

Welcome to issue 3

Dear friends and colleagues.

Welcome to our 3rd ESPE Newsletter. This newsletter highlights one of the important new endeavors of our society, the ESPE Africa Programme chaired by Dr Ze'ev Hochberg. Details of the first teaching expedition to Nigeria are included - you can be sure that it was a great success and wonderful experience for the students, as well as the faculty members. Please contact Dr Hochberg to let him know that you want to be a part of this exciting new project and help to make it a continuing success.

The plenary session on Global Inequalities in Paediatric Endocrine Care that took place at the 7th Joint ESPE/LWPES Congress in Lyon, France resulted in a "Statement of Minimal Acceptable Paediatric Endocrine Care" that will appear in *Hormone Research*. A brief synopsis of this statement is included here.

The new chairman of the Research Unit, Dr Primus Mullis, has provided information regarding how the research funding unit functions and his aims for the future.

You will also find information for the 2006 ESPE Winter School to be held in Bulgaria and the 2007 Winter School to be held in the Czech Republic, as well as important deadlines and dates.

As it is sometimes difficult to keep up with the rapidly advancing literature, some references to important scientific journal articles have also been provided.

We would appreciate any feedback from you as to how we can improve this new means of communication to our society members. If there are any topics that you would like us to address or information that you would like to include, please feel free to contact any of the Editorial Board members. We look forward to hearing from you

Yours sincerely,

Professor Jesús Argente
EDITOR, ESPE NEWSLETTER

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ESPE course on Paediatric Endocrinology

14-17 October 2005 • University of Benin, Nigeria

ESPE Africa Programme

Following the budgetary surplus from the ESPE annual meeting in Basel, 2004, the ESPE Council decided in January 2005 to form a charitable account for projects to support paediatric endocrinology in developing countries, and appointed a Steering Committee: Ze'ev Hochberg (coordinator), Martin Ritzén, Stefano Cianfarani and Paul Czernichow.

The first decision was to focus on Africa. The first phase was to establish working programs that included teaching programs for paediatricians. The first delegation of teachers went to Nigeria in October 2005 and the team leader, Martin Ritzén, reports overleaf of their experience. For 2006 two additional schools are planned, one in Nairobi for paediatricians from Kenya, Uganda and Ethiopia and the other in Rabat, for colleagues from Morocco, Tunisia and Algeria. Graduates of the schools will receive continuous issues of *Hormone Research* that were donated by our members, and shipped to Africa through the generosity of Karger AG. Each student has also been tied with a volunteering European centre, as part of our sister-departments program, for educational material, discussion of cases, and any help they may need.

Our second phase plan is to train African fellows, who would come for 3-6 months to European centres. They are expected to reach a degree of understanding that would allow them to open centres of excellence in endocrinology and diabetes, while keeping in contact with their host European centres. We hope that some of our members will volunteer to spend a month or two in an Africa mission while these centres are established.

A more ambitious third phase plan is to initiate congenital hypothyroidism screening programs.

The call for volunteers has so far yielded 39 ESPE members who are willing to contribute in several different ways. We hope that following this report many others will Email me and volunteer for one of the



The ESPE team outside the Benin Historical Museum: from left Cecilia Camacho-Hübner; Marc Maes; Martin Ritzén; John Gregory; Otto Westphal

activities: travel to Africa to teach, work in an Africa mission, invite fellows, donate your copy of *Hormone Research* or join the sister-departments program. We call every ESPE member to help us help Africa.

In September 2005, we asked our partners in industry to join us in these efforts, and we still expect them to respond positively. We are trying to join forces with international support bodies, and we are negotiating with the EU, UNICEF, WHO and the IDF for collaboration. Funding continues to be an important concern - if you are aware of foundations that support programs for Africa or other developing countries, it would be a great help if you could connect them with us.

ZE'EV HOCHBERG
Coordinator, ESPE Africa Programme

IMPORTANT DATES

45th ESPE Annual Meeting Rotterdam, 30 June - 3 July 2006

Please visit the website for further information: www.espe2006.org

**Early registration deadline date is 5 April 2006
so hurry and register now!**

46th ESPE Annual Meeting Helsinki, 27 - 30 June 2007

Please visit the website for further information: www.congex.com/espe2007

Please visit the ESPE website for details about future meetings: www.eurospe.org

8th European Congress of Endocrinology

Glasgow, 1 - 5 April 2006

Email: conferences@endocrinology.org
www.ece2006.com

ESPE course on Paediatric Endocrinology

14-17 October 2005 · University of Benin, Nigeria

Paediatric Endocrinology crash course

Following early contacts between Ze'ev Hochberg and Professor Angela Okolo, a team of teachers from ESPE was invited to the University of Benin to give a four-day crash course on paediatric endocrinology to young Nigerian paediatricians. I was assigned the task to recruit another four teachers and to coordinate the course. An excellent crew was formed: Cecilia Camacho-Hübner from London, John Gregory from Cardiff, Marc Maes from Brussels, Otto Westphal from Göteborg and myself.



