



Diabetes Research and Wellness Foundation® (DRWF) has been awarded a 4-star rating from Charity Navigator, America's largest independent evaluator of charities. www.charitynavigator.org DRWF is a member of America's Charities and Combined Federal Campaign. Remember DRWF #11629 in the Combined Federal Campaign.



DIABETES
RESEARCH  WELLNESS
FOUNDATION®

5151 Wisconsin Ave, NW, Suite 420
Washington, DC 20016



...Working to make life better for people with diabetes.

Thank you for your confidence in the programs and services that the Diabetes Research & Wellness Foundation® provides to the community. Please designate us in the Combined Federal Campaign & United Way. Check box #11629.



2007 ANNUAL REPORT

DIABETES
RESEARCH & WELLNESS
FOUNDATION®

KEEP THE
Research Growing



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 is with great pride that I submit to you the Diabetes Research & Wellness Foundation® (DRWF) Annual Report for 2007. I share this pride with you and all of our friends who have so generously supported our mission to put an end to diabetes.

I am proud to report we are fast approaching the day when we can provide the world a safe and abundant source of islet cells for transplanting into patients to make them free from the need for insulin shots. The Diabetes Research & Wellness Foundation Islet Resource Facility is at full capacity, and Dr. Bernhard Hering and his Spring Point Project team is working hard to achieve the goal of doing the first transplants into humans in September 2009.

This is great news and would not have been possible without the collaboration of our worldwide Diabetes Wellness Network™, the Diabetes Research & Wellness Foundation (US), the Diabetes Research & Wellness Foundation (UK), and the Association pour la Recherche sur le Diabète (France). During the calendar year 2007, our international network expanded by two with the incorporation of the Insamlingsstiftelsen Diabetes Wellness Network Sverige (Sweden) and the Diabetes Hils – und Forschungsfond Deutschland (DHFD) (Germany).

I note with pride that DRWF received the Four Star Rating rating from CHARITY NAVIGATOR for the year 2007. This is the second consecutive year we have been given this prestigious award and DRWF is one of a few diabetes charities to be so recognized. 4-star rating means that the foundation exceeds industry standards and outperforms most charities in its cause. We are most grateful for the trust you bestow on us with your support, and we will always strive to be good stewards of your generous gifts.

As you read this Annual Report for 2007, you will note updates on Dr. Gordon Weir's islet encapsulation research at the Joslin Diabetes Center and Dr. Daniel Finkelstein's diabetes retinopathy work at the Wilmer Eye Institute of The Johns Hopkins University. You will also read about our self-management educational and assistance programs like the "Diabetes Wellness News," the Diabetes Hotline, and the Diabetes Necklace program. Be very proud, because without our many friends and supporters, like you, we could not have accomplished so much.

I thank each and every one of our generous supporters and applaud the tireless efforts of DRWF's Volunteer President, W. Michael Gretschel; the Board of Directors, the Medical Advisory Board, and the dedicated staff and volunteers of the Diabetes Research & Wellness Foundation.

I promise you that DRWF will continue its hard work and unselfish dedication to people with diabetes by continuing to fund promising diabetes research and helping patients stay healthy until THE CURE is found. Thank you for your faith and support.

A handwritten signature in black ink that reads "John Alahouzos, Jr." in a cursive script.

John Alahouzos, Jr.
Chairman, DRWF Board of Directors

I hope you will be inspired and motivated by the promising research projects, the clinical care programs, and the self-management educational programs that you helped make possible.



A Message from Michael Gretschel Volunteer President

A Fierce Urgency of Now!

Dear Friends of Diabetes Research,

These famous words from Dr. Martin Luther King, Jr. address the long overdue freedoms denied African Americans.

Freedom is a word not often associated with disease or medicine. But let me challenge you with a new way of thinking about science and social justice.

President John F. Kennedy told the American people and the entire world that the United States would not allow the Soviets to be the first to claim outer space for their own.

President Kennedy simply declared we would beat the Russians to the Moon and beyond. His words of declaration and confidence inspired the nation to do the unbelievable.

At one point over 500,000 Americans were employed in the Space program. And a new scope of technology and invention opened to the entire world. Everything from Tang orange drink to the Internet is a direct result of space exploration.

Today, I believe we have an opportunity to gain a victory over disease by declaring diabetes has done its worst. . . taken too many children. . . too many young parents, and too many elderly into its unrelenting grip.

We have a "fierce urgency for a diabetes cure."

No more funding of endless, unguided, unrelated minor investigations. No more funding of new extraneous buildings built for the purpose of recognizing egocentric donors. No more theoretical models with projected outcomes in the next century.

Today we need to dedicate ourselves to programs that can lead to diabetes cures within this decade.

There are risks for certain. And we are willing to risk our future for an urgently needed victory.

I believe our collaboration with the University of Minnesota and Spring Point Project is the short-term answer. It may not be the ultimate answer, but it is the best opportunity to solve the consequences of low and high blood sugar swings that inevitably take lives, limbs and eyesight.

I thank you for believing in our bold determination to cure diabetes. Our efforts are on track and we are meeting and exceeding milestones to the cure. By third quarter 2009 we will be transplanting pig islets into human patients.

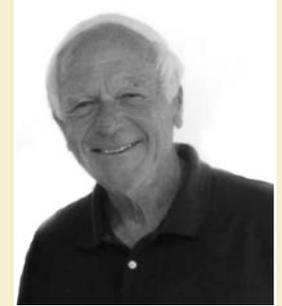
We could not be where we are without your support.

