



ESPE 2012: Translating science into clinical practice

20-23 September 2012, Leipzig, Germany

ESPE IS A THRIVING LEARNED SOCIETY. This year in Leipzig, the organisers expect to match the success of Glasgow in 2011, with more than 3000 clinicians and scientists gathering to learn the latest developments in paediatric endocrinology at the numerous sessions, seminars, Meet-the-Professor events and workshops.

In keeping with the theme of the meeting, "Translating science into clinical practice", there will be a focus on translational research applied to day-to-day clinical practice. There will also be an emphasis on ethical issues in clinical medicine and science, with a session completely devoted to ethical issues in paediatric endocrinology. Two sessions will feature leading experts speaking about human evolution and its relevance to medical practice today.

Key areas of paediatric endocrinology including obesity, diabetes, thyroid and bone disease will be covered in symposia and lectures. A fine selection of Meet-the-Professor presenters will discuss relevant and new themes pertinent to clinical practice, including Dr Margaret Zacharin from Melbourne, Australia, who will talk about paediatric endocrinology in children and adolescents with multiple handicaps.

Just like ESPE, Leipzig is thriving. New industries have come here (such as Porsche, BMD and DHL) and happily co-exist with the city's traditional ventures such as music and book printing. Leipzig is also home to the second oldest university in Germany.

Delegates should not miss the beneficiary concert on Friday evening at St Thomas' Church, where Johann Sebastian Bach worked for more than 27 years and where you can visit his grave. After the concert, the ESPE evening will be celebrated in the old cellars of the Moritzbastei, a former part of the city defences. All the rooms will be filled with music and cultural events to suit different tastes. You may take a stroll or sit with friends for a quiet chat. Saturday evening will be the ESPE-free evening, giving you a chance to discover the city's highlights and enjoy the many bars and restaurants.

We look forward to welcoming you to ESPE's annual meeting for 2012 - meet your friends and learn the latest in paediatric endocrinology.

Professor Wieland Kiess
President, ESPE 2012



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Welcome to issue 18

DEAR FRIENDS AND COLLEAGUES, There was very encouraging feedback from ESPE members regarding the new design of the last newsletter. Your comments and suggestions are very important to us, so now we are asking for your feedback in a more structured way. Please let us know your burning questions and what you expect of the newsletter - to make it even better!

We are launching several new initiatives in this issue. One is to reflect on practices in different centres in Europe and share this information with our ESPE members. Please contact us about your special expertise; this could include items such as research projects or diagnostic tests in your lab (especially the diagnosis of rare diseases). We hope by sharing this information in the newsletter we will improve the awareness and availability of high quality research and clinical facilities in Europe. We would like the newsletter to be an instrument that supports comprehensive and widespread collaboration between colleagues and centres. Please send your comments/information to espe@eurospe.org.

In this issue, you will find preliminary notes about the 51st ESPE Meeting to be held in Leipzig, Germany in September. It's just the right time to register! The scientific programme is excellent as usual, and we thank Wieland Kiess, the president of ESPE 2012 and of the programme organising committee for his hard work.

Another important message in our newsletter relates to the the Accreditation and Syllabus Subcommittee which has been redesigned under the umbrella of the Education and Training



Editorial *continued from page 1*

Committee of ESPE. The Subcommittee's aim in the short term is to update the paediatric endocrine training syllabus and, in the long term, to make plans for accreditation procedures in ESPE countries. We plan to present a poster outlining the activities of this Subcommittee at the ESPE booth during the Leipzig meeting.

A further major initiative that features in this issue is a preview of the *Yearbook of Pediatric Endocrinology*, kindly provided by the editors, Ze'ev Hochberg and Ken Ong. The inclusion of a scientific section in the newsletter is in response to suggestions made by ESPE members in the recent survey. As the *Yearbook of Pediatric Endocrinology* sessions during ESPE meetings are so greatly appreciated, we thought the editors might like to present a preview here. We thank them for their efforts to bring together some of the outstanding papers published in the last 3-4 months.

The newsletter's editorial board strives constantly to raise the bar. Please help us do our best to enrich the quality of the newsletter through your comments, criticism and valuable feedback.

Yours sincerely,

Professor Feyza Darendeliler

Editor, ESPE Newsletter

EDITORIAL BOARD

Indi Banerjee, Gabriel Martos Moreno

What do you think?

