APPES
ASIA PACIFIC PAEDIATRIC ENDOCRINE SOCIETY

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DECEMBER 2007
WWW.APPES.ORG

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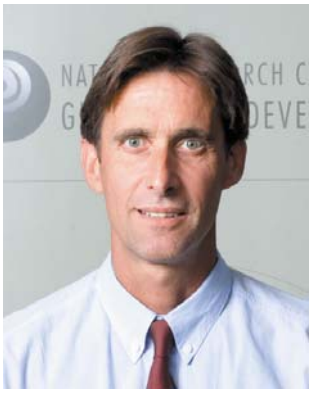
President's Report

During this quarter there has been considerable discussion across Council on two new initiatives that will be launched in 2008; the clinical cases forum and endocrine educational support to disadvantaged countries within the Asia Pacific region.

The APPES clinical cases forum website that is under development will go live on 22 February 2008. This website is an opportunity to share clinical experience or seek advice amongst members on challenging or interesting cases. Although there is at least one other similar site in the USA, Council feel that APPES members are more likely to interact on our own clinical cases forum which will be shared amongst more familiar colleagues than the US forum. The APPES clinical cases forum will be trialled for a year in the first instance after which time Council will decide whether to continue to support it. The recent email poll conducted amongst APPES members found that there was unanimous support from respondents to participate in the forum if launched. Sponsorship will be sought to fund the minor operating costs of the clinical cases forum. The website will produce email prompts that there are new cases or new opinion provided or cases to alert members to go to the website to view a new case or new opinion. This website belongs to us all and I hope that members will use it to share and consult one another about challenging cases. Across APPES there is a strong sense of collegiality and respect which I believe are key characteristics that will see the forum be successful.

There are stark contrasts in health care access, investigative tools, endocrine therapies and endocrine educational opportunities in the countries across the APPES region. Kate Hanson from Sydney, Australia has recently highlighted the plight of the limited resources (medicines and trained personnel) to manage children with diabetes mellitus in Vietnam. Similar inequities will exist in other countries within our region in which hormone therapies are unavailable or there is limited access to expert care. Although APPES does not have the resources to provide medicines or personnel to countries in which inequalities exist we have the opportunity to provide more innovative methods of educational and training support. Early in 2008 an APPES working group, chaired by Chris Cowell, will examine regional inequalities in endocrine care will be formed. This working group will seek solutions to improve educational expertise in these countries. Such an initiative could attract sponsorship from international philanthropic and aid organisations. In parallel APPES has joined ESPE, LWPES, SLEP and JPES in a Global Inequalities in Paediatric Endocrine Care Task force. Prof Ze'ev Hochberg has taken a leadership role in bringing this group together. In this task force APPES will advocate for our region's countries in which such inequalities exist. A global inequalities position statement was published in 2006 (Horm Res 2006; 65: 111-3) that cited three areas of responsibility for the paediatric endocrine community; clinical training, laboratory training and pharmaceutical industry dialogue.

Cont page 2



Wayne Cutfield
APPES President

PRESIDENT'S REPORT (Cont)

Prof Louis Low represented APPES at the idiopathic Short Stature Consensus Workshop convened by ESPE, LWPES and GRS. A manuscript will be submitted for publication that will address the issues of investigation and treatment of children with idiopathic short stature. Every year or two ESPE and LWPES often together with GRS convenes a consensus workshop to provide guidelines for the diagnostic criteria, investigation and management of common endocrine disorders. It would be valuable for APPES to be able to join these societies in the planning and convening of these meetings to improve our input in such important international recommendations. These societies have agreed that APPES could join them in the convening of these meetings but there is likely to be a cost to APPES as there is to these societies to run these workshops. Council needs to ascertain what these costs are and whether we would be able to find financial support before deciding if we wish to become involved in the convening of these consensus workshops.

