



Summer School success

THE 26TH ESPE SUMMER SCHOOL TOOK PLACE at Schloss Oppurg, Germany, on 17–19 September 2012, just before the 51st Annual ESPE Meeting in Leipzig. The ESPE Summer School has been organised every year since 1987, and brings together paediatric endocrinologists in training and academic clinicians and scientists. The Summer School Organising Committee develops the course around various themes, on this occasion focusing on bone and mineral, adrenal, puberty and glucose homeostasis. For each theme, there were state-of-the-art basic and clinical lectures.

Exchanges between students and teachers were active after the talks and during the breaks. An important feature of the Summer School is the presentation of cases, one by each student, which are discussed in small groups with a faculty member. Cases are then summarised and presented to the plenum, providing an extensive sample of challenging endocrine cases, ranging from common and controversial management problems to rare genetic conditions.

The Summer School also aims to promote interactions between students of various geographical origins and the opportunity to work together closely for 3 days was truly appreciated. The 26 fellows, who were selected from 66 applications on the grounds of clinical and academic experience, represented 17 countries across 4 continents.

We thank all faculty members for contributing to the Summer School and attending throughout the course. Those who were not familiar with the ESPE Summer School concept were impressed by the quality of the teaching and of the exchanges during the course. Antje Koerner deserves special thanks for an outstanding job in the local organisation of the event. Since its inception, ESPE Summer School has been supported by Ferring Pharmaceuticals A/S, which is greatly appreciated.

In 2013, the 27th Summer School will take place on 22–25 September just after the 9th Joint Meeting of Paediatric Endocrinology, near Lake Maggiore, Italy. The local organiser is Angelica Mohn. Over 90 applications have been received for the limited number of available places, and the deadline has now passed!

Early career researchers represent the future of paediatric endocrinology, and for this reason ESPE has always sought to invest in the education and development of younger fellows. Like the Young Investigator Award, Science School, Winter School, e-Learning portal and Recorded Lectures Programme, the Summer School is one such initiative, the fruits of which will be future advances in paediatric endocrinology.

For more information please see www.eurospe.org/education/education_summer.html.

Faisal Ahmed, Co-ordinator, ESPE Summer School



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Welcome to issue 21

DEAR FRIENDS AND COLLEAGUES,
Time is passing fast and the next ESPE meeting, the 2013 Joint Meeting in Milan, is already approaching. The Joint Meetings lend a unique flavour to our academic life. New friends and colleagues from different countries all over the world, broader perspectives from different societies, and a busier and tighter schedule... We wish every success to the President of the Milan meeting, Franco Chiarelli, and the Organising Committee, built from the different societies, who have compiled an excellent scientific programme. See Franco Chiarelli's message to you all on [page 3](#), and please reserve space on your calendars to be in Milan on 19–22 September.

We continue to introduce the national societies to you in the newsletter, and this issue features news from the British Society ([page 6](#)). We thank our British colleagues for sharing their information with us. Please volunteer to tell us what is happening in your own national society.

Welcome *continued from page 1*

News about other ESPE activities includes the very successful ESPE Summer School (page 1), the Clinical Fellowship Programme (page 4), paediatric endocrinology in India (page 6), and an update from the ESPE Working Group for Turner syndrome (page 5). Make sure you don't miss the interviews with younger and senior paediatric endocrinologists on page 7, where you can learn what ESPE has brought to their academic lives.

The *Yearbook of Pediatric Endocrinology* is greatly appreciated by ESPE members, and on page 8 we are delighted to include a further preview from the editors, Ze'ev Hochberg and Ken Ong, to whom we extend our cordial thanks.

We, as the Editorial Board, will do our best to continue to maintain the quality of the newsletter and try to enrich it with feedback from all members. Do send your news and information to espe@eurospe.org.

Yours sincerely,

Professor Feyza Darendeliler
Editor, *ESPE Newsletter*
feyzad@istanbul.edu.tr

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ESPE 2012 webcasts

Webcasts of the ESPE 2012 plenary lectures are now online at <http://espe2012.eventresult.com>.

Call for CAH research projects: IFCAH-ESPE grant 2013

IN 2013, IFCAH (International Fund-raising for Congenital Adrenal Hyperplasia) is launching its third call for proposals, in collaboration with ESPE.

Academic groups working directly or indirectly on congenital adrenal hyperplasia are encouraged to submit a project, if the expected results could aid the understanding of the pathophysiology and improve the management of the disease. Projects focused on gene or/and cellular therapy will be given particular consideration.

Information about IFCAH and this call for grant applications is available on IFCAH's website (www.ifcah.org). The deadline for application is 25 March 2013. We hope that you will consider this opportunity with great interest.

