CAPE NEWS

Newsletter of the Indian Society for Pediatric & Adolescent Endocrinology (ISPAE)

www.ispae.org.in

August 2009
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Inside this Issue

NOTICE OF THE ANNUAL GENERAL BODY MEETING

Notice is hereby given of the Annual General Body Meeting of ISPAE to be held at India Habitat Center, New Delhi, on 14th November, 2009 at 6.00 pm. The agenda is:

1. Confirmation of the minutes of the last GBM.
2. Consideration and adoption of the annual report of the Society.
3. Presentation of detailed accounts for the year (pending auditing), and confirmation of appointment of the auditor for ISPAE and ISPAE 2009.
4. Updates from
a) Guidelines Committee, and
b) Pediatric Drug Formulary (under IAP).
5. Maintenance of 80G status, activities for the same.
6. Decisions for activities in 2010-2011:
a) Venue and other details of next national ISPAE meeting.
b) Venue and other details of next PET program.
c) Scientific content of symposium at Pedicon 2010.
d) Considering holding of ISPAE - ISPAD 2010.
e) Other educational and charitable activities: website, community educational activities, awareness about neonatal thyroid screening, orchid-meters, growth charts.
f) Links with international bodies
7. Setting up of new formal pediatric endocrine courses in the country and DNB fellowship.
8. Any other agenda with permission of the chair.

PRESIDENT'S MESSAGE

Dear members,

I am excited to share with you the progress over the past 4 months. The Delhi..

- *Contd on page 2*

ISPAE WEBSITE

Have you seen our website? www.ispae.org.in. Please use it, send contributions, suggest changes and improvements for it, and inform others who are likely to find it useful.

ISPAE MEETINGS

ISPAE 2009: New Delhi: 13-15th Nov, 2009. Organizing Secys: AD Arya & V Bhatia, email: ispae2009@gmail.com. Last dates for accommodation: 10/8/09; for abstract submission: 17/8/09. For more details, see website.

ISPAE-PET 2009 (Pediatric Endocrine Training program): NIB, NOIDA: 10-13 Nov 2009. Organizing Secretary: Anju Seth, anju_seth@yahoo.com.

A TALE OF CONTRASTS

Sarah Mathai, CMC, Vellore.
sarjomat@cmcvellore.ac.in

I was particularly distressed by a recent incident. Sowick's and Sowmya's (names changed) parents met in the waiting area of our Pediatric Endocrine OPD. Sowick, now 12y, had presented to us at 5y with severe growth retardation and global developmental delay, and found to have undiagnosed congenital hypo-thyroidism (CH).

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PRESIDENT'S MESSAGE

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… team has been working hard to offer you a great meeting in November. The venue for ISPAE 2009 is the beautiful India Habitat Centre in the heart of New Delhi. PET 2009, the first intensive, residential Pediatric Endocrine training program, will be held at National Institute of Biologicals in NOIDA, a few kilometers from Delhi. With support from ESPE and APPES, we have 11 international faculty and almost everyone who is anyone in peds endo in India, coming together. The last day (15th November), aimed at the practicing pediatrician, can be registered for by itself. If you have not registered yet, I would urge you to do so now. Please also hurry and send your abstracts, as the last date has been extended to 17th August. Detailed information is also available at our website ***www.ispae.org.in***.

A long standing dream of the Society is being realized: preparation of a set of **Guidelines for common pediatric endocrine disorders**. They are being written primarily for pediatricians in our country. An effort will be made to present the latest scientific data with recommendations on how best this data can be applied in our situation. The Guidelines Committee is chaired by Dr Meena Desai, with Dr Nalini Shah as co-Chair, and Dr Aspi Irani as Secretary.

It has been decided that writing groups will be formed for each topic, which would be further broken down into sections. Each section will be prepared by one author, circulated to the other members of the writing group for suggestions and then to an editorial team comprising Drs. PSN Menon, Vijayalakshmi Bhatia and P Raghupathy. After this, each section will also be sent to all members of ISPAE on e-mail for their comments and suggestions in a time bound manner. It will then be finalized by the Head of the Writing Group.