Thank you, thank you,

A handwritten signature in black ink, appearing to read "W. Michael Gretschel". The signature is fluid and cursive, with a large, sweeping flourish at the end.

W. Michael Gretschel

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



Dear Friends,

Another year to ask, "What has this past year wrought?" Inhaled insulin came and went, and I detect few regrets despite its miniature promise.

My diabetes news antenna picks up little of ground-shaking promise. My general impression is that steady progress is being made, particularly in the availability and use of blood glucose monitoring systems.

Like everything else in medicine, cost is a dominant issue. And now when most insurance companies are reimbursing for the self-monitoring system, their adoption is increasing. I was unable to find any specific reports on general population adoption, but I do know that the percentage went up markedly since the insurance companies were mandated to include this benefit.

There are at least 25 different commercial products available that vary in their ease-of-use, sturdiness, reliability and – of course – cost again. My advisory is that the type is not nearly as important as being confident and proficient in the use of any of them.

The technology is improving regularly with implanted devices, continual recording machines, and others that utilize skin moisture instead of blood. These are constantly under review and improvement – like the music electronic industry waits for tomorrow's edition.

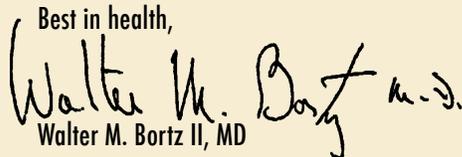
My experience with diabetes monitoring probably started with my experience as the camp doctor at Camp Firefly in Pennsylvania when I was still in medical school in the 1950s. Almost all of our patients were kids with Type 1 – very brittle. We relied mostly on urine tests for assessment. I recall doing weekly blood sugar exams.

This of course has changed dramatically in the last 50 years as Type 1 patients are advised to check their blood sugar at least three times daily, and Type 2 once or twice per day. Of course the advisories are not as important as the adherence to the advice. Numerous surveys reveal a wide range in patients' compliance, like the advice which a friend told me once after my wife became unexpectedly pregnant: "You know the contraceptives don't work if you keep them on the table."

The same goes for diabetes monitoring. It must be done if it is to have any value. Without question, the more the person with diabetes knows about his or her condition, the better will be the outcome; good care and good results come from good information.

So this probably has been a good year for diabetes. . . if the person with it knows more than they did last year.

The DRWF works constantly to improve these communications both directly through its news services, as well as through its support for the CDEs – who I happen to feel are vital for good diabetes care. Please continue to support the important work of the DRWF.

Best in health,

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



Goals of the Islet Transplantation Program

- Find a source of insulin-producing cells to supply all those in need
- Protect transplanted islets from immune destruction

Introduction

As described in last year's report, clinical islet transplantation is going through a frustrating period. One of the main disappointments has been that the transplants usually fail within a period of months to a few years. Moreover, there have been problems with collagenase preparations and a variety of other challenges that have slowed the field considerably. In Boston, Dr. James Markmann is now running the Harvard human islet laboratory at Massachusetts General Hospital. We have worked closely with him to provide equipment and one of our key staff members. High quality islet preparations are now being produced, and Dr. Markmann plans to restart the Harvard-wide transplant program.

At the Joslin Diabetes Center, we are now focusing 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.

A. Alternative Sources of Insulin-Producing Cells

1. Pancreatic precursor cells can make new islets.

This has been an important research focus for our laboratory and Dr. Susan Bonner-Weir is acknowledged as the champion of this hypothesis. This work is crucial for our hopes that this process of regeneration will be used for beta cell replenishment for people with Type 1 diabetes. With her recent basic molecular work on lineage tracing, Dr. Bonner-Weir has now convincingly showed that pancreatic duct cells are the source of new islets after birth.

A most recent focus has been on working out ways to accelerate the maturation of immature precursor cells to become fully developed beta cells. The team is greatly helped by Dr. Arun Sharma of our section who discovered MafA, the important new transcription factor, which is important for the control of the insulin gene and beta cell development. In the past few months, Dr. Susan Bonner-Weir and Dr. Sharma have been able to use viral transduction experiments to show that MafA can speed up the development of cells to the final stage of beta cell maturation. In addition, they have discovered a number of other maneuvers that seem likely to be very important for promoting the development of human embryonic stem cells.

2. Regeneration of transplanted islets. Dr. Weir is leading a project examining the development of new beta cells in a transplant site. We have found that when human islets are transplanted into immunocompromised mice, their replication is markedly increased to a level ten times that found in the normal pancreas. This gives great hope that there is a mechanism for replication that can be unleashed with the proper growth and stimulation factors. In addition to this pathway, the grafts of human beta cells contain duct cells that have the capacity to turn into beta cells. We have been able to use immunostaining for a key transcription factor called Sox9 to identify new beta cells developing from the duct cells contained in the graft site. We feel this is an important discovery that will provide fundamental insights into the regeneration process and open the way to develop new drugs that will be successful not only in a transplant site but in the native pancreas.

3. Making new beta cells from liver. Dr. Weir is working closely with a research fellow, Dr. Masaki Nagaya, to determine whether cells from the liver can be transdifferentiated to become beta cells that can then be used for transplantation. The promising cells being worked on are intrahepatic biliary epithelial cells. It has been possible to isolate these from mice and turn them into cells that can make and secrete insulin and show many of the markers found in mature beta cells. They have not reached the point of full beta cell maturity but the potential appears to be there. What is attractive about this approach is that it would be possible to biopsy tissue from human liver, isolate these cells, expand them in culture, and then force them to differentiate into beta cells. This would allow people with diabetes to use their own cells for a transplant. It would still be necessary to protect these cells from autoimmunity, but there would not be a problem with allojection.

