

BRINGING THE LATEST IN PAEDIATRIC ENDOCRINOLOGY TO YOU

ESPE 2023 in The Hague

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ESPE 2023 – read the programme online now!

Welcome

The 61st Meeting of ESPE takes place later this month in The Hague, The Netherlands. This is a great opportunity to catch up with the latest developments in paediatric endocrinology, and with all your friends and colleagues in the field. We are excited to bring you highlights from the meeting and more information in this issue of *ESPE News*.

In her plenary lecture at ESPE 2023, Margaret M McCarthy will talk about 'Sex differences in the brain: intersection of the endocrine, immune and nervous systems'. You will find a fascinating preview of her talk on **page 5**, in which she reflects on differences which are not explained by hormones, and examines the role of non-neuronal cells. It remains to be determined whether the natural status of higher inflammatory signalling in the male brain contributes to the increased incidence of neurodevelopmental disorders in boys and men.

The food environment and the global childhood obesity epidemic: the role of ultra-processed food (UPF) is the title of Frank Hu's topical plenary lecture. His preview on **page 6** summarises our understanding of UPF's role in the escalating levels of childhood obesity. While positive associations between higher UPF consumption and adiposity parameters in young people have been found, results are inconsistent. Some categories of UPF are important targets for health interventions, but others have shown beneficial health effects.

The theme of ESPE 2023 is 'Global Challenges in Paediatric Endocrinology', which includes climate change. On **page 8**, Chris Worth and Alice Willson tell us how some UK scientists are cycling from Manchester to The Hague, to minimise their carbon footprint while raising awareness of climate and health issues. You will find further details of ESPE 2023 on **page 9**; the programme and registration information are at www.eurospe.org/events-espe/espe-2023-annual-meeting.

If all that wasn't enough, elsewhere on this page, you can learn about the new *ESPE Yearbook of Paediatric Endocrinology*, which includes a tribute to the book's founding Editor, Ze'ev Hochberg. **Page 3** has details of YES Group activities, forthcoming ESPE Connect Webinars and ESPE's support for the people of Nagorno-Karabakh. The ever-popular 'Hot topics' are on **page 4**, and ESPE dates and deadlines are on **page 10**.

I look forward to seeing you in The Hague!

Antje Garten

Editor, *ESPE News*

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Keep an eye on the latest ESPE news and activities at www.eurospe.org

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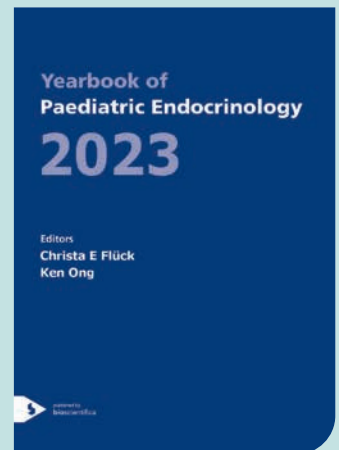
New Yearbook published

The *ESPE Yearbook of Paediatric Endocrinology 2023* will be published shortly before the 2023 ESPE Meeting. In 14 chapters, it will provide a valuable resource for advances in basic, translational and clinical research as well as clinical practice published over the last 12 months.

The Yearbook was introduced by ESPE on the initiative of Professor Ze'ev Hochberg, who sadly passed away early in 2023. To reflect and honour his contributions to science and medicine, we have included a potpourri of articles that he published over the years, showing the broad spectrum of his research interests that connected many of us.

The Yearbook is always a collaborative project among experts in specific fields who devote their time to searching the newest literature for the most relevant articles and writing small commentaries. We thank all of them for their enthusiasm to support this ESPE activity.

Christa E Flück and Ken Ong
Editors



Access the new issue from mid-September at www.espeyearbook.org

YOUR SOCIETY

ESPE Annual Business Meeting



Don't forget, the 2023 ESPE Annual Business Meeting will take place at 18.30–19.45 on 22 September 2023 at The World Forum, The Hague, The Netherlands, during the ESPE Annual Meeting.

You are encouraged to attend, to find out more about your Society's activities. Further details are in the members' section of the website.



