Dear PES members,

It was wonderful to see so many of you at our recent meeting in Washington, DC. What a fantastic meeting-- with so many great sessions and good opportunities to see old friends and meet new ones from across the world! I came away energized about our field and amazed at the innovative advances in research relevant to Pediatric Endocrinology. The PES program committee for the 2018 meeting has already pulled together a stellar program so we hope to see you all in Toronto in May.

The PES Board of Directors had the opportunity at this meeting to host the first meeting of the leadership of all three pediatric endocrine societies in North American (Canada, Mexico, and US). We discussed ways to collaborate on advocacy and teaching and to share clinical guidelines and patient materials. We hope to participate in each other’s national pediatric endocrine meetings and welcome future opportunities to network with our North American colleagues. In this vein, our program committee has planned some joint programming at our May meeting with our Canadian colleagues and we hope to have a symposium with speakers from all three societies in future meetings.

With the decision not to bring forth the Graham-Cassidy bill for a Senate vote last week, we hope that there will now be bipartisan efforts to improve the ACA and ensure adequate health care coverage for children and families.

Many of you are extending helping hands to the communities and medical professionals in the areas faced with devastating natural disasters in the past month. A number of groups are assisting with medical and other resources in Mexico following the earthquake and in Texas and Puerto Rico after the hurricanes. A consortium of medical schools have offered to host students from Puerto Rico so their education will not be interrupted, and many academic health centers have sent disaster relief teams to these areas to assist. If you are looking for a way to donate or become more involved, our medical school is suggesting donating through the American Red Cross and another option is through the AAP.

Please click here to read a message from the AAP.

A message of thanks from David Allen; President of the 10th International Meeting of Pediatric Endocrinology
Thank you for making the 2017 International Meeting such a great success!
Culminating three years of planning and preparation by your International Meeting Planning Committee and the expert Degnon support staff, PES welcomed nearly 4000 colleagues from around the world to Washington DC to share new knowledge, develop collaborations, strengthen existing friendships and begin new ones. The meeting’s theme – *Celebrating the global community of pediatric endocrinology* – got off to a great start with an array of highly attended, energetic, and productive Special Interest Groups. Stellar plenary lectures beginning with Mohamed Abdullah’s inspirational story of bringing endocrine care to Sudanese children amplified and sustained this spirit of international connectedness throughout the meeting. Invited faculty expertly covered an immense range of topics and controversies, and preliminary feedback indicated very high ratings of both the quality and content of the offerings – with "there was just too much good stuff to choose from" being the most common complaint. New initiatives, such as inclusion of Allied Endocrine Care providers and highlighting of Young Investigator Awardees in a distinct platform session, were well received. And the relatively compact yet accommodating venue complete with on-site lunches seemed successful in facilitating interactions among attendees and increasing personal contact traffic for the 1200+ poster presenters and exhibitors. Most of all, to each of you who attended, the Meeting was made a great experience by your presence, enthusiasm, curiosity, and contributions. And so, on behalf of the PES and the IMPE Planning Committee, thank you so much for your support of the 2017 International Meeting!

In the months ahead we will be sharing and featuring highlights from the meeting.

**Mentor Initiative Solicitation**

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](#) to register as a mentor or a mentee.

**PES 2018 Annual Meeting**

**SAVE THE DATE** for the PES Annual Meeting 2018

**Pedia...**

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**Pedia...**

**Important Dates and Deadlines regarding the meeting**

**ACT FAST! Deadline is TOMORROW:** The PAS Program Committee is pleased to announce the call for VOLUNTEERS is now open.

**Call for VOLUNTEERS includes:**

- Abstract Reviewers
- Workshop Reviewers
- Moderators
- Poster Facilitators
- Discussants

**Call for volunteers will close on October 3, 2017 at 11:59pm EST**

**Other dates:**
Call for Abstracts – November 1, 2017 through January 3, 2018
Registration and Housing Opens – November 15, 2017
Call for Late Breaking Abstracts – February 1, 2018 through February 28, 2018
Early Registration Closes – February 22, 2018

Questions? Email or call the PAS Program Office: +1.346.980.9717 or info@PASMeeting.org or visit the PAS 2018 Meeting website for additional information.

