WE CAN SEE AN END IN SIGHT.

2004 ANNUAL REPORT

DIABETES RESEARCH & WELLNESS FOUNDATION®

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 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.

America's Charities

United Way of the National Capital Area

CFC COMBINED FEDERAL CAMPAIGN

Cover: Rob Colvin © Images.com/CORBIS

Note from the Chairman, Board of Directors

John Alahouzos

2004 CHAIRMAN'S MESSAGE

Dear Friends,

I am both proud and humbled to be given the honor of submitting to you this, our Annual Report for 2004, 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 information to stay healthy until THE CURE is found.

The three organizations that make up 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) – have experienced tremendous growth in 2004. It's a good thing too, because whether we want to accept it or not, we are involved in a WORLD WAR WITH DIABETES! Quite frankly, the epidemic growth of diabetes both in the United States and throughout the world threatens to take countless lives and seriously hamper or destroy the medical health systems of entire nations. The good news, is that we have, know how to use, and are perfecting, weapons to fight diabetes and its life-threatening complications. As we have so long recognized in our name, Wellness, through good diabetes care, is a powerful weapon, but awareness, must be a frontline weapon also. That's why we will continue to step up our efforts to inform people of the consequences of diet and lifestyle.

As you read this Annual Report for 2004 and learn about the many ways our organization supports and influences our global community, 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. I personally am 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 think you'll agree that all of us – at risk in the WORLD WAR WITH DIABETES – can take heart in the knowledge 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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Diabetes Research & Wellness Foundation®

President's Message

Mike Gretschel

A CURE BY 2010!

Dear Friends,

I have not been so excited in the last 28 years about the prospects of a diabetes cure. That's when I first was told my 2 year old son, Christian, had diabetes and that there was NO CURE.

Now my job is to be an optimist, but I'm also a pretty practical business person who doesn't count his victories before they are in hand.

Let me explain.

For the past four years, DRWF has been funding Dr. Bernhard Hering's research at the University of Minnesota. He is a gifted surgeon and creative thinker. I believe he has come upon a unique plan that combines porcine animal husbandry and islet transplant strategies.

Dr. Hering has teamed up with a noted geneticist and a highly professional group of hog breeders in Idaho to genetically breed a hog that has ideal pancreatic traits for islet cell harvesting, resistant to rejection and free of retro viruses.

They believe they can produce these pigs within 3 years.

Already, transplants have been successful in mice models and are currently moving to primate trials... then on to human trials.

This is really huge! We are looking at islet cells that are resistant to rejection, minimizing the need for immunosuppressant drugs.

My friend, we are looking to accomplish all of this in five years – 2010!

A cure by 2010... a dream come true.

Believe me this is possible. Not a sure thing, but possible. This is the best chance I have seen for a cure within such a short time period.

Will you join me in this excitement? Our 2005 budget will have to greatly expand to meet the commitment to this bold project. I will need your help.

Yes, I'm excited. Are you? I will keep you informed of our progress.

Warmest Regards,

W. Michael Gretschel
Volunteer President

"He conquers who endures."

–Persius

Note from the Chairman, Medical Advisory Board

Walter M. Bortz II, MD

DIABETES, CAN WE AFFORD IT?

It is hard to believe that in parts of our world, insulin is too expensive, and many persons – mainly children – are dying as a result. This outrageous anomaly abuses us all, but what if diabetes became so expensive in our country that we couldn't afford it?

I have written before of the conversation that my wife and I had several years ago with the district health officer in Alice Springs, Australia. After initial pleasantries were dispelled, he announced "we are about to go broke." Quick exploration of this revelation yielded understanding that the cause behind this crisis was in the explosive increase in cases of diabetes among the aborigines who had been intrigued into adopting the"civilized" lifestyle of the city, in place of their ancient, nomadic way of life.

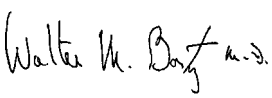
The proximate explanation for the financial outcome of the migration lies in the high percentage of kidney failure, which in turn is a result of the diabetes that the aborigines develop when they enter Alice Springs. At $40,000 per person, the per year cost for each renal failure dialysis case, it becomes easy to understand the dire prospect that the impoverished health officer was facing. What was he to do, request a bigger dialysis budget? Send the aborigines back to the outback? Treat the diabetes more effectively? Muddle through? None of these alternatives make much sense.

Are there lessons to be learned from these scary anecdotes? In different countries and on different scales, epidemiologists are recognizing similar patterns. It seems that whenever – wherever – population groups that have been accustomed to the ways of the land decide to move to town, their lives turn around in dramatic ways, and for the worse.