ASPAC newsletter

As members of ESPE will know, we are keen to encourage the development of paediatric endocrinology in Africa, and have supported various initiatives there, including the Paediatric Endocrine Training Centres that featured in the last issue of the ESPE newsletter. To keep up to date with the latest developments in this region, you can read the African Society for Paediatric and Adolescent Endocrinology (ASPAC) newsletter at www.aspac.co.za/Newsletter.html.

Questioning Council?

Do you have a burning question that you would like to ask the ESPE Council? Write to us at espe@eurospe.org 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.

CALLING COLLABORATORS!

**Are you studying a rare disease?
Are you developing novel diagnostic tests?**

Would you like to share your work and find new collaborators?

As your Editorial Board, we aim to reflect what is happening in different centres, and to highlight items that you would like to share with other colleagues, so that we increase awareness and/or find other people interested in your area.

The topics discussed can include research projects, or diagnostic tests in your lab, especially with respect to the diagnosis of rare disease. We would like the newsletter to improve comprehensive and widespread collaboration between colleagues and among centres.

Please get in touch by writing to espe@eurospe.org.

Feyza Darendeliler, Editor

7th ESPE Advanced Seminar in Developmental Endocrinology Adrenal disorders

30-31 May 2013

University of Bern, Switzerland



ESPE SEMINAR 2012, BERN, SWITZERLAND

Applications have now closed for this forthcoming seminar, which will see world famous adrenal specialists deliver lectures on recent topics concerning all aspects (both clinical and research) of the human adrenal cortex:

- Molecular genetics and research beyond steroid disorders
Walter L Müller, San Francisco, CA, USA
- Diagnostic tools (biochemical and genetic) for diagnosing genetic disorders of the adrenal gland
Yves Morel, Lyon, France
- Use of bioinformatics in steroid research as a prognostic tool for identified human mutations in steroid disorders
Amit V Pandey, Bern, Switzerland
- Steroidogenic factor 1 with regard to the adrenals and gonads
John Achermann, London, UK
- Prenatal dexamethasone and its role in human and mammalian biology
Svetlana Lajic, Stockholm, Sweden

- Familial glucocorticoid resistance syndromes
Angela Hübner, Dresden, Germany
- 'Steroidomics' (steroid profiling)
Stefan Wudy, Giessen, Germany
- The Swiss experience in CAH neonatal screening and 21-hydroxylase routine genetic diagnostics
Anna Lauber-Biason, Fribourg, Switzerland & Toni Torresani
- Biological 'clocks'
Ueli Schibler, Geneva, Switzerland

Besides the experts, there will be 25 eager students who will bring with them interesting (un)solved case presentations for discussion. This one and a half day interactive meeting to teach, discuss, get to know each other and form a network between experts and students for the future is all in the spirit of ESPE.

Watch out for details of the 2014 event in due course, and be sure to book your place!

Christa Flück and Primus Mullis
Co-chairs

9th Joint Meeting of Paediatric Endocrinology

19–22 September 2013, Milan, Italy



**EARLY BIRD
REGISTRATION
DEADLINE:
2 May 2013**



DEAR COLLEAGUES AND FRIENDS,

The Joint Programme Organising Committee is hard at work finalising the schedule of an exciting meeting in Milan this September. Internationally renowned experts, invited from all over the world, will offer perspectives on the theme of 'Predictive medicine to improve the care of children,' by exploring and sharing the latest developments in research on growth, endocrine disrupters, obesity and type 1 diabetes, in a prestigious plenary lecture programme.

Interaction and discussion will be the essence of this meeting, and the free oral communications in 20 scheduled platform sessions will enable all participants to benefit from this expertise. Together with 16 themed symposia, 12 meet the expert sessions, 4 sessions covering 'controversies', 3 yearbook events and 2 new perspective sessions, it goes without saying that this reunion of ESPE with the Paediatric Endocrine Society (PES), Australasian Paediatric Endocrine Group

(APEG), Asia Pacific Paediatric Endocrine Society (APES), African Society for Pediatric and Adolescent Endocrinology (ASPAE), Japanese Society for Pediatric Endocrinology (JSPE), and Sociedad Latinoamericana de Endocrinología Pediátrica (SLEP) is a unique opportunity to share the latest developments in research, as well as to renew old friendships.

The 2013 ESPE Summer School (see [page 1](#)) follows the meeting and will be a significant and stimulating opportunity that symbolises ESPE's commitment to the future care of children with endocrine disorders. It will provide a fitting conclusion to the 9th Joint Meeting.

