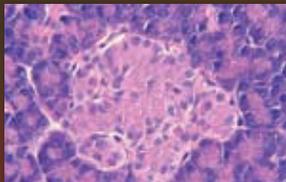


*The sun is rising on the cure...*

2009 ANNUAL REPORT



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## An Organization for People Who Live with Diabetes Every Day.

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The mission of Diabetes Research & Wellness Foundation<sup>®</sup> (DRWF) is to help find the cure for diabetes, and until that goal is achieved, to provide the care and self-management skills needed to combat the life-threatening complications of this terrible disease.

### To accomplish this mission...

DRWF provides funds to researchers whose work offers the best hope and most expedient path to a cure for diabetes.

DRWF provides funds to researchers whose work has already provided substantial insight into the causes, early detection, or treatment of diabetes and its complications.

DRWF encourages and facilitates the development of fledgling researchers in the field of diabetes research.

DRWF promotes public education about the causes, prevention, and treatment of diabetes and its complications.

DRWF provides services and products to people with diabetes.

DRWF supports the education and training of health care professionals in order to improve the quality of the diabetes care they deliver.

DRWF provides hope to millions of diabetes sufferers.

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#### **Board of Directors**

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## A Message from John Alahouzos, Chairman

Dear Friends,

The year 2009 will be remembered as one of important achievements for the Diabetes Research & Wellness Foundation™ (DRWF), and it gives me great pride to submit to you and all of our generous supporters, this Annual Report for 2009.

With your generous ongoing support we were able to:

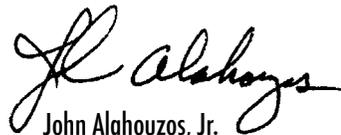
1. Fund the ongoing operation of the Diabetes Research & Wellness Islet Resource Facility; allowing Dr. Bernhard Hering and his University of Minnesota Spring Point Project team to bring us ever closer to our goal of providing the world with a safe and abundant source of islet cells for transplanting into patients, to make them free from the need for insulin shots in order to live.
2. Continue to fund Dr. Gordon Weir, Diabetes Research & Wellness Foundation Chair – Harvard Medical School, and head of Islet Transplantation at Joslin Diabetes Center, and his important work perfecting the procedures of islet cell transplantation and protecting the newly transplanted cells from destruction.
3. Fund the Johns Hopkins University Wilmer Eye Institute's Free Diabetic Retinopathy Screening Clinic in Baltimore, Maryland. With diabetes being the leading cause of new blindness in adults 20-74 years of age, DRWF and the Wilmer Eye Institute are doing their part to prevent further blindness in the U.S. In 2009, a record 224 new patients received treatment and 23 received laser treatment to save their sight.
4. Conduct a record number of free diabetes health clinics counseling over 300 patients in Washington, DC; Maryland, and Virginia and screened over 600 people for diabetes at more than 90 health fairs.

As you read this 2009 Annual Report you will learn more about these important projects and about all of our other self-management educational and assistance programs. You should be proud of all of this work, because without you we could not have accomplished so much. Thank you again for your generosity.

I also want to thank and acknowledge our collaborative team of volunteers and staff led by DRWF's Volunteer President, W. Michael Gretschel, the Board of Directors, the Medical Advisory Board, and Executive Director Andrea Stancik and her dedicated staff.

Extending our proud record of achievements will be accomplished with your continued faith and support. With your help, DRWF will be well positioned to continue to carry out its mission to fund the research that will bring us THE CURE for diabetes, and help those with diabetes stay healthy until THE CURE is found.

Sincerely,



John Alahouzos, Jr.

Chairman, DRWF Board of Directors





## A Message from Michael Gretschel Volunteer President

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Dear Friend of the Diabetes Cure,

2009 was an exciting year. Amidst much "hand wringing" over worldwide economic fears, DRWF experienced one of our best years ever. Thank you for your generosity.

Throughout 2009, with the withdrawal of a specialized enzyme from the market, the process of isolating islet cells became a worldwide challenge. But finally after much trial and error we are back on track to isolate massive numbers of islet cells from available pancreases for transplantation.

A particularly heartening evolution was observed at the Venice, Italy meeting of the International Pancreas and Islet Transplant Association. Our master plan to harvest pathogen-free islets from pigs has gained nearly universal acknowledgement. Three years ago many viewed our efforts with great skepticism; not today. Our Spring Point Project is the envy of much of the transplant research world.

There has been great long-term success rates of transplants in monkey models...and we look forward to FDA approval for human trials.

A new area of attention for us is the educating and recruitment of patients to enlist in the screening process for transplantation. The protocol is strict and a bit complicated, but we are actively explaining the criteria to prospective transplant recipients. If you, a friend or loved one would like more detailed information on how to qualify for an islet transplant, please contact us by phone, mail or email.

This is very exciting.

I have been busy with diabetes for 32 years since my oldest child was diagnosed at two years old. My family has lived on hard work, optimism, faith and commitment to help find a cure for all.

I honestly believe we are on the verge of seeing islet cell transplantation made available, economical, and successful for the general patient population.

We could never have gotten this far without the financial sacrifices of our friends, members and supporters.

Words of thanks go out as profusely as humanly possible.

We are all humbled by your support and pledge our renewed commitment in this our sixteenth year of operation.

Thank you, you are the best!