ESPE 2023

21–23 September 2023
The Hague,
The Netherlands

**Global Challenges
in Paediatric
Endocrinology**

Find out more on **page 9**

YOUR SOCIETY

YES Group's busy first year

Since our launch, the YES Group has been hard at work, representing early career members on ESPE Committees, collaborating with the JENIOUS Group of the International Society for Pediatric and Adolescent Diabetes, and creating professional development opportunities.

The **YES Group Webinar Series** was launched with the highly popular lectures 'How to publish your manuscript' by Professor Stefano Cianfarani and the 'ABC of how to approach DSD' with Professor Tulay Guran.

We supported the Neonatal Diabetes Study led by the JENIOUS Group and are excited to have launched our first **JENIOUS-YES collaborative survey**, entitled 'Physicians' perspectives on type 1 diabetes and coeliac disease in children and adolescents'.



You can find the survey at <https://tinyurl.com/T1DnCD>

We look forward to greeting new members at the ESPE stand at the 61st Annual Meeting of ESPE in The Hague, as well as at the **YES Group social event** (see details sent by email).

Join the YES Group at www.eurospe.org/about/organisation/yes-group

Follow ESPE on **Facebook** and **Twitter** for YES Group activities



In support of healthcare in Nagorno-Karabakh

ESPE and the European Society of Endocrinology have issued a joint statement, calling upon the international community for humanitarian aid and medical supplies to support the people of Nagorno-Karabakh (Republic of Artsakh). The population here faces a crisis, as access to the region is blocked. The joint statement also calls for the free passage of patients to specialised treatment centres outside the blocked area.



Read the joint statement at www.eurospe.org/wp-content/uploads/2023/08/Joint-statement.pdf

The Viva Foundation is a non-governmental organisation of doctors and volunteers which aims to provide support to those affected by means of hospital facilities, equipment, medication, materials and instruments.

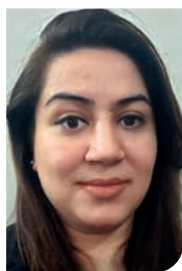


Donations may be submitted via www.viva.foundation/en



Meet the YES Group team

The YES Group's six representatives sit within ESPE's main committees, giving a voice to early career paediatric endocrinologists within ESPE.



Sommayya Aftab
Pakistan



Hussain Alsaffar
Oman



Domenico Corica
Italy



Katja Dumić Kubat
Croatia



Meera Shaunak
UK



Rade Vukovic
Serbia

EVENTS

ESPE Connect Webinars 2023

Transforming education through a global e-learning model



12 October 2023, 16.00–17.30 CEST

- **Welcome and introduction** Anne Rochtus (Belgium; Convenor)
- **Overview and introduction to e-Learning and CME accreditation for paediatric diabetes and endocrinology** May Ng (UK)
- **A puberty case from the ESPE e-Learning site** Rasha Hamza (Egypt; Chair, ESPE Education and Training Committee)
- **An e-Learning masterclass** Malcolm Donaldson (UK)
- **Panel Discussion and Q&A**

ESPE members attend free of charge; non-members €25.



Book your place now via Eventbrite at <https://bit.ly/ESPE-Connect-Webinar-e-Learning>

Save the date!

Puberty

13 December 2023, 16.00–17.30 CET



See the latest details at www.eurospe.org/education/espe-connect-webinar-series

Bringing you recent highlights from the world of research

Ultra-processed food consumption and obesity

The consumption of ultra-processed food (UPF) and its association with obesity has become a truly hot topic recently. Childhood obesity has tripled since 1975, with a corresponding rise in the consumption of UPF. UPF consumption has been shown to contribute to adult obesity, but its impact on young children has not been evaluated.

González *et al.* conducted a longitudinal analysis of preschool children in Uruguay and Brazil to investigate whether there was an association between UPF consumption and childhood obesity. UPF consumption was positively associated with obesity (RR 1.1, 95% CI 1.02–1.18), but adjustment for confounding factors removed this significance.

The authors conclude that there is not yet conclusive evidence for UPF consumption causing obesity in young children, but that their data contribute to an increasing trend of evidence in this regard.



