

BRINGING THE LATEST IN PAEDIATRIC ENDOCRINOLOGY TO YOU

Supporting you and your career

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Welcome

Supporting the career development of ESPE members is central to your Society's work. Through a wide range of educational activities, targeted at different geographical locations, specialisms and career stages, and grants and prizes designed to suit members' specific needs, there is certain to be something to support you.

In this issue, we are grateful to our authors for giving valuable insights into a number of topics relevant to you and the successful development of your careers.

On **page 5**, Philip Murray discusses the best way of incorporating research into a clinical career. He has several recommendations to enable you to address the challenges, avoid some pitfalls and reap the rewards of a job of 'two halves'.

Ethics is increasingly recognised as being of fundamental importance in all areas of medicine, not least in work with children and their families. However, until recently, it was overlooked in the training curriculum for our specialty. Rohan Henry describes the steps that are being taken to fill this gap on **page 6**.

Ana Claudia Latronico's career has benefited from many successful collaborations. On **page 7**, she takes time to reflect on the importance of working with others in achieving a common goal, and the nature of different types of collaboration. She takes inspiration from Fuller Albright's assertion that it's always important to avoid being a 'lone wolf'.

On **page 8**, Rasha Hamza (Chair of the ESPE Education and Training Committee) gives a useful and comprehensive summary of your Society's many, diverse, educational opportunities, with links to track down more detailed information on the ESPE website. Then, on **page 9**, Martine Cools and the ESPE Science Committee provide some essential top tips to support you when you come to complete your latest grant application.

The rest of the issue brings you all the news and events information you need, as the ESPE Team and Committees continue to work imaginatively and flexibly to ensure that ESPE supports and guides you during the ongoing and challenging pandemic.

On behalf of us all, I hope you remain healthy and happy.

Sarah Ehtisham
Editor, *ESPE News*
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María Salomón
Estébanez

EVENTS

SEE PAGE 10 FOR MORE DETAILS OF THESE EVENTS:

> ESPE Connect Online 2020

6–14 November 2020

This autumn, ESPE is delivering a series of online talks to bridge the gap left by the absence of a physical ESPE Meeting. ESPE Connect Online 2020 will run across 9 days. Registration is free!



www.eurospe.org/espe-connect-online-2020

> ESPE Liverpool

7–9 May 2021, ACC Liverpool, UK

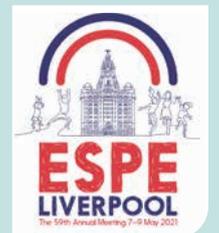
Abstract submission will open soon!



Submit your abstracts by **11 January 2021**



www.eurospe.org/espe-liverpool



PEOPLE

New Council members

We welcomed the following new members to Council at our 2020 Annual Business Meeting on 11 September:



Martine Cools
(Belgium)
Science Committee Chair



Indi Banerjee
(UK)
Communication Committee Chair



Stefano Cianfarani
(Italy)
President-Elect (elected at 2017 ABM)



In addition, **Agnès Linglart** (France) was re-elected as Chair of the Strategic and Finance Committee.

Changes at *ESPE News*

Huge thanks are due to **Abel López-Bermejo** (Spain) and **Assimina Galli-Tsinopoulou** (Greece), both of whom have completed terms on the *ESPE News* Editorial Board during the last year. We are delighted to have welcomed **Meghna Chawla** (India), who has been in post for the last few issues, and now we are pleased to welcome **Rakesh Kumar** (India) from the next issue.

ESPE Awards

We will be announcing our 2020 ESPE Award winners and streaming our Young Investigators' lectures during ESPE Connect Online 2020 in November, so watch out for the big reveal! You will still be able to attend the other physical award presentations and lectures at ESPE Liverpool in May 2021.

You can nominate colleagues for our prestigious 2021 ESPE Awards shortly.



