Dear Colleagues,
The past few weeks have been a time of taking stock of one’s beliefs and perceptions, of standing up to injustice and persecution, and of taking a definitive stance at a pivotal period of this country’s history. Racial inequalities have been exposed in both the inequitable burden of mortality borne by our African American and Hispanic communities in the face of COVID-19, and by the burden of discrimination faced by our African American community at the hands of law enforcement.

The Pediatric Endocrine Society indicated early in the course of this movement that we value diversity, equity, and inclusion among our core values, and have a zero-tolerance policy for racism or any form of religious, cultural or social intolerance. We asked to be the voice of reason, to teach by example, and empower each other and our next generation to be part of a change that will endure and make this country and world a better place for all. We indicated that it is essential to recognize and speak up against racism whenever and wherever we see this, and to empower those around us to do so as well. In the wake of that statement, we are now in the process of establishing an Equity, Diversity and Inclusion Initiative that will help direct the course of the PES in related matters.

In the meantime, PES activities have continued, and our Committees and SIGs have been very active in their various tasks. Earlier this month, pediatric endocrine fellows attended a Zoom session with Division Chiefs from around the country to discuss job opportunities and how best to position themselves as they negotiate for jobs in the current climate. Dr. Tandy Aye ran a terrific session with thoughtful prompts and questions, and the Chiefs were both honest and upbeat in their responses. The 2020 Mentor Mentee match was finalized and invitations sent out, and the Fellow Spring Retreat was held virtually with an initial Happy Hour meeting followed by fellow presentations at subsequent sessions. In another Zoom session for our members, Dr. Warren Ng of Columbia University talked about psychological resilience and flexibility being buffering factors during times of crisis and guided us through tips to weather harsh times by growing resilience. Also, the call for applications for the next round of Rising Star Awards is now out - do encourage your fellows to apply for these awards (please see details below).

Industry supported satellite symposia planned for the 2020 annual meeting are now being
made available to the membership for CME credit once a month, either as recorded or live sessions. The first of these on \textit{X-linked hypophosphatemic rickets} was released last month, and the second on \textit{Advances in Treatment Options for Children and Adolescents with Type 2 Diabetes Mellitus} will be presented as a live session on Saturday, June 27th, from 9:45 AM – 11:15 AM EST. The topic is timely, and we look forward to excellent member participation.

For our society to continue to grow and for the PES to continue to advance its mission, it is essential that we work towards increasing our membership over time. Particularly, we are looking forward to welcoming many more of our Advanced Practice Providers (APPs) as PES members, and to working together on shared initiatives. The Board of Directors has worked on revising the Bylaws to remove certain existing barriers to becoming PES members, particularly for our APPs. The Bylaws vote will take place with the 2021 PES Election, so do vote. In this context, the Membership Committee is looking for additional volunteers to work on strategic membership growth and retention plans. If you are interested in becoming a member of this Committee, please contact the Committee Chair.

Finally, I am delighted to celebrate with you our 2020 Van Wyk Award recipient, Dr. Mark A. Sperling. Unfortunately, because of the cancellation of the 2020 PES Annual Meeting due to COVID-19, we were unable to celebrate Dr. Sperling’s achievements in person. Please see below for the link to Dr. Ram Menon’s summary of Dr. Sperling’s career, and Dr. Sperling’s acceptance of the prize. Sincere congratulations to Dr. Sperling, and our gratitude for his many contributions to Pediatric Endocrinology over the years.

And with that, I take leave of you for this edition of the newsletter with the words of Martin Luther King, Jr. “Returning hate for hate multiplies hate, adding deeper darkness to a night already devoid of stars. Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate, only love can do that.”

My best wishes to all for a wonderful summer.

\textbf{Limitations in supply of hydrocortisone tablets - UPDATE 6/11/20}

There have been several reports of shortages of hydrocortisone, especially involving the 5 mg strength tablets, in recent months. At least some of these shortages may be related to disruption in supply chains due to the COVID-19 pandemic, although increased usage/demand cannot be ruled out. Higher strength tablets or compounded medications may still be sufficiently available, but are not good alternatives. Patients should plan refills ahead of time to avoid gaps in therapy. Pharmacies may need to explore alternative manufacturers/suppliers as this is an evolving situation. Check out the \textit{new meds and tech} page for more information, or click the link below.

