

# GPED Newsletter

*Global Pediatric Endocrinology and Diabetes*

*Keeping you up to date on Global Health  
in Pediatric Endocrinology and Diabetes around the world*



## Welcome to our 7th quarterly Newsletter!



Dr J von Oettingen

We hope everyone enjoyed a nice summer break on the Northern hemisphere or is enjoying the first warmer days of spring on the Southern hemisphere!

GPED is happy to announce that the beginning of the summer has come with exciting news: As of June 2017 **GPED is officially recognized as a charitable organization** in Canada—see our secretary's message below for details. Congratulations!

Whether you're based in the South or North, we hope many of you are looking forward to the upcoming **10th International Pediatric Endocrinology Meeting** in Washington DC from September 14-17 and/or to the **International Society for Pediatric and Adolescent Diabetes (ISPAD) meeting** from October 18-21 in Innsbruck, Austria. Both meetings will address a number of global pediatric endocrinology and diabetes topics from across the globe. See our section Global Health @ International meeting on page 3.

The summer months are a time for **diabetes camps** in many parts of the world, and this issue we are reporting on one such camp from **Haiti** (page 3).

Some of our app-savvy colleagues have created additional **clinical tools** for everyday use in pediatric endocrine practice. They are free and easily accessible online—see page 4 for details.

Interested in sharing your experience with diabetes camp in your country, a successful meeting in your region, a clinical tip or a mysterious case your team took care of and solved? **Send us your contribution** and we will be sure to include it in our Member's Corner (page 2). *Enjoy the read!*

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## Message from GPED Secretary



Dr JP Chanoine

### GPED is now officially a charitable organisation

All non-profit organizations are required to be incorporated. GPED was incorporated in Canada in 2012. Non-profit organisations that center on philanthropic goals and social well-being can apply for charitable status.

The advantages of charitable status are two fold:

First, in Canada, contributions to charitable organizations are tax-deductible. This means that the organization provides official receipts that the donor is allowed to include in his/her tax return to claim a tax credit.

Second, outside Canada, contributions to a charitable organisation are not tax-deductible but the charitable status is highly regarded as it officially recognizes the philanthropic goals of the non-profit organisation.

I have the pleasure to let you know that GPED was awarded charitable status in June 2017. I hope that this will provide an incentive to fundraise for projects that are supported by GPED.

## Indian Society of Pediatric & Adolescent Endocrinology (ISPAE)



Dr A Seth

The **Indian Society of Pediatric & Adolescent Endocrinology (ISPAE)** was formed in 2007 with the aim of improving quality of Pediatric Endocrinology Care in the country. The Society with over 400 active members is working actively towards achieving this goal. Our key initiatives over the past have included organization of the biennial National scientific meetings, Pediatric Endocrinology Training program for young trainees in pediatric endocrinology, and a number of pediatric endocrinology support and awareness programs for children and their caregivers. In addition, ISPAE has developed patient education material for common pediatric endocrinology disorders, and has published type 1 Diabetes guidelines. The Society supports two travel fellowships per year to budding pediatric endocrinologists within the country and has participated in development of

International Consensus Guidelines on prevention & treatment of nutritional rickets and newborn thyroid screening. The Society aims to ensure good quality care to all children with pediatric endocrine disorders by setting up a comprehensive care network around the country. The new projects undertaken by the Society include an ambitious Type 1 Diabetes project for improving quality of care provided to affected children and development of clinical practice guidelines for newborn thyroid screening and diagnosis & treatment of growth hormone deficiency.

The **fifth biennial ISPAE conference** is being planned at the picturesque city of **Coimbatore on Nov 25-27 2017**. We warmly invite you all to join us for the scientific feast and experience the traditional Indian hospitality.

**Anju Seth**, Lady Hardinge Medical College, New Delhi, India  
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## Global Health during the 10th International Meeting in Washington DC (Sep 14-17, 2017)

Global Health in Pediatric Endocrinology and Diabetes will be well represented during the International Meeting of Pediatric Endocrinology (<http://www.internationalmeeting2017.org/>)

Be sure to visit **GPED's booth (# 419)** that will be open during the whole meeting!

### Thursday September 14

#### **0830-1130: Working Group on Global Health in Pediatric Endocrinology and Diabetes**

##### ***Access to medicines in Pediatric Endocrinology and Diabetes***

- Non-Communicable Diseases in children and adolescents and access to medicines (JD Klein, USA);
- Management of congenital adrenal hyperplasia in Sudanese children: barriers and opportunities (M Abdullah, Sudan);
- Understanding access to medicines for the management of CAH in resources-limited settings: preliminary data of a global survey (JP Chanoine, Canada)

##### ***Newborn screening in low income settings***

- Acceptance of newborn screening in low resource settings (C Padilla, Philippines)
- Eradicating iodine deficiency, a prerequisite to newborn screening for congenital hypothyroidism (E Pearce, USA)

#### **1315-1345: Plenary 1—ASPAE**

- Establishing endocrine care from scratch in developing countries (M Abdullah, Sudan)

### Friday September 15

#### **0715-0815: GPED Executive meeting and General Assembly (Maddison room)**

#### **0845-0945: Free Communications #6 Global Health**

#### **1145-1245: Posters Global Health**

#### **1245-1415: Session 3 Symposium: Diabetes management in children of resource-limited settings**

- Intensive insulin therapy (E Majaliwa, Tanzania)
- Glycaemic Control (T Ngwiri, Kenya)
- Neonatal Diabetes management (E Codner, Chile)