See full details at
www.eurospe.org/grants-awards/awards



Nominations open in **November** and close on **10 December 2020**

Clinical Fellowship

For over 25 years, the ESPE Clinical Fellowship has given trainees in paediatric endocrinology the opportunity to learn from clinicians in a European centre through an onsite training programme. Apply now for your chance to be part of the 2020–2021 intake.



www.eurospe.org/grants-awards/grants/clinical-fellowship



Apply by **30 September 2020**

Early Career Scientific Development Grant

We have an opportunity for an early career researcher to be awarded up to €2500 to gather information and gain experience regarding a specific research issue or laboratory technique in paediatric endocrinology.



www.eurospe.org/grants-awards/grants/early-career-scientific-development-grant



Apply by **31 October 2020**

Visiting Professorship of Rare Diseases

The Visiting Professorship provides up to €15 000 to enable mid-career paediatric endocrinologists to make multiple short visits to other centres for collaboration and scientific renewal. Up to four grants are available in 2021.



www.eurospe.org/grants-awards/grants/visiting-professorship



Apply by **15 January 2021**

Undergraduate Achievement Award

Please encourage and sponsor applications for this award from students with a research interest in paediatric endocrinology. Up to six students will receive free registration for ESPE Liverpool in May 2021 as well as €750 towards the costs of attending. Submission of an abstract to ESPE Liverpool and a supporting statement from an ESPE member are required.



www.eurospe.org/grants-awards/grants/undergraduate-achievement-award



Apply by **15 January 2021**

ESPE COVID-19 hub

In response to the COVID-19 pandemic, ESPE has produced a web page dedicated to information, guidance and resources related to coronavirus and, in particular, its impact on paediatric endocrinology. You will find links to ESPE's own guidance, as well as information from patient support groups, plus third party published research and ways in which you can contribute to ongoing studies.



www.eurospe.org/patients/espe-covid-19-hub

ESPE e-Learning



New content to support your development:

- **An infant with cyanotic episodes** describes a case of HDR syndrome (hyperparathyroidism, deafness and renal dysplasia) and can be found in 'Courses, ESPE Maghreb School'
- Within 'General Content':
 - **A young boy with abnormal gait** details a case of hereditary hypophosphataemic rickets under 'Calcium and Bone'
 - **Ensuring a correct diabetes diagnosis** is a case study attached to 'The diagnosis and management of monogenic diabetes in children and adolescents' under 'Diabetes ISPAD Guidelines'



Jack, diagnosed with diabetes at the age of 8 weeks



www.espe-elearning.org
(registration is free)

Bringing you recent highlights from the world of research

Central adrenal insufficiency in Prader–Willi syndrome

Hypothalamic dysfunction and pituitary hormone deficiencies are recognised features of Prader–Willi syndrome (PWS). Data on the prevalence of central adrenal insufficiency (CAI) is controversial. In some countries, stress dose hydrocortisone is recommended during physical or psychological stress.

This international study by Rosenberg *et al.* assessed the hypothalamic-pituitary-adrenal axis in 82 adult patients with PWS, using either a metyrapone test (in 46 patients) or an insulin tolerance test (in 36 patients). CAI was present in one patient only: a prevalence of 1.2%.

Furthermore, reviewing the medical notes of 645 adults with PWS revealed that 200 patients underwent surgery without hydrocortisone cover, and none of them displayed symptoms suggestive of hypocortisolism or adrenal crisis.

The authors conclude that CAI is extremely rare in adults with PWS and advise against routine hydrocortisone administration in stressful situations. In the presence of symptoms suggestive of glucocorticoid deficiency, a metyrapone test or insulin tolerance test is recommended.



Read the full article at Rosenberg *et al.* 2020
Journal of Clinical Endocrinology & Metabolism 105 1–9

Exome sequencing links *PHIP* variants to repressed *POMC* in obesity

Obesity is determined by both environmental and genetic influences. Detecting genetic causes of obesity contributes to a better understanding of the development of obesity and potentially to new therapeutic options to achieve weight loss.

Using exome sequencing and a two-stage-analysis approach, Marenne *et al.* identified three novel genes that are linked to severe childhood obesity: pleckstrin homology domain interacting protein (*PHIP*), diacylglycerol kinase iota (*DGKI*) and zinc-finger-MYM-type-containing 4 (*ZMYM4*).

PHIP was found to impact transcription of the appetite-regulating neuropeptide pro-opiomelanocortin (*POMC*), with obesity-associated variants of *PHIP* repressing transcription of *POMC*. *PHIP* mutations are also associated with developmental delay and maladaptive behaviour in children.

The authors also found that a set of genes mapping to body mass index and obesity loci from genome-wide association studies was enriched for very rare functional variants in cases of childhood obesity. These genes should therefore be interrogated in additional probands to identify novel variants, which are potential drug targets.



Read the full article at Marenne *et al.* 2020
Cell Metabolism 31 1107–1119

Bariatric surgery in adolescents improves self-esteem but not mood

Mental health problems are prevalent in adolescents with severe obesity. In this 5-year matched control study, Järholm *et al.* examined mental health outcomes after Roux-en-Y gastric bypass surgery in 81 adolescents compared with 80 controls who received conventional treatment in the Adolescent Morbid Obesity Surgery (AMOS) study.

