



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.



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...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.



DIABETES
RESEARCH & WELLNESS FOUNDATION®

Bridge the Cure

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.

A Message from John Alahouzos Chairman

Dear Friends,

It was a watershed year for the Diabetes Research & Wellness Foundation™ (DRWF), and it is with great pride that I submit to you our Annual Report for 2006. With the completion of the Diabetes Research & Wellness Foundation Islet Resource Facility, I believe we are on the path to CLOSING OUR DOORS! Yes, you read that right! Our mission is to find THE CURE for diabetes, and when the work is done—when we have found THE CURE—we will gladly say, “Job well done, we’ve put an end to diabetes.” Our prayer and hope is that the work that will be done at this first-of-its-kind facility will, within a few short years, 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.

When that day comes (and you’ll notice that I said when, and not if), I know you will join me in rejoicing. But, until that day arrives, we will continue funding Dr. Bernhard Hering of the University of Minnesota and his Spring Point Project team, along with all the other important scientific, clinical, and educational advances we’re supporting.

I note with pride that DRWF received a four-star rating from Charity Navigator for the year 2006. DRWF is one of a few diabetes charities that have the four-star rating. The four-star rating is the highest rating a charity can receive from Charity Navigator. The four-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 2006, I hope you will be inspired and motivated by our many promising research projects, including

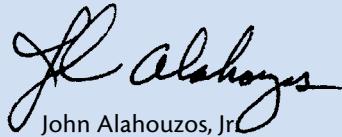
Dr. Gordon Weir’s research at the

Joslin Diabetes Center; the clinical care programs, including Dr. Daniel Finkelstein’s diabetes retinopathy work at The Wilmer Eye Institute of The Johns Hopkins University; and the self-management educational programs that **you helped make possible.**

Joslin Diabetes Center; the clinical care programs, including Dr. Daniel Finkelstein’s diabetes retinopathy work at The Wilmer Eye Institute of The Johns Hopkins University; and the self-management educational programs that you helped make possible.

I am personally inspired by the many friends and supporters, without whom we could not have accomplished so much. I thank each and every one of them 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 stay true to its mission of empowering people with diabetes by providing them with the information they need to stay healthy until THE CURE is found. Thank you for your faith and support.



John Alahouzos, Jr.
Chairman, DRWF Board of Directors



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A Message from Michael Gretschel Volunteer President

Dear Friends,

I'm happy to report that the new—and only—state-of-the-art Islet Resource Facility was completed and put into full operation in 2006.

This unique building—home of the Spring Point Project—will house 100 especially bred pigs that will provide biosecure islet cells for human transplantation. Our plan calls for FDA approval of pig islets within a few short years—as a safe and standard form of medical care for diabetes.

It is a very exciting time for all of us who have worked, hoped, and prayed for a means to relieve people with diabetes of the need for insulin injections and the fear of life-threatening medical disasters such as stroke, heart attack, blindness, kidney failure and amputation.

To paraphrase President Lincoln...this is our first, best chance at FREEDOM!

We crisscross the world meeting with interested parties, explaining the progress and the comprehensive plan to cure diabetes with xenotransplantation. With our talented staff and about half of our funding in place, we are sprinting to the finish line.

I want to personally thank you for standing by us as we strive to put ourselves out of business.

Unlike many organizations that are building permanent bureaucracies and investing millions into endowment accounts, we have chosen to make our goal by taking calculated RISKS on the scientists and strategies that we feel are most likely to accomplish our goal to cure diabetes in the foreseeable future. We are making every effort to fully fund science that can make a huge difference in the short-term.

I believe strongly that our mandate is to make sure the roughly 6,000,000 insulin-dependent people in the US, and millions more around the world, are able to be FREE OF INSULIN INJECTIONS, and live normal lives without threat of early death and debilitations.

Your generous support has brought us a long way in our first 13 years.

With your continued support for just a little longer, you will witness the day when we close our doors and write the history of how diabetes was a terrible disease.

Thank you for everything,

A handwritten signature in black ink, appearing to read "Michael Gretschel".

W. Michael Gretschel,
Volunteer President

Dear Friends,

It is with great pride that I submit to you our Annual Report for 2006, which highlights the important scientific, clinical, and educational advances we've achieved during the last year. Thanks to thousands of wonderful people, the Diabetes Research & Wellness Foundation® (DRWF) continues its mission of empowering people with diabetes by providing them with hope, support, and the information needed to stay healthy until THE CURE is found.

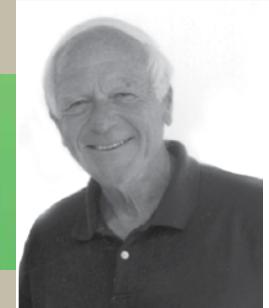
In 2006, the General Assembly of the United Nations declared a "Unite for Diabetes" protocol, culminating in a resolution passed by consensus on December 20, declaring diabetes to be a "serious threat" to world aspirations. This was the first time that a non-infectious disease was so designated. In addition, the UN declared November 14, to be "World Diabetes Day."

