Dear PES Colleagues:

Greetings,

It is with great sadness, that we begin this missive with news of the recent passing of Margaret H. MacGillivray, MD on September 17, 2016, at the age of 86 (see below). Those of us who were lucky enough to know her will remember her as an outstanding clinician, investigator, mentor, and leader. Her passion for her work and for our Society, which she served so well as President, her compassion for others, and her upbeat spirit, made her not only a most respected colleague, but also a deeply valued friend. She will be missed, indeed.

Having just returned from the ESPE meeting in Paris, I am happy to report that there is much anticipation and excitement about our upcoming International meeting hosted by PES in Washington, D.C. in September, 2017! This is an exciting time to serve as PES President, as we are about to embark on an intensive review of our Strategic Plan during the last few days of September. I want to express my sincere thanks to all those that completed the recent member survey. This provided much valuable input which will help inform our strategic planning process. A detailed summary of the survey and of the strategic planning meeting will be made available soon!

Thanks and best wishes for the beginning of the autumn season!

Margaret H. MacGillivray, MD (August 30, 1930 - September 17, 2016)

It is difficult to narrowly define Margaret MacGillivray’s contributions to endocrinology and pediatric endocrinology. A consummate professional and role model, Margaret began research early in her career in endocrinology studying Thyroid Hormone, Growth Hormone and the immunologic function of thymus cells during development. Later in her career she made meaningful contributions to our understanding of hypogonadism and diabetic hypoglycemia and ketoacidosis in children. However, it was Growth Hormone that proved to be a career-long translational science interest. She was studying Growth Hormone secretion in children in the mid-1960s and published a seminal study in 1967 on growth hormone secretion in children related to normal hypopituitary and constitutionally delayed growth. A true physician scientist, Margaret investigated the regulation of growth hormone response to sleep, amino acids, and insulin induced hypoglycemia. She also studied effects of growth hormone on in vitro systems to determine growth characteristics of cells. However, it was her pioneering clinical use of growth hormone supplementation in hypopituitary dwarfism that will remain a lasting legacy in the field of medical endocrinology.

Margaret was also a fantastic teacher and mentor. She taught by example and never demanded of her mentees what she would not expect of herself. Her innate ability to convey the most critical part of a project, deliver a talk and write the best chapter ever are virtues that were innate to Margaret. She was and is an inspiration to women who pursue a career in medicine - very seldom looking backward to difficulties she had to endure as a woman, rather looking always forward.

Dr. MacGillivray was honored with the Niagara Frontier Chapter Human Growth Foundation Award in 1971, and served as Medical Advisor to the Human Growth Foundation of Western NY. She was President of the Lawson Wilkins Pediatric Endocrine Society in 1995, and received the Human Growth Foundation Award in 2005.

Spread the Word!
PES Members, please spread the word! We need your help! PES has developed a new course aimed at the Primary Care Provider. Since this is a new course, we need your assistance in
advertising this course. **Pediatric Endocrinology for the Primary Care Provider** will be held November 3-6, 2016 in Miami, Florida. Please share this information with interested peers in General Pediatrics, Family Medicine, and 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!

**Affordable Care Act Nondiscrimination Provision for Transgender Individuals: How Does it Impact Endocrine Care?**

As most of our membership is aware, the Pediatric Endocrine Society has its first Special Interest Group: the Transgender Health SIG. This group has been very busy discussing health issues related to transgender children and adolescents and advocating for the rights of these individuals. The Transgender SIG would like to share the following information with the PES membership.

The US Health and Human Services Department Office of Civil Rights issued Section 1557, the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of gender identity, and became effective on July 18, 2016.

The rule states that if coverage of a therapy that the provider considers medically necessary to treat gender dysphoria is denied, the Office of Civil Rights (OCR) will evaluate the extent of the entity’s coverage policy for that specific treatment under other circumstances (i.e. GnRH analogs for precocious puberty). Then the OCR will scrutinize whether the covered entity’s explanation for the denial or limitation of coverage is legitimate and not a pretext for discrimination. They note that these provisions do not, however, affirmatively require covered entities to cover any particular procedure or treatment for transition-related care.

Patients that believe they have been discriminated against on one of the bases protected by Section 1557 can file a complaint with the OCR. Information on how to file a complaint is available at [http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html).

Other protections include: individuals cannot be denied health care or health coverage based on their sex, including their gender identity and sex stereotyping; individuals must be treated consistent with their gender identity, including in access to facilities; categorical coverage exclusions or limitations for all health care services related to gender transition are discriminatory; providers may not deny or limit treatment for any health services that are ordinarily or exclusively available to individuals of one gender based on the fact that a person seeking such services identifies as belonging to another gender (for example, treatment for ovarian cancer in a transgender male).

This rule applies to any health program or activity, any part of which receives funding from the Department of Health and Human Services (HHS), such as hospitals that accept Medicare or doctors who receive Medicaid payments; the Health Insurance Marketplaces and issuers that participate in those Marketplaces; and any health program that HHS itself administers.

We thank the leadership of the PES Transgender Health Special Interest Group for providing this important update that potentially impacts many of the patients we serve.

**Regional Grants**

The Pediatric Endocrine Society would like to announce the availability of support for Pediatric Endocrine Regional Meetings. The intent is to support regional meetings of established Pediatric Endocrine groups. Presently there is availability to support 4 meetings with $2000.00 to defray costs for inviting a guest speaker. The following applications should be submitted and the funds will be awarded on a first come, first serve basis. Please [click here](#) for access to the necessary forms.

