

2010 ANNUAL REPORT

DIABETES
RESEARCH  WELLNESS
FOUNDATION®

*Giving them a
brighter future...*



An Organization for People Who Live with Diabetes Every Day.

The mission of Diabetes Research & Wellness Foundation[®] (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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A Message from John Alahouzos, Chairman

Dear Friends,

It may have been 10 or 17 years ago...or just yesterday. At some point, you found out about the Diabetes Research & Wellness Foundation® (DRWF), and took the time to learn about us. The services we offer. The research we fund. The mission we have to fund the research that will bring us THE CURE for diabetes, and help people with diabetes stay healthy until THE CURE is found.

The Diabetes Research & Wellness Foundation® (DRWF) has a clear focus on people who suffer from diabetes and their needs. This is just not a "service philosophy," it's who we are. We are a collective team of volunteers and professionals who understand the highs and lows of diabetes, and are willing to work tirelessly to cure this cruel disease.

I know in my heart that hard work and prayers are rewarded, so it gives me great pride to submit to you and all of our generous supporters, this Annual Report for 2010.

2010 was a watershed year in our diabetes mission thanks to your generous ongoing support. Highlights include:

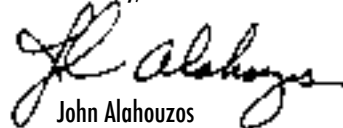
- Our work to develop new, more plentiful supplies of islet cells that do not require a deceased human donor being conducted at the Diabetes Research & Wellness Islet Resource Facility by Dr. Bernhard Hering and his University of Minnesota Spring Point Project team has progressed in a substantial way. We are now nearing the human trial stage, which is expected to begin early in 2012.
- Our Diabetes Transplant Summit, held in November, had the largest gathering of islet cell transplant recipients ever gathered under one roof. This special gathering offered the attendees the ability to hear first hand, from transplant recipients, how islet transplant surgery has changed their lives.
- With diabetes being the leading cause of new blindness in adults 20-74 years of age, the DRWF supported Johns Hopkins University Wilmer Eye Institute's Free Diabetic Retinopathy Screening clinic in Baltimore, Maryland is a godsend to those needing care but unable to afford it. In 2010 363 patients received treatment and 17 received laser treatment to save their sight.
- DRWF launched a new website called DIABETES LOCAL to assist individuals in locating resources in their communities to help them with their diabetes. The goal of this "diabetes yellow pages" is to include all the information a person with diabetes needs to make his or her life easier.

I hope that as you read this 2010 Annual Report you will learn more about DRWF's these important projects and about all of our other self-management educational and assistance programs. You should be proud of all 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 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.

I promise that we will continue to work hard, and with your prayers and support, DRWF will continue to carry out its mission to fund the research that will bring us THE CURE for diabetes, and help people with diabetes stay healthy until THE CURE is found.

Sincerely,



John Alahouzos
Chairman, DRWF Board of Directors





A Message from Michael Gretschel Volunteer President

Dear Friend of the Diabetes Cure,

How do I best express my thanks for all you have done to help keep our programs moving forward? If I simply said, "Thanks old friend, together we are going to get this thing done"... that would certainly be my style.

The diabetes cure is a personal battle for most of us, our donors, and our supporters. Children, siblings, spouses, parents—ourselves personally— are dealing with diabetes day in and day out.

What is it like to "feel bad" every day?

How does it affect you to "live in fear," "to not trust your body," to know you could "fail to function" as expected?

Hypoglycemia unawareness is the condition where people with diabetes are struck suddenly, without warning, by fainting spells. It has been acknowledged by the international medical community as an extremely dangerous, life-threatening condition; serious enough to risk taking the immunosuppressant drug therapy necessary to undergo a pancreas or islet cell transplant.

Transplants have been proven to end hypoglycemic unawareness and to greatly reduce and even totally eliminate the need for insulin injections.

But the severe lack of transplantable islets is the major reason a universal cure for Type I diabetes has escaped us!

Please plan to be an organ donor... talk to and encourage everyone you know to become an organ donor. Help us continue our work at Spring Point Project to raise pathogen-free swine for organ donations. Our pigs have cured diabetes in monkey models time and time again. Our last major obstacle is to gain FDA approval to test our pig islets in human patients.

This is the number one priority at DRWF, as well as to encourage eligible patients to sign up for an islet transplant. We must show that patients are anxious for this procedure and also that surgeons are proficient at harvesting islets and transplanting them.

I have devoted a huge part of my life to the diabetes cure. I am working every day for its success—for my children and grandchildren. We cannot fail this generation who lives with diabetes today—along with all the fear and suffering that it brings.

Your support means more than you probably know. You are the salt of the earth... the wind beneath our wings. Thank you one more time.

