Stay Informed: Stay Informed:

Happy Halloween!

In the northeast, we have had unseasonably warm weather that has prolonged the gorgeous New England foliage season! This newsletter is chock full of news including a new QI corner by Erinn T. Rhodes MD, MPH and updates on the competitive visiting fellows programs and Clinical and Research fellowship awards (please see below). Most importantly, I want to remind you to vote and to submit your abstracts for the 2018 PAS meeting where we will hold our next annual meeting.

**IMPE highlights:** The Del and Beverly Fisher Pediatric Endocrinology History Lectureship
The Del and Beverly Fisher Pediatric Endocrinology History Lectureship was delivered by Walter L. Miller, MD as part of the IMPE meeting in Washington, DC September 15, 2017. ‘A History of Adrenal Research’, can be viewed here: https://www.pedsendo.org/members/members_only/miller_lecture2017.cfm

Also, for more detailed information, please see the review published in Mol Cell Endocrinol 371:5-14, 2013.

**New guideline on website:**
Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

*Cosponsoring Associations: American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health.

**Revised D&T statement on GnRHa and prolonged QT**
The PES Drug and Therapeutics Committee has prepared a statement regarding reports of QT prolongation with the use of GnRH agonists. Although current data are insufficient to determine the level of risk, we recommend EKG monitoring for children who are being treated with GnRH agonists and are also receiving medications that may prolong the QT interval.

Click here to see the full statement.

**PES 2017 Online Board Review Course!**
PES hosted the 2017 Board Review Course on September 11-13, 2017 in Arlington, VA, just prior to the International Meeting in Washington DC. PES is now offering an online version of this very course. Purchase this course to view interactive lectures covering the new ABP Pediatric Endocrine Content Outline.

Take the course on your own time and watch the videos as many times as you need. Click here for additional information and pricing: https://pedsendo.org/education_training/EducationalEvents/BoardReviewCourse/BRCinfo.cfm

**Save the Date! Registration and Housing Opens – November 15, 2017**

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**10th International Meeting of Pediatric Endocrinology/ PES Annual Meeting**
September 14-17, 2017
Washington, DC

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Clinical update course 2018 Toronto, Canada:

Save the Date: Friday May 4, 2018.

2018 PES Clinical Update in Toronto! This year PES has partnered with the Canadian Pediatric Endocrine Group to develop an interactive and engaging one day clinical session immediately prior to the main PES meeting. Featured topics will include clinical genetics for the practicing pediatric endocrinologist, a clinical approach to the long term endocrine effects and fertility issues in childhood cancer survivors, along with new sessions on “diagnostic images in pediatric endocrinology”, and a “what’s the spot diagnosis?” session. The Clinical Update will complement rather than replicate the main scientific sessions of the PES meeting to add value for those attending this single day event. Highly popular in past years, there will again be an opportunity to interact with speakers in an informal setting.

Note: Breakfast will be served with an early morning start so attendees should plan to arrive on Thursday May 3, 2018.

The Practice Management Committee – Call for Fellows

The Practice Management Committee is currently seeking fellow members to join us. If you have interest in participating in projects related to practice standards development or in management and improvement of Pediatric Endocrine practice settings, this might be a good opportunity to enlarge your portfolio.

Please feel free to reach out to the committee chair, Ines Guttmann-Bauman, for more information.

Ines Guttmann-Bauman
guttmann@ohsu.edu

Request for Proposal (RFP) for Visiting Fellowship Program:

Calling all interested institutions!

The Board of Directors (BOD) of the Pediatric Endocrine Society (PES) is hereby soliciting applications from Pediatric Endocrinology Programs with their own board-certified fellowship program and broad state-of-the-art expertise in pediatric endocrinology, diabetes, and related disciplines to create an intensive educational two-week educational program for four visiting third-year pediatric endocrinology fellows.

Deadline to receive applications from interested institutions is January 15, 2018. The program takes place between October and March 2019. Institutions must submit dates, or at least the month during which the program would be held.