There was no difference between the two groups in the proportion of participants who were prescribed psychiatric medication prior to study inclusion. However, the surgical group had more specialised psychiatric treatment in the 5 years after obesity treatment than the control group. In the surgical group, self-esteem score improved after 5 years, although overall mood score did not. Binge eating improved at 5 years post-surgery, but relative changes in body mass index were not associated with binge eating behaviours at baseline.

Mental health problems persist in adolescents 5 years after bariatric surgery despite substantial weight loss. Whilst bariatric surgery can improve many aspects of health, alleviation of mental health problems should not be expected, and a multidisciplinary bariatric team should offer long term mental health support after surgery.



Read the full article at Järholm *et al.* 2020
Lancet Child & Adolescent Health 4 210–219

Predicting outcomes of delayed puberty using kisspeptin

A longitudinal cohort study of 16 children (3 girls and 13 boys) with delayed or stalled puberty sought to determine whether responses to kisspeptin can predict outcomes for children with pubertal delay. Children who underwent kisspeptin and gonadotrophin-releasing hormone (GnRH) stimulation tests were followed every 6 months for progression of puberty. Inhibin B was measured in boys and a subset of individuals underwent exome sequencing.

Chan *et al.* observed that all participants who responded to kisspeptin with a rise in luteinising hormone (LH) of 0.8mIU/ml or more eventually progressed through puberty ($n=8$). Those who had an LH response of ≤ 0.4 mIU/ml reached 18 years of age without developing any physical sign of puberty.

They therefore concluded that a kisspeptin stimulation test accurately predicted later pubertal outcomes ($P=0.0002$) and was a better predictor of pubertal outcomes than GnRH-stimulated LH, inhibin B or genetic testing.



Read the full article at Chan *et al.* 2020
Journal of Clinical Endocrinology & Metabolism
doi: 10.1210/clinem/dgaa162

Combining a career in clinical practice and research

Philip Murray looks at the challenges and rewards of integrating research into a clinical career.

We live in both interesting and uncertain times, with COVID-19 having created a paradigm shift in our clinical and research lives. Whatever the longer term changes from the pandemic may be, paediatric endocrinology will continue to be a research-heavy specialty. Many of us will need to juggle our research with the demands of the clinic and, although satisfying both masters can be very challenging, the rewards are great.

Making an early start

My first piece of advice for those looking to integrate research into their career is to start as early as possible – ideally before graduation!

My own career, both in paediatric endocrinology and as a researcher, began with an undergraduate module in Glasgow. A small project resulted in a publication and presenting both at an ESPE Meeting. At such an early stage in my career, these experiences were crucial in inspiring me to aim for an academic career as well as to be a paediatrician. I'd encourage all of you to try to provide such opportunities for undergraduates in your institutions. They can also take advantage of ESPE's Undergraduate Achievement Award (www.eurospe.org/grants-awards/grants/undergraduate-achievement-award).

Research training

Any career integrating a strong element of clinical research requires a period of dedicated research training, usually 2–3 years, which is often undertaken in the middle of clinical training. The first challenge here is to obtain funds to pay for the research and for your own salary during this time. ESPE has an excellent Research Fellowship (www.eurospe.org/grants-awards/grants/research-fellowship) to support such training, and every country will have their own mechanism for providing funding (which may be very competitive).

These 2–3 years are vital, as the training underpins the research you do for the rest of your career. I'd encourage any trainee to spend time with basic scientists as well as paediatric endocrinologists. I learnt a huge amount from the developmental biologists, molecular biologists and geneticists I was fortunate to work with during my PhD. Even though I no longer need to know anything about the biology of zebrafish or the West African clawed frog, the understanding of scientific methods, statistics and how to communicate science has been crucial for my career.

Be flexible

It's important to be flexible in the research that you do during different stages of your career. While it may be possible to spend hours in the cell culture lab or working with animal models of disease during a research fellowship,



Philip Murray

“
I'd encourage any trainee to spend time with basic scientists as well as paediatric endocrinologists”

this is less easy to sustain while working as a full-time clinician (unless, of course, you are fortunate enough to have sufficient research funds to employ someone to do the laboratory research for you).