Have faith in the Cure,

A handwritten signature in black ink that reads "Mike Gretschel". The signature is written in a cursive, flowing style.

Mike Gretschel

Volunteer President

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



Dear Friends,

As I was reflecting on possible frontispieces for this annual report, I recalled a medical article that I had stumbled upon back when I was writing my *Diabetes Danger* book a few years ago. The article was published in the *Archives of Internal Medicine* in November 1924, 87 years ago. Its title was "Diabetes Mellitus: A Contribution to its Epidemiology Based Chiefly on Mortality Statistics." The two authors were Dr. Herman Emerson and Dr. Louise Carson, both of the Public Health School at Columbia University. Their report surveyed the causes of death in the city of New York for the years 1866 to the year 1922, interestingly, the year that insulin was discovered.

In 1866, there were 11 deaths recorded in New York from diabetes – out of a population of 770,000. Fifty-seven years later, in 1923, there were 1,360 deaths from diabetes out of a population of 5.4 million – 54 under 20 years of age. The occupational histories revealed that bartenders and clergymen were particularly at risk. Diabetes was a rare disease then, and even though insulin was yet to be discovered – deaths from it were unusual.

The most recent census data of New York came from 2004, which indicated that out of a population of 13 million, one million have diabetes, 450,000 have prediabetes – meaning that they are on the short list of persons who were about to develop the full blown disease. Further, it is estimated that the incidence is doubling every 10 years.

The most recent statistic from New York City reported 4,000 odd deaths from diabetes in the year 2004. It is immediately to be noted, however, that death certificate evidence of diabetes is vastly under reported. It would not surprise me were the actual number 50 times higher.

Since diabetes participates in a major way in many other fatal conditions, it is often not included in the actual death certificate recording. Therefore, although the number of deaths officially noted has gone up from 11 to 4,000 since 1866, of far greater importance is the number of diabetes cases, which is about to break the bank. Said in another way, the number of cases reported as deaths FROM diabetes is not nearly so important as those who die WITH diabetes. Heart, stroke and kidney disease deaths that number in the millions are in reality primed by the person being diabetic.

Just today I received my regular weekly copy of *Science* magazine; in it the focus is on genes and their continuing dominance of the medical world. Particular mention is made of Johns Hopkins Medical School, which just restructured its entire curriculum with a gene emphasis.

Regarding the above diabetes statistics, however, in the 150 years since the original report there has been no change in genes. Mutations take millennia. So the increase in numbers of cases and deaths cannot be attributed to genes.

I wonder how long it will take John's Hopkins and the rest of the medical world to reconcile with this very central fact?

As I have remarked before, I am a loyal student of the Serenity Prayer, emphasizing things we can change and things we must accept. Genes are nature and not easily changed. However, diabetes is nurture and – at least theoretically – amenable to preventive or corrective strategies.

I am proud that DRWF, through its ongoing educational outreach, is able to throw a brighter light on these crucial issues. We can not overestimate their importance.

Walter M. Bortz II, MD



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 2010, 217 new patients received treatment at the clinic, and three were diagnosed with retinopathy. There were 363 patients seen in return visits and 77 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 2010, seventeen 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 (DRWF), we would not be able to provide this lifesaving service.

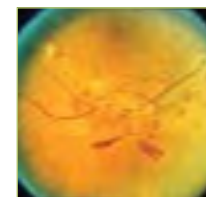
How can we prevent retinopathy and other eye diseases? Diabetic retinopathy is the most common cause of blindness or visual impairment in someone with diabetes. The disease presents no symptoms in the early stages but, left undiagnosed and untreated, puts a person at a high risk for blindness. A person 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 2010 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, help 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.



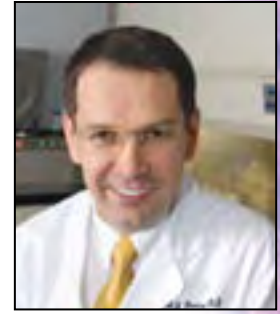
Background retinopathy - microaneurysms and hemorrhages



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



Piglets at the biosecure facility at Spring Point.

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.

Spring Point Project in 2010: Major Accomplishments

Late in 2009, we established a new collaboration with the Minnesota Medical Foundation (MMF). The Minnesota Medical Foundation, founded in

1939, is an independent nonprofit organization that 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, joined the organization as a board member.

Under the new collaboration, Spring Point fundraising is coordinated by MMF so Spring Point is 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 provides a more coordinated fundraising effort in pig islet cell transplantation research at



the University of Minnesota and curtails much of Spring Point Project’s outreach such as the *Pathways* Newsletter. Spring Point Project participated in several joint outreach and fundraising opportunities with MMF throughout the year.