\textit{For further details view the full document}

\textbf{2020 Satellite Symposia: The originally scheduled Industry-Supported Satellite Symposia are going virtual!}

It is our pleasure to make you aware of current educational opportunities that you can enjoy from the safety of your home or office. \textit{Please note: These are independent Industry-Supported symposia that were originally scheduled to take place in conjunction with the PES annual meeting. The content and views expressed therein are those of the Sponsoring Organization and not of the PES. The PES program committee was NOT involved in the development of the session content. IF CME is being offered for this session, it is the responsibility of the sponsoring organization to communicate the method to obtain this to the attendees.}

\textit{Advances in Treatment Options for Children and Adolescents with Type 2 Diabetes Mellitus}

Participate live! Saturday, \textbf{June 27, 2020 from 9:45am – 11:15 am Eastern.}
Session Description:
The incidence of type 2 diabetes mellitus (T2DM) in children and adolescents is dramatically increasing. Projections now estimate that over 1 million youths in the United States will have T2DM by the year 2050. Earlier onset of T2DM leads to a longer lifetime exposure to hyperglycemia and consequently greater long-term complications. Until recently, children and adolescents were limited to only two regulatory-approved therapies for T2DM, metformin and insulin, which left few options for achieving glycemic control, preventing cardiovascular and other associated comorbidities, and maintaining an optimal quality of life. This educational activity will provide an overview of the increasing prevalence of youth-onset T2DM, guideline recommendations for screening and management in the pediatric population, and an update on newly approved and emerging agents that provide alternative options to the use of metformin and insulin. Furthermore, clinicians will receive education on strategies to navigate barriers to lifestyle changes and adherence issues through effective communication and shared decision-making with the patient, parents, and other family members.

Learning Objectives:

- Describe the increasing prevalence of T2DM among children and adolescents, with evidence-based screening and diagnostic recommendations to identify at-risk youth.
- Integrate guideline-directed strategies into routine management of children and adolescents with T2DM.
- Review efficacy and safety outcomes, mechanisms of action, and prescribing information on newly approved and emerging therapies for pediatric T2DM patients.
- Apply effective communication strategies involving shared decision-making with the patient and family to achieve lifestyle changes and foster medication adherence.

Click here to register for the live session: www.integrityce.com/pes

Research Award Program for Fellows: Rising Star Award (RSA)
The purpose of this new award is to support and encourage the research efforts of fellows. The maximum amount of funding available for each of these grants is $2000 for one year and
PES plans to fund a maximum of 5 grants every 6 months. The RSA program is a new addition to the PES's already shining constellation of awards that are designed to promote and enhance research efforts such as the well-established and larger Research Fellowship Award (RFA) program.

**Application Deadlines:** 5PM EST July 22, 2020.
**Funding Start Dates:** January 1, 2020 for July applications.

Please note:

1. Indirect costs are not allowed.
2. The monies cannot be used for salary support of the fellow.

[Click here](#) for more details.

**Educational Webinar Series - Webinar Registration Open Now!**
The PES Education Committee has initiated a series of webinar topics covering important hot topics/controversies to be presented by stalwarts in the field. We will be recording the webinars to post on the PES website to benefit PES members and the PES mission of providing continuing educational programs. Past webinars and the upcoming webinar schedule can be viewed [here](#).

Our next Webinar is:

**PCOS: Pubertal Commencement of Ovarian dysFunction**
Monday, July 20, 2020
4:00pm Eastern Time

Hosted by:
**Selma Feldman Witchel, MD**
Professor of Pediatrics
Director, Pediatric Endocrinology Fellowship Program
Children's Hospital of Pittsburgh of UPMC


After registering, you will receive a confirmation email containing information about joining the webinar.

**New Financial Relief Available for Pediatricians:**
**Excerpts from a message from the AAP President**

'The Department of Health and Human Services (HHS) has announced that pediatricians, pediatric medical subspecialists and pediatric surgeons will finally be able to access financial relief from the Provider Relief Fund. In response to AAP's advocacy, HHS announced that they are making approximately $15 billion available to Medicaid and CHIP providers who have been left out of previous waves of financial relief.'

'In the next few days, you'll be receiving detailed instructions from AAP for how to apply for this new funding, who is eligible, and a step-by-step guide to walk you through common questions.'

'Some details available thus far:

- **A new portal opened on June 10th**, for pediatricians and others to apply for this funding.
$15 billion total has been allocated for Medicaid and CHIP providers including pediatricians, pediatric subspecialists, obstetrician-gynecologists, dentists, home- and community-based service providers, opioid treatment and behavioral health providers, and others who have not received payments from the previous Provider Relief Fund general distribution.

- If you received payment from a targeted allocation, such as for rural health clinics, you are eligible to apply to this Medicaid and CHIP funding stream.
- These funds are not first come, first served. All eligible providers who apply can expect to receive funds.
- Pediatric practices can expect to receive a payment equal to at least 2 percent of reported gross revenues from patient care. Additional payments may be allocated to account for considerations like greater loss of revenue, greater volume of Medicaid patients, or other factors.

‘There's a lot we don't yet know, including when the funding will be distributed, what the application process will entail, when and how additional funds will be allotted and distributed after the initial payment, and more. We are tracking these details closely....’