### Saturday September 16

#### **1530-1630: Yearbook (YB2) - Global Health for the Paediatric Endocrinologist (JP Chanoine and J von Oettingen, Canada)**

## "Camp de Fraternité" in Borel, Haiti

Haiti in August: hot and humid and ...time for  
**DIABETES CAMP!**

For the second time since its inaugural camp in 2016, the Kay Mackenson Clinic, a clinic for children with chronic diseases headed by Haitian pediatrician and clinic medical director Dr. Ketly Altenor, organized a 4-day camp for over 100 children with diabetes from all over the country. While not the first camp in Haiti (the Fondation Haïtienne de Diabète et de Maladies Cardiovasculaires, FHADIMAC, organizes a yearly camp in April), the population of children with diabetes across Haiti has grown, and the Camp de Fraternité has added to the number of



children who can participate in this integral piece of diabetes care. Pediatric endocrine and diabetes care is still in the process of being established in Haiti (we previously reported on the Pediatric Endocrinology Education Program for Haiti, see Newsletter 2016/01), but no pediatric endocrinologist is present in-country as of yet. Thus, while camp is primarily an opportunity for patients to have fun and learn together, and feel supported by their "diabetes family" (as patients refer to their peers), it is also an opportunity to provide training to local pediatric nurses and residents who are exposed to children with diabetes in their daily clinical activities: Trainees from 3 different hospitals across Haiti benefited from hands-on training in diabetes care, as well as from practical workshops and interactive case discussions. This year's focus was on psychosocial self-care and nutritional management. Campers and staff alike were excited to have a pediatric diabetes nutritionist (not available in Haiti) and diabetes social worker join camp from Montreal's McGill University Health Centre to build capacity within Kay Mackenson's medical team to address psychosocial and nutritional needs — both identified as priorities by patients and staff. See [www.kaymackenson.org/camp](http://www.kaymackenson.org/camp)

## NCD Child & Global Pediatric Endocrinology and Diabetes

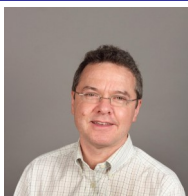
NCD Child (<http://www.ncdchild.org/>) is a global multi-stakeholder coalition championing the rights and needs of children, adolescents, and young people living with or are at risk of developing non-communicable diseases (NCDs). It was founded by CLAN (Caring & Living As Neighbors), an Australian-based NGO in 2012 and is presently led by Dr Jonathan Klein (USA). Dr Klein will speak on September 14 during the 10<sup>th</sup> International meeting in Washington DC (see Page 2).

The coalition began as the child-focused working group of the NCD Alliance for the September 2011 first UN High-Level Meeting on NCDs (<http://www.un.org/en/ga/ncdmeeting2011/>), and NCD Child was launched to ensure that a child and adolescent health voice in NCDs remained strong and that the unique needs of young people remain a priority for countries, other civil society organizations, and UN agencies.

Several Task Forces will support the work of NCD Child. The NCD Child Taskforce on Essential Medicines will identify and inventory existing advocacy/policy resources and approaches promoting affordable access to essential medicines and equipment for the effective prevention and management of NCDs in children and adolescents. It will identify gaps and propose, develop, and implement strategies to address gaps in access to essential medicines through the development and dissemination of advocacy and policy educational resources. GPED is represented on this task force by Dr Jean-Pierre Chanoine.



## Clinical tools: The Canadian Pediatric Endocrine Group smart Apps



Dr D Metzger

The Canadian Pediatric Endocrine Group (CPEG) now has a wide array of **free clinical tools available to help researchers, clinicians and trainees with automating some of the calculations and graphics needed for our subspecialty**. Most of these apps now have a permanent home on the CPEG server, allowing nearly unlimited access to these tools for pediatric endocrinologists from Canada and the rest of the world. The tools are available (without having to log in) on the CPEG website under the top-menu heading of “*Clinical Practice*”.

Here is an outline of the CPEG resources currently available. There are three major groups of resources (<http://cpeg-gcep.net/content/clinical-practice>):

### Growth charts:

- WHO Growth Charts for Canada, 2014 Revision
- Waist Circumference and Waist-to-Height Ratio

### Calculators:

- For the super-nerd: R macro files for batch calculations for WHO and CDC growth, waist circumference, blood pressure and preterm growth
- An Excel-based “Anthropometric Calculators” from BC Children's Hospital for growth charts for WHO, CDC and selected syndromes
- An Android app from BC Children's Hospital for growth charts for WHO, CDC, preterm, blood pressure, waist circumference, head circumference, height velocity and selected syndromes
- For easiest use for batch calculations: Shiny apps (Zapps™) for WHO and CDC growth, waist circumference, blood pressure and preterm growth. These allow data entry from a CSV file upload (very easy!)

### Plotters:

- Our original web browser-based WHO growth chart plotter app (0–2 and 2–19 years, French and English): plots a growth chart and gives you Z-scores
- Our new Shiny plotters for WHO growth charts (0–2 years and 2–19 years), CDC growth charts (2–20 years), waist circumference and preterm growth. These also allow data entry from either a CSV file upload (very easy!), or by direct data entry

The vast majority of the work in creating and refining these resources was done by **Dr. Atul Sharma** (atul.sharma@umanitoba.ca) from the University of Manitoba, to whom the members of CPEG would like to express their extreme gratitude.

If you have any questions about the apps, or suggestions for improvements or new apps, please don't hesitate to contact us. We know that there is interest in an app for iPhones, and we are looking into this.

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