HOW DO YOU FEEL about the new look of the ESPE newsletter? It would help us very much if you could let us have your ideas as follows:

1. What topics would you like the editorial team to address in subsequent editions?
2. How can we improve the newsletter's readability?
3. Please rate your overall satisfaction with the newsletter from 1 to 10, 1 being the lowest and 10 the highest score.

ALSO Please let us know what topics you would like to be included in the e-seminars that ESPE plans to launch in the near future.

Send your suggestions and comments to espe@eurospe.org. We hope to publish some of your responses in the next issue.

Any questions for ESPE Council?

DO YOU HAVE A BURNING QUESTION that you would like to ask the ESPE Council? Write to us and we will aim to publish questions and answers addressing important issues in future editions of the newsletter. Please let us know if you wish to remain anonymous when we publish your question.

News from the Secretary General

DEAR ESPE MEMBERS, FRIENDS AND COLLEAGUES, As most of you are aware, one of my first actions as new ESPE Secretary General was to organise a membership survey allowing us to further develop our Society. The response rate was very high, demonstrating how much ESPE members care about their Society. Most of the current ESPE activities were greatly appreciated, including the annual ESPE meetings - which confirms that we are on the right track. Nevertheless, there is still room for improvement. Based on constructive feedback from the membership, the ESPE Council is currently forming the future strategy for ESPE. All activities will be carefully reviewed to ensure the optimal outcome. This is important as the economic crisis in Europe is likely to affect ESPE's economy as well. To prepare for this, Council has taken action to attract new sponsors, and a special task force has been formed, with the aim of making ESPE less dependent on industry support. Hopefully, this will allow new initiatives to be launched.

A record number of abstracts have been submitted to the 51st Annual ESPE Meeting in Leipzig on 20-23 September 2012. Please make sure to reserve these dates in your calendar. President Wieland Kiess, the local organising committee and the programme organising committee have made a tremendous effort to make this meeting a great success. Please don't forget to register and make travel arrangements.

For more information on all of our activities, please visit the ESPE website at www.eurospe.org or contact me directly at lars.savendahl@ki.se or via the ESPE Secretariat at espe@eurospe.org.

Best wishes,

Lars Sävendahl

ESPE Secretary General

ETC SUBCOMMITTEE

Update from the Accreditation and Syllabus Subcommittee

DEAR COLLEAGUES, We previously reported the formation of an Accreditation and Syllabus Subcommittee under the umbrella of the Education and Training Committee (ETC).

This group's first aim is to update the paediatric endocrine training syllabus which was last updated in 2001 (as per the website). This update is to revise, restructure and amend the current guidelines in the light of present practice and new developments, as well as evaluating the feasibility of the current tutorial system approach in view of national differences in pediatric training, and focusing on minimum but obligatory requirements. You may recall we asked for your assistance and collaboration in updating the syllabus.

In the light of further discussions, we have decided to divide the paediatric endocrine training programme into different chapters, and to allocate each chapter to an expert from a different country. The group that is involved in these studies comprises Lars Sävendahl (Sweden), Chris Kelnar (UK), Jeremy Allgrove (UK), Peter Hindmarsh (UK), Sten Drop (The Netherlands), Anita Hokken-Koelega (The Netherlands), Stefan Riedel (Austria), Jesús Argente (Spain), Christa Flück (Switzerland), Maithe Tauber (France), Stefano Cianfarani (Italy) and Wieland Kiess (Germany).

The plan is to work on a draft that we can present to you for your comments. There will be a poster presentation during the next ESPE meeting in Leipzig covering the initial draft and the issues to be discussed.

Thanks to all who collaborated.

Regards,

Professor Feyza Darendeliler

Chair, Accreditation and Syllabus Subcommittee

Professor Jan Lebl

Chair, Education and Training Committee



Pioneer in Paediatric Endocrinology Dieter Knorr 1923-2012

WE MUST BID FAREWELL to our esteemed friend and teacher, Professor Dr med. Dietrich Knorr, doyen and founding father of paediatric endocrinology in Germany. Our speciality, now over 50 years old, owes an immense debt to the work and example of Dieter Knorr. As our London colleague, Martin Savage, recently wrote in an email: 'Dieter was an outstanding person and a key pioneer and leader in paediatric endocrinology and a role model to many people.'

