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## President's Report

There are many new and exciting things to share with you in my report that include; APPES strategic planning, recent meetings, international consensus documents in paediatric endocrinology and the clinical cases forum. An important aspect of APPES is the breadth and magnitude of countries and potential members that it represents; approximately 17 countries, at least 7 national paediatric endocrine societies or society chapters and more than a third of the world's population! The size of a society, like APPES is extremely important for many reasons; firstly, a large society has a clearer and more certain long term future. Secondly, it would be better resourced to provide greater opportunities for it's members. Thirdly, it could provide greater advocacy for countries within the region and the region as a whole. Lastly, a large society has greater international influence beyond our region on more global issues such as investigation and treatment guidelines and policies in paediatric endocrinology.

Over the past few years our society membership has slowly grown but has the capacity to grow much faster and become one of the world's largest paediatric endocrinology regional societies. Conservatively, if we were able to recruit half of all of the paediatric endocrinologists across our region we would have in excess of 1,000 members, extending beyond the memberships of either the European Society for Paediatric Endocrinology (ESPE) or the Lawson and Wilkins Pediatric Endocrine Society (LWPES). How do we achieve appreciable growth or more importantly, what can we offer potential members to draw them into our society and how do we improve our relationship with national societies? The very important issue of society growth is one of many issues that confront the APPES council who will meet in August to develop a 10 year strategic plan for the society. A strategic plan will clarify to members, future APPS executive members, national societies and

industry sponsors where we are going and what we hope to achieve.

In February the Paediatric and Adolescent Endocrinology Chapter of the Indian Academy of Paediatrics hosted "International Update in Paediatric Endocrinology : Current Trends in Diagnosis and Management" in Mumbai, India that was supported by APPES and also ESPE. The meeting was attended by 264 delegates from India and across the Asia Pacific region. Professors Meena Desai and Nalini Shah and the local organising committee deserve congratulating for the superb organization of this high caliber meeting that was very efficiently organized and ran very smoothly. The three and a half day programme included a broad range of practical and theoretical paediatric endocrinology with outstanding presentations from many local Indian speakers and twelve international speakers. Audience participation in the meeting was lively and enthusiastic with many questions raised at the end of every presentation highlighting the interest in the presentations to delegates and speakers alike. I thoroughly enjoyed the meeting and the warm welcome we received from our Indian colleagues! APPES would like to support other national paediatric endocrinology meetings across the region to strengthen our relationship with other national societies given the wonderful success of this meeting in India.



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**Wayne Cutfield**  
APPES President

# FUTURE DIRECTIONS FOR APPES

The establishment of APPES has brought the Asia Pacific family of paediatric endocrinologists and paediatricians together in unprecedented and wonderful ways. The "getting to know you" phase has been extremely enjoyable. The countries represented are at widely different levels of specialty development. Our well-attended and excellently organized conferences provide us all with opportunities to learn about what is happening in other countries, both at the high end of science and at the level of those who are, or would be, trail blazers for our specialty in the less economically developed countries. The recent conference in Mumbai, hosted by the admirable and much-loved mother of Indian paediatric endocrinology, Dr Meena P Desai, was jointly sponsored by both APPES and the European Society of Pediatric Endocrinology (ESPE) and it was great to hear European speakers such as Professors Annette Grüters and Ze'ev Hochberg discussing programs of developmental assistance that ESPE has set up to train and support colleagues in and from eastern Europe and Africa. APPES is now searching for its own direction. Should the Society continue as a traditional professional organization, content to link its members by newsletters, a website, an annual scientific conference and a fellows' meeting, or could it have a greater role?

There is a demand for paediatricians to be trained as endocrinologists and this training is not available in all countries of the region. A few countries such as Sri Lanka, Singapore, Thailand and Malaysia provide government-funded overseas travelling scholarships but overall there is a serious dearth of scholarships for clinical training posts. The establishment of an APPES foundation to fund a number of scholarships each year would be of great benefit.