Perhaps the most studied of these groups are the Pima Indians of the Southwest. These people are now reported to have the highest incidence of diabetes in the world, but not until they crossed the Rio Grande River and became Americanized. This trend is not confined to America. The World Health Organization points out that as the underdeveloped nations of the world reach toward development, diabetes is part of the price that comes with that transaction.

For this moment in history, the inevitable clash comes when biology collides with capitalism. Our basic nature provides us with a liking of sweet and fat-ladened foods. They are the most calorically dense, and therefore most prized among foodstuffs. At the same time, nature proclaimed that movement, particularly walking, was an action that aided survival...recent times have devalued movement. We are in a lower gear so that movement and the next meal are no longer connected to one another. Rich diets plus no movement mean certain obesity, particularly as the combination is encouraged by an industrial complex that profits greatly from rich foods and no-movement. No one has found a way to repeal the laws of nature; you can't repeal them. This unhappy combination, in my opinion, is why we are experiencing stories as told about the Australian aborigines, the Pimas, and by hundreds of millions of others around the globe. Globesity is upon us, and with it the immense physical, social, psychological, and economic costs that attend it. A few years ago, the CDC estimated the annual cost of diabetes in the U.S. alone to be $132 billion, which is surely less than the figures for today. And tomorrow...?

I calculated the other day that if the present rate of increase in these costs for diabetes continues at the same rate for another few decades, the cost of diabetes will exceed the GNP of the U.S. Can we afford that? Impossible. Such threats make the mission of DRWF more urgent. We can't look to others to address the issue. Let us be part of the solution, and not part of the problem.



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

Research Partners: Johns Hopkins' Wilmer Eye Institute

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

Daniel Finkelstein, MD

In the United States, diabetes is responsible for 8% 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 Screening Clinic in Baltimore, Maryland continues to increase with each year. One hundred and sixty-eight new patients received treatment at the clinic in 2004, and 31 patients were diagnosed with retinopathy. Two hundred and sixty-seven patients returned for treatment and 116 patients were diagnosed with retinopathy. On average, the clinic sees 3 to 4 patients a day for the treatment of common diseases associated with diabetes such as retinopathy, cataract and glaucoma. In 2004, twenty-six 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 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 2004 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, help prevent blindness, and to provide health assistance to those in need.

Diabetes Research & Wellness Foundation® provides funding to the Wilmer Eye Institute's Free Screening Clinic because we want to do everything in our power to see that the number of tragic cases of unnecessary blindness do 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, to get the help they need. Thank you for contributing to DRWF to help bring us closer to our goal.

Reference:

Wilmer Eye Institute, Johns Hopkins University

American Diabetes Association, Facts and Figures

DIABETES RESEARCH INSTITUTE
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE

IMMUNE SYSTEM MONITORING OF ISLET TRANSPLANTS

As published in *Diabetes* in September of 2005, we have demonstrated that elevation of cytotoxic lymphocyte gene (CLG) expression in the peripheral blood of 8/8 human islet patients who experienced loss of graft function had prolonged elevation of CLG in their blood several weeks prior to increases in blood glucose levels or insulin requirements. Five of five patients who maintained stable graft function did not show consistently elevated gene expression, although transient elevations did occur in conjunction with infection (e.g., pneumonia). Over the past year, analysis of patient samples sent to Miami by the Edmonton group has revealed a similar effect; in other words, the data derived from patients transplanted at two centers suggests that detection of CLG elevation can predict impending islet rejection.

In addition to continuing our molecular analyses for elevation of CL gene expression in patient blood samples, we have explored the potential utility of flow cytometry for detection of elevation of CLG proteins in patient blood. Flow cytometry-based assays would have the advantage of being more rapid and would also allow for detection of the leukocyte subpopulation in which the increase occurred. Such information can lead to insights regarding the mechanisms associated with graft rejection; e.g., was the effect due to cytotoxic T cells or to natural killer cells? Our preliminary results comparing CLG protein expression by flow and results for molecular testing suggested a correlation. In order to more carefully assess this, we used a cell line that expresses granzyme B (GB, a cytotoxic lymphocyte effector protein) and did dilutions of a non-GB expressing cell line into the positive cell line. We diluted the GB+ cells down to 0.1%. Samples were then assessed via molecular (RT-PCR) and cellular (flow cytometry) methods. The data demonstrated a clear correlation between the two methods. Since the frequency of cells in peripheral blood that might respond to donor cell antigens is very small, we need to dilute further to determine just how far we can go with flow cytometry; we may reach a point where the molecular method is sensitive enough to detect a very low percentage of cells (e.g., 1/1,000,000), while the flow-based method cannot do better than 1/100,000). This would be important in terms of monitoring for early CLG elevation, thereby enabling the earliest detection of immune activation. As new patients receive islet transplants, samples from each time point collected will be analyzed with both methods.