Read the full article at González *et al.* 2023
Journal of Pediatric Nursing 69 e120–e126

MC3R variants in constitutional delay in growth and puberty

MC3R is expressed in the KNDy neurones of the hypothalamic arcuate nucleus, which produce kisspeptin, a critical regulator of pubertal timing. To determine whether deleterious *MC3R* variants are more frequently found in patients with constitutional delay in growth and puberty (CDGP) or normosmic idiopathic hypogonadotropic hypogonadism (nIHH), Duckett *et al.* studied the sequence of *MC3R* in 362 adolescents with a clinical diagnosis of CDGP and 657 patients with nIHH. The signalling properties of all non-synonymous variants were identified and their frequencies compared with those in 5774 controls from a population-based cohort.

The data provided evidence that deleterious mutations in *MC3R* are more frequently found in patients with CDGP (8/362 (2.2%), OR=4.17, $P=0.001$), but not in those with nIHH (4/657 (0.6%), OR=1.15, $P=0.779$). The authors concluded that even though the damaging variants are over-represented in individuals with CDGP, they are not a common cause of it.



Read the full article at Duckett *et al.* 2023
Journal of Clinical Endocrinology & Metabolism
doi: 10.1210/clinem/dgad373

Impact of age at GH therapy initiation in SGA

Growth hormone (GH) therapy is widely used to treat short stature in children born small for gestational age (SGA), in the 10% of patients who fail to show evidence of catch-up growth. GH is licensed for the treatment of these children from 2 to 4 years in the USA or after 4 years in Europe.

Juul *et al.* retrospectively analysed data from two large international observational studies in order to assess the impact of patient age at the initiation of GH therapy on long term growth outcomes and safety in short children born SGA. Patients ($n=3318$) were split into three groups based on age at GH treatment initiation: 2 to <4 years (10.7%), 4 to <6 years (31.6%) and ≥ 6 years (57.7%); 31.8% were born preterm.

Following 8 years of therapy, the mean improvement in height standard deviation score from baseline was significantly greater in the 2 to <4 years group versus the groups that were 4 to <6 years (+2.5 versus +2.2, $P=0.0054$) or ≥ 6 years (+2.5 versus +1.7, $P<0.0001$). No unexpected safety events were reported.

The authors conclude that early initiation of GH therapy in short children born SGA may contribute to height optimisation.



Read the full article at Juul *et al.* 2023 *Journal of Clinical Endocrinology & Metabolism* 108 1043–1052

Hybrid closed-loop control in young children

None of the hybrid closed-loop systems for type 1 diabetes are currently approved by the US Food and Drug Administration (FDA) for use by children under 6 years of age. Reporting on behalf of the PEDAP Trial Study Group, Wadwa *et al.* studied use of the t:slim X2 insulin pump with Control-IQ Technology and a continuous glucose monitor (Dexcom G6) among 2- to 6-year-old children with type 1 diabetes mellitus.

A total of 102 children were randomised (68 to the closed-loop group and 34 to the standard care group). The mean adjusted difference in time in target glucose range in the two groups was 12.4 percentage points (i.e. approximately 3 hours/day, 95% CI 9.5–15.3, $P<0.001$) over the 13-week follow-up period, favouring the closed-loop group.

The results of this study could pave the way for FDA approval of hybrid closed-loop systems for children under the age of 6.



Read the full article at Wadwa *et al.* 2023
New England Journal of Medicine 388 991–1001

Sex differences in the brain

Margaret M McCarthy examines the entwinement of the endocrine, immune and nervous systems in determining differences between the male and female brain.



Margaret M McCarthy



A profound gender bias in relative risk of neuropsychiatric and neurological disorders compelled researchers to rethink the importance of understanding sex differences in the brain

Anatomical sex differences in the brain were first revealed in fundamental neuroscience studies in rodent models as early as the late 1960s.¹ By the 1990s, most neuroscience research excluded female subjects, due to erroneous perceptions of hormonally induced variability, and the notion of sex differences in the brain was relegated to a niche area of interest only in the context of reproduction.

