Greetings!

Barbara and I live in a neighborhood a few thousand feet above Denver in the Rocky Mountain foothills off of I-70. Our neighborhood of about 800 houses was built in the 70s and 80s at a time when this part of metro Denver was far from the action and was designed with clusters of houses surrounded by undeveloped open space on a set of hills and valleys – the more expensive houses being on the tops of the hills, of course. It was also nearly complete when we moved in 23 years ago and there have been only 3 or 4 more houses built since that time. This gives the neighborhood a quiet and settled feel, with little appearing to change from year to year. Today, we went for a walk on a lovely early winter afternoon with the sun shining, the air fresh and a little chilly, and just enough patches of snow for our neurotic and blind (progressive retinal atrophy, which is the canine equivalent of retinitis pigmentosa) dog to enjoy. We happened to walk somewhere I hadn’t been for a while – a road that skirts along the edges of the neighborhood and around to an unobstructed view of the 14,000-foot Mt. Evans. As we were walking, I remarked to Barbara that nothing had changed since we first walked on this road 23 years, and a few dogs, ago. She agreed, but then as we passed houses we knew from walks in the past, we realized that this permanence was only on the outside and things had changed a lot, but on the inside. This house is no longer owned by Stephanie Wolff’s sister, that house had a lot of work done inside and looks modern and wonderful, there’s a new dog barking from that deck. And the lives of people in every one of these houses is different than it was 23 years ago, before wide-spread internet access, Wi-Fi, smartphones, tablets, and adaptive cruise control. It makes you realize that the outside permanence is just an illusion.

The same is true for our profession and the daily lives of PES members. In many ways, these lives look the same as they have in recent decades – many of us are still in academic positions that look on paper much like those of our mentors, though with an increasing number in either academic clinical practices or small private practices. But despite the familiar appearance of these jobs, below the surface, little has remained the same. There have been changes in productivity expectations for both academic physicians and full-time clinicians, changes in reimbursement structures, changes in the nature of administrators of hospitals and practices, consolidation of private practices and both academic and private hospitals systems leading to changes in the relationship between providers and their employers, changes in support for continued education and academic pursuits, and changes in our relationships to our patients. To say nothing of the impact of Epic (or Cerner, or AllScripts or...). And all of us have different educational needs and different ways of accessing knowledge than we did in the past.

These changes in the lives of our members also mean that PES needs to evolve to stay relevant and to maintain an impact. We must address the new communication opportunities, as well as the new restraints many of us face in maintaining active involvement. We must remain a source of reliable information, even when the nature of that information is changing, and we must remain an advocate for our members, even when the nature of what we must advocate for is changing. So far, PES has done a reasonable job at this – exploring new learning models such as webinars and remote grand rounds, establishing SIGs to promote deeper focus in critical areas and promote a more nimble response to change, establishing a social media presence and considering the best ways to use this vehicle, and including more attention to practice management issues at all levels of the Society. But, we clearly need to do more to keep up with the speed of evolution that we are experiencing in Pediatric Endocrinology and this requires broadening our reach to include ever more embers of...
diverse ages, careers, and experiences and deepening our bench of the Society’s future leaders. As we approach the Annual Meeting in May, we will be renewing the membership, and the leadership, of Committees and SIGS. If you are already involved, thank you for all you do for PES. If you haven’t been asked to become involved yet, it’s not because you aren’t wanted - there is simply no way for the Society leadership to know everyone who would make a valuable contribution to a committee. So, as we enter the new year, I encourage you to be brave and volunteer to a Committee/SIG chair, a Board member, or to our management team at Degnon and tell us how you can contribute to the continued evolution of PES.

