of effective weight reduction strategies, yet many dieters fail to maintain long-term weight reduction for unknown reasons. In this study, the authors identified an intestinal microbiome signature that persisted after successful dieting of obese mice, and which appeared to contribute to faster weight regain and metabolic aberrations upon re-exposure to obesity-promoting conditions and which transmits the accelerated weight regain phenotype upon inter-animal transfer. The authors developed a machine-learning algorithm that enables personalized microbiome-based prediction of the extent of post-dieting weight regain.

**Updates and reminders:**

- **Nominations for 2017 Van Wyk Prize are now being accepted!** The Judson J. Van Wyk Prize is the Society’s most prestigious award in recognition of outstanding career achievement by a member in the field of pediatric endocrinology. This
award, established in honor of Judson J. Van Wyk, MD, stands in tribute to an outstanding leader whose career is marked by scientific excellence, leadership, and dedication to the health of children. Please click for more information: Van Wyk 2017 Nominations. Deadline is January 10, 2017.

- **Regional meeting small grants**: Funding is available to support visiting speakers at regional Pediatric Endocrine meetings. These funds are limited! Please contact the PES office if you need more information.

**Historic Tid Bit submitted by Alan D. Rogol**

Bioassays for lactogenic and somatogenic activities were described in the 1930’s, but it took another 40 years to show that GH and PRL are distinct hormones. Frantz and Kleinberg showed that primate GH’s have low lactogenic activity via sensitive bioassays based on prolactin’s ability to induce differentiation and milk secretion in cultured mouse breast tissue (Science 170:7745, 1970). Clinical observation suggested GH and PRL were distinct: men with acromegaly and high serum hGH had very low lactogenic activity; patients with galactorrhea lacked acromegaly; women with GH deficiency had normal lactation postpartum. Niall’s group reported prolactin’s amino acid sequence, ending the debate (Red Progr Horm Res 29:387-416, 1973); distinct, but related GH and PRL genes were cloned in the late 1970s.

Sincerely,

Stephen M. Rosenthal, MD, MD  
PES President

Bruce Boston, MD  
PES Board Member

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