Greetings!

This past weekend, I was in Naples Florida speaking at the ADA Clinical Conference, as Alberto was bearing down on the peninsula promising rain and high winds. The weather outside was rainy, but not particularly unusual. However, Barbara and I decided that the best course would be to return to Denver a day early, since with bad weather, there was no particular reason to be cooped up in a hotel and end up getting stuck due to weather on Memorial Day, particularly as the weather was warm and sunny in Denver. So, we changed our flights and headed off to the airport Sunday afternoon in a light drizzle. Off we flew without delay and were peacefully flying across the country when the pilot announced that the weather was so bad in Oklahoma and eastern Colorado that he was going to have to divert over Texas, up the western side of the Rockies and into Denver from the west. Once we got over the Rockies, he announced that traffic was backed up over Denver and we were going to have to land in Colorado Springs to get more fuel. The moral of the story? While it never hurts to prepare for the problems you see facing you, the reality is that you never know where the real problems are going to come from. In this coming year, your Board of Directors will be working hard to identify and address the problems we see facing the Society and the field of Pediatric Endocrinology, but we will also keep in mind that it is often hard to predict where the storms will pop up.

We have a great year to follow. This past year saw the resounding success of the International Meeting of Pediatric Endocrinology in Washington, DC, in September 2017, and more recently, an excellent program at the annual meeting of PES in Toronto in May 2018. The meeting of the Board of Directors (BOD) with the Committees and SIGs demonstrated the breadth of the commitment of our members to Pediatric Endocrinology, as well as eagerness of members to volunteer their time and effort to the agenda of PES. Every committee and SIG has innovative plans for the year/s ahead and the Board looks forward to supporting these and seeing them succeed.

One critical initiative for this year will be to resolve the status of our annual meeting for 2019 and beyond. The discussion that the Board had with the committees in Toronto demonstrated the varied viewpoints of members and the Board takes very seriously its responsibility to resolve this issue over the coming months with feedback from the Program Committee and the membership at large.

Here’s to a productive year!
meeting, and many had their own program with speakers, poster or platform presentations. The meeting kicked off Friday evening formally with the President’s Poster Session during which our Past President Mary Lee announced the winners of the QI Leona Cutler Award, Mackenzie Deane and the Human Growth Foundation Award, Tamar Baer. The mornings began bright and early with Meet the Professor sessions that were extremely well attended with standing room only in most sessions. Saturday featured a good mix of clinical updates and science lectures with a very memorable and inspiring Lawson Wilkins Lecture by Ora Pescovitz, and the Paul Kaplowitz lecture by David Allen. The mentor-mentee workshop was another successful session on Saturday, as was the year in review presented by the D&T Committee, which included a sobering talk by Raul Calzada from the SMEP on problems with newborn screening and management of adrenal insufficiency in Mexico because of critical drug shortages. Sunday included excellent symposia on treating lipid disorders in children and an update on disorders of puberty, as well as cutting edge platform presentations. Monday was clearly a memorable day with tributes to the lifetime achievements of Bob Rosenfield (recipient of the Jud J. Van Wyk award), the Robert M. Blizzard lecture by Jeffrey Baron, a presentation on the status of Pediatric Endocrinology by our outgoing president, and superb presentations of their research by our Clinical Scholar awardees. Thanks to our Program Committee for planning an excellent meeting!

The 2018 Clinical Update Course recap
This interactive course was held at the PES Annual Meeting this past May in Toronto, Canada. The course addressed areas of Pediatric Endocrinology that offer clinicians the greatest challenges, including management of transgender patients, childhood cancer survivors, starting diabetes patients on the hybrid closed loop system, adjunctive pharmacotherapy in type 2 diabetes, clinical conundrums in childhood growth, clinical genetics in pediatric endocrinology, and diagnostic imaging in pediatric endocrinology. The course emphasized newer therapies that have recently become available, as well as therapies on the horizon.

Welcome to our new members:

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Communications (Website & Publications) Committee Updates
We are now active on Twitter (230 followers) and Facebook and will be posting regularly to update our members. If you have not followed us yet, do so now by clicking the links below.

We would also like to congratulate first authors Drs. Kannu (best novel insights), Swartz (best novel insights) and Garcia-Filion (best original paper), and their co-authors for winning the 2017 Hormone Research in Paediatrics Awards. A full update from the 2018 communications committee is available here.

Hormone Research in Paediatrics published winners
Congratulations to the following PES members for being awarded: Best published Original, and Best Novel Insights papers from North America by the chief and associate editors in HRP in 2017/2018.

BEST ORIGINAL PAPER

Children’s Hospital Los Angeles, Keck School of Medicine of USC, Los Angeles, CA


BEST NOVEL INSIGHTS PAPER (tie score)

Hospital for Sick Children, University of Toronto, Toronto, ON, Canada


Boston Children's Hospital, Harvard University, Boston, MA


**Now open to 2nd and 3rd year fellows! PES Visiting Fellowship Program in October 2018 at Cincinnati Children’s Hospital Medical Center (CCHMC) - APPLY NOW!**

**Deadline: June 29, 2018**

This intensive two-week educational program if offered to four PES members who are 2nd or 3rd-year North American pediatric endocrinology fellows (including Canada). They will be offered the chance to travel from their home institutions for a 2-week intensive, educational program at the Cincinnati Children's Hospital Medical Center (CCHMC) on October 15-26, 2018.