The realisation of a profound gender bias in relative risk of neuropsychiatric and neurological disorders that vary across the lifespan compelled researchers to rethink the importance of understanding the biological origins of sex differences in the brain. Similarly, the discovery that gestational or early childhood inflammation increased the risk of neurodevelopmental disorders such as schizophrenia and autism spectrum disorders drove reconsideration of the origins of dysregulation.²

Programming the nervous system

Early life programming of the nervous system by gonadal steroids, in particular androgens derived from the fetal testis, is now recognised as broadly and enduringly

Margaret McCarthy is a plenary speaker at ESPE 2023. You can hear her talk on 'Sex differences in the brain: intersection of the endocrine, immune and nervous systems' on Thursday 21 September at 10.15.

impacting the brain and spinal cord through fundamental processes such as epigenetic programming. The process also involves sculpting the neural architecture via effects on cell birth and death, myelination, axonal growth, dendrogenesis and synaptogenesis, to name a few.³

However, even in endpoints that are robustly divergent in male and female rodents, such as courting, mating and nurturing of young, there is substantial intra-sex variability which is not explained entirely by hormones. Moreover, the precise mechanisms by which steroids modulate developmental processes has proven stubbornly difficult to elucidate, leading to the conclusion that it is 'complex' and 'multi-factorial'. Unravelling that complexity and identifying the multiple factors is an achievable goal.

The role of non-neuronal cells

Both the neurocentric and immune-privileged views of the brain have been challenged by a renewed appreciation for glia, the first being astroglia, also called astrocytes, and the second being microglia, which are not glia at all but, rather, modified brain-specific macrophages.