After its first *thorough* peer review assessment of the Diabetes Research & Wellness Islet Resource Facility in western Wisconsin, the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) International awarded full international accreditation for the animal care and use program of Spring Point Project in June 2010. “The management and staff are commended for providing quality facilities and programs for the care and use of laboratory animals,” said Dorcas P. O’Rourke, D.V.M., M.S. President Pro Tem, Council on Accreditation, AAALAC. “Especially noteworthy was the strong administrative support for the program: the dedicated and knowledgeable staff at all levels of the organization; the detailed documentation of the Institutional Animal Care and Use Committee (IACUC), the husbandry program, medical records,



From left: Medical-grade pig pancreas procured at the Diabetes Research and Wellness Islet Resource Facility; researcher with piglet; Spring Point Project facility building.

and standard operating procedures (SOPs), the exceptional care provided to the animals, and the high level of sanitation throughout the facility.”

Spring Point Project joined more than 800 animal care and use programs in 32 countries that have earned AAALAC International accreditation – the gold standard of laboratory animal care. AAALAC International is the only international accrediting organization for animal research that awards accreditation based on a global standard.

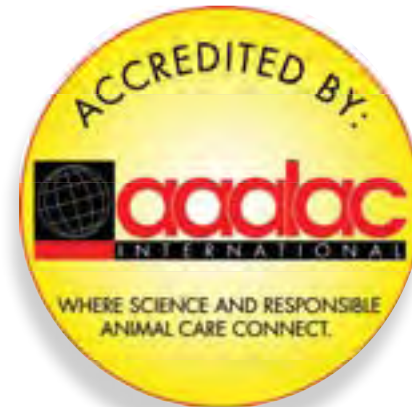
Spring Point Project transferred the technology necessary to procure pancreata on site at the DRWF Islet Resource Facility, a necessary step towards clinical pig islet transplantation. Final procurement process validation is anticipated to be completed in 2011.

In 2010, Spring Point Project provided the Schulze Diabetes Institute with nearly one hundred pigs to

facilitate ongoing research, finalize preclinical studies, and prepare for clinical studies.

Spring Point Project quality and regulatory operations continued throughout the year to build the systems and documentation necessary for the Investigational New Drug (IND) application to the FDA, needed to open the door to clinical trial activities.

Spring Point Project received quite a bit of attention from the scientific field. Colleagues from around the world continue to visit us with regard to discussions and information exchange about building, populating, and operating biosecure animal facilities. The partnership between Spring Point Project and the Schulze Diabetes Institute is very unique, and continues to attract quite a bit of attention and interest! Additionally, our staff gave presentations at scientific and general meetings and continues to work to publish in peer-reviewed biomedical scientific journals.



For more information about Spring Point Project please visit our website at: www.diabeteswellness.net



A Night to Remember

DRWF founder, Mike Gretschel, introduces the panel of islet recipients at the 2010 Islet Cell Transplant Summit in Bethesda, Maryland.

On Thursday November 11, 2010, seven islet cell recipients met in one place for the first time. History was made. The Diabetes Transplant Summit, sponsored by the Diabetes Research & Wellness Foundation® (DRWF), provided a forum for Dr. Bernhard Hering, director of the Islet Research and Transplantation Program at the University of Minnesota; Schulze Diabetes Institute, and islet cell recipients from the National Institutes of Health, the University of Miami, and the University of Minnesota an opportunity to share their stories.

The evening began with an introduction and welcome by Mike Gretschel, founder of the Diabetes Research & Wellness Foundation. Mr. Gretschel shared his story of how his life changed when his son was diagnosed with Type 1 diabetes at age two and a half. Gretschel is an activist; he didn't just sit and accept the diagnosis, but instead began what has been a lifelong effort to find a cure for diabetes. In 1993, DRWF was founded to fund research into the causes, prevention, treatment and cure of diabetes.

Dr. Walter Bortz, chair of the DRWF Medical Advisory Board, served as moderator. Dr. Bortz is amazing; at 80 years old he completed his 40th Boston Marathon. His father, also a physician, was a diabetes expert in his time. Bortz recalled meeting Charles Best, the man responsible for the discovery of insulin, and Dr. Elliott P. Joslin, founder of the Joslin Diabetes Center in Boston—a leading diabetes research institution.

Hering, who also serves as associate professor of surgery and associate director of the Schulze Diabetes Institute for Immunology and Transplantation provided a brief overview on the procedure and statistics about islet cell transplantation. Dr. Hering described the islet cell transplant procedure in which a small incision is made to place a catheter into a blood vessel and then a sufficient number of islet cells are transfused

over a period of 20 minutes. Once the patient is stabilized, he/she is sent home and then seen as an outpatient for two days. It is a minimally invasive procedure that has life-changing results.