In concert with this activity, the International Diabetes Federation has been increasing its activities with the target of reaching one billion people. In 2006, the third international conference was held in Cape Town. In 2008, the fourth such will be held in Budapest. This evidence of increasing energy is more than appropriate. With the projection of billions of future persons threatened by the horrible disease of diabetes, it is crucial to increase the scope of its address.

The foundation has always recognized the ongoing growing epidemic throughout the world. This is why – since our inception in 1993 – DRWF has set its sites high for funding diabetes research on the research with a short-range plan. After years of funding "good science", we have refined our methods to demand a 3-5 year planned outcome from our scientists. This means we must see success quickly, and the success we are looking for must impact patients within 3-5 years for the diabetes cure.

Bernhard Hering, M.D., from the Diabetes Institute for Immunology and Transplantation (DIIT) is a leader in human islet transplantation. Last year, Dr. Hering successfully reversed diabetes in monkeys using transplanted islet cells from pigs and was published for his research in *Nature Medicine*. The survival of pig islet transplants was made possible with a novel immunosuppressive protocol. This is especially important because the supply of human islets for transplantation will never match the demand; and a safe, reliable, and abundant supply of islet cells must be found to cure diabetes. With this information in hand, the Spring Point Project was initiated to build and operate a biosecure barrier facility to raise high-health pigs as suitable donor animals in compliance with federal regulations for planned pig islet transplant trials in humans. DRWF has committed more than \$2,120,000 to the Spring Point Project and is working very hard to raise the additional funds needed to complete construction, produce safe pig islets for the clinical trial phase, and ultimately to CURE diabetes!

I promise we will keep you informed about the progress of the Spring Point Project and guarantee that DRWF will stay true to its mission of empowering people with diabetes by providing them with the information they need to stay healthy until THE CURE is found. Thank you for your faith and support.



**Walter Michael
Bortz, II, M.D.**
Chairman DRWF
Medical Advisory
Board

With the
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Best in health,
Walter M. Bortz M.D.
Walter M. Bortz II, MD
Chairmen of Medical Advisory Board



Goals of the Islet Transplantation Program

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

A. Clinical Trials and Work to Improve Outcomes:

Clinical trials. Clinical islet transplantation has not met the unrealistic, high expectations of 2000. Although providing people with Type 1 diabetes with islet transplants and getting them off insulin represents a major advance, we now find that most patients return to insulin in less than two years. In addition, the side effects of the immunosuppressive medications continue to be troublesome. However, in spite of these disappointments, the goal of beta cell replacement is just as important as ever. During the past several years we have made major advances in being able to evaluate the potential of human islet preparations. We at Joslin have worked closely with our collaborators at the Massachusetts Institute of Technology (MIT) and the University of Minnesota on this problem. We have worked out ways to accurately assess the cellular composition of islet preparations that can be done rapidly prior to the performance of the transplants. Another important advance has been in finding a way to accurately determine the number of insulin-producing cells in an islet preparation, this is now being done combining the new technique of nuclei counting and electron microscopic identification of the different islet cell types. We have also developed several new methods to measure the viability of the islet preparations, which include determination of oxygen consumption and membrane integrity.

While we will become less active with clinical transplants at Joslin, we will work closely with James Markmann, M.D., who will soon be on staff at Massachusetts General Hospital. He was a major force responsible for the success of the program

at the University of Pennsylvania and will be in charge of a Harvard wide clinical islet transplantation program. We look forward to working with Dr. Markmann and our MIT colleagues on islet assessment.

B. Alternative Sources of Insulin-Producing Cells:

The quest to find a new source of insulin-producing cells continues to be a top priority of the diabetes community, and the highest priority of Joslin's Section on Islet Transplantation and Cell Biology. It has become increasingly apparent that there are not nearly enough cadaver donors to meet the demand of all those who could benefit from islet transplantation. The team of Drs. Weir, Bonner-Weir, and Sharma continues to pursue this goal on several fronts, often in collaboration with scientists in different parts of the world. The Joslin efforts include:

1. **Human pancreatic precursor cells** can make new islets. Dr. Susan Bonner-Weir, who has been able to make new islets from precursor cells of human pancreases in laboratory tissue culture dishes, has led this pioneering work. This work continues to be difficult, but progress is being made. Dr. Bonner-Weir has worked for several years to purify our populations' pancreatic duct cells, which we have hypothesized are the source of new islets formed in adult life. This was made possible by antibodies attached to magnetic beads. Finally, we have been able to show that these duct cells can be transplanted and turned into new insulin-producing beta cells. This work has just recently been published in the journal *Diabetes*.