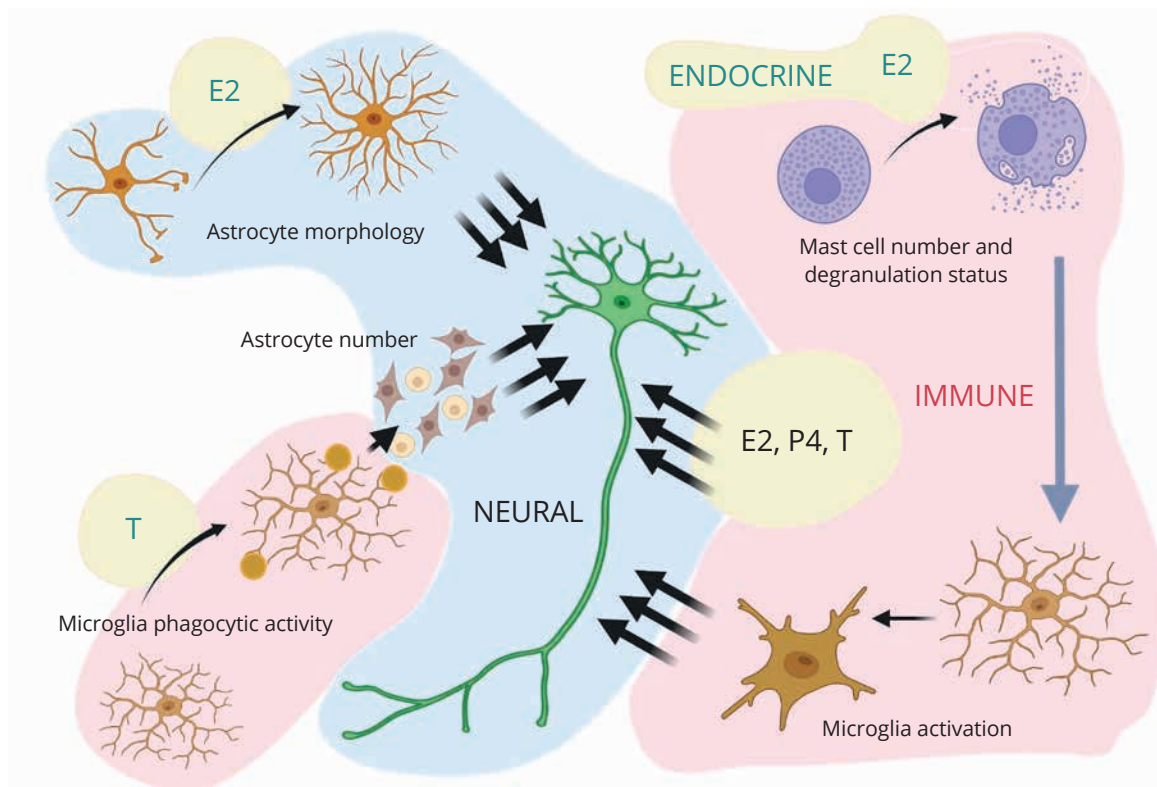


Figure. Multiple systems interact to generate lasting sex differences in the brain. Neuronal networks are the ultimate purveyors of physiology and behaviour but, rather than being a cell intrinsic property, the generation of sex differences arises from non-neuronal cells. These include astrocytes, which share a common origin with neurones, as well as immune cells which may be unique to the brain, such as microglia, or innate immune cells found throughout the body, such as mast cells. The gonadal steroids (androgens (T), oestrogens (E2) and progestins (P4)) are key participants by acting both directly on neurones but also on the non-neuronal cells. In some cases they initiate cell-to-cell signalling that often involves membrane-derived signalling molecules. Deciphering the precise role of each cell type and the cellular and molecular mechanisms establishing and maintaining neural sex differences will provide needed insight into the origins of the strong male gender bias in neurodevelopmental disorders.

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Astrocytes (glia) were so-named for their perceived role as a cellular 'glue' that held the brain together, but are now known to derive from neuronal precursors and serve as intimate partners at the 'tripartite synapse', among other critical functions. Microglia, once thought to be quiescent sentinels waiting for an injury to respond to, are now known to be vigorous surveyors of the brain that actively sculpt neural circuits by controlling cell number and both promoting and eliminating synapses as needed.

Both astrocytes and microglia vary by sex in number, morphology and functionality in a brain region-specific manner.⁴ In turn, these non-neuronal cells exert profound influences on neural circuitries controlling social behaviours in a sex-influenced manner.⁵

The discovery that the innate immune mast cell also is resident in the brain, but only during a brief perinatal window that is coincident with the critical period for sexual differentiation, further expanded our understanding of the importance of non-neuronal cells.⁶

Endocrine interactions

Cross talk between the gonadal steroids, testosterone and oestradiol, and mast cells and microglia is mediated by membrane-derived signalling molecules, including prostaglandins and endocannabinoids, as well as the canonical mast cell-secreted product histamine (see Figure, page 5). Sex differences in neural architecture and,

ultimately, behaviour are achieved when there is a greater number of immune cells (microglia and mast cells), and they are in a more activated state, reminiscent of what would be considered an inflamed state.

We have found that, in multiple regions of the brain, this is the case in developing males versus females, and that treating females with either androgens or the aromatised product, oestrogens, can mimic this enhanced inflammation and masculinise the brain and adolescent and adult behaviour.

Whether the natural status of higher inflammatory signalling in the male brain contributes to the increased incidence of neurodevelopmental disorders in boys and men is an open question.

Margaret M McCarthy

Professor and Chair, Department of Pharmacology; Director UM-MID, University of Maryland School of Medicine, Baltimore, MD, USA

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Ultra-processed food and the childhood obesity epidemic

Frank Hu considers the evidence linking increasing rates of childhood obesity and our food environment, in particular ultra-processed foods (UPFs).

Childhood obesity has become a significant global public health crisis. The prevalence of childhood obesity has increased dramatically from about 4% in 1975 to over 18% in 2016.¹ Although some high income countries have seen a levelling off in childhood obesity rates, low and middle income countries, particularly those undergoing nutrition transitions, continue to witness an alarming increasing trend. In the USA, nearly 20% of children and adolescents have obesity. Childhood obesity poses significant health risks and has long term public health and societal implications.

What is the cause?

Childhood obesity is influenced by a combination of genetic, prenatal and early life factors, as well as individual behaviours such as poor diets, excessive screen time, inadequate physical activity and insufficient sleep.