I made a move from a lab-based research career to focus on combining clinical work with research in computational biology and data sciences. My work is on the use of machine learning approaches for the diagnosis of growth hormone (GH) deficiency and prediction of response to GH treatment, as well as more basic studies on the systems biology of the effects of GH on the transcriptome.

At the end of a long day in clinic, there is no way I could head into a lab to culture cells or run a Western blot, but the computational work has the advantage that it works quite flexibly round my other commitments. Unlike the cell cultures, if I leave the computer alone for a few days, nothing dies!

Making time

Having time during your working week to pursue research projects is extremely useful but can be difficult to come by! If you can get funding to pay for even a small portion of your time, you can use this time to produce output – papers, grant applications, etc. – that will allow you to expand the time you spend on research. After completing clinical training, I started with half a day per week for research activities. Some 4 years later, I have 3 research days per week.

Moving through rejection

Lastly, those wishing to pursue a significant research element in their career need to get used to rejection, as even the best researchers have many more grant applications and papers rejected than they have successes. Winston Churchill defined success as 'the ability to go from failure to failure without losing your enthusiasm', and I think this is excellent advice for all of us engaged in clinical research.

The specialty of paediatric endocrinology has always been excellent at encouraging our trainees to undertake research. This strong emphasis attracts the best trainee paediatricians to our specialty and continues to improve outcomes for our patients. I strongly hope that, despite the economic problems caused by COVID-19, research funding in paediatric endocrinology can be maintained and that trainees continue to get this vital training.

Philip Murray

Department of Paediatric Endocrinology,
Royal Manchester Children's Hospital, UK

Ethics training in paediatric endocrinology

Rohan Henry reflects upon development of an ethics curriculum to address an unmet need in training.



Rohan Henry



Many practitioners lack the necessary background and training to dissect cases which pose ethical dilemmas"

In recent years, the scope of paediatric endocrinology has expanded. With this expansion, there has been an increase in the spectrum of patients, in addition to the use of existing treatment modalities for managing new patient populations.

The use of gonadotrophin-releasing hormone (GnRH) analogues, testosterone and oestrogen in youths with gender dysphoria, or hormone therapies to enhance the height of an otherwise healthy child, and the implementation of new and sometimes experimental technologies such as fertility preservation, are only a few of the scenarios which practitioners of paediatric endocrinology may face. Such scenarios often raise many ethical concerns.

More mainstream clinical management in paediatric endocrinology may also be fraught with ethical issues. In the USA in 2007, a 10-year-old girl with static encephalopathy named Ashley received a supra-therapeutic dose of oestrogen, along with bilateral mastectomy and hysterectomy, to attenuate her growth and puberty. Her parents argued that the aforementioned – collectively termed ‘the Ashley treatment’ – were essential in allowing them to more easily care for her as she grew older.¹ They argued that such treatment would preclude her from experiencing menstrual discomfort and would also prevent the possible discomfort associated with having large breasts, reported to be common in the family. Needless to say, an ethics firestorm was generated across the USA concerning the use of this treatment.

The importance of ethics training

Practitioners in paediatric endocrinology may face significant challenges in balancing the interests of both patient and caregiver. In addition, many practitioners lack the necessary background and training to dissect cases which pose ethical dilemmas. This was highlighted in the results of a survey conducted among members of the Pediatric Endocrine Society (PES).²

This lack of sufficient expertise to handle ethically charged cases stemmed from an absence of a formal ethics curriculum in the content specification used in fulfilling training requirements in paediatric endocrinology across the USA.³ *Ethics in Pediatric Endocrinology: Curriculum for Fellows and Faculty* was created in order to fulfil an unmet need.⁴

Curriculum development

Though some case modules existed years before, these were neither uniformly structured nor well utilised.

A pilot study was conducted, based on a survey that was disseminated among PES members. Revised and newly created modules selected at random were assigned to

members (both trainees and faculty). Along with these were instructions to complete a pre-test survey, prior to viewing the module, and then a post-test survey.

Using a five-point Likert scale, eight paired questions were piloted in the pre- and post-analytical phases. These examined self-reported knowledge (K) of the ethical pillars (beneficence, non-maleficence, autonomy and justice), attitudes (A) regarding importance of these principles, and likelihood of applying these to clinical practice (P), as well as perceived need for/benefit of this curriculum.