The 9th Annual APPES fellows Workshop was held in Taipei, Taiwan and was another well received and highly successful workshop. The workshop included eight faculty and 42 fellows with the scientific programme arranged superbly by Dr Maria Craig. We are indebted to Merck Serono for the financial and organisational support of the meeting who will also sponsor the 2008 Fellows meeting. This is one of the most important and successful activities that APPES hosts and it is vital that it continues into the future and remains of a very high standard. A more comprehensive review of the meeting is included in other sections of the newsletter.

I would like to wish our members a Merry Christmas and happy festive season and for those of you not celebrating Christmas, don't work too hard!

World Diabetes Day

Professor Martin Silink Closing the New York Stock Exchange on World Diabetes Day

LIFE FOR A CHILD WITH DIABETES

In developed countries, people with diabetes generally have ready access to all aspects of care, so they can lead healthy and productive lives. In contrast, in many developing countries, particularly in Sub-Saharan Africa and some parts of Asia, insulin is often unavailable or unaffordable. Clinics and health centres may have no ability to measure blood glucose at all. Very few people with diabetes are able to conduct self-monitoring of blood glucose. Some countries do not have any capacity to measure HbA1c. Because of these and other factors, many children with diabetes in developing countries die undiagnosed or soon after diagnosis, or have poor control and quality of life and develop early and devastating complications. For instance, a study from Mali showed that 10 of 20 children with diabetes died within two years of diagnosis (Sidibé AT et al. Rev. Franc. Endocrinol Clin 1999:40:513-520).

The International Diabetes Federation *Life for a Child* Program, aims to help these children by assisting diabetes centres to provide insulin and other essential components of care.

The program commenced in 2000, and is run from Sydney Australia, with the assistance of Diabetes Australia-NSW and HOPE *worldwide*. Core funds come from individual donors in Australia, the Netherlands, USA, and other countries – generally people with diabetes or their families. Most donors contribute "a dollar a day" (or a local equivalent). In addition, funds are donated by companies and diabetes associations. Partners include Insulin for Life, Rotary International, Diabetesvereniging Nederland, and various companies.

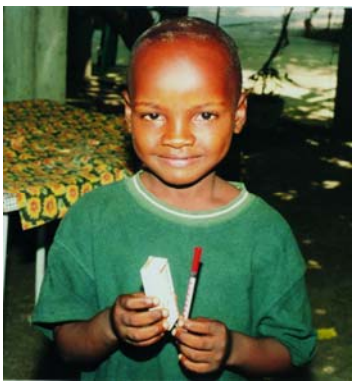
We now support the care of over 740 children in 15 countries around the world: Tanzania, Rwanda, Democratic Republic of the Congo, Nigeria, Mali, Zimbabwe, Azerbaijan, Uzbekistan, Nepal, India, Sri Lanka, Philippines, Papua New Guinea, Fiji and Bolivia. Support is provided to recognised diabetes centres in these countries. Priority needs (insulin, syringes, monitoring, education) are determined and a budget agreed to, and a specific list of the most needy children are supported. The cost to support a child for a year varies from US$250-450. The goal is to provide best-practice cost-effective care for that country. Health outcomes of the children, and financial trails are carefully monitored.

Some highlights include: country-wide approaches in three countries, implementation of self-monitoring in a number of countries, extension of support from capitals to provincial centres, provision of HbA1c and biochemistry machines, establishment of registers, recognition of children with type 2 diabetes, and supporting inaugural diabetes camps. The Program is also involved in research and advocacy at numerous international fora.

Many more children and countries are in need of support - there are an estimated 248,000 children with diabetes in developing countries. The Program has a goal of helping 1,000 of the most needy children by the end of 2008.

How could you help?

If anyone would like to know more about *Life for a Child*, please contact me at Graham_Ogle@hopeww.org or see www.lifeforachild.org. *Life for a Child's* core funding comes from individual donors – possibly you would consider helping personally or put some brochures in your rooms. If any physicians or nurse educators were interested in a teaching visit to a developing country (and you could self-fund your travels) please contact me also!