In 1962 Dieter Knorr was one of the select number of founding members of ESPE, which was launched by his friend, Andrea Prader, in Zurich, and which, together with the German Society for Endocrinology and the German Paediatric Society, was to become the scientific home for him and his ever-increasing number of disciples.

Dieter completed his doctorate in paediatrics in 1963. In 1969, he spent a research sabbatical at the Department of Endocrinology at the National Institutes of Health in Bethesda, Maryland, USA, and, after his return, was appointed as a professor. From 1974 until his retirement in 1988 he was Head of the Department for Paediatric Endocrinology at the University Children's Hospital, Munich.

The greater part of his scientific publications date from this period. They emphasised the importance of child-oriented, methodically exact, sensitive and specific hormone analysis in the early diagnosis and treatment of the various adrenal and gonadal biosynthesis defects and related disorders. Dieter was an inspiring teacher of paediatric endocrinology, who worked

tirelessly in the hospital and outpatients' clinic as well as in the endocrinology lab. He was convinced that thorough experience in both these areas was vital for coping with the diagnostic and therapeutic challenges in the best interests of the sick child.

With his refreshing modesty and reliability he was not only a dedicated and compassionate doctor for his patients and their parents, he was also an exemplary role model for his scientific colleagues. His extraordinary legacy has been carried down in the following generations of outstanding and dedicated paediatricians and scientists.

He was appointed an honorary member of several scientific societies. The German Society for Endocrinology, whose Meeting President he was in 1986, conferred on him their highest award, the Berthold Medal, and established the prestigious Dietrich Knorr Prize in his honour, which has been awarded at the Society's annual meeting since 2003 for the best scientific publication in the field of the adrenal glands and the gonads. ESPE honoured Dieter Knorr, as the only German to date, with its rarely awarded Honorary Membership in 1998.

With Dieter Knorr we have lost a truly great representative of our field - and a very dear friend as well. We remember him with respect and affection and honour his memory.

Wolfgang Sippell

ESPE Sabbatical Leave Programme

ONE OF THE MARVELLOUS, but still underutilised, opportunities that ESPE offers is the Sabbatical Leave Programme, sponsored by Eli Lilly. This programme (established in 1993) enables ESPE members to undertake 'sabbatical' leave to perform research in another institution. This provides a unique opportunity for scientific renewal, development of new research and establishment of collaborative links. We believe that such sabbatical leave can substantially contribute to your scientific career, and thereby improve the quality of paediatric endocrine research, education and patient care in Europe.

The ESPE Sabbatical Leave Committee will grant two or three positions per year (up to €25 000 per recipient), and the leave will typically extend over 3-12 months. The grant is a contribution towards the cost of travel, housing, and academic and other items related to the sabbatical leave. Consideration will also be given to support requests for contributory payments to other persons covering clinical, teaching and other duties during the leave of absence.

Who can apply?

The candidate must be an ESPE member with an active research commitment in paediatric endocrinology. So, contrary to associations between the word 'sabbatical' and 'established' professors, this programme is primarily targeted towards paediatric endocrinologists in the middle of their scientific careers, who wish to make a substantial step forward.

What is required of the host institution?

The sabbatical leave should be spent in a place other than the applicant's own institution. The host institution should be of known excellence in the field of research selected by the candidate. It should deliver a statement indicating acceptance of the candidate and that appropriate facilities will be made available to undertake the research. It is expected that collaborative work will continue after the sabbatical leave is completed.

Are there other demands after the sabbatical?

A short report should be submitted to the Sabbatical Leave Committee within 3 months of completing the programme. There will be an opportunity, rather than an obligation, to present your scientific results in a minireview in *Hormone Research in Paediatrics*.

How to apply?

Details of the procedure can be found on the ESPE website (www.eurospe.org/awards/awards_sabbatical.html). The 2012 deadline for applications is 30 May. Applications can be sent to the Chair of the Sabbatical Leave Committee (j.m.wit@lumc.nl).

And finally...

A period in another institution can stimulate your scientific development enormously, and may have a big impact on the rest of your working life! Use the opportunity!

