Greetings!

The PES Program Committee continues to work diligently on assembling a terrific line-up for the 2020 meeting that is designed to meet the needs of Private Practice Clinicians, those based in Academic Centers, Physician-Scientists, Researchers, Trainees and APPs. We hope to be able to announce at least one of our Keynote Opening Plenary Speakers in the near future! Please see below our Texas-themed Logo for the 2020 meeting! An amazing amount of activity is also going on within the Society’s Committees and SIGS as they undertake new projects and hold regular conference calls. However, we do have one Committee in need of an infusion of new energy and direction. The Public Policy Committee, which exists in order to identify and engage in advocacy efforts on issues relevant to pediatric endocrinology, is in need of new members. This is your chance! Please consider volunteering for this important Committee, and submit your name to Mitchell Geffner; the Board Liaison mgeffner@chla.usc.edu.

In other Society happenings, the Nominating Committee is in the process of considering candidates for our upcoming election this fall. We will be electing a new Director, a new President-Elect and a new Treasurer. Please take a moment to consider nominating someone you know and believe would be a great asset to PES! Nominations are due by August 16th and may be submitted to Diane Stafford at deis@stanford.edu. In your nomination, please include a brief note telling why you think this person would be an ideal candidate for the position. The slate will be finalized and sent to the Board of Directors for approval in August.

An exciting transformation of our virtual presence is on the horizon in the form of a new WEB platform and interface capability. Not only will this include a major website re-design, but it will also support a PES APP through which bidirectional communication with membership can occur in an expedient and agile fashion. This means fewer undelivered eblasts that go into SPAM! Please stay tuned for more information as this project gets underway.

I am writing this from Martha’s Vineyard, where my family has been vacationing ever since my mother bought a tiny plot here in 1962. The annual pilgrimage represents a true respite from the stresses and demands of everyday life. The quality of the light, the scents and sounds of our Island haven are pure magic. I hope that all of you have had the chance to experience a modicum of whatever your version of Summer Magic is during these last couple of months as well!

Welcome New Members

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<tr>
<th>First Name</th>
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<td>Fatema</td>
<td>Abdulhussein</td>
<td>UCSF Benioff Children’s Hospital</td>
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<td>Julia</td>
<td>Barillas</td>
<td>COHEN CHILDREN’S MEDICAL CENTER</td>
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<td>Hannah</td>
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<td>Carley</td>
<td>Gomez-Meade</td>
<td>Texas Diabetes Council</td>
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<td>Marianne</td>
<td>Jacob</td>
<td>Weill-Cornell- New York Presbyterian</td>
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<td>Jill</td>
<td>Kaar</td>
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<td>Sruthi</td>
<td>Menon</td>
<td>Baylor College of Medicine/ Texas Children’s Hospital</td>
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<td>Muniza</td>
<td>Mogri</td>
<td>Childrens Health, UTSW, Dallas</td>
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<td>Tara</td>
<td>Rajiyah</td>
<td>University of Chicago</td>
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<td>Ankur</td>
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<td>Alexander</td>
<td>Tuttle</td>
<td>University of Iowa Hospitals and Clinics</td>
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<td>Nana-Hawa</td>
<td>Yayah Jones</td>
<td>Cincinnati Children’s Hospital Medical Center</td>
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2020 PES Annual Meeting
April 24-27, 2020
Fort Worth, TX
Meeting Info

Annual Meeting teaser
The PES 2020 Program committee is very actively working to design an exciting and educational program. The committee invites and greatly values input from the membership. If you have any suggestion for PES 2020 annual program, please send it to the committee right away and send an email to Priya Raman at Sripriya.raman3@chp.edu. Thank you to those who have already chimed in. Last year we had an MTP session on Turner Syndrome that was very well attended. So, by listening to our member needs, this year we plan to have an expanded Symposium on Turner Syndrome that will aim to cover the various aspects of genetics, management options for growth in poor GH responders and for HRT, and other recent developments since the international guidelines was published in 2017.

We will have a fully packed program with 10 symposia and 14 Meet-The Professor Sessions, in addition to the several named lecture. Also, new this year – we plan to have Satellite Symposia and Tech Talks to give our members quick updates on cutting edge technology and new drugs in pediatric endocrinology. We will have a grand opening session that will not only be entertaining but also highlight the best of the best in pediatric endocrinology research at the Presidential Poster reception. Please plan to submit all your innovative research – be it basic science/translational/clinical in both endocrinology and diabetes – we will have two big poster sessions and two prestigious oral sessions during the meeting.

**Education Webinar Series**

On behalf of The Education Committee of The Pediatric Endocrine Society, we are very pleased to inform the PES membership of the "PES Webinar Series" past webinar recordings. The webinars are 60 minutes in duration, with a 45-50-minute presentation followed by a 10-15 minute "live" question & answer session.

Click [here](#) to view our most recent webinar: Philippe Backeljauw – Turner syndrome update.