To provide more definitive proof that pancreatic duct cells are the source of new beta cells, Dr. Bonner-Weir has used the molecular technique of lineage tracing in transgenic mice. Another project in our laboratory has advanced our understanding of the potential to convert liver cells to beta cells through the process of transdifferentiation. This work is continuing, and the first phase of this work has recently been published.

2. **New beta cell transcription factor** is important for islet development. Several years ago, Dr. Arun Sharma of the Section of Islet Transplantation and Cell Biology published an important paper describing a discovery of a new transcription factor called a MafA, which is important for control of the insulin gene and for beta cell development. This work has progressed so that its role in development is now becoming clarified. In the past year, Dr. Sharma's team published a very important paper in Developmental Biology showing that MafA plays a key role in the final stages of beta cells' maturation. Thus, it is essential for creating the machinery that

allows beta cells to properly respond to glucose. This kind of basic work is essential to our quest to produce the new beta cells that will be needed for transplantation.

The work of Drs. Weir, Sharma and Bonner-Weir was at the 2006 annual meeting of the American Diabetes Association.

3. Work on finding a source of new insulin-producing cells.

Drs. Bonner-Weir, Weir and Sharma work on the development of embryonic stem cells in mice, and Dr. Sharma is working with Dr. Douglas Melton of Harvard and the Harvard Stem Cell Institute (HSCI) on human embryonic stem cells. A few years ago it seemed that it would not be difficult to exploit this source, but this task has proved very difficult. We still feel it is the most promising avenue for the future, but success is likely to require years of intense work.

Another approach is to determine the potential of beta cell replication. This work had been supported by the HSCI and a new grant has just been awarded by the Juvenile Diabetes Research Foundation (JDRF). The approach is to use high throughput screening of thousands of compounds to identify those able to expand existing beta cells. Very sophisticated machinery has been purchased by HSCI, which can rapidly identify beta cells that are stained for changes that occur during cell division. A great deal of work has gone into developing this system using both rat and human islets, and we hope that the actual screening will soon begin. The focus will, of course, be on human islets.

4. 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. We continue to isolate pig islets for collaborative projects on islet transplantation with scientists at Harvard and Vanderbilt.

C. Protection of Islets from Immune Destruction:

ImmunobARRIER protection. Work with immunobARRIER protection of islets continues. The technology employs alginate, which is a gel obtained from seaweed. Islets are contained within small gel beads and are protected from immune destruction. The technique is not new, but the Joslin team has been able to develop some new approaches that have moved the field forward. Continuing our work with MIT, we are using an oxygen-carrying substance perfluorocarbon (PFC) to make the encapsulated islets healthier and to be able to pack them into devices with greater density. We have also made progress in creating islet clusters that also allow better oxygen delivery and packing density. Joslin is also working on a project with Vanderbilt University to test the feasibility of transplanting encapsulated pig



islets into dogs. It is very important to find ways to advance our successful results in rodents to larger animals. Finally, we have just begun planning for collaboration with biomaterials scientists at MIT to use high throughput methods to identify new materials that can be used for encapsulation. The field has long been in need of closer collaboration between groups with expertise and biomaterials and those with experience in islet transplantation.

We are not optimistic that these capsules will be useful for the islets obtained by cadaver donors. The problem is that islets in capsules are not as efficient in producing insulin as islets that are in a vascularized site in the liver. However, we feel that immunobARRIER approaches can be important for the future because we expect the technology to be more efficient and successful for the encapsulation of small clusters of insulin-producing cells that will be produced from stem cells.



Gordon C. Weir, M.D.

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

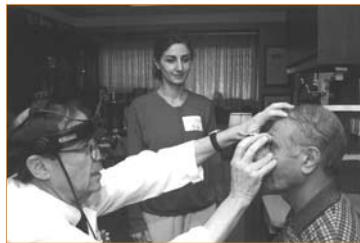
Dr. Weir is Head of the Section on Islet Transplantation and Cell Biology and holds the Diabetes Research and Wellness Foundation Chair at Joslin. He is also a Professor of Medicine at Harvard Medical School and serves as the Director of the Clinical Islet Transplantation Program at Harvard, a cooperative 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.



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

In the United States, diabetes is responsible for 8 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. Two hundred and twenty-five new patients received treatment at the clinic in 2006, and twenty-nine patients were diagnosed with retinopathy. Three hundred and five patients were seen in returned visits and one hundred and thirty-six patients were diagnosed with retinopathy. On average, the clinic sees 3 to 4 patients a day for the treatment of diabetic retinopathy. In 2006, fifteen retinopathy patients needed and received laser treatment.