Work has begun in earnest on guidelines for **Type 1 diabetes** (T1DM) and **Obesity**, and we hope they will be ready by November 2009 (in time for our conference). The Writing Group for T1DM guidelines includes Drs. Aspi Irani, Anju Virmani, Anna Simon, Anurag Bajpai and M Vijaykumar. The Writing Group Obesity includes Drs Subrata Dey, Archana Arya, Anurag Bajpai, Anuradha and Vaman Khadilkar.

The pediatric endocrine section of the **IAP Pediatric Drug Formulary** is being updated by Drs Anurag Bajpai, Preeti Dabadghao and Subrata Dey, under the guidance of Dr PSN Menon.

As you can see, we have nearly 30 **new members**, increasing our total strength to 175 now. I welcome all of you, and look forward to your active participation in ISPAE activities.

With best wishes,
Nalini Shah

MORE ISPAE NEWS

NEW MEMBERS: A VERY WARM WELCOME!!

1. Dr BINDU AGARWAL, Ludhiana
2. Dr ARUL PREMANAND, Vellore
3. Dr HM BALACHANDRAN, Mysore
4. Dr VIKRAM BANSAL, Delhi
5. Dr ADITI BARUAH, Guwahati
6. Dr KK BEHERA, Vellore
7. Dr SANJAY BHADADA, Chandigarh
8. Dr S BHATTACHARYA, Delhi
9. Dr RAJIV GARG, Ghaziabad
10. Dr ANUJ GOYAL, Delhi
11. Dr PREETI HEMANI, Ahmedabad
12. Dr NIMISHA JAIN, Gandhinagar
13. Dr PANKAJ JAIN, Varanasi
14. Dr AMEYA JOSHI, Mumbai
15. Dr ANJU KAPOOR, Bhopal
16. Dr SANJAY KUMAR, Sitamarhi
17. Dr TEJAL LATHIA, Mumbai
18. Dr DB NAIK, Varanasi
19. Dr SK PATNAIK, Kolkata
20. Dr HEMANT PHATALE, Aurangabad
21. Dr PRITI PHATALE, Aurangabad
22. Dr SUSHMA RAI, Bangalore
23. Dr ASHU RASTOGI, Bareilly
24. Dr RIAZ I, Thiruvananthapuram
25. Dr AARTI SAREEN, Patiala
26. Dr HARSH SHARMA, Bhatinda
27. Dr SHIVAPRASAD C, Delhi
28. Dr RAMA WALIA, Chandigarh

A TALE OF CONTRASTS

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… undiagnosed congenital hypothyroidism (CH). Even though taken aback at being advised a medication costing just Rs 50/ month, the parents were very compliant with treatment, and would regularly travel the 1500 km to CMC. However, with the delayed start of replacement, Sowick remains retarded, struggling to speak meaningful sentences at age 12. Sowmya, a healthy bubbly 7y child with CH, was fortunate enough to have been born after we had introduced mandatory newborn thyroid screening. Because her thyroxin replacement began within 2 weeks of birth, her growth and development are excellent. Sowick's parents were devastated when they realized that their son could have been like Sowmya, if only his treatment had been instituted early enough.

This is a tragedy all of us have experienced some time during our work. It is very saddening because it is so preventable. For children with CH, early diagnosis and prompt institution of treatment in the neonatal period is imperative as untreated CH leads to irreversible intellectual impairment and growth failure. Irrespective of the underlying etiology or severity, treatment factors such as the age of initiation of treatment (≤ 2 weeks after birth), higher initial dose of L-thyroxin (10-15 µg/kg/day) and rapid normalization of serum thyroxin level are associated with better neurocognitive outcome[1-4]. Early diagnosis is not possible without universal screening at birth. As pediatric endocrinologists, it is our duty to push this agenda forward in all possible forums, so that as many newborns as possible, can be screened at birth.

Countries which have practiced newborn thyroid screening for decades are striving to improve the treatment outcomes. In Auckland, New Zealand, treatment of primary CH is unique in that initial doses of L-thyroxin vary with the underlying etiology, with athyreosis receiving the highest (15 mcg/kg/day), ectopia an intermediate dose of 12 mcg/kg/day; and dyshormonogenesis, the least dose (10 mcg/kg/day). After treatment initiation, TSH and TFT are monitored weekly for 4 weeks, at 6 weeks and thereafter monthly till 2 years of age to ensure that free thyroxin levels are maintained in the upper half of the normal range. L-Thyroxin is used as suspension so that precise dose adjustments can be made. With this treatment regime rapid normalization of serum thyroxin level is achieved. The audit of this practice was published recently in Clinical Endocrinology[5].

