

A warm welcome to Washington

DEAR GLOBAL COLLEAGUES AND FRIENDS,

In just a few months we'll be gathering for the 10th International Meeting of Pediatric Endocrinology!

I am excited to announce that all 1400 abstracts have been reviewed and selections made for the free communication oral sessions and the poster presentations. Abstract acceptance notifications have been sent to authors.

Please note that hotel rooms are going fast. If you haven't already done so, please register for the meeting and secure your accommodation. If you register before 7 August you will benefit from early bird registration rates. Submitting your meeting preferences will also help us plan space allocation to optimise delegates' access to their desired sessions.

The scientific programme, put together by the International Meeting Planning Committee, is now available to view online. You can find it at www.internationalmeeting2017.org. As well as plenary lectures, symposia, Meet the Expert sessions and free communications, you will be able to enjoy sessions on New Perspectives and Controversies in Pediatric Endocrinology, amongst others.

We also have a full array of satellite symposia on offer. These sessions, generously hosted and supported by industry sponsors, will cover a wide range of interesting and timely topics presented by some of the foremost international experts, and are designed to complement the meeting's scientific programme.

On behalf of the 10th International Meeting of Pediatric Endocrinology Programme Organising Committee, I look forward to welcoming you to the beautiful city of Washington, DC, home to countless fascinating museums, monuments and historical treasures. The accessible and extensive metro system provides easy access to all the city has to offer, and makes the location of this meeting a perfect opportunity to combine professional education with wider enjoyment of this exciting location.



David B Allen

*President, 10th International Meeting of Pediatric Endocrinology, 2017
Professor of Pediatrics, University of Wisconsin School of Medicine
and Public Health, Madison, WI, USA*



ESPE Newsletter Contents (click on a link below)

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Welcome to issue 37

DEAR FRIENDS AND COLLEAGUES,
The 10th International Meeting in Washington, DC, USA, is fast approaching, and we hope to see you all there! On this page, David Allen shares details of the preparations. I am sure you will agree that the organising committee has assembled a very exciting and varied programme. Our series of plenary session previews continues on [page 3](#), with summaries from Krishna Chatterjee, Mitchell Lazar and Jenny Couper. Remember to register soon, as the early bird deadline is 7 August.

The ESPE Team provides their regular essential update on ESPE activities on [page 2](#). I recommend getting involved in the organisation of your Society – you can find details of opportunities at www.eurospe.org/about/vacancies. ESPE would also be grateful for your opinions on e-learning (see further details on [page 2](#)). You can help by completing the short survey at www.surveymonkey.co.uk/r/LRDM3RK.

BOND, the new European Reference Network on Rare Bone Diseases, is featured on [page 4](#), where you can learn more about its exciting work. It aspires to facilitate multidisciplinary,

CONTINUED ON PAGE 2

Welcome *continued from page 1*

holistic, continuous, patient-centred and participative care provision for people with rare bone diseases, and I am sure we will hear more from them as their work programme develops.

As you know, ESPE supports the training and development of paediatric endocrinologists around the world, and many members are involved in organising, teaching and mentoring on international courses. Being involved is a fantastic opportunity to share knowledge and meet the next generation of paediatric endocrinologists, as well as to experience other locations and cultures. You can learn more about the recent ASPED-ESPE School and ESPE Winter School (now in its 22nd year!) on [page 5](#).

Marco Rivarola from Argentina was the recipient of the ESPE Outstanding Clinician Award in 2016. On [page 6](#), we relate the inspirational story of his career, and how he created a platform for paediatric endocrinology in Latin America. Then, on [page 7](#), we feature a paediatric endocrinologist who has embarked on his journey in our field rather more recently. Rahul Jahagirdar, the recipient of an ESPE Fellowship, tells us about the training and opportunities he received in Alder Hey Hospital in Liverpool, UK.

It is with sadness that I note the passing of Professor Ruth Illig, a founding member of ESPE, whose obituary appears on [page 8](#). We applaud her legacy and her commitment to the improvement of child health around the globe.

While it might be easy to assume that ESPE is a European society, you can see from the graphic on [page 8](#) that it has a truly international flavour, with almost 40% of members based outside Europe. We are always delighted to hear from our members, wherever you may be. Please send us your news and we will include it in the Newsletter!