For further information about the meeting, contact jointmeeting2013@congreg.com.

I look forward to seeing you all in Milan!

Professor Franco Chiarelli chiarelli@umich.it

*President, European Society for Paediatric Endocrinology (ESPE)
Chairman of the Joint Programme Organising Committee (JPOC)*



visit www.jointmeeting2013.org for details

Accreditation and Syllabus Subcommittee update

THE SUBCOMMITTEE IS WORKING to update the existing European Training Syllabus in Paediatric Endocrinology and Diabetes and to develop plans for accreditation of paediatric endocrine centres in Europe. Once agreed by ESPE, our proposal will be submitted to the European Academy of Paediatrics (EAP) for approval.

To advertise the syllabus and reach more members, a poster was exhibited at the ESPE booth at the 2012 meeting in Leipzig.

We also wrote to members and circulated a questionnaire to learn whether different countries use the ESPE syllabus or a national alternative. The results revealed that training in paediatric endocrinology is quite variable across EU countries. In the EAP's Tertiary Care Working Group, made up of representatives from each subspecialty, it has been noted that there is great heterogeneity among the training programmes of European paediatric

specialties in terms of format and duration. Furthermore, among the training programmes accepted by EAP, fewer than 25% have been updated in the past 5 years.

UEMS (the European Union of Medical Specialists) proposes that the training requirements of the subspecialties should be developed under the subtitles:

- training requirements for trainees
- organisation of training
- training requirements for trainers
- training requirements for training centres

Once the training programme is established, visits, evaluation and specialist certification will follow. UEMS recommends that visits to centres are performed to gain better visibility of training quality, with the aim of accrediting 1–2 centres per country. EAP should set European standards that can be used by national organisations. If EU standards are met in a country, EAP can endorse national accreditation.

European Board Exams are held in 39 specialities such as urology, radiology and paediatric subspecialties like paediatric allergology, but not yet in paediatric endocrinology.

A subgroup of the Accreditation and Syllabus Subcommittee, including Feyza Darendeliler, Sten Drop, Stefano Cianfarani, Wilma Oostdijk, Giorgio Radetti, Stefan Riedl, Jan Lebl and Lars Savendahl, is working to update the paediatric endocrinology training programme, based on the recommendations of the EAP and European Board of Paediatrics, with the aim of presenting it to the larger group and the ESPE Council.

Feyza Darendeliler

Chair, Accreditation and Syllabus Subcommittee

ESPE Clinical Fellowship Programme:

Why you should do it!

This ESPE programme sponsors young paediatricians who wish to become paediatric endocrinologists but who lack specialised training opportunities at their home centres. It enables them to spend 3–12 months at a recognised European centre with established training opportunities for paediatric endocrinology and diabetology.

A fellow's perspective...

I AM AN INDIAN NATIONAL WORKING in Abu-Dhabi, UAE, taking care of both general paediatric and paediatric endocrinology and diabetes cases. Paediatric endocrine cases in UAE are usually handled by adult endocrinologists, or referred to Western countries, as there are few

I had a wonderful time learning and interacting with the great team of clinicians. Each member of the team contributed in their own way to my learning process.

trained paediatric endocrinologists. India, to which I intend to return, has a similar lack of trained paediatric endocrinologists for its mammoth population.

I acquired my basic training and skills in paediatric endocrinology and diabetes through a diligent 18-month research-cum-clinical fellowship at the All India Institute of Medical Sciences (a tertiary care university hospital) in Delhi, India. I then became an active member of APPES, ISPAE and ESPE, and undertook their training courses, as well as attending and

presenting papers at various international paediatric endocrine forums.

Despite having immense interest and basic training in paediatric endocrinology and diabetes, I always felt the need to upgrade my clinical skills and expertise in an advanced tertiary care centre of paediatric endocrinology in a developed country. ESPE awarded me this golden opportunity to work as a clinical fellow under Professor Jean-Claude Carel at Hospital Robert Debré, in Paris, France, in September 2011. I could even choose my own time-frame, in consultation with my host and to fit my family and work commitments. I successfully finished in February 2012 (with thanks to my family for their great support).

I had a wonderful time learning and interacting with the great team of clinicians. Each member of the team contributed in their own way to my learning process. It was a phenomenal experience to do practically what I used to read in books: following the protocols, performing the

...and a host's

RECENTLY, EKATERINE (EKA) KVARATSKELIA from Tbilisi, Georgia, spent 3 months at our centre. It was a wonderful experience for us both. We had met at the ESPE Winter School 2010 in Ankara, Turkey. We both think that the Winter School is a great opportunity to get intensive training in basic paediatric endocrinology and diabetology, to meet people with the same interests and to network with teachers – the specialists in the field.