A KAP study has traditionally been shown to be a tool to explore changes in the KAP of communities and large populations. However, this was used for the pilot, since it encompassed not only an assessment of the participants' knowledge, but also an application of the ethical pillars which, in effect, represents a higher order process, suitable for case studies.^{5,6}

Survey respondents included trainees ($n=29$), faculty ($n=7$) and advanced practitioners ($n=3$) at six of the eight large paediatric endocrine programmes (75% response rate). Only 20.3% of respondents felt that an effective ethics curriculum existed at the time of the survey. KAP scores improved after participants completed the modules, with knowledge scores showing the greatest improvement. In total, 94.9% of respondents strongly agreed ($n=26$) or agreed ($n=11$) that the curriculum would be a helpful addition to paediatric endocrine fellowship training. Additionally, all faculty felt that the curriculum would help them learn about ethical principles applicable to clinical practice.⁷

The eight modules piloted included ethical issues in each of the following areas:

- *Endocrine Care of Disabled Children*
- *Prescribing Growth Hormone*
- *Childhood Obesity*
- *Poorly Adherent Patients with Type 1 Diabetes Mellitus*
- *Children with Disorders of Sex Development*
- *Transgender Medicine*
- *Fertility Preservation in Klinefelter Syndrome*
- *Fertility Preservation in Turner Syndrome*

While this is a non-exhaustive list of topics encountered in paediatric endocrinology, the clinician will be equipped with the tools to manage subsequent cases based on an application of the ethical pillars.

Curriculum location

All case modules, along with an *Introduction to Ethics in Pediatric Endocrinology* and the *Ethics in Pediatric Endocrinology Facilitator Resource Tool* (a tool facilitating independent learning) are located at www.mededportal.org/doi/10.15766/mep_2374-8265.10701.

Rohan K Henry

Section of Endocrinology and Diabetes, Nationwide Children's Hospital, Ohio State University, Columbus, OH, USA

References

1. Gunther & Diekema 2006 *Archives of Pediatrics & Adolescent Medicine* **160** 1013–1017.
2. Henry et al. 2017 *Hormone Research in Paediatrics* **88** Suppl 1 P2–401.
3. American Board of Pediatrics 2020 *Content Outline: Pediatric Endocrinology* www.abp.org/sites/abp/files/pdf/endo_latest.pdf.
4. Henry et al. 2018 *MedEdPORTAL* doi: 10.15766/mep_2374-8265.10701.
5. Dagenais et al. 2003 *Journal of Dental Education* **67** 47–54.
6. Kalyaperumal 2004 *AECS Illumination* **4** 7–9.
7. Dussart et al. 2008 *Journal of Evaluation in Clinical Practice* **14** 718–720.

Global networks and partnerships in endocrine research

Collaboration is crucial to the success of research projects, as Ana Claudia Latronico explains.



Ana Claudia Latronico

“
Science is a collective, creative work that depends on different professionals and multiple collaborations”

Fuller Albright (1900–1969) was an American endocrinologist who made numerous contributions to the field of endocrinology, especially in calcium metabolism.

He first described what was later called McCune–Albright syndrome, a paediatric endocrine condition characterised by peripheral precocious puberty, bone lesions and skin alterations, which mainly affects girls. He was also the first to describe an uncommon form of bone disease, called pseudohypoparathyroidism or Albright osteodystrophy, which is caused by a lack of response to parathyroid hormone (hormonal resistance). He participated in the first description of Klinefelter syndrome and other endocrine diseases including androgen resistance and vitamin D-resistant rickets, amongst others.

During his very impressive medical career, Albright prepared a chart on the pathway to a successful clinical investigation, giving positive and negative recommendations (the DOs and DO NOTs respectively; see Table).¹

Among the several recommendations, it really strikes me that we should not be a ‘lone wolf’.

The importance of collaboration

Collaborations allow us to bring together people with different experiences, knowledge and skills, in order to accomplish common goals. Science is a collective, creative work that depends on different professionals and multiple collaborations.

There are several reasons for building a collaboration. It is a great way to encourage people to share knowledge and resources. It can provide great opportunities for cross-skilling and networking. It can help us to be more cost effective, creative and competitive. Collaborations can promote pooling talent, co-ordinating large projects or creating new products.

Table Fuller Albright’s ‘Dos and Do nots’ along the road to the ‘Castle of Success’ in clinical investigation¹

DO	DO NOT
Good intellect	Too much ‘skylight’
Inquisitive mind	Too ambitious
Ambition	Jump at problems
Originality	Lone wolf
Backing without strings	Secretive
Look from all sides	Fooled by numbers
Measure something	Slave to theory
Make charts	Disturbed at pressure
Interpret data	Executive
Time to think	

A successful collaboration depends on the following steps:

- define your purpose
- involve the right people
- establish the roles of each participant
- encourage collaborative behaviour, leading by example and building trust.