The Editorial Board thanks all our colleagues who have contributed to this issue of the Newsletter and, as always, I must thank the Board for their hard work and enthusiasm.

Yours sincerely,

Dr Sarah Ehtisham, Editor, ESPE Newsletter
Sarah.Ehtisham@mediclinic.ae

EDITORIAL BOARD

Dr Assimina Galli-Tsinopoulou (Thessaloniki, Greece)
Dr Abel López-Bermejo (Girona, Spain)
Dr María Salomón Estébanez (Manchester, UK)

WE ARE NOW JUST A FEW WEEKS away from the International Meeting in Washington, DC, USA, and once again we look forward to seeing many of you there. This year we will be located in booths 510 and 512, which will be just outside the main exhibition hall, next to the posters. This should give you the perfect opportunity to pop by and see us if you would like to discuss anything regarding your Society.

The scientific programme has a wonderful international feel, and we are sure that you too are looking forward to the usual mix of high quality research and opportunities to engage with your Society and colleagues from around the world. Washington is set to be another great location, with lots of fantastic sights, eateries and history to take in, so do

ESPE update

make sure you take the opportunity to explore this fantastic city.

At the Annual Business Meeting (ABM), the results of the recent e-vote for the Council vacancies will be announced. Thank you to everyone who took part in the vote; it's great to have so many engaged members whose opinions and thoughts continually help to shape the Society. If you ever want to get more involved, then there are always opportunities to join an ESPE Committee. Our vacancies are varied and there are activities to suit all interests. You can

keep up-to-date with the latest vacancies at www.eurospe.org/about/vacancies.

As the year progresses, it's time to remind you to renew your ESPE membership if you haven't already. This is especially important if you are planning to attend the ABM in Washington! All you need to do is click on 'Pay your membership fee' at www.eurospe.org.

As always, if you have any feedback about your Society then please do get in touch with us at espe@eurospe.org; we are always happy to hear from you. And finally, keep an eye on ESPE's website (www.eurospe.org) for upcoming dates and deadlines, to make sure you are in the loop.

Hannah Bonnell, Joanne Fox-Evans and Tracey-Leigh Meadowcroft, ESPE Team
espe@eurospe.org

CAN YOU HELP?

ESPE e-Learning survey

The ESPE e-Learning Portal (www.eurospe.org/education/e-learning/espe_e-learning.html) is free to use and provides an interactive learning environment for up to date topics in paediatric endocrinology. ESPE's Online Learning Committee is currently thinking of implementing UEMS CME (European Union of Medical Specialists Continuing Medical Education) accreditation for the Portal and would like to hear your views. You can find out more and complete a short survey at www.surveymonkey.co.uk/r/LRDM3RK.

Special Interest and Working Groups at the 10th International Meeting of Pediatric Endocrinology



Thursday 14 September 2017, 08.30–11:30

- Allied health
- Bone and growth
- Diabetes technology
- Disorders of sex development
- Gender dysphoria
- Global pediatric endocrinology
- Obesity
- Pediatric and adolescent gynecology
- Turner syndrome

For more information see www.internationalmeeting2017.org/docs/SIG_Descriptions.pdf

Plenary previews

We are delighted to provide highlights of three further plenary lectures from the forthcoming 10th International Meeting of Pediatric Endocrinology, Washington, DC, USA, 14–17 September 2017. Register at www.internationalmeeting2017.org by 7 August for early bird rates.



Disorders of the pituitary-thyroid axis: insights from human genetics



TOGETHER WITH COLLEAGUES, I study disorders of thyroid gland formation, hormone biosynthesis and action, seeking to advance fundamental knowledge of the pathways which govern these processes and to translate such discoveries into clinical practice.

Carla Moran leads a diagnostic service, recruiting cases (childhood and adult) with unusual or discordant thyroid function tests from centres worldwide, identifying rare, genetic or acquired thyroid disorders and trialling novel therapies. Nadia Schoenmakers leads research elucidating the genetic basis of congenital, primary and central hypothyroidism. Mark Gurnell is advancing diagnosis and management of thyrotrophin (TSH)-secreting pituitary tumours.