Listening to their stories one could not help but be moved by how life-changing the islet cell transplantation procedure had been for these men and women.



Kathy White

was diagnosed with Type 1 diabetes at age 24. She suffered with the consequences of this disease for 25 years.

White received her islet cell transplant on July 21, 2008 and celebrated being insulin-free for two years on September 20, 2010. White told of her efforts to control her diabetes first with diet and exercise, then with oral medications, insulin, and the insulin pump. She later incorporated Symlin and the continuous glucose monitor to her efforts. But her blood glucose levels continued to fluctuate from 40-400. She experienced hypoglycemic unawareness—a rapid drop in blood glucose levels with no warning—resulting in her passing out and requiring medical assistance.

White told of how she had been searching the Internet for information about diabetes when she came across a story about the Edmonton Protocol and islet cell transplantation. While reading an online diabetes magazine she came across a picture of a pig. The story that went along with that pig was about the Spring Point Project and the University of Minnesota's

islet cell transplant program. She did some research on the study, completed the online application, and was later notified she had been accepted to the study. White stated "My diabetes was bad enough and I was healthy enough to qualify."

Although Kathy still takes a small amount of insulin every day, she no longer has the devastating lows and rapid swings in her blood sugar she experienced regularly before her procedure.

Following her transplant, she states, "I am insulin-free; I have had a miraculous escape from where I didn't want to be. I don't have to worry about being low. I don't *have* to eat, and my energy level is so much higher." White takes a small amount of insulin every day to prevent overtaxing her islet cells, but as she says—"... that is not hard." She is amazed at how much better she feels and how much more energy she has every day to work and enjoy her family. White admits that she did have some side effects with one of the medications she was taking, but since changing the medication she has experienced no further side effects and is tolerating the immunosuppressant therapy well. White continues to go to the University of Minnesota for checkups and writes a blog about her experience.



Ellen Berty

spoke at a Diabetes Research & Wellness Foundation program in 2001 and shared with the audience her story about her recent islet cell

transplant procedure. Berty has benefitted from her procedure for nine years now.

Berty had Type 1 diabetes for 40 years. As she jokingly states, "I am the oldest in years among this group of islet cell recipients and I have the oldest islets." Having her transplant done by Dr. David Harlan at the National Institutes of Health in June of 2001, she is nine years post transplant. Berty tells of her life before the transplant... how she had hypoglycemic unawareness and although she tested constantly, she never knew when or why her blood glucose would drop. She laughingly tells how she knew the local paramedics by name. She told of how she would often wake up and find herself sitting in her car on the side of the road with an IV of glucose running, surrounded by paramedics. She remembered how she would eat packages of lifesavers—wrapper and all—when she began to feel her sugar drop.

Berty was the sixth and last transplant performed at NIH. Berty now takes four units of Lantus in the morning and evening, and said she now celebrates June 21 as her re-birthday. Her islet cell transplant was life-changing. And although she still takes a small amount of insulin every day, she no longer has the devastating lows and rapid swings in her blood sugar she experienced regularly before her

procedure. She has energy and feels well. Berty has experienced side effects from her immunosuppressant medications. She has been hospitalized with pneumonia because her immune system is suppressed and she states she is careful to avoid those who are ill. She is now able to lead a normal life.



Mary Buche was diagnosed with diabetes at age 11. She has had Type 1 diabetes for 36 years. Buche had her islet cell transplant in June 2007. She is a nurse

and works in a hospital. Mary tells of being in school where she was considered a “special” sixth grader. She didn’t feel special... this disease was not fun. Mary recalls that about five years before her transplant she developed hypoglycemic unawareness (the absence of symptoms when your blood glucose level drops). People would notice that she was acting strangely and tell her to go sit down and they would bring her juice and crackers. She would test her blood glucose and her glucometer would register at 20 mg/dl. She remembers one time her son calling 911 and the next thing she remembered was waking up in the hospital.

Buche became addicted to testing her blood glucose levels. She would try to keep her blood glucose level above 150 in order to prevent embarrassing herself in public. Nursing is hard work, and stressful; so working under these conditions was not easy. Buche was told about the islet cell transplantation procedure by her husband’s cousin. Buche began to tear up

at this point in her talk. “After my transplant I felt awesome. My blood glucose was normal from the first day. I can now go for a walk around the lake and not have to bring soda, a Snickers bar, and my glucometer.” The emotion she expressed when describing how life-changing this procedure was for her brought tears to my eyes. Her closing statement was, “I have been given the gift of life – new cells, it’s wonderful.”



David Thoen was 23 years old when he was diagnosed with diabetes. Life for him was good... he was starting a career, had a job, played intramural sports,

ate peanuts and drank beer, and had met his future wife. In September 1987, Thoen lost 45 pounds in four months.