On behalf of the Committee,

Jan-Maarten Wit,

Chair, Sabbatical Leave Committee

Yearbook of Pediatric Endocrinology: Editors' preview

Editors Ze'ev Hochberg and Ken Ong pick out some of the outstanding papers published in the last few months from the Yearbook of Pediatric Endocrinology.

Maternal serum levels of 25-hydroxy-vitamin D during pregnancy and risk of type 1 diabetes in the offspring

Sørensen IM, Joner G, Jenum PA, Eskild A, Torjesen PA & Stene LC
Department of Pediatrics, Oslo University Hospital, Ullevål, Oslo, Norway (i.m.sorensen@medisin.uio.no)

Diabetes 2012 **61** 175-178

BACKGROUND: Risk of type 1 diabetes (T1D) has been reported to be reduced after intake of vitamin D supplements during pregnancy or early childhood. The aim of this study was to assess whether lower maternal serum concentrations of 25-hydroxy-vitamin D (25-OH D) during pregnancy were associated with an increased risk of T1D in the offspring.

METHODS: 25-OH D levels were measured using a radioimmunoassay on samples from late pregnancy in 109 women

delivering a child who developed T1D before 15 years of age (case subjects) and from 219 control women.

RESULTS: There was a trend towards a higher risk of T1D with lower levels of 25-OH D during pregnancy: the odds of T1D being 2.38 (1.12-5.07) for the offspring of women with the lowest levels of 25-OH D (first quartile) compared to the offspring of women with levels above the upper quartile.

CONCLUSION: Reduced maternal 25-OH D levels increase the risk of developing T1D in the offspring. If these results are confirmed, they could provide support for the initiation of a randomised intervention trial to prevent T1D in children by enhancing maternal 25-OH D levels during pregnancy.

COMMENTARY by M Loredana Marcovecchio and Francesco Chiarelli

Over the last few years there has been a growing interest in the immunomodulatory effect of vitamin D and in its association with the pathogenesis of autoimmune diseases, such as T1D⁽¹⁾. Reduced levels of vitamin D have been reported in children and adults with T1D compared with healthy controls. In addition, there have also been studies assessing the potential role of polymorphisms in genes implicated in vitamin D metabolism in the pathogenesis of T1D⁽²⁾.

This recent study reports an interesting association between reduced maternal serum vitamin D levels and risk of developing T1D in the offspring before the age of 15 years. Levels of vitamin D were reduced in mothers of offspring who developed T1D compared with controls (65.8 vs 73.1 nmol/l). Of particular note was the finding that children born to women with a 25-OH D level in the lowest quartile had a risk of developing T1D which was more than twofold higher than those born to women with a 25-OH D level in the highest quartile. These findings suggest that vitamin D could influence T1D risk during

prenatal life, by influencing the immune system. In fact, although the exact mechanisms linking reduced vitamin D levels to T1D are not yet completely understood, there is evidence suggesting that vitamin D can enhance immunologic tolerance⁽³⁾.

These results are of interest given that they provide further support for the potential role of vitamin D in the pathogenesis of T1D and, in the meantime, they confirm the role of environmental factors acting early in life in the pathogenesis of this autoimmune disease. If these results are confirmed in future studies, they could represent the driving force for trials with vitamin D supplementation during pregnancy as a preventive strategy for T1D.

References

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- (2) Cooper JD, Smyth DJ, Walker NM *et al.* 2011 Inherited variation in vitamin D genes is associated with predisposition to autoimmune disease type 1 diabetes. *Diabetes* **60** 1624-1631.
- (3) Hewison M 2010 Vitamin D and the immune system: new perspectives on an old theme. *Endocrinology and Metabolism Clinics of North America* **39** 365-379, table of contents.

A PGC1- α -dependent myokine that drives brown-fat-like development of white fat and thermogenesis

Boström P, Wu J, Jedrychowski MP, Korde A, Ye L, Lo JC, Rasbach KA, Boström EA, Choi JH, Long JZ, Kajimura S, Zingaretti MC, Vind BF, Tu H, Cinti S, Højlund K, Gygi SP & Spiegelman BM
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Nature 2012 **481**(7382) 463-468

INTRODUCTION: PGC1 is a transcriptional co-activator which drives many biological pathways related to energy metabolism. Originally described as a modulator of uncoupling protein 1 (UCP-1) expression in brown adipocytes, it has been shown to stimulate mitochondrial biogenesis, angiogenesis and fibre-type switching in exercised muscle. Transgenic mice over-expressing PGC1- α in muscle are resistant to age-related obesity, suggesting the presence of a muscle-secreted factor which affects other tissues.