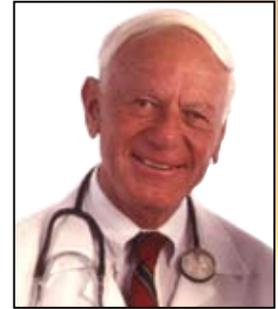
A handwritten signature in black ink that reads "W. Michael Gretschel". The signature is fluid and cursive.

W. Michael Gretschel  
Volunteer President

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## A Message from Walter M. Bortz II, MD Chairman, DRWF Medical Advisory Board

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Dear Friend,

An April edition of *Science* magazine contains a central article entitled, “A Sense of Crisis as China Confronts Ailments of Affluence.” The subtitle is, “as rates of behavior-related diseases rise, China’s medical community looks for ways to change attitudes and advance preventive care.” This same experience is occurring in India, the next most populous nation, where a similar alarm is heard.

The *Science* article reports that 2.4 million Chinese, 10 percent of the adult population, have Type 2 diabetes and 148 million more have prediabetes. The Chinese threat is made more ominous by their awful smoking statistics—an area where the US has clearly made some progress but needs to do more.

Two years ago I wrote a wonderful book for DRWF, which I hope you all have. It is called *Diabetes Danger*, and in it I use the metaphor of a house fire in which not only our own house is on fire but the entire neighborhood. In light of these recent reports from abroad, it seems that the entire globe is on fire. Further, in the book I made the comment that the fire department is inadequate to the task since the flames are spreading faster than our ability to damp them out.

We at DRWF are extremely sensitive to this worldwide inferno. We are devoted to employing all strategies in addressing it. I am particularly sensitive to the topic of health illiteracy, which I feel is central to the spread. Unfortunately, most of the unsuspecting victims are unaware of the terrible condition which threatens their futures. It is our job—urgently—to get the message out that prevention is key. And that as we address it specifically we can take a little bit of the sting out of this hurt.

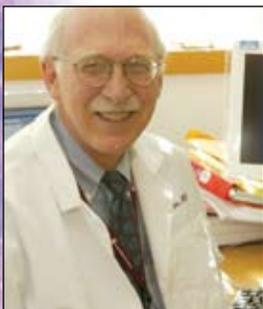
I personally solicit your interest and continued support. I can honestly not imagine a more meaningful and urgent request.

If we are not part of the solution, we are part of the problem.

Respectfully submitted,

A handwritten signature in black ink that reads "Walter M. Bortz II, M.D." The signature is written in a cursive style.

Walter M. Bortz II, M.D.  
Chairman, Medical Advisory Board



## Gordon C. Weir, MD

Diabetes Research & Wellness Foundation Chair; Professor of Medicine, Harvard Medical School;  
Co-Head, Section of Islet Cell Biology and Regeneration, Joslin Diabetes Center



At the Joslin Diabetes Center, we continue to focus our attention on the preclinical work that must be done to make islet transplantation succeed. Our highest priority is to find a better source of insulin-producing cells because there are not nearly enough cadaver donors to meet the demand of all who could benefit from islet transplantation. The team of Drs. Weir, Bonner-Weir, and Sharma continue to pursue this goal on several fronts, often in collaboration with scientists in different parts of the world. In addition, we continue our work on protection of islets by immunobarriers. Recently, Dr. Weir has embarked on a clinical research project designed to slow the progression of type 1 diabetes.

### A. Alternative Sources of Insulin-Producing Cells

#### 1. Pancreatic precursor cells can make new islets.

Dr. Bonner-Weir has convincingly shown that pancreatic duct cells are the source of new islets after birth. Work continues to make this process more efficient. Within the past year, we have made impressive progress in understanding beta cell maturation. It is of considerable interest that after birth, during the neonatal period, there are changes in circulating thyroid hormone that appear to hasten the maturation of immature beta cells to ones that are fully functional. We also understand the molecular changes in beta cells that occur during this process. Where all this work is headed is that it will be important to find ways to stimulate the maturation of beta cells derived from embryonic stem cells.

#### 2. Regeneration of human transplanted islets.

Work on regeneration of beta cells in transplanted human islets continues to be a major project. We have confirmed the surprisingly

high replication rate of beta cells found in these transplanted islets. In addition, we are trying to determine the capacity of the accompanying duct cells to turn into beta cells.

#### 3. Making new beta cells through transdifferentiation.

We are focusing on pancreatic acinar cells that normally make digestive enzymes. We are working in collaboration with Dr. Joe Zhou of the group of Dr. Douglas Melton, who did the primary work on this. It was found that injections of adenoviruses expressing three transcription factors could convert these cells to beta cells. This is a very exciting advance, and we have some different ways of looking at the problem that complement what the Melton lab is now doing. We now have considerable experience working with the viruses and doing the injections. This work has clear therapeutic potential for regenerating new insulin-producing cells in the pancreases of people with diabetes.

#### 4. Working with the Harvard Stem Cell Institute.

Dr. Weir is the head of the Diabetes Working Group (DWG) of the Harvard Stem Cell Institute (HSCI). The first project is concerned with human embryonic stem cells and is being led by Dr. Douglas Melton. Dr. Melton continues his high throughput screening approach and Dr. Richard Maas of Brigham and Women's has a complementary project using growth and differentiation factors. Our laboratory works as part of this team effort to characterize the cells from both labs once they are transplanted into mice.