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 DWG is working on two main projects. The first is concerned with human embryonic stem cells and is being led by Dr. Douglas Melton. There is great recent excitement about human embryonic stem cells now that the company NovoCell in California has been able to show that transplanted precursor cells derived from human embryonic stem cells can turn into truly mature beta cells. Dr. Melton has

generated similar precursor cells and appears to have the same success with transplantation. Because of our experience with transplantation, we are working with Dr. Melton to perform similar transplants with the opportunity to better characterize the potential clinical utility of these cells and to find ways to eliminate the malignant potential (teratoma formation) of precursor cells with cell selection techniques. Another exciting aspect of this developing project is to place these cells into immunoprotective capsules to see if this environment fosters development and protects the resultant islet cells from immune killing.

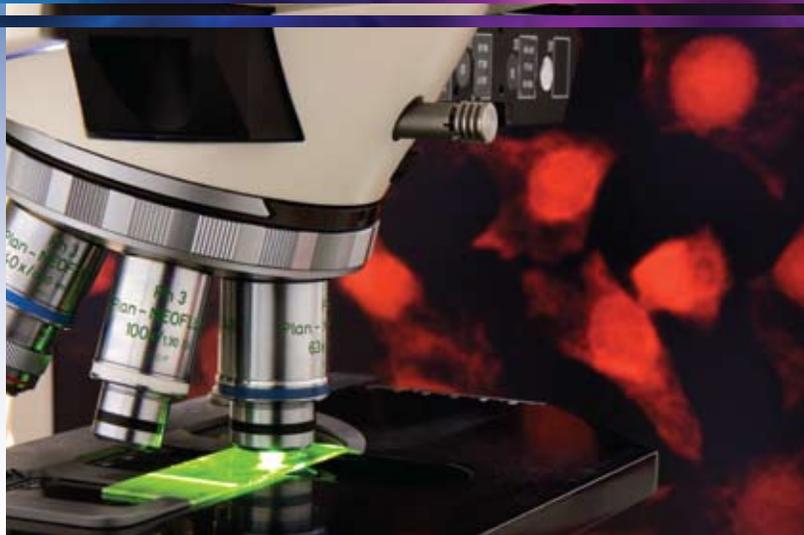
The second HSCI project is focused on beta cell replication. The approach is to use high throughput screening of hundreds of compounds to identify those able to expand existing beta cells. Since the last project report considerable progress has been made. After a great deal of work to set up the system, we now are obtaining human islets from Dr. Markmann at Massachusetts General Hospital and we are very close to obtaining results from the screening. This part of the project is now funded by the Juvenile Diabetes Foundation, even though it is still considered part of the HSCI.

5. Pigs as a source of islet tissue. The possibility of using pig cells for transplantation has been overshadowed by stem cells, but it continues to be a potentially important source of insulin-producing cells as a backup strategy. Dr. Weir is collaborating with Dr. David Sachs of Massachusetts General Hospital who has a novel approach to transplantation and the induction of tolerance in pigs. It turns out that if a graft is previously vascularized before being transplanted, it is much easier to induce tolerance. We have also been working on a project with Dr. Taylor Wang of Vanderbilt University concerned with the transplantation of encapsulated islets into dogs. The first phase was to use our pig islets generated at Joslin. This had limited success and the project then moved to the transplantation of human islets encapsulated into dogs. There seems to be some benefit from these transplants, but the data are still being evaluated so we do not have the final results.

B. Protection of Islets from Immune Destruction

Dr. Weir has been working on the problem of immunobarrier protection of islets for about fifteen years. Considerable progress has been made in obtaining complete protection in rodents from autoimmunity, allorejection and even xenorejection. The challenge now is to move this research into large animals. 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. 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.

We have also teamed up with Dr. Langer who is regarded as the world's most



outstanding individual in bioengineering. Our contribution is our expertise and experience with islet biology. The project is well underway and we have had very profitable meetings between our scientists at Joslin and the team at MIT. Because the problem of immune attack continues to be remarkably challenging, we feel that this work on immunobarrier protection continues to be of great importance and we are very pleased to be part of this joint endeavor.

C. Presentations

The work of our group has been very visible. In the past year, Dr. Weir has delivered lectures in Tel Aviv (Berrie Symposium), Minneapolis (Transplant Societies), Los Angeles (Levine Symposium), Brussels, and San Francisco (American Diabetes Association). Dr. Bonner-Weir has presented her work in Los Angeles, Toronto, London, Chicago, Brussels, Helsinki, New Zealand, and France.



Gordon C. Weir, MD

Diabetes Research & Wellness Foundation Chair
Professor of Medicine at Harvard Medical School
Head, Section of Islet Transplantation and
Cell Biology, Joslin Diabetes Center

Dr. Weir is Head of the Section on Islet Transplantation and Cell Biology and holds the Diabetes Research and Wellness Foundation Chair at Joslin. He is also a Professor of Medicine at Harvard Medical School and serves as the Director of the Clinical Islet Transplantation Program at Harvard, a cooperative effort among Joslin, Beth Israel Deaconess Medical Center, Massachusetts General Hospital and Brigham and Women's Hospital. He also leads the Diabetes Working Group of the Harvard Stem Cell Institute.