Marc Maes in action

Marc in action

The basic setup was similar to the ESPE Winter School, held every year in one of the Eastern European countries, with the curriculum designed to cover all essential topics of paediatric endocrinology in a total of four days. This

means hard work for both teachers and students. Teachers are required to cover many different fields and students are required to be alert, listening to a foreign language over many days of classes that are stuffed with information. All students were also asked to bring cases that were selected so that they could illustrate various areas in paediatric endocrinology.

Our host, Professor Angela Okolo of The Institute for Child Health, University of Benin, invited a total of 21 students. 18 different medical schools in Nigeria were represented by male and female students of between 30 and 45 years old. Language posed no problems as English is the common language for teaching in Nigeria, a country that hosts a multitude of languages among its 140 million inhabitants. Thus, while the students easily understood the teachers, the teachers sometimes found local accents to be a challenge!

Endocrinology and Soul

The campus of the University of Benin covers a huge area, fenced in and guarded by police carrying machine guns. It houses about 20 000 students and 4000 employees. This campus is a society by itself, with institutions, dormitories, guest houses (where we lived), private homes for university employees and churches. The majority of people living in this part of Nigeria are Christian. Thus, our proposed teaching on Sunday morning had to be postponed - Sunday morning is church time for all, including us! It was a swinging Catholic service, never to be forgotten!

We found the Nigerian people that we met to be very open and friendly. The students were eager to take part in discussions with the teachers and within the group - a very cordial atmosphere developed on the very first day. Each teacher coached one group of students in preparation for the case presentations. This gave both person-to-person interaction and an insight into medical care in the home institutions of the students. We were impressed by the high level of textbook knowledge, but surprised to find that less attention was being paid to important aspects of patient work-up, such as taking a detailed history and performing and interpreting a careful physical examination. Less than half of the students - all specialists in paediatrics - were using growth charts in their clinical work! Most of them had private laptops, and almost all were familiar with the use of Internet. This is essential, since the libraries rarely subscribe to medical journals and they have very few good books. However, most did not know that members of universities in developing



Our host, Professor Angela Okolo, left, dressed for church

countries have free access to full electronic versions of the major medical journals, including those in paediatrics.

Nigerian Endocrinology

Many of the case presentations ended with a list of appropriate laboratory investigations that the doctors would like to have done, but

also a note that none of these could be performed, due to unavailability of the assays or to the cost of the tests. Also, it was appalling to learn that many children that are correctly diagnosed and treated for diabetic ketoacidosis in the hospital were not continued on insulin therapy after discharge, because the families could not afford long-term medication. Even a relatively inexpensive medication, like L-thyroxine, is too costly for most families. Despite the income to the

state from exporting oil - Nigeria is the 6th largest global oil exporter - social welfare is non-existent in Nigeria.

It may be argued that paediatric endocrinology would not be a high priority area for health care in a country like Nigeria, where malnutrition, bacterial infections and HIV are so prevalent. However, the students all expressed their gratefulness for our initiative, both during the course and in Emails afterwards. Several of the students came from university hospitals without a paediatric endocrine unit, but stated that the plan was that they would be the starting nuclei for such units. Hopefully, increased knowledge will then spread from the universities. The members of the course declared that they would now start a "Nigerian Society for Paediatric Endocrinology", NSPE, and the teachers promised to support such efforts.

At the moment, three of the students have expressed wishes to come to European centres as clinical fellows, for further training, and one will submit a poster to the 2006 ESPE meeting. Through the efforts of Ze'ev Hochberg, many ESPE members have donated excess subscriptions of *Hormone Research* to libraries of the students, and Karger AG has promised to ship them to the libraries indicated. Sister department links have been formed between Nigerian and European units to facilitate diagnosis and treatment of rare endocrine disorders. Our host, Professor Okolo, has plans for a pilot study on neonatal screening for congenital hypothyroidism in her area, with know-how assistance from ESPE members. Thus, there are reasons to believe that this initiative will not be an isolated episode, but rather the start of something new in Nigeria. All members of the ESPE team concluded that the trip was very worthwhile!

Martin Ritzén

ESPE Africa Programme Steering Committee



Students and teachers during a short break.



ESPE Winter School 2006

The 2006 ESPE Winter School will take place from 4 - 10 March 2006 in Varna, Bulgaria.