In New Zealand, TSH assay is performed on heel prick filter paper samples collected after 72 hours of life. The midwives who visit all newborn babies at home ensure that blood is collected for screening. In our country where follow-up at home after discharge from the hospital is difficult and impractical, perhaps screening of cord blood seems to be the better option. Although babies born at home are missed out, cord blood screening ensures that at least all hospital born neonates are screened.

We have an ongoing newborn thyroid screening in our Department at the Christian Medical College, Vellore, since July 2001. We screen using cord blood TSH analysis. So far 63,181 babies have been screened. Parents of newborn babies with elevated cord blood TSH are contacted at home and recalled for confirmation of diagnosis as early as possible.

Our experience has taught us that the success of a newborn screening program to a large extent rests on
a) the efforts of a dedicated team which ensures that all reports are tracked and every baby with elevated TSH is brought back for confirmatory tests.
b) Accurate documentation of the contact details of every neonate (including address and telephone number) at the time of discharge from the hospital
c) Periodic audits and prompt rectification of shortcomings.

It is creditable that in the last few years, a few centers in India have initiated neonatal thyroid screening. However vast swathes of our country still remain uncovered. To realize that for a cost of approximately Rs. 25-50/ month, the families of the babies who were diagnosed and treated in time would otherwise have struggled lifelong with children severely compromised in their growth and development is very gratifying. We feel that cord blood TSH screening remains the most practical option for India at this time. Of course, we do have to remember that the cut off levels for thyroid hormones in cord blood (and in fact in the first few weeks of life) are very different from those in later life. A useful article for age specific norms was published in 2006[6].

Given the current availability and low cost of TSH assay across the country, there is a pressing need to include screening for CH as a National Program. Till the time this is implemented by the Government, each of us should take initiative to start screening at our respective centers, of course, with standardized assay techniques and proper guidelines from ISPAE.

References

1. Rovet, JF. Long-term neuropsychological sequelae of early-treated congenital hypothyroidism: effects in adolescence. Acta Paediatrica Supplement, 1999. 88(432): p. 88-95.
2. Van Vliet, G. Neonatal hypothyroidism: treatment and outcome. Thyroid, 1999. 9(1): p. 79-84.
3. Bongers-Schokking JJ, et al. Influence of timing and dose of thyroid hormone replacement on development in infants with congenital hypothyroidism. J Pediatrics, 2000. 136(3): p. 292-7.
4. Dubuis JM et al. Outcome of severe congenital hypothyroidism: closing the developmental gap with early high dose levothyroxin treatment. J Clin Endocr & Metab, 1996. 81(1): p. 222-7.
5. Mathai S, Cutfield W, Hofman P et al. A novel therapeutic paradigm to treat congenital hypothyroidism. Clin Endocr, 2008. 69: p. 142-147.
6. Update of Newborn Screening and Therapy for Congenital Hypothyroidism. Joint statement by American Academy of Pediatrics, American Thyroid Association, and Lawson Wilkins Pediatric Endocrine Society. Pediatrics, June 2006. 117 (6).

MONITORING GROWTH: NEW GROWTH CURVES

Anuradha Khadilkar, Pune,
akhadilkar@vsnl.net

Regular growth monitoring is an essential part of child health surveillance. Guidelines for child growth monitoring have been laid down by the Indian Academy of Pediatrics (IAP) for early detection of deviations from normal growth. The reference population is central to growth monitoring as percentage of children who are stunted, wasted, overweight or obese varies with the reference population used. India is in a phase of nutritional and economic transition; hence it is vital to update growth reference curves periodically. The growth charts in use so far are based on data collected by KN Agarwal et al in 1989-1991. These data, now around 19-20 years old, may not be representative of present day Indian children. Hence we conducted a cross-sectional multi-centric school based study on 19834 children from 10 schools from 5 geographical zones of India to construct contemporary growth charts.

