



ESPE 2015: improving patient care

DEAR FRIENDS AND COLLEAGUES,

On behalf of ESPE, I look forward to welcoming you to the 54th Annual Meeting of ESPE in Barcelona, Spain, on 1–3 October.

The theme of ESPE 2015 is 'Improving patient care: a pluridisciplinary dialogue' and you will enjoy an exciting scientific programme. This will feature plenary lectures, symposia, and Meet the Expert, New Perspectives and Technologies sessions.

Plenary lectures at ESPE 2015

Marian Rewers (USA)

Genetic and environmental determinants of type 1 diabetes

Andrew Hattersley (UK)

New advances in monogenetic diabetes

Carles Lalueza-Fox (Spain)

New advances in human evolution from the analysis of ancient genomes

Alan Templeton (USA)

Genomic diversity in present day humans: evolutionary aspects

Francesc Villarroya (Spain)

Ontogeny of FGF21 in the human: implications for metabolic health

Pinchas Cohen (USA)

The GH/IGF axis, ageing and longevity – the interface with diet and mitochondrial peptides

You will hear the latest developments from prestigious leaders in the fields of diabetes, the human genome, metabolic programming, obesity, skeletal growth, neuroendocrinology, bone, thyroid, adrenal and gonadal disorders, cancer syndromes, gene therapy, regenerative endocrinology and much more. That's not to mention our Working Groups and Yearbook sessions.

Thank you for all your abstracts. We have received the highest number ever submitted to an ESPE Meeting! We'll be encouraging interaction and discussion wherever possible, and this year will feature ePosters, alongside the regular poster sessions and free oral communications, to enable even more delegates to participate in ESPE 2015.

ESPE 2015 takes place at the Fira Gran Via, one of the largest and most modern venues in Europe, very close to Barcelona airport and around 25 minutes from the centre of the city. Throughout the Meeting, there will be lots of opportunities for networking and socialising with colleagues and friends, providing the perfect environment for developing international collaborations.

Together with the Programme and Local Organising Committees, we are all working hard to bring you an outstanding Meeting for 2015. I very much look forward to seeing you there.

My best wishes,
Dr Laura Audí
ESPE President 2015



ESPE News Contents *(click on a link below)*

- ⊗ ESPE update
- ⊗ Testis Volume app
- ⊗ Australasian Paediatric Endocrine Group (APEG)
- ⊗ ESPE 2015: speakers' previews
- ⊗ Research Update: Disorders of Sex Development
- ⊗ ESPE Newsletter survey results
- ⊗ ESPE award winner: Tomasz Romer
- ⊗ ESPE Winter School 2015
- ⊗ An interview with ESPE Clinical Fellow Sophia Sakka
- ⊗ Working Group sessions at ESPE 2015
- ⊗ Future meetings and deadlines

Welcome to issue 29

DEAR FRIENDS AND COLLEAGUES,

In this issue, we are pleased to present the results of our recent Newsletter survey (see [page 5](#)). Thank you to all who took part. Your views are very valuable to us and will shape the content of future issues. As always, we on the Editorial Board will do our best to maintain the quality of your Newsletter and enrich it with feedback from all members, so if you wish to get in touch please email espe@eurospe.org.

On this page, you will find a letter from ESPE President, Laura Audí, updating us with recent news from the forthcoming ESPE Meeting in Barcelona, which we are all awaiting with enthusiasm. You can also enjoy more previews from invited speakers at ESPE 2015 on [page 3](#), which are sure to promote scientific enthusiasm for the conference. See [page 7](#) for details of the speakers at the Working Group events at ESPE 2015.

[Pages 4 and 5](#) feature our latest Research Update, this time from the ESPE Working Group on Disorders of Sex Development, co-ordinated by Anna Nordenström. We hope you like these regular summaries of new

CONTINUED ON PAGE 2



54th Annual Meeting 1-3 October
ESPE 2015 BARCELONA
European Society for Paediatric Endocrinology

[Read more on page 3](#)

www.espe2015.org

Welcome *continued from page 1*

developments in the various fields of paediatric endocrinology.

Tomasz Romer received the 2014 ESPE Outstanding Clinician Award during our Meeting in Dublin, and we are delighted to include an interview with him (page 6), in which he shares his thoughts and experience, gathered over a productive career. Meanwhile, Sophia Sakka reflects on the benefits of her ESPE Clinical Fellowship on page 7. We trust these stories will inspire our readers.

On page 6, you can find out about the last ESPE Winter School – remember to apply for the 2016 Winter School by 23 October. Other news of ESPE activities can be found in the regular ESPE update below. We are

also pleased to include news from the Australasian Paediatric Endocrine Group (APEG).