Norma Sue Kenyon, PhD

Historically, it has been hypothesized that much of the immunological "action" is actually occurring at the site of the transplant and will not be reflected by the status of cells obtained from peripheral blood samples. As presented at the Federation for Clinical Immunology Societies meeting in Boston in May, we have undertaken extensive retroactive analysis of our flow cytomtery data and compared the results to our CLG molecular monitoring. The data demonstrates that molecular monitoring enables detection of early and significant changes in immune status – PRIOR to the onset of clinical symptoms of islet graft loss, while flow cytometric-based monitoring of cell surface phenotype does not show significant changes until onset of hyperglycemia and the need for exogenous insulin administration. Currently, clinical studies of autoimmunity and transplantation allow for blood sample collection at predetermined time points (e.g., 3, 6, 9 and 12 months). Our observation that molecular changes precede detectable cell surface events, and more importantly, that individuals reject in different time frames, suggests that use of these predetermined time points may actually lead to missed events that signal impending graft loss or recurrent autoimmune disease. In general, the assays used to assess T cell anti-islet responsiveness (against donor antigens or against islet autoantigen) are time-consuming, labor-intensive and require relatively large blood draws. We propose that utilization of a molecular flag to signal the need for attainment of these larger samples may actually enable investigators to identify clear T cell changes that are associated with autoimmunity/rejection. A manuscript is in progress.

One change in personnel has occurred; Ms. Melissa Burgos is now undertaking the tasks previously performed by Ms. Murline Gelin. Dr. Han and Ms. Xu continue to head up the analysis efforts, with Melissa Burgos and Maria Escalona performing much of the hands-on bench work.

Joslin Diabetes Center

Gordon C. Weir, MD

Diabetes Research and Wellness Foundation Chair

Professor of Medicine at Harvard Medical School

Head, Section of Islet Transplantation and Cell Biology, Joslin Diabetes Center

ISLET CELL TRANSPLANTATION AT THE JOSLIN DIABETES CENTER–2004

A. CLINICAL TRIALS AND WORK TO IMPROVE OUTCOMES:

Clinical Trials.

The clinical islet transplantation program continues to be active, but as is being found at other major centers, recipients are typically losing some graft function within two years. In spite of this disappointment, it is important to note the important accomplishments with islet transplantation of the past five years. It is now firmly established that islet transplantation can produce insulin independence for valuable periods of time and even continuing clinical benefit when small doses of insulin are required, in terms of smoother control and protection from severe insulin reactions. A total of 19 individuals have now received islets from the Joslin Islet Core, these transplants are being carried out in collaboration with hospitals associated with Harvard Medical School and the University of Massachusetts Medical Center. The transplants continue to be successful in restoring insulin production and providing clinical benefit. Two approaches have been employed. The first is the Edmonton approach in which islets are given to individuals with severe hypoglycemia who have not had a previous kidney transplant. These individuals must start immunosuppressive medication. The second trial involves individuals who had kidney transplants, and are already on immunosuppressive medication. The current state of transplantation usually requires islets from two donor pancreases to render recipients insulin independent. One of our patients became insulin independent with only one pancreas. In 2005-2006, we plan to use a new medication, glucagon-like peptide 1 (GLP-1) to improve the survival and function of the transplanted islets. GLP-1 is a natural hormone that enhances insulin secretion, generates new insulin-producing cells, and makes these cells resistant to cell death.

Improving islet quality.

A high priority over the past year has been to find ways to improve the health of the islets we transplant. We have made considerable progress in the past year in finding ways to assess islet health prior to transplantation. This is essential because there are now a variety of agents that should enhance islet health and performance, so we need methods to precisely measure the efficacy of such approaches. The Joslin islet team continues to work closely with collaborators at Massachusetts Institute of Technology and much of the work is coming to fruition, as was evident by multiple presentations at the Cell Transplant Society International Congress in Boston in November 2005 and the International Pancreas and Islet Transplantation Association Meeting in Geneva in May 2005. Measurements of oxygen consumption have been performed and are turning out to be very useful. Another important advance has been in finding a way to accurately determine the number of insulin-producing cells in an islet preparation; this now being done by the new technique of nuclei counting and electron microscopic identification of the different islet cell types. Other progress is being made with the analysis of different tissue culture conditions, finding that some media are better than others, and the addition of a GLP-1-like agent improves islet survival.

B. ALTERNATIVE SOURCES OF INSULIN-PRODUCING CELLS

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 continue 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.

This pioneering work is led by Dr. Susan Bonner-Weir, who has been able to make new islets in laboratory dishes from precursor cells of human pancreases. Dr. Bonner-Weir has been able to obtain a highly purified population of pancreatic duct cells, which we hypothesize are the precursor cells for beta cells. Proving this important point has been challenging, but

now it is possible to take a population of duct cells that contain no insulin, and with the right conditions produce cells containing insulin. The reason why this work is so important is that once the precursor cells can be definitively identified, strategies can be applied to expand these cells and then direct them to become beta cells.