Compared to the 1989 data, we found that the median height at 18y was 0.6 cm greater for boys but unchanged for girls, while the 97th height percentile had increased by 1.7 cm for boys and 2 cm for girls. The alarming trend of increasing weight in childhood was seen with the 97th percentile for boys' weight at 18y being 14.7 kg higher than in 1989. The 97th percentile for girls' weight was 7 kg higher at 17y when compared with the 1989 data. In boys, the median BMI values were higher at almost all ages compared with the 1989 data. The difference in the 95th percentile in the two datasets was 2.3 at 18y. In girls the median BMI values were higher at almost all ages, the maximum difference being 1.1 kg/m2 at 18y.

In this study, for the first time growth curves have been created for Indian children using the widely accepted LMS method which provides smoothened percentile reference curves. The secular trends in growth have been presented highlighting the increasing problem of obesity in Urban India on a national scale.

Reference:

Cross-sectional Growth Curves for Height, Weight and Body Mass Index for Affluent Indian Children, 2007. Khadilkar VV, Khadilkar AV, Cole TJ, Sayyad MG. Indian Pediatr. 2009 Jun 7;46(6):477-489.

PET 2009: PROGRESS REPORT

Anju Seth, Organizing Secretary

Pediatric Endocrine Training 2009 (PET 2009: 10-13 November), the first of its kind in India, is being organized by ISPAE in collaboration with ESPE and APPES. It is proposed to be an intensive, interactive teaching program in pediatric endocrinology mainly targeted towards young doctors interested in developing this area as a career goal. Its main objectives are to provide them with up-to-date clinical training, promote opportunities for

their long term mentoring by senior faculty, hopefully encourage research in the field.

Like similar programs conducted by ESPE and APPES, the 3½ day PET will be a residential course, in the quiet and beautiful campus of National Institute of Biologicals at NOIDA, 6 km from the Delhi border. It will have 12 faculty (6 international: Profs Jean-Claude Carel, Pik To Cheung, Maria Craig, Ram Menon, Olle Soder, Margaret Zacharin; 6 Indian: Vijayalakshmi Bhatia, Preeti Dabadghao Meena Desai, PSN Menon, P Raghupathy, Nalini Shah) and 36 selected participants. The format primarily consists of discussions based on cases presented by the participants, with a few lectures by faculty, and a quiz in the end. These cases would have been prepared earlier by the participants under the email guidance of their individual mentors. Thus, it will be very different from usual CME programs.

The program evoked a very enthusiastic response, and we received 65 applications. Of these, 30 Indian and 6 applicants from Southeast Asia have been selected. Participants are a judicious mix of young pediatric faculty, non-teaching pediatric specialists involved in pediatric endocrine care, DM/ DNB Endocrinology and PDCC students. We hope that with an expert faculty and an enthusiastic group of participants, the 2009 program would be a resounding success and set the tone for this to become an annual feature.

The program is being generously sponsored by an educational grant from Novo Nordisk.

OTHER NEWS FROM…

NAGPUR: An interactive meeting on Pediatric Endocrinology was organized by Dr Sunil Ambulkar and IAP – Nagpur Branch in **April 2009**. Sessions on Short stature, GH therapy in India, Turner syndrome, Precocious puberty, Non-nutritional rickets and Childhood DM / DKA were discussed by Drs VK Bhardwaj, Meena Desai, Nalini Shah and S Ambulkar, while Dr Satish Deopujari spoke on Fluid & electrolytes in neonates. This was followed by an interactive panel discussion, which covered important aspects of pediatric endocrinology.

BANGALORE: During the Annual Bangalore IAP CME on 12 July 2009, Dr Nalini Shah was invited to give the "Pedicon 2009 Oration on Growth Hormone Therapy". She spoke on indications, rationale of treatment, outcomes based on the available evidence, and the role of monitoring to optimize outcome. The message was that timely institution of GH therapy for the right indication in the right dose, can achieve the desired results.

NEWS YOU CAN USE

Orchidometers (see picture below) and **Growth Charts** based on Agarwal data, can be purchased from ISPAE. The orchidometer costs Rs 1000 (orchidometers from Holtain costs about Rs 7000); the growth charts cost Rs 50 for 100 sheets. Contact Dr V Bhatia, vbhatia@sgpgi.ac.in.