The clinic, run by Daniel Finkelstein, MD, is a god-send 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 life-saving service.

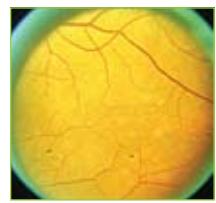
How can we prevent retinopathy and other eye diseases?

Diabetic retinopathy is the most common cause of blindness or visual impairment in someone with diabetes. The disease

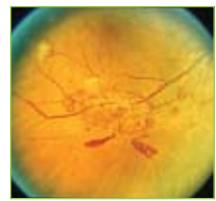
presents no symptoms in the early stages, but left undiagnosed and untreated, puts a person at a high risk for blindness. A person with diabetes can have retinopathy and not know it. Having a regular eye exam could help detect retinopathy early and possibly prevent blindness to that person; but the sad 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 are educated about their disease, learn and practice the skills necessary to better control their blood glucose levels, and receive regular dilated eye exams from their health care team.

Dr. Finkelstein and the Diabetes Research & Wellness Foundation's goal is to prevent blindness. Dr. Finkelstein and all of the trained professionals at the free clinic welcomed new and return patients throughout 2006 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 - at all visits. It is so very important to have programs like these 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 to rise. Vision is too often taken for granted... imagine life without it. DRWF is happy to be a part of this process and 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, 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**

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 offers 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 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 human islets. In October 2005, the first University of Minnesota islet transplant recipient celebrated her fifth year of insulin independence 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, M.D., Ph.D., director of the University of Minnesota’s Division of Transplantation and Diabetes Institute for Immunology and Transplantation, and widely regarded as the world’s pioneer of pancreas transplantation. “Islet replacement can be achieved by whole pancreas transplantation or by the much less invasive transplantation of isolated islets,” notes Sutherland.

It now appears that human islet transplantation 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.

The Proposed Procedure of Porcine Islet Transplantation in a Patient with Diabetes

There was little reason to believe this could succeed. Transplantation across species barriers, called xenotransplantation, causes intense rejection responses by the immune system.

Very fortunately, insulin-producing islet cells are among the very few pig cells that do not have a reactive s-Gal antigen, suggesting unprecedented feasibility as donor cells. “This provides us with an extraordinary opportunity — it almost seems a sign — to use these cells to cure diabetes,” says Bernhard Hering, M.D., director of islet transplantation and holder of the Eunice L. Dwan Diabetes Research Chair at the Diabetes Institute of the University of Minnesota. And, indeed, Dr. Hering and colleagues reported a landmark achievement on the path to a cure: in the March 2006 issue of the prestigious scientific journal *Nature Medicine*, they reported that pig islet transplantation reverses diabetes for more than six months in diabetic monkeys.

This research breakthrough is unprecedented, and both goals — unlimited islet supply and safe immunosuppression — appear attainable in the foreseeable future.

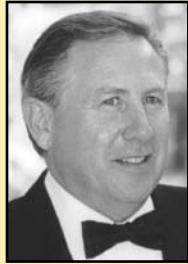
Our Mission



"We know the day will come when our son will live a life without diabetes. I thank Bernhard Hering for asking me to lead this

wonderful group of Spring Point founders. We have lifted each other when we were down, consoled each other in our lost opportunities, and celebrated in each of our accomplishments. I will never forget these brave leaders."

**Tom Cartier, Chairman
Spring Point Project**



"After 30 years, I have finally found a commitment, a plan, and the talent to cure diabetes. I urge every family touched

by this relentless disease to join this good fight and finish this race with a victory over diabetes."

**W. Michael Gretschel
Volunteer President
Diabetes Research & Wellness Foundation**



"My parents have devoted so much of their time, their talents and treasure

to saving me and my brother from the consequences of diabetes. I believe Spring Point is my best chance to get off insulin therapy and normalize my life with my husband and son. This is proof prayers work."

Andrea Stancik (22 years a diabetic)

Spring Point Project 2006

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 (DIIT), where the preclinical research is conducted to make suitable clinical islet tissue supplies available 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 (DIIT), and the passion held by the founders that the cure for diabetes must be achieved in years, not decades.

Milestones

Spring Point Project has reached the following milestones since early 2006, leading to the conclusion that our work is solidly on target to reach the objectives of Phase I clinical trials in 2009:

The first steps of staffing were completed with the recruitment of Henk-Jan Schuurman, Ph.D., as its chief executive officer. Dr. Schuurman has long-standing experience in xenotransplantation research in the industrial setting, and collaborated with Dr. Hering's group in the preclinical islet transplantation studies recently published in *Nature Medicine*. In addition, Spring Point Project successfully recruited Dr. Michael Martin, a well recognized expert in advanced swine reproduction technologies, as Director of Animal Facilities; and Adrienne Schucker, DVM – a veterinarian with broad experience in regulatory affairs of swine husbandry – as Director of Veterinary Medicine.