In addition to these individual behavioural factors, the obesogenic food and physical activity environments also play a significant role, because individual behaviours are shaped by the environments. UPFs are a key component of the obesogenic food environment. According to the NOVA classification system,² UPFs are food products that have undergone extensive processing and contain multiple



Frank Hu

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Public policies
play a crucial role
in improving the
food environment
and combatting
childhood obesity”

Frank Hu is a plenary speaker at ESPE 2023. You can hear him talk on 'The food environment and the global childhood obesity epidemic: the role of ultra-processed food' on Thursday 21 September at 16.15.

added ingredients and additives. They are typically high in sodium, sugar, unhealthy fats and calories. Examples of UPFs include soft drinks, packaged savoury snacks, processed meats, fast food and pre-prepared frozen meals.

Over the past several decades, there has been a substantial increase in the types and quantities of UPFs available in the global food supply.³ The USA has one of the highest levels of UPF consumption among children, with more than 60% of their calorie intake coming from these foods. Furthermore, low and middle income countries have experienced a rapid increase in UPF consumption, which plays a crucial role in the nutrition transition occurring in these regions. Sugar-sweetened beverages (SSBs) are a major category of UPFs and have seen a significant rise in consumption worldwide. Latin America and the Caribbean have the highest SSB consumption in both children and adults, with a marked increase observed over the past three decades.⁴

A process of analysis

Several systematic reviews and meta-analyses have examined the associations between UPF consumption and childhood adiposity.^{5,6} Most cross-sectional and longitudinal

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studies have found positive associations between higher UPF consumption and adiposity parameters during childhood and adolescence.

However, the evidence is not entirely consistent, and there is considerable heterogeneity among different categories of UPFs. Some foods classified as UPFs, such as wholewheat bread, yogurt and cold breakfast cereals, have demonstrated beneficial health effects. Therefore, it is important to consider the specific composition of nutritional profiles of UPFs, despite their classification. Additionally, novel plant-based meat alternatives, which are often classified as UPFs, can serve as healthier alternatives to red meat and contribute to reducing the environmental impact of the current food system. Furthermore, there is a need for longitudinal studies with repeated measures of food intake, especially in low and middle income countries, to better understand the long term effects of UPF consumption on childhood obesity.

Sugar-sweetened beverages

Among various categories of UPFs, SSBs have shown the most consistent findings. An updated meta-analysis showed that, among cohort studies, each serving/day increase in SSB intake was associated with a 0.07kg/m² higher body mass index (BMI) in children and a 0.42kg higher body weight in adults.⁷ Randomised clinical trials conducted in children indicated a lower BMI gain with SSB reduction interventions compared with control groups.⁷

Due to strong scientific evidence linking SSB consumption and adult and childhood obesity as well as other adverse health outcomes, reducing SSBs is widely considered to be an important target for public health interventions.

A role for public policies

Public policies play a crucial role in improving the food environment and combatting childhood obesity. Drawing from successful tobacco control policies, similar strategies such as increased taxation, marketing restrictions and warning labels have been implemented to improve the food environment, with a particular focus on reducing consumption of UPFs including SSBs.



Strong scientific evidence links consumption of sugar-sweetened beverages with adult and childhood obesity, as well as other adverse health outcomes. etorres/Shutterstock

“
Curbing the
childhood obesity
epidemic requires
a comprehensive
and whole-of-society
approach”

Several countries in Latin America have been at the forefront of adopting these policies and have achieved promising results.⁸ For instance, Mexico was the first country to implement an SSB tax. Chile implemented the first mandatory front-of-package warning labels on foods high in sugar, salt and unhealthy fats, which have been adopted in other countries in the region and beyond.

There is growing evidence that these policies, aimed at improving the food environment, are effective in reducing the purchase and consumption of SSBs and other UPFs, particularly in low income households.⁸ For instance, taxation on SSBs has been associated with reduced sales and consumption. The implementation of front-of-package warning labels has also shown positive effects by promoting product reformulation and encouraging consumers to opt for healthier alternatives.

Moreover, restrictions on UPF advertising during TV programming and the use of child-directed marketing on product packaging have been effective in reducing the sale and promotion of unhealthy foods to children.

By implementing such policies, we can create a supportive food environment that encourages and facilitates healthier eating habits, leading to improved overall diet quality and a reduction in childhood obesity. However, it is important to emphasise that curbing the childhood obesity epidemic requires a comprehensive and whole-of-society approach. Policies targeting the food environment should be integrated with efforts to promote nutrition education and physical activity, and to address social and economic factors that influence food choices and health outcomes.

