Greetings!

I had the uncommon opportunity to take a day off this week and go hiking in Rocky Mountain alpine meadows with Pik To Cheung, a Pediatric Endocrinologist from Hong Kong with whom I did fellowship and who many of the more senior members of PES may know. As if often the case when talking with Pik To, our conversation ranged as wide as the meadows we were traversing. One topic that came up was the relationship between the pharmaceutical industry and academic societies like PES and APPES. Pik To has an interesting perspective on this issue, practicing in a culture similar to ours regarding Pharma, but closely watching the development of the pharmaceutical industry in China, where money flows more freely and the boundaries between biotech companies and fledgling academic societies are less absolute – much like some of us remember not so long ago in the US. Indeed, our Chinese colleagues are only just beginning to wrestle with the question of when it’s too much. Yet, some of what the companies are doing in China is laudable, and even necessary, in a setting of limited access to other resources – sponsoring competitions for fellows’ research projects, supporting travel to meetings, underwriting publications, educating primary health care workers about hormonal disorders. With this background, we tried to dig down to what the basic principles should be in the development of healthy relationships between industry and academic societies in our own era of dwindling funding from other sources.

I’m sure we didn’t identify all the principles – we got distracted by flowers and a lovely alpine lake – but we convinced ourselves that novel and creative relationships between academics and pharma are going to require a more nuanced approach than the sledgehammer of complete firewalls. While our potential industry partners are naturally interested in profit, they are also made up of individuals who are just as naturally interested in the development of successful therapies for patients, education of providers, development of the workforce that will be the prescribers of the future, and the ultimate well-being of children. The challenge for societies like PES, then, is to work with sponsors is figure out novel ways to help each other achieve shared goals, rather than using each other to achieve our own goals.

In the next few months, the Board of Directors will be revisiting our current industry relations policies, examining best practices across societies, and working with our Corporate Advisory Board members to re-imagine how these relationships could look. We will, as always, be soliciting input from our committee and SIG leaders and the membership during this process. In the end, we hope to build creative relationships that, while they may look a little different than the past, will be ethically appropriate, sustainable, and well-adapted to the changing landscape. Working together, I am confident that we, and our industry partners, can do well by doing good.

PES response to California Senate Resolution regarding infant genital surgery (SCR-110)

A non-binding resolution to ban all genital surgery on infants has been working its way through the California legislature. PES, along with the Endocrine Society, has responded with a letter [https://www.pedendo.org/education_training/pdf/FINALletSCR110.pdf] opposing the resolution on the grounds that each individual child’s circumstances are too different and the issues too nuanced to be amenable to blanket legislative involvement. PES is also working with CARES and the Society for Pediatric Urology to help legislators craft resolution language that addresses our shared desire to prevent unneeded surgery, but that more fully recognizes the often complex realities faced by these infants and their families.

FINAL CHANCE! PES Visiting Fellowship Program in October 2018 at Cincinnati Children’s Hospital Medical Center (CCHMC) - APPLY NOW!
Deadline: TODAY - June 29, 2018

This intensive two-week educational program is 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

2019 PES/PAS Annual Meeting
Please mark your calendars for the 2019 PES/PAS Annual Meeting.
Location: Baltimore, MD
Dates: April 27–30, 2019

While we have contracted to stay with PAS for 2019, we continue to work with the leadership of PAS to address our concerns about our current relationship, while also actively exploring options for the future, including an independent meeting, a meeting in conjunction with the Endocrine Society, or a new meeting structure in affiliation with other pediatric subspecialty societies.

New Patient Education Materials
The Patient Education Subcommittee of the PES Education Committee recently posted updated patient education materials on the PES website (https://www.pedsendo.org/patients_families/Educational_Materials/index.cfm). We are excited to announce that these patient education materials are now available in Hindi and Arabic. The Spanish versions will be available soon.