Speaking of change, I also want to take this opportunity to congratulate our new President-Elect, Madhu Misra MD, MPH. Madhu has been a valuable, thoughtful, and hard-working member of the Board of Directors and I am moved that she has agreed to take on another three years of commitment to PES by joining the executive team at the Annual Meeting. I am also excited by the election of Paul Thornton MD as a PES Director. I know that Paul will bring his humor, as well as his relatively unique position astride both clinical practice and academia, to the role. Just as importantly, I want to thank Charlotte Boney MD and Radhika Muzumdar MD, PhD for having been willing to commit to PES as President-Elect and Director, respectively. Both would have served with energy and distinction and it is an unfortunate, but wonderful, problem that the Society has such capable candidates for leadership roles and that elections have to choose.

A very warm welcome to our new members:

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<thead>
<tr>
<th>First Name</th>
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<tbody>
<tr>
<td>Sandra</td>
<td>Vazquez Diaz</td>
<td>Children's Hospital of Philadelphia</td>
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<tr>
<td>Diana</td>
<td>Amaya Hellman</td>
<td>OU HSC - OKC</td>
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<td>Andreea</td>
<td>Marinescu</td>
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<td>Mark</td>
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<td>Johns Hopkins Children's Center</td>
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<td>Heather</td>
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EVENTS AND DEADLINES

2019 Spring Retreat

Fellows’ Retreat Application deadline: January 8, 2019
The Spring Retreat is for Pediatric Endocrine Society (PES) members in their first or second year of Pediatric Endocrinology training. The Retreat is held annually in association with the Pediatric Academic Sciences (PAS)/PES meeting. The goals of the Spring Retreat are to develop and practice critical thinking skills in clinical Pediatric Endocrinology, learn different career trajectories within the field, and network with other fellows and faculty.
For more information and to register click here.

2019 PAS/PES Annual Meeting

Save the date for a very exciting PES meeting (preliminary schedule). We have expanded our offerings this year with pre-PAS programming for all members and with more symposia and Meet the Professor Sessions. PES programming will start on Friday, April 26th at 4:30 p.m. with all members invited to join our Special Interest Groups for exciting workshops and meetings. Official PES/PAS programming will start on Saturday morning, April 27th, and end mid-afternoon Monday, April 29th. Meet the Professor sessions will occur at our headquarter hotel, the Hyatt Regency, which is close to the Baltimore Convention Center.
PES Leadership Advantage PREVIEW: ENVISION Module - Baltimore - April 26th

Only four weeks left on the early bird discount for PES Leadership Advantage - ENVISION which is scheduled for Friday, April 26th during the 2019 PES Conference. Session runs 8:30a-5:00p with a break from 11-2.

**ENVISION**

Planning & Navigating Your Leadership Career Path

Creating a Shared Vision

Managing Underperformers

**Preview: Planning & Navigating Your Leadership Career Path**

As a clinician, you know having expert technical skills is critical to your ability to serve your patients. If you wish to have a broader impact, it is your leadership ability that will make the difference. What you bring as a leader determines the breadth of your impact and the extent to which you are able to elevate solutions and to drive innovation in Pediatric Endocrinology. Focused development and deliberate growth as a physician leader involves strategizing, project management, influencing, addressing conflicts and challenges, and so much more. True thought leadership comes from having a clear vision of your desired legacy impact in your specialty field. How well you navigate and influence is rooted in the leadership capabilities and perspectives you master.

**Being intentional about your leadership growth will ensure YOU:**

- are exposed to and grapple with significant and relevant challenges in your field
- are aligned with superiors about your aspirations and how to position yourself to achieve them
- perform a thorough & accurate self-analysis of the capabilities you need to demonstrate
- garner organizational resources and investment to support your growth
- have yourself in the driver’s seat of your career

Whether you are looking to create or to strengthen your leadership career plan, this workshop will help you build a plan based on targeted leadership education, experience, and exposure.


For more information, please contact BeamPines, Inc. at (212) 476-4100: Sharon Malone, x225 or smalone@beampines.com or Lisa Milano, Psy. D. x275 or lmilano@beampines.com

PES 2019 Board Review Course
PES will host the 2019 Board Review Course from April 24th-26th, 2019. The course will be held in Baltimore, Maryland, just before the 2019 PAS/PES Annual Meeting and will end in time for members to attend the PES Committee Meetings on Friday afternoon, April 26th. Click here to register.