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 diabetic patients promises to cure diabetes in its entirety, eliminating complications and improving quality of life. The potential to transplant islets isolated from the pancreas has improved substantially after an acceptable immunosuppression regime, the so-called “Edmonton Protocol”, was developed in 2000. Today, successful islet cell transplants are performed at more than 35 institutions worldwide. The Diabetes Institute for Immunology and Transplantation at the University of Minnesota was the first to achieve consistent diabetes reversal using transplantation of islets from a single donor (so-called marginal-dose islet transplantation). The first University of Minnesota islet transplant recipient celebrated her seventh year of insulin independence in October 2007 after a single-donor islet transplantation. “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 Diabetes Institute for Immunology and Transplantation, and widely regarded as the world’s pioneer of pancreas and islet transplantation. Final clinical trials in human islet transplantation are ongoing with much success and the procedure is on its way to becoming approved as a practice of medicine by the FDA.

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 Diabetes Institute for Immunology and Transplantation, and his colleagues resulted in a landmark achievement on the path to a cure: they reported that pig islet transplantation reverses diabetes for more than 6 months in diabetic monkeys, who were no longer dependent on insulin after transplantation. This research proved the concept that pig islet transplantation works in monkeys-one step from human application.

What is being done now?

To move this research breakthrough towards a clinical applicability, work has continued to refine a safe immunosuppression regime. Bernhard Hering and his group at the University of Minnesota have launched a fast-track project

to refine and reduce the immunotherapy needed to prevent rejection of transplanted pig islets.

Second, attention is given to the supply of pigs to serve as pancreas donors from which islets are to be isolated. Pigs need to be of high-health “medical-grade” status so as to avoid potential disease transmission upon transplantation in patients. This requires special biosecure facilities in which such pigs are raised. Spring Point Project has been established as a nonprofit organization to build and operate biosecure facilities to raise these high-health pigs.

To make this possible, business executives and leading scientists have joined forces, capitalizing on their complementary expertise to make the cure a reality. In partnership between the 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. We have slightly more than one year to go before Phase I clinical trials can begin. I don’t make this claim lightly. We are also most grateful to the Diabetes Research and Wellness Foundation for their generous donation to the construction and operations of this state-of-the-art animal facility.”

Spring Point Project is a Minnesota nonprofit corporation whose mission is “to expedite the widespread availability of islet tissue for diabetes care by developing premier source pigs for islet xenotransplantation.” The work is done in partnership with the University of Minnesota’s Diabetes Institute for Immunology and Transplantation, where the preclinical research is conducted and the first clinical trials are foreseen. In parallel with this work, Spring Point Project has the task to supply suitable pigs, from which islet tissue is isolated, at the time clinical trials are to commence.

Spring Point Project was founded in late 2004 by a group of passionate individuals, most of them being affected by diabetes either personally or

in their immediate family, to provide this crucial supply chain. This unprecedented strategy highlights the confidence in the research being accomplished at the University of Minnesota's Diabetes Institute for Immunology and Transplantation, and the passion held by the founders of Spring Point Project that the cure for diabetes must be achieved in years, not decades

During 2007, Spring Point Project achieved a number of milestones and highlights:

We completed the task of staffing at the animal facility by securing animal care takers and a veterinary technician, and attracted Mack Traynor to our senior staff to serve as CFO.

In collaboration with Ryan Companies, Minneapolis, the construction of the source animal facility was completed on time, and also below budget, in February of 2007! This milestone in our history was celebrated by a grand opening ceremony, well attended by DRWF leaders, and highlighted by a speech by Melissa Johnson, the executive director of the President's Council on Physical Fitness and Sports. A DRWF grant totaling \$6.2 million made construction of the facility possible. To recognize this, the facility has been named the "Diabetes Research and Wellness Islet Resource Facility, home of Spring Point Project".

Immediately after the grand opening ceremony we started the population of the new facility with so-called "designated pathogen-free" (medical-grade) animals. Piglets were brought in via caesarian section from Spring Point Project's progenitor stock that were raised in collaboration with the Hutterian Brethren Riverside Colony in eastern South Dakota. This population process continued throughout 2007. Subsequently, the internal breeding program was able to commence on track to produce the first members of the second generation of animals in April/May of 2008. Animals in this second generation are suitable to serve as donors for clinical transplantation.

In 2007, Spring Point Project established a Master Research Collaboration Agreement with the University of Minnesota describing the partnership with the university in bringing pig islet cell transplantation towards clinical trials and subsequently to a broadly available procedure at affordable costs. As part of this partnership Spring Point Project sponsored research at the University of Minnesota to screen for animals incapable of transmitting certain viruses to humans.

In September 2007, the Joint Transplant Conference was held in Minneapolis under chairmanship of Bernhard Hering. At the occasion of this conference – attended by about 500 scientists – Spring Point Project hosted a reception for all its supporters, which was a great success. Some of our colleagues in transplantation science were at this reception and gave presentations to endorse our work. Also, board members of the international family of DRWF foundations came to Minneapolis for this conference, and Spring Point Project was honored to host them during a tour of the DRWF Islet Resource Facility. Our staff introduced them to all aspects of our animal operations and we received very positive feedback.

All our activities and work highly depend on the generosity of philanthropic donors. The actual costs of our work – to move forward to clinical trials – is estimated at \$26 million. At the close of 2007, Spring Point Project had raised in excess of \$12 million. Spring Point Project sincerely appreciates the support of the Diabetes Research & Wellness Foundation in this fundraising campaign.