The second HSCI project is focused on beta cell replication. In the past year, we have made important progress on the replication project. Several years of work were required to be able to do high-throughput screening necessary to identify novel compounds that could stimulate

the division of beta cells. Dr. Justin Annes of the Melton laboratory has been working closely with us on this project, and we have now identified several compounds that turn on a new pathway that can stimulate the formation of new beta cells from existing beta cells.

## B. Protection of Islets from Immune Destruction

Dr. Weir has been working on the problem of immunobarrier protection of islets for about fifteen years. Progress in the past year has led to very exciting results in creating islet cell clusters - smaller than islets - that allow better oxygen delivery and packing density. These islet cell clusters contained microcapsules are shown in Figure 1. This phase of the work is now complete and it is now clear that small clusters of islet cells work better than normal size isolated islets in curing diabetes in a transplant situation. Not only are they more efficient, but also they release fewer triggers for the immune response. We think it likely that these findings will lead to a fundamental change in how the field approaches the use of immunobarriers. This project is now complete and in print.

Work also continues on the immunobarrier project, done in collaboration with the group at MIT headed by Drs. Robert Langer and Dan Anderson. We are now in our third year of the project, and the goal has been to make new biomaterials that can be used to encapsulate islets. This protective membrane is meant to be permeable enough to allow nutrients and oxygen to reach the beta cells and for insulin to be secreted, but restrictive enough to prevent destructive immune cells from reaching the islets. There have been very successful experiments done in rodents, but it has been difficult to move this to larger animals and humans. We are optimistic that new materials will provide a better chance for success. In the past two years, hundreds of new materials have been made. They are currently being tested in a transplant setting in our laboratory. This is a very important project, because it has proved difficult to control autoimmunity with drugs that are not immunosuppressive and dangerous. Thus, before the immunologists solve this problem, there may be an important window of time when people with type 1 diabetes can be provided with transplants that are protected by immunobarriers without the need for immunosuppressive medication.

## C. New clinical project to slow the progression of newly diagnosed diabetes

Dr. Weir is also embarking on a very new direction, which is a clinical research project. Work from more basic scientists has shown that alpha-1-antitrypsin (AAT) can reverse diabetes in mice that have autoimmune destruction of their islets. This is also associated with beta cell regeneration. AAT has been used for over 25 years for patients who have AAT deficiency, and has been found to be remarkably safe. It is a natural product that is extracted from blood, and it has anti-inflammatory characteristics. The Immune Tolerance Network of the National Institute of Health has agreed to fund a multi-center clinical trial for which Dr. Weir is the principal investigator. The protocol has had preliminary evaluation by the FDA, and they gave the green light for a final protocol, which was submitted in May. There will be 10-15 sites around the country, and it is suspected that recruitment will begin in August or September. This study will be carried out in individuals with new onset Type 1 diabetes between the ages of 12 and 35. The hope is that this will shut off the immune destruction, and allow regeneration of beta cells that are still present.

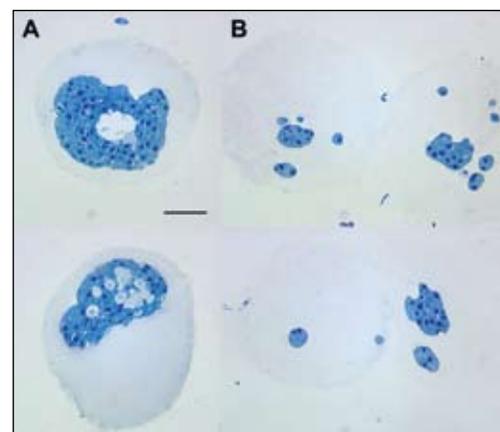


Figure 1 Plastic sections of capsules stained with toluidine blue after 2-wk syngeneic transplantation in non-diabetic Lewis rats - islets (a) or aggregates (b). Islets show cell death (pale areas) and loss of core tissue. Aggregates remain viable in appearance. Magnification bar: 50  $\mu$ m.



In the United States, diabetes is responsible for eight percent of legal blindness, making it a leading cause of new cases of blindness in adults 20-74 years of age. Each year, from 12,000 to 24,000 people lose their sight because of diabetes. People with diabetes are twice as likely to be diagnosed with glaucoma or cataracts as those without diabetes, and contribute to the high rate of blindness.



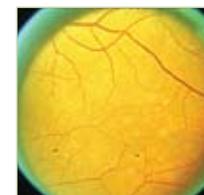
The key to preventing diabetes-related eye problems is good control of blood glucose levels, a healthy diet, and good eye care. The Wilmer Eye Institute is doing its part to help prevent further blindness in the U.S. The number of people being seen at The Wilmer Eye Institute's Free Diabetic Retinopathy Screening Clinic in Baltimore, Maryland continues to increase with each year. In 2009, 224 new patients received treatment at the clinic, and 9 were diagnosed with retinopathy. There were 349 patients seen in return visits and 136 of those patients were diagnosed with retinopathy. On average, the clinic sees three to four patients a day for the care and treatment of diabetic retinopathy. In 2009 twenty-three retinopathy patients needed and received laser treatment.

The clinic, run by Daniel Finkelstein, MD, is a godsend for those needing care ... but unable to afford it. Testing and treatment are available at the clinic for anyone seeking care. Patients with diabetes should have an annual eye exam by a medical specialist who has laser treatment available. This is very difficult for people who have no insurance. To our knowledge, The Wilmer Eye Institute is the only free screening service for diabetic retinopathy in this part of the country, perhaps in the entire United States. Without support from the Diabetes Research & Wellness Foundation, we would not be able to provide this lifesaving service.

