



INTERNATIONAL COMMUNICATION OFFICE OF PEDIATRIC ENDOCRINE SOCIETIES

www.COPESinternational.org

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Australasian Paediatric
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African Society for Paediatric and Adolescent
Endocrinology (ASPAE)

British Society for Paediatric Endocrinology
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Canadian Pediatric Endocrine Group (CPEG)

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International Society for Pediatric and
Adolescent Diabetes (ISPAD)

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Japanese Society for Pediatric Endocrinology
(JSPE)

The Lawson Wilkins Pediatric Endocrine
Society (LWPES)

Sociedad Española de Endocrinología
Pediátrica (SEEP)

Sociedad Latino Americana de Endocrinología
Pediátrica (SLEP)

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NEWSLETTER

Growth hormone plus childhood low-dose estrogen in Turner's syndrome.

Ross JL, Quigley CA, Cao D, Feuillan P, Kowal K, Chipman JJ, Cutler GB Jr.

Jefferson University, Jefferson Medical College, Department of Pediatrics, 1025 Walnut St., Philadelphia, PA 19107, USA.

N Engl J Med 2011;364:1230-42.

BACKGROUND:

Short stature and ovarian failure are characteristic features of Turner's syndrome. Although recombinant human growth hormone is commonly used to treat the short stature associated with this syndrome, a randomized, placebo-controlled trial is needed to document whether such treatment increases adult height. Furthermore, it is not known whether childhood estrogen replacement combined with growth hormone therapy provides additional benefit. We examined the independent and combined effects of growth hormone and early, ultra-low-dose estrogen on adult height in girls with Turner's syndrome.

METHODS:

In this double-blind, placebo-controlled trial, we randomly assigned 149 girls, 5.0 to 12.5 years of age, to four groups: double placebo (placebo injection plus childhood oral placebo, 39 patients), estrogen alone (placebo injection plus childhood oral low-dose estrogen, 40), growth hormone alone (growth hormone injection plus childhood oral placebo, 35), and growth hormone-estrogen (growth hormone injection plus childhood oral low-dose estrogen, 35). The dose of growth hormone was 0.1 mg per kilogram of body weight three times per week. The doses of ethinyl estradiol (or placebo) were adjusted for chronologic age and pubertal status. At the first visit after the age of 12.0 years, patients in all treatment groups received escalating doses of ethinyl estradiol. Growth hormone injections were terminated when adult height was reached.

RESULTS:








The mean standard-deviation scores for adult height, attained at an average age of 17.0 ± 1.0 years, after an average study period of 7.2 ± 2.5 years were -2.81 ± 0.85 , -3.39 ± 0.74 , -2.29 ± 1.10 , and -2.10 ± 1.02 for the double-placebo, estrogen-alone, growth hormone-alone, and growth hormone-estrogen groups, respectively ($P < 0.001$). The overall effect of growth hormone treatment (vs. placebo) on adult height was a 0.78 ± 0.13 increase in the height standard-deviation score (5.0 cm) ($P < 0.001$); adult height was greater in the growth hormone-estrogen group than in the growth hormone-alone group, by 0.32 ± 0.17 standard-deviation score (2.1 cm) ($P = 0.059$), suggesting a modest synergy between childhood low-dose ethinyl estradiol and growth hormone.



CONCLUSIONS:

Our study shows that growth hormone treatment increases adult height in patients with Turner's syndrome. In addition, the data suggest that combining childhood ultra-low-dose estrogen with growth hormone may improve growth and provide other potential benefits associated with early initiation of estrogen replacement. (Funded by the National Institute of Child Health and Human Development and Eli Lilly; ClinicalTrials.gov number, NCT00001221.).

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We are always in search of items of interest to the international community for inclusion in this newsletter and on the COPES website (www.COPESinternational.org). Contact the Coordinator or Vice Coordinator with your suggestions.

Upcoming Events

2011

AUGUST 28 – 31 Perth, WA	ESA/APEG 2011 Annual Scientific Meeting
AUGUST 31 – SEPTEMBER 2 Perth, WA	2011 ADS/ADEA Annual Scientific Meeting
SEPTEMBER 7-10 Hilton Hotel, Columbia	SLEP XXII Annual Meeting
SEPTEMBER 12-16 Lisbon, Portugal	47 th EASD Annual Meeting
SEPTEMBER 25 - 28 Glasgow, Scotland	50th ESPE Meeting
OCTOBER 6 – 8 Omiya Sonic city (Saitama), Japan	45 th Annual Meeting of the JSPE
OCTOBER 19 - 22 Miami, USA	36 th Annual Meeting of ISPAD Contact: Alan Delamater, PhD E-mail: adelamater@med.miami.edu
NOVEMBER 9 – 11 London, UK	39 th Meeting of The British Society for Paediatric Endocrinology and Diabetes
NOVEMBER 9 – 12 Hanoi, Vietnam	13 th APPEP Fellow Meeting
NOVEMBER 12 – 13 Hanoi, Vietnam	APPEP CME Meeting
November 17-20 Ho Chi Minh City, Vietnam	16 th AFES (The ASEAN Federation of Endocrinology Society)
NOVEMBER 22 – 25 Calicut, India	ISPAE-PET Meeting
NOVEMBER 22 – 25 Calicut, India	ISPAE 2011 Meeting
DECEMBER 1-3 Munich, Germany	2nd ENEA Workshop: Aggressive pituitary tumors
DECEMBER 4 – 8 Dubai, United Arab Emirates	World Diabetes Congress E-mail: YouthLeadersDubai2011@idf.org