DRWF international board members, staff and Spring Point Project staff pose in front of the DRWF Islet Resource Facility.



Mike Gretschel dedicated a wing of the facility to Diane and John Alahouzos for their ongoing support and dedication for the diabetes cure.



Bernhard Hering, M.D.

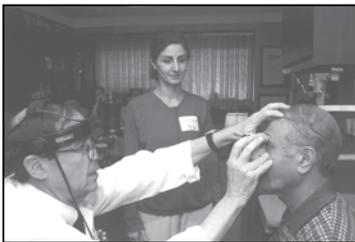
Professor of Surgery
Eunice L. Dwan Diabetes Research Chair
Director, Islet Transplantation
Scientific Director,
Diabetes Institute for Immunology and Transplantation
Co-founder of Spring Point



THE WILMER OPHTHALMOLOGICAL INSTITUTE
 THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
 THE JOHNS HOPKINS HOSPITAL

In the United States, diabetes is responsible for eight percent of legal blindness, making it the 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 2007, 245 new patients received treatment at the clinic, and 22 were diagnosed with retinopathy. There were 289 patients seen in return visits and 121 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 2007, ten 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 the support from the Diabetes Research & Wellness Foundation, we would not be able to provide this lifesaving service.

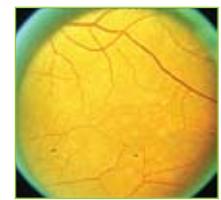
How can we prevent retinopathy and other eye diseases?

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

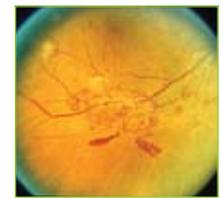
fact is that people do not routinely get their eyes examined, and this is why the public needs to be made aware of this problem. People with diabetes can reduce their risk for complications if they: 1) are educated about their disease, 2) learn and practice the skills necessary to better control their 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 new and return patients through 2007 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

Community Outreach MAKING A DIFFERENCE ONE DAY AT A TIME

Center for Creative Nonviolence/Unity Health Care Clinic

Our outreach efforts to raise the awareness of the seriousness of diabetes and the importance of diabetes prevention continue to grow. DRWF's certified diabetes educator, Kathy Gold, RN, MSN, conducts educational programs throughout the District of Columbia metropolitan area. Her efforts at the Center for Creative Non-violence (CCNV) have improved the quality of life for the homeless population that is served at the Unity Health Care Clinic.

In recognition of the efforts of DRWF and Kathy Gold, the Unity Health Care Clinic presented Ms. Gold with the Jesse B. Barber, Jr., MD Community Health Care Award. The late Dr. Barber was a founder of the Unity Health Care Clinic and served as its first chairman. The award is given to an individual – locally or nationally – whose personal efforts, leadership and commitment in the field of health care advocacy have demonstrably improved access to healthcare for the medically underserved population, with particular focus on the poor and homeless.

Over 300 patient visits were provided in 2007, which involved educating patients newly diagnosed with diabetes, coaching patients struggling with behavior change, and supporting patients with diabetes and its complications. Many patients were reported on who, over the past year, successfully gained self-management skills.

One patient in particular – a young African American woman – had a limited education as well as memory issues; however, she consistently arrived at the clinic each month for her follow-up visits. Due to her memory deficits, it was necessary to devise a treatment plan that was simple. After months of struggling with high blood sugars her physician, along with DRWF's certified diabetes educator, devised a plan that she could implement and that successfully lowered her blood sugar levels. The plan required perseverance in that it was necessary to advocate to Medicaid on the patient's behalf to use medication not on the formulary. The result – the patient's A1C went from 14 to 8.2, not perfect but a true success. This young woman's tenacity and persistence demonstrated that with the proper support system, obstacles can be overcome and individuals can live a healthy life with diabetes.

Another patient reported on was a gentleman with Type 1 diabetes and a history of alcohol abuse. The patient arrived at the clinic after months of failing to present for appointments. He had recently been hospitalized after being forcibly restrained and beaten during a hypoglycemic episode in a homeless shelter where he was staying. The patient had become combative; and although the staff was aware of his diabetes, they did not recognize this behavior as a symptom of low blood sugar. The patient now suffers with chronic pain due to the beating he received.

When the patient arrived at the clinic he was depressed, in pain, his diabetes was out of control, and he was experiencing frequent blood glucose excursions ranging from 40-400. His hypoglycemic unawareness worsened the situation as he would pass out on the street and awaken in the hospital emergency room.

The patient began making weekly visits to the clinic. DRWF's certified diabetes educator worked closely with his regular physician and came up with an insulin regimen that was successful in reducing the lows he was experiencing. His correction factor was addressed and they aimed for higher blood glucose levels. He agreed to work with a psychiatrist and enrolled in an alcohol treatment program.

DRWF's diabetes educator arranged for the patient to transfer to another homeless shelter and provided an educational program about diabetes and diabetes prevention for the staff and residents at the new shelter. The patient also discussed with the staff and residents the symptoms he displayed when experiencing a low blood sugar reaction so proper treatment could be administered to him.

The patient improved his blood glucose control, his depression is being treated, and his quality of life has improved. At his last visit he presented with a huge smile on his face as he now is in charge of his life and his diabetes.