Types of collaboration

Two types of collaboration have been used in medical science: the cross-functional and the cross-cultural.

The cross-functional collaboration involves different job functions, whereas cross-cultural initiatives implicate other countries or cultures.

In a genetic endocrine study, for example, it is important to rely on different professionals or experts, such as physicians, biologists and statisticians. It is also relevant to establish genetic analysis in different populations and cultures. Different scenarios for collaborations are possible nowadays, including scientific meetings (such as the SLEP (Latin American Society of Pediatric Endocrinology) and ESPE Annual Meetings), medical societies, universities and research agencies.

Examples of success

In 2013, I was one of the senior authors of an original paper published in the *New England Journal of Medicine*.² This study was a collaborative work between three research groups led by Ursula B Kaiser (Harvard Medical School, Boston, MA, USA), Joel N Hirschhorn (Broad Institute, Cambridge, MA, USA) and myself. We first demonstrated that familial central precocious puberty was caused by loss-of-function mutations in an imprinted gene at chromosome 15q, called *MKRN3*.

These mutations are now known to be the major monogenetic cause of central precocious puberty, affecting up to 46% of European children of both sexes with inherited premature sexual development. This first study on *MKRN3* mutations involved patients with premature sexual development from Brazil, USA and Belgium, and different professionals, such as endocrinologists, biologists, bioinformatics specialists and basic scientists, all sharing specific knowledge and unique points of view.

This is an example of a very productive and multiple collaboration in paediatric endocrinology.

During my professional life, I have built several outstanding collaborations with different Brazilian and international teams, striving to add more relevant information in human genetic studies, such as experimental data with cells and animal models.

In the last 3 years, Jesús Argente (Hospital Infantil Universitario Niño Jesús, Madrid, Spain) and I have developed a very fruitful collaboration. A group of approximately 150 children with idiopathic central precocious puberty was selected from 55 different Spanish cities (Spanish PUBERE Registry). My research group at São Paulo University performed the DNA analysis for potential genetic defects implicated in human pubertal development. Recently, this collaborative initiative yielded novel original results and scientific articles.³

The challenges of collaboration

Several challenges can be faced in the process of scientific collaboration. It can sometimes be very difficult to manage differences (e.g. in language, time, interests), to accommodate different positions (authorship) and to preserve research independence.

In fact, building a poor collaboration can be more damaging than having no collaboration at all, because this usually leads to wasted time, energy, money and resources.

My personal positive recommendations (DOs) are as follows:

- be honest and respectful – both are essential for any collaboration; you should maintain good and regular communication with your partner(s)
- be open minded, and remember to give the right credits – in science, you should always be generous when building a creative collaborative work.

Ana Claudia Latronico

Endocrinology and Metabolism, São Paulo University, Brazil

References

1. Albright F 1944 *Journal of Clinical Investigation* **23** 921–952.
2. Abreu & Dauber et al. 2013 *New England Journal of Medicine* **368** 2467–2475.
3. Montenegro et al. 2020 *Journal of Clinical Endocrinology & Metabolism* doi: 10.1210/clinem/dgaa461.

Let ESPE help shape your career

ESPE provides education and training activities at different levels to develop trainees' careers.



Rasha Hamza

If you intend to pursue a career in paediatric endocrinology, the **ESPE Winter School** is an ideal place to start, before progressing to the **ESPE Summer School** once you are in training.

Graduates of these schools and of others can join our 3- to 6-month **Clinical Fellowships** in European centres. To focus on diabetes, you could attend our **Diabetes, Obesity and Metabolism School** or the joint **EASD/ISPAD/ESPE Diabetes Course**.

We minimised the language barrier in Russian-speaking countries by establishing the **Caucasus and Central Asia School**. Similarly, the **Maghreb School** supports endocrinologists in North African French-speaking countries.

ESPE's support for the **Paediatric Endocrine Training Centres for Africa (PETCA)** programme, the **ASPED-ESPE**

Endocrine Academy for Arab countries, and the Resource Limited Countries section of our **e-Learning** initiative are examples of ESPE's commitment towards global education and training.

Our task force is updating the **European Training Syllabus for Paediatric Endocrinology and Diabetes**, which will hopefully be approved soon.

Beside sharing knowledge, our activities are opportunities for you to network, collaborate and share thoughts. Feedback from attendees illustrates how our training activities nurture a bond between participants and ESPE, and play a major role in shaping their careers.