**Committee Corner:**

**MOC**

- Updates:
  - 1. ABP update: Free points!
  - 2. Call for New members
  - 3. Webinar available for viewing

1. ABP Update: Free points!
In recognition of our commitment to children during the COVID-19 pandemic, the American Board of Pediatrics (ABP) wishes to recognize our hard work and “prevent pandemic-related pressures from jeopardizing the certificate of a diplomate in good standing.

- 25 Part 2 points
- 25 Part 4 points
- There is no documentation necessary from you
- Look for email from ABP: “Subject: American Board of Pediatrics - An activity completion is reported”

**NOTE for those with MOC Cycles Ending in 2020:**
For those already completed their Part 2 & 4 activity requirements for MOC cycle ending in 2020, ABP will award the points in January 2021 to count toward the next cycle

2. Call for New members
The MOC/QI Committee is seeking new members to join the team. We have plans for a variety of new education projects, including new MOC Part2 modules and collaborations. Would you like to learn more about Quality Improvement and how to incorporate it into your practice or institution? Would you like to help develop Part 2 modules for credit and to develop your brand and CV? See contact information below.

3. Webinar available for viewing
As part of the PES Webinar Series, members of the MOC/QI Committee organized a session entitled “Demystifying Maintenance of Certification (MOC) in Pediatric Endocrinology”. It was livestreamed on November 18, 2019 and is available for viewing by PES members through the website.

**Presenters:** Erinn Rhodes (Boston Children’s Hospital), Justin Indyk (Nationwide Children’s Hospital), and Sarah Corathers (Cincinnati Children’s Hospital); Moderated by Pat Vuguin (Columbia University)

The objective of this webinar will be to familiarize PES Members with the ABP MOC requirements in order to complete and maintain Board Certification, and to provide resources for identifying and developing a QI project that has relevance to pediatric endocrinology and also meets ABP MOC Part 4 criteria. Basic QI principles will be reviewed to help members right-size their efforts and integrate quality improvement into their routine clinical work.

Weblink: https://www.pedsendo.org/members/members_only/edcomweb.cfm#

Please contact us if any questions or ideas regarding the MOC-QI committee

Thanks!

Justin and Pat

**Co-Chairs:**

Justin Indyk, MD, PhD  
Nationwide Children’s Hospital  
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Pat Vuguin, MD  
Columbia University  
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**Membership Committee**

The Membership Committee is seeking to add two or three new people to our group. We are looking for individuals (e.g., private practice, APP, fellow) who can provide important perspectives about members in these categories. Please contact Christine Burt Solorzano at cmb6w@virginia.edu for more information.

**Drugs and Therapeutics**

- Endocrine drugs in the news:
  - Metformin ER Safety Statement

**Congratulations Mark A. Sperling, MD 2020 Van Wyk Prize recipient**
Unfortunately, due to the cancellation of the 2020 PES Annual Meeting due to COVID-19, we were not able to celebrate the achievements of the 2020 Van Wyk prize recipient: Mark Sperling, MD. Please view a summary of his career contributions given by Dr. Ram Menon, and his acceptance of the prize here. https://pes-video.s3.amazonaws.com/WykPrize_Final.mp4

Fellow Spotlight:

Christine March, MD
UPMC Children’s Hospital of Pittsburgh

I am a graduating pediatric endocrine fellow and will be joining the faculty at my home institution, UPMC Children’s Hospital of Pittsburgh, as a clinical instructor. I found my way to medicine after finishing a degree in Health and Societies at the University of Pennsylvania, where my education focused on public health, medical sociology and anthropology, and bioethics. It was there that I first developed a love for pediatrics, through the unique challenges of this field and the resilience of children. Subsequently, my training included medical school at University of Cincinnati College of Medicine prior to venturing to Pittsburgh for pediatrics residency and chief residency. My interest in pediatric endocrinology first blossomed during a rotation in medical school; I was fascinated by the complexities of diabetes management and intricate neurohormonal pathways of endocrine physiology, and I appreciated the ability to form longitudinal relationships with patients.

As a fellow, I have found a passion for health services research in order to impact the lives of
patients in additional ways beyond our clinical encounters. I channeled my interest in modern diabetes devices into research considering how we use those devices to their full potential. My long-term research goal is to establish how clinical settings can best partner with community resources to optimize care for youth with type 1 diabetes. Currently I am focusing on the school setting and exploring the many ways new devices have affected care in schools and classrooms. I have been fortunate to have enthusiastic mentors who I admire greatly; in my research, this includes Dr. Ingrid Libman in diabetes and Dr. Elizabeth Miller in adolescent medicine, as well as career mentors in Dr. Radhika Muzumdar, Dr. Selma Witchel, and Dr. Madhusmita Misra. As I complete my fellowship, I am grateful for the experiences, education, and training I’ve received, and I look forward to beginning a career blending my clinical work caring for children with type 1 diabetes with rigorous research to assist youth and their caregivers in the increasingly complex environment of diabetes care.