Attracting philanthropists, including the corporate sector, to provide large donations in support of a rather unfocused cause such as clinical training, however, is unlikely to be successful. Support is more likely to be provided to meet an emerging health challenge, such as that presented by the rapidly rising prevalence of Type 2 diabetes (and the improved survival of children with Type 1 diabetes) in Asia.

Infrastructure for diabetes care in all of the economically disadvantaged countries is in urgent need of development. In Vietnam, for example, few families of children with IDDM are able to afford human insulin, disposable syringes, a glucometer, blood glucose strips or a regular HbA1c assay; many are forced to rely on charity for even

the basics. Thankfully, organizations like CLAN (Caring and Living as Neighbours; <http://whatisclan.org/>) and the Insulin For Life program are cranking up assistance and drawing the attention of the international community to the plight of those who are suffering.

In 2008, Life for a Child will be funding the IFL supply of insulin to Vietnam. Vietnam has only a handful of paediatric endocrinologists for over 80 million people and few nurse educators as we understand them. The government provides no subsidy like Australia's Pharmaceutical Benefits Scheme to reduce the cost burden of any chronic medical condition for families and patients die because they cannot afford the drugs they need to stay alive. Few patients have access to a systematic complications screening program and where surveys have been carried out, rates of eye and kidney complications approach 80%.

Negotiations are currently taking place between the International Insulin Foundation (IIF) and the Vietnam Association of Diabetes Educators for an important survey to be carried out in Vietnam. Called RAPIA (Rapid Assessment Protocol of Insulin Access; <http://www.access2insulin.org/html/rapia.html>), the survey promises to provide information about all of the barriers to insulin access that exist at various levels, from the level of government to the level of the local community. The analysis of this data can then be used to develop a strategic plan aimed at removing some of the barriers. RAPIA in Vietnam is being funded by the IDF. It would appear highly desirable for RAPIA to be carried out in every country and this is something that APPES could advocate and support by setting up a strong project management group in collaboration with a non-government organization and seeking a grant from a multi-lateral donor.

Another very effective approach, with which I am more familiar through my work as Director of Royal Children's Hospital International ([www.rch.org.au/rchi/](http://www.rch.org.au/rchi/)), is to set up collaborative projects based on a relationship between a hospital in a highly resourced country and one in a less economically developed country. The relationship might begin with a series of exchange visits so that people get to know one another and become friends. Perhaps contacts between the two groups could be made more frequent through the use of internet-based videoconferencing for clinical consultation or planning projects.

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## PRESIDENT'S REPORT (Cont)

For some years ESPE and LWPES have pioneered the development of international consensus documents and guidelines that address controversial common issues in paediatric endocrinology. Most recently a joint ESPE and LWPES consensus meeting was held to address the topic of growth hormone therapy for idiopathic short stature. APPES was invited to send a single representative member to the meeting, attended by Prof Louis Low. Recently I have been negotiating a larger role for APPES in future consensus meetings. To become a major participating society in such meeting we are required to contribute to the cost of hosting such a meeting. In May 2009 there will be a consensus meeting on "insulin resistance in childhood" in Paris in which APPES will contribute financially to enable us to be a major participating society. This will enable strong representation of our society at this meeting on a theme that is rapidly becoming a major issue across the region. APPES will consider participation in international consensus meetings on a case by case basis that will partially depend upon available sponsorship.

The clinical cases web based forum is finally ready to go live and will be promoted in conjunction with other membership opportunities such as reduced membership fees to encourage members to join APPES and enjoy this exciting new initiative. Please watch the APPES website for the launch of the forum. I look forward to seeing all of your challenging and interesting clinical cases and questions on the website. See you all in cyberspace!

Wayne Cutfield

## FUTURE DIRECTIONS FOR APPES (Cont)

Familiarity with the workings and potential of TEIN2 (the Trans-Eurasia Information Network; <http://www.tein2.net/>) will open many doors. Our group has made extensive use of it between Australia and Vietnam, and between Australia and Indonesia. Ultimately the aim of the partnership, over time, should be to identify substantial projects that both sides would like to work on together. The dictates of equity and justice are that the project should primarily benefit children in the more disadvantaged country, the host country should determine the priority, and the project should benefit the greatest number. From what started as a relationship between endocrinologists in Melbourne and Hanoi, RCHI's program has expanded into a large scale human resource capacity building project at the National Hospital of Pediatrics in Hanoi and a similar education and training project at the Hue Central Hospital. This has only been possible because of generous funding from The Atlantic Philanthropies and our collaboration with professional project managers from the Nossal Institute of Global Health. While this has been achieved without the involvement of a professional society like APPES, there is much to be said for the 'adopt a hospital' approach and for focusing development aid, rather than trying to be all things for all people and APPES is one means by which key relationships are established.