Accepting the diagnosis was difficult and life changing. He was educated about diabetes by a CDE who told him there would likely be a cure in five years – there wasn’t.

Thoen admitted to becoming compulsive about his diabetes control. He kept his blood glucose levels normal but experienced frequent episodes of hypoglycemia. Then the warning signs that his blood glucose levels were dropping disappeared; he would pass out without warning. He was scared... 30 years old and he could not care for himself. There were times when his 3-year-old son had to care for him because his blood glucose levels dropped. He couldn’t be left alone with his own son.

David’s quality of life has dramatically improved and he is now able to enjoy his children without worry. He is caring for them rather than them caring for him.

Thoen sought help at the Schulze Diabetes Institute at the University of Minnesota, and in December 2008 he received his first islet cell transplant. In January 2009, he restarted insulin as his islet cells were not producing a sufficient quantity. But he only required one-third of his previous dose and, most importantly, he was not experiencing hypoglycemic unawareness. Thoen was on insulin for 22 years and was off for 11 months. He now takes insulin once a day, but that five seconds a day that he spends taking “the shot” is nothing compared to the life he was living before his islet cell transplant.

Thoen feels blessed; his quality of life has dramatically improved and he is now able to enjoy his children without worry. He is caring for them rather than them caring for him.



Gary Kleiman developed Type 1 diabetes at age 6; had diabetic retinopathy at age 18, and had his first kidney transplant at age 28. Diabetes has been

hard on Gary; the other recipients on the panel really didn't suffer from the complications of diabetes to the degree Gary suffered.

Gary tells his story of being diagnosed with diabetes in 1960, during a time he describes as the "diabetes dark ages." You used glass syringes or urine testing—or you just didn't test. As far as he knew, he was the only person in his elementary school and high school that had diabetes... he felt alone. Gary always took the same dose of insulin—it didn't change based on his blood glucose reading or the amount of food he ate. He was told to take his shot of insulin and everything would be fine. As he says, "The concept was great; the reality was not."

For 41 years Gary struggled with his diabetes. He has been taking immunosuppressant medications for over half of his lifetime. He received his transplant in November 2002 and was off of insulin for two years. Now Gary takes half the amount of insulin he once needed, his islet cells continue to produce some

insulin, and he has symptoms if his blood glucose level begins to drop. Gary was able to benefit from the progress that has been made in the treatment of diabetes with the efforts of the Diabetes Research Institute.

Individuals who have had a kidney transplant and are taking immunosuppressants may qualify for islet cell transplantation.



Karla Edge

experienced brittle diabetes with rapid swings in her blood sugar. She would drop very low with no warning signs; one minute she would be

talking normally to someone, and the next minute she would measure her blood glucose level and it would be 27. Karla required glucagon injections at least three times a month.

Karla found it very difficult to work; she felt tired all the time. She was constantly feeling run down with no energy to do anything with her children. Some days she wondered if she would live long enough to see her children graduate from college.

Since Karla's transplant on September 19, 2005, she said she feels "...like a new person." Her transplant has been "life-changing." Karla also feels that her transplant may pave the way for new discoveries in the area of diabetes treatment and hopes that her participation in this research may offer help to future generations. Karla has been insulin-free for five years.

If you would like more information about the Islet cell transplant please visit our website at: www.diabeteswellness.net or contact the www.trialsnet.gov to locate a current islet cell transplant trial.





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 and 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 using the latest technology available, along with providing them 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 Center for Creative Non-Violence Clinic at the homeless shelter, the DRWF educator is mentoring three smaller clinics in ways to improve the care they provide to their clients with diabetes.

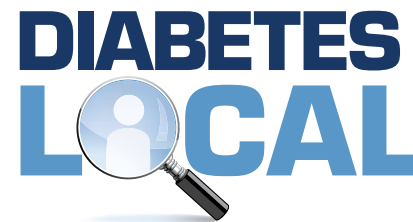
Jean Schmidt Free Clinic

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.

Diabetes Local

The Diabetes Research & Wellness Foundation has launched a new website to assist individuals in locating resources in their own communities. Over the years, our diabetes helpline has helped thousands of individuals with this task. As a wellness initiative, DRWF has put together a local resource guide made up of reviewed resources that will help those with diabetes and their caregivers to effectively manage their diabetes with resources within their own neighborhoods.

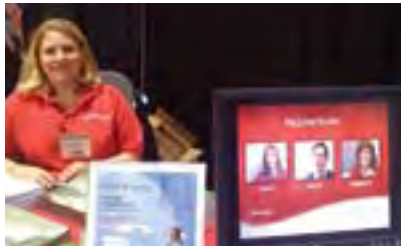


Our goal is to develop a "Diabetes Yellow Pages"—that includes everything an individual may need to make his or her life easier – including diabetes education classes, support groups, endocrinologists, dialysis centers, health clubs and gyms, food markets, cooking classes, pharmacies, and foot doctors to name a few.

