DEAR GLOBAL FRIENDS AND COLLEAGUES IN ENDOCRINOLOGY,

Now is the time to register for your place at the 10th International Meeting of Pediatric Endocrinology, which takes place in Washington, DC, USA on 14–17 September 2017. Early bird registration rates are available until mid-July, so make sure you take advantage of these now.

The exciting schedule is taking shape. You will be able to enjoy the following plenary sessions, delivered by internationally renowned experts from around the world.

- Inflammatory environment and type 1 diabetes Jennifer Couper (Australia; APEG)
- Prenatal environment and medical consequences Paul Hofman (New Zealand; APPES)
- Establishing endocrine care from scratch in developing countries Mohamed Abdullah (Sudan; ASPAE)
- Thyroid genetics Krishna Chatterjee (UK; ESPE)
- Muscle and glucocorticoids Hirotsahi Tanaka (Japan; JSPE)
- Metabolic pathway disruption leading to type 2 diabetes mellitus Mitchell Lazar (USA; PES)
- Disorders in sex development: a persistent challenge Alicia Belgorosky (Argentina; SLEP)
- Polycystic ovary syndrome: clinical and genetic characteristics Zijiang Chen (China; CSPEM)

The sessions will explore the very latest advances, challenges and controversies in paediatric endocrinology, and interaction and discussion will be key components of this meeting. A total of 18 topic symposia will examine areas as diverse as ‘Diabetes and the brain’, ‘Adult consequences of paediatric endocrine disease’ and ‘Gender dysphoria’.

In addition, you can participate in a choice of 3 yearbook events, 2 new perspective sessions, a variety of pre-meeting special interest group events, 12 meet the expert sessions, 4 sessions covering current controversies, and 20 free oral communication platform sessions.

I very much look forward to welcoming you to the beautiful city of Washington, DC, home to countless fascinating museums, monuments and historical treasures, which can be easily accessed via the metro system from the meeting venue.

On behalf of the entire Programme Organising Committee, I encourage you to come to the 10th International Meeting of Pediatric Endocrinology, to enjoy an inspiring scientific programme in a beautiful city!

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

Register online now at: www.internationalmeeting2017.org

Welcome to issue 36

DEAR FRIENDS AND COLLEAGUES,

As we look forward to the diverse programme of the 10th International Meeting of Pediatric Endocrinology, remember to register soon to benefit from the early bird rates available until mid-July. We wish the President of the Congress, David Allen, and the Programme Organising Committee every success. As well as David Allen’s article on this page, you will find previews of two exciting plenary lectures on page 4.

On page 3, Olaf Hiort shares details of the first meeting of the Endo-ERN (the European Reference Network for Rare Endocrine Conditions), which was recently held in Leiden, The Netherlands. The Endo-ERN aims to ensure that high quality expertise in treating rare diseases is provided as close to patients as possible. Each ERN will work to share expertise, improve diagnosis, educate care providers, facilitate research and link up with other ERNs, to enhance patient care.

ESPE supports training and development of paediatric endocrinologists around the world. Page 5 has an update from the latest ESPE Maghreb School, as well as an announcement about the 4th ESPE Diabetes, Obesity &
Welcome continued from page 1

Metabolism (DOM) School in Rome, Italy, in November. ESPE’s Fellowship Programme offers opportunities for both young and senior members to build their scientific, research and clinical careers in paediatric endocrinology. On page 6, Salah Azzi recounts the benefits of his recent ESPE Research Fellowship in Babraham, UK.

ESPE is a very close-knit family, and many of you will be saddened to hear of the passing of Kerstin Hall, a pioneer in the field of growth hormone, insulin-like growth factor (IGF) and IGF-binding protein research. We thank Peter Bang and Martin Ritzen for providing her very eloquent obituary on page 7.