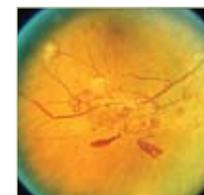
**How can we prevent retinopathy and other eye diseases?** Diabetic retinopathy is the most common cause of blindness or visual impairment in someone with diabetes. The disease presents no symptoms in the early stages but, left undiagnosed and untreated, puts a person at a high risk for blindness. A person with diabetes can have retinopathy and not know it. Having a regular eye exam could help detect retinopathy early and possibly prevent that person from becoming blind; but the sad fact is that people do not routinely get their eyes examined, and this is why the public needs to be made aware of the danger and problems that could be in store. People with diabetes can reduce their risk for complications if they: 1) are educated about their disease, 2) learn and practice the skills necessary to better control their blood glucose levels, and 3) receive regular dilated eye exams from their health care team.

The goal of Dr. Finkelstein and the Diabetes Research & Wellness Foundation is to prevent blindness. Dr. Finkelstein and all of the trained professionals at the free eye clinic welcomed many new and return patients throughout 2009 and continue to provide their patients with expert eye exams, specific education regarding the condition and care of their eyes, and the necessary treatment – at the highest level – on all visits. It is so very important to have programs like this to educate, prevent blindness, and to provide health assistance to those in need.

Diabetes Research & Wellness Foundation provides funding to the Wilmer Eye Institute's Free Screening Clinic because we want to do everything in our power to see that the tragedy of unnecessary blindness does not continue. Vision is too often taken for granted, but just for a moment imagine life without it. DRWF is happy to be a part of this process to help make it possible for those who would otherwise have to risk their precious eyesight, get the help they need. Thank you for contributing to DRWF to help bring us closer to our goal.



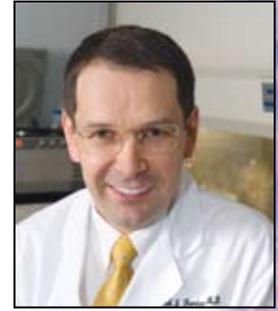
Background retinopathy - microaneurysms and hemorrhages



Proliferative retinopathy - new vessels develop on the retina and start to bleed

## Bernhard Hering, MD

Professor of Surgery; Eunice L. Dwan Diabetes Research Chair; Director, Islet Transplantation; Scientific Director, Diabetes Institute for Immunology and Transplantation; Co-founder of Spring Point



"We have the capacity to cure this devastating disease and help people enjoy a happy and productive life no longer constrained by diabetes and constant fears and worries," says Bernhard Hering, MD, an internationally recognized diabetes researcher and scientific director of the Schulze Diabetes Institute. "Curing Type 1 diabetes is possible. We only need to declare it possible, engage the brightest minds, be contagiously committed, and break all barriers. This gift is breaking big barriers by boosting resources, raising awareness, and injecting a sense of urgency and responsibility."



**Imagine the Cure for Diabetes:** Current diabetes treatments attempt to regulate blood glucose levels via insulin administration. Transplantation of insulin-producing islet cells from the pancreas offer a biological means to normalize blood glucose levels without constant monitoring – a cure.

Islet cell replacement in patients with diabetes promises to cure diabetes in its entirety, eliminating complications and improving quality of life. Today, successful islet cell transplants are performed at more than 35 institutions worldwide. The Schulze Diabetes Institute at the University of Minnesota was the first to achieve consistent diabetes reversal using transplantation of islets from a single donor. "Replacing pancreatic islets is the only way to restore normal blood glucose levels and insulin independence," says David Sutherland, MD, PhD, Head of the University of Minnesota's Division of Transplantation and Director of the Schulze Diabetes Institute, and widely regarded as the world's pioneer of pancreas and islet transplantation.

But the widespread applicability of these islet-replacement therapies suffers from the limited supply of donor tissue. To solve this, researchers considered using islets from another animal – pigs.

Research conducted by Dr. Bernhard Hering, Scientific Director and Director of Islet Transplantation at the Schulze Diabetes Institute, and his colleagues resulted in a landmark achievement on the path to a cure: pig islet transplantation reversed diabetes for more than six months in diabetic monkeys, who were no longer dependent on insulin after transplantation. These unprecedented results in an animal model most close to the human situation is regarded proof-of-concept, enabling us to proceed and prepare for clinical studies.

### What is being done now?

Bernhard Hering, MD, and his group at the Schulze Diabetes Institute have launched a fast-track project to refine and reduce the immunotherapy needed to prevent rejection of transplanted pig islets. Meanwhile, a means is needed to supply the pigs to serve as pancreas donors from whom islets are to be isolated. Donor pigs need to be of high-health "medical-grade" status to minimize the potential of disease transmission upon transplantation into patients. Raising these "medical-grade" pigs requires special biosecure (barrier) facilities in which the air is filtered, water is disinfected, specialty feed is irradiated, staff enters and exits via shower in/shower out stations, and don special clothing when in



Announcement of the major pledge by the Richard Schulze Family Foundation Dick Schulze addressing the audience at the ceremony. In the background Dr. Bernhard Hering from the Schulze Diabetes Institute and Dr. Mary Firpo from the Stem Cell Institute

contact with the animals among other things. Spring Point Project has been established as a nonprofit organization to build and operate such biosecure facilities to raise these high-health pigs. Spring Point Project has the mission “to provide an unlimited source of pig islet cells to accelerate the availability and affordability of islet transplantation to cure diabetes,” and has the task to supply suitable pigs, from which islet tissue is isolated, at the time clinical trials are to commence.