We need you, our members, to help make this guide effective. We're asking you to provide your suggestions and resources. If you have a personal trainer that has helped you lose weight, please refer him or her to other members through our website—or recommend them at www.diabeteslocal.org.

Not all areas are populated with a wealth of resources, but with your help we can help others locate those services that are available in their area to make managing their diabetes easier. Over the next months, we will be highlighting various resources and services that may help you manage your diabetes. Please be an active member and help make a difference for someone. For more information please contact: kgold@diabeteswellness.net.

Memberships



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.



DRWF Drug Discount Cards

In an effort to help our members manage their diabetes we are providing all members with a Diabetes Research & Wellness Foundation drug discount card. This card will provide individuals with the opportunity to save up to 75 percent off the regular price of prescription medications. This card is accepted at over 54,000 pharmacies nationwide. There is no fee or registration necessary. Anyone can use this card regardless of income, insurance state, age, residency, or diagnosis. We encourage you to use these cards; if additional cards are needed for friends or family members, please contact DRWF at 800-941-4635.



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 with guidelines 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)



AADE Advocacy Day in Washington, DC

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 completing diabetes education courses.

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 annual EXPO where DRWF representatives meet more than 3,000 educators from all over the United States. This year the conference was held in San Antonio, TX. DRWF diabetes brochures, newsletters, ID kit materials, pocket diaries, calendars and other essential tools for diabetes educators were distributed at the EXPO.

DRWF would like to thank the diabetes educators for the service they provide to the millions of people with diabetes. We appreciate their dedication.



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 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 and guidance, 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 doctors' 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 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
- Diabetes and Exercise
- Women and Diabetes
- Illness and Diabetes
- Your Feet and Diabetes
- Injecting Insulin
- Periodontal Disease and Diabetes
- Is an Islet Cell Transplantation an Option for You?



Diabetes Identification

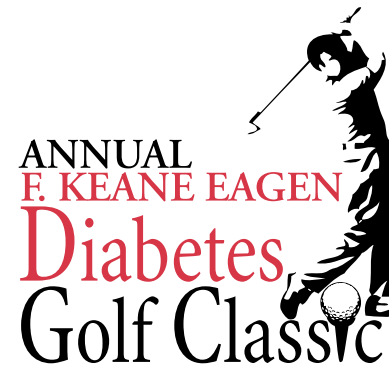
Are you prepared in case of an emergency situation? Be sure to have your diabetes identification with you at all times. DRWF is proud to offer this diabetes identification to all those in need. We have distributed more than 800,000 necklaces. Diabetes is a condition that has the potential to change from day to day, year to year. It's unpredictable. The day may come when you need help but 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 just might save your life.





Ninth Annual F. Keane Eagen Diabetes Golf Classic took place on May 16, 2010 – Leesburg, Virginia

Diabetes Research & Wellness Foundation® kicked off the Ninth 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 annual golf classic raised over \$65,000 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 would like to thank all of the donors and golfers who took part in this very worthy event; we sincerely appreciate your continued support.



35th Annual Marine Corps Marathon and MCM 10K

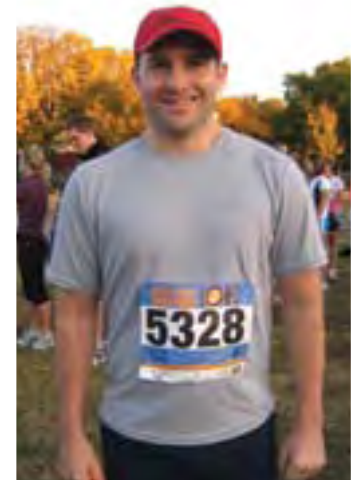
On Sunday, October 31 at the sound of the gun, steps from the Iwo Jima Memorial, our DRWF Marathon and MCM 10K Team began its challenge with more than thirty thousand fellow runners at the 35th Annual Marine Corps Marathon and MCM 10K event.

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 35th 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/DRWFTEAM2011.



*Not printed at government expense.

Diabetes Research & Wellness Foundation®



DONATE YOUR CAR
FOR DIABETES

1-877-513-3516

<http://carswithheart.com/donate/211>

When you donate your car, you will receive a tax deduction while raising funds for diabetes research for the cure. Who knew your old car was this valuable? Call 1-877-513-3516



DRWF Participates in Medical Mission Trip to Honduras



Kathy Gold is administering vitamins to patients at the Honduras clinic.



DRWF donated much-needed medical supplies to a village in Honduras.