We have discovered new gene defects mediating thyroid gland formation (*FOXE1*), regulation of hormone synthesis (*IGSF1*) and hormone action (*THRA*). In addition, we have identified dominant negative inhibition by defective nuclear hormone receptors as a common

molecular mechanism in both resistance to thyroid hormone- β and - α and PPAR γ (peroxisome proliferator-activated receptor- γ)-mediated insulin resistance. We have shown how deficiency of human selenocysteine-containing proteins causes a multisystem disease, including disordered thyroid hormone metabolism, and identified the first defect in a nuclear genome-encoded transfer RNA gene in this disorder.

New assays (e.g. reverse T₃ (tri-iodothyronine) by tandem mass spectrometry) and genetic tests (e.g. familial dysalbuminaemic hyperthyroxinaemia) have been incorporated into our diagnostic service for rare and unusual thyroid disorders (see www.sas-centre.org/centres/hormones/cambridge) and we have developed novel ¹¹C-methionine PET imaging to diagnose and manage TSH-secreting and other pituitary tumours.

My presentation will discuss this exciting research and its clinical impact.

Krishna Chatterjee

Metabolic Research Laboratories, Wellcome Trust-MRC Institute of Metabolic Science and Department of Medicine, University of Cambridge, UK

Interplay of diet, circadian rhythms, the epigenome and metabolism



THE EPIDEMICS OF DIABETES AND OBESITY represent major challenges for modern societies. Obesity is a major risk factor for insulin resistance, which is a key component of the pathophysiology of type 2 diabetes.

These diseases have a strong genetic basis, yet their inexorable rise has been largely due to fattening diets, insufficient physical activity, and exposure to light around the clock. Nuclear receptors respond to signals derived from the environment to link circadian rhythms to metabolism and contribute to homeostatic protection from circadian, nutritional and thermogenic environmental challenges.

In my talk, I will present recent work highlighting these principles.

Mitchell A Lazar

Institute for Diabetes, Obesity and Metabolism, University of Pennsylvania, Philadelphia, PA, USA

Type 1 diabetes in the modern environment



THE INCIDENCE OF TYPE 1 DIABETES in children has increased rapidly over the last 50 years. Proposed environmental reasons for this increase mirror our lifestyle. Type 1 diabetes can be viewed as part of the non-communicable disease epidemic in our modern society. Meanwhile, rapidly evolving new technologies are advancing our understanding of how human microbial communities interface with the immune system and metabolism, and how the modern pro-inflammatory environment is changing these communities and contributing to the rise of non-communicable disease.

Most children who develop type 1 diabetes by 18 years of age will have detectable islet autoantibodies by 3 years of age. The evolving concept that type 1 diabetes in many children has developmental origins has directed research questions in search of prevention back to pregnancy and early life.

The phenotype of children and adolescents with clinical type 1 diabetes has also changed. Approximately one-third are now overweight or obese. The impact of overweight in addition to that of blood glucose control on cardiovascular risk in these children is another target for our care. In children without diabetes, even small reductions in body mass index improve blood pressure and lipid profile.

The addition of metformin to insulin therapy in children with type 1 diabetes has been disappointing with, at best, only modest benefit for cardiovascular risk. There is the promise of the increasing sophistication of CSII (continuous subcutaneous insulin infusion) and CGM (continuous glucose monitoring) technology, while we anticipate more data on the role of glucagon-like peptide-1 receptor agonists and sodium-glucose cotransporter 2 inhibitors in children with type 1 diabetes.

Jenny Couper

Women's and Children's Hospital and School of Paediatrics and Reproductive Health, University of Adelaide, Australia

BOND: European Reference Network on Rare Bone Diseases

IN DECEMBER 2016, 23 proposals for European Reference Networks (ERNs) were approved. Amongst these is BOND, the ERN on Rare Bone Diseases (RBDs). BOND includes skeletal dysplasias and metabolic bone diseases.