Finally, a word for my colleagues in economically advantaged countries of the Asia-Pacific region. The age demographic of the rich countries is steadily moving up and the population is aging. All of our neighbouring countries have very young populations. This is where the children are and where the future of paediatrics must surely lie. It is easy to focus on research that allows us to compete with what is happening in Europe and America and meanwhile, to ignore the needs of the billions of children all around us. We *do* have a responsibility towards our neighbours. An essential role for APPES is to build collaborations that encourage high-quality training and research, and which also provide a framework in which large scale, long-term development aid projects can flourish. We should also bear in mind that overcoming a problem might require us to think outside the square. If poverty is the root cause of disadvantage for patients with endocrine conditions, no amount of research about diseases, new drugs or new laboratory tests will do any good if there is no attempt to find a way of providing life saving drugs in the short term, of promoting affordable access to quality care in the medium term, and of influencing government policy in the long term. APPES needs to become involved at each of these levels and learning about them is the first step.

*With thanks to Professor Garry Warne, Senior Endocrinologist, the Royal Children's Hospital, Melbourne, Australia and Director of Royal Children's Hospital International*

### 2008 FELLOWS MEETING

Applications are now open for the 2008 APPES fellows meeting, being held in Seoul, Korea from the 28—29 October. Please log onto the APPES website at [www.appes.org](http://www.appes.org) (link is on home page of site).

Applications close on Friday 27th June.

# FOCUS ON.....Australia and NZ

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

## Australasian Paediatric Endocrine Group (APEG) Celebrating 25 years - a personal perspective

The Australasian Paediatric Endocrine Group (APEG) celebrated 25 years at a spectacular scientific meeting held in Broome Western Australia in October 2007. The meeting was held over four days with 135 participants including eight trainees from the Asia Pacific Paediatric Endocrine Society. Broome is a stunning location and much effort was made by the organising committee to allow us to appreciate the local environment and culture. This meeting is in stark contrast to our inaugural meeting in March 1982 in Leura, a small town in the



Founders of APEG at the inaugural meeting in Leura in 1982

Blue Mountains west of Sydney. This meeting was held over two days and predominantly focused on clinical issues. Incorporation of our society followed approximately 12 months later.

APEG has been fortunate in having a group of founding fathers in each capital city who have not only built

clinical endocrinology in their own geographical region but have advocated strongly for an Australasian Society and a presence on the global paediatric endocrinology stage. These individuals included Dr Norman Wettenhall from Melbourne, Dr Robert Vines and Dr Gabor Anthony from Sydney, Dr Michael Thomsett from Brisbane, Dr Geoff Byrne from Perth and Dr Jim Penfold from Adelaide. APEG is indebted to their wisdom and vision.

Since those early days, the APEG community has grown with a membership of over 150. There are approximately 44 paediatric endocrinologists practicing at the tertiary children's hospitals in Australasia, that is a ratio of approximately one paediatric endocrinologist per 500,000 population. Our clinical practice is split evenly between caring for children with diabetes and those with endocrine, growth and bone and mineral disorders.

The incidence of type 1 diabetes has progressively increased over the last 15 years. This increasing incidence, along with population growth and the need to improve metabolic outcomes has driven the need for



Australasian Paediatric Endocrine Group

increased resources for diabetes centres. In the last 8 years, similar to many regions of the world, type 2 diabetes and pre type 2 diabetes, has also increased in incidence. The first full time paediatric diabetes educator was employed in 1991 at the Children's Hospital Westmead in recognition of the need of a multidisciplinary team to care for children

and families with diabetes. Over the last 20 years, strong multidisciplinary allied health teams have developed at all the children's hospitals. Increasingly, paediatric diabetes expertise is also available in outer urban and rural centres, in part brought about by the encouragement and support visits of staff from the tertiary diabetes centres.