2. Molecular analysis of new beta cell formation.

To be able to fully exploit the potential of islet precursor cells, it is necessity to do the painstaking work of analyzing the molecular events that make this happen. Drs. Bonner-Weir and Arun Sharma of the Section of Islet Transplantation and Cell Biology have made considerable progress in characterizing how genes are turned on and off, as precursor cells become new beta cells and then complete the maturation process to become fully functional. This work is being carried out in mice and rats, which are the experimental models most suited for these kinds of molecular studies. As part of the work, the role of a new key transcription factor called a MafA, which was discovered by Dr. Sharma, is being intensively evaluated. There appear to be a small number of controlling genes called transcription factors that account for the specialized nature of beta cells. Understanding how MafA and these other factors interact should allow us to be able to turn on the master switches that control development. This basic science can then be applied to the precursor cells of the pancreas to fulfill the promise of embryonic stem cells.

3. Embryonic stem cells continue to be a promising source of new insulin-producing cells.

Scientists continue to work under the guidance of Drs. Bonner-Weir, Weir and Sharma on embryonic stem cells. This work has been difficult not only for us but for scientists elsewhere. We are, however, very encouraged by a new approach of using embryonic stem cells that have undergone molecular engineering to turn green (using green fluorescent protein) when insulin is being made. This greatly facilitates being able to screen various conditions that make cells turn green. Using a combination of culture conditions and growth factors, the team has been able to produce a population of bright green cells that contain insulin. This appears to be an early stage of an important advance. Joslin continues to build its stem cell program through the combined efforts of the Section on Islet Transplantation and Cell Biology, the new section on Stem Cell Biology with Drs. Keith Blackwell and Amy Wagers. Within the next year, we expect to start work on human embryonic stem cells at Joslin. The new Harvard Stem Cell Institute was created in April 2004 and Dr. Weir is the head of its Diabetes Program. This provides a unique opportunity to bring together scientists throughout the Harvard system to focus on how to use stem cells for diabetes.

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. At present, some work is continuing with porcine islets and this is expected to continue during the next year.

C. PROTECTION OF ISLETS FROM IMMUNE DESTRUCTION

1. Immunobarrier protection.

This 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 new approaches that have moved the field forward. One approach is to use the oxygen carrier perfluorocarbon inside the capsule, which we expect will deliver a higher concentration of oxygen to islet tissue in the center of the capsule. Another approach is to create smaller aggregates of islet tissue, which is predicted to provide better survival and insulin secretion. We are not optimistic that these capsules will be useful for the islets obtained by cadaver donors that are now working well in our patients. 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. We still feel that immunobarrier approaches may be important for the future because it may be more efficient to encapsulate small clusters of insulin-producing cells produced from stem cells. We also expect to return to the use of pig islets once the capsule technology is further advanced.

2. Immunomodulation

Having finished several projects employing gene therapy, we are exploring new ways to prevent islets from being destroyed by the immune system. Dr. Weir is a member of the JDRF Harvard Tolerance Center led by Drs. Diane Mathis and Christophe Benoist of Joslin. This is an exciting group of scientists working on a variety of new ways to induce tolerance to islets. Tolerance induction means that the immune system is retrained to accept transplanted cells without the need for immunosuppression drugs. In a variety of mouse experiments it has been possible to administer drugs for a short period at the time of the transplant and then have the transplanted cells do well without further treatment. This work in mice has been so promising that the same approaches will soon be tried in humans. In the meantime, the basic science work will continue to learn more about mechanisms and develop new treatments. An important strength of the Harvard collaborations is that promising results with mice are then assessed with monkey islet transplants to better evaluate the prospects for success in people. The monkey islet transplants are performed at Massachusetts General Hospital using islets isolated by Dr. Weir's laboratory at Joslin.

DIABETES HEALTH CLINIC

Our diabetes clinic at the Community Center for Non-Violence (CCNV), the largest homeless shelter in the District of Columbia, is in its seventh year of service. On average, eight to ten patients are seen weekly at the clinic by our diabetes educator. Patients are given meters through a generous program offered by Bayer, receive nutrition education, and receive care by the medical staff, which exceeds that recommended by the American Diabetes Association. Clients at the clinic are successfully lowering their A1C levels from 12-13 down to 7-8.

Our patients may be homeless, but they are given the tools to manage their diabetes despite the limitations that may exist by living in a shelter. Many of these clients only have access to a single meal a day. We have empowered these individuals to walk, monitor their blood glucose levels, and choose foods wisely. We have been successful in enrolling them in health insurance programs and food stamp programs, referred them for yearly eye and dental exams, and monitored their cholesterol, blood pressure, kidney function, and A1Cs to meet the mission of DRWF – to keep individuals healthy until a cure is found.