BOND's application was co-ordinated by ESPE along with the European Calcified Tissue Society (ECTS), the European Society of Endocrinology (ESE), the International Conference on Children's Bone Health (ICCBH) and the International Skeletal Dysplasia Society (ISDS). It currently consists of 38 healthcare providers from 10 EU member states.

The main ambition of this ERN is to implement measures that facilitate multidisciplinary, holistic, continuous, patient-centred and participative care provision to people living with RBDs, supporting them in the full realisation of their fundamental human rights.

To meet this goal, BOND will gather European professionals who are highly specialised in RBDs for both scientific research and multidisciplinary care, in order to:

- increase knowledge
- improve healthcare quality and patient safety
- enhance access to ultraspecialised medical expertise and accessible information beyond national borders.

BOND aspires to support patients affected by RBDs and their families, to increase their capacity to undertake a participative role in care provision, to set priorities and to participate in decisions regarding their care plan and their life project.

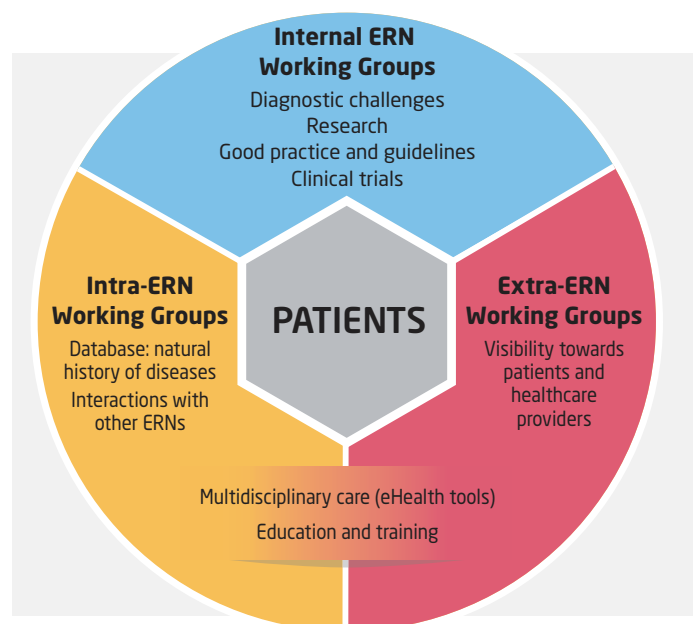
The ERN will facilitate the rapid exchange of information, skills and practice to shorten time to diagnosis and treatment, in collaboration with European Patient Advocacy Groups (ePAGs). Efforts to target less developed affiliated partners will be made, where the gap between existing provision and that to which BOND aspires is largest. The aim is to improve healthcare for all, whether in BOND or not.

The BOND Co-ordinator, Luca Sangiorgi (Istituto Ortopedico Rizzoli, Bologna, Italy) organised the launch meeting at the Ministry of Health in Rome on 22–24 May 2017 (pictured). Here, the governance structure, steering committee, working groups (see Figure) and forthcoming activities were decided and officially approved.

You can learn more about BOND at <http://ec.europa.eu/avservices/video/player.cfm?ref=I140749&sitelang=en&videolang=INT/EN>.

Luca Sangiorgi, BOND Co-ordinator

Matias de la Calle, BOND Project Manager



LAUNCH MEETING OF BOND ERN,
MAY 2017

Training in the Middle East and North Africa

3rd ASPED-ESPE School, Jeddah, Saudi Arabia, 9-11 December 2016

THE ASPED-ESPE SCHOOL is aimed at paediatricians who have completed their basic paediatric training and who are currently either established in, or intending to develop a career in, paediatric endocrinology and diabetes. The school is sponsored by Novo-Nordisk/Gulf and is open to physicians practising in the Arab countries.

The course is held over 2 days and has a structured curriculum covering all main topics in paediatric endocrinology. It takes the form of interactive lectures, case presentations, research project presentation and critically appraised topic discussion. The school's faculty includes



senior paediatric endocrinologists from ESPE and ASPED (the Arab Society for Paediatric Endocrinology and Diabetes). The course is conducted entirely in English.