George Washington University Program

DRWF's diabetes nurse educator works with the George Washington University graduate students in the ISCOPEs (Interdisciplinary Student Community-Oriented Prevention Enhancement Service) program, a community outreach experience. The focus in 2007 was at Blair Shelter, a transitional homeless shelter in northeast Washington, DC. The shelter's goal is to better prepare the residents for life so they can graduate from the "homeless mentality" and find a job, housing, move out of the shelter, and become a productive member of society.

One of the goals is to teach the men about health and how to remain healthy by encouraging the prevention of illness. The residents are provided biweekly health education lectures on such topics as diabetes, hypertension, colonoscopy, portion control, Hepatitis C, and how to read a nutrition label.

In recognition of eight years of involvement with the program, DRWF's diabetes nurse educator was presented with the Distinguished Service Medal from the George Washington Medical and Health Sciences School.

Sarah's Circle

In 2007, DRWF's diabetes educator instructed "Food Facts" – a monthly health education class – at Sarah's Circle, a senior center in Washington, DC. The Monthly topics relate to eating a healthy diet and engaging in healthy behaviors. More than 25 people benefit from this program each month.

Valerie Jeremiah displays DRWF materials at the AADE Conference.



Our certified diabetes educator, Kathy Gold (right) provides diabetes counseling at a health fair.

Memberships:

Virginia Diabetes Council (VDC)

The Virginia Diabetes Council is a nonprofit foundation made up of over 130 diabetes stakeholders in the state of Virginia; including the Department of Health, insurance companies, pharmaceutical companies, diabetes educators, physicians, health care providers, pharmacists, grocery stores and various other nonprofit groups. One of the accomplishments for the council was to develop a 10-year diabetes plan for the state of Virginia. Focus groups were held across the state and key informant interviews and surveys were developed to identify the needs for diabetes and diabetes prevention across the state. As a result of this effort the Virginia Diabetes Plan 2008-2017 was released.

American Association of Diabetes Educators (AADE)

On a national level, DRWF's diabetes nurse educator serves on the Advocacy Committee for the American Association of Diabetes Educators and as the AADE liaison for the Safe Needle Disposal Coalition.

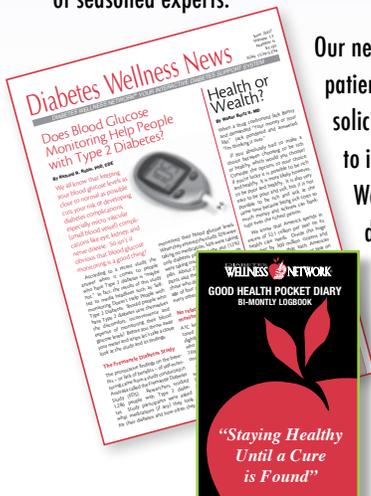
Each year DRWF attends the Annual AADE Conference for training and new techniques on how to care for diabetes patients. The foundation also exhibits at the EXPO to where we meet more than 2,000 educators from all over the United States. DRWF distributes diabetes brochures, our monthly newsletter, id kit materials, pocket diaries and calendars and other essential tools to each of the educators.

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

Diabetes Wellness News

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. It doesn't require our readers to solicit the help of a medical professional to interpret the information for them. 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:

- Avoiding late night reactions!

- How high is too high for blood sugar?
- The sore won't heal?
- Is the insulin pump right for me?
- Is stress driving up your blood sugar?
- How to make exercise part of your daily routine.
- Are eye and circulation complications inevitable?
- What should I expect from my doctor?
- Can I do something to prevent diabetes in my family?
- Travel tips

These are just a sampling of the subjects we discuss in the privacy of your home. You are encouraged to call to ask questions to our toll-free helpline for any non-urgent medical questions and give your feedback.

The membership also includes a pocket-sized bi-monthly 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.

The membership includes a monthly newsletter – Diabetes Wellness News, a bi-monthly pocket diary, and access to the Diabetes Helpline. The yearly cost is \$24.00. If you are interested in becoming a member of the Diabetes Wellness Network® and would like to benefit from the newsletter, please contact our subscription office at 1-866-293-3155.

Writers



Walter Bortz II, MD is a Clinical Associate and Professor of Medicine, at Stanford University School of Medicine. He is the author of several books including: *Dare to Be 100, We Live Too Short and Die Too Long, Living Longer for Dummies* and most recently, *Diabetes Danger: What 200 Million Americans At Risk Need to Know*. Dr. Bortz writes a monthly column for *Diabetes Wellness News*.



Richard R. Rubin, PhD, CDE is an Associate Professor of Medicine and Pediatrics at the Johns Hopkins University School of Medicine and a member of the staff at the Diabetes Center and Pediatric Diabetes Clinic at the Johns Hopkins Hospital. He has been involved in long-term studies regarding lifestyle and the psychosocial issues involved with diabetes. He has published many papers, articles and book chapters and writes a bi-monthly column for *Diabetes Wellness News*. Dr. Rubin currently serves as President of Health Care and Education of the American Diabetes Association.



Daniel Finkelstein, MD is Professor of Ophthalmology at the Wilmer Eye Institute at the Johns Hopkins Hospital and is a member of the Retinal Vascular Center staff with particular interest in the laser management of venous occlusion, laser management of diabetic retinopathy and retinitis pigmentosa. He is the director of the free diabetic retinopathy screening clinic at the Wilmer Eye Institute, which is sponsored by DRWF.



Lisa M. Wolfe, is an author, personal trainer and fitness expert. She is available for speaking engagements, exercise demonstrations, industry workshops, individual or group training or classes.