In collaboration with Ryan Companies in Minneapolis, the design of a source animal facility suitable for the production of animals to yield islet tissue for transplantation into humans was completed in April 2006. A suitable property in western Wisconsin on which to build this 21,000-square foot source animal facility was purchased, and the groundbreaking ceremony for this source animal facility was held on June 7, 2006.

Convened Spring Point Project's Safety Advisory Board, a group of world renowned scientists in health management and infectious disease aspects of swine. The Board assessed Spring Point's facility design and the specifications of animals generated. The results were incorporated into a regulatory submission to the Food and Drug Administration (April 2006)

- Received favourable response from the Food and Drug Administration on submitted documentation regarding the design and flow processes through the Source Animal Facility, and the Designated-Pathogen-Free status proposed for animals generated in the facility (June 2006)
- Sponsored research at the University of Minnesota to screen for and generate animals incapable of transmitting Porcine Endogenous Retroviruses to humans (May 2006)



"We must believe that diabetes is a curable disease. The partnership between Spring Point Project and the University of Minnesota is the best basis to bring these results to a clinical applicability as soon as possible. We will not be deterred. **A cure for diabetes is possible in the very near future, and we thank the Diabetes Research & Wellness Foundation in realizing our mission.**" says Henk-Jan Schuurman.

Facility Building Progress

Construction of this source animal facility continued on time and within budget throughout 2006, and is scheduled to be complete in February of 2007, a milestone to be celebrated and immediately followed by population with designated pathogen-free animals and initiation of facility operations.

Spring Point Project has established its Safety Advisory Board, comprised of world renowned experts in swine infectious disease, animal husbandry, as well as swine and human health management. With the help of this board, documentation on the source animal facility and high-health status of animals generated by this facility was submitted in June 2006 to the Food and Drug Administration, with a successful response. In association with this achievement, Spring Point has - in collaboration with the Hutterian Brethren - introduced specific pathogen-free animals into a multiplier facility in eastern South Dakota to build the genetic diversity of the progenitor animals for subsequent population of the Source Animal Facility. Initial breeding was done at this site to prepare for the population of the western Wisconsin Source Animal Facility starting in February 2007 at the so-called "medical grade" health status.

Spring Point Project, as part of its scientific program, sponsored research at the University of Minnesota to screen for and generate animals incapable of transmitting certain viruses to humans.

These activities highly depend on the generosity of philanthropic gifts. The actual cost of the project - to move forward to clinical trials - is estimated at \$20 million. As 2006 comes to a close, Spring Point Project has already raised in excess of \$9.5 million. Apart from mailings and grant applications to foundations, potential donors were approached in receptions recently held around the country. Spring Point Project sincerely appreciates the support of the Diabetes Research & Wellness Foundation in this fundraising campaign, and has recently renamed the Source Animal Facility the "DRWF Islet Resource Facility, home of Spring Point Project" in sincere gratitude of a \$6.2 million gift from DRWF to make this project possible.

What Needs to Be Done Now?

To move this research breakthrough towards a clinical applicability, work has to be continued to refine the safe immunosuppression regime. In collaboration with leading transplant immunologists and surgeons from around the country, the University of Minnesota has launched a fast-track project to refine and reduce the immunotherapy needed to prevent rejection of transplanted pig islets. Using a new technique to administer immunosuppression locally to the transplant site, rather than only by mouth or intravenous injection, side effects will be greatly reduced. These studies are performed in diabetic monkeys, which are only a small step away from humans, and will build on the extraordinary success already achieved.

Second, the supply of pigs to serve as pancreas donors from which islets are to be isolated needs to be secured. Pigs need to be of high-health "medical grade" status so as to avoid 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 "medical grade" pigs.

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 immunosuppressive treatment to a point that makes it safe for clinical trials to begin. "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 three years to go before Phase I clinical trials can begin. I don't make this claim lightly" notes Thomas Cartier, founder and president of Spring Point Project.

Standing behind this commitment are the Hutterian Brethren and the University of Minnesota Animal Biotechnology Center. The Hutterites are a Christian Community who are also major swine producers in the Midwest, raising annually about one million pigs in North and South Dakota. They will ensure that the pigs are raised in an efficient and cost-effective manner.

Community Outreach

MAKING A DIFFERENCE ONE DAY AT A TIME

As the number of individuals that are overweight continues to grow, the risk of diabetes rises. Raising awareness of the risk factors of diabetes and the importance of lifestyle changes to maintain good health has been the focus of over fifty presentations and 74 health fairs over the past year.