[Click here](#) for more information

**Understanding Skeletal Effects of Type 1 Diabetes (R01 Clinical Trial Optional) RFA-DK-18-002**

NIDDK is releasing a funding opportunity for applications that focus on the elucidation of the etiology and pathogenesis of the bone abnormalities found in subjects with type 1 diabetes (T1D) with the ultimate goal of informing future strategies to mitigate excessive risk of fracture in this population. Applications may propose de novo human studies or expansions of ongoing studies of well characterized T1D cohorts. The addition of comprehensive skeletal characterization (e.g., radiological, mechanical, and biomarkers), clinical measures (e.g., glycemic control, frequency and severity of hypoglycemic episodes, continuous glucose monitoring (CGM) technologies and/or collection of data on other risk factors is welcome. Comparisons of skeletal manifestations of T1D and type 2 diabetes are also encouraged


**2018 PES Obesity SIG MOC/CME Activity**

The Pediatric Endocrine Society is pleased to offer this Obesity MOC/ CME Activity that contains approximately 60 multiple-choice items and detailed answer explanations. This activity reviews evidenced-based clinical practice therapeutic guidelines for pediatric obesity and focuses on a stepwise approach to the diagnosis and management of obesity and its comorbidities in youth.

**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.

This activity is eligible for both MOC points and CME credits.

Click here to register

History Tidbit provided by Walter L. Miller

Treating CAH with cortisone

Lawson Wilkins had ameliorated salt loss in CAH with deoxycorticosterone, but his treatments with ACTH, testosterone and several androgen analogues failed. Wilkins’ preliminary report described suppressing one patient’s urinary 17KS with cortisone (Bull Johns Hopkins Hosp 86:249, 1950). Frederic Bartter’s contemporaneous abstract on treating CAH with cortisone concludes: “These findings suggest that the adrenogenital syndrome results, not from an abnormal pituitary stimulation of the adrenal, but from an abnormal adrenal response to a normal pituitary” (JCI 29:797,1950). They simultaneously published full papers; citing each other’s work (JCEM 11:1,1951;JCI 30:237,1951). Wilkins tried many steroids, eventually cortisone, whereas Bartter’s work was based on an early understanding of the pituitary-adrenal axis; they deserve equal credit for cortisone treatment, but Bartter understood the physiology.

The Adrenal Gland

Status: In Preparation

Sharon Oberfield and Selma Witchel organized and edited an upcoming issue of Hormone Research in Paediatrics devoted to adrenal disorders (https://www.karger.com/Book/Home/277331). Topics include: 1) The Rise, Fall, and Resurrection of 11-Oxygenated Androgens in Human Physiology and Disease (Turcu, Nanba, & Auchus); 2) Prenatal Treatment of Congenital Adrenal Hyperplasia: Long-Term Effects of Excess Glucocorticoid Exposure (Lajic); 3) Adrenal Crises in Children: Perspectives and Research Directions (Rushworth, Torpy, Stratakis, & Falhammar); 4) Tenascin-X, Congenital Adrenal Hyperplasia, and the CAH-X Syndrome (Miller & Merke); 5) Monogenic Disorders of Adrenal Steroidogenesis (Baranowski, Arlt, & Idlowiak); 6) Human Adrenal Cortex: Epigenetics and Postnatal Functional Zonation (Baquedano & Belgorosky); 7) Early-Life Stress: From Neuroendocrine Mechanisms to Stress-Related Disorders (Pervanidou & Chrousos); 8) A New Model for Adrenarche: Inhibition of 3β-Hydroxysteroid Dehydrogenase Type 2 by Intra-Adrenal Cortisol (Majzoub & Topor); 9) The Hypothalamic-Pituitary-Adrenal Axis and the Fetus (Morsi, DeFranco, & Witchel); and 10) Alterations of Cortisol Metabolism in Human Disorders (White). Many of the articles are already available online. These topics cover timely and relevant topics in pediatric endocrinology.

Fellows Corner

Get to know our fellows, who they are, and why they chose pediatric endocrinology as a career.

Jordan Sherwood, MD. Second year fellow, Massachusetts General Hospital for Children

There were many reasons why I chose to pursue a fellowship in pediatric endocrinology. I have always found the pathophysiology of endocrine disorders to be intellectually stimulating and rewarding to treat. I also appreciate being able to have a disease-specific focus while simultaneously developing long-term relationships with patients and families.

I have a clinical focus in diabetes care which stemmed from watching my grandfather cope with this disease. As I grew up, I watched him struggle with his diabetes management. During my research time here at MGH, I have had the opportunity to work on automated blood glucose control with the Bionic Pancreas. It is exciting to know I am on the forefront of research for the treatment of diabetes, working on developing technology that has the potential to positively impact thousands of patients.

QI Corner

Did you know that you can search for CME activities that offer MOC Part 2 credit through the ACCME CME finder? http://www.cmefinder.org/ActivitySearchResults/ABP You can
search for specific topics of interest such as endocrinology, obesity, the transgender patient, consent etc. Check it out today!

Ethics Corner
We have added an additional link to our Ethics Curriculum for Fellows and Faculty!

In addition to the link that exists in our Member’s Only Section: https://www.pedsendo.org/members/members_only/index.cfm, the curriculum including the case-based modules (teaching tools) are now available on the MedEd Portal.

To access the curriculum and download the modules:
- Go to https://www.mededportal.org/publication/10701/ which will bring you to the publication
- Scroll to the bottom of the gray box on the left-hand side labeled “Appendices” and click “Download”
- Choose “Save as” and download the zip file to the desired location on your computer

This will download all of the modules, the Educational Summary Report (article), and a sample pre- and post-test questionnaire for learners.

Philip Scott Zeitler, MD, PhD
PES President

Madhusmita Misra, MD, MPH
PES Board Member