APEG membership has a strong history of collaboration for management of children with growth disorders. In 1988, guidelines for eligibility for growth hormone broadened to include not only those with growth hormone deficiency but those who had significant short stature and were growing slowly, girls with Turner syndrome and children with chronic renal failure. APEG initiated a national database, Ozgrow, for children receiving growth hormone and from 1989 to 2000, this database was used at all the paediatric tertiary centres. Twice yearly annual meetings were held to discuss output from the data collected and future analyses. This was a highly enjoyable and productive collaboration that provided us with significant insight into growth hormone therapy in a heterogeneous group of children with short stature. Ozgrow has continued to collect growth hormone data and analysis under the stewardship of Professor Peter Davies in Brisbane. There have been significant challenges with a loss of the uniform database after the year 2000 but progressively this is being over come.



Some of APEG Founders in Broome, 2007.

# APPES 2008 CONFERENCE

## Register Online Now!

One-stop online access and service are now available at [www.appes2008seoul.org](http://www.appes2008seoul.org).

APPES 2008 online programs provide the following services: registration, hotel reservations, abstract submissions, and tour application.

Pre-registration discount is available until **August 15 2008**, so do not miss the chance to enjoy the discounted registration prices on offer.

Selected Abstracts will be published as supplement to *Hormone Research journal*. Take advantage of this opportunity and submit your abstracts no later than **July 15, 2008**.



## FOCUS ON.....Australia and NZ (cont)

A further example of strong collaboration amongst APEG members has been the national registrar of children with diabetes. The epidemiology of type 1 diabetes and more recently, type 2 diabetes has been closely monitored with development of registers in each state with support from the Australian Institute of Health and Welfare. This resource has clearly documented the rising incidents of both type 1 and type 2 diabetes in young people. In addition to the many research publications it has produced, these resources have been very useful for health planning.



The success of these two major collaborations has significantly strengthened the national and international voice of APEG and has led to ongoing collaborations in other endocrine disorders and randomised control trials.

Education and training has been the focus for APEG activities since its inception.

A particular success has been the development of resources for families. Several key individuals have coordinated with the assistance of Serono in development of 12 highly informative small booklets for families covering the common spectrums of endocrine and growth disorders that are seen in paediatric endocrinology practice. These resources are invaluable for families. Diabetes resources are also being developed in a collaborative way with three of the major centres coordinating their resources both in print and in

electronic form. The parent manual "Diabetes in Children and Adolescents" edited by Dr Geoff Ambler has recently been translated into Vietnamese – it will be distributed for use in Vietnam with the assistance of CLAN. It will also be very useful for Vietnamese families in Australia.

All tertiary paediatric endocrine centres developed strong education programs for medical and allied health staff. There are usually one to two local trainees in each centre many are training one to three international fellows as well. Several of the paediatric endocrinologists working in the APPES region have spent time training in Australasia.

APEG can be proud of its national and international role in advocacy for children with diabetes and endocrine disorders. APEG members have been instrumental in the development of APPES as a regional society and enjoy the collegiality of the APPES meetings with individuals from diverse cultural backgrounds. Professor Garry Warne is working closely with colleagues in Indonesia, Vietnam and India to help develop the infrastructure for children with endocrine disorders. Professor Martin Silink, as President of IDF, is leading initiatives that will demonstrably help children with diabetes in countries where resources are limited.

It has been an exciting evolution. I feel confident that next 25 years will be as challenging and productive as the first 25 years and health outcomes for children with endocrine disorders and diabetes will be radically improved.