Frank Hu

Fredrick J Stare Professor of Nutrition and Epidemiology; Chair, Department of Nutrition, Harvard TH Chan School of Public Health; Professor of Medicine, Harvard Medical School, Boston, MA, USA

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Plenary speakers at ESPE 2023

You can hear all the following plenary lectures at the 61st Annual Meeting of ESPE in The Hague, The Netherlands on 21–23 September.

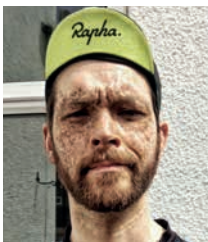
- **Sex differences in the brain: intersection of the endocrine, immune and nervous systems** Margaret M McCarthy
- **The food environment and the global childhood obesity epidemic: the role of ultra-processed food** Frank Hu
- **Structural and functional development of the adolescent brain** Eveline Crone
- **How AI will change medicine** Henk Marquering
- **Stem cells, organoids and single cell transcriptomics** Hugo Vankelecom
- **How the genome predicts human disease** Stylianos Antonarakis
- **Novel approaches in autoimmune endocrine disorders** Olle Kämpe
- **Real-world use of closed loop insulin delivery** Hans de Vries

Find out more on **page 9**



Ride For Their Lives

Chris Worth and Alice Willson from Manchester, UK, plan to travel to ESPE 2023 in The Hague on two wheels, to raise awareness of climate and health issues. Could you get involved?



Chris Worth

Having felt increasingly guilty about flying around Europe for ESPE Meetings, but very aware of the fantastic opportunities presented by in-person attendance, we were already planning a greener alternative for The Hague. After attending an inspiring talk about Ride For Their Lives (www.ridefortheirlives.net) and the power of bicycles by Heather Lambert at the Royal College of Paediatrics and Child Health conference in Glasgow,¹ we were confirmed in our ambitions.

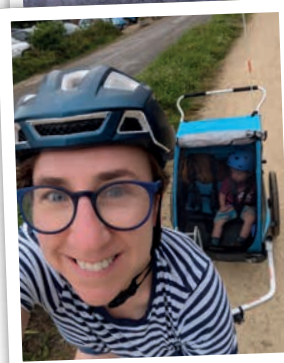
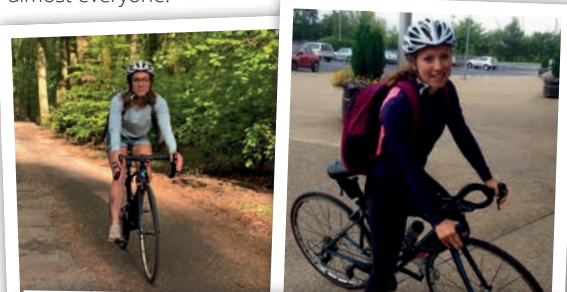
The climate crisis, a theme for ESPE 2023, is the biggest threat to paediatric global health, with children now dying from air pollution in the UK.² This is a rising trend and we must face the uncomfortable truth that flying to international conferences directly contributes to this crisis, no matter our intentions. Flying releases 15 times more emissions than using a ferry and up to 42 times more than a train such as the Eurostar.³ Cycling releases no emissions. It also reduces congestion, improves physical and mental health and is a joyous and communal activity accessible to almost everyone.



Alice Willson



The climate crisis is the biggest threat to paediatric global health



Participants in training

We are planning a 3-day ride from Royal Manchester Children's Hospital to ESPE 2023 in The Hague, in order to minimise our own emissions and raise awareness of climate change, its impact on child health and our collective responsibility in tackling it.

We would love anyone to join us for as much or as little as they wish (join us in Manchester, Doncaster, Hull, Rotterdam or anywhere in between) or to find their own environmentally friendly way to ESPE 2023.

Details are available at www.ridefortheirlives.net/rides/manchester-childrens-hospital-to-the-hague-for-esps-2023-conference or by contacting Chris Worth at chris.worth@mft.nhs.uk.