To make this possible business executives and leading scientists have joined forces to make the cure a reality. In partnership between the Schulze Diabetes Institute and Spring Point Project, the two

initiatives: perfecting the scientific breakthrough and producing high health pigs, proceed on a parallel track. The goal is to have suitable donor pigs available by the time the scientists have refined the immunosuppression to a point that makes it safe for use in patients. “We’ve assembled a highly committed, motivated, passionate, experienced group of people with the talent and the resources to see this project through,” said Thomas Cartier, founder and Chairman of the Board of Directors of Spring Point Project. “With Dr. Hering’s breakthrough science and Spring Point’s relentless pursuit of the supply source, we are moving from hope to a cure. Every day brings us closer to the time when clinical trials may begin. I don’t make this claim lightly. We are also

most grateful to the Diabetes Research & Wellness Foundation® (DRWF) for their generous donation to the construction and operations of this state-of-the-art animal facility”

There was also important news from our partner, the Schulze Diabetes Institute. In December 2008 the Richard M Schulze Family Foundation announced a major \$40 Million pledge to support the diabetes research. At this occasion the Institute changed its name from the Diabetes Institute for Immunology and Transplantation to the Schulze Diabetes Institute. This pledge was the second largest in the history of the University, and the second largest in the history of diabetes research in the United States.

## Spring Point Project in 2009: Major Accomplishments

SPP continued outreach and fundraising activities at various conferences, mini-forums, club and community meetings.

Spring Point Project also participated in fundraising events along with the Minnesota Medical Foundation on the 13th annual Jeff Dobbs Golf Classic “fore” Diabetes Tournament.

Colleagues from around the world continue to visit us with regard to discussions and information exchange about building, populating, and operating biosecure animal facilities. Obviously, the partnership between Spring Point Project and the Schulze Diabetes Institute is unique in the world, and attracts quite some attention and interest!



Spring Point Project exhibiting at the International Lions Convention



founded in 1939, is an independent nonprofit organization which supports the advancement of health-related education, research and service at the University of Minnesota. It is governed by a volunteer board of trustees. Our Founder and President, Tom Cartier, has been invited to become a board member. Under the new collaboration, Spring Point fundraising will be coordinated by MMF so Spring Point will be better able to focus on the science and research associated with pig islet cells, and to prepare for the anticipated expansion of DRWF facilities to handle the expected demand for pig islet cells. This change will provide a more coordinated fundraising effort in pig islet cell transplantation research at the University of Minnesota. We feel this new relationship with MMF is a logical and a natural extension of our partnership with the Schulze Diabetes Institute and the University of Minnesota.

Spring Point Project up leveled our internal Quality and Regulatory capability with the hire of Marie Sheffler, a highly experienced individual in the Quality field. In addition, we've augmented the staffing of our biosecure facility to assure sufficient coverage of necessary tasks in event of employee health concerns, i.e. influenza outbreaks in community. Our staff gave presentations at scientific and general meetings and continue to publish their work in peerreviewed biomedical scientific journals.

In the outlook toward future perspectives, the question of how the islet cell product developed in the partnership between Spring Point Project and the

Schulze Diabetes Institute will be scaled up on FDA approval to proceed to large scale production was addressed. To answer this question, Spring Point Project hosted multi-disciplinary planning sessions

with experts from the pertinent but currently disparate disciplines of large scale and "medical-grade" pig production. The sessions evaluated models in which large scale DPF pig production could be accomplished. Using various approximations, these planning sessions provided Spring Point Project with preliminary plans, timelines, and trigger points for large scale "medical-grade" production detail planning, development, and execution.

Toward the end of the year, we established a new collaboration with the Minnesota Medical Foundation (MMF). The Minnesota Medical Foundation,



Second generation pigs in nursery, 4 weeks of age



# Community Outreach

Making a difference one day at a time

Diabetes Research & Wellness Foundation's outreach efforts continue to grow. Each year we experience a growth in health fairs, presentations and outreach activities. Our staff attended over nine health fairs, and our diabetes educator gave over forty presentations. We also partnered with various organizations and groups to support ongoing diabetes initiatives. We offer tips on diabetes prevention and make presentations on diabetes self-management as well as distribute free diabetes educational materials to local businesses, government offices, senior centers, schools, universities, churches, and health professionals throughout Maryland, Virginia and the District of Columbia. DRWF is regularly invited to—and attends—Combined Federal Campaign and United Way health fairs, luncheons and speakers bureau's programs to promote DRWF as well as diabetes awareness throughout the year.

## Unity Care Clinic at the Center for Creative Nonviolence Homeless Shelter: Eleven Years of Committed Service

Over the past year our diabetes nurse educator, Kathy Gold, has counseled over 300 men and women who receive services at Unity Healthcare Clinic. We have provided counseling at Unity for over eleven years. This program has been truly successful in changing the lives of those struggling



with diabetes. The patients' progress is tracked to them, using the latest technology available, along with an explanation of the role that insulin and other drugs play in their care. Using these tools has

helped both the patients and the health care professionals in assessing their diabetes self-management skills and improving their care. In addition to the clinic at the homeless shelter – Center for Creative Non-Violence, the DRWF educator is mentoring three smaller clinics in the improvement of the care they are providing to their clients with diabetes.