Click here for more information.

NOTE: A call for fellow applications will go out at a later date. Thank you!

Call for Nominations:

The Awards and Honors Committee would like to inform you of the upcoming Lectures & Awards for the 2018 Annual Meeting so you can start thinking about nominations, which will be opening soon!

Robert M. Blizzard Lecture

Established to honor the contributions and career of Robert M. Blizzard, MD to the Pediatric Endocrine Society, the pediatric endocrine community at large, and especially to the children of the world with disorders of the endocrine system. The Lecturer, who need
not be a member of the PES and/or may reside outside the United States, will deliver a plenary lecture at the PES Annual Meeting on a topic within the broad area of pediatric endocrinology including diabetes mellitus. Most addresses intersect with the subjects of Dr. Blizzard’s all-encompassing career in basic and clinical research and/or in the clinical care of children with disorders of the endocrine system.

**Nominations open: Early November**

**Judson J. Van Wyk Prize**
The Pediatric Endocrine Society's most prestigious award is given annually to a PES member in recognition of outstanding career achievement. The Prize was established in honor of Judson J. Van Wyk, MD, in tribute to an outstanding leader whose career was marked by scientific excellence, leadership and dedication to the health of children. Selection is based on a nominee’s aggregate successes in clinical or basic research, support of fellowship or general pediatric endocrine education, and overall involvement in the achievement of the goals of PES, and whose career achievements in pediatric endocrinology have the respect and admiration of his/her colleagues and most closely emulates those of Dr Van Wyk.

**Nominations open: Mid November**

PES will send a separate email formally announcing the call for nominations for these prestigious awards.

This information can also be found on [www.pedendo.org](http://www.pedendo.org).

**Clinical Scholar and Research Fellowship Awards – Opening Soon!**
PES Clinical Scholar Awards (CSA) and Research Fellowship Awards (RFA) applications will open early November!

The PES Clinical Scholar Awards (CSA) promotes mentored research career development in academic pediatric endocrinology. Senior fellows (last year of training) and junior faculty within 3 years of training are eligible - see webpage for more details: [CSA information/qualifications](http://www.pedendo.org)

The PES Research Fellowship Awards (RFA) support the final year of research training in a pediatric endocrinology fellowship for highly qualified individuals preparing for a career in academic pediatric endocrinology. Fellows who will be in their third or fourth year of training are eligible - see webpage for more details: [RFA information/qualifications](http://www.pedendo.org)

All applicants must be current PES members in good standing.

Keep an eye out for an eblast announcement when applications open – deadline will be mid January 2018.

**Historic Tidbit: Provided by Alan D. Rogol**
The Ascheim-Zondek (A-Z) test for pregnancy

In 1927 Selmer Ascheim and Bernhard Zondek established the first bioassay to detect early human pregnancy by injecting a woman’s urine into an immature female mouse. The test was positive (pregnancy) if the mouse went into “heat”. Later modifications used rabbits and then frogs, but all relied on the biological activity of hCG, whose identity was not established until the 1960’s, even though its specific biological activity was known in the 1930’s. The first few thousand tests were deemed more than 98 % accurate with just a few false positives or negatives, a remarkable success rate! These bioassays have been supplanted by immunoassays, which quantitate hCG and can detect pregnancy at about 3 days post-implantation.

**HRP Journal Feedback. We need to hear from you!**
On behalf of the PES Communications Committee, please find a link below for a brief survey regarding your assessment of the society’s official journal, Hormone Research in Pediatrics (HRP).

We are now completing our third year of this relationship and it’s time for feedback from
the membership. Please take a few moments to complete this so that we can inform Karger, the publisher of HRP, with regard to potential areas of improvement.

https://www.surveymonkey.com/r/ZWTKPZW

**Mentor Initiative Solicitation: DEADLINE IS NOVEMBER 15, 2017**

The Research Affairs Committee (RAC) is soliciting mentors and mentees to register for the next wave of the Mentoring Initiative. The initiative did very well in the first three 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](https://www.surveymonkey.com/r/ZWTKPZW) to register as a mentor or a mentee.