Chris Cowell

## REPORT FROM: International Update in Pediatric Endocrinology February 14-17, 2008

The Indian Academy of Pediatrics – Pediatric and Adolescent Endocrinology Chapter and APPES co-hosted the inaugural International Update in Pediatric Endocrinology: Current Trends in Diagnosis and Management, held in Mumbai 14-17 February 2008. Our Indian colleagues compiled an excellent program that in 4 days covered almost all aspects of paediatric endocrinology. With an international faculty representing APPES and ESPE, the Update started with a series of long cases that challenged both faculty and attendees. APPES faculty included Wayne Cutfield, Chris Cowell, Craig Munns, Garry Warne and Xiaoping Luo.



Chris Cowell and PS Menon at the meeting

The three days of conference proper were jam packed with world class updates from the invited complemented wonderful local data from the Indian faculty. There was active delegate interaction throughout the meeting, with their enthusiasm often spilling over into lunch and evening activities.



APPES Executive meeting whilst in India

The hospitality of the local organising committee was humbling. Faculty and delegates were made to feel very welcome with excellent evening events that ensured that the rich texture of life in Mumbai was enjoyed by all.



Wayne Cutfield, APPES President

As anyone who has been to India and especially Mumbai would know, it is a land of contrasts. In APPES we appreciate the need to improve the endocrine care of all nations in our region. Those from APPES who were fortunate to attend the Update reconfirmed our commitment to achieve this goal. We feel confident this can be achieved by working in partnership with local endocrine societies as was exemplified by the Mumbai Update.



Keiichi Ozono and Suttipong Wacharasindhu

APPES would again like to thank and congratulate The Indian Academy of Pediatrics – Pediatric and Adolescent Endocrinology Chapter for organising a wonderful meeting and look forward to our next gathering in Seoul, South Korea.

# 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

Dr Aman Pulungan	Indonesia
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 Kittti 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](mailto:appes@willorganise.com.au)

## Future Events

### 2008:

#### 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](http://www.ispad2008.com)

#### Aug 22 - 24

ESA Clinical Weekend  
Hilton on the Park, Melbourne  
[www.esaclinicalweekend.org.au](http://www.esaclinicalweekend.org.au)

#### Aug 25 - 28

ESA Annual Scientific Meeting  
Melbourne Convention Centre  
[www.esa-srb.org.au](http://www.esa-srb.org.au)

#### Sept 20 - 23

47th ESPE Meeting: Istanbul, Turkey  
[www.espe2008.org/](http://www.espe2008.org/)  
Email: [espe2008@congrex.se](mailto:espe2008@congrex.se)

#### Oct 24 - 28

EAP 2008 (formerly Europeadiatricks) 2<sup>nd</sup> Congress of the European Academy of Paediatrics  
Nice, France  
[www.kenes.com/paediatrics/](http://www.kenes.com/paediatrics/)

#### Oct 28 - 29

APPES Fellows Meeting, Seoul Korea  
[www.appes.org](http://www.appes.org)

#### Oct 29 - Nov 1

5<sup>th</sup> Biennial APPES Scientific Meeting Seoul, Korea  
Email: [appes@willorganise.com.au](mailto:appes@willorganise.com.au)  
Web: [www.appes2008seoul.org](http://www.appes2008seoul.org)

#### Nov 8-12

13th International Congress of Endocrinology, Rio de Janeiro, Brazil  
[www.ice2008rio.com](http://www.ice2008rio.com)

#### Nov 17-19

Australasian Paediatric Endocrine Group (APEG) Annual Scientific Meeting  
Canberra, ACT, Australia  
[www.apeg.org.au](http://www.apeg.org.au)  
Email: [apegasm@willorganise.com.au](mailto:apegasm@willorganise.com.au)

### 2009:

#### Sept 9-12

8th Joint ESPE/LWPES Meeting, New York, USA  
[www.lwpes-espe2009.org](http://www.lwpes-espe2009.org)

#### Sept 16-19

34th Annual Meeting of ISPAD Ljubljana, Slovenia  
E-mail: [tadej.battelino@mf.uni-lj.si](mailto:tadej.battelino@mf.uni-lj.si)

## APPES 2010 CONFERENCE

Expressions of Interest now invited from countries interested in hosting the 2010 APPES Conference.

Please contact the APPES Secretariat for further details on [appes@willorganise.com.au](mailto:appes@willorganise.com.au).

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

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