Once again, I would like to thank Lars Sävendahl for his continuous support, and all my colleagues in the Newsletter team, with whom I always enjoy collaborating.

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

EDITORIAL BOARD
 Indi Banerjee, Manchester, UK
 Abel López-Bermejo, Girona, Spain
 Gabriel Martos Moreno, Madrid, Spain

SINCE THE LAST ISSUE of the ESPE Newsletter, the very successful ESPE Science School and Advanced Seminar in Developmental Endocrinology have taken place. The programme for the rest of 2015 is just as full as the first half of the year has been, with the ESPE Summer School, Caucasus & Central Asia School, Maghreb School and ASPED-ESPE School all to come. Visit www.eurospe.org to view our full programme and sign up for activities.

Many thanks to those of you who completed our recent communications survey. The recently formed Communication Committee, chaired by George Chrousos, is using your valuable feedback to review all our communications with you.



ESPE 2015 promises to be another wonderful event for your diary. Don't forget to visit us at ESPE Connect, stand 18. Come along to find out about all the latest activities and programmes that ESPE offers. We'll be on hand to answer any questions you may have about your Society, and we always like to hear your feedback. Members from Council will also be available for you to

speak to. Along with membership, we have a dedicated area for our e-learning programme and a networking area for you to meet up with colleagues. You'll also be able to pick up your copy of the *Yearbook of Pediatric Endocrinology*.

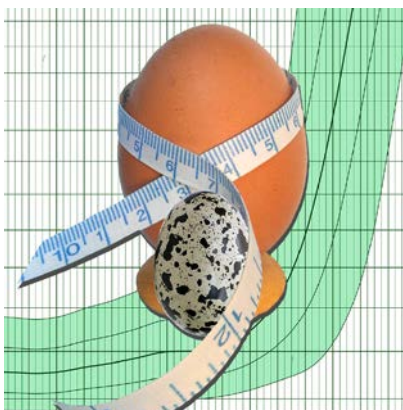
Remember you can contact us at espe@eurospe.org if you have any questions about your Society. Don't forget to follow us on Facebook (www.facebook.com/EuroSPE) and Twitter (www.twitter.com/EuroSPE) for all the latest Society and Meeting news.

We look forward to meeting you in Barcelona!

Joanne Fox-Evans, Lucy Lawrance and Tracey-Leigh Meadowcroft, ESPE Team

Testis Volume app

THIS NEW FREE APP allows the calculation of age-corrected Z-scores for testicular volume. Based on orchidometer and ultrasonography data from 769 healthy Dutch boys aged 0–19 years (Joustra *et al.* 2015 *Acta Paediatrica* 104 e271–e278), the app aids in the diagnosis and follow-up of disorders of male puberty and testicular pathology. It is only available for Apple devices, but an Excel-based tool is available upon request. Additionally, growth charts for clinical practice can be downloaded from <http://tinyurl.com/GrowthChartsNetherlands>.



Australasian Paediatric Endocrine Group (APEG)



The Australasian Paediatric Endocrine Group (APEG) was formed in 1982 as an initiative of Norman Wettenhall in Melbourne, Australia. The Society now has over 200 members in Australia and New Zealand, including paediatric endocrinologists, paediatric endocrine fellows, endocrine and diabetes nurses, scientists and dietitians, among other health professionals.

The Society has six subcommittees and three working groups to address specific issues in paediatric endocrinology:

- OZGROW (growth hormone (GH) research)
- Growth Hormone Advisory Committee (GH treatment)
- Diabetes Registry (epidemiology of diabetes)
- Diabetes Subcommittee (diabetes management)
- Bone and Mineral
- Hyperinsulinaemia
- Disorders of Sex Development
- Training and Education
- Annual Scientific Meeting Programme Committee

This year, the Society is holding its 34th Annual Scientific Meeting as a joint meeting with the International Society for Pediatric and Adolescent Diabetes (ISPAD). This meeting, known as ISPAD + APEG 2015 'Leaping the barriers' will be held in Brisbane, Australia, on 7–10 October 2015 (see www.ispad-apeg.com). The 13th Annual Clinical Fellow School will also take place in Brisbane, on 10–12 October 2015.

To learn more about APEG, see www.apeg.org.au.



ESPE 2015: speakers' previews

Here are highlights of two of the many talks you will be able to enjoy at the forthcoming 54th Annual Meeting of ESPE in Barcelona, Spain, on 1–3 October.