**Photo of the month:**

**Bumpy lips and tongue**

Multiple endocrine neoplasia 2B syndrome (MEN 2B) is characterized by multiple mucosal neuromas, medullary carcinoma of the thyroid (MCT), and pheochromocytoma. It is inherited in an autosomal dominant fashion and mutations in the RET proto-oncogene have been identified in 95% to 98% of patients. Other clinical features include marfanoid habitus, enteric ganglioneuromatosis, kyphoscoliosis and joint laxity. Chronic constipation and pseudo-obstruction may be seen in infancy and childhood. Distinguishing features of MEN 2B relative to the more common MEN 2A are the typical skeletal features (described above), mucosal neuromas, more aggressive MCT, and rarer occurrence of hyperparathyroidism. Therapy is primarily surgical, and prophylactic thyroidectomy is recommended in infancy for affected family members, or as soon as a genetic diagnosis is confirmed.

[Click here](https://www.surveymonkey.com/r/ZWTKPZW) to view this month’s image.

**NEW! QI Corner by Erinn T. Rhodes MD, MPH**

This new periodic feature in the President’s Letter will highlight activities of the PES MOC-QI Committee and topics of interest in quality improvement. This month, Dr. Rhodes, MOC-QI Committee Chair, conducted a Q&A with Karen Rubin MD, the 2017 winner of the Paul Kaplowitz, MD, Endowed Lectureship for contributions to quality and cost-effective care in pediatric endocrinology. The slides for Dr. Rubin’s talk entitled “Expanding Access to Pediatric Endocrinology Care: A Core Quality Goal and Component of Population Health” are accessible here:

[https://www.pedsendo.org/education_training/Lectures/PaulKaplowitz/index.cfm](https://www.pedsendo.org/education_training/Lectures/PaulKaplowitz/index.cfm)

1. **Dr. Rhodes:** What key messages would you like PES members to know about CLASP Co-Management?

   **Dr. Rubin:** Our CLASP Co-Management strategy responds to health care trends relating to challenges and disparities in access to pediatric endocrinology and other subspecialty services, the increasing implementation of the primary care medical home, and the need to control health care costs. In our co-managed approach, pediatric primary care providers (PCPs) use guidelines and tools co-developed with subspecialists to expand their scope of practice to more independently and confidently manage high volume, low acuity conditions typically referred directly to subspecialists, thereby freeing up subspecialists’
schedules for patients who most need a higher level of care.

2. **Dr. Rhodes**: How would you describe the benefits of the CLASP co-management model to a patient?

   **Dr. Rubin**: The CLASP Co-Management model provides your trusted PCP with the additional knowledge and tools they need to address your child’s health concern right away within a familiar place closer to home. Adoption of the model by your PCP helps you avoid the anxiety of waiting weeks or longer to have your child’s health issue addressed and the increased costs of seeing a pediatric subspecialist.

3. **Dr. Rhodes**: What do you see as the main barrier to scaling a model like CLASP?

   **Dr. Rubin**: Our predominant volume-based fee-for-service healthcare system poses the main barrier to scaling up the model since it does not provide payment incentives that support moving care for appropriate high volume conditions from pediatric subspecialty to primary care. Scalability and sustainability of a model like CLASP can only happen within clinically integrated healthcare networks moving towards population health who are getting paid through value-based contracting and/or shared–savings agreements.

Please take a look at the newly revised PES QI/MOC webpage! Access it here: [https://www.pedsendo.org/quality_improve/index.cfm](https://www.pedsendo.org/quality_improve/index.cfm)

Sincerely,

Mary Min-Chin Lee, MD
PES President

Dorothy Shulman, MD
PES Board Member