Welcome New Members

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Call for SIG (special interest group) participation
The Transgender Health SIG is now well established. The following new special interest groups are forming at PES and will have their first formal get-together at the annual PES meeting in Toronto in May, 2018: Bone and Mineral, Diabetes, Obesity, Disorders of sexual development, Ethics, and Turner syndrome. All PES members are welcome and encouraged to join. Get involved now and provide your expertise in developing the aims and scope of these groups with your friends and colleagues. Meet new people! Interested members please complete the following link:

https://www.surveymonkey.com/r/YTVGR32

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.

Visit our Calendar of Events page for upcoming events
https://www.pedsendo.org/education_training/calendar_events/index.cfm

Visit our Job Board for new open positions
https://www.pedsendo.org/education_training/jobs/jobsearch.cfm

The Research Affairs Committee 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

https://www.pedsendo.org/research_awards/grants/index.cfm

Endocrine Image of the month
Acquired hypertrichosis in a prepubertal girl

An 8 yr old girl was referred by Oncology for increased facial and body hair. She had been diagnosed with Pre B-cell acute lymphocytic leukemia at age 5 and was treated with chemotherapy including 6-mercaptopurine, vincristine, dexamethasone and methotrexate. Hair growth began 6 months after starting chemotherapy. This was associated with darkening of skin on arms and face that increased during treatment, then plateaued. At the time of referral she had been off chemotherapy for a year and was in remission. No one in the family had similar increased body hair. On physical examination she was a thin prepubertal girl with height and weight at the 5th centile. Skin exam showed hyperpigmented, dry skin with hypertrophic papules on her fingers and the dorsum of her hands. There was long, dark, fine hair on upper and lower extremities, sideburn and cheeks, upper lip, and neck. There was no acne or acanthosis nigricans. Androgen levels were in the prepubertal range. Dermatology biopsied one of the skin lesions which was interpreted as eczema. 24 hour urine for fractionated porphyrins revealed markedly elevated uroporphyrins, heptacarboxyporphyrin, and moderately elevated hexacarboxylporphyrin and pentacarboxyporphyrin, consistent with porphyria cutanea tarda (PCT), a hepatic porphyria.

PCT is the most common porphyria caused by deficient activity of uroporphyrinogen decarboxylase (UROD), one of the steps in the heme biosynthetic pathway. 80% are
acquired, 20% are familial (auto-dominant); this rarely occurs in children. Excess porphyrins accumulate in the liver, blood and skin in particular. Photo-excited skin porphyrins mediate oxidative damage causing erosion, blisters, dyspigmentation, scarring and hypertrichosis.

Ethanol, estrogen, hemochromatosis genes, hepatitis, HIV, and excess iron enhance toxic oxygen species that are thought to inhibit UROD. In our patient it was hypothesized that the PCT was due to hepatotoxicity from multi-agent chemotherapy. Treatment includes avoidance of sunlight, alcohol, smoking, and iron excess. Therapeutic phlebotomy to get ferritin into the low normal range is the standard treatment. Anti-malarials (chloroquine) which increase hepatic excretion of porphyrins may also be added. Prognosis is very good. Lapresto L, et al. Pophyria cutania tarda in a child following multi-agent chemotherapy. J Drugs Dermatol 2014. 13:489.

Please click here to view the endocrine image of the month.

History Tidbit provided by Walter L. Miller
Non-Classic Congenital Adrenal Hyperplasia (NCCAH) – A Common Disorder with Many Parents

Classical congenital adrenal hyperplasia (CAH) caused by 21-hydroxylase deficiency has a worldwide incidence of 1 in 15-20,000, but NCCAH, the mild attenuated form, is seen in up to 1 in 1000 in some populations (Am J Hum Genet 37:650, 1985). NCCAH was first described by Decourt et al. (Ann Endocrinol 18:416, 1957), but that paper was published in French, and was not widely read. Describing NCCAH is typically credited to Maria New (13th PES President, 1985-86) (JCEM 48:356, 1979) and to Zev Rosenwaks & Claude Migeon (first PES President 1972-73) (JCEM 49:335, 1979), but Rosenwaks and Migeon cited nine previous reports from 1958-77! About half of mutant CYP21A2 alleles in NCCAH carry V281L (NEJM 319:19, 1988; Clin Endocrinol 82:543, 2015).

Sincerely,

Mary Min-Chin Lee, MD
PES President

Dorothy Shulman, MD
PES Board Member