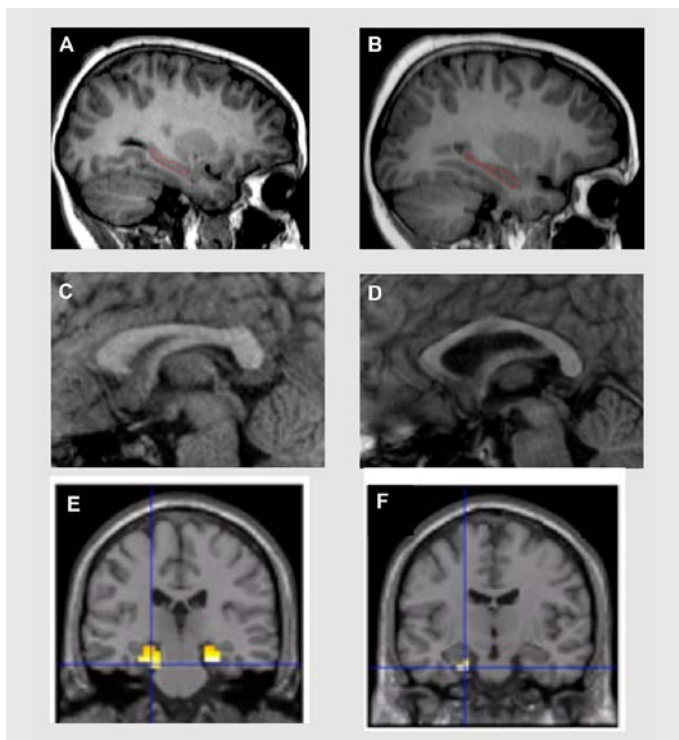
To see the programme, visit www.espe2015.org/programme.aspx.

Register online now at www.espe2015.org/registration.aspx.



The effect of thyroid hormone on the brain

IT HAS LONG BEEN KNOWN THAT thyroid hormone is essential for brain development, but the evidence came almost entirely from animal models, particularly rodents. Advanced neuroimaging technologies have now made it possible to study thyroid hormone's role in the developing human brain.



My findings are from structural and functional magnetic resonance imaging (MRI) of two human conditions giving rise to an early lack of thyroid hormone, albeit at different stages of gestation and early life: maternal and congenital hypothyroidism. I use these models to identify critical periods when certain brain structures (or regions within them) need thyroid hormone.

Findings from my lab show that children affected by maternal or congenital hypothyroidism display differences in: (a) size and atypical functioning of different hippocampal areas, (b) patterns of cortical thinning and thickening across the brain, and (c) abnormalities within different segments of the corpus callosum. In my talk, I will relate these findings to some of the mechanisms that are known to be disrupted in animals when thyroid hormone is insufficient. I will also examine the relationships between effects on human brain and known outcomes, namely weaknesses in memory, visual and verbal processing, and executive abilities, as measured by clinical tests and questionnaires regarding everyday functioning.

Joanne Rovet, Toronto, Canada

(Learn more by attending talk S1.1 on 1 October at 14.00)

FIGURE Sample MRI results from Rovet (S1.1): (A) small hippocampus in a child born to a mother with severe hypothyroidism throughout pregnancy, (B) hippocampus of a child born to a mother who was euthyroid in pregnancy, (C) abnormally shaped corpus callosum in a child with congenital hypothyroidism, (D) characteristic corpus callosum shape in a control child. (E) Children born to women with hypothyroidism during pregnancy show increased bilateral hippocampal activation relative to control children on functional MRI (fMRI) using an autobiographical memory paradigm. (F) Children with congenital hypothyroidism show increased left hippocampal activation relative to control children on fMRI with autobiographical memory paradigm.

Genetic and environmental disruption of testicular function

APPROXIMATELY 1 CHILD IN 4000 is born with atypical appearance of their genitalia, as part of a more or less well defined disorder of sex development (DSD). Due to improved medical knowledge and better classification, the aetiology and pathophysiology behind a growing number of these cases have been clarified, but for most the cause still remains obscure.

So there are growing insights into the functional consequences for sex differentiation of chromosomal aberrations and defined genetic defects. However, many cases of DSD seem to be associated with environmental rather than genetic causes. Data to support this come from the recently observed reduction in human male fertility in parallel with observations of poorer semen quality in young adult males. Congenital abnormalities in boys such as cryptorchidism and hypospadias also appear to be increasing. Reported regional variations in these findings strengthen the possible association with environmental factors.

Endocrine-disrupting chemicals (EDCs) is the term used for an expanding number of exogenous chemicals with the ability to influence the endocrine system. EDCs have been firmly associated with worldwide observations of reproductive dysfunction in different species of wildlife, and there is emerging evidence for such associations in humans as well.

In experimental models, EDCs have been found to disrupt gonadal maturation and function, with a particular vulnerability of the testis. Androgen production by Leydig cells is critical for normal male pre- and postnatal testicular development and constitutes a potential target for EDC action. My presentation will give an overview of the concept of environmental disruption of testicular function, with a focus on the possible role of some defined EDCs.

