Dear PES Colleagues:

Happy Summer!

Hard to believe we are at the mid-point of the calendar year! I am happy to report that things are well underway as we consider various options with the goal of resolving the status of our annual meeting for 2018 and beyond, and as we prepare for review of our Strategic Plan in September.

As I previously mentioned, please be on the lookout for a brief survey that will help shape the strategic direction of our Society. We are also pleased to highlight the items below, in particular, reflecting advocacy efforts and a number of new initiatives. Have a great July!

Transgender Health Special Interest Group (SIG)

On June 9, the PES SIG on Transgender Health sent a letter in support of the U.S. Department of Education guidance on the rights of transgender students, to the governors of the 12 states that have refused to follow them (AL, AZ, GA, LA, ME, MS, OK, TN, TX, UT, WI, WV). States that do not follow this guidance are at risk of losing federal funds for public education. Some of these states are in the process of filing a lawsuit against the federal government.

The U.S. Department of Education guidance on the rights of transgender students recommends that transgender students use restrooms, locker rooms and other facilities that are consistent with their gender identity, and endorses use of preferred names and pronouns. The PES SIG on Transgender Health agrees that this kind of support in schools is crucial for the optimal psychosocial development of transgender youth.

Click here to view this letter.

Coalition Letter Supporting the Ensuring Children’s Access to Specialty Care Act

Currently, there is a nationwide shortage of Pediatric Subspecialists including Pediatric Endocrinologists. Because of this shortage, children with severe medical needs frequently must endure lengthy wait times and travel long distances to see their subspecialists, and many pediatricians have difficulty referring their patients to subspecialists in their area. There are several factors that cause this shortage, including delays in earning a consistent salary due to an additional 2 – 3 years of training beyond a general residency, a higher amount of loan debt resulting from the need for longer training, and Medicaid (which provides a significant portion of payment to subspecialists), with reimbursement rates averaging 30% less than Medicare, making higher loan debt more difficult to justify.

In response to this issue, Reps. Chris Collins (R-N.Y.) and Joe Courtney (D-Conn.) in the House and Sens. Roy Blunt (R-Mo.) and Jack Reed (D-R.I.) have introduced the Ensuring Children’s Access to Specialty Care Act (H.R. 1859/S. 2782). The legislation would amend the Public Health Service Act to allow pediatric subspecialists practicing in underserved areas to participate in the National Health Service Corps (NHSC) loan repayment program. Currently, the NHSC is unable, under existing law, to meaningfully fund pediatric subspecialty loan repayment. The Pediatric Endocrine Society is in support of this legislation and has signed on to a letter recently sent up to Capitol Hill. Please find attached a copy of the final coalition letter signed by 70 medical, public health, and patient organizations endorsing the Ensuring Children’s Access to Specialty Care Act (H.R. 1859/S. 2782).


Committee Corner

NEW: MOC and QI Committee

In Baltimore, the Board voted to expand the MOC Committee to include Quality Improvement and to include the SC Amps group as a subcommittee. Already hard at work, the new MOC and QI Committee has obtained MOC Part 4 approval from the American Board of Pediatrics (ABP) for the Estrogen Replacement SC Amp. The Committee will be submitting applications for the CAH and Prediabetes SC Amps for MOC Part 4 credit as these begin enrollment. Within the time permitted by the ABP (usually 2 years), the Committee will apply for PES to have its own portfolio designation, which will allow the application and approval process for MOC Part 4 activities to be internal to PES. This would apply not only to SC Amps but to other QI activities, as well. As a result, PES will be gradually building a menu of QI activities relevant to pediatric endocrinology for...
members to meet their MOC Part 4 requirements for recertification by the ABP. We will continue to be in communication with the membership as we prepare for implementation of the MOC Part 4 process for the organization. You will receive an email inviting your suggestions for new SCAMP topics to be considered for next year. You can also provide your suggestions here: **SCAMP Topic Suggestions**.

**Be Involved!**
If you are interested in joining a committee or council and have not yet let us know, please email info@pedsendo.org as soon as possible. Let us know why you are interested in joining and how you feel you would be a good fit on that particular committee or council.