Our outreach efforts have increased by 25%. Not a week goes by that DRWF is not asked to share information about the seriousness of diabetes. We have provided over 15,000 brochures, pocket diaries, ID cards, and educational calendars to health professionals, patients, schools, businesses, churches and community groups across the country.

As the numbers continue to grow, states are now developing plans to fight this epidemic. Kathleen Gold, RN, MSN, CDE, our diabetic educator, is working closely with Maryland, the District of Columbia, and Virginia to develop comprehensive state plans to assure those with diabetes that they are receiving the care they need to stay healthy. As chairman of the Virginia Diabetes Council – a statewide group of diabetes stakeholders, DRWF has assisted with the development of a 10-year state plan to ensure that all Virginians with diabetes receive quality care and efforts to publicize the seriousness of diabetes and the importance of diabetes prevention.



Center for Creative Non-Violence Homeless Shelter Clinic

In DRWF's 9th year at the Center for Creative Non-Violence homeless shelter clinic, the number of patients receiving diabetes education from our educator continues to grow. Each patient has his or her own unique circumstance – many clients were recently released after having been incarcerated and are now adjusting to all the requirements necessary to re-enter society. As you can imagine, dealing with diabetes is enough of a daily struggle just by itself, but they must also locate meals and housing on a daily basis.

These patients have many obstacles to overcome, but are highly motivated – they walk the streets of DC, shedding pounds and lowering their blood sugar. They meet monthly at the clinic where their blood sugars are downloaded and tracked using diabetes self-management software.

One particular case comes to mind. Suzy was diagnosed with Type 2 diabetes, her blood sugars ranged from 300-500 mg/dl. Suzy is a happy women, she works part-time as a cook in a local restaurant. Suzy has some mental deficits and short-term memory problems, but she religiously appears every Thursday for her appointment, bringing her meter with her. Due to Suzy's limitations, we had to develop a simple medication regimen. After trying to control Suzy's blood sugars, with oral agents, we progressed to insulin injections. Using the Innolet injector, we were able to track not only Suzy's sugars, but also whether she had been taking her insulin routinely. Although Suzy had tried very hard to remember to take her insulin, she still missed multiple doses each week. In an effort to correct this problem we purchased a watch with multiple alarms for her, which were set for the times she was to inject her insulin. "I will never forget the look on Suzy's face when we strapped that watch on her wrist." states Kathleen. After struggling for three months, Suzy's blood sugars began to decrease. Instead of 300-500 mg/dl, Suzy's blood sugars were 120-200 mg/dl.

Now when Suzy visits the clinic every month with her meter, we discuss her progress. On her last visit Suzy told me, "When my blood sugar is high, I go out and walk for 30 minutes." We are still trying to help Suzy make healthier food choices, but in a few short months she has come so far.

It is your donations to DRWF that have allowed us to make such a large impact on a community of individuals with limited available services.

District of Columbia Free Clinic Staff Education Program

DRWF recognizes the value of diabetes educators and their contribution to the health of patients with diabetes. However, in the District of Columbia, the underserved population lacks access to diabetes education. In a joint effort with the District of Columbia Primary Care Association, eight audio PowerPoint presentations were created to be used by the nurses, medical assistants, physician assistants, nurse practitioners, and physicians in an effort to provide a single unified message on the care and management of their diabetic patients.

These educational tools will provide the information to those individuals who are dealing with patients with diabetes on a daily basis and allow them to provide the education needed to keep their clients healthy and motivated to care for their diabetes and reduce their risk of complications.



Diabetes Information Network

A partnership with Noro Nordisk, is Changing Diabetes Program and DRWF resulted in our educator, Kathleen Gold, to be appointed as the chair of the Maryland Changing Diabetes Program initiative. This group was tasked with identifying a project to empower the lives of patients suffering from diabetes. As a result, the Maryland Diabetes Information Network was developed an online "Maryland Diabetes Yellow Pages." Based on the AADE 7 Self-Care Behaviors a comprehensive list of services was compiled for all residents of the state of Maryland to assist them in managing their diabetes effectively- from walking trails, bike trails, eye and wound clinics, to diabetes education programs, and weight loss programs. The online service includes resources that may ease the burden of diabetes for those individuals suffering from diabetes, for their loved ones or for health care professionals to recommend local services, education programs and physical activity.

Please visit at www.diabetesinformationnetwork.org

Diabetes Wellness Network®

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

David Mendoza is a freelance writer who writes about diabetes from a firsthand perspective, as a Type 2 sufferer. He is published in a variety of diabetes publications and started his "On-line Diabetes Resources" website in February 1995 when there were only two other websites dealing with diabetes. It lists and links all diabetes-related sites.

Donald J. Cecchi, is a management consultant and a lawyer with an expertise in reorganization and project management.

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. 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. Information gained from the helpline service suggests that many of the patients calling in are not seeing an endocrinologist – a specialist in the diabetes field. 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.

