

CORRESPONDENCE

Early Detection of Growth Disorders With the CrescNet System at the Leipzig Treatment Center

by Dr. med. Wolfgang Hoepffner, Prof. Dr. med. Roland Pfäffle, Ruth Gausche, Christof Meigen, Prof. Dr. med. Eberhard Keller in volume 8/2011

Cooperation Should Not Be Stopped

Assessing growth and development is one of the most important tasks today’s pediatricians find themselves faced with (1). It is remarkable how many pediatricians with their own practices, and obviously also pediatric-endocrinologic centers, are ready to delegate this core competence to an outside supplier. The authors use their article (2) to advertise the services of CrescNet GmbH (Ltd). Some of their statements require correction. The comment that patients from practices participating in CrescNet are given growth hormone therapy earlier than patients from non-CrescNet practices does not hold true in view of the authors’ own statistical analysis (P=0.26) (2, 3). A comparison of the patients’ age at initiation of growth hormone treatment between the old German states and Leipzig before and after screening (Table 2) shows that in the old states, already at the beginning of the observation period 1999, the age at which treatment was started was as low as it was in Leipzig’s CrescNet practices six years after introduction of the screening. The mean values in Table 3 also show that the mean age for all centers in the old German states is notably below the mean age for CrescNet. Only the screening practices reached the values of the old German states. The statement should thus be modified to say that the implementation of a screening program in Leipzig successfully lowered the age at initiation of growth hormone therapy to the level held by the endocrinological centers in the old German states. In my opinion this does not justify for pediatricians with their own practices to give up cooperating with pediatric endocrinologists or their regional pediatric endocrinology centers.

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Prof. Dr. med. Berthold P. Hauffa
 Universität Duisburg-Essen, Essen, berthold.hauffa@uk-essen.de

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In Reply:

The real objective of our study was to compare quality assurance, with the aim of improving medical services (1, 2). This by no means intended to “delegate core services” to CrescNet. As we explained in our introduction, our objective was to develop a contractually regulated collaboration so as to enable systematic and early detection of growth and developmental disorders in children. This does not put into question the central importance of pediatric endocrinology centers in this network; rather, it strengthens it because pediatricians in their catchment areas will refer more patients in whom such disorders were detected early (see also the section on patients and methods).

We are aware that a P value of 0.26 (Table 1) shows merely a trend. We analyzed the numbers in greater detail in our results section, as is also shown in Figure 2.

Overly hasty interpretation of the results in Tables 2 and 3 does indeed entail the possibility of errors: in Table 3, the mean values for age at the onset of therapy are not notably lower than the CrescNet values in all centers in the old German states; rather, the mean value is significantly lower only for center 7. Treatment center 9 represents a special case. A strictly defined indication resulted in notably lower numbers of treated patients, and for this reason, the difference after statistical comparison with the values measured in Leipzig did not reach significance. In sum, we see no reason to deviate from our key message, that systematic screening for growth disorders may result in necessary treatment being administered earlier.

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Prof. Dr. med. Eberhard Keller
 Leipzig
 ruth.gausche@medizin.uni-leipzig.de

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Donations are administered according to the charity status of CrescNet gGmbH. The staff of the CrescNet gGmbH declare that no conflict of interest exists.