Olle Söder, Stockholm, Sweden

(Learn more by attending talk S3.3 on 1 October at 15.00)

RESEARCH UPDATE:

Disorders of Sex Development

ESPE Disorders of Sex Development (DSD) Working Group Co-ordinator Anna Nordenström brings you up to date with advances in the field, in our regular research update.

DISORDERS OF SEX DEVELOPMENT have attracted increasing attention over the past decade, leading to improved understanding of the underlying pathophysiology. The genetic background has been elucidated, along with the importance of complex epigenetics and gene dosage effects. Whole exome sequencing, first used to identify the genes involved, is now increasingly used in clinical investigation of patients with complex variations in sex development who evade diagnosis by typical endocrine means.

The development of interdisciplinary teams has led to the growing involvement of patients and parents in decision-making concerning investigation and treatment.

With increasing knowledge of both somatic and psychological development in patients, there has been a shift in how sex differences are perceived, from categorical to continuous variants in body and brain development and in gender identity. This has affected treatment and care. There is also greater discussion around the ethics of medical care for children with DSD. Knowledge of gonad development, germ cell cancer and tumour risk in different forms of DSD is improving.

Ethics and legislation

Governmental or related organisations have published documents on the ethical, legal and regulatory aspects of the care of individuals affected by atypical sex development. These include the German Ethical Committee's publication *Intersex* in 2012, the World Health Organisation white paper *Report of the Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment* in 2013, and the Swiss Ethics Committee's *Variants in Sexual Development* in 2013. These papers have resulted in intensified discussion about the ethics of, indications for and timing of genital surgery. Advocacy groups for informed choice by individuals with variant genital anatomies have stated that cosmetic surgery should not be performed without the affected person's full informed consent. The ESPE DSD Working Group responded to the documents and welcomes an open discussion. Changes in legislation have taken place (or are ongoing) in Australia, Germany and Sweden.

Hormonal and gender testing in the context of sport for individuals with DSD has attracted public attention recently, leading to discussions that affect the general public's knowledge of DSD, and will eventually have an impact on how we care for patients.

Recent publications on DSD

Exome sequencing for the diagnosis of 46,XY DSD

Baxter *et al.* 2015 *Journal of Clinical Endocrinology & Metabolism* **100** E333–E344

Extensive tables with known genes involved in DSD are accompanied by a description of how whole exome sequencing can be used for first tier diagnostic investigation. Using this approach in 40 patients, the authors identified a likely genetic cause in over a third of cases where no genetic aetiology had otherwise been determined. New genes can be included in the analysis over time.

Copy number variation of two separate regulatory regions upstream of *SOX9* causes isolated 46,XY or 46,XX DSD

Kim *et al.* 2015 *Journal of Medical Genetics* **52** 240–247

Specific regions upstream of *SOX9* are important for male and female development, illustrating the importance of copy number variation.

Deletions in one region, designated XYSR, caused gonadal dysgenesis and 46,XY DSD, while duplications or triplications in an adjacent region, designated XXSR, caused 46,XX DSD. The SRY responsive subfragment from the XYSR region may represent the missing link in the genetic cascade from SRY to SOX9 in male sex determination.

Gonadal maldevelopment as risk factor for germ cell cancer: towards a clinical decision model

van der Zwan *et al.* 2015 *European Urology* **67** 692–701

In this review of gonadal development, the authors hypothesise that combined interactions of epigenetic and environmental factors affect embryonic gonadal development and cell maturation, resulting in germ cell cancer. This may lead to identification of relevant risk factors and prevention of germ cell cancer in patients with DSD.

Understanding Differences and Disorders of Sex Development

Eds Hiort & Ahmed, 2014, Karger

This book is a helpful resource covering a wide spectrum of aspects of DSD from genetics to tumour risk, psychological aspects and the interdisciplinary team approach.

Publications from DSD Working Group collaborations and the I-DSD registry

Changes over time in sex assignment for DSD

Kolesinska *et al.* 2014 *Pediatrics* **134** e710–e715

This investigation of temporal changes in the choice of sex of rearing in cases with intersex conditions found an association between the appearance of the external genitalia (judged by the external masculinisation score) and sex of rearing, and also a trend over the last 3 decades towards an increase in male sex of rearing.

Novel associations in DSD: findings from the I-DSD Registry

Cox *et al.* 2014 *Journal of Clinical Endocrinology & Metabolism* **99** E348–E355

About 25% of individuals with DSD conditions were found to have associated findings unrelated to the reproductive system. The prevalence was greater in disorders of gonadal development and in 46,XY DSD of unknown cause, but was also unexpectedly found among patients with androgen insensitivity syndrome.