In 2016, we received 88 applications and enrolled 53 delegates from 12 countries. The curriculum was very broad, covering growth, adrenal and pubertal disorders, disorders of sexual development, thyroid disease, bone and calcium disorders, monogenic diabetes and hyperinsulinism. As well as lectures and interactive group discussion, four small parallel groups examined over 40 cases and research projects, which were presented by the delegates.

Our local host was AbdelAziz Twaim (Jeddah, Saudi Arabia), and the course organiser was Asma Deeb (Abu Dhabi, UAE). We are grateful for the support of the teaching faculty, including ESPE faculty (Franco Chiarelli, Zulf Mughal, Jan Lebl and Khalid Hussain) and local faculty (Abdelhadi Habeb, Abdelmoein Al Agha, Rasha Tarif, Sarah Ehtisham and Abdelsalam AbuLibdeh).

The social events were enjoyed by all, and included a traditional local dinner and entertainment in old Jeddah downtown. Positive feedback was received in relation to course organisation, scientific discussion and opportunity for future collaboration and networking.

The next ASPED-ESPE School is in Abu Dhabi, UAE, on 13-17 December 2017. To find out more see www.eurospe.org/education/education_asped.html. Note that participants are entitled to 1 year's free ESPE membership in the year following their attendance (this does not apply to existing ESPE members).

Sarah Ehtisham

ESPE Winter School

Belchin, Bulgaria, 10-16 February 2017

OUR ADVERT FOR WINTER SCHOOL 2017 attracted 41 applications for the 25 places this year. Once again, it was disappointing to turn down so many good candidates, but we selected a range of excellent applicants from 11 countries, with a focus on the Balkans, which we were targeting.

Winter School was held in the foothills of the Rila Mountains approximately 90 minutes' drive south of Sofia, Bulgaria. As usual, we had a very full teaching schedule, covering all the major endocrine systems of relevance to paediatrics. There were also presentations on late effects of childhood cancer treatment, and on research, audit and communication skills, with teachers role-playing a challenging consultation to demonstrate skilful communication. Student feedback was good, with the teachers' interactive cases scoring very highly. Attendees also enjoyed a half-day excursion to the Borovets Ski Resort for a snowy walk in the mountains.

We were delighted to welcome Wieland Kiess (Leipzig, Germany) to the team. The Winter School benefited from his extensive research and clinical experience. The teaching faculty also included Justin Davies (Southampton, UK), Serap Turan (Istanbul, Turkey), Veronique Beauloye (Louvain, Belgium) and, next year's host tutor, Rasha Tarif (Cairo, Egypt).

I am grateful to our host Galina Popova for her hard work locating the excellent venue and for ensuring the School's success. On behalf of ESPE and the students, I also thank Hans Kabel and Ferring for their long established grant, covering hotel and delegate travel costs, which has allowed Winter School to take place each year.

To learn about the impact of attending Winter School, I recommend you read Malcolm Donaldson's very recent paper (*Hormone Research in Paediatrics* 2017 **87** 396-399).

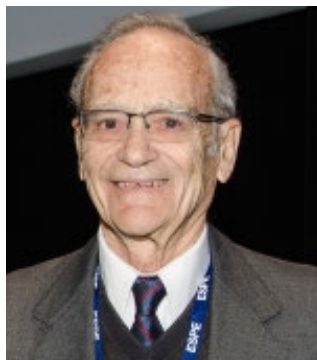
Next year, Winter School will take place in Egypt. I strongly encourage trainees in North Africa as well as those in Eastern Europe to apply. Attendees should be committed to a career in paediatric endocrinology and feel comfortable communicating in English. Watch out for details at www.eurospe.org/education/education_winter.html as well as in the ESPE Newsletter.

John Gregory, ESPE Winter School Co-ordinator



A paediatric endocrinologist in Argentina

In 2016, Marco Rivarola received ESPE's International Outstanding Clinician Award, in recognition of his contribution to paediatric endocrinology in Argentina, Latin America, and internationally. Here, we trace the development of paediatric endocrinology in his South American homeland. We look at those who have influenced his life as a paediatric endocrinologist, and examine the role he has had in our field.