METHODS: The authors used a transgenic mouse model over-expressing PGC1 in skeletal muscle to investigate PGC1 effects on energy metabolism and brown adipose tissue recruitment.

RESULTS: Enhanced expression of PGC1 in muscle stimulates an increase in expression of FNDC5, a membrane protein that is cleaved and secreted as a newly identified hormone, termed irisin. Irisin induces UCP-1 expression and a broad programme of brown-fat-like development in white adipocytes *in vitro*. Furthermore, it is induced with exercise in mice and humans, and the authors could show that mildly increased irisin levels in the blood cause an increase in energy expenditure in mice with no changes in movement or food intake.

CONCLUSION: The authors conclude that irisin could be therapeutic for human metabolic disease and other disorders that are improved with exercise.

COMMENTARY by Martin Wabitsch

Brown adipose tissue is present and active in adult humans, and first evidence has shown that this tissue is involved in cold-induced non-shivering thermogenesis in the human body⁽¹⁾.

In this study, Boström *et al.* discovered a novel hormone which acts as a chemical messenger between muscle and adipose tissue and has significant impact on brown fat recruitment and energy metabolism.

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This study elegantly demonstrates the impact of physical exercise on the recruitment of brown adipocytes. The workgroup of Bruce Spiegelman identified a novel myokine called 'irisin' during a search for genes regulated by PGC1- α . After physical exercise, it is secreted from the muscle into the bloodstream by proteolytic cleavage of its precursor FNDC5 - a type I membrane protein. When irisin levels rise, the hormone acts directly on white adipose tissue by inducing the formation of brown adipocytes. When administered during adipogenic differentiation of primary preadipocytes *in vitro*, FNDC5 induced key molecules of brown adipocytes. This was accompanied by an increase in oxygen consumption. Overexpression of FNDC5 in mice leads to enhanced irisin plasma levels and the formation of brown adipocyte

islets in white adipose tissue. Along with the induction of brown fat recruitment, irisin improved glucose tolerance and reduced fasting insulin in mice fed a high fat diet.

This discovery might be a further step in understanding the biological mechanisms that translate physical exercise into beneficial changes throughout the body, both in healthy people and in preventing or treating obesity and type 2 diabetes mellitus. This definitely will lead to further attempts to develop strategies to use irisin as an anti-obesity drug.

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Psychosocial risk and correlates of early menarche in Mexican-American girls

Thelus Jean R, Wilkinson AV, Spitz MR, Prokhorov A, Bondy M & Forman MR

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Journal of Epidemiology 2011 173 1203-1210

CONTEXT: Mexican-American girls have one of the fastest rates of decline in age at menarche. To date, no study has addressed the role of psychosocial factors on age at menarche in this population.

METHODS: Using data from a longitudinal cohort of Mexican-American girls from the Houston, Texas, metropolitan area recruited in 2005, the authors investigated associations between family life and socioeconomic environment and age at menarche in 523 girls.

RESULTS: After adjusting for maternal age at menarche, daughter's

age, and body mass index at baseline, perception of family life environment as conflict-prone was significantly associated with an earlier age at menarche (< 11 years). Additionally, there was a 2-fold higher risk (odds ratio = 2.22, 95% confidence interval: 1.12, 4.40) of early menarche among daughters of mothers who were single parents compared with those who were not. Furthermore, girls who matured early had a 2.5-fold increased risk (odds ratio = 2.69, 95% confidence interval: 1.04, 6.96) of experimenting with cigarettes compared with those who had an average-to-late age at menarche (\geq 11 years).

CONCLUSIONS: This study provides important information regarding the role of family life environment and single parenting on age at menarche in Mexican-Americans. Awareness of the impact of the family life environment and fathers' absence during the early years should be emphasised when addressing early age at menarche across cultures.