**PedsENDO Discovery Spotlight: Meet your 2020 participants**

Alex O’Donovan, 3rd year medical student, MD program, Penn State College of Medicine

1. **What is your most memorable experience in medical school so far?**

My most memorable experience in medical school so far is being part of a team to start a mentorship program for teenagers with type 1 diabetes. I worked with a classmate and the talented staff at the Penn State Hershey Medical Center Pediatric Endocrinology clinic to organize monthly sessions to help teens with T1D talk about things going on in their life. It is awesome to see the participants feel comfortable enough to speak and share about their lives.

2. **What experience led to your interest in pediatric endocrinology?**

I was diagnosed with type 1 diabetes in February of 2004, and I always knew I wanted to be part of the care of children with the disease. After college, I worked as an engineer for a company that was developing a bionic pancreas for T1D, and during one of our clinical trials, I realized I loved the way the clinical staff, including the pediatric endocrinologists, interacted with the children testing out the device. Ever since that day, I knew that pediatric endocrinology was the path for me, because I could relate to my patients with T1D.

3. **What do you see yourself doing in five years?**

I am only in my third year of medical school now, so in five years, I hope to be finishing up my residency in pediatrics, and getting ready to start my fellowship in pediatric endocrinology! I also hope to move back to Boston by that time, which is where I am from.
4. What aspect of the Q&A session of the PedsENDO discovery program did you find most helpful? What are you hoping to learn from your PedsENDO discovery program experience (including attending PES 2021)?

I thought it was really ‘cool’ to hear about all the different patient populations a pediatric endocrinologist could interact with in their profession, and how the COVID-19 pandemic has affected the care that can be provided during the PedsENDO discovery program Q&A. I am very invested in the type 1 diabetes population, so I am excited to attend PES 2021 and learn more about all the other patient populations that I will be able to help as a pediatric endocrinologist. I look forward to the opportunity!

Rachael Mullin, OMSIV, DO, Touro University California College of Medicine

1. What is your most memorable experience in medical school so far?

My most memorable experience in medical school was hosting the first Touro University “World Diabetes Day” in November of 2017. This event was designed to promote diabetes awareness through interactive games, educational booths, and opportunities to volunteer in the community with the Touro Mobile Diabetes Education Center. This day was special because it created a platform for students to explore their own biases about diabetes, while learning from the experiences of people who live with this disease and the providers that manage their care.

2. What experience led to your interest in pediatric endocrinology?

My interest in pediatric endocrinology stemmed from my diagnosis of type 1 diabetes at age eleven. The interactions I had at diabetes camp, and the relationships I later built as a counselor and mentor, solidified my desire to pursue a career working with children who have diabetes. My interest in endocrinology continued to grow after completing two visiting student electives in pediatric endocrinology where I worked with patients who presented with various endocrine conditions in addition to diabetes.

3. What do you see yourself doing in five years?

In five years, I will be two years out of residency and ideally in a fellowship, with the same enthusiasm for working with the diabetes community that I have now. I see myself continuing to mentor children with type 1 diabetes and working with local diabetes camps as a volunteer health care provider.

4. What aspect of the Q&A session of the PedsENDO discovery program did you find most
helpful? What are you hoping to learn from your PedsENDO discovery program experience (including attending PES 2021)?

The Q&A session hosted by the PedsENDO discovery program was helpful because it gave students the opportunity to hear directly from pediatric endocrinologists about what they consider to be the most rewarding aspect of their profession. The providers related challenges they have experienced in practice, and shared advice with students interested in applying for a pediatric endocrine fellowship. Through the PedsENDO discovery program experience, I am hoping to learn about new developments in the management of pediatric endocrine conditions, while having the opportunity to further interact with experts in the field.

History Tidbit

Elsie Widdowson, Ph.D: Energy and Psychological aspects of refeeding after undernutrition
Alan D. Rogol, MD, Ph. D

Elsie Widdowson (1906-2000) a British dietician/nutritionist with pediatrician Robert McCance oversaw the British WW II food rationing program. The Medical Research Council sent them to Germany to nutritionally rehabilitate war orphans. Widdowson tested a simple hypothesis: that repletion of the long-standing caloric deficit would permit additional growth. With a proper control she gave one group additional calories to the “regular” diet. At the same time a harsh housemother was transferred to the group that received the additional calories. That group now gained less than the controls. Widdowson concluded that some factor other than total energy counteracted the effects of the added nutrition [Lancet 1951; June 16:1316], presaging the description of psychosocial short stature [NEJM 1967; 276:1271]

Sincerely,

Madhu Misra, MD, MPH
PES President

Philippe Backeljauw, MD
PES Board Member