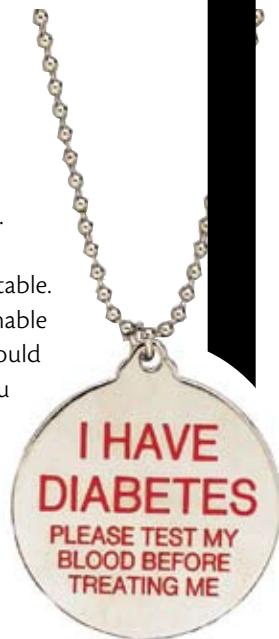
The helpline started with the hope that we could provide additional resources for the patient. The service provides information on the latest medications, research and clinical trials, as well as counseling the caller about his/her personal diabetes control via the phone. The need for this service is so great that we have serviced over 13,000 individuals since 1993.

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. We are ready for your call.

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 Education

Get informed about YOUR diabetes with DRWF'S professionally authored educational brochures series of professional authored - The Diabetes Wellness Series - which 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 currently comprises:

- What is Diabetes?
- Diabetic Retinopathy
- Periodontal Disease and Diabetes
- Illness and Diabetes
- Your Feet and Diabetes
- Injecting Insulin: Sites and Swelling



Our educator recalls

Oftentimes individuals call the helpline for reassurance that they are reacting in the correct manner to their diabetes. One call in particular stands out:

We received a call from a businessman who was extremely concerned about his blood sugar of 103. He was just diagnosed with diabetes and was out of town on a business trip. He was staying alone in a hotel when he began to feel shaky, anxious and diaphoretic. When diagnosed, his blood sugar ranged from 250-300, and now after taking medication for about four weeks his levels had begun to decrease; but he experienced low blood sugar symptoms whenever his blood sugar reached 100. He was very apprehensive about going to sleep, fearing he would not wake up again due to a low blood sugar. Being alone in a strange city, he did an Internet search for "diabetes helpline" and called the DRWF 800 number. He spoke to our educator for about 10 minutes as she explained what he could do to alleviate his symptoms. She says she will never forget his parting words, *"This call saved my life, I can't tell you how much you have helped me."*

DRWF Events

Fifth Annual F. Keane Eagen Diabetes Golf Classic takes place on May 8, 2006 in Leesburg, Virginia



Diabetes Research & Wellness Foundation® kicks off the Fifth 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 day was filled with sunshine and great golf. The foundation is happy to report that the Fifth Annual Diabetes Golf Classic raised over \$58,000 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 Fifth 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.

CitiGroup Smith Barney
Diamondback Direct
Direct Impressions
Direct Source
G & G Outfitters
Hub Pen
IMEX, A Pitney Bowes Company
F. Keane Eagen Scholarship Fund
K & R Industries
Kenmore Envelope
Law Offices of Jeffrey Harab

Market Development Group
Northstar Marketing
Novo Label
Offset Paperback
RST Marketing
Regardie Brooks & Lewis
Saturn Corporation
Shaw Creations
Semo Toys
Quadriga Art

Ed Trevisan Memorial Golf Tournament
The Diabetes Research & Wellness Foundation® was honored to accept the proceeds from the Ed Trevisan Memorial Golf Tournament that took place on June 12, 2006 in Maryland. It was a beautiful day of golf for the 133 players that participated. The tournament raised more than \$17,000.

DRWF thanks the Ed Trevisan Memorial Golf Tournament & Keith Mayo, the coordinator, for allowing us to participate in the tournament three years in a row. The much-needed money will benefit diabetes research and ongoing educational programs.

Grand Canyon

5th Annual Grand Canyon Challenge December 14, 2007 – SOLD OUT



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. In order to reach our goal of \$50,000, we ask that each hiker raise \$3,000. 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 by raising funds for research.



January 2009 Hike - Reserve your spot today!

Although we are sold out for 2007, we are taking reservations for our January 2009 hike. For more information, please contact us at 202-454-1606, or email us at astancik@diabeteswellness.net.

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 20.8 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



Upcoming Events: Save the Date

DRWF National Fly In - November 14, 2007

World Diabetes Day taking place on Capitol Hill, Washington, DC. DRWF National FLY In will entail research updates on DRWF funded research projects as well as a update on DRWF lobbying efforts to gain critical funding for diabetes research. We would love to see each and every state represented on this internationally observed holiday.

For additional details please email astancik@diabeteswellness.net or call us at 202-298-9211. Reservations are required. Please also visit our website for updates on the day's program.