COMMENTARY by Ze'ev Hochberg

An important environmental cue for a person's life history is the caregiving behaviour of their parents, which can be used as a predictive indicator of the security of their environment. The resultant attachment patterns are transmitted trans-generationally⁽¹⁾. The degree of security that is experienced during childhood sets development on alternative pathways, and adaptively shapes the individual's future reproductive strategy. A secure attachment will result in a reproductive strategy that is based on late maturation, a commitment to a long-term relationship, and a large investment in parenting. In terms of evolutionary developmental biology (evo-devo), the expected response to a secure environment will include investment in large body size. Attachment is a two-hit system, with important adaptations during infancy and juvenility⁽²⁾.

In stressful conditions, parenting style becomes harsher and less sensitive, and marital discord increases, causing the child to experience chronic psychosocial stress that would lead to insecure attachment patterns. Insecure children thus receive such indirect information about

their milieu: that resources are in short supply and erratic, that people cannot be trusted, and that mating relationships tend to be short and uncommitted. This should switch development towards a reproductive style based on opportunistic interpersonal orientation, early reproduction, and low parental investment (offspring quantity vs quality). Secure attachment/low stress, on the other hand, leads to delayed mating, high parental investment, and a trusting and reciprocally oriented attitude.

Jean *et al.* provide important information regarding the role of family life environment and single parenting on the timing and duration of puberty. When addressing a child, be aware of the impact of the family life environment and fathers' absence during the early years.

References

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(2) Del Giudice M 2009 Sex, attachment, and the development of reproductive strategies. *Behavioral and Brain Sciences* 32 1-21.

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ESPE Working Groups

Bone and Growth Plate Working Group

THE BONE AND GROWTH PLATE WORKING GROUP brings together experts in growth, calcium/phosphate metabolism and bone strength. We have recently founded a European Bone and Growth Plate Network to encourage discussion on supra-regional public health issues, collaborative research and audit, distribution of information on meetings and updates, and ad-hoc discussions. Interested ESPE members should contact me (Wolfgang.Hogler@bch.nhs.uk).

In Glasgow last year, our session attracted so much interest that many people had to be turned away! We have put together another exciting programme for Leipzig. Please come along to our session as well as to our committee's business meeting, and help plan activities for the coming year, both scientifically and for public health-related topics.

You may also be interested in the forthcoming 3rd European Workshop in Growth Plate Research, Vienna, Austria, 5-6 July, which is organised by our member Dr Gabriele Haeusler (<http://gp2012.univie.ac.at>).

Wolfgang Högler

Chair, Bone and Growth Plate Working Group

Paediatric and Adolescent Gynaecology Working Group

THE PAG WORKING GROUP includes paediatric endocrinologists interested in improving the reproductive health of young girls and adolescents worldwide. They strive to do this by:

- promoting active research in reproductive-related disorders with special attention to cross-collaboration between basic and clinical aspects;
- interacting with physicians involved in related disciplines, particularly in the development of joint projects among the ESPE membership and related societies.

Each year, we organise the PAG Symposium just before the start of the ESPE annual meeting. The topic of the 2011 event in Glasgow was 'Amenorrhea in adolescence'. It was coordinated by Professors Lourdes Ibáñez and Charles Sultan, and had over 250 attendees.

The forthcoming PAG Symposium in Leipzig on 20 September 2012 is entitled 'Sexual precocity in girls: a growing problem'. The PAG Working Group has drafted a programme highlighting the practical aspects of the topic, and covering both the abnormalities associated with sexual precocity during childhood and the potential gynaecological alterations in adolescence and young adulthood derived from these.

Last year, Professor Charles Sultan and Dr Laura Gaspari finalised the details of a collaborative clinical project entitled 'Prevalence of hyperandrogenism in adolescent girls previously treated for central precocious puberty and followed up for at least 2 years after menarche'. Dr Gaspari will officially present this project to the audience at the PAG Symposium in Leipzig.

I would like to encourage all paediatric endocrinologists interested in this field to contact us for potential collaborations and to suggest topics that they would like to see covered in future PAG Symposia.

Lourdes Ibáñez

libanez@hsjdbcn.org

For further details about these and other ESPE Working Groups see www.eurospe.org/about/workinggroups.html.

Meet new ESPE members

Khadija Humayun

Aga Khan University, Karachi, Pakistan



WHILE BEING TRAINED at the Royal Hospital for Sick Children in Yorkhill, Glasgow, UK, I saw the support ESPE was providing for paediatric endocrinology training not only in Europe but for developing countries in Africa. I always thought ESPE would be the perfect platform to seek support for developing the subspecialty in my country, Pakistan, through the networking that this forum offers.