Dr. Graham Ogle FRACP

Program Manager, IDF Life for a Child Program

Regional Director (South Pacific), HOPE *worldwide*

Seoul, Host City for 5th APPES 2008

IMPORTANT DATES

1.Online Registration Open	April 1, 2008
2.Deadline for Pre-registration	July 31, 2008
3.Deadline for Abstracts Submission	May 31, 2008

Participants are encouraged to submit abstracts no later than May 31, 2008. Further details will be provided in the 2nd Announcement or on the official website.(www.appes2008seoul.org

FOCUS ON……..INDONESIA

Each Newsletter, we plan to bring you news from one of the Member Countries.

Central Executive Board, Indonesian Pediatric Society Pediatric Endocrinology Chapter

Chairman : **Aman B.Pulungan**
Secretary: **Erwin P.Soenggoro**

Indonesia is the world's largest archipelago country which consists of 17,000 islands of which there are five big islands: Java, Borneo(Kalimantan), Sumatra, Sulawesi, and Papua. It is situated in the southeastern Asia between the Indian and Pacific Ocean. The country is divided into 33 provinces and has the total population of approximately 234 million of which 62% are concentrated in Java and Bali Island. Recent health status indicated that crude birth rate (CBR) was 20 per 1000 population. More than 30% of births are assisted by traditional birth attendance. Infant mortality rate is 35 per 1000 live births.

Indonesia has children population of more than 80 million spread throughout the archipelago with a variety of ethic background. Although official survey has yet to be conducted, we expect there are many endocrinology problems among those children, in particular, diabetes mellitus, congenital hypothyroidism, congenital adrenal hyperplasia, turner syndrome etc. The three main groups are currently needs the most attention and support from both the public and government.

Diabetes cases in Indonesia

The diabetes case in children was never exposed or introduced when I was medical student back in the 80s. However, when I started my residency in the 90s, there were DM type 1 cases and also DKA in children and youth. The number of both cases continues to escalate over the years. In 2005 we had 22 cases of DKA and in 2006 the number had increased to more than 20 new cases. Despite the escalating number of DM cases in children, people's awareness including doctors did not seem to increase. It has become common problem when newly diagnose patient come with DKA (87%). Patients were often incorrectly diagnosed on their first arrival at the hospital. Approximately 77% patients have diabetic ketoacidosis at least once and 30% of them have had more than 3 episode of DKA. The above numbers are only estimate based on our hospital record as official statistic is not yet available at the present time.

Children population in Indonesia represents approximately 30% of the country total population. There are only 2,059 pediatricians. Only 29 pediatricians specialized in endocrinology and they live in the major cities in Indonesia. Children in rural areas still go to general practitioners or traditional healers.

Below are the numbers of DM patients throughout the region in. These numbers are based on the report of our society members

City	No. of DM type I	DM type II	No. Of Peds-endo
Jakarta	204	7	7
Banten	6		1
Bandung	36		3
Semarang	14		2
Jogyakarta	16		2
Surabaya (East Java)	39	2	4
Denpasar(Bali)	16	1	2
Palembang	21		1
Padang	7		1
Medan	4		3
Banjarmasin			1
Makassar	9		1
Menado	3		1

Cost for DM treatment in Indonesia

The minimum cost to get insulin, glucometer strip is around USD100 excluding HabA1c test. 75% of our patients come from lower income families of which 73% have to pay from their own income, 7% who are government employees are given government insurance and the remaining is paid by the social security. However, the insurance both from government and the social security only cover the cost for insulin for period of 1 year only. In view of the financial difficulties among diabetic patients and the increasing number of diabetic children from the lower income group, we formed family diabetic association (IKADAR) to educate and help reduce their financial burden to the best of our ability. Member of IKADAR consist of not only the diabetic patients and their families but also doctors, nurses, nutritionists, and donors. Education is done by way of holding certain activities such as diabetic camp, training, family gathering and outbound. We also hold special event before ramadhan to teach the patients how to control their intake and insulin during fasting month.