We are especially excited to launch the ESPE Newsletter Photo Competition! This time, we invite you all to submit photographs on the theme of ‘Growing up’ and we hope you feel inspired to take some pictures. Send us your photo by 30 June for a chance to see it featured in the next issue.

Finally, many of you will be interested in the ESPE membership statistics on page 6. We are now a truly global society, with 1219 members across 88 countries in 6 continents.

If you would like to share your news please do so! We would be delighted to publish more stories from ESPE members; send contributions to espe@eurospe.org. I thank all the contributors to this issue, and the Editorial Board members for their hard work and enthusiasm.

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

EDITORIAL BOARD
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ESPE update

THIS YEAR’S GATHERING in Washington, DC, USA, may still be some time away, but preparations have already started for the 2018 annual ESPE Meeting, which will be taking place in Athens, Greece on 27–29 September next year. Both the ESPE Council and the Corporate Liaison Board (CLB) met in the Greek capital recently. This visit gave sponsors an important opportunity to view the venue well ahead of the meeting.

Regular readers of the ESPE monthly news alert will have already read about this visit in the last Secretary General’s Update (you can find past updates at www.eurospe.org/about/secretary_general.html). The monthly news alert is a great way to keep up to date with ESPE news. You can find the archive at www.eurospe.org/news/alert.aspx.

During this year’s 10th International Meeting in Washington, DC, the ESPE Team will be based at the ESPE stand in the exhibition area. We will be managing our usual schedule of activities. ESPE is committed to ensuring the success of this meeting, and has endorsed the message from the Meeting’s President, David Allen, which you can find at www.eurospe.org/hid/PES-International-Meeting-Letter.pdf. This message was written on behalf of the International Programme Organising Committee in response to the travel restrictions imposed by US President Trump.

ESPE is very proud to have more than 1200 members across almost 90 countries, and we will do all we can to maintain very high quality clinical and scientific meetings open to all. Please let the ESPE Team know if you encounter problems arranging travel to the Washington meeting, and we will offer what practical assistance we can.

We are pleased that the redevelopment of the ESPE website has moved into its final phase: content review. This, as you can imagine, is a huge task. It is being project managed by Indi Banerjee, an ESPE member and former member of the Newsletter’s Editorial Board. Over the past few weeks, with the help of the ESPE Team and Bioscientifica, Indi has been contacting ESPE Chairs and Co-ordinators for their help in reviewing their activity pages on the website, to ensure the content is fresh and relevant. We are excited to see the end result!

If you would like to get more involved in some of ESPE’s activities, there is always an opportunity. Why not join a committee and help shape our portfolio of activities? We are always looking for new committee members, so please keep an eye on our vacancies page at www.eurospe.org/about/vacancies.

Finally, we are now well into the 2017 renewal year, so don’t forget to renew your ESPE membership if you haven’t already – otherwise you won’t be able to access your many membership benefits! Just click on ‘Pay your membership fee’ at www.eurospe.org. Remember to also watch our website for dates and deadlines.

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

Edge of Growth and Maturation

EDGE OF GROWTH AND MATURATION is a website, started by a group of paediatric endocrinologists, to aid communication among scientists, and between scientists and the curious public, on issues related to child growth and maturation.

Use of a blog platform gives the informal non-technical style of a conversation among peers. The conversations also involve people who are not engaged in research, many of whom have insights that could lead to scientific advancement. The site embraces the fact that many hypotheses come from groups of individuals at different career stages and with diverse interests.

Recent conversations include:
• Does the timing of puberty matter?
• What discovery impressed you most during your career?
• Bar Mitzvah and puberty during ancient times

You can read the conversations, sign up to be alerted to new ones, and find out how to submit material at http://edge-growth-maturation.net.technion.ac.il.

Ze’ev Hochberg, Technion – Israel Institute of Technology
THE EUROPEAN REFERENCE NETWORKS FOR RARE DISEASES (ERNs) were officially launched in Vilnius, Lithuania, on 9 March. All 24 of the approved ERNs were inaugurated by the European Commission’s Directorate for Health and Food Safety, DG SANTE.