Diabetes Helpline



Our toll-free Diabetes Helpline has been busy this year; we have answered questions from 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. Questions encompass blood glucose goals, medication regimens and how medications work, nutrition, information about the many complications of diabetes and their treatments, finding a diabetes doctor or education program, as well as finding centers for islet cell research. Diabetes research, medications, and technology are changing every day, and it is important to be knowledgeable about diabetes in order to treat your disease as best you can.

We are proud to have been able to offer this service for so long. 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.

Visit Us:

Visit the DRWF website for your online resources for diabetes information to help manage your diabetes. Learn about current diabetes research studies, upcoming fundraising events and order free diabetes literature.

www.diabeteswellness.net

Diabetes Education

Get informed about YOUR diabetes with DRWF'S professionally authored series of educational brochures – The Diabetes Wellness Series – 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?
- Diabetic Retinopathy
- Periodontal Disease and Diabetes
- Illness and Diabetes
- Your Feet and Diabetes
- Injecting Insulin: Sites and Swelling



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 report that we are in our tenth year of distributing FREE Identification Necklaces nationwide, for all those in need. This year DRWF distributed more than 15,000 necklaces nationwide. 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. If you don't already have some form of diabetes identification, then we urge you to visit our website at www.diabeteswellness.net and order a necklace. **It can save your life.**



DIABETES RESEARCH WELLNESS FOUNDATION®

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Welcome to the Diabetes Research & Wellness Foundation

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An organization for people who live with diabetes every day.

DRWF is a 501c3 non-profit organization. Our mission is to help find the cure for diabetes and until that goal is achieved, to provide the care needed to combat the detrimental and life-threatening complications of this terrible disease. Since our inception in 1993 we have awarded more than \$25 million in research and educational grants for the cure to world-renowned clinics, hospitals and institutions.

DRWF Events

Sixth Annual F. Keane Eagen Diabetes Golf Classic takes place on May 14, 2007 in Leesburg, Virginia



Diabetes Research & Wellness Foundation® kicks off the Sixth 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. The foundation is happy to report that the sixth annual diabetes

golf classic raised over \$104,000 for diabetes research and programs. These funds will be donated to the islet research projects at Spring Point Project in collaboration with Diabetes Institute for Immunology and Transplantation at the University of Minnesota.



DRWF thanks all of its donors and golfers for taking part in the Sixth Annual F. Keane Eagen Diabetes Golf Classic. As always, we thank you for your continued support.

The Diabetes Research & Wellness Foundation® would like to thank all of its sponsors. Once again your participation made this event a wonderful success. Thank you.

- | | |
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Grand Canyon – 5th Annual Grand Canyon Challenge December 14, 2007

For the past five years, a group of individuals has taken the “challenge of a lifetime,” to hike the Grand Canyon in two days, and raise money for diabetes research. The money raised will benefit the research of Dr. Bernhard Hering of the Diabetes Institute for Immunology and Transplantation at the University of Minnesota in collaboration with Spring Point Project. This year the group raised more than \$26,000 for diabetes research. These important funds are needed to fund innovative research projects in the race to cure diabetes.



The Grand Canyon definitely lives up to its reputation as one of the “Seven Wonders of the World.” The Grand Canyon is known throughout the world for its overwhelming size and its intricate and colorful landscape. The Grand Canyon is a truly amazing hike to experience. We strongly encourage this event to everyone who is ready to step up to a challenge and help change the lives of millions of diabetes sufferers by raising funds for research.



You can make a difference...HELP DRWF!

The Diabetes Research & Wellness Foundation® is a committed partner in providing funding for diabetes research to universities, clinics, and hospitals to further their research alongside other notable organizations. Part of our mission is to provide educational materials, along with programs and services, to ensure that the public is armed with the proper information on diabetes that will empower them to take action for their health and possibly prevent complications.



Your past financial donations have been invaluable in helping to fund various research, education, and behavioral studies on the subject of diabetes. Your donations keep these research studies going through the years. Every donation – large and small – will help fund services, programs, and research to benefit our communities suffering from diabetes and its complications. Remember a loved one with a donation in their memory. Your gift is a thoughtful and caring way to remember a dear friend, family member or co-worker who has passed.

An Honor Gift in the name of a friend or loved one is the perfect way to express your feelings for someone special. Your gift will help alleviate the burdens of 24 million Americans with diabetes. Your contribution will fund research to find a cure, provide free services and programs to those in need, provide diabetes counseling, and allow us to support scientific, educational research.

Please send your tax-deductible contribution to:

Diabetes Research & Wellness Foundation®

5151 Wisconsin Avenue, NW • Washington, DC 20016

202-298-9211 • www.diabeteswellness.net

Help Support DRWF through your workplace giving campaign

DRWF welcomes donations through workplace giving campaigns as well as Combined Federal Campaign, United Way and employee matching gift programs. Please remember DRWF's 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.