When your Baby is Born with Genitals that Look Different...

www.dsdfamilies.org/docs/brochures/DSD.pdf

The UK support group dsdfamilies has produced this information brochure for parents in collaboration with members of the ESPE Working Group.

Clinical guidelines

The UK DSD guidance document was created in 2011, and will be updated this year (see www.endocrinology.org/policy/docs/11-07_DisordersOfSexDevelopment.pdf). The German Medical Council released a statement on the care of DSD earlier in 2015, entitled *Care of Children, Adolescents and Adults with Variants/Disorders of Sex Development* (see www.bundesaeztekammer.de/downloads/BAeK-Stn_DSD.pdf).

In addition, the results of the dsd-LIFE study, summarised below, will result in updated clinical guidelines for some forms of DSD.

RESEARCH UPDATE: Disorders of Sex Development *continued from page 4*

Harmonisation of phenotyping and registration of DSD patients is being developed within the DSDNet COST Action (also see below). There is also a guideline for the exchange of high-throughput genetic data developed on a scientific basis.

Working Group events and initiatives

The ESPE DSD Working Group symposium in Barcelona in 2015 will be entitled ‘Endocrine and cultural issues in DSD’. Working Group members were heavily involved in the 5th International DSD Symposium which took place in Ghent, Belgium, in June 2015. A meeting jointly organised with the International Society on Hypospadias and Disorders of Sex Development (ISHID) is planned for early 2016.

Training schools took place in Glasgow, UK, in 2014 and in Ghent in June 2015, and a PhD and postgraduate school on DSD was held in Copenhagen, Denmark, in April 2015. In addition, educational activities for DSD have also been developed for the ESPE e-learning programme.

A global initiative to collate the past 10 years of developments in DSD began in September 2014, led by Peter Lee on behalf of the North American Pediatric Endocrine Society (PES), supported by Chris Houk and Anna Nordenström, and the other paediatric endocrine societies. Members from different paediatric societies have formed groups to review the literature and report on the advances and developments in different aspects of DSD since the Chicago conference in 2005 organised by PES and ESPE.

Research activities

I-DSD registry

The I-DSD (International DSD) registry is a record of individuals with DSD, as well as of interested healthcare professionals and scientists. The initial prototype was funded by an ESPE Research Unit Grant and, after a period of funding by EUIFP7, it is now supported by the UK

Medical Research Council. I-DSD facilitates studies of the causes and effects of DSD, as well as interaction among researchers, clinicians and patient advocates, to improve the healthcare and quality of life of those affected by DSD. Such studies improve knowledge of tumour risk in different forms of DSD. The I-DSD registry is currently undergoing redevelopment to support additional research questions. I-CAH, a registry focusing on congenital adrenal hyperplasia, uses the same platform as I-DSD.

COST Action DSDNet

This European COST Action project represents a systematic effort to elucidate DSD, and is creating a network of interested scientists and clinicians as well as people with DSD and their advocates. Both European and international partners are included.

The aim is to obtain new knowledge regarding the biological pathways of sex development, and to provide information on DSD management for physicians, psychologists and other healthcare professionals. The network promotes excellence in research on the genetic and molecular pathways of sex development. It aims to provide people with DSD with access to national centres of expertise, as well as information and peer support, and seeks to address societal and cultural issues around DSD. DSDNet has a wide range of working groups (see www.dsdnet.eu/working-groups.html).

dsd-LIFE

This large European clinical outcomes study encompasses various forms of DSD such as 46,XY DSD and 46,XX DSD, Turner syndrome, Klinefelter syndrome and CAH. With up to 1500 patients at 14 different sites in Europe, this is the largest DSD-focused outcomes study underway. Its aim is to improve clinical care of individuals with DSD and to provide updates and improve European guidelines for the different conditions (see www.dsd-life.eu).

Anna Nordenström, Co-ordinator anna.nordenstrom@ki.se

ESPE Newsletter survey results



THE ESPE NEWSLETTER SERVES YOU, the members of ESPE. So we greatly value your feedback and suggestions for what we publish. We are delighted that more than 70 of you responded to our recent survey, giving us a real insight into the information you find useful, and how you would like your Newsletter to develop.

Three-quarters of those who responded were clinicians or consultants, and most of the remainder were scientists or researchers, with a small number of trainees or retired members. Over half (54%) read most or all of the Newsletter, and almost 90% read at least half of each issue.