PAEDIATRIC ENDOCRINOLOGY DEVELOPED IN ARGENTINA in the late 1950s, in response to paediatric consultations at the two largest general paediatric hospitals in Buenos Aires. The Casa Cuna (now the Hospital General de Niños Pedro de Elizalde) had a service chaired by Salvador De Majo, while the service at the Hospital de Niños (now the Hospital de Niños Ricardo Gutiérrez) was chaired by Martin Cullen.

Early inspiration

Marco Rivarola graduated in medicine from the University of Buenos Aires in 1960. While there he met two Nobel laureates, Bernardo Houssay (1947 laureate for research into pituitary hormones and blood sugar regulation) and Luis Federico Leloir (1970 laureate for work on sugar nucleotides, carbohydrate metabolism and renal hypertension). Dr Houssay founded the national research council, Consejo Nacional de Investigaciones Científicas y Técnicas (CONICET), to support scientific research in Argentina.

After training in general paediatrics at the Children's Hospital, Dr Rivarola applied to CONICET for a fellowship at the Hospital's Endocrine Unit, under the mentorship of César Bergadá (1929–2005). Bergadá had recently returned from a 2-year visit to Lawson Wilkins' (1894–1963) Pediatric Endocrine Clinic at the Johns Hopkins Hospital in Baltimore, MD, USA.

Nowadays, training in paediatric endocrinology usually consists of a 3-year fellowship following a 3-year paediatrics residency. Dr Rivarola's initial paediatric endocrine training under César Bergadá was for 2 years, when he developed a clinical research proposal including a strong component of laboratory work in steroids.

In 1963, he received a 1-year CONICET overseas fellowship to the ex-Wilkins' Clinic of the Johns Hopkins Hospital, mentored by Claude Migeon. However, his tenure in Baltimore actually lasted for 4 years,

providing a potent boost to his scientific career. This was a productive time of learning, teaching, knowledge exchange and acquisition of a sense of teamwork.

The Bergadá years

In 1967, Dr Rivarola returned to the Endocrine Unit in Buenos Aires, supported by a Research Career Award from CONICET. The Unit developed to become, in 1973, the Centro de Investigaciones Endocrinológicas (CEDIE), a research centre led by César Bergadá. It gathered a large group of clinical and translational investigators, and is still very active.

César Bergadá's broad contribution to paediatric endocrinology included establishing a Centre for the Study of Pituitary Hormones, to collect human pituitaries to purify growth hormone, which was used to treat many patients (fortunately, no side effects from its use were reported in Argentina). He arranged the first national programme for early detection of hypothyroidism and phenylketonuria (later covering other congenital diseases). This earned him the Spanish Government's Reina Sofia Award. In 1986, he was central in the creation of the Sociedad Latinoamericana de Endocrinología Pediátrica (SLEP).

Dr Rivarola's research and teaching continued at CEDIE until 1987, with a significant contribution to developing translational paediatric endocrinology, and the personal direction of several young fellows, including biochemists (Ernesto Podesta, Selva Cigorraga, Stella Campo) and physicians (Titania Pasqualini, Alicia Belgorosky).

New opportunities

In 1987, a new large national paediatric hospital was inaugurated in Buenos Aires: the Hospital de Pediatría Garrahan. This is a tertiary reference paediatric institution for the whole country, encompassing all paediatric specialties. Dr Rivarola and Dr Belgorosky were invited to help organise teaching and research here and, shortly afterwards, to develop a new Endocrine Service, for which Dr Rivarola was appointed as Chair.

Dr Belgorosky had a central role in developing the Service's expertise in molecular biology, in particular establishing a laboratory during the late 1980s and early 1990s. The Service participates in a postdoctoral paediatric endocrinology residency, financed by the city of Buenos Aires and associated with the University of Buenos Aires School of Medicine. To keep up to date with scientific advances, many of the staff attend ESPE Annual Meetings.

After Dr Rivarola's retirement in 2007, Dr Belgorosky became the new Chair of the Endocrine Service. Dr Rivarola is Honorary Consultant, regularly attending his old office. Under Dr Belgorosky's leadership, the Endocrine Service still seeks to continuously improve the clinical assistance, teaching and research within the group. After all these years, many ex-trainees now practise specialised clinical medicine across Latin America. They benefit from being able to discuss difficult cases with colleagues from their original teaching institution.