**Mentoring Initiative**

**Registration deadline: December 15th, 2018**

The Research Affairs Committee is now soliciting mentors and mentees to register for the fifth wave of the Mentoring Initiative. This program is meant to supplement resources available at the mentee’s parent institution, while offering the ability to receive unbiased feedback. Click here for additional information.

**Rising Star Award**

**Registration deadline: January 19th, 2019**

The purpose of this small grant award is to support and encourage research efforts of fellows. The maximum amount of funding available for each of these grants is $2000 for one year. The PES plans to fund a maximum of 5 grants every 6 months. The RSA program is in addition to the already established and larger Research Fellowship Award program. Click here for additional information.

**Applications for the 2019 Research Fellowship Awards and Clinical Scholar Awards**

**NOTE:** The timeline for RFA/CSA submission has shifted this year. The application process will begin and end a month earlier, but applicants will have the same amount of time to apply as past years.

**Deadline: December 3, 2018, 12:00 PM (Eastern)**

Please click on the links below to access the detailed instructions, requirements, and the applications.

[**PES Research Fellowship Awards**](#)

[**PES Clinical Scholar Awards**](#)

**2019 Membership Dues Renewal**

If you were a new member or renewed in 2018 your demographics are prepopulated for your convenience. Please review the data for accuracy. These data help us make informed decisions when developing new programs and resources and are essential to our mission. We thank you for your cooperation, and highly value your feedback! Click here to renew your dues.

**IN OTHER NEWS...**

**North Carolina Diabetes Olympic Games**

On November 3rd, Cape Fear Valley Health and Methodist University hosted our first annual North Carolina Diabetes Olympic Games. More than 100 children from North Carolina, South Carolina, Virginia, and Georgia attended and participated in 12 different events. Their faces were glowing, and the parents were in tears as they all received their medals.
As the founder of the NC Diabetes Olympic Games, my vision is to host the games at a National level! Next year's Diabetes Olympic Games have been set for Saturday, September 16 from 9 AM to 5 PM at Methodist University, Fayetteville, NC.

Brunilda Cordero, MD FAAP | Pediatric Endocrinologist
Medical Director Diabetes and Endocrine Center
BCORD@capefearvalley.com

Ethics Corner

In this season of reflection, have you found yourself pondering the ethical issues involved in the American Board of Pediatrics' Maintenance of Certification requirement? You are not alone! While we may need to wait for another day to tackle that issue, we wanted to let you know that our SIG is creating a relatively painless activity to help you collect some of the 40 Part 2 MOC points you need each MOC cycle! Stay tuned!

Fellows Spotlight

Dr. Hayley Baines

I am a third-year pediatric endocrinology fellow at Oregon Health & Science University in Portland, Oregon. I completed residency at Phoenix Children's Hospital/Maricopa Medical Center in Phoenix, Arizona, and stayed for a chief resident year before moving to the Pacific Northwest for my fellowship.

I’m pretty sure my new medical school classmates thought I was an oddball on the first day of medical school when I calmly responded to the “Do you know what you want to do in medicine?” question with “I want to be a pediatric endocrinologist.” As the child of a parent with type 1 diabetes, it was important for me to understand the physiology of diabetes as my interest in science developed. Knowing that I had an interest in pediatric endocrinology, I was fortunate to connect with excellent role models and mentors early on in my career. Jane Kim, MD, at UCSD welcomed me into her lab during my first (and only) summer break in medical school and showed me the life of a physician scientist. I was fortunate that my residency program offered a “second continuity clinic,” so I was able to attend endocrine clinic with Micah Olson, MD, on an almost weekly basis throughout my second and third year of residency. This provided an excellent exposure to pediatric endocrinology and helped cement my interest in this career.

As a fellow at an academic institution, I enjoy dividing my time between clinical responsibilities, my clinical research project, and working with pediatric residents and medical students. My research project has led me to an excellent working relationship with Kara Connelly, MD, the medical director of our Doernbecher Gender Clinic.