Then, it is extremely helpful to consolidate knowledge and broaden clinical expertise, either in general paediatric endocrinology or in any specific topic, with a 3- to 12-month fellowship. To plan a successful fellowship, you must identify your training needs and expectations to find

Deadline for ESPE Clinical Fellowship applications: **31 May 2013**



state of the art investigational and genetic work and then giving the appropriate management. It has added to my patient management skills. I used to think how I would tackle the same issue in my own setting, and it was heartening to realise that so much could be done despite the limited resources. I even undertook a research project, and have published a paper in *Hormone Research* in collaboration with the team at my host centre.

The icing on the cake was networking with the best in the field, which will help me manage problem cases needing an expert opinion. The ESPE meeting in Leipzig, where I also participated in the ESPE Summer School, felt like a home-coming when I met the Robert Debré team there.

Paris also gave me the experience of a lifetime in terms of its rich culture, warm people and wonderful cuisine. I wish my French had been better to start with, but everyone was very supportive, including the patients, who tried their best to communicate with me in English and got so excited about my countries of origin and abode, which was both humbling and touching.

Regarding everyday issues, I would recommend accommodation near the hospital for future fellows. Staying in the chic heartland of the city provided for a great experience, but the cost and uncertainties were not for the faint-hearted. Anyway, if wisely spent, the ESPE grant can meet your living expenses, even in a costly city like Paris.

I have built a solid foundation on which to develop my career and so benefit scores of patients in paediatric endocrinology and diabetes. Potential candidates should use this ESPE learning opportunity to enhance their skills and build bridges to narrow the gap in today's truly global world.

Deepti Chaturvedi

Burjeel Hospital, Abu-Dhabi, UAE

the 'perfect' host centre. Eka, for instance, wanted to spend 3 months consolidating her skills in general paediatric endocrinology. As she knows both English and German very well, she was able to choose from several European centres that host fellows. Initially, she hoped to bring her family (including two children), but practical issues such as lack of short-term accommodation and day-care meant this was not possible.

Eka became part of our clinical team within days of her arrival, and saw patients under supervision, just as our own fellows do. She also participated actively in grand-round discussions and laboratory meetings. Eka visited our routine endocrine laboratory and our research

ESPE Clinical Fellowship Programme *continued from page 4*

laboratories to get an insight into the laboratory world of endocrinology. We both felt that 3 months was too short to embark upon a research project. I think if this had been the aim, some planning would have been necessary beforehand.

Our team also learned from Eka, when she presented her difficult patients and told us about the limited resources she has for diagnosing, testing and treating them. We also enjoyed her very enthusiastic and open-minded personality and are convinced that with all her efforts Eka will improve the medical care for children and adolescents with endocrine disorders in Georgia. We will certainly remain in touch.

The ESPE Clinical Fellowship Programme benefits both fellows and hosts. Compared with other programmes, it is also quite cheap. I hope ESPE keeps this programme running and that sponsors will continue to support it.

Christa E Flück

University Children's Hospital Bern, Switzerland

Read an interview with another Clinical Fellowship recipient in this issue's 'Fellowship in Focus' feature on page 7



CHRISTA E FLÜCK & EKA KVARATSKELIA

ESPE WORKING GROUP UPDATE

Turner Syndrome

THE ESPE TURNER SYNDROME WORKING GROUP (TSWG) includes paediatric endocrinologists involved in the care of subjects with Turner syndrome and associated clinical research.

This condition causes multi-faceted problems, and an interdisciplinary team is required for the diagnosis, follow-up and treatment of these patients. The paediatric endocrinologist is the co-ordinator of the team, following paediatric patients until they are young adults, and responsible for managing their transition to adult health care.

Informing a patient and her family about the diagnosis of Turner syndrome is a delicate matter, because of the psychological impact, even in later life. Consequently, 'Talking about Turner syndrome' was chosen as the topic of the ESPE TSWG meeting in Leipzig in 2012. The meeting was very interesting, as many different aspects of the communication of a diagnosis of Turner syndrome were discussed.

Geneticist Bruno Dallapiccola (Italy) reported on communication during pregnancy, when a baby can't be seen, but only imagined. The presence of a Y-chromosome in the karyotype was given particular consideration by Martine Cools (Belgium). The problem of gonadectomy due to the risk of developing gonadoblastoma was treated exhaustively. The painful prospective of infertility with its potential harmful relationship with femininity was part of the talk given by psychologist Angelika Bock (Germany).