I hope to have an active role in ESPE as non-EU member, and to get ESPE to organise a support programme for Pakistan. I would also encourage any prospective member to join ESPE, to attend the meetings and apply for the various training opportunities.



Stefan Aronson

Halmstad Hospital, Halland, Sweden

I AM 74 YEARS OLD, still working part-time as a paediatrician, now as a mentor for younger doctors entering paediatrics. I have been engaged in paediatric endocrinology since 1966, and after my thesis in 1976 I planned to join ESPE. However, I was put off seeking membership, particularly because Swedish paediatric endocrinology was considered an exclusive subspecialty then, which discouraged too many being active in the field.

Today Swedish paediatric endocrinology has lost its exclusiveness and is represented at all county hospitals in Sweden. For me personally it became imperative to join ESPE after having been engaged as an ESPE tutor in ESPE's Nairobi Training Centre for African paediatric endocrinologists.

Over the past 40 years I have attended many ESPE meetings. They have been a great source of knowledge through both the presentations and the many informal personal contacts. Working in a county hospital since 1979, I was alone in my interest for many years. ESPE influx helped me in my ambitions to increase the local platform for paediatric endocrinology. It has also been possible for me to present some poster data at ESPE, the most thrilling being at the last meeting in Glasgow as mentor and co-author of Dr Elizabeth Oyenusi from Lagos, Nigeria, fellow of the Pan-African ESPE Fellowship at the Nairobi Training Centre.

I would encourage prospective members to join and enjoy all that ESPE can offer a paediatric endocrinologist (established or in the making)! Devote yourself to paediatric endocrinology: it is a very broad subspecialty, involved in the basic process of growth and development, fundamental to paediatrics.

Subspecialising in paediatric endocrinology is rewarding at all levels of paediatric work. ESPE welcomes you early in your personal career or at any stage up to an advanced university level. At this level, membership is more or less mandatory, as a part of one's career, and ESPE will offer you advanced education, international contacts for further development, and the standards for clinical work and research in paediatric endocrinology.

17th ESPE Winter School

24 February-1 March 2012, Kiev, Ukraine

THE 17TH ESPE WINTER SCHOOL - the first to be held in Ukraine - took place in the Grand Admiral resort, set in a forest of tall snowy pine trees near the small town of Irpin, about 20km from Ukraine's capital Kiev. The venue was ideal, and the main conference room was beautifully decorated and just the right size for the 8 teachers and 26 students.

This year our host co-ordinator was Professor Nataliya Zelinskaya from Kiev, ably assisted by Professor Marina Mamenko from Luhansk in southeastern Ukraine. The other members of the Winter School faculty were Professor Angela Hübner (Dresden, Germany), Dr Malcolm Donaldson (co-ordinator; Glasgow, UK), Professor John Gregory (Cardiff, UK), Professor Christa Flück (Berne, Switzerland) and Professor Margaret Zacharin (Melbourne, Australia). We were joined by Dr Artur Mazur, host co-ordinator for next year's event in Rzeszow, Poland.

Of 54 applicants, we were able to invite 26 doctors from Ukraine, surrounding countries and beyond. The breakdown of students was: Ukraine (7), Russia (5), Belarus (3), Bulgaria (2), Croatia (1), Czech Republic (1), Estonia (1), Lithuania (2), Macedonia (1), Poland (1), Romania (1) and Sudan (1).

As usual, the teaching was divided into plenary sessions and small group work. The faculty members tried to cover all aspects of paediatric endocrinology during the 5 days, with interactive lectures. Normal growth and puberty, basic endocrinology and molecular endocrinology came early in the programme, and were followed by lectures on growth disorders, growth hormone treatment, delayed puberty and sexual precocity, adrenal insufficiency and excess, congenital adrenal hyperplasia and disorders of sexual development, thyroid disease, diabetes, obesity, calcium and bone disorders, salt and glucose balance and late endocrine effects of childhood cancer. Each student had to present a case to the plenum, which was very helpful in reinforcing the points made in the lectures.

Christa Flück's evening sessions on how to do research and audit, and how to critically evaluate a publication, were very well received, and selected students presented their projects to the plenum during the last two evenings.