2012

February 8-11 Barcelona, Spain	5 th International Conference on Advanced Technologies & Treatment for Diabetes
FEBRUARY 9 – 11 Winnipeg, MB, Canada	CPEG 2012 Scientific Meeting
FEBRUARY 17 – 19 San Francisco, USA	59 th Annual ADA Advanced Postgraduate Course
MARCH Lagos, Nigeria	3 rd ASPAE Scientific Conference and Meeting
MARCH 1-3 Paris, France	International Conference on Nutrition & Growth
APRIL 28-MAY 1 Boston, Massachusetts	LWPES Annual Meeting
MAY 10-12 Bern, Switzerland	6 th ESPE Advanced Seminar in Developmental Endocrinology

JUNE 23-26 Houston, Texas, USA	ENDO 2012: The 94th Annual Meeting of the Endocrine Society Email: societyservices@endo-society.org
SEPTEMBER 12-15 Vienna, Austria	15th Congress of the European Neuroendocrine Association
SEPTEMBER 20 - 23 Leipzig, Germany	51st ESPE Meeting Email: espe@eurospe.org
SEPTEMBER 27-29 Osaka, Japan	46 th Annual Meeting of the JSPE
OCTOBER 10-13 Istanbul, Turkey	38 th Annual Meeting of ISPAD Email: secretariat@ispad.org
NOVEMBER 7 – 9 Leeds, UK	40 th Meeting of the British Society for Paediatric Endocrinology and Diabetes 2012
NOVEMBER 14 – 17 Bali, Indonesia	7 th APPES Biennial Scientific Meeting Email: appes@willorganise.com.au

2013

May 4-7 Washington, D.C.	LWPES Annual Meeting
JUNE 15-18 San Francisco, USA	ENDO 2013: The 95th Annual Meeting of the Endocrine Society Email: societyservices@endo-society.org
SEPTEMBER 19-22 Milan, Italy	9th ESPE/LWPES Joint Meeting Email: espe@eurospe.org
OCTOBER 16-19 Gothenburg, Sweden	39 th Annual Meeting of ISPAD Email: secretariat@ispad.org
Brighton	41 st Meeting of the British Society for Paediatric Endocrinology and Diabetes

2014

May 3-6 Vancouver, Canada	LWPES Annual Meeting
JUNE 21-24 Chicago, USA	ENDO 2014 Email: societyservices@endo-society.org
SEPTEMBER 18-21 Dublin, Ireland	53rd ESPE Meeting
Southampton	42 nd Meeting of the British Society for Paediatric Endocrinology and Diabetes

2015

April 25-28 San Diego, California	LWPES Annual Meeting
JUNE 20-23 San Diego, USA	ENDO 2015 Email: societyservices@endo-society.org
SEPTEMBER 9-12 Barcelona, Spain	54th ESPE Meeting

2016

April 30- May 3
Baltimore, Maryland

LWPES Annual Meeting

JUNE 4-7
Boston, USA

ENDO 2016
Email: societyservices@endo-society.org

2017

May 6-9
San Francisco, California

LWPES Annual Meeting

2018

May 5-8
Toronto, Canada

LWPES Annual Meeting

2019

April 27-30
Baltimore, Maryland

LWPES Annual Meeting

2020

May 2-5
Philadelphia, Pennsylvania

LWPES Annual Meeting

For more international events, visit www.endo-society.org/apps/Events.

The pediatric endocrinology list serve is a lively international forum for discussing a wide range of interesting topics. To subscribe, send an email message to peds-endo-subscribe@yahoogroups.com or go to health.groups.yahoo.com/group/peds-endo for more information.

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The COPES newsletter publishes information on the meetings of the affiliated societies and other meetings of interest. Reports on activities of the Affiliated Societies and information on meetings, workshops, courses, fellowships, and exchange programs, as well as selected letters and brief summaries or reviews pertaining to newsworthy items are published in the Newsletter and on the website. All contributions are welcome, so please mail or fax your correspondence to the Coordinator or Vice-Coordinator.

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