A questionnaire on communication of Turner syndrome diagnosis had been prepared by Siska Verlinde and Aneta Gawlik and submitted to ESPE members. The results were reported during the TSWG meeting in Leipzig and also discussed with the Turner syndrome support groups.

This workshop included space for the support groups, which was a good opportunity for everyone to understand the point of view of the subjects that we care for, and to reflect on how best to talk about this diagnosis.

A large randomised European study to optimise pubertal replacement therapy (androgen and oestrogen) in Turner syndrome with a treatment protocol that combines different formulations (transdermal and oral) and times of introduction (early, late or very early) is one of the most important aims of the TSWG. A proposal was prepared by Theo Sas, principal investigator, helped by Jean-Claude Carel. Anyone interested in the project can contact him at T.C.J.Sas@asz.nl.

'Controversies in the care of Turner syndrome' will be the topic of the next Joint TSWG meeting in Milan next September. Some aspects of the care of subjects with Turner syndrome, which remain controversial, will be discussed with experts. These include ovarian failure and hormone replacement therapy (optimal type, dose, route and time of oestrogen replacement induction); perspectives on all aspects of fertility preservation, including ovarian cryopreservation and oocyte donation, as well as the risks associated with pregnancy; heart monitoring strategies; and the transition from paediatrics to adulthood, as the proper framework for transition has not yet been established. How much responsibility do doctors and Turner syndrome patients have in deciding transition time? What is the limit of our liability?

We hope that this programme will be of interest to paediatric endocrinologists, in facing the most relevant problems in Turner syndrome.

Laura Mazzanti, *Co-ordinator, TSWG*

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Paediatric endocrinology in India

DESPITE INDIA'S LARGE population (1.2 billion), there are only 287 paediatric endocrinologists affiliated to the Indian Society of Paediatric and Adolescent Endocrinology (ISPAE).

ESPE has partnered ISPAE since its first meeting in Mumbai in 2007, and helped organise the first Paediatric Endocrine Training (PET) course in 2009 in New Delhi. We are delighted to welcome Indian delegates to our annual meetings, with 16 travelling to Glasgow in 2011, including one invited speaker, and 6 visiting Leipzig in 2012.

ESPE successfully contributed to the last ISPAE meeting and PET course in Calicut, Kerala. The course design was very similar to that of the ESPE Summer School, with small group discussions, interaction around cases and formal lectures. The high level of enthusiasm and the strong academic background of the fellows were very clear. The interaction around complex cases was very informative, even for the faculty, as some of the cases discussed were rather extreme in their presentation, compared with those in Europe.

The ISPAE meeting was well attended, with more than 300 delegates. It covered a broad range of topics. Several ESPE members were invited to speak, including Ze'ev Hochberg (hypothalamic obesity), Olaf Hiort (disorders of sex development and G proteins) and Jean-Claude Carel (precocious puberty and type 2 diabetes). Overall, ESPE members were greatly impressed by the enthusiasm and dedication of our Indian colleagues, who are in the process of establishing a network of paediatric endocrinologists, often working in difficult conditions with limited resources.

In November 2013, ISPAE is organising a biannual meeting and PET course in Bangalore, Karnataka. ESPE will be present and communicate on disorders of sex development (Olaf Hiort), hypoglycaemia (Khalid Hussain), bone disorders (Nick Bishop) and growth hormone in small for gestational age individuals (Jean-Claude Carel). ESPE faculty members will also participate in the PET course, in order to further promote the close links with ISPAE.

You can learn more about ISPAE at www.ispae.org.in.

Jean-Claude Carel



British Society for Paediatric Endocrinology and Diabetes (BSPED)

BSPED, the British Society for Paediatric Endocrinology and Diabetes, was founded in 1979. It currently has 400 members, and is chaired by Professor Mehul Dattani.

Along with the Executive Committee and the Programme Organising Committee, which are in charge of running the Society and planning the annual meeting respectively, the Clinical Subcommittee is one of the cornerstones of the BSPED. This Committee was established in 2009 and its main aims are to respond to and give opinion on matters in clinical paediatric endocrinology and diabetes; to develop guidelines for optimal management of these pathologies; to participate in the development and maintenance of national audit; to facilitate peer-review of paediatric endocrine centres; and to provide an interface with patient support groups. The Clinical Subcommittee includes representatives from the Society for Endocrinology and the Association of Children's Diabetes Clinicians.

Among the on-going and future working groups, special interest groups on sexual differentiation disorders and adolescent transition stand out. You can find BSPED's clinical guidelines and publications at www.bsped.org.uk/clinical/clinical_standards.html, www.bsped.org.uk/clinical/clinical_endorsedguidelines.html and www.bsped.org.uk/clinical/clinical_supportedguidelines.html.