Rasha Hamza

Chair, ESPE Education and Training Committee

Career roadmap through ESPE training activities

Schools	Regional courses	Specialised provision	Fellowships	Level of training
Winter School	Caucasus & Central Asia School for Russian-speaking fellows			Completed, or partially completed, basic paediatric training and intent on establishing a career in paediatric endocrinology
	ASPED-ESPE Endocrine Academy for students practising in Arab countries			Completed basic paediatric training, established, or looking to establish, in paediatric endocrinology
	PETCA for students practising in sub-Saharan Africa			
	Maghreb School for physicians practising in French-speaking North African countries		Diabetes, Obesity & Metabolism School	Clinical Fellowship (3–6 months)
Summer School				Experienced in paediatric endocrinology

ESPE e-Learning is relevant across the education and training activities

Grant applications: the top 10 tips

The ESPE Science Committee is pleased to provide you with useful guidance on how to complete your all-important requests for funding.



Martine Cools



You should be able to sell your idea, hypothesis, work plan and expected outcome to anyone (family, friends, colleagues...) in 2 minutes

ESPE offers several grants to support the scientific and academic development of all its members. You can find further details at www.eurospe.org/grants-awards/grants. Here, your Science Committee has compiled a list of the top 10 tips to help you prepare a successful application. In addition, feel free to contact the member of the Science Committee who is responsible for the individual grant scheme that interests you, by sending an email to espe@eurospe.org.

1. Allow plenty of time and plan, plan and plan some more!

Everything takes much longer than you think. No matter how simple it may seem to pull together a project, there are lots of different steps involved (some more time-consuming than others) in submitting a proposal. For some of these steps, you will also need other people's input (budget calculations, signatures...). So plan your application and try not to rush it.

2. Get advice at an early stage and choose your funder

It's good to talk! Getting involved in grant application writing with others at an early career stage can be very helpful, to observe and learn. Speak with your grants office, mentors and colleagues who have served on funding panels or have held grants. Before you start, read the guidance and eligibility criteria carefully to get a precise idea of why this specific call is the perfect match for you. You can also look on ESPE's website for previous awardees and contact them for advice.

3. Get the right partners

The people involved are just as important as the project you are proposing. Provide evidence that the team is capable of delivering the work and of collaborating. Identify the roles of the key partners and their specific contribution. If you are leading the project, you need to explain why you are the right person to do this and that you have people in your team with skills that complement each other and cover the needs of the project. It is often helpful to show some evidence of patient/public involvement. Many universities have an office for public engagement, and they may be able to help. Supporting letters from collaborators show evidence of intended collaboration.

4. Have well-defined objectives and make them clear

Create specific aims and well-defined criteria to quantify success. What is each experiment going to deliver to help you address that grand challenge? Be clear regarding your primary outcome and how it is measured/assessed. Secondary outcomes can be many and are less stringently defined. What novel insight will you have gained at the end of the project? Make sure that work packages are efficiently chosen and do not try to be overambitious by tackling too many research questions at the same time.

5. Make your hypothesis clear: it has a core place in your application

Present the knowledge gap that needs addressing and show the uniqueness of your approach. What are you doing and why are you doing it? Provide a clear rationale. A figure, summarising the hypothesis and work packages that lead to addressing the hypothesis, may help. Feel free to show a little ambition to take on a problem – but make sure you can explain why and then convince the funders you've got a fair chance of succeeding. If you propose a highly innovative approach, describe contingency plans in case things turn out not to go as smoothly as you had envisaged.

6. Include relevant preliminary data

Preliminary data are very important to validate the approach you have selected and reassure the assessment panel you have identified a signal that is worth pursuing. Adding a dedicated figure may be very convincing.

7. Tell a compelling story

Be focused, sharp and precise. You are selling an idea to an audience, so make sure it is an exciting idea that is taking on a serious challenge. You should be able to sell your idea, hypothesis, work plan and expected outcome to anyone (family, friends, colleagues...) in 2 minutes.

8. Consider the impact of your research

Explain the intended consequences of your work, e.g. by adding a dedicated 'Novelty and impact' paragraph. Who could benefit? How can you increase the chances of reaching those beneficiaries? Even if your proposal does not directly address clinical or societal impact, you should be able to explain how your work improves health, e.g. by reducing health costs.