The event was attended by approximately 600 representatives from healthcare providers (HCPs) across the EU, patient representatives, policymakers and health experts. Jean-Claude Juncker (President of the European Commission) and other high-ranking officials endorsed the ERNs, with their mission to achieve high quality healthcare for rare conditions in all EU member states.

Endo-ERN
The ERN for rare endocrine conditions (Endo-ERN) currently consists of 71 HCPs from 19 EU member states. It was highlighted in the approval process for several reasons.
1. As an all-encompassing network, caring for all rare endocrine conditions across all age groups, Endo-ERN was the only network to be represented by two Chairs at the inauguration: Alberto Pereira as Co-ordinator and Adult Chair, and Olaf Hiort as joint Co-ordinator and Paediatric Chair.
2. Endo-ERN has been planned with the highly active involvement of the major European endocrine societies, namely the European Society of Endocrinology (ESE) and ESPE, so emphasising its aim to involve major players in training, education, research and also clinical standardisation in rare endocrine conditions.
3. Endo-ERN has incorporated patient associations (European Patient Advocacy Groups, ePAGs) for a number of condition groups, to foster active participation of patient groups in the Network’s decision making.

First meeting
Endo-ERN held its first official meeting of all participating HCPs in Leiden, The Netherlands, on 27 March. Here, the governance structure was officially approved and Professors Pereira and Hiort were both endorsed as Chairs.

The structure of the Steering Committee was also approved, with an Adult and a Paediatric Chair for each of the main thematic areas:
- adrenal
- sexual development and maturation
- calcium and phosphate homeostasis
- genetic disorders of glucose and insulin homeostasis
- growth and genetic obesity syndromes
- thyroid
- pituitary
- genetic endocrine tumour syndromes.

The leaders of the work packages (Research and science, Quality of care and patient view, e-Health and ICT, Diagnostics and laboratory analysis, and Education and training) were also agreed. Patient association representatives were present, and currently their active placement into the governance structure is scheduled.

Find out more news about Endo-ERN and its current work at http://endo-ern.eu.

Olaf Hiort, Paediatric Chair of Endo-ERN
Plenary previews

We are delighted to provide you with highlights of two of the plenary lectures from the forthcoming 10th International Meeting of Pediatric Endocrinology, Washington, DC, USA, 14–17 September 2017

Establishing paediatric and adolescent endocrinology care in developing countries: experience from Sudan

IN DEVELOPING COUNTRIES, malnutrition and infectious diseases remain the main causes of morbidity and mortality among children. However, recent studies have shown that non-communicable diseases are creating another burden. The importance of delivering expert endocrine and diabetes care to children and adolescents in these countries must be emphasised.

In Sudan, a paediatric and adolescent service was started in 2005, from scratch. Over 12 years, we built up a clinic with almost 5000 endocrine cases and 3000 with diabetes. Various multidisciplinary staff members were locally trained, along with 12 paediatric endocrinologists in the PETCA (Paediatric Endocrinology Training Centre for Africa) programme.

Anthropometric tools were made from local materials, and an endocrine laboratory was established with the help of the World Diabetes Foundation (WDF). Management guidelines and protocols were written in addition to health education materials. Attempts were made to secure medications, and pressure was put on the government to secure some expensive drugs such as growth hormone and free insulin. Multidisciplinary clinics for bone and disorders of sex development were created, in addition to special adolescent and transitional clinics.

With help of the WDF, we established 25 diabetes clinics in all states of Sudan. Meters and strips are secured for those who cannot afford them by the Sudan Childhood Diabetes Association. This was achieved through raising local funds, the Sudanese Childhood Diabetes Association, the Government, and help from international organisations such as ESPE, ISPAD (International Society for Pediatric and Adolescent Diabetes), WDF, IDF (International Diabetes Federation), ASPAE (African Society for Paediatric and Adolescent Endocrinology), ASPED (Arab Society for Paediatric Endocrinology and Diabetes), GPE (Global Pediatric Endocrinology and Diabetes) and Novo Nordisk. One of our main recent achievements was building the Sudan Childhood Diabetes Centre as a center of excellence for service, training, education and research.