Patients leaflets are available at www.bsped.org.uk/patients.

The 41st Annual Meeting of BSPED will be held in Brighton, UK, on 13-15 November 2013, and BSPED also annually supports a wide range of grants (travel, research, nursery).

Currently, the national accreditation in paediatric endocrinology is the GRID training for tertiary endocrinologists, with the ESPE syllabus used for national training posts, whereas the diabetes training curriculum is currently in progress.

For further information or to contact the co-ordinator of the working groups, visit the BSPED website at www.bsped.org.uk or contact the BSPED team at bsped@endocrinology.org.





Fellowship in focus Gianluca Tornese

Dr Gianluca Tornese trained at the University of Trieste in Italy, and undertook a 6-month fellowship in clinical paediatric endocrinology in Manchester in the UK.

Q: Dr Tornese, tell us about your fellowship programme

A: While training at Trieste, I was fortunate enough to obtain a 6-month clinical fellowship to train at the Department of Endocrinology at the Royal Manchester Children's Hospital under the supervision of Professor Peter Clayton. Manchester, in the north of England, has a large paediatric endocrine centre, and is one of two designated centres in the UK for treating congenital hyperinsulinism. I was also exposed to a wide range of complex endocrine disorders, in various settings: in-patient, out-patient and day care. I was given a warm welcome by the team and I bonded with them from the very start. I learnt a vast amount in clinical terms, being hands-on within the department.

ESPE encourages budding paediatric endocrinologists to learn the art and science of paediatric endocrinology, both in clinical practice and scientific research, through its ESPE fellowship programmes. The ESPE Newsletter is keen to hear from fellows who have taken advantage of the ESPE fellowships and similar programmes. Please encourage recipients of these awards to contact us at espe@europspe.org. We would be keen to publish good news stories and interviews that motivate others to follow in their footsteps!

I had the opportunity to actively engage in two research projects. First, I screened children with growth hormone (GH) deficiency and Turner syndrome to identify patients to be enrolled in an international pharmacogenetic study. Secondly, I undertook an audit of children who were small for gestational age and treated with recombinant human GH, to describe the adherence to European Medicines Agency guidelines. I presented the latter data in my final dissertation at the School of Paediatrics in Trieste and at the ESPE 2012 meeting in Leipzig. I may have missed home sorely, but I learnt a lot and improved my English significantly – even my colleagues in Manchester were impressed!

Q: What did you learn that you found useful to your practice?

A: I had the chance to deal with many aspects of paediatric endocrinology, from the most common to the rarest of disorders. I recognised the need to expand my horizons and be aware of all possibilities. I really appreciated the team approach, the detailed discussions and constructive meetings within the department, as well as the multi-disciplinary teams and the joint specialty clinics to manage children with complex and multi-system disorders. I was very lucky to be welcomed into a department in which all consultants were always ready to explain and share their knowledge.

Q: How has the ESPE fellowship programme helped you develop your career?

A: Following my return to Italy, I had the opportunity to apply for a job as a consultant in paediatric endocrinology and diabetology, and start a PhD programme in the same field. Although the time at Manchester was just 6 months, I gained significant knowledge in several areas of paediatric endocrinology, which gave myself confidence a tremendous boost.

Q: Do you have words of advice for prospective new applicants?

A: I had previous work experience outside Italy, but I chose this fellowship very carefully, since I was very interested in paediatric endocrinology and I wanted a positive steer to my career. I did a lot of fact-finding before I applied to Manchester, and I would encourage new applicants to do the same. Overall, I found the experience very gratifying. I would happily recommend similar fellowship programmes to facilitate clinical experience and research in paediatric endocrinology.

[Read more about the ESPE Clinical Fellowship on pages 4-5. The deadline for applications is 31 May 2013.](#)

To learn more about the ESPE Fellowships on offer, see www.europspe.org/awards.

MEET A MEMBER ...

Leena Patel

Dr Leena Patel is Senior Lecturer at the University of Manchester, UK, and is a paediatric endocrinologist at the Royal Manchester Children's Hospital. Her major interests include teaching, growth and puberty disorders, adrenal disorders and congenital hyperinsulinism. She has several publications in her areas of interest and has authored several textbook chapters in paediatric endocrinology.

I JOINED ESPE TO PARTICIPATE AND SHARE in various activities that are important to my clinical work, education and research interests. These include the ESPE Newsletter, website and e-learning resources. The highlight, of course, is the annual meeting. I find the clinical and scientific research presentations of a very high quality, which no doubt influences my work in our department. ESPE is a cutting edge forum to share our experiences and network with many colleagues and investigators on a truly international scale. I would strongly recommend ESPE membership to anyone who is keen to sample the very best of paediatric endocrinology.



