Growth Hormone Therapy in Pediatrics – 20 Years of KIGS
Growth Hormone Therapy in Pediatrics

20 Years of KIGS

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Preface

Since its inception in 1987, KIGS (Pfizer International Growth Database) has established itself as a major pharmacoepidemiological survey investigating growth hormone (GH) treatment in children with short stature. Today, more than 62,000 patients from more than 50 countries are enrolled in KIGS, and a considerable number of them have been followed to final height. Over the years, KIGS has become a major source of documentation of growth disorders and their treatment with recombinant GH.

During the past 20 years, the worldwide social, economical and medical structures have changed considerably. The idea of evidence-based medicine, which was part of the founding idea of KIGS, has become a globally accepted principle. The increasingly available information as a result of the new and ubiquitously available media has created a higher level of information and openness in the world of medicine and the public domain. With regard to GH, our understanding of its role in child development beyond growth and our concepts of treatment have expanded. Several new indications for GH treatment, such as chronic renal insufficiency, Prader-Willi syndrome and small for gestational age, were added to its traditional role of replacement in various forms of GH deficiency. The effects of GH on body composition, metabolism and child development have been recognised as additional important elements of GH treatment. The concept of responsiveness has emerged, and today, as a consequence of the development of new treatment algorithms, GH therapy can be individualised and optimised. The KIGS system has, by various means, accompanied, promoted and documented all of these developments over the past 20 years.

The present volume attempts to expand on the accounts given in the books published after 5 and 10 years. We are grateful for the contributions of many experts who have summarised the global experience in a multiplicity of areas of growth and GH treatment. Part of the extensive information accumulated in the KIGS database was analysed and gives an additional reflection of the various aspects from within KIGS. We hope that all of this information will stimulate the participants within KIGS to further support this unique and evolving quest to improve the long-term efficacy and safety of GH treatment in children and adolescents.

The editors are grateful for the continuing support and encouragement by Pfizer and the KIGS team, in particular Margaretha Lindell, Anders Lindberg, Georgios Karagiannis and Hanna Karlsson who have made the realisation of this book possible. We would also like to express our gratitude for the encouragement and endorsement the KIGS project received from Annika Wallström, Rolf Gunnarsson, Olivier Guilbaud and Patrick Wilton. We greatly appre-
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