The education program at CCNV has provided hope and success for many clients and provides the tools necessary for participating homeless individuals to successfully manage their diabetes even with their limited resources.

HEALTH FAIRS

DRWF's outreach program was very active in 2004. The foundation attended more than 65 health fairs throughout the metropolitan area at local businesses, community centers, and homeless shelters. Our educator screened more than 350 individuals for diabetes, identifying many with prediabetes. Unfortunately, at each session our screenings detected at least one if not more individuals with elevated blood glucose levels. It is known that 18 million individuals have diabetes, and 5.9 million are unaware that they have diabetes. Our free screening program has been very effective in raising the awareness of diabetes and the importance of aggressively identifying its existence so individuals can make the lifestyle changes necessary to prevent the many complications of diabetes.

At our screening sessions, we offer consultations with a certified diabetes educator to inform individuals of the risk factors and means by which Type 2 diabetes can be prevented or controlled. Our CDEs have counseled individuals on blood glucose control and provided them with referrals to physicians and diabetes education programs to determine if their elevated blood glucose levels were an indication of diabetes.

DRWF has reached out to the community to raise awareness regarding the prevalence and seriousness of diabetes. With prediabetes numbers growing, DRWF is anxious to participate in a variety of venues to encourage individuals to change their behaviors and improve their overall health.

SUPPORT GROUPS PROGRAMS

DRWF's Certified Diabetes Educator held an educational program for a large group of County Social Workers to assist them in gaining a better understanding of diabetes – the signs, symptoms, and treatments, as well as resources available. The impact of this program will be wide reaching in that these individuals will take the message to the community in their daily interactions with their clients and their families.

DRWF's educator also started a support group at a local government agency and met monthly with employees during their lunch hour to discuss a variety of topics related to diabetes and its management.

An eight-week program was held at Sarah's Circle, an independent living facility for seniors living in the Washington, DC area. The topics included nutrition, foot care, diabetes and its treatment, depression, and relaxation therapy. This lively group of seniors enthusiastically participated in the program and gained much from the experience.

DRWF's involvement with George Washington University Graduate School's interdisciplinary program continued for its fifth year. The students participated in a number of educational programs at shelters, transitional housing facilities, and drug treatment programs. The students taught the staff and residents about the risks of diabetes and methods that can be used to empower those with diabetes to be proactive in its management.

In 2004, DRWF, in conjunction with the University of the District of Columbia Extension Program and Unity Health Care, offered a four-week diabetes education program in English and Spanish at a large clinic in the District of Columbia. The program offers self-management training to the underserved population of the District of Columbia. Since the institution of the program in January 2003, over 150 individuals have benefited from the diabetes education sessions. The program's success motivated the staff at the clinic to establish a weekly walking program, held prior to the class, and has demonstrated to the patients the role that exercise can play and its value in the management of diabetes.

DRWF AIDS TSUNAMI VICTIMS – INSULIN SUPPLIES DESPERATELY SHORT

The horrific scene of destruction and suffering caused by the massive tidal wave in South Asia will not soon be forgotten.

Reports of death and disease have consumed every TV, radio, newspaper and magazine.

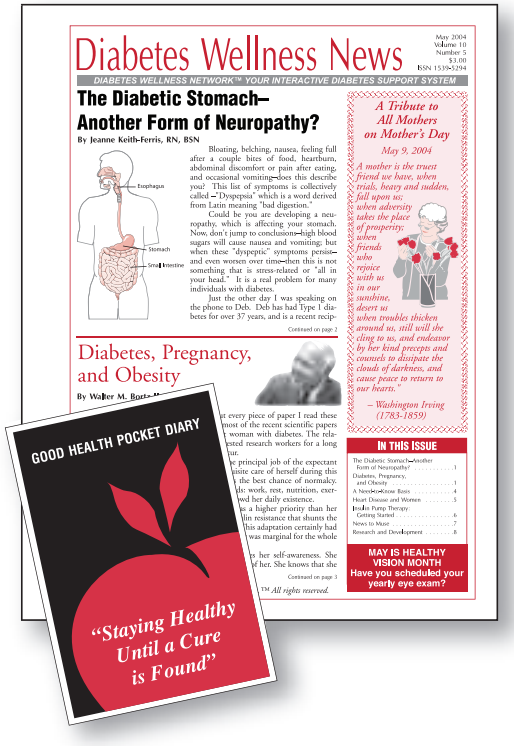
The Diabetes Research & Wellness Foundation was quick to come to the aid of tsunami victims. The DRWF U.S., U.K. & French organizations helped ship 4,000 vials of emergency insulin to the disaster areas for patients who may have otherwise died without their regular insulin injections.