## Jean Schmidt Free Clinic

DRWF has increased its outreach efforts at the Jean Schmidt Free Clinic (JSFC) in Herndon, Virginia. This newly established clinic serves an ethnically diverse population that does not qualify for health insurance in Virginia. DRWF helps to provide group classes in English and Spanish twice a month. JSFC was founded by a nurse in Herndon interested in providing services to the many uninsured individuals living with diabetes and hypertension in the community.

DRWF collaborated with a George Mason University nurse practitioner (NP) program in providing a group visit or a shared medical appointment for clients of the clinic with diabetes or high blood pressure. Clients come monthly to see the NP and receive a two-hour educational session. Over 37 patients were enrolled in the first four months of the shared medical appointments. The participants increased their exercise on average from 130 minutes to 216 minutes per week. Most participants reduced their weight, LDL cholesterol, A1C level and their blood pressure. We hope to expand this model in 2010.

## Sarah's Circle

DRWF provides a monthly health and wellness educational program for this senior center in Washington, DC. More than 25 people benefit from this program each month. Attendees discussed wellness issues and supported other attendees in dealing with a variety of chronic diseases.

# Memberships

Combined Federal Campaign • United Way • America's Charities

DRWF is proud to be a charity within the Combined Federal Campaign, United Way and America's Charities each year. We are honored to receive employee donations via payroll deduction from government employees and private sector employees. Your kind and generous donations to DRWF provide funding for various diabetes research projects for the cure. We appreciate your ongoing support. Please remember us in the upcoming campaigns. Our designation is #11629 for CFC and #8588 for United Way.



## Virginia Diabetes Council (VDC)

The Virginia Diabetes Council is a nonprofit foundation made up of over 130 diabetes stakeholders; including the Department of Health, insurance companies, pharmaceutical companies, diabetes educators, and various other health professionals. Kathy Gold, our certified diabetes educator, served as Chair and now as Treasurer of this council to implement the Virginia Diabetes Plan 2008-2017. The Council was effective in collaborating with the Board of Education, the school nurses, and pediatric endocrinologists in Virginia to create a single form to be used throughout the state by schools for the management of diabetes at school. In addition, funding was secured to allow the VDC to hire a part-time executive director to move the Virginia Diabetes Plan forward.

## American Association of Diabetes Educators (AADE)

On a national level, DRWF's diabetes nurse educator is the incoming Chair of the Advocacy Committee. She will work with other diabetes educators to lobby congress for legislation that would reimburse certified diabetes educators for diabetes education.

Each year DRWF attends the Annual AADE Conference for training and new techniques on how better to care for diabetes patients. The foundation also exhibits at the EXPO where we meet more than 3,000 educators from all over the United States. This year the conference was held in Atlanta, Georgia. At the EXPO we distributed diabetes brochures, our monthly newsletter, ID kit materials, pocket diaries, calendars and other essential tools to educators at the EXPO.

We thank the diabetes educators for the service that they provide to the millions of people who have diabetes. We appreciate their dedication to those with diabetes.



AADE Advocacy Day in Washington, DC



# Diabetes Wellness Network

## A penny for your thoughts?

For less than a penny a day, we share with our readers the thoughts, insight and knowledge of our writers, researchers, medical practitioners, certified diabetes educators, and other readers. Our monthly newsletter provides current information on the latest research in the fight against diabetes, new treatments and care that will be made available in the future, new medications, and other useful tips.

Diabetes Wellness Network® provides a one and only full-time, interactive personal health network for people like you with diabetes, run by our team of seasoned experts.

Our newsletter speaks directly to the diabetes patient. We provide information for the newly diagnosed diabetic, as well as the veteran sufferer.

With each month's mail, the Diabetes Wellness Network® will bring you leadership, encouragement, and the latest scientific and practical information on important topics like: the latest research news, new diabetes medications, new products, exercise tips and healthy recipes, travel tips, and personal stories from people just like you.

You are encouraged to call our toll-free helpline with any non-urgent medical questions and to give your feedback.



The membership also includes a pocket-sized quarterly diary to use to record – on a daily basis – blood glucose readings, medications, weight, physical activity and appointments. This diary works as a companion tool for patients to carry along with them to their regular doctor's appointments.

Call today for your free sample issue of the Diabetes Wellness News. Please contact our subscription line at 1-866-293-3155.

## Diabetes Helpline

This year our toll-free Diabetes Helpline served more than 500 individuals regarding diabetes self-management. Callers have the opportunity to speak to a registered nurse, who is a Certified Diabetes Educator, to help them gain further understanding of their diabetes. Our helpline has been a unique benefit for all our members since 1993.



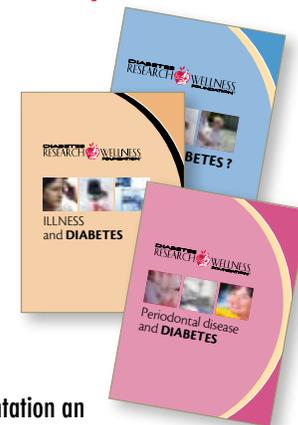
We invite you to take advantage of the Diabetes Helpline at 1-800-941-4635 for any non-urgent medical questions that you have concerning your diabetes.

## Diabetes Education

Get informed about YOUR diabetes with DRWF'S professionally authored series of educational brochures – The Diabetes Wellness Series – that can be downloaded at [www.diabeteswellness.net](http://www.diabeteswellness.net) or are available by request via our online order form. Please allow 4-6 weeks to receive your brochures. A shipping fee applies.