The ESPE Winter School is an educational programme for young paediatric endocrinologists from Eastern European countries who intend to develop a career in paediatric endocrinology. The Winter School was started 11 years ago and has been successfully performed since then. Among numerous applicants we selected 25 students from 11 different countries. The main goal of the ESPE Winter School is the teaching of all the main clinical topics of paediatric endocrinology including disorders of growth and puberty, disorders of the thyroid and adrenal glands, diabetes, normal and impaired sexual development, disorders of calcium and phosphate homeostasis and endocrine late effects. In addition to lectures, teachers and students will discuss many interesting cases. In 2006, the faculty team consists of Gary Butler from the UK, Stefano Cianfarani from Italy, Angela Huebner from Germany, Violeta Iotova from Bulgaria, Chris Kelnar from the UK, Guy van Vliet from Canada and Jeremy Wales from the UK. In addition, Jan Vosahlo, who will host the Winter School 2007 in Prague, Czech Republic, will join the team. Detailed information about the Winter School 2007 will be distributed on the ESPE website in spring 2006. We are most grateful to Ferring Pharmaceuticals for their generous grant and continuous support of the ESPE Winter School.

Professor Doctor Angela Huebner
Coordinator of the ESPE Winter School

Statement of Minimal Acceptable Paediatric Endocrine Care

Many of us were moved by the plenary session on Global Inequalities in Paediatric Endocrine Care, at the 7th Joint ESPE/LWPES Congress in Lyon, 2005, chaired by Martin Savage and Fernando Cassorla.

We heard about striking differences in standards of clinical care between the developed world and developing countries, including: the lack of insulin therapy for children with diabetes mellitus; widespread iodine deficiency leading to thyroid insufficiency; absence of screening for congenital hypothyroidism; and epidemic proportions of rickets in many countries.

"We believe that the challenge to improve global clinical care for paediatric endocrine disorders must be urgently addressed."

At the Joint meeting in Lyon, six international paediatric endocrinology societies (ESPE, SLEP, APEG, APPE, LWPES, & JSPE) agreed that these imbalances in clinical care, and the resulting avoidable physical and mental disabilities, are disturbing and unacceptable, and they resolved to take on the responsibility to redress these inequalities. Their statement of minimal acceptable care is to be published shortly in *Hormone Research*.

The statement describes five areas where standards of basic care are required:

- 1) **Public health measures to ensure optimal nutrition** - to protect growth and cognitive development, but also to avoid rapid transition to high rates of childhood obesity and increased risk of later metabolic and cardiovascular complications
- 2) **Establishment of measures demonstrated to prevent endocrine disease** - such as dietary supplementation of essential nutrients, and screening programmes for congenital hypothyroidism
- 3) **Improvement in standards of diagnosis** - including access to paediatricians trained in endocrinology, standardised quality controlled hormone assays, and appropriate radiological equipment and expertise
- 4) **Treatment of disorders of basic hormone deficiency and excess** - with guaranteed supply of internationally approved synthetic hormones
- 5) The whole Paediatric Endocrinology community has a responsibility towards clinical and laboratory training of specialists.

Finally, the joint statement proposes the establishment of a task force, with representation from the established international societies, to provide formal representation on these issues to influential organisations such as WHO, UN, UNICEF, the G8 and the EU.

The statement's authors are: Martin O Savage (ESPE), Fernando G Cassorla (SLEP), Peter D Gluckman (APEG), Annette Grueters-Kieslich (ESPE), Palany Raghupathy (APPE), Martin Silink (APEG), Paul Czernichow (ESPE), Francesco Chiarelli (ESPE), Alan D Rogol (LWPES), Patricia A Crock (APEG), Chris T Cowell (APPE), Kenji Fujieda (JSPE), Ivo J Arnhold (SLEP); and is published in full in *Hormone Research*.

ESPE Research Unit

First, it is my greatest pleasure to introduce myself as the newly appointed co-ordinator of the ESPE Research Unit and second, I would like to invite all of you to participate actively at the ESPE Research Unit by handing in grant applications. By not asking for funding one might miss the chance to get the financial support we all so urgently need to be actively involved in science and keeping our projects successfully running.

The purpose of the ESPE Research Unit is to foster, facilitate, identify topics and coordinate high quality research in the field of paediatric endocrinology. The participation in research studies and other related activities of the Research Unit are open to any ordinary member of ESPE actively involved in paediatric endocrinology. Non-ESPE physicians and/or scientists are invited to act as co-investigators.

The ESPE Research Unit is in the position to award one Collaborative Project Grant (20 000 Euro per annum) and one to two additional small grants (to total 10 000 Euro per annum).

Importantly, Research Unit Grants are awarded for a period of one year only, except the Collaborative Project Grant when 2 years of funding will be awarded. However, the second year of funding will only be given after a successful review of the first year's financial support. At any

stage, all grants are subjected to external peer review.

Further, within three months of the end of the grant, project holders are required to submit a Final Report, and Collaborative Project holders are invited to deliver the "ESPE Research Unit Lecture" at the ESPE Annual Meeting.