Charity events are held from time to time to raise fund to help poor patients. Donations also come from people and companies who care. IKADAR channel the donation by giving glucometer, insulin and strip. IKADAR also help finance the hospital cost in the case of emergency or critical condition.

Present statistic indicates there are 29 endocrinologist pediatricians in Indonesia. However, there are only 3 Pediatrics-endocrinologist (Peds-endo) in Medan (North Sumatra), 1 Peds-endo in Padang (West Sumatra), Palembang (South Sumatra) 1 Peds

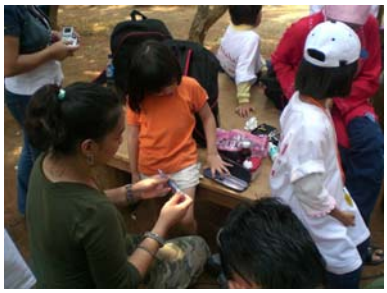
-endo, Banten with 1 Peds-endo, Jakarta 7 Peds-endo, Bandung (West-Java) 3 Peds-endo, Semarang (Central Java) 2 Peds-endo, DI Jogyakarta (South-Central Java) with 2 Peds-endo, Surabaya (East of Java) 3 Peds-endo, Malang (East Java) 1 Peds-endo, Denpasar (Bali) 2 Peds-endo, Makassar (South Sulawesi) 1 Peds-endo, Banjarmasin (South Kalimantan) 1 Peds-endo, and Manado (North Sulawesi) 1 Peds-endo.

Congenital Adrenal Hyperplasia in Indonesia

Currently we have numbers of CAH patients across the region. Details of the patient numbers are as follows:

1. Jakarta: approximately 60
2. Banten: 4
3. Bandung (West Java): 6
4. Semarang(Central of Java): 10
5. Yogyakarta: 7
6. Surabaya and Malang (Eeast java): 35
7. Bali : 3
8. Medan (north Sumatera): 3
9. Padang (West Sumatera): 4
10. Palembang (south sumatera): 3
11. Ujung pandang (south sulawesi, east side of Indonesia: 2 -3
12. Manado: 1, 1 new patient, both without lab proven diagnose

In comparison to the Indonesian population of more than 230 million people with variety of ethnic, the number of CAH patients is still considered low. However, we still believe there are more CAH patients in Indonesia which are undetected or cannot be diagnosed. The problems are due to inadequate lab facilities in other regions. Certain tests/examinations still have to be sent to Jakarta, and other tests such as 17-ohp have to be sent Singapore or USA which cost approximately USD 40 to 75. Although certain laboratories are equipped with adequate facilities, they are still uncertain on the method they can use so that it follows the international standard. In addition, we do not have hydrocortisone and Florinef available for all over Indonesia. We have some donation from CLAN to East Java, Yogyakarta and Palembang, however are still expecting proper medication and laboratories to be available all over the country especially in the rural areas.



NEONATALSCREENING FOR ENDOCRINE DISORDERS IN INDONESIA

In Indonesia, neonatal screening for congenital hypothyroidism (CH) is not mandatory. A retrospective study on 124 congenital hypothyroid cases in 1995 showed that 70% of patients were diagnosed and treated after the age of one year, and only 2.3 % before the age of 3 months. Most of the patients suffered from severe mental retardation. Two pilot projects on neonatal screening for congenital hypothyroidism(in Bandung city and Jakarta city) started in year 2001. In the Bandung project a total of 20 cases of CH have been identified and a total of 88,637 newborns have been screened. The incidence was 1 : 4400 In the Jakarta project a total of 27,563 babies were screened and 5 cases were identified, the incidence was 1 : 5000 These data was presented to the Department of Healt. A meeting was held in August with the Directorate of Family Health, Directorate General of Community Health discussing a strategy to integrate the newborn screening program with public health services which already exist. A national meeting in February 2003 discussed the fund for the implementation of newborn screening, hospital and community based. Because of the limited budget, the parents have to pay for the test, and the Government will support some fund for the reagent.