**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](https://www.pedsendo.org/about/sigs/assets/pdf/SpecialInterestGroupPolicy2015.pdf)

**Current Trends in Pediatric Endocrinology: A PES Perspective**
PES co-sponsored, along with the Turkish Pediatric Endocrinology and Diabetes Society, the inaugural meeting entitled: “Current Trends in Pediatric Endocrinology: A PES Perspective” in Istanbul, Turkey on May 13-14, 2016. This “Current Trends” meeting that was attended by 72 participants. Speakers representing PES included Mitchell Geffner, MD, Eric Vilain, MD, PhD, and Alan Rogol, MD, PhD. and topics covered included current advances in pseudohypoparathyroidism, disorders of sex development, the bionic pancreas, next-generation sequencing, long-acting growth hormone, genetics of growth disorders, Turner syndrome, long-acting GnRH analogs, genetic disorders of adrenal development, and congenital adrenal hyperplasia. Additionally, six unique case presentations were made. Abstracts of the presentations were recently published in the June 2016 issue of the Journal of Clinical Research in Pediatric Endocrinology. Click here for access:

**Global Pediatric Endocrinology and Diabetes (GPED) Newsletter**
Global Pediatric Endocrinology and Diabetes is a non-profit organization that aims at improving the care of children in resource-constrained settings with endocrine disorders through the provision of training and educational opportunities, developing research studies, and advocacy.

GPED wants to keep health professionals in Pediatric Endocrinology and Diabetes working in a resource-constrained setting informed of what is happening around the world in their field. This is GPED’s second newsletter, with ongoing plans for quarterly newsletters.

GPED hopes you will find this newsletter interesting and that you will want to contribute to it. To access the newsletter, please click here: [GPED Newsletter Issue 2 April 2016](http://www.globalpedendo.org/).

**NEW! Pediatric Endocrinology for the Primary Care Provider - November 3-6, 2016**
PES Members: Spread the word about our new Pediatric Endocrinology course developed for the primary care provider! Please share this information with interested peers in primary care Pediatrics, Family Medicine, and General Internal Medicine. Please also consider providing this information to other Departments at your institution and your local and state Pediatric Societies. Direct “word of mouth” advertising could go a long way in making this a successful PES sponsored conference! [CLICK HERE for more information and Registration!](https://www.pedsendo.org/)

**The 2016 Clinical Update Course is NOW available on line!**
The course addresses areas of Pediatric Endocrinology that offer clinicians the greatest challenges, including disorders of growth, bone, diabetes/obesity, lipids, endocrine neoplasia, and endocrine genetics. The course also emphasizes newer therapies that have recently become available, as well as therapies on the horizon.

“It was a great course - both advances and to build a firmer foundation in pediatric endocrinology”.... “Very practical and clinically oriented course”.... “A great deal of detail and application information that will be applicable to my patients” are just what some of the participants had to say!

Click here for more information: [Online Clinical Update Course](https://www.pedsendo.org/)
Congratulations!
The 2015 PES/HRP awards go to:


- Novel Insights paper: Rosalind Brown, et al. "Severe unsuspected maternal hypothyroidism discovered after the diagnosis of thyrotropin receptor-blocking antibody-induced congenital hypothyroidism in the neonate: failure to recognize and implications to the fetus."

Know your PES Website!

Consensus Statements: Over 30 guidelines, reviews and consensus statements are on the PES website for your reference. These were prepared by members of the PES as well as our sister societies and provide a wealth of peer reviewed information. A complete list of these articles can be found at https://www.pedsendo.org/education_training/healthcare_providers/consensus_statements/index.cfm

Reminders, Updates, and Deadlines

- Program Directors: Please remember to send contact information for new fellows to the PES office so that fellows can receive the PES new fellow welcome newsletter and information on PES sponsored fellow grants, events and membership.
- Be sure to visit our Calendar of Events page for upcoming events, our Job Board for new open positions, and our Fellowship Openings page.
- Countdown to the 10th International Meeting of Pediatric Endocrinology in Washington, DC. http://internationalmeeting2017.org/

Historic tidbit

Since the first demonstrations that purified GH from human pituitaries possesses lactogenic activity in 1961, efforts had been made to isolate a human prolactin separate from GH. Frantz and Kleinberg reported their highly sensitive bioassay differentiating GH and prolactin in unextracted human plasma in Science in 1970 (Prolactin: evidence that it is separate from growth hormone in human blood. 170:745-7) ~Arlan Rosenbloom

If you have an interesting brief historical tidbit to share, please send it to Walter Miller (Chairman of the History Committee) at wlmlab@ucsf.edu.

Sincerely,

Stephen M. Rosenthal, MD, MD
PES President

Bruce Boston, MD
PES Board Member