See you all at ESPE (we'll be the ones eating four portions of lunch)!

Chris Worth and Alice Willson

Royal Manchester Children's Hospital, Manchester, UK

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ESPE 2023

21–23 September 2023
The Hague,
The Netherlands

Global Challenges in Paediatric Endocrinology



21-23 September
ESPE 2023
The Hague, Netherlands
The 61st Annual Meeting

The **61st Annual ESPE Meeting** is set to examine some global challenges. These include climate change, which calls for more sustainable medical care, as well as the ever-rising prevalence of obesity, with low and middle income countries quickly catching up with high income nations.

Our exhilarating programme will, as usual, include plenary lectures and symposia featuring outstanding international speakers. You will benefit

from Meet the Expert and How Do I...? sessions by world-leading clinicians. The Controversy and Novel Advances sessions are designed to make you re-evaluate the way we think and work. Free Communications and Posters will raise the profile of work by experienced colleagues and younger trainees alike.

You are invited to join us and enjoy the very best update in basic, translational and clinical paediatric endocrinology!

Paul van Trotsenburg ESPE 2023 Meeting Host

Sabine Hannema ESPE 2023 Vice-Meeting Host

Register online now

Remember: www.eurospe.org is the only official website where you can register to attend ESPE 2023.



Meet the Expert

- **Management of MEN1 in children and adolescents**
Maria Luisa Brandi
- **Informing children about their DSD - when and how?** Amy Wisniewski
- **Uncertainties around diagnosing growth hormone deficiency** Jan Maarten Wit
- **Clinical management of Prader-Willi syndrome in infants, children and adolescents** Maithé Tauber
- **Management of pituitary adenomas in children**
Dominique Maier
- **Approach to thyroid cancer in children**
Marek Niedziela
- **Management of hyperinsulinism beyond the acute phase** Paul Thornton
- **Puberty induction in hypogonadism**
Richard Quinton

How do I...

- **Manage abnormal thyroid function tests in the newborn?** Catherine Peters
- **Use anti-Müllerian hormone in paediatric practice?** Rodolfo Rey
- **Manage a child with hypercalcaemia?**
Corinna Grasemann
- **Manage long term complications in type 2 diabetes in adolescents?** Orit Pinhas-Hamiel
- **Initiate and follow patients on a closed-loop system?**
Revital Nimri
- **Diagnose and manage hypercholesterolaemia**
Lorenzo Iughetti

Novel advances

- **Ethics of expensive treatments**
Ghislaine van Thiel
- **Should we strive for normality?** Martine Vries
- **DNA methylation epigenatures: defining biomarkers of rare disorders** Bekim Sadikovic

**For this year's plenary lectures
see page 7**

See the full programme at www.eurospe.org/events-espe/espe-2023-annual-meeting

Future meetings

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



61st Annual ESPE Meeting

21–23 September 2023
The Hague, The Netherlands



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62nd Annual ESPE Meeting

16–18 November 2024
Liverpool, UK



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63rd Annual ESPE Meeting

jointly with the European Society of Endocrinology
10–13 May 2025
Copenhagen, Denmark



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64th Annual ESPE Meeting

2026
Marseilles, France



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OTHER EVENTS

ESPE Summer School

18–20 September 2023
Rockanje, The Netherlands

ESPE Diabetes, Obesity & Metabolism School

24–26 September 2023
Rockanje, The Netherlands

ESPE Connect Webinar: ESPE e-Learning Portal

12 October 2023

ESPE Science Symposium 2023: Obesity

13–14 October 2023
Athens, Greece

ESPE Maghreb School

13–18 November 2023
Tunisia

ESPE Connect Webinar: Puberty

13 December 2023

DEADLINES

SEPTEMBER

Early Career Scientific Development
Grant applications –
30 September 2023

DECEMBER

ESPE Awards 2024 nominations –
10 December 2023

To stay up to date, follow ESPE on social media (see right) and read the ESPE News Alerts.

For more information about vacancies on ESPE Committees and how to apply, see www.eurospe.org/about/vacancies

ESPE NEWS ARCHIVE

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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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ESPE Newsletter

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*The views expressed by the contributors are
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