The most popular topics are the annual ESPE meeting (88% of respondees are always interested or would like more coverage) and dates of forthcoming events (82%). Other areas the respondees always enjoy hearing about are:

- ESPE initiatives, such as the training syllabus and consensus meetings (74%)
- Reviews of educational activities, such as ESPE schools and e-learning (68%)
- Working Group updates (67%)
- Yearbook reviews (66%)
- Relevant news from outside ESPE (e.g. guidelines) (66%)
- Book reviews (56%)

At least 40% of respondees always find awards and fellowship information, ESPE’s work in developing countries, and reviews of national societies of interest, while 33% always

enjoy interviews with members.

In light of this response, the Editorial Board will seek to boost the types of article that are keenly read. For instance, you will have noticed increased input from the Working Groups in recent issues. We will not seek to increase the amount of content related to less popular areas, but will ensure that news of these areas is still included for the benefit of those who are interested.

Thank you to everyone who responded. The three lucky recipients of €20 Amazon vouchers (awarded in local currency) in the prize draw are Patricia Fechner (Seattle, WA, USA), Hernan Garcia Bruce (Santiago, Chile) and Otto Westphal (Gothenburg, Sweden).

What you like to read about...

| >70% | 50-70% | 30-50% |
|---|-------------------------|------------------------------|
| ESPE Meeting | ESPE schools/e-learning | Awards/fellowships |
| Calendar of events | ESPE Working Groups | ESPE in developing countries |
| ESPE initiatives (e.g. training syllabus) | Yearbook reviews | National societies |
| | News from outside ESPE | Member interviews |
| | Book reviews | |

Percentages refer to respondees who are always interested in these topics or would like to see more. No area was of interest to fewer than 30% of respondees.



ESPE awards 2014

Outstanding Clinician Award winner: Tomasz Romer

WHEN I HEARD I WAS TO RECEIVE THE OUTSTANDING CLINICIAN AWARD, I felt incredibly pleased and honoured. I was humbled by the thought of the deserving nominees who were not chosen at this time, and felt great respect for those charged with making the choice; the criteria are complex, and there are always several candidates with outstanding achievements.

I reflected on the importance of this award, as it celebrates those physicians who, throughout their careers, remain in direct contact with their patients, putting them before anything else.

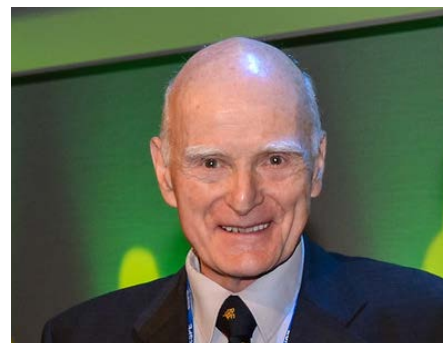
My background

As the former head of an endocrinology department in a children's hospital, I appreciate the constant challenge of interpreting patients' symptoms and history, as well as ever more complex imaging data, to arrive at a satisfying diagnosis and an appropriate course of treatment. I believe I should continue to use my many years' experience, despite retiring from my hospital post. So my clinical practice with patients continues, as I endeavour to solve cases that are difficult to diagnose, through offering my opinion, and answering questions from patients and colleagues, to the best of my ability.

I have also continued my work as an educator, through lecturing to paediatricians who specialise in endocrinology, and accepting invitations to speak at many national and international conferences and workshops. Last but not least, I am also a father and grandfather, who is at times insufferable in his efforts to influence the health, height and development of his seven grandchildren!

The role of clinical practice

Clinical practice is without doubt the most important aspect of paediatric endocrinology, but it is only safe and beneficial when firmly based on robust evidence, from the latest findings in basic and translational science and the results of clinical trials. The most challenging aspect is



assimilating what we learn from translational research into clinical practice; this requires both understanding and creativity. In my opinion, ESPE has been crucial in supporting this endeavour for the last 50 years.

Looking to the future

I believe endocrinology will become a more common choice of specialty for paediatricians, as its breadth and its importance in understanding developmental processes are increasingly recognised. Progress in the field is likely to advance with increased appreciation of endocrine systems by general paediatricians, supported by their research into endocrine problems in the many organ systems governed by hormonal interplay.

Tomasz Romer, Warsaw, Poland

ESPE Winter School 2015

Ohrid, Macedonia, 6-12 March 2015

IT HAS BEEN A PRIVILEGE to complete my first year as Winter School Co-ordinator, albeit with some anxiety as I follow in the footsteps of Malcolm Donaldson. Not only was Malcolm a superb leader and teacher, the social events are simply not the same without his guitar and enthusiastic renditions of The Beatles and Eastern European songs!

The advert for Winter School 2015 attracted nearly 60 applications for the 26 places. We selected applicants from 17 countries, including 8 from the Balkans which we were targeting. I was only sorry we had to turn down so many good candidates.