The small group sessions included an hour and a half of teachers' cases each day (always the most popular part of the programme!) as well as rehearsal of student cases and research projects.

Our much needed half day excursion on the third day was to Kiev, where our guide Yuri took us round the Cathedral of St Sophia,



ANGELA HUEBNER SHOWS CASES TO STUDENTS ANI, MARIJA, NATALLIA AND KADRI

St Michael's Cathedral and the amazing Kievo-Pecherska Lavra monastery complex with its museum and catacombs, the latter containing the mummies of orthodox saints! We then had a splendid evening meal in Shinok, a traditional Ukrainian restaurant.

As usual there was singing (and occasionally dancing) in the evenings at Grand Admiral hotel. In previous Winter Schools this has tended to be either unaccompanied or with the guitar. On this occasion, however, our host Nataliya Zelinskaya was able to regale us with wonderful (but often sad!) Ukrainian songs at the piano, aided by the Ukrainian and Russian doctors.

Feedback from the students was exceptionally good this year and we came away feeling that it had equalled the best of our Winter Schools.

As always, we are deeply grateful to Ferring Pharmaceuticals and especially to their Global Brand Manager Phil Boothroyd in Switzerland, for sponsoring our meetings, as they have done since the inception of Winter School in 1995.

Malcolm Donaldson

*ESPE Winter School Co-ordinator (2008-date)
Glasgow, UK*



ESPE Winter School 2013

RZESZOW, POLAND, 15-21 FEBRUARY

The 18th ESPE Winter School sees a return to Poland, and will be held near the southeastern town of Rzeszow. Dr Artur Mazur, our host co-ordinator, has already identified five venues, one of which will be chosen in June. We are encouraging applicants from both west and east Ukraine (most of this year's applicants being from the east) and also from Russia, the Baltic States, Romania, Slovakia, Hungary and Bulgaria.

Future Winter Schools

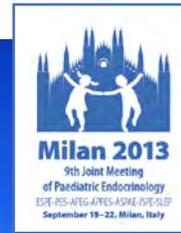
We are committed to holding the 2015 Winter School in Tblisi, Georgia, but thereafter no final decisions have been taken, although several countries have expressed interest.

Future meetings

See www.eurospe.org/meetings for details of all future meetings



51st Annual ESPE Meeting
20-23 September 2012
LEIPZIG, GERMANY



9th Joint Meeting of Paediatric Endocrinology
19-22 September 2013 MILAN, ITALY



53rd Annual ESPE Meeting
18-21 September 2014
DUBLIN, IRELAND



54th Annual ESPE Meeting
9-12 September 2015
BARCELONA, SPAIN

Deadlines

Please note these fast approaching deadline dates and submit your applications as soon as possible.

ESPE Sabbatical Leave Programme applications	30 May 2012
ESPE Clinical Fellowship	31 May 2012
ESPE Visiting Scholarship	31 Jul 2012
ESPE 2012 standard fee registration	2 Aug 2012
ESPE Winter School applications	1 Oct 2012
ESPE Visiting Scholarship	31 Oct 2012
ESPE Young Investigator Award	15 Jan 2013
ESPE Outstanding Clinician Award	15 Jan 2013
ESPE Visiting Scholarship	31 Jan 2013
ESPE Summer School applications	1 Feb 2013
ESPE Research Fellowship	1 Mar 2013

See the ESPE website www.eurospe.org for further details and application forms



European Society for Paediatric Endocrinology

Improving care of children with endocrine diseases by promoting knowledge and research

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ESPE Newsletter

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ESPE Secretariat

The ESPE Secretariat is managed by BioScientifica Limited, headed by Managing Director Leon Heward-Mills.

Joanne Fox-Evans, BioScientifica's Secretariats Manager, oversees the day-to-day relationship with ESPE, liaising with the ESPE Council and committee members as well as being the main point of contact for ESPE enquiries. She undertakes projects requested by the Secretary General, providing him with assistance and attending ESPE Council and committee meetings. The Secretariat handles membership renewals and payments and deals with subscriptions to *Hormone Research in Paediatrics*.

BioScientifica also manages the Corporate Liaison Board which deals with industry sponsors, and is also responsible for publication of the ESPE newsletter.

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