World Diabetes Day is the primary global awareness campaign of the diabetes world. While the themed campaigns last the whole year, the day itself is celebrated on November 14, to mark the birthday of Frederick Banting who, along with Charles Best, first conceived the idea which led to the discovery of insulin in 1922. World Diabetes Day is an initiative of the International Diabetes Federation (IDF) and supported by the World Health Organization (WHO). In December 2006, the United Nations designated World Diabetes Day as a United Nations Day.

Grand Canyon Challenge

December 14, 2007 – sold out
5th Annual Grand Canyon Challenge

Sponsor a hiker for their 2-day adventure through the beautiful Grand Canyon. All proceeds from the hike will benefit DRWF programs, services and research for diabetes.

Donate online today at:
www.diabeteswellness.net

7th Annual F. Keane Eagen Diabetes Golf Classic

May 2008

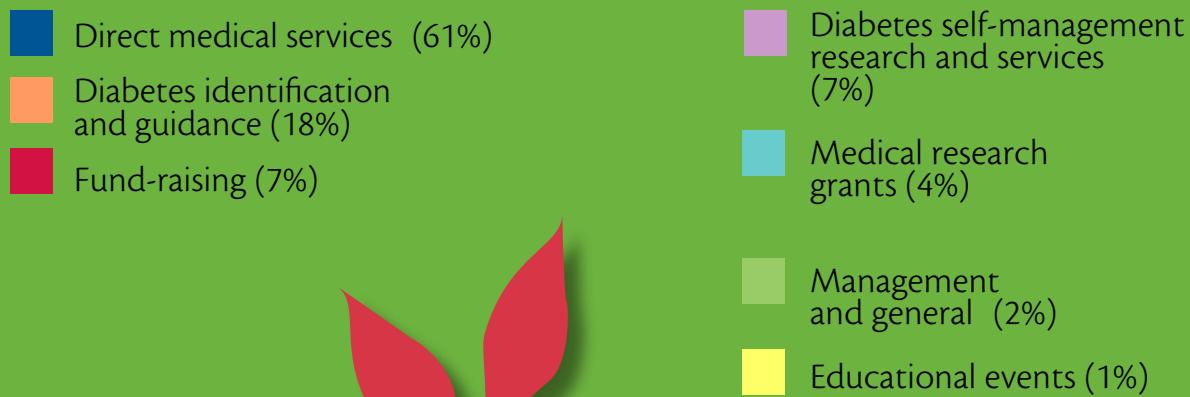
Please check our website at www.diabeteswellness.net for upcoming events.



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.

2006 Use of Funds



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
(2004-2006)

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 - 2006)

Program Director: Daniel Finkelstein, M.D.

Joslin Diabetes Center

Islet Cell Transplantation Research Program
(1996-2006)

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 - 2006)

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 - 2006), Diabetes Clinic (1999 - 2006)

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 2006

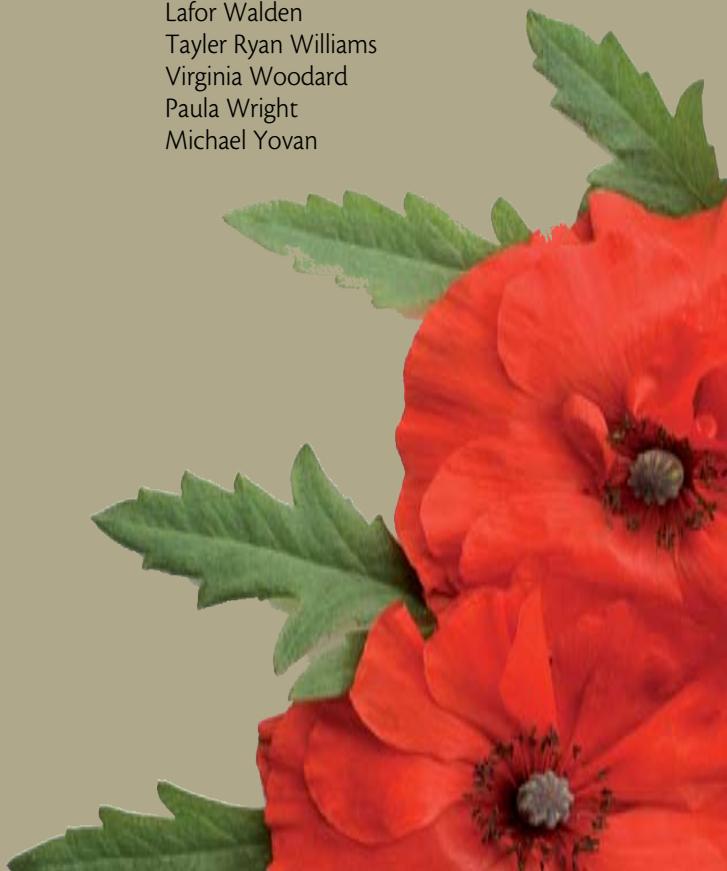
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