On November 26, 2006, the National Committee on Health Technology Assessment of The DOH, approved two neonatal screening programs for congenital hypothyroidism and neonatal hearing screening. Bali, Yogyakarta and West Sumatra Province started the neonatal screening in 2006. The incidence in Bali was 1 : 2425, and in Yogyakarta 1 : 2500

Due to the lack of support from the Government on the cost of resources, equipment and personnel is a big barrier for continuation and expansion of the program nationwide. The biggest challenge is making CH newborn screening affordable to all newborns. The geographical condition causes difficulty in blood sample transportation, and tracking positive result. In addition, early hospital discharged within 24 hours after delivery has become an issue. Because of the physiologic surge TSH and T4 at birth, blood sample taken at this time has less value due to unacceptable inherent increase of false positive numbers.

Lack of understanding on the importance of early detection of CH through newborn screening among health policy makers and professionals will create some constraint in expanding the newborn screening program. Advocacy and social mobilization work on newborn screening is essential to get commitment and participation from health professionals and policy makers, and they must also understand their role in the program.

FELLOWS MEETINGS

APEG—October 2007

With the financial support of Pfizer, APPES were able to work with the Australasian Paediatric Endocrine Group (APEG) to send 7 Fellows to attend the 2007 APEG Fellows Meeting and Annual Scientific Meeting.

I was asked few days ago to write a short report about my time in Broome at the APEG Annual Scientific Meeting. I would like to say thank you to APEG and APPES for let me have a chance to attend this meeting. Without their kind support, I was not able be there.

To tell the truth, I did want to visit Broome so I can see Cable Beach, known as one of the most beautiful beaches in Western Australia. My trip was all planned. From my hometown, Hochiminh City – the South of Vietnam, I travelled south to Darwin and then leaving here for Broome via the Indian Pacific. It's not the first time I come to Australia. I spent few months this year training at Royal Children's Hospital, Melbourne. I felt in love with this place, at least for a couple of months. I was expecting Broome to have the same feel as Melbourne. I was surprised, however, to find nothing like Melbourne, but quite the opposite.

I stayed in Broome for one week. The hostel I stayed in – Beaches of Broome – was ten minute walk to Cable Beach but Chinatown was not even within reasonable walking distance. Given the impeccable weather, it was an irrelevant nuisance and I was very happy to be by the beach.

I have heard from my friends that Broome is known as the "gateway to the Kimberly". The city is really charismatic, has a fantastic beach nearby and enjoys a balmy climate. Cable Beach extends nearly 30 km. When you walk along the beach and see the ocean, you really don't know what happens! The beach is so wonderful with sparkling blue waves, white sand and some places orange rocks give a contrast with the water and sand. It's so beautiful and very special! The whole region is still very much wilderness and is regarded by many to be the quintessential Australia outback.

In Broome I met up with another seven endocrine fellows from Asian countries who were staying at the same hostel. They are very nice. We all hung out for the whole time there. From my point of view, attending this meeting is a professionally rewarding experience. In addition to socializing with colleagues from other institutions and a trip to an exotic locale, it would be of great benefit to my practice as it offered me opportunities to hear presentations and to converse with other researchers. Listening to presentations informed me of what others are doing and inspired research ideas of my own as well. I personally thought even though listening to the talks was extremely valuable, hallway conversations could be even more fruitful. I had chance to tell others about my research and my work. I learned a lot by seeing what confused people and receiving their ideas and suggestions.

It was really an interesting trip with the blend of the spectacular scenery, the wild life and emphasis on learning a lot with experts in endocrinology. I did enjoy my time in Broome.

Bich Phuong Nguyen
Hochiminh city - Vietnam

The recently concluded APEG fellows' school held in Broome, Western Australia last October 13-14, 2007 was truly a memorable experience.