2018 PES Obesity SIG MOC/CME Activity
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 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

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 range of research funding awards supported by PES and is in addition to the already established and larger Research Fellowship Award (RFA) program.
Application Deadlines: 5PM EST July 20th
Funding Start Dates: January 1st for July applications.
Click here for more details
Save the Date
2018 Annual NE PES Symposium at NYU Medical Center on October 5, 2018 12 Noon-5 PM. It will take place in the Smilow Seminar Room at NYU Medical Center @ 550 First Ave NYU 10016. Registration begins at 12 noon. Itinerary will follow at a later date.

QI Corner
This month, Dr. Rhodes, MOC-QI Committee Chair, conducted a Q&A with David Allen MD, the 2018 winner of the Paul Kaplowitz, MD, Endowed Lectureship for contributions to quality and cost-effective care in pediatric endocrinology. The slides for Dr. Allen’s talk entitled “Growth promoting treatment: when discretion is the better part of value” are now available on the PES website.

1. Dr. Rhodes: Why did you choose to use the term “cost-conscious” to describe an approach to growth hormone treatment in children?

   Dr. Allen: Several still-debated aspects of GH treatment – including how best to define an optimal therapeutic outcome – undermine “cost-effectiveness” analyses that can be usefully translated to clinical practice. As an alternative, cost-conscious strategies can be considered for implementation by every GH prescriber as tools to make their individual prescribing of GH lest costly. Such steps are now evolving into a practical necessity, as health care payers increasingly refuse to consider treatment of short stature to be a justified medical intervention.

2. Dr. Rhodes: What are the next key steps to understanding the value of this approach?

   Dr. Allen: I encourage colleagues to take a critical, evidence-based approach to candidate selection, consideration of alternate treatment options, and definition of therapeutic objectives that encourage targeted prescribing of GH to severely affected children at lower yet effective dosages and for reduced treatment durations when possible. Recently published PES Guidelines for GH treatment provides a useful analysis of available evidence and, in response, corresponding practical GH prescribing suggestions. To fend off criticisms of GH-for-height treatment as cosmetic endocrinology, it is advantageous to be defending cost-conscious growth promotion that focuses on seriously affected children and fosters therapeutic restraint.

Fellows Spotlight
Cemre Robinson

My full-time faculty appointment is in the Section of Pediatric Endocrinology, Department of Pediatrics, Yale University School of Medicine. I earned my undergraduate degree in psychology at Sewanee: The University of the South, and my medical degree from Mercer University School of Medicine. I completed my pediatric residency in the Lewis M. Fraad Department of Pediatrics at the Jacobi Medical Center and Albert Einstein College of Medicine. I completed my fellowship training in pediatric endocrinology at National Institutes of Health.

My clinical and research interests focus on pediatric bone diseases and disorders of mineral metabolism. During my fellowship at the NIH, under the mentorship of Drs. Michael T. Collins and Alison M. Boyce, I have gained specific expertise in the specific area of Fibrous Dysplasia/McCune-Albright Syndrome (FD/MAS), a rare bone disorder associated with various degrees of fibrous dysplasia of bone and hyperfunctioning endocrinopathies. In particular, my work investigated the prevalence and spectrum of gastrointestinal and pancreatic abnormalities that occur in FD/MAS. We have focused on intraductal papillary mucinous neoplasms, often identified as pancreatic cysts. At Yale, I am the recipient of an institutional Mentored Clinical Scientist Award (K12 DK094714) provided by the National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (NIH/NIDDK), which sponsors my clinical protocol to determine the etiology and pathogenesis of diabetes mellitus in FD/MAS. In addition to FD/MAS, I have expertise in disorders of phosphate metabolism, and in particular those resulting from fibroblast growth factor 23 excess such as tumor-induced osteomalacia and renal phosphate wasting seen in FD/MAS. In this regard I serve as a co-Principal Investigator of a clinical protocol studying the impact of exposure to phosphate therapy on
cardiovascular and renal complications across the lifespan, in two disorders of hypophosphatemia; X-linked hypophosphatemic rickets and hereditary hypophosphatemic rickets with hypercalciuria.