**Pediatric Endocrinology Reviews (PER)**

Reviews (PER) has become an affiliated journal of our society. Hormone Research in Paediatrics remains our official journal. PER is an international peer-review journal (with ~ 800 subscriptions from 19 countries) that publishes review articles on topics related to pediatric endocrinology, diabetes, metabolism, nutrition, and genetics. PER also publishes extensive Meeting Reports, including those of our annual meeting, along with reviews of recently published books in the field of endocrinology. There are generally four issues per year, along with periodic supplements [last two on Noonan Syndrome (editor, Robert Rapaport, MD) and the 50-year history of growth hormone (editor, Adda Grimberg, MD)]. We will provide links to the PER Table of Contents.

You can subscribe to current and future volumes at the discounted rate of $100 (USD) per year, while individual articles can be purchased for $39 each.

Click [here](#) for the Table of Contents

Click [here](#) to subscribe

**Article on behalf of the Diabetes SIG**

As the number of pediatric diabetes patients on insulin pumps keeps increasing, so do the challenges of pump management under different circumstances (i.e. exercise, illness, surgery etc.). A new article authored by Dr Risa Wolf, one of Diabetes SIG members, addresses the management of pediatric patients on insulin pumps who are undergoing surgical procedures, and it is a valuable addition to literature on this topic.

Click [here](#) to view the full article.

**Clinical Trail Page Updates**

Check it out! The Clinical Trials webpage has been revised to make it easier for PES members and our Mission Alliance Partners to post their important research studies. Quick links to your ClinicalTrials.gov page or local study website and less information entry should streamline the process.

Be sure to visit the site to post or search for studies that interest you!

Click [here](#) to view the PES Clinical Trails page.
Calendar of Events
Please click here to view the calendar of events which lists opportunities for professional development opportunities, CME credits, etc.

2019 PES Obesity SIG MOC/CME Activity
Don't miss out on the opportunity to earn MOC/CME credit! The Pediatric Endocrine Society is pleased to offer an Obesity MOC/CME Activity that contains approximately 60 multiple-choice items and detailed answer explanations. This activity reviews evidence-based clinical practice guidelines for pediatric obesity and focuses on a stepwise approach to the diagnosis and management of obesity and its comorbidities in pediatric patients.

Learning Objectives
Upon completion of this activity, participants will be able to:
- Describe the epidemiology of childhood obesity and influences of environmental and social factors.
- Identify key environmental, nutritional and activity related factors that impact childhood obesity and its management.
- Assess and identify pertinent nutritional, activity-related, psychosocial, medical history and physical examination findings for the evaluation and risk stratification of the obese child.
- Recognize the signs of genetic syndromes, endocrine or non-endocrine disorders, or medication-induced side effects, which should be ruled out before making the diagnosis of exogenous obesity.
- Understand the components of interventional obesity plans which include dietary and lifestyle modification, behavioral modification techniques, use of pharmacotherapy and surgical options.
- Identify and determine appropriate management plans for the treatment and referral of children and adolescents with obesity and its comorbidities.

Click here to register.

PES MAP Spotlight:
FDA Approved BAQSIMI™ (glucagon) nasal powder 3 mg for the treatment of severe hypoglycemia

The U.S. Food and Drug Administration (FDA) has approved BAQSIMI™ (glucagon) nasal powder 3 mg for the treatment of severe hypoglycemia in people with diabetes ages 4 years and above. BAQSIMI is the first and only nasally administered glucagon, ready to use with no reconstitution required in a single, fixed 3 mg dose; active inhalation of the dry nasal powder is not required. Severe hypoglycemia (severe low blood sugar) is a serious medical condition that constitutes an emergency for people with type 1 and type 2 diabetes. It is characterized by altered mental and/or physical functioning that requires assistance from another person for recovery. If untreated, severe hypoglycemia can lead to serious consequences, such as loss of consciousness, seizure, coma and death.

A randomized, multicenter study evaluated the pharmacokinetics/pharmacodynamics, safety and efficacy of BAQSIMI compared with glucagon for injection in children and adolescents aged 4 to <17 years with type 1 diabetes (N=48). For both BAQSIMI and glucagon for injection, 100% of patients achieved treatment success defined as a ≥20 mg/dL rise in plasma glucose from nadir within 30 minutes of receiving the study glucagon. Study glucagon was administered 5 minutes after target plasma glucose concentration of <80 mg/dL was achieved by insulin infusion. Mean nadir blood glucose ranged from 67 to 73 mg/dL for BAQSIMI and 69 to 72 mg/dL for glucagon for injection. The most common (≥10%) adverse reactions associated with BAQSIMI are nausea, vomiting, headache, upper respiratory tract irritation, watery eyes, redness of eyes, itchy nose, throat and eyes. Common cold with or without use of decongestant medication has been shown not to affect the absorption of BAQSIMI in a separate study in adults.

BAQSIMI™ is a trademark of Eli Lilly and Company, Lilly USA, LLC, Indianapolis, IN 46285, USA. Eli Lilly and Company is part of the PES Mission Alliance Partnership. This announcement was prepared in compliance with PES guidelines to ensure objective educational content.