We welcomed 2 new teachers, Justin Davies (Southampton, UK) and Serap Turan (Istanbul, Turkey), who replaced Malcolm Donaldson and Angela Huebner. They joined Margaret Zacharin (Melbourne, Australia), Veronique Beauloye (Louvain, Belgium) and next year's host tutor Vallo Tillmann (Tartu, Estonia).

Our venue, the Hotel Metropol, enjoyed views to Albania across Lake Ohrid. I sincerely thank our host, Zoran Gucev, for his hard work in ensuring the event's success, and in finding such a reasonably priced hotel so that we were comfortably within budget.

The very full teaching schedule covered all the major endocrine systems relevant to paediatrics. Margaret Zacharin gave a presentation on late effects of childhood cancer treatment, and we had a session on research and audit. Student feedback was good, with the interactive teachers' cases scoring very highly, as always. We also enjoyed a half-day excursion around the lake, with a dinner at sunset by the shore.

Next year's Winter School will be hosted by Vallo Tillmann in Estonia. I encourage all trainees in Eastern Europe who are committed to a career in paediatric endocrinology to apply. We will particularly welcome applications from those in the Baltic States, Russia, Belarus, Poland and Ukraine.

John Gregory, ESPE Winter School Co-ordinator

**Don't miss
Winter School 2016**

Sagadi, Estonia, 18-24 March 2016

Application deadline: 23 October 2015

AN INTERVIEW WITH... an ESPE Clinical Fellow

2014 ESPE Clinical Fellowship recipient
Sophia Sakka (Athens, Greece) tells us
about the impact it has had on her career.

Why did you apply to the ESPE Clinical Fellowship Programme?

I wanted to broaden my knowledge and experience in paediatric endocrinology in an internationally recognised centre of excellence. I trained as a paediatrician in Greece. However, there is currently no formal training programme in paediatric endocrinology locally, so I applied to the ESPE Clinical Fellowship Programme to fulfil my long-standing ambition of training in the specialty.

I was keen on the training programme offered by the Department of Endocrinology, Bone and Diabetes at Birmingham Children's Hospital. This has a track record for excellent scientific activity, and a special interest in bone disorders, which is missing from our Department in Athens.

What did your Fellowship involve?

I worked under Wolfgang Högler in Birmingham. My inclusion in the junior medical staff rota allowed me to take part in all the department's activities. These included outpatient endocrine and diabetes clinics,



ward rounds, dynamic function tests at the medical day care unit, and teaching and research projects. I had clinical responsibility for the care of patients.

Observing experienced consultants in highly specialised clinics was extremely valuable. These clinics covered disorders such as osteogenesis imperfecta, Alström syndrome, Prader-Willi syndrome and disorders of sex development. I saw a large variety of rare and complex cases, which I had never dealt with before. Alongside my clinical work, I was working on a research project in metabolic bone disease.

What do you feel you have learnt?

The most valuable lessons were learning to deal with difficult inpatient and emergency cases while I was on the ward, and operating independently at the outpatient clinics.

I enjoyed working with a range of professionals. Importantly, I now have much greater experience of treating patients with metabolic bone diseases.

And what did you enjoy most?

I really liked the department's structured programme and the notes meeting after the outpatient clinics, where all the patients were discussed. I met many paediatric endocrinologists from the UK and elsewhere, with whom I share many interests and hope to collaborate.

What impact will the Fellowship have on your future?

I have achieved exactly what I hoped! I will be able to incorporate my knowledge into my everyday practice and be more comprehensive in my care of patients.

For the future, I hope to enhance our collaboration with other centres of excellence in the ESPE network and support the creation and evaluation of a common approach to paediatric endocrinology cases throughout Europe.

How can ESPE improve the Fellowship programme?

I believe the Fellowship should last longer than 3 months, especially for participants from countries where there is no possibility of specialising in paediatric endocrinology, when the ESPE Clinical Fellowship offers the best opportunity to learn more about our discipline.

Sophia Sakka, Athens University Medical School, Aghia Sophia Children's Hospital, Athens, Greece



54th Annual Meeting 1-3 October
ESPE 2015 BARCELONA
European Society for Paediatric Endocrinology

WORKING GROUPS AT ESPE 2015

Thursday 1 October, 08.00-11.00

Don't miss these exciting
speakers at this year's
ESPE Working Group events

Bone and Growth Plate Working Group (Hall 3)

Jeffery Baron (USA), Francesco De Luca (USA),
Outimajja Mäkitie (Sweden), Nadja Fratzl-
Zelman (Austria), Maria Luisa Bianchi (Italy)

Diabetes Technology and Therapeutics Working Group (Hall 1)

Paolo Pozzilli (Italy), Michel Polak (France),
Moshe Phillip (Israel), Revital Nimri (Israel),
Olga Kordonouri (Germany), Thomas Reinehr
(Germany), Thomas H Inge (USA)