POTENTIAL ASSOCIATION OF INSULIN GLARGINE WITH MALIGNANCY

The Endocrine Society (USA) Statement for Providers: July 2, 2009: is available on their website, and on ours (www.ispae.org.in).
The European Association for the Study of Diabetes (EASD) video statement by Prof Ulf Smith (President, EASD) and Prof Edwin Gale (Editor, Diabetologia) and relevant information can be accessed at: http://webcast.easd.org/press/glargine/glargine.htm.

OUR MEMBERS' PUBLICATIONS

Bhansali A, Walia R, Rana SS, Dutta P, Radotra BD, Khandelwal N, Bhadada SK. Ectopic Cushing's syndrome: Experience from a tertiary care centre. Indian Journal of Medical Research, 2009: 129, 33-41.

Chaturvedi D, Khadgawat R, Kulshrestha B, Gupta N, Joseph AA, Diwedi S, Ammini AC. Type 2 Diabetes Increases Risk for Obesity Among Subsequent Generations. Diab Tech & Therapeutics, 2009; 11: 6.

Ganesh R, Arvind Kumar R, Vasanthi T. Clinical profile and outcome of diabetic ketoacidosis in children. Natl Med J India. 2009;22:18-19.

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Hari Kumar KVS, Muthukrishnan J, Verma A, Modi KD. Letrozole as a booster therapy in growth hormone deficiency. Indian Pediatrics. 2009 Jul; 46: 625-627.

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Kasa-Vubu JZ, Jain V, Kathy Welch. Impact of fatness, insulin and gynecologic age on luteinizing hormone secretory dynamics in adolescent females. Fertil Steril 2009 Apr 24 (epub ahead of print)

Seth A, Marwaha RK, Singla B, Aneja S, Mehrotra P, Sastry A, Khurana ML, Mani K, Sharma B, Tandon N. Vitamin D nutritional status of exclusively breastfed infants and their mothers. 2009, JPEM 22(3):241-246.

[Editor's note: Please send us information, and even a short summary of your recent publications.]

FORTHCOMING MEETINGS

1.**BICE 2009**: Bangalore International Conference of Endocrinology, under the auspices of the Endocrine Society of India: MS Ramiah Medical College, Bangalore: 29-30 August 2009. Contact: Dr KM Prasanna Kumar, bice.bangalore@gmail.com
2. **ISPAD 2009**: 34th Annual Meeting of International Society for Pediatric & Adolescent Diabetes: 2-5 Sep 2009: Ljubljana, Slovenia. Contact: Tadej Battelino, tadej.battelino@mf.uni-lj.si; www.ispad2009.com
3. **ESPE/LWPES**: 8th Joint Meeting of the European Society for Pediatric Endocrinology/ Lawson Wilkins Pediatric Endocrine Society: New York Hilton, New York, NY, USA: 9-12 Sep 2009. Contact: Paul Saenger, Fax: +856.439.0525, phsaenger@aol.com; lwpes-espe2009@ahint.com; www.lwpes-espe2009.org
4. **RSSDI-Delhi 2009**: Annual Conference of the Research Society for the Study of Diabetes in India (RSSDI) - Delhi Chapter: Hyatt Regency, New Delhi: 20 Sep 2009. Contact: Rajeev Chawla, rssdidelhi@gmail.com.
5. **EASD 2009**: 44th Annual Meeting of the European Association for the Study of Diabetes: Vienna, Austria: 29 Sep-2 Oct, 2009. www.easd.org
6. **GDBPCON 2009**: 8th National Conference of Growth, Development & Behavioral Pediatrics

Chapter of IAP: Aurangabad: 2-4 Oct 2009. Contact: Kedar Sawleshwarkar, iapabad@hotmail.com, www.iapdbp.org.