First and foremost, the school was handled in a very systematic and organized manner with a good lineup of topics from various aspects of pediatric endocrinology. The ambiance seemed to be formal having been arranged in a U-shaped setup yet the school was conducted in an otherwise informal manner. It actually allowed better interaction among the delegates and the professors. The output from each delegate was profoundly amazing bringing several points to ponder about and listening vital pearls from distinguished professors from different parts of the globe was overwhelming. The duration of the school being only a day and a half was short nevertheless no time was wasted and the entire activity was indeed fruitful. It was a good thing that there was a scientific meeting that followed which further supplemented the course.

Secondly, the activity enabled each and everyone to meet delegates from different corners of the Asia Pacific region. It surely served one of the major objectives of the school being the establishment of camaraderie and fostering fellowship among the fellows. It opened for future networking among the delegates. More interestingly, reuniting with old friends from the previous APPES fellows' course was a big bonus!

Thirdly, seeing Australia and Broome in particular for the first time was captivating. It was as if a different world inviting the guests to stay for long and probably for good. The simplicity of the entire community brings the guests closer to nature, realizing the value of the richness of the earth. The place was conducive to learning allowing the delegates to focus on the endeavor and yet have a relaxing site after each session.

Although it took four plane rides in going to Broome and also back to the Philippines, having to stay at the Darwin airport for several hours before the next flight, the experience was absolutely worth it! Hugging the giant boab tree, touching the original dinosaur tracks, riding the hovercraft and the close encounter with the camels were just some of the simple yet wonderful memories of Broome but those memories were extra special being spent with newly-found friends from school. Thanks to APEG for inviting the APPES… Thanks to the sponsors; Merck-Serono International for supporting the meeting and Pfizer for making it possible for the Asian delegates to travel and be part of the meeting... Thanks to the APPES organizing committee specifically to Alicia who painstakingly communicated with the delegates long before the beginning of the activity making sure everything would be fine till everybody gets back home.

Cynthia G. Feliciano, MD
Philippine Delegate

FELLOWS MEETINGS

The 2007 APPES Fellows Meeting was held in Taiwan from the 3 - 5 December. APPES would like to thank Merck Serono for their financial and organisational support.

9th FELLOWS' MEETING Report
Taipei, Taiwan: 3rd – 5th December 2007

The 9th APPES fellows meeting was this year held in association with the Taiwan Paediatric Association. 40 trainees attended the meeting. They were from Taiwan, India, Thailand, Korea, Japan, Vietnam, Singapore, Malaysia, Indonesia, New Zealand, Mainland China and Hong Kong. The members of the teaching faculty were Dr Xiaoping Luo (China), Prof Louis Low (Hong Kong), Prof Ho Seong Kim (Korea), Prof Sei Won Yang (Korea), Prof Wayne Cutfield (New Zealand), Dr San-Ging Shu (Taiwan), Dr Fu-Sung Lo (Taiwan) and Dr Maria Craig (Australia). Many of the fellows presented cases of their own and we were fascinated to hear about some rare and interesting cases from across the region. But even more exciting was the way faculty made us scratch our heads and initiate some nano particle movement of our grey cells. Never was learning so much fun and education so stimulating. This churning led to an exchange of ideas, differential diagnosis that only an international forum like this can offer. The way our distinguished faculty watched over us can be likened to only one example- a toddler taking his first tentative steps and being watched over by the proud mother-beaming in his achievement but always there to support if he stumbles. We would like to thank our faculty for taking such painstaking efforts to polish our skills in paediatric endocrinology.

We were fortunate to have the Westin Hotel, Taipei as a venue for the meeting - this was an excellent environment for fellows and faculty to learn and interact, while experiencing Taiwanese food and culture. There was an abundance of colours, kindness and happiness in the atmosphere. We started our fellow's course with a hilarious Taiwanese sort of stretching out icebreaker session. Maybe that is the reason we made so many friends cutting across the language, geographical and cultural barriers ultimately. On the 4th afternoon, we had a magnificent view of the city from Taipei 101, the tallest building in Asia. The course ended with a quiz on the last day, which was a brainstorming collection of interesting clinical photographs. Merck Serono sponsored the meeting with logistic support by Annie Ang and her team from CMP Medica. We will like to thank them too for making such wonderful arrangements for travel, food and stay. Last but not the least, our thanks and gratitude to APPES for giving us this opportunity to enrich our mind and soul.