9. Convince reviewers that your aims are realistic and that you have planned your project well

Get your sums right! Why have you chosen the sample size? Justify sample sizes with power calculations. These should be linked to your primary outcome and hypothesis. Relate the methods and the anticipated outputs to the aims, and provide a timeline for milestones and deliverables. Pay sufficient attention to risk management and budget calculations, which must be realistic.

10. Don't forget the finishing touch

To end, ensure that the layout of your proposal reflects the quality of its content. Proofread, spell check and stick to specified formats – remember that little things count!

When you are ready, get a second opinion from a mentor or a senior colleague. And then, finally, submit, relax and wait.

Martine Cools

on behalf of the ESPE Science Committee

This text has been adapted by kind permission of the Medical Research Council, part of UK Research and Innovation, from <https://mrc.ukri.org/news/blog/12-top-tips-for-writing-a-grant-application>.

Martine Cools is the new Chair of the ESPE Science Committee (see [page 2](#)).

EVENTS

ESPE Connect Online 2020

6–14 November 2020



Register free today at
www.eurospe.org/espe-connect-online-2020

This autumn, ESPE will deliver a series of online talks to support your continued education. ESPE Connect Online 2020 will run across 9 days in November, and will include a series of sessions designed specifically to bridge the gap left by the absence of a physical ESPE Meeting in 2020 due to the COVID-19 crisis.

We will ensure that ESPE members, and the paediatric endocrine community as a whole, are supported during what has been an unprecedented challenge for all of us. This content will therefore be provided **free of charge** to all registered delegates. We are currently seeking CME accreditation for these talks, so attendees can demonstrate their continued professional development.

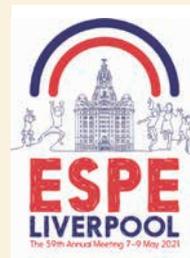
“A dedicated task force has drawn up a programme of informative sessions which will be different from our programme in Liverpool in May 2021. They will provide you with new scientific and clinically relevant information and an additional opportunity to engage with ESPE and the paediatric endocrine community in 2020. Sessions will address different specialist and general topics and will include interactive Q&A sessions.

Anita Hokken-Koelega ESPE Secretary General

ESPE Liverpool

7–9 May 2021
ACC Liverpool, UK

'Lifelong endocrine care through collaboration, discovery and innovation'



Abstract submission and registration will open later this year, with the best registration rates for early birds and ESPE members.

 www.eurospe.org/espe-liverpool

 Submit your abstracts by
11 January 2021 (23.59 GMT)

Prizes and grants

Submit your abstracts to ESPE Liverpool to share your research with the paediatric endocrine community and for the chance to receive one of the following awards:

- Henning Andersen Prizes
- ESPE President Poster Awards
- Travel Grants
- Undergraduate Achievement Awards

 www.eurospe.org/grants-awards/espe-meeting-grants

Future meetings

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



ESPE Connect Online 2020

6–14 November 2020
www.eurospe.org



59th Annual ESPE Meeting

7–9 May 2021
Liverpool, UK



11th International Meeting of Pediatric Endocrinology

25–28 September 2021
Buenos Aires, Argentina



60th Annual ESPE Meeting

September 2022
Rome, Italy



61st Annual ESPE Meeting

September 2023
The Hague, The Netherlands



OTHER EVENTS

MAY 2021

ESPE Summer School

4–6 May 2021
Lake Windermere, UK

ESPE Diabetes, Obesity & Metabolism School

10–12 May 2021
Lake Windermere, UK

OCTOBER 2021

ESPE Caucasus & Central Asia School

6–9 October 2021
Tbilisi, Georgia

ESPE Science Symposium

29–30 October 2021
Nijmegen, The Netherlands

NOVEMBER 2021

ESPE Maghreb School

23–27 November 2021
Casablanca, Morocco

DEADLINES

SEPTEMBER

Clinical Fellowship applications – 30 September 2020

OCTOBER

Early Career Scientific Development Grant applications – 31 October 2020

DECEMBER

ESPE Awards 2021 nominations – 10 December 2020

JANUARY

ESPE Liverpool abstract submission – 11 January 2021

Visiting Professorship of Rare Diseases applications – 15 January 2021

Undergraduate Achievement Award applications – 15 January 2021

Early Career Scientific Development Grant applications – 31 January 2021

MARCH

ESPE Liverpool early bird registration – 8 March 2021

All dates, deadlines and plans for 2021 are being constantly reviewed in light of COVID-19

ESPE

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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*The views expressed by the contributors are
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