Mohamed Abdullah
Faculty of Medicine, University of Khartoum, Sudan

Prenatal environment and medical consequences

IN A VARIETY OF SPECIES, changes in prenatal nutrition cause substantial changes in structure and function. Classic examples include the locust, dung beetle and rodents, where nutritional restriction leads to dramatic phenotypic changes in the subsequent generation.

Perturbations in human prenatal nutrition have also been shown to result in metabolic and body composition changes in subsequent generations. For instance, being born small for gestational age (SGA) or preterm (defined as less than 37 weeks’ gestation) results in a reduction in insulin sensitivity in childhood, manifesting as an increased risk of metabolic syndrome-related diseases in later adult life. These include type 2 diabetes mellitus, hypertension, dyslipidaemia, ischaemic heart disease and stroke.

There is also a clear association between the development of obesity and a marked increased risk of later adult disease, with increased weight and obesity more common in those born preterm and SGA. The risks of increased weight gain are also apparent in the next generation and specifically in otherwise healthy children born at term but having a parent born preterm.

Other pregnancy-related conditions that lead to transient or persistent utero-placental insufficiency have been shown to impact on children and adolescents and consistently cause a reduction in insulin sensitivity. These include first born children, hyperemesis gravidarum and post term delivery (defined as a gestational age greater than 42 weeks’ gestation). Interestingly, there are usually sex-based differences, with males generally having greater metabolic dysfunction.

Surprisingly, prenatal overnutrition, characteristically due to maternal obesity or gestational diabetes, also results in metabolic and body composition abnormalities similar to those identified in those suffering prenatal undernutrition. Indeed, prenatal overnutrition and the subsequent effects on the affected children and youths are becoming a major factor in youth obesity and type 2 diabetes onset. To reduce prenatal overnutrition, a number of nutritional and exercise interventions have been attempted during pregnancy. While these have been successful in reducing birth weight, there has been a disappointing worsening in metabolic and body composition outcomes. The focus probably needs to be on preconception rather than pregnancy interventions, although more long term outcome data are needed.

In summary, the prenatal environment appears delicately poised, with any alteration resulting in over- or undernutrition impacting not only on the offspring but on subsequent generations.

Paul Hofman
Starship Children’s Hospital, Auckland, New Zealand

Register online now at: www.internationalmeeting2017.org
Paediatric endocrinology training for North Africa: the ESPE Maghreb School

THE ESPE MAGHREB SCHOOL PROGRAMME promotes the training and education of young paediatric endocrinologists in the French-speaking countries of North Africa, where the opportunities for local training are limited. The School has taken place annually since 2011 at locations in Morocco, Tunisia and Algeria.

The most recent ESPE Maghreb School took place in Tunis, Tunisia, on 22–27 November 2016. We warmly thank Mongia Hachicha, the local organiser, for her commitment, which helped to make this event a great success.

Of the 47 applications we received in 2016, 33 students were selected and 29 (12 new participants) took part: 11 from Algeria, 7 from Tunisia, 9 from Morocco, 1 from Republic of Congo and 1 from Djibouti. Ten students attended their third ESPE Maghreb School.

The 4½-day meeting had an atmosphere of warm friendship and great enthusiasm. The French-speaking programme covered growth and pituitary disorders, adrenal and calcium diseases, gynaecology, obesity and diabetes mellitus. As previously, the meeting consisted of interactive lectures, case presentations from each student, teachers’ cases, small group workshops discussing research projects and proposals from the students, and the presentation of selected projects to the plenum. On the third day of teaching, a half-day excursion visited the famous ‘Bardo museum’ and old Tunis city.