Yearbook of Pediatric Endocrinology: Editors' preview

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

Deconstruction of a neural circuit for hunger

Atasoy D, Betley JN, Su HH & Sternson SM

Nature 2012 **488** 172–177

CONTEXT: Hunger is a complex behavioural state that elicits intense food seeking and consumption. These behaviours are rapidly recapitulated by activation of starvation-sensitive agouti-related peptide (AGRP) neurones, which present an entry point for reverse-engineering neural circuits for hunger.

METHODS: Here they mapped synaptic interactions of AGRP neurones with multiple cell populations in mice and probed the contribution of these distinct circuits to feeding behaviour using optogenetic and pharmacogenetic techniques.

RESULTS: An inhibitory circuit with paraventricular hypothalamus (PVH) neurones substantially accounted for acute AGRP neurone-evoked eating, whereas two other prominent circuits were insufficient. Within the PVH, they found that AGRP neurones target and inhibit oxytocin neurones, a small population that is selectively lost in Prader-Willi syndrome, a condition involving insatiable hunger.

CONCLUSIONS: By developing strategies for evaluating molecularly defined circuits, this paper shows that AGRP neurone suppression of oxytocin neurones is critical for evoked feeding. These experiments reveal a new neural circuit that regulates hunger state and pathways associated with over-eating disorders.

COMMENTARY by Ze'ev Hochberg

It was known that stimulation of the agouti-related peptide (AGRP) neurones evokes hunger and its behavioural responses: an intense search for food and hedonic eating. If starvation-sensitive neurones and behaviours can be elicited by a single molecule, AGRP, then genetic manipulation allows for 'reverse engineering' of the neural circuit for hunger. Stimulation of AGRP-expressing neurones by optogenetics and pharmacogenetics is shown here to suppress oxytocin-releasing

neurones. It was previously reported that oxytocin-releasing neurones are lost in Prader-Willi syndrome. It follows that the inhibitory circuit involving oxytocin neurones is a prerequisite for AGRP-expressing-neurone-evoked eating. Thus, here we have a previously unknown neural circuit in the regulation of hunger and its behavioural responses, which may be associated with over-eating disorders that we now call hypothalamic obesity.

Efficacy and safety of lorcaserin in obese adults: a meta-analysis of 1-year randomised controlled trials (RCTs) and narrative review on short-term RCTs

Chan EW, He Y, Chui CS, Wong AY, Lau WC & Wong IC

Obesity Reviews 2013 Jan 21. doi: 10.1111/obr.12015.

CONTEXT: Lorcaserin is a new anti-obesity drug recently approved by the US Food and Drug Administration.

METHODS: This was a systematic review and meta-analysis of randomised controlled trials (RCTs) to evaluate the association of lorcaserin therapy with weight loss and adverse events in obese adults (18–65 years old).

RESULTS: Weight loss of 3.23 kg (95% confidence interval [CI]: 2.70, 3.75) and body mass index reduction of 1.16 kg m⁻² (95% CI: 0.98, 1.34) was observed compared with placebo in RCTs of 1 year duration. The use of lorcaserin for 8 and 12 weeks reduced weight by 1.60 kg (95% CI: 0.34, 2.86) and 2.9 kg (95% CI: 2.2, 3.5)

respectively. In comparison with placebo, lorcaserin decreased waist circumference, blood pressure, total cholesterol, low-density lipoprotein-cholesterol and triglycerides. However, it did not statistically affect heart rate or high-density lipoprotein-cholesterol. Headache, nausea and dizziness were found to be significantly higher in the patients receiving lorcaserin than in patients receiving placebo, whereas diarrhoea is no more likely than in patients receiving placebo.

CONCLUSION: Lorcaserin achieves modest weight loss and appears to be well-tolerated. Clinical and pharmacovigilance studies with longer study duration are needed to inform us of the long-term efficacy and safety of lorcaserin.

COMMENTARY by Ze'ev Hochberg

In spite of the growing burden of obesity worldwide, anti-obesity drug development and approval have lagged behind. Lorcaserin has been in trials for several years now, and is suggested to induce satiety by a selective agonistic effect on the serotonin 5-HT_{2C} receptor. It deserves special attention as it was recently approved by the US Food and Drug Administration (FDA). It was previously rejected by the FDA because of evidence that it increased cancer incidence in rats, and because of its modest efficacy (loss of 3% body weight after 1 year of treatment). The FDA advisory panel has now concluded that the cancer findings did not apply to humans, and our desperation has reached a state when even

modest efficacy is welcome. Since the 2012 Yearbook, the FDA has also approved Qsymia, a combination of two older drugs, phentermine and topiramate, that reduces hunger by targeting different neurotransmitter systems, mainly norepinephrine but also dopamine and serotonin. Qsymia is more potent than lorcaserin (an average of 8.9% at the highest dose compared with placebo), yet it may cause more serious side effects, including an increased heart rate and increased risk of birth defects. The FDA was convinced that the benefits outweigh the risks. These are not perfect drugs. A healthy lifestyle and low carbohydrate diets work better when they are introduced; it is only that we fail to introduce them.