## The series is currently comprised of:

- What is Diabetes?
- What is Pre-Diabetes?
- Diabetic Retinopathy
- Periodontal Disease and Diabetes
- Illness and Diabetes
- Your Feet and Diabetes; Injecting Insulin
- Is an Islet Cell Transplantation an option for you?



## Diabetes Identification

Are you prepared in case of an emergency situation? Be sure to have your diabetes identification with you at all times. DRWF is proud to offer this diabetes identification to all those in need. We have distributed more than 800,000 necklaces. Diabetes is a condition that has the potential to change from day to day, year to year. It's unpredictable. The day may come when you need help, and are unable to speak for yourself. The identification necklace could be a lifesaving device at a critical moment when you cannot help yourself. By offering this service, we are doing all we can to see that each and every person with diabetes has some form of diabetes identification. Visit our website to order your necklace today. It can save your life.



# DRWF Events



## Eighth Annual F. Keane Eagen Diabetes Golf Classic takes place on June 15, 2009 – Leesburg, Virginia

Diabetes Research & Wellness Foundation® kicked off the Eighth Annual F. Keane Eagen Diabetes Golf Classic to benefit the programs and services of the foundation. Tournament sponsors entertained friends, clients, and employees on the golf course as a release from the daily grind. DRWF is happy to report that the eighth annual diabetes golf classic raised over \$63,000 for diabetes research and programs. These funds will be donated to the islet research projects at Spring Point Project in collaboration with Schulze Diabetes Institute for Immunology and Transplantation at the University of Minnesota. DRWF thanks all of its donors and golfers for taking part in the Eighth Annual F. Keane Eagen Diabetes Golf Classic. As always, we thank you for your continued support.



## 34th Annual Marine Corps Marathon and MCM 10K Event Thank you for your participation and support.

On Sunday, October 25 at the sound of the gun ... near the Iwo Jima Memorial, our DRWF Marathon and MCM 10K Team began its challenge with more than thirty thousand fellow runners at the 34th Annual Marine Corps Marathon and MCM 10K event.

The race took place on a perfect, sunny autumn day on a course that took the runners past historical monuments, the US Capitol and the Pentagon. For many of our participants it was their very first marathon/10K run!

DRWF team members tested their abilities and set their goals high, and in the end they had raised more than \$8,200 for diabetes research. The money raised from this event will be used to fund critical research for a cure for diabetes.

Congratulations to the 34th Annual Marine Corps Marathon/ MCM 10K runners, and a special congratulations to our DRWF team!! We appreciate your dedication to DRWF and diabetes research. A special thank-you goes out to all of our sponsors and donors. We truly appreciate your support.

For more information please visit our event website at: [www.active.com/donate/DRWFTEAM2010](http://www.active.com/donate/DRWFTEAM2010). If you would like to be a part of this year's DRWF team please contact Valerie Jeremiah at 1-866-293-3155.



## First Annual Blue Core Charity Golf Tournament

Blue Core Charity hosted their first annual golf tournament on August 28, 2009 in Lexington, Kentucky. Thanks to all of the Blue Core Charity's members they were able to donate \$7,000 to DRWF.



\*Not printed at government expense.



## Welcome Reception for the International Pancreas and Islet Transplant Association and the International Xenotransplantation Association Sponsored By DRWF



From left to right: Bernhard Hering, MD, Mrs. and Mr. John Alahouzos, and Professor Paul Johnson in attendance at the Venice conference.

The International Pancreas and Islet Transplant Association and the International Xenotransplantation Association Meeting held in Venice, Italy in October, 2009, gathered world renowned researchers together to share in the progress being made in the arena of islet cell transplantation and pancreas transplantation.

The planning committee put together an exciting program with the most eminent scientists and clinicians sharing their knowledge and expertise. State-of-the-art lectures, oral communications, poster presentations and special symposiums took place throughout the week.

Around 200 delegates attended the evening event. Professor Emmanuel Cozzi, IXA Congress Chair gave the opening speech, followed by Ermanno Ancona from the Italian Subcommittee.

The highlight of the evening was the tremendous welcome speech by John Alahouzos, chairman of the board of directors of DRWF, on behalf of the DRWF international network.

Delegates listened intently to his words about DRWF and its commitment to fund high quality and innovative research and educational programs. Huge emphasis was placed on our commitment of more than 65,000,000 euros to such programs since DRWF's inception in 1993. Many previously and currently funded researchers supported by DRWF were in attendance including:

- Bernhard Hering (Schultze Diabetes Institute – IXA)
- Paul Johnson (Director, DRWF Islet Isolation Facility, Oxford – IPITA)
- Steve Hughes (Manager, DRWF Islet Isolation Facility, Oxford – IPITA)
- Derek Gray (Oxford – IPITA)
- Camillo Ricordi (Miami – IPITA)
- Jim Shaw (Newcastle, UK – IPITA)
- Ollie Korsgren (Uppsala, Sweden – IPITA)
- Francois Pattou (Lille, France – IPITA)

This conference was both informative and stimulating in its discussions by the world's leading scientists in regard to islet cell and pancreatic transplantation.