In February 2010, DRWF certified diabetes educator Kathy Gold had the opportunity to participate in a medical mission in Pinares, Honduras. She was part of an eleven-member team representing a family practice group from Northern Virginia sponsored by Virginia Commonwealth University Medical School and Shoulder to Shoulder, Inc. To state that this was a life-changing experience would be an understatement. After a 5-hour plane ride and a 4-hour bus ride on a single lane mountainous dirt road – with no guard rails – one quickly realizes not everyone is as blessed as we are in the United States. Hiking the Grand Canyon to raise money for DRWF could hardly compare to the daily hikes Kathy made in Honduras. A typical day consisted of getting up before the sun came up, eating a breakfast of beans and tortillas and, on this day, hiking the mountains to reach a school by 10 a.m. They arrived to a group of 30 eager young students dressed in their best, barefoot with smiling faces – they watched as the group set up the makeshift clinic. Six stations were set up – a station for

measuring height and weight; a station for vision testing; a station for patients to be evaluated by the doctor; a station to do a finger stick and check for anemia; a dental station to apply a fluoride treatment, and finally a station where a month's supply of vitamins was given to each child along with a request for each to ingest a medicine to prevent worms (a common problem and cause of death among the many children living in these rural communities).

Although our educator was not fluent in Spanish, she managed to communicate with the young children who were very curious about the gray-haired woman (gray hair is rare in Honduras).

Kathy's memories of her week in Honduras will always remain with her. Not for what she gave to them but for what she received: the smiles, the gracias's, the waves goodbye as the brigade departed over the mountain. These pictures are firmly embedded in her brain and she says she cannot wait to return next year!

(partial listing of grants) DRWF Grants



American Association of Diabetes Educators
Sponsorship of Educational Conferences for Health
Care Professionals

American Diabetes Association, Maryland Affiliate
Diabetes Education Projects at Camp Glyndon

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

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

California College of Podiatric Medicine
Free Foot Screening and Research Project

Catholic Charities Spanish Diabetes Clinic
Diabetes Clinic, Provided CDE

Case Western Reserve University
Diabetic Neuropathy Clinical Studies
Principal Investigator: Liliana Berti-Materra, PhD

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

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

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

Diabetes Research Institute
Islet Cell Transplantation Studies
Principal Investigator: Camillo Ricordi, MD

Diabetes Research Institute
Immune System Monitoring
Principal Investigator: Norma Sue Kenyon, PhD

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

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

Jean Schmidt Free Clinic
Provided C.D.E.
Clinical Administrator: Meagan Ulrich

Johns Hopkins University -Wilmer Eye Institute
Free Diabetic Retinopathy Screening Project
Program Director: Daniel Finkelstein, MD

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

Medical University of South Carolina
Diabetic Retinopathy Research
Principal Investigator: Timothy Lyons, MD

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

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

S.O.M.E. Medical Clinic – Washington, D.C.
Laboratory Equipment for Measurement of Glycated
Hemoglobin Levels, Provided CDE

Spring Point Project
Pig islets for islet transplantation
Principal Investigator: Bernhard J. Hering, MD

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

Unity Health Care Clinic Federal City Shelter
Provided CDE, Diabetes Clinic
Clinical Administrator: Beth Slater

University of Miami
Family Intervention for Youngsters with Diabetes Study
Principal Investigator: Alan Delamater, PhD

University of Mississippi Medical Center
Mechanisms of Kidney Disease in Type 1 Diabetes
Principal Investigator: Jane F. Reckelhoff, PhD

University of Nebraska College Of Nursing
Diabetes Rural Mobile Clinic
Project Director: Kathleen Mazzucca, RN, PhD

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

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

Visiting Nurse Association of Northern Virginia
Sponsorship of Educational Programs
Related to Diabetes

Washington Regional Transplant Consortium
Public Education Initiatives Promoting Organ Donation
Project Coordinator: Lori Brigham

Washington University
Research into Renal Growth Factors
Principal Investigator: Marc Hammerman, MD





2010 Use of Funds

	DECEMBER 31,	
	2010	2009
ASSETS:		
Cash	\$910,083	\$794,653
RECEIVABLES:		
Contributions	\$471,372	\$746,211
Accounts receivable — DRWF Sweden	724,271	—
Other	<u>\$3,990</u>	<u>\$12,437</u>
TOTAL	<u>\$1,199,633</u>	<u>\$758,648</u>
Prepaid supplies and other expenses	\$116,296	\$197,912
Investments	\$75,968	\$76,776
Accounts receivable — Association Pour La Diabete	\$900,406	\$789,610
Property and equipment	<u>\$1,172</u>	<u>\$1,800</u>
TOTAL	<u>\$3,203,558</u>	<u>\$2,619,399</u>
LIABILITIES:		
Accounts payable and accrued expenses	\$1,356,889	\$712,555
Other	\$38,412	—
Deferred revenues	\$5,995	\$73,851
Gift Annuities payable	<u>\$28,915</u>	<u>\$29,463</u>
TOTAL LIABILITIES	<u>\$1,430,211</u>	<u>\$815,869</u>
NET ASSETS:		
Unrestricted	\$1,644,878	\$1,359,276
Temporarily restricted	\$128,469	\$444,254
Total net assets	<u>\$1,773,347</u>	<u>\$1,803,530</u>
TOTAL	<u>\$3,203,558</u>	<u>\$2,619,399</u>