For the third time at an ESPE Maghreb School, the 2016 meeting featured a ‘Maghreb Paediatric Endocrinology Seminar’ on the last day. This was organised in collaboration with students and teachers from the Maghreb, who gave oral and poster communications on their own clinical research data (250 participants this year).

Since the ESPE Maghreb School was established, 12 students have spent 3 months training in paediatric endocrinology at European centres, and one student from Tunisia plans to go to Paris, France, as part of the ESPE Clinical Fellowship Programme. Several abstracts were also successfully presented by students at the ESPE Meeting in 2016.

As well as the course, there is also a web-based educational programme in French, where students can refer to slides from the conferences and case presentations (available for participants only at http://endocrinologie-enfant.net). We acknowledge Pfizer’s generosity in funding the Maghreb Programme, and are very grateful for their agreement to a further extension.

The next ESPE Maghreb School will be held in Morocco on 14–18 November 2017. The Co-ordinator will be Malcolm Donaldson. For more information see www.eurospe.org/education/education_maghrebProject.html.

Juliane Léger, Co-ordinator, ESPE Maghreb School 2016

We are grateful for the support provided to the 2016 ESPE Maghreb School by the teaching faculty:

**ESPE members:**
Jean-Pierre Chanoine (Canada), Malcolm Donaldson (UK), Claudine Heinrichs (Belgium), Christina Kanaka (Greece), Juliane Léger (France)

**Teachers from the North African countries:**
Mongia Hachicha, Sayda BenBecher and T Kamoun (from Tunisia), Ashmahane Ladjouze (from Algeria), Farida Jennane (from Morocco), and two new teachers (previous students of the programme), Sana Abourazzak (Morocco) and Meriem Bensalah (Algeria).

ESPE Diabetes, Obesity & Metabolism School 2017

THE ESPE DIABETES, OBESITY & METABOLISM (DOM) SCHOOL provides up-to-date teaching in selected areas of the discipline, to promote discussion and interaction between younger and more senior colleagues and to develop the next leaders in paediatric endocrinology.

The 4th DOM School will take place in Rome, Italy, on 9–11 November 2017. The course will include interactive lectures by experienced ESPE members, supplemented by small group sessions to discuss teachers’ cases and case presentations by the students. There will also be an introduction to clinical research, with students presenting research proposals and projects in small groups, and presentation of selected work to the plenum.

Application forms and full details of how to apply can be found at www.eurospe.org/education/education_diabetesandobesity.html. There is no registration fee. Applications should be sent to the School Co-ordinator, Moshe Philipp (moshephilippoffice@gmail.com), by 30 June 2017. Successful students will be notified of their acceptance by 31 July 2017.

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Interview with an ESPE Fellow:

Salah Azzi

Salah Azzi is a postdoctoral research scientist at the Babraham Institute, Cambridge, UK. He received his 2-year ESPE Research Fellowship in 2013, and started at Babraham early in 2014. Here, he tells us a little about his work, what his Fellowship has meant for him, and why other young researchers should apply for one.

**Why did you apply for an ESPE Fellowship?**

My research in the Molecular Endocrinology Department at the Armand Trousseau Hospital in Paris, France, focused on studying human imprinting disorders (IDs) to identify the molecular mechanisms leading to these complex diseases. Studying several cohorts of patients led to significant discoveries, enhancing our understanding of the pathophysiology of these syndromes and improving molecular testing.

Despite intensively studying different IDs, the molecular mechanisms governing their pathophysiology were still not entirely clear, mostly because only limited patient samples were available to study (only leukocytes and sometimes fibroblasts). Consequently, I applied to the ESPE Research Fellowship Programme to join Gavin Kelsey’s lab in the Epigenetics Department at Babraham and work on a unique mouse model of a human ID, transient neonatal diabetes mellitus (TNDM).