The inherent intellectual complexity of endocrine science led me to choose pediatric endocrinology as a career. It is a constantly evolving field with exciting research opportunities. At the same time, we are able to offer our patients many therapies that are effective and life-changing. I enjoy the continuity of care and the relationships that I build with my patients and their families as well.

My fellowship training at the NIH has been critical in shaping my current career path. The dedicated research time provided was an important feature of the training, as well as the unique resources at the NIH. Exposure to complex pathology cannot be better anywhere. The mentorship and guidance of Drs. Michael T. Collins, Alison M. Boyce, Rachel I. Gafni and Jeffrey Baron have continued to inspire me to motivate me with their ongoing support in addition to productive feedback throughout my training. I am well prepared to continue my career at Yale with strong mentorship and look forward to advancing my research career in pediatric bone diseases.

PES Lipid Special Interest Group

We are pleased to announce the inauguration of the newly formed PES Lipid Special Interest Group (SIG). The PES Lipid SIG is currently inviting interested members to join. If you are interested in joining the Lipid SIG, please contact co-chairs (Ambika Ashraf and Brenda Kohn) at AAshraf@peds.uab.edu and Brenda.Kohn@nyumc.org.

Looking for quality education this summer?

Be sure to visit our meeting calendar for relevant meetings/courses happening near you. https://www.pedsendo.org/education_training/calendar_events/index.cfm

Time for a change?

Looking for a new career opportunity? Check out our job board for new and exciting positions. https://www.pedsendo.org/education_training/jobs/jobsearch.cfm

In Memoriam

Please join us in celebrating the life and contributions of Dr. Wai-Nang Paul.

Sent by Dr. Jennifer K. Yee:

Dr. Wai-Nang Paul Lee passed away on June 18, 2018. Dr. Lee was a pediatric endocrinologist and an internationally recognized expert in the use of stable isotopes to study metabolic disease. He will be greatly missed not only as a physician scientist, but also as a mentor in research and in life. Dr. Lee received his MD degree from Stanford University, then completed his residency training in pediatrics at the Cleveland Metropolitan Hospital and the University of Southern California. He undertook pediatric endocrinology fellowship training at the University of California Los Angeles. From 1976-1986, Dr. Lee served on the attending staff at UCLA and Olive View Medical Centers. His publications during this time focused on iodine metabolism in thyroid disease, and isotope uptake in the diagnostic approach to thyroid disorders.

Dr. Lee joined the Harbor-UCLA faculty in 1986 and became Director of the Stable Isotope Analytical Facility (now the Biomedical Mass Spectrometry Facility at LABioMed). From here he launched a distinguished career applying stable isotopes in systems biology research. He developed a repertoire using $^{13}$C and D$_2$O to elucidate metabolic pathways including those of fatty acid synthesis, the tricarboxylic acid cycle, and glycogen synthesis. He received grant support from the NIH, the American Diabetes Association, the March of Dimes, and the Hirshberg Foundation for Pancreatic Cancer Research. His leadership positions included Division Chief of Pediatric Endocrinology, Associate Program Director of the NIH T32 Training Grant in Endocrinology, Metabolism, and Nutrition at Harbor-UCLA, Director of the Fellowship Training Program in Pediatric Endocrinology, and Vice Chair for Research in the Department of Pediatrics. Over the years, Dr. Lee was very generous with time for
teaching, and mentored extensively at all levels of training, from pre-college students to post-doctoral fellows and visiting scholars. While he retired from clinical service in 2013, he remained active in research until the end. His legacy will live on in those whose lives he touched. He is survived by his daughter Christine, son-in-law, and two grandchildren.

Philip Scott Zeitler, MD, PhD
PES President

Madhusmita Misra, MD, MPH
PES Board Member