**Mentor Program Solicitation**

The Research Affairs Council (RAC) is soliciting mentors and mentees to register for the next wave of the Mentoring Initiative. The initiative did very well in the first two years, and the feedback thus far has been excellent. The RAC is now working on setting up the next round of mentor-mentee matches. Mentees include faculty at various stages of their careers and fellows that would like to establish mentors outside their institution. We hope to recruit mentors who are willing to advise on careers in research, clinical practice, administration, industry and government, career advancement, as well as work-life balance. Please [click here](#) to register as a mentor or a mentee.

**Consensus Statement on Russell-Silver Syndrome**

Silver–Russell syndrome (SRS, OMIM #180860, also known as Russell–Silver syndrome, RSS) is a rare, but well-recognized, condition associated with prenatal and postnatal growth retardation, severe feeding difficulties, possible premature adrenarche, fairly early and rapid central puberty and insulin resistance. Although it has been described in the 1950’s, the first Consensus Statement has been produced on behalf of the COST Action BM1208 (European Network for Human Congenital Imprinting Disorders, [http://www.imprinting-disorders.eu](http://www.imprinting-disorders.eu)), the European Society of Pediatric Endocrinology (ESPE), the Pediatric Endocrine Society (PES), the Asian Pacific Pediatric
Endocrine Society (APPES) and the Sociedad Latino-Americana de Endocrinología Pediátrica (SLEP). The meeting to develop the consensus statement was held in Spain in October 2015 and the statement itself was recently published in Nature Reviews Endocrinology in September 2016. This Silver-Russell Syndrome consensus statement can be found online at http://www.nature.com/nrendo/journal/vaop/ncurrent/full/nrendo.2016.138.html

2017 10th International Meeting
The 10th International Meeting of Pediatric Endocrinology will be held in Washington D.C. on September 14-17, 2017. This meeting continues a tradition of Joint Meetings of Pediatric Endocrinology, initiated in 1981, appropriately updated for 2017 to “International Meeting” to highlight the truly worldwide community of our specialty. Invited speakers from around the world will offer a broad and stimulating array of plenary lectures, symposia, and meet-the-expert sessions that address the very latest advances, challenges, and controversies in the field of pediatric endocrinology. The 2017 International Meeting webpage has been updated and now features a video invitation to Washington D.C. and an interview with David Allen, President, 2017 International Meeting of Pediatric Endocrinology. Please click here to check out the new webpage features. These videos give viewers a full experience of what this meeting has to offer.

FELLOWS: Be sure to keep a look out for more details to come on a new expanded international fellows retreat. Save the date and plan to join thousands of your peers for this international meeting!

PLEASE NOTE: The PES Annual meeting and PES Board Review Course will take place in conjunction with the 10th International Meeting in Washington, DC. PES will not be meeting with PAS in spring 2017 because of the International Meeting taking place in the fall. You can expect to enjoy all of the annual events that traditionally take place at the PES annual meeting; business meeting; committee’s meeting; awards lecture and recognition, etc. Careful consideration was given to the best time to hold the Board Review course. Due to the costs of travel, the planning committee decided that holding the Board Review course in the fall in conjunction with the International Meeting would allow for a larger number of attendees and speakers to attend the course.

History Tidbit: Submitted by Walter L. Miller
Cushing syndrome results from glucocorticoid excess from any source, whereas Cushing Disease results from ACTH-producing pituitary adenomas. Harvey Cushing (1869-1939) famously described his eponymous disorder as “The Basophil Adenomas of the Pituitary Body and Their Clinical Manifestations: Pituitary Basophilism” (Bull Johns Hopkins Hosp 50:137-195, 1932), but failed to appreciate the role of the adrenal. Fuller Albright correctly deduced that ‘hyperadrenocorticism’ caused Cushing syndrome, hypothesizing that “those patients with Cushing’s syndrome, who do not have adrenal cancer, have hyperadrenocorticism because of over-production of some pituitary corticotropic hormone” (J Clin Endocrinol 1:375-384, 1941). ACTH was purified and sequenced by CH Li (Nature 176 687–689, 1955) and shown to derive from a large precursor (POMC) by Nakanishi (Nature 278 423–427, 1979)
- Featured in photo: Harvey Cushing

Updates and reminders:
- A new issue of Hormone Research in Paediatrics is now available! As a PES member, you are entitled to free online access via the Members Only section of the PES website.
- Fellows and Program Directors: Call for Applications for the PES Visiting Fellowship Program in March 2017 at CHOP! The Visiting Fellowship Program is a unique opportunity where PES sponsors four 3rd year pediatric endocrinology fellows to travel from their home institutions to a single large pediatric endocrinology program with broad state-of-the-art expertise in pediatric endocrinology, diabetes, and related disciplines. This intensive two-week educational program will take place in March 6-17, 2017 at the Children’s Hospital of Philadelphia (CHOP). If you are an interested 3rd year Pediatric Endocrinology fellow, click on the following link for more information on this fantastic educational opportunity. Click here for more information on the Visiting Fellowship Program.
- Be sure to visit our Calendar of Events page for upcoming events https://www.pedsendo.org/education_training/calendar_events/index.cfm and our Job Board for new open positions https://www.pedsendo.org/education_training/jobs/jobsearch.cfm
- The Research Affairs Council of the PES has organized a fairly comprehensive list of Awards and Grants that are applicable to PES members, particularly fellows and junior faculty. This list includes links to external grants (NIH, other federal funding agencies, professional societies, and foundations). It can be found on the PES website under the
“Awards and Grants” tab, at

Sincerely,

Stephen M. Rosenthal, MD, MD
PES President

Bruce Boston, MD
PES Board Member