7. **ISBMR 2009**: National Conference of the Indian Society for Bone & Mineral Research, Udaipur, Rajasthan: 8 Oct 2009. Contact: Brig Satish Kukreja, 011 41688659, isbmrindia@gmail.com; info@isbmr.org

8. **ESICON 2009**: Annual Conference of the Endocrine Society of India, Udaipur: 9-11 Oct 2009. Contact: Dr DC Sharma, 09414159690, esicon2009@gmail.com, drdcsharma@gmail.com

9. **RSSDI 2009**: Annual conference of RSSDI: Gujarat University Exhibition & Convention Centre, Ahmedabad, Gujarat: 6-8 Nov 2009. Pre-Conference CME: 5 Nov 2009. Public Awareness Program & Exhibition: 7-8 Nov. Walk for Diabetes: 8 Nov. Contact: info@rssdi2009.org, rssdi@gpeexpo.com, www.rssdi2009.org

10. **ISPAE-PET 2009**: 1st Pediatric Endocrine Training program: NOIDA (near New Delhi): 11-13 Nov 2009. Contact: Anju Seth, anju_seth@yahoo.com.

11. **ISPAE 2009**: Biennial meeting: New Delhi: 13-15 Nov 2009.

12. **PEDICON 2010**: 47th National Conference of the Indian Academy of Pediatrics: Hyderabad, AP: 7-10 Jan 2010. Contact: Dr Sanjay Srirampur, pedicon2010.org

13. **PACD14**: 14th Pan Arab Conference on Diabetes: Cairo, Egypt: 23-26 March 2010. Contact: www.arab-diabetes.com; pure@onlinediabetes.org.

14. **PAG 2010**: 16th World Congress of Pediatric & Adolescent Gynecology: Montpellier, France: 22-25 May 2010. Contact: Prof Charles Sultan, www.figij2010.com.

15. **ISPAD 2010**: 35th Annual Meeting: Buenos Aires, Argentina: 5-11 Sep 2010. Contact: Olgar Ramos, ramoso@interlink.com.ar.

16. **ESPE 2010**: 49th annual ESPE Meeting: Prague, Czech Republic: 22-25 Sep 2010. www.espe2010.org

17. **ESPE 2011**: 50th ESPE Meeting: Glasgow, Scotland: 28 Sep-1 Oct, 2011.

LETTERS

Does anybody in ISPAD have any info about stem cell transplantation being approved, beyond research level, in pediatrics? Thank you, Majedah Abdul-Rasoul, Pediatric Endocrinologist, Kuwait

Dear ISPAD members,

Please discourage your patients to go to the Xcell centre in Germany. It is correct that they infuse stem cell cells and charge a lot of money for it. There has been not a single case of proven effectiveness known to me in children with diabetes (and there is no scientific reason to believe it should be effective at this time). Unfortunately our legal system does not allow stopping this type of activity. Please do not hesitate to contact me via my email danne@hka.de if you wish to discuss this further. Thomas Danne, ISPAD President

Biennial Meeting of ISPAE

November 13th -15th 2009: India Habitat Center, New Delhi.

International Faculty:

Dr Jean-Claude Carel, France, Dr Francesco Chiarelli, Italy, Dr Pik To Cheung, Hong Kong
Dr Maria Craig, Australia, Dr Francis deZerger, Belgium, Dr Zeev Hochberg, Israel
Dr RK Menon, USA, Dr Andrew Sinclair, Dr Olle Soder, Sweden
Dr Garry Warne, Dr Margaret Zacharin, Australia

Registration Fee (INR)

Category	Till 30.09.09	After 30.09.09
Delegates	3000	4000
ISPAE Members	2000	3000
Students	1500	2000
Accompanying persons	2000	2000
Single day (15.11.09)	1000	1500
International delegates	US$125	US$150

Scientific Program, registration form, other details: www.ispae.org.in

ISPAE- PET 2009

New Delhi, 11th-13th November 2009: In collaboration with ESPE & APPES

Funded by an educational grant from Novo Nordisk

PET-2009 is a 3 day residential, intensive (3:1 participant-faculty ratio) training program in pediatric endocrinology, aiming to provide young entrants in the field of pediatric endocrinology clinical training and opportunities for long term mentoring; and encourage research in the field. Faculty include Drs Jean-Claude Carel (*Paris*), Pik To Cheung (*Hong Kong),* Maria Craig (*Sydney*), Ram Menon (*Michigan*), Olle Soder (*Stockholm*), Margaret Zacharin (*Melbourne*), V Bhatia (Lucknow), MP Desai (Mumbai), PSN Menon (Kuwait), P Raghupathy (Bangalore), N Shah (Mumbai). Thirty Indian participants and 6 APPES fellows have been selected. Please check website: www.ispae.org.in