**What did your Fellowship involve?**

Soon after I joined the lab, I applied for a personal licence to be able to work on animal models. This involved attending theoretical training courses provided by the UK Home Office and practical courses provided by the animal facility at the Babraham Institute. After obtaining my licence, I inherited the management of the colony. My duties included controlling the number of mice in the colony, setting up new breeding pairs and ordering mice for my different experiments. It was an exciting experience!

I have been involved twice in days for schools, organised by the Babraham Institute Public Engagement Team. During these events, students from colleges visit the Institute and take part in lab-based projects with a discussion about careers. I have also participated in many seminars organised by the Epigenetics Department. This gave me more confidence to present my work subsequently in national and international conferences.

**What did you gain from your Fellowship?**

My Fellowship was an exciting experience, which provided great knowledge, flexibility and independence. I have gained strong communication skills as well as learning a wide range of techniques, particularly next generation sequencing. Working on animals allowed me to investigate the molecular mechanisms of different clinical aspects of the TNDM, and identify valuable questions that I can follow up in the future. My Fellowship opened up new perspectives, and changed my way of thinking and how I want to carry on in research.

**What was the best thing about your Fellowship?**

I thoroughly enjoyed interacting with different groups and discussions around different projects. The other thing I liked very much is that, having had no previous experience at all in animal experimentation, I never felt left on my own when there was any difficulty, particularly at the beginning of my Fellowship. For this I am very grateful to all those colleagues who helped me during this wonderful experience.

**How could the ESPE Research Fellowship Programme be developed or improved?**

I think 2 years is too short, and that the Fellowship should be extended to 3 years – or at least the possibility of an extension could be considered to allow delivery of the outcomes of the project.

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

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**Did you know?**

ESPE’s membership has more than doubled in size since 2006. From 533 members just over a decade ago, the current membership stands at over 1200.
Kerstin Hall, ‘Lady Somatomedin’, has sadly passed away at the age of 88. Kerstin had friends and collaborators around the globe and will be remembered by many people. A pioneer, she contributed greatly to our knowledge of the growth hormone (GH)– insulin-like growth factor (IGF)–IGF-binding protein (IGFBP) axis and its involvement in human physiology and pathophysiology.

The early isolation and characterisation of IGF-I (also known as somatomedin C) and IGFBP-1, and the development of immunoassays and reliable immunoassays to explore various clinical situations, were among her major achievements.

Until Kerstin became ill some years ago, she was a keen traveller and participated in numerous IGF research meetings. These included the first IGF symposium in Nairobi, Kenya, in 1982, and the IGFBP workshops – the first was in Vancouver, Canada, in 1989, and she co-organised the last in the series in Stockholm, Sweden, in 2003. Kerstin had a particular passion for paediatric aspects of IGFs, becoming one of the first ‘non-paediatric’ members of ESPE and participating in many meetings.

Kerstin was amongst the first female professors at the Karolinska Institutet (Stockholm, Sweden) and was a member of the Nobel Assembly for Medicine or Physiology for many years. She was a passionate clinician and Clinical Head of the Department of Endocrinology at the Karolinska Hospital. Kerstin was particularly talented at picking up research questions from the clinic, and remained active in research and crystal clear in her mind until her final days.

Establishing a research network
Promoted by Rolf Luft, founder of endocrinology in Sweden, Kerstin, a young bright clinical fellow at the Karolinska Hospital, started her work with Judson Van Wyk in the late 1960s to purify and characterise sulphation factor (later identified as somatomedin C) from human plasma.

Leo Van Der Brande, a former fellow of Jud Van Wyk in Chapel Hill, NC, USA, joined them and established Kerstin’s Dutch connection. Together with William H Daughaday and William D Salmon (St Louis, MO, USA), who first reported that the mitogenic effect of GH was mediated by sulphation factor, Kerstin and her co-workers published on the nomenclature of the somatomedins and IGFs.