MOC/QI Corner

The PES MOC-QI Committee has updated the resources in the QI/MOC Section of the PES website. Please take a look! https://www.pedsendo.org/quality_improve/index.cfm

As a reminder, the PES is pleased to offer Quality Improvement training through the Institute for Healthcare Improvement Open School. The IHI Open School offers more than 30 online courses related to Quality Improvement, Patient Safety, and Person-Centered Care. A limited number of memberships will expire on MARCH 31, 2019. Credits are available for CME as well as for ABP MOC Part 2 (when bundles of courses are completed). QI Modules 102, 103, and 104 can count toward QI training required for MOC Part 4 projects sponsored by the PES. Memberships will be distributed on a first-come, first-served basis. For further information, please contact info@pedsendo.org. We will be offering sessions on MOC Part 2 and Part 4 at the PES meeting in Baltimore. Stay tuned for details!
The following papers are quarterly selections identified by the PES Publications Committee (one from our official journal ‘Hormone Research in Paediatrics’, and a second from a different journal):


The authors evaluate ATA Risk Stratification Thyroid Imaging Reporting and Data System (TIRADS) in pediatric patients and compare the findings with the impressions of their experienced radiologists. They retrospectively evaluated 145 nodules from 112 patients under the age of 21 who met the following criteria: 1) histopathology from thyroidectomy was available, or FNA biopsy cytology with follow-up FNA performed at Mayo at least one year later; 2) or stable follow-up ultrasound performed at Mayo at least 1 year later. In this tertiary care facility 34% of the children were diagnosed with thyroid cancer. Suspicious lymph nodes, calcifications, irregular margins (≥25%), hypoechogenicity, mostly solid (>75%), and increased blood flow were associated with increased odds of malignancy. Applying the TIRADS scoring 56% were categorized as high suspicion of which 46% were malignant. 19% were categorized as intermediate suspicion of which 46% were malignant. 8% of malignant nodules were categorized as low suspicion. Their radiologists’ impressions were a little more accurate. The authors conclude that the data support the continued need for FNA for most pediatric nodules.


The 2010 Endocrine Society clinical practice guideline for congenital adrenal hyperplasia (CAH) due to 21-hydroxylase deficiency was updated. The 2018 guideline reflects newer published data and advances in neonatal and prenatal diagnosis methods, more detailed protocols for adults (especially pregnant women), and incorporating shared decision-making when it comes to surgical management of this disorder. Additionally, a meta-analysis of published studies on surgery in females with CAH showed variable sexual function, experience, and satisfaction outcomes. In another meta-analysis, individuals with CAH were found to have a high prevalence of cardiovascular and metabolic risk factors, but direct well-controlled evidence of cardiovascular and metabolic morbidity and mortality associated with CAH were lacking to recommend different screening practices from conventional guidelines for CAH-unaffected patients.

Click here to view the full guideline: [https://academic.oup.com/jcem/article/103/11/4043/5107759](https://academic.oup.com/jcem/article/103/11/4043/5107759)

Click below to view two related meta-analyses:


**History Tidbit provided by Dr. Alan D. Rogol, MD, Ph.D**
Based upon the premise that “internal secretions” exist in animal tissues and that diseases result from their deficiency, the world-renowned physiologist Charles-Edouard Brown-Sequard (1817-1894) proposed that one might treat diseases by using extracts from specific tissues to treat the conditions. In 1889 Brown-Sequard reported that self-administration of aqueous extracts of animal testes rejuvenated him (Comptes Rendu 1889; 1:415). This “proof of principle” led to much quackery, but soon became mainstream with thyroid extract for myxedema (Murray, Brit Med J 1891; 2:796) and to increase blood pressure with adrenal extracts (Oliver & Schafer, J Physiol 1894; 16:i). Although Brown-Sequard’s organotherapy initially retarded development of endocrinology, the latter two reports spurred its progress (hormone, fr Greek to impel).