STATEMENTS OF ACTIVITIES

	Year ended December 31, 2010			Year ended December 31, 2009		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
REVENUES, GAINS, AND OTHER SUPPORT:						
Contributions of medical supplies	\$ 4,946,570	\$ -	\$ 4,946,570	\$ 3,515,592	\$ -	\$ 3,515,592
Contributions	4,252,082	128,469	4,380,551	3,788,900	306,725	4,095,625
Fees - technical and material assistance	889,257	-	889,257	1,892,541	-	1,892,541
Subscriptions	68,824	-	68,824	91,837	-	91,837
Program event revenue	76,550	-	76,550	82,365	-	82,365
List rental income	21,403	-	21,403	38,186	-	38,186
Rental and other income	2,673	-	2,673	-	-	-
Change in value of beneficial interest in charitable remainder trust	(4,562)	-	(4,562)	117	-	117
Net assets released from restrictions	<u>444,254</u>	<u>(444,254)</u>	<u>-</u>	<u>223,547</u>	<u>(223,547)</u>	<u>-</u>
Total revenues, gains, and other support	<u>10,697,051</u>	<u>(315,785)</u>	<u>10,381,266</u>	<u>9,633,085</u>	<u>83,178</u>	<u>9,716,263</u>
EXPENSES:						
Program services:						
Direct medical services	5,046,499	-	5,046,499	3,585,219	-	3,585,219
Diabetes identification and guidance	2,392,759	-	2,392,759	2,091,652	-	2,091,652
Global outreach assistance	886,516	-	886,516	1,900,459	-	1,900,459
Medical research grants	1,111,000	-	1,111,000	745,000	-	745,000
Diabetes self-management research and services	225,858	-	225,858	219,059	-	219,059
Educational events	<u>167,133</u>	<u>-</u>	<u>167,133</u>	<u>134,153</u>	<u>-</u>	<u>134,153</u>
Total program services	<u>9,829,765</u>	<u>-</u>	<u>9,829,765</u>	<u>8,675,542</u>	<u>-</u>	<u>8,675,542</u>
Supporting services:						
Management and general	40,234	-	40,234	99,338	-	99,338
Fundraising	<u>546,181</u>	<u>-</u>	<u>546,181</u>	<u>529,938</u>	<u>-</u>	<u>529,938</u>
Total supporting services	<u>586,415</u>	<u>-</u>	<u>586,415</u>	<u>629,276</u>	<u>-</u>	<u>629,276</u>
Total expenses	<u>10,416,180</u>	<u>-</u>	<u>10,416,180</u>	<u>9,304,818</u>	<u>-</u>	<u>9,304,818</u>
Change in net assets from operations	280,871	(315,785)	(34,914)	328,267	83,178	411,445
OTHER CHANGES:						
Unrealized appreciation in value of investments	<u>4,731</u>	<u>-</u>	<u>4,731</u>	<u>11,204</u>	<u>-</u>	<u>11,204</u>
Change in net assets	285,602	(315,785)	(30,183)	339,471	83,178	422,649
Net assets beginning of year	<u>1,359,276</u>	<u>444,254</u>	<u>1,803,530</u>	<u>1,019,805</u>	<u>361,076</u>	<u>1,380,881</u>
NET ASSETS AT END OF YEAR:	<u>\$ 1,644,878</u>	<u>\$ 128,469</u>	<u>\$ 1,773,347</u>	<u>\$ 1,359,276</u>	<u>\$ 444,254</u>	<u>\$ 1,803,530</u>



Memorium for 2010



IN MEMORY OF LISTED BELOW

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 Hortense Baker
 Evelyn M. Belyer
 Floyd Blackstock
 Joan Blanchet
 Barbara Cabrera
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 Anne Deluca Christie
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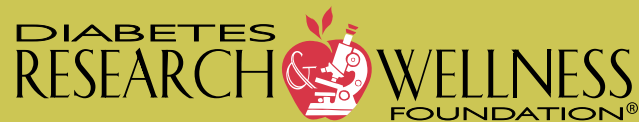
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