Finally, at Dr Belgorosky's suggestion, Dr Rivarola and Dr Belgorosky became co-editors of a free-to-access Spanish/English website, www.endopedonline.com.ar, which is now over 11 years old. It provides information on paediatric endocrinology for paediatricians, and it is updated five times annually. It attracts readers from around the world, with over 200 unique visitors accessing on average 1600 pages each day.

Dr Rivarola's role in the training of paediatric endocrinologists across Latin America has been accompanied by publication of over 180 papers in international peer-reviewed journals. His is proud to have supported colleagues in the expansion of our specialty.

Alicia Belgorosky and

Marco A Rivarola

Hospital de Pediatría Garrahan, Buenos Aires, Argentina

Interview with an ESPE Fellow:

Rahul Jahagirdar

Rahul Jahagirdar comes from Pune, India, where he has worked in paediatric endocrinology in a university teaching hospital. He undertook his ESPE Clinical Fellowship at Alder Hey Children's Hospital, Liverpool, UK, under the supervision of Senthil Senniappan, a leading expert in congenital hyperinsulinism. He spent 3 months at Alder Hey, one of the largest and busiest tertiary children's hospitals in western Europe.

Why did you apply for an ESPE Fellowship?

I applied for the ESPE Clinical Fellowship in 2016 to enhance my knowledge and skills in endocrinology and diabetes, so that I could use them to improve patient care in my home centre.

What did your Fellowship involve?

Being a quaternary centre for congenital hyperinsulinism (CHI) in the UK (as part of NORCHI, the Northern Congenital Hyperinsulinism Service), this centre offered me great exposure to the management of infants and children with hypoglycaemia and CHI, including the use of novel therapies. I was fascinated by the multidisciplinary team (MDT) approach to management of patients with complex needs.

What did you gain from your Fellowship?

In this centre with an excellent paediatric neurosurgical set up, I could follow patients from the start of their treatment through to their immediate and late post-operative periods. This helped me gain expertise in the management of fluid balance and electrolyte issues. I also gained useful experience in managing late endocrine effects in oncology patients.

I attended several endocrine, diabetes, calcium, thyroid, growth and disorder of sex development (DSD) clinics, which were extremely



RAHUL JAHAGIRDAR (LEFT) WITH HIS HOST SENTHIL SENNIAPPAN

helpful. I learnt the MDT approach to patient care by regularly attending DSD, CHI, diabetes and endocrine MDT meetings (involving endocrinologists, urologists, gynaecologists, psychologists and specialist nurses). I was also exposed to the concept of transitional clinics involving paediatric and adult endocrinologists, which was helpful.

With nearly 400 children with type 1 diabetes mellitus, a vast number of whom were on insulin pumps, I had the opportunity to use the latest equipment, through initiation, set up and follow up, as well as continuous glucose monitoring systems.

What was the best thing about your Fellowship?

In addition to benefiting greatly from my rich clinical exposure, I had the chance to work on clinical projects, and submitted the results to the ESPE Meeting. I enjoyed participating in the weekly departmental endocrine teaching sessions and biochemistry and radiology meetings.

I also visited Liverpool, Manchester, London and Edinburgh during the weekends, which made the stay very enjoyable. I greatly appreciated the hospitality and friendliness of my supervisor, as well as the support of all the team members, who helped me to understand and improve my clinical knowledge and skills. I am looking forward to applying my experience in my own clinical practice.

What would you say to others about the ESPE Clinical Fellowship Programme?

It was a valuable learning experience that I highly recommend for trainees looking to obtain comprehensive experience in paediatric endocrinology and diabetes. I thank the ESPE Clinical Fellowship Committee for giving me this opportunity and am extremely grateful to ESPE and the Fellowship's sponsors for supporting this programme, which helps clinicians worldwide gain the necessary expertise to help children and young people.

You can find out more about ESPE Fellowships at www.eurospe.org/awards



LIVERPOOL'S NEW ALDER HEY CHILDREN'S HOSPITAL, OPENED IN 2015



IN MEMORIAM

Ruth Illig

1924-2017

ON 26 JUNE 2017, PROFESSOR RUTH ILLIG peacefully passed away after a fulfilling life and an untiring commitment to children with endocrine diseases. She had been an enthusiastic campaigner for the improvement of the health of children and adolescents, not only in Europe, but also globally.