Some photos from the 2007 APPES Fellows Meeting

APPES COUNCIL

The following council were elected into their position at the APPES Biennial Meeting in Thailand.

EXECUTIVE COUNCIL

President:	A/Prof Wayne Cutfield	New Zealand
Secretary:	Dr Suttipong Wacharasindhu	Thailand
Treasurer:	Dr Craig Munns	Australia
President Elect:	Prof Xiaoping Luo	PR China
Immediate Past President:	A/Prof Christopher Cowell	Australia

COUNCIL

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Prof Louis Low	Hong Kong
Prof Keiichi Ozono	Japan
Dr Sioksoan Chan-Cua	Philippines
Prof Sei Won Yang	Korea
Prof Byung Churl Lee	Korea
Prof Kitti Angsusingha	Thailand
A/Prof Kah Yin Loke	Singapore
Dr Geoffrey Ambler	Australia
Dr PS Menon	India
Dr Chunxiu Gong	PR China

An invitation is extended to all APPES members to submit news for the newsletter. Each year, the newsletter will be published in March, June, September and December, with an additional 'conference issue' each year of the APPES Scientific Meeting.

If you would like to submit articles or photos, please do so via email on appes@willorganise.com.au

Future Events

2008:

Feb 14—17
International Update in Paediatric Endocrinology
Current Trends in Diagnosis and Management
Mumbai, India
www.pedendoupdate2008.org

March 1-2
Prader Willi Syndrome Scientific Workshop & Conference
Wellington, NZ
www.pws.org.au/conference.html
Email: conference@pws.org.au

May 9 - 11
ESA Seminar Meeting 9-11th May 2008
Sydney Harbour Marriott
www.esaseminar.org.au

June 6 -10
Annual Scientific Meeting of American Diabetes Association,
San Francisco, USA
http://diabetes.org/for-health-professionals-and-scientists/profed.jsp

June 15 -18
Annual Scientific Meeting of The Endocrine Society,
San Francisco
http://www.endo-society.org/endo/

Aug 12-16
34th Annual Meeting of ISPAD Durban, South Africa
www.ispad2008.com

Aug 22 - 24
ESA Clinical Weekend
Hilton on the Park, Melbourne
www.esaclinicalweekend.org.au

Aug 25 - 28
ESA Annual Scientific Meeting
Melbourne Convention Centre
www.esa-srb.org.au

Sept 20 - 23
47th ESPE Meeting: Istanbul, Turkey
www.espe2008.org/
Email: espe2008@congrex.se

Oct 24 - 28
EAP 2008 (formerly Europeadiatrics) 2nd Congress of the European Academy of Paediatrics
Nice, France
www.kenes.com/paediatrics/

Oct 29 - Nov 1
5th Biennial APPES Scientific Meeting Seoul, Korea
Email: appes@willorganise.com.au
Web: www.appes2008seoul.org

Nov 8-12
13th International Congress of Endocrinology, Rio de Janeiro, Brazil
www.ice2008rio.com

Nov 17-19
Australasian Paediatric Endocrine Group (APEG) Annual Scientific Meeting
Canberra, ACT, Australia
www.apeg.org.au
Email: apegasm@willorganise.com.au

2009:

Sept 9-12
8th Joint ESPE/LWPES Meeting, New York, USA
www.lwpes-espe2009.org

Sept 16-19
34th Annual Meeting of ISPAD Ljubljana, Slovenia
E-mail: tadej.battelino@mf.uni-lj.si

If you have a meeting you would like to add to this listing, please email the APPES Secretariat on appes@willorganise.com.au with the following details:

- Name of Conference, City/Country where being held, Website Address and Contact Email