Disorders of Sex Development Working Group (Hall 2)

Christa Flück (Switzerland), Arianne Dessens
(The Netherlands), Martine Cools (Belgium),
Olaf Hiort (Germany), Faisal Ahmed (UK), Birgit
Köhler (Germany), Anna Nordenström (Sweden)

Obesity Working Group (Hall 7)

Francesc Villarroya (Spain), Christoffer
Clemmensen (Germany), Luis A Pérez-Jurado
(Spain), José M Ordovás (USA)

Paediatric and Adolescent Gynaecology Working Group (Hall 4)

Charles A Sklar (USA), Michaël Grynberg
(France), Jacques Donnez (Belgium),
Patrick Puttemans (Belgium), Mats Brännström
(Sweden)

Turner Syndrome Working Group (Hall 5)

Jacqueline Pieters (The Netherlands),
Maura Foresti (Italy), Berit Krüström (Sweden),
Malcolm Donaldson (UK), Theo Sas
(The Netherlands)

Future meetings

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



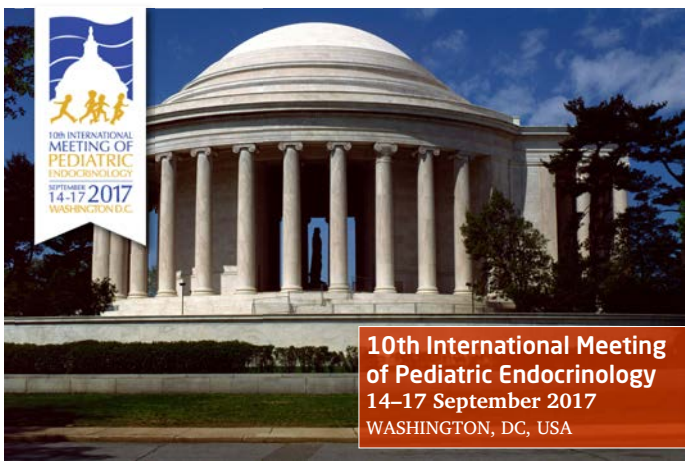
54th Annual Meeting 1-3 October
ESPE 2015 BARCELONA
European Society for Paediatric Endocrinology

54th Annual ESPE Meeting
1-3 October 2015
BARCELONA, SPAIN



ESPE
2016
PARIS

55th Annual ESPE Meeting
10-12 September 2016
PARIS, FRANCE



10th INTERNATIONAL MEETING OF PEDIATRIC ENDOCRINOLOGY
SEPTEMBER 14-17 2017
WASHINGTON, DC

10th International Meeting of Pediatric Endocrinology
14-17 September 2017
WASHINGTON, DC, USA

Other Events

- ESPE Summer School**
28-30 September 2015
Poblet Monastery, Catalonia, Spain
- 2nd ESPE Caucasus & Central Asia School**
29 October-3 November 2015
Tashkent, Uzbekistan

- 5th ESPE Maghreb School**
18-23 November 2015
Tunisia
- 2nd ASPED-ESPE School**
9-12 December 2015
Abu Dhabi, UAE
- ESPE Winter School**
18-24 March 2016
Sagadi, Estonia

Deadlines

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

| | |
|--|-------------|
| ASPED-ESPE School applications | 15 Sep 2015 |
| ESPE Winter School applications | 23 Oct 2015 |
| ESPE Visiting Scholarship applications | 31 Oct 2015 |
| ESPE Andrea Prader Award nominations | 10 Dec 2015 |
| ESPE Research Award nominations | 10 Dec 2015 |
| ESPE Young Investigator Award nominations | 10 Dec 2015 |
| ESPE Outstanding Clinician Award nominations | 10 Dec 2015 |
| ESPE International Award nominations | 10 Dec 2015 |
| ESPE International Outstanding Clinician Award nominations | 10 Dec 2015 |
| Advanced Seminar in Developmental Endocrinology applications | 31 Jan 2016 |
| ESPE Visiting Scholarship applications | 31 Jan 2016 |

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



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

ESPE Newsletter

© 2015 The European Society for Paediatric Endocrinology
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

Bioscientifica is a subsidiary of the Society for Endocrinology

ESPE Office

The ESPE Office is managed by Bioscientifica Ltd. The role of ESPE's Senior Operating Officer is undertaken by Joanne Fox-Evans and Lucy Lawrance. They oversee the day-to-day activities of ESPE, liaising with the ESPE Council and committee members as well as being the main point of contact for ESPE enquiries. They undertake projects requested by the Secretary General, providing him with assistance and attending ESPE Council and committee meetings. Tracey-Leigh Meadowcroft 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 and monthly news alerts.

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