Ruth was born on 12 November 1924 in Nürnberg, Germany, and her childhood and adolescence in Germany were affected by the Second World War. During this period, she was brought from Germany to Switzerland to recover from the stressful situation and physical weakening.

After the war, she undertook academic training in Bern and Zurich, Switzerland. Following graduation from medical school, she was accepted by Guido Fanconi for a paediatric residency at the Kinderspital Zurich, and then was promoted to a fellow and tenure position and worked closely with Andrea Prader. In these early years, she

focused on growth disorders and set up an endocrine laboratory with radioimmunoassays for growth hormone and insulin.

Inspired by the idea of preventing mental retardation through congenital hypothyroidism by early treatment with thyroid hormones, she developed a screening test based on the measurement of thyrotrophin in dried blood spots on filter paper. After a pilot study in 1976, Ruth started the first nationwide screening programme for congenital hypothyroidism in Europe on 1 January 1977. In most European countries, nationwide programmes started many years later. With her pioneering assertiveness, she saved many children from mental retardation and conducted important studies on screening methodologies, as well as long term follow-up studies in patients detected by newborn screening.

She was a passionate teacher, and numerous young paediatric endocrinologists spent periods of their training with her at the Kinderspital. In 1977, she became the first female professor at the Medical Faculty of the University in Zurich and she made great efforts to support young female scientists and female physicians. She was a very hard worker, and wouldn't accept any weakness

among her pupils and coworkers.

After her retirement in 1986, she established and financed an institution for children with visual impairment in Switzerland, and was still engaged in screening projects. Realising that many European nations were unable to afford newborn screening in the 1990s, Ruth focused her attention on helping these countries set up programmes for congenital hypothyroidism. She collected funds via a charity foundation, and the national screening programme in Bulgaria was operated and financed through her guidance and the foundation's support. Her work also benefited Latin America and other parts of the world.

She took care of her physical fitness by swimming in Lake Zurich or in Lake Maggiore in the south of Switzerland.

Ruth was a founding member of ESPE and the President of the Society's 25th Annual Meeting in 1986 in Zurich. In 2006, ESPE presented Ruth Illig with the Outstanding Clinician Award. We admire her as a distinguished pioneer of paediatric endocrinology and a role model for many, especially female paediatric endocrinologists worldwide. We will certainly miss her.

Annette Grüters-Kieslich and Toni Torresani

ESPE: a truly international organisation

DON'T ASSUME THAT the European Society for Paediatric Endocrinology is a purely European organisation: far from it! At the last count, our 1253 members were spread across 90 countries over 6 continents. Almost 40% of ESPE members live outside Europe.



Future meetings

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



Other events

2017 Global Fellows Program in Pediatric Endocrinology

10–13 September 2017
Potomac, MD, USA

ESPE Caucasus & Central Asia School

11–14 October 2017
Dushanbe, Tajikistan

ESPE Diabetes, Obesity & Metabolism School

9–11 November 2017
Rome, Italy

7th ESPE Maghreb Project

14–17 November 2017
Morocco

ASPED-ESPE School

13–17 December 2017
Abu Dhabi, UAE

Deadlines

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

10th International Meeting of Paediatric Endocrinology early bird registration deadline	7 Aug 2017
ESPE Early Career Scientific Development Award applications	31 Oct 2017
ESPE Andrea Prader Award nominations	10 Dec 2017
ESPE Research Award nominations	10 Dec 2017
ESPE Young Investigator Award nominations	10 Dec 2017
ESPE Outstanding Clinician Award nominations	10 Dec 2017
ESPE International Outstanding Clinician Award nominations	10 Dec 2017
ESPE International Award nominations	10 Dec 2017

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

HELP RUN YOUR SOCIETY

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ESPE

European Society for
Paediatric Endocrinology

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

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The ESPE Office is managed by Bioscientifica Ltd. The role of
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Tracey-Leigh Meadowcroft is the main point of contact for ESPE
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