Training for North Africa

THE ESPE MAGHREB SCHOOL PROMOTES the training of young paediatric endocrinologists in the French-speaking countries of North Africa and from other parts of Africa such as Cameroon.

The scheme was founded in recognition of the underdevelopment of paediatric endocrinology in these countries, and because the language barrier makes it difficult for paediatricians in these areas to attend ESPE educational activities such as the Winter and Summer Schools.

The ESPE Maghreb School began a 3-year teaching programme in October 2011 in Morocco. Subsequently, 6 students spent between 10 weeks and 1 year training in paediatric endocrinology at European centres during 2012 (by means of ESPE Clinical Fellowships), while paediatric endocrinologists from the Maghreb School also successfully presented at the ESPE Annual Meeting.

The 2nd ESPE Maghreb School was held in Tunisia in December 2012 with 26 students (50% of whom had attended the 1st ESPE Maghreb School). The 4½ day course had an extended programme, including topics that were not covered in detail previously, such as

growth, thyroid, disorders of sex development, diabetes mellitus, obesity, pituitary and adrenals. The teaching comprised interactive lectures, case presentations from the students and teachers, a small group of workshops on proposal research projects from students, and presentation of selected projects to the plenum. All participants worked hard from 8.00 am to 8.30 pm!

The programme was supported by a faculty consisting of six members of ESPE and teachers from the three Maghreb countries, Algeria, Morocco and Tunisia. Maghreb School participants also have access to a web-based French educational programme, where they can refer to slides of the conferences and case presentations.

The next ESPE Maghreb School will be in Algeria (20–25 November 2013). Application details are at www.eurospe.org/education/education_MaghrebProject.html. We are extremely grateful to Pfizer, who have funded the programme, and have kindly agreed to sponsor another 3-year cycle of teaching.

The ESPE Maghreb project will have huge benefits in terms of developing a paediatric endocrine infrastructure, with effective networks for research and development, in the North African countries.

Juliane Léger and Malcolm Donaldson



FUTURE MEETINGS

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

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

55th Annual ESPE Meeting

10–13 September 2016
PARIS, FRANCE

Deadlines

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

ESPE Research Unit preliminary applications	25 Mar 2013
IFCAH-ESPE Grant applications	25 Mar 2013
ESPE Research Unit final applications	29 Apr 2013
ESPE Visiting Scholarship applications	30 Apr 2013
9th Joint Meeting of Paediatric Endocrinology early bird registration	2 May 2013
ESPE Clinical Fellowship applications	31 May 2013
ESPE Visiting Scholarship applications	31 Jul 2013
9th Joint Meeting of Paediatric Endocrinology standard registration	2 Aug 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

Secretary General:

Professor Lars Sävendahl, MD, PhD
Academic Chair, Division of Paediatrics
Karolinska University Hospital,
Q2:08, SE-171 76 Stockholm, Sweden
Tel: +46 (0)8 51772369
Fax: +46 (0)8 51775128
Email: lars.savendahl@ki.se

ESPE website: www.eurospe.org

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The views expressed by the contributors are not necessarily those of ESPE

Editor: Professor Feyza Darendeliler
Istanbul Tip Fakultesi
Cocuk Sagligi Ve Hastaliklari
Anab Dali, Capa
Istanbul, TR-34390, Turkey
Email: feyzad@istanbul.edu.tr

Designed by: Sublime Creative

Published by: Bioscientifica Ltd
Euro House, 22 Apex Court, Woodlands
Bradley Stoke, Bristol BS32 4JT, UK
www.bioscientifica.com

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ESPE Office

The ESPE Office is managed by Bioscientifica Ltd, headed by Managing Director Leon Heward-Mills.

Hannah Bonnell, Bioscientifica's Associations 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 ESPE Office 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.

ESPE, Bioscientifica Ltd, Euro House, 22 Apex Court, Woodlands, Bradley Stoke, Bristol BS32 4JT, UK
Tel: +44 (0)1454 642246 Fax: +44 (0)1454 642222;
Email: espe@eurospe.org