The work with Jud Van Wyk gave Kerstin more collaborators in Chapel Hill, including Lou Underwood, Joe d’Ercole and Dave Clemmons. Further north on the east coast of the USA, she established collaborations with Mat Rechler and Peter Nissley at NIH (Bethesda, MD, USA) and with Rosalyn S Yalow, a good friend of Rolf Luft at Albert Einstein College of Medicine (New York, NY, USA).

On the west coast, Kerstin began a collaboration with Ray Hintz (Stanford, CA, USA) at the time IGFBPs came into focus. Ray had a specific interest in IGFBP-3 and Kerstin in IGFBP-1, which she purified from amniotic fluid and characterised together with Guilherme Povoa, a visiting scientist from Brazil.

A caring clinician and inspiring colleague
In parallel with Kerstin’s research interest in growth and metabolism, she cared for children with endocrine disorders, and she supported me (MR) in setting up the first Paediatric Endocrinology Unit at the Karolinska Hospital, after my return from a fellowship in Chapel Hill.

In Stockholm, Kerstin hosted a number of visiting scientists, and published with many people in her own department, across the Karolinska campus and elsewhere in Sweden. She collaborated with the pharmaceutical industry, resulting in the first industrial production of recombinant human (rh)GH and later rhIGF-1.

Her group spawned independent researchers, inspired by her broad research interests: Kerstin Brismar (diabetes), Marja Thorén (adult GH deficiency) and myself (PB; assay methodologies and paediatric growth and metabolism). In the 1980s and 1990s, Kerstin started new collaborations with Michelle Binoux (Paris, France), Rudy Froesch (Zurich, Switzerland), Rob Baxter (Sydney, Australia), Werner Blum (Tübingen, Germany) and Jan Frystyk (Århus, Denmark), amongst others.

Kerstin was unique as a person, friend and collaborator, as well as a very skilled clinical doctor. She had a profound insight into research, and was extremely innovative, persistent and always up to date with the literature, until her last months in life.

One anecdote illustrates a particular example of Kerstin’s dedication. When visiting me (PB) at Stanford during my postdoc with Ron Rosenfeld, Kerstin insisted on looking through all my gels and results. One clinical fellow passed the lab several times that day and noticed the close attention she was paying. He commented that ‘my mother’ (who he knew was visiting at the same time) was unique in having such an interest in her ‘son’s’ work! Kerstin enjoyed that story.

We are confident that we speak on behalf of many paediatricians, endocrinologists, friends and colleagues, as we remember Kerstin Hall.

Peter Bang and Martin Ritzén, Linköping University Faculty of Medicine, Sweden, and Karolinska Institutet, Stockholm, Sweden.
Improving care of children with endocrine diseases by promoting knowledge and research

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ESPE Office
The ESPE Office is managed by Bioscientifica Ltd. The role of ESPE’s Senior Operating Officer is undertaken by Joanne Fox-Evans and Hannah Bonnell, providing support to ESPE Council and Committees, and, in particular, to the Secretary General. Tracey-Leigh Meadowcroft is the main point of contact for ESPE enquiries and manages all matters related to ESPE membership. The ESPE Office at Bioscientifica is also responsible for publication of the ESPE Newsletter and monthly news alerts. Bioscientifica is the Professional Congress Organiser (PCO) for ESPE’s Annual Meetings and manages the Corporate Liaison Board, which deals with industry sponsors.

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

Future meetings
ESPE 57th Annual ESPE Meeting
27–29 September 2018
ATHENS, GREECE

ESPE 68th Annual ESPE Meeting
19–21 September 2019
VIENNA, AUSTRIA

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.

ESPE Diabetes, Obesity & Metabolism School applications
30 Jun 2017

ESPE Early Career Scientific Development Award applications
31 Jul 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
Vacancies arise regularly on ESPE Committees. To see which opportunities are currently available, check www.eurospe.org/about/vacancies.