References:
1. Baqsimi [Prescribing Information], Indianapolis, IN: Lilly USA, LLC.


Pediatric Endocrine Society Turns 50: the 2022 project – call for volunteers

The Pediatric Endocrine Society, formerly named the Lawson Wilkins Pediatric Endocrine Society, turns 50 in 2022. We plan to use this milestone as an opportunity to pursue our legacy project and record our history and highlight the contributions of PES members to the field of Endocrinology, as well as to promote the current programs of the Society. While this effort is just getting underway, you may have seen a videographer at the meeting this year who was busy capturing footage for an eventual presentation and archive of interviews with senior members of PES about their careers and with younger members about their hopes for Pediatric Endocrinology and the Society in the future. Other ideas for this project include development of a Pediatric Endocrinology Timeline and some special events to celebrate the occasion at the meeting in 2022. We are interested in hearing from any members with ideas and interest in working on this project. If interested contact Erica, or the staff at Degnon.

History tidbit provided by Alan D. Rogol, MD, Ph.D
Sunlight and Nutritional Rickets Prevention

Rickets, characterized by growth faltering and widening of the epiphyses of the long bones, is an age-old affliction of growing children. In the late 19th century the benefits of sun exposure were noted (Practitioner 1890; 45:270). This led to early 20th century studies by several investigators showing anti-rachitic activity of not only sunlight, but also certain artificial lights (JAMA 1921; 77:39).

A second front was opened by Mellanby et al (J Physiol 1918; 52:11) preventing rickets in puppies with cod liver oil. Others noted anti-rachitic activity in irradiated foods and oils. The structure of the active compound was determined and soon vitamin D was added to foods, especially milk, and the prevalence of nutritional rickets diminished greatly.

Fellows Spotlight
Dr. Eirene Alexandrou

I am currently a third-year fellow at Cincinnati Children’s Hospital Medical Center. I was raised in South Bend, IN and completed medical school at Indiana University School of Medicine then residency at the Medical College of Georgia. My interest in endocrinology arose during residency, after completing an outpatient endocrinology rotation under the mentorship of Dr. Christopher Houk and participating in Diabetes Camp. I was captivated by the breadth of pathology, integration of all organ systems, and problem solving rooted in basic science principles. I also appreciated the opportunity to build lasting relationships with patients and their families through a critical time of growth and development. I have enjoyed all aspects of endocrinology during my training with a special research interest in genetic disorders of growth and Turner Syndrome. Under the guidance of my supportive research mentors, Dr. Philippe Backeljauw and Dr. Andrew Dauber, I have had the opportunity to participate in a clinical research trial aimed at examining the effects of growth hormone on linear growth in patients with Aggrecan deficiency and further characterizing this population’s phenotype with regard to musculoskeletal health. My research mentors, clinical mentor, Dr. Sarah Corathers, and all of the faculty at Cincinnati Children’s have been instrumental in my development as a clinician. As I continue my training and ultimately embark on a career in Pediatric Endocrinology, I hope to follow their example in providing compassionate patient care, while devoting myself to excellence in education and scholarship.

EMPOWER for Health Act of 2019 (H.R. 2781)
PES is excited to announce that the House Energy and Commerce Committee passed the EMPOWER for Health Act, which includes the Pediatric Subspecialty Loan Repayment Program reauthorization, by voice vote on July 17, 2019. The bill now awaits a vote by the full House of Representatives. PES is one of 48 organizations that has joined in support.

Background:
The letter that we signed emphasized that support for pediatric subspecialists is a needed step toward curbing today’s demonstrated critical shortage of pediatric medical subspecialists to help provide children with timely access to the vital health services they need.

It also highlighted the significant disparity in the geographic distribution of pediatric subspecialists trained to treat children in need of specialty care, resulting in many children in underserved areas not receiving timely or appropriate health care. The letter referenced data from a recent survey conducted by the Children’s Hospital Association indicating that appointment wait times for certain pediatric subspecialty care far exceed the prevailing benchmark of two-weeks in children’s hospitals, a fact that we are all aware of!

In addition, it outlined the disincentives that discourage medical students from pursuing careers in pediatric subspecialties which include: (1) additional training beyond their primary residency training of 2-3 years on average, (2) high loan debt due to longer training;1 and (3) average Medicaid reimbursement that is 30 percent less than Medicare. An aging physician workforce, where the mean age of pediatric subspecialists exceeds 50 years and the growing number of children in the United States are both contributing factors to the shortage of pediatric subspecialists.

Lastly, the letter made the point that longer lag times between symptom onset and treatment may not only result in poorer outcomes but also in greater costs to patients and the health care system. Thus, there are many compelling arguments for supporting the pediatric subspecialty loan repayment program and we are delighted that the EMPOWER for Health Act is moving forward in a position direction and will keep you posted!

Sincerely,

Erica Eugster, MD  
PES President

Michael Levine, MD  
PES Board Member

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