Nothing like this runs without financial support and ESPE are very grateful to the commitment of Ipsen (www.ipсен.com) to sponsor the ESPE Research Unit.

More details on the ESPE Research Unit (deadline of submission, successful grant recipients etc) are found on the ESPE-web site: (www.eurospe.org/research/index.html). If on visiting the web site you have further questions, please, do not hesitate to contact me (primus.mullis@insel.ch; Re: ESPE Research Unit).

My aims as co-ordinator of the ESPE Research Unit will be that the ESPE Research Unit is highly successful and that the financial support of Ipsen will be secured for the years to come. I would like to thank Dr Cecilia Camacho-Hübner for running the ESPE Research Unit during the last few years and ESPE for the opportunity to act as the co-ordinator of this Unit. I will do my best!

PROFESSOR PRIMUS-E MULLIS, ESPE Research Unit Co-ordinator



Literature Update

One of the fastest moving fields in endocrinology today is the study of metabolic control and obesity. Below are just a few of the important papers published in this field in recent months:

Zhang JV, Ren P-G, Avsian-Kretchmer O, Luo C-W, Rauch R, Klein C & Hsueh AJW 2005 Obestatin, a peptide encoded by the ghrelin gene, opposes ghrelin's effect on food intake. *Science* 310 996-999.

This article demonstrates the existence of another peptide involved in metabolic control, the twist is that this peptide is produced from the same gene as ghrelin. Obestatin is suggested to suppress food intake in a time-and dose-dependent manner, and to suppress gastric emptying. It is a ligand for GPR39. This study has definitely opened a new line of investigation in this field.

Zigman JM, Nakano Y, Coppari R, Balthasar N, Marcus JN, Lee CE, et al. 2005 Mice lacking ghrelin receptors resist the development of diet-induced obesity. *Journal of Clinical Investigation* 115 3564-3572.

Wortley KE, Del Rincon JP, Murray JD, Garcia K, Iida K, Thorner MO & Sleeman MW 2005 Absence of ghrelin protects against early-onset obesity. *Journal of Clinical Investigation* 115 3573-3578.

These two articles deal with the ability of the lack of ghrelin or its receptor to protect against obesity induced by a high-fat diet. Sex differences, as well as the requirement of ghrelin signaling for the development of the metabolic control pathways, are discussed.

Luquet S, Perez FA, Hnasko TS & Palmiter RD 2005 NPY/AgRP neurons are essential for feeding in adult mice by can be ablated in neonates. *Science* 310 683-685.

By using a toxin receptor-mediated cell knockout strategy, this paper demonstrates that neonatal ablation of NPY/AgRP neurons has little effect on feeding in the adult animal. However, if ablated during adult life animals cease to feed. This study cleverly demonstrates the ability of the neonatal animal to compensate for the loss of these neurons, which help to explain earlier studies which inactivated Npy or Agrp genes.

Ste Marie L, Luquet S, Cole TB & Palmiter RD 2005 Modulation of neuropeptide Y expression in adult mice does not affect feeding. *PNAS* 102 18632-18637.

The Palmiter laboratory also demonstrates that rapid compensation to NPY levels indicates that pharmacological inhibition of NPY signaling is unlikely to have long-lasting effects on body weight.

Kokoeva MV, Yin H & Flier JS 2005 Neurogenesis in the hypothalamus of adult mice: Potential role in energy balance. *Science* 310 679-682.

Neurocytokine ciliary neurotrophic factor (CNTF) and its analog Axokine have previously been shown to induce sustained weight loss even after cessation of treatment. Kokoeva and colleagues suggest that this may be due to the induction of neuronal proliferation, including NPY and POMC neurons, even in adult animals.

Deadlines

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

Research Unit (final applications)	31 March 2006
Visiting Scholarship	30 April 2006
Clinical Fellowship	31 May 2006
Visiting Scholarship	31 July 2006
Sabbatical Leave Programme	No deadline

ESPE Secretariat

The ESPE Secretariat is managed by BioScientifica Limited. BioScientifica is headed by Managing Director Sue Thorn and Events & Secretariats Director Helen Gregson.

Pauline Bertrand, BioScientifica's Secretariats Manager, oversees the day-to-day relationship with ESPE, liaising with the ESPE Council and Committee members as well as being the main point of contact for ESPE enquiries. She undertakes projects requested by the Secretary General, providing him with assistance and attending ESPE Council and Committee meetings.

Andrea Davis handles membership renewals, payments and banking and deals with subscriptions to *Hormone Research*.

Tom Parkhill holds a seat on the Corporate Liaison Board and deals with industry sponsors. Andrew Lowe sub-edits and co-ordinates publication of the ESPE Newsletter.

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