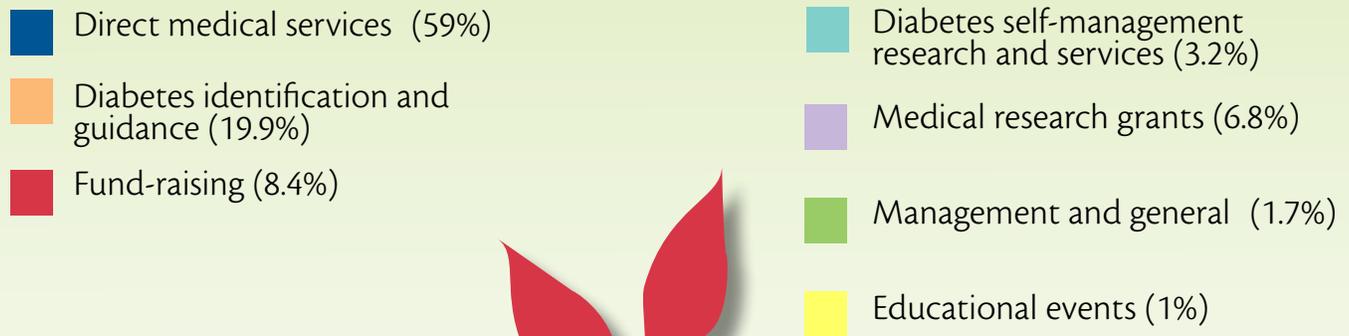
Diabetes Research & Wellness Foundation® (DRWF) has been awarded a 4-star rating from Charity Navigator, America's largest independent evaluator of charities for the second year in a row for sound fiscal management. DRWF has earned the 4-star rating for its ability to efficiently manage and grow its finances, and outperforms most other charities in America. This "exceptional" designation from Charity Navigator differentiates Diabetes Research and Wellness Foundation from its peers and demonstrates to the public it is worthy of their trust.



Become a DRWF Legacy today.

The foundation would like to honor each donor that has named the foundation in his or her will. We will announce the members in our Annual Report. We hope that you will let us recognize your wonderful pledge to the foundation in this special way. If you would like to be a part of the Legacy Program, please contact our office at 202-298-9211 for more information.

2007 Use of Funds



Grants (partial listing of 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, M.D.

California College of Podiatric Medicine

Free Foot Screening and Research Project (1996)

Case Western Reserve University

Diabetic Neuropathy Clinical Studies (1993-1996)

Principal Investigator: Liliana Berti-Materra, Ph.D.

Children's National Medical Center

Clinical Research with Diabetic Children (1993)

Principal Investigator: Audrey Austin, M.D.

Barbara Davis Center for Childhood Diabetes

Laboratory Equipment for Genetic Research (1998)

Principal Investigator: John Hutton, Ph.D.

Diabetes Institute at University of Minnesota

Islet Transplantation Research & Trials (2004-2007)

Principal Investigator: Bernhard J. Hering, M.D.,

David E.R. Sutherland, M.D., Ph.D.

Diabetes Research Institute

Islet Cell Transplantation Studies (1993, 2000, 2001, 2004)

Principal Investigator: Camillo Ricordi, M.D.

Diabetes Research Institute

Immune System Monitoring (2004-2005)

Principal Investigator: Norma Sue Kenyon, Ph.D.

Emory University

Studies in the Immunology of Type 1 Diabetes (1993)

Principal Investigator: Peter Jensen, M.D.

International Diabetes Center

Design and Development of Educational Program for Diabetic Children (1993)

Project Director: Kathy Mulcahy, R.N., M.S.N., C.D.E.

Johns Hopkins University -Wilmer Eye Institute

Free Diabetic Retinopathy Screening Project (1993-2007)

Program Director: Daniel Finkelstein, M.D.

Joslin Diabetes Center

Islet Cell Transplantation Research Program (1996-2007)

Program Director: Gordon Weir, M.D.

Genetic Causes of Diabetic Renal Disease (1996)

Principal Investigator: Masakazu Hattori, M.D.

Medical University of South Carolina

Diabetic Retinopathy Research (1993-2001)

Principal Investigator: Timothy Lyons, M.D.

New England Medical Center

Mechanisms of Pancreatic Insulin Secretion (1993)

Principal Investigator: Aubrey Boyd, M.D.

Oregon Health Sciences University

Research into Causes of Diabetic Renal Disease, (1993)

Principal Investigator: Sharon Anderson, M.D.

S.O.M.E. Medical Clinic – Washington, D.C.

Laboratory Equipment for Measurement of Glycated

Hemoglobin Levels (1995-1998) Provided C.D.E.

Spring Point Project

Pig islets for clinical trials research (2005-2007)

Principal Investigator: Bernhard J. Hering, M.D.

State University of New York at Stony Brook

Diabetic Renal Disease Studies (1993)

Principal Investigator: Kathleen Dickman, Ph.D.

Unity Health Care Clinic Federal City Shelter

Provided C.D.E. (1998-2007), Diabetes Clinic (1999-2007)

Clinical Administrator: Sister Eileen Reid

University of Miami

Family Intervention for Youngsters With Diabetes Study (1995 and 1996)

Principal Investigator: Alan Delamater, Ph.D.

University of Mississippi Medical Center

Mechanisms of Kidney Disease in Type 1 Diabetes (1993-1996)

Principal Investigator: Jane F. Reckelhoff, Ph.D.

University of Nebraska College Of Nursing

Diabetes Rural Mobile Clinic (1995 and 1996)

Project Director: Kathleen Mazzucca, R.N., Ph.D.

University of Pittsburgh

Epidemiology Studies of Childhood Diabetes in the Caribbean (1993)

Principal Investigator: Eugene Tull, Ph.D.

Vanderbilt University School of Medicine

External and Implantable Insulin Pump Research (1993)

Principal Investigator: Roger Chalkeley, Ph.D.

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, M.D.

Memorium for 2007

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