## (partial listing of grants) DRWF Grants



**American Association of Diabetes Educators**  
Sponsorship of Educational Conferences for Health Care Professionals (1996)

**American Diabetes Association, Maryland Affiliate**  
Diabetes Education Projects at Camp Glyndon (1993)

**American Diabetes Association, Washington, D.C. Area Affiliate**  
Peer Pals Project (1996)

**Baylor College of Medicine**  
Studies of the Genetics of Type 1 Diabetes (1993)  
Principal Investigator: Kenneth Gabbay, MD

**California College of Podiatric Medicine**  
Free Foot Screening and Research Project (1996)

**Catholic Charities Spanish Diabetes Clinic**  
Diabetes Clinic (2008) Provided CDE (2008-2009)

**Case Western Reserve University**  
Diabetic Neuropathy Clinical Studies (1993-1996)  
Principal Investigator: Liliana Berti-Materra, PhD

**Children's National Medical Center**  
Clinical Research with Diabetic Children (1993)  
Principal Investigator: Audrey Austin, MD

**Barbara Davis Center for Childhood Diabetes**  
Laboratory Equipment for Genetic Research (1998)  
Principal Investigator: John Hutton, PhD

**Diabetes Institute at University of Minnesota**  
Islet Transplantation Research & Trials (2004-2007)  
Principal Investigator: Bernhard J. Hering, MD,  
David E.R. Sutherland, MD, PhD

**Diabetes Research Institute**  
Islet Cell Transplantation Studies (1993, 2000, 2001, 2004)  
Principal Investigator: Camillo Ricordi, MD

**Diabetes Research Institute**  
Immune System Monitoring (2004-2005)  
Principal Investigator: Norma Sue Kenyon, PhD

**Emory University**  
Studies in the Immunology of Type 1 Diabetes (1993)  
Principal Investigator: Peter Jensen, MD

**International Diabetes Center**  
Design and Development of Educational Program for Diabetic Children (1993)  
Project Director: Kathy Mulcahy, RN, MSN, CDE

**Jean Schmidt Free Clinic (2009)**  
Provided C.D.E. (2008-2009)  
Clinical Administrator: Meagan Ulrich

**Johns Hopkins University -Wilmer Eye Institute**  
Free Diabetic Retinopathy Screening Project (1993-2009)  
Program Director: Daniel Finkelstein, MD

**Joslin Diabetes Center**  
Islet Cell Transplantation Research Program (1996-2009)  
Program Director: Gordon Weir, MD  
Genetic Causes of Diabetic Renal Disease (1996)  
Principal Investigator: Masakazu Hattori, MD

**Medical University of South Carolina**  
Diabetic Retinopathy Research (1993-2001)  
Principal Investigator: Timothy Lyons, MD

**New England Medical Center**  
Mechanisms of Pancreatic Insulin Secretion (1993)  
Principal Investigator: Aubrey Boyd, MD

**Oregon Health Sciences University**  
Research into Causes of Diabetic Renal Disease, (1993)  
Principal Investigator: Sharon Anderson, MD

**S.O.M.E. Medical Clinic – Washington, D.C.**  
Laboratory Equipment for Measurement of Glycated Hemoglobin Levels (1995-1998) Provided CDE

**Spring Point Project**  
Pig islets for clinical trials research (2005-2009)  
Principal Investigator: Bernhard J. Hering, MD

**State University of New York at Stony Brook**  
Diabetic Renal Disease Studies (1993)  
Principal Investigator: Kathleen Dickman, PhD

**Unity Health Care Clinic Federal City Shelter**  
Provided C.D.E. (1998-2009), Diabetes Clinic (1999-2009)  
Clinical Administrator: Beth Slater

**University of Miami**  
Family Intervention for Youngsters With Diabetes Study (1995 and 1996)  
Principal Investigator: Alan Delamater, PhD

**University of Mississippi Medical Center**  
Mechanisms of Kidney Disease in Type 1 Diabetes (1993-1996)  
Principal Investigator: Jane F. Reckelhoff, PhD

**University of Nebraska College Of Nursing**  
Diabetes Rural Mobile Clinic (1995 and 1996)  
Project Director: Kathleen Mazzucca, RN, PhD

**University of Pittsburgh**  
Epidemiology Studies of Childhood Diabetes in the Caribbean (1993)  
Principal Investigator: Eugene Tull, PhD

**Vanderbilt University School of Medicine**  
External and Implantable Insulin Pump Research (1993)  
Principal Investigator: Roger Chalkeley, PhD

**Visiting Nurse Association of Northern Virginia**  
Sponsorship of Educational Programs Related to Diabetes (1995)

**Washington Regional Transplant Consortium**  
Public Education Initiatives Promoting Organ Donation (1993)  
Project Coordinator: Lori Brigham

**Washington University**  
Research into Renal Growth Factors (1993)  
Principal Investigator: Marc Hammerman, MD



# 2009 Use of Funds

- Direct medical services (38.5%)
- Diabetes identification and guidance (22.5%)
- Fundraising (5.7%)
- Diabetes self-management research and services (2.4%)
- Medical research grants (8.0%)
- Management and general (1.1%)
- Educational events (1.4%)
- Global outreach assistance (20.4%)



# Memorium for 2009

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DRWF welcomes donations through workplace giving campaigns as well as the Combined Federal Campaign, United Way and employee matching gift programs. Please remember DRWF in this year's campaign. Our new designation number is #11629. If you would like DRWF to attend your company's health fair please contact us. We will be more than happy to screen your employees or group for diabetes.

Thank you in advance for your partnership in finding the cure for diabetes.



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