Can you imagine having no drugstore or doctor's office to call for your life-preserving insulin? You only have days to live without your insulin. You can't buy it. You can't make it. This is a LIFE or DEATH situation.

The foundation responded to urgent requests from doctors on the scene in Indonesia for emergency help. There was no way we could say "No" to their requests.

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 in our 8-page diabetes newsletter. The 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. 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. The newsletter also includes helpful book reviews, product reviews, recipes, updates on research being done by our grant recipients, and not least of all, the many articles from our writers that inspire, motivate and offer hope. The membership also includes a pocket-sized bi-monthly diary for members to use to record, on a daily basis, their blood glucose readings, medications, weight, physical activity and appointments. This diary works as a companion tool for the patient, to carry along with them to their regular doctor's appointments. 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.



"Peace of mind is on the way. Never take good health for granted."

IN DEMAND – MORE THAN 30,000 DIABETES IDENTIFICATION NECKLACES WERE DISTRIBUTED IN 2004.

DRWF is proud to report that we are in our eighth year of distributing FREE Identification Necklaces nationwide, for all those in need. This year DRWF distributed more than 30,000 necklaces nationwide. 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. 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.

We do all we can to make it as convenient as possible for anyone in need of an ID necklace to receive one. This is information worth passing on if you know someone who may be in need. If you don't already have some form of diabetes identification, then we urge you to send in your request today. It can save your life.

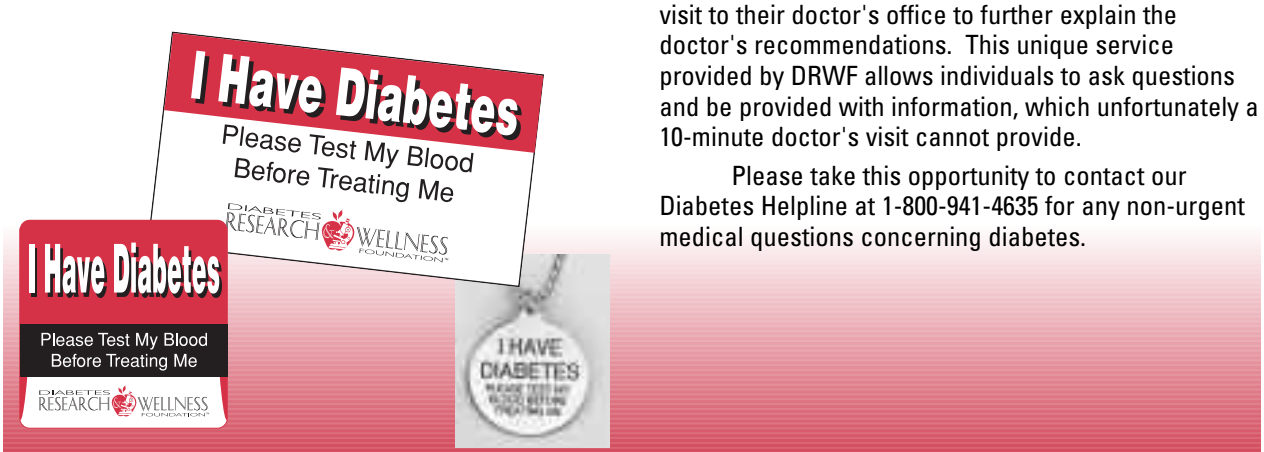
DIABETES ID KIT

DRWF has been a strong force in getting the awareness and preparedness message across to the diabetes community by offering a Diabetes ID Kit, unlike any other kit that is currently offered. Our mission is to promote and educate the public about proper identification for those with diabetes. This identification is key when you are unable to speak for yourself in an emergency. The Diabetes ID kit is offered FREE – by request – with a self-addressed envelope and stamp. By wearing and having these ID's on your person each day, you are in effect educating and sharing your knowledge of diabetes.

Since announcing the Diabetes ID Kit program in 1999, DRWF has experienced an overwhelming response. The kit includes a diabetes identification necklace, a window decal for your car or house, and a wallet ID card that states, "I Have Diabetes, Please Test My Blood Before Treating Me."

To receive your free ID necklace or Diabetes ID Kit, mail your self-addressed, stamped request to:

DRWF
Attn: Diabetes ID Kit
5151 Wisconsin Avenue, NW
Suite 420
Washington, DC 20016



GET YOUR FREE IDENTIFICATION TODAY...IT COULD SAVE YOUR LIFE!

DIABETES RESEARCH & WELLNESS FOUNDATION® TOLL-FREE HELPLINE

The Diabetes Research & Wellness Foundation's Toll-free Helpline has served over 1,200 individuals this year, answering a wide array of questions regarding diabetes self-management. Callers have the opportunity to speak to a registered nurse, who is a Certified Diabetes Educator, and gain further understanding of their diabetes. Questions range from blood glucose goals, nutrition, medication regimens and how medications work, to 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 that call 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 to the patient. The service provides information on the latest medications and research, as well as counseling the caller's personal diabetes control via the phone. Often times patients call soon after returning home from a visit to their doctor's office to further explain the doctor's recommendations. This unique service provided by DRWF allows individuals to ask questions and be provided with information, which unfortunately a 10-minute doctor's visit cannot provide.

Please take this opportunity to contact our Diabetes Helpline at 1-800-941-4635 for any non-urgent medical questions concerning diabetes.

IMAGINE YOURSELF DOING SOMETHING SO EXCITING, AND AT THE SAME TIME, SO WORTHWHILE.

A group of nine individuals took DRWF up on its "challenge of a lifetime," to hike the Grand Canyon in two days, and to raise money for diabetes research. The two day, 17-mile journey certainly challenged the athlete in all of us! Raising $3,000 is a hard task to ask anyone to do, but knowing that these important funds will go towards research to curing diabetes is well worth the effort.

The Grand Canyon was definitely a challenge for all of us, as we all realized that anything is attainable as long as you put your mind to it. This challenge is the perfect opportunity to go beyond what you are used to. Don't limit yourself to small things, go big. Even if you have a terrible disease like diabetes, you can take part in a physical event such as this challenge. As a person with diabetes, you are already faced with what some would consider insurmountable challenges on a daily basis, so surely even the Grand Canyon is no match for you. You can do it. It's just a matter of choice. We strongly recommend this challenge to anyone and everyone to engage their mind and body. For with this, you can beat anything.

The foundation is happy to report that last year's hikers raised more than $18,000. Donations were still coming in strong, even after the hikers returned from the Grand Canyon. We thank all of our sponsors and donors and hope that next year we will have even more hikers and raise even more funds. Thanks for helping us make a difference in diabetes.

Start training today! We hope that we have inspired you to join up for the Grand Canyon Challenge next year. Experience the ultimate high; please join us for the next hike, which will take place on January 13, 2006. This event is not to be missed.

For more information, please contact us at 202-454-1606, or agretschel@diabeteswellness.net and reserve your spot today.

3rd ANNUAL
F. KEANE EAGEN
Diabetes
Golf Classic

THIRD ANNUAL DIABETES GOLF CLASSIC TAKES PLACE ON MAY 9, 2004 IN LEESBURG, VIRGINIA

Diabetes Research & Wellness Foundation® kicks off the Third Annual Diabetes Golf Classic to benefit the programs and services of the foundation.

Many golfers entertained friends, clients, and employees as a release from the daily grind. The day was filled with die-hard golfers. The foundation is happy to report that the Diabetes Golf Classic raised over $80,000 for diabetes research and programs. These funds will be used for our many special research projects.

DRWF thanks all of its donors and golfers for taking part in the Third Annual Diabetes Golf Classic. As always, we thank you for your continued support. The next Annual Diabetes Golf Classic will take place on May 8, 2006.

MANY THANKS

Diabetes Research & Wellness Foundation® would like to thank all of the donors who participated in our third annual Diabetes Golf Classic. Your participation made this event a wonderful success. Thanks again.

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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 4, 2004 in Maryland. It was a beautiful day of golf for the 120 players that participated in memory of Ed Trevisan. The tournament raised more than $18,000.

DRWF thanks the Ed Trevisan Memorial Golf Tournament for sharing its annual tournament with the foundation. The much-needed money will benefit diabetes research and ongoing educational programs at the foundation.

GRAND CANYON CHALLENGE

January 13, 2006

4th Annual Grand Canyon Challeng

Join hikers for a 2-day journey through the beautiful Grand Canyon while raising money for diabetes research and education programs.

*Spaces are limited so please contact DRWF today and reserve your spot for the 4th Annual Grand Canyon Challenge taking place on January 13, 2006.

The proceeds from the Challenge will benefit Diabetes Research & Wellness Foundation® programs, services, and research.

Sign up TODAY: 202-298-9211 or visit
our Web site: www.diabeteswellness.net

FOURTH ANNUAL F. KEANE EAGEN DIABETES GOLF CLASSIC

Monday, May 8, 2006

Please join the Diabetes Research & Wellness Foundation® for another wonderful day of golf and a well deserved dinner reception. Please don't pass up this opportunity to play golf and the chance to raise money for diabetes research. The foundation depends on your support of events such as these golfing events. We promise not to disappoint any guests that play at the International Country Club in Northern Virginia. We hope that you can attend this event, so please mark your calendars and get your clubs ready for Monday, May 8, 2006. Call 202-298-9211 or email: agretschel@diabeteswellness.net for more details.

DRWF LAUNCHES NEW WEBSITE

Keeping up with the times, DRWF has developed a new interactive website for people with diabetes. The web site is intended to make use of today's technology to further the concept of the Diabetes Wellness Network®.

The website includes general information about the foundation's mission and projects as well as, educational brochures, research news, fundraising events, seminars, and details of the projects DRWF has funded since our inception in 1993. Helpful tools and resources will also be available to assist users of the website to better manage their diabetes. Please take a moment and visit the website at: http://www.diabeteswellness.net

*Please check our Web site for additional upcoming events.

Get Involved TODAY!

HOW CAN YOU 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 have kept these research studies going through the years.

Every donation – large and small – helps to fund services, programs, and research to benefit our communities suffering from diabetes and its many complications.

Honor 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.

You can also send a gift donation in honor of a loved one who suffers with diabetes each day.

A 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 18 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:

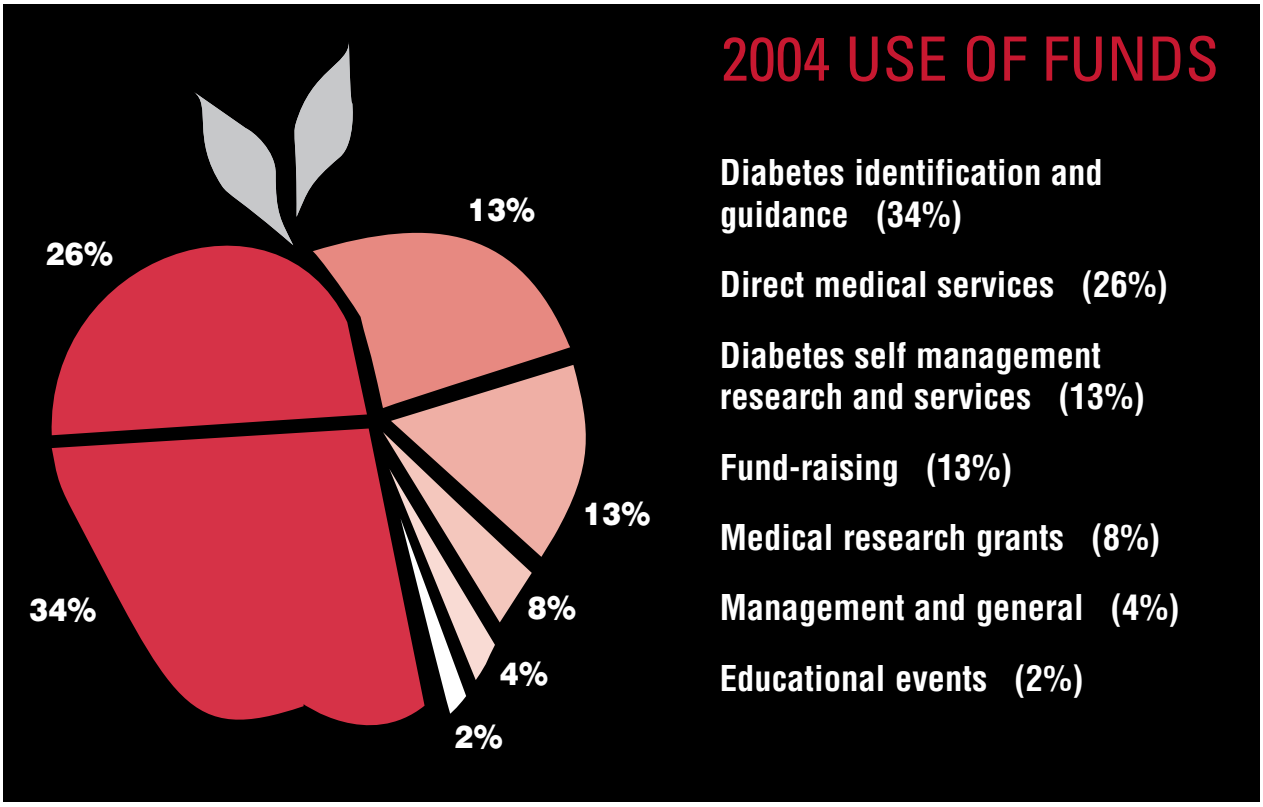
Diabetes Research & Wellness Foundation®
5151 Wisconsin Avenue, NW
Suite 420
Washington, DC 20016

202-298-9211

www.diabeteswellness.net

ARE YOU INTERESTED IN BECOMING A DIABETES RESEARCH & WELLNESS FOUNDATION® LEGACY?

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.



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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 Research Institute
Islet Cell Transplantation Studies (1993, 2000, 2001, 2004)
Principal Investigator: Camillo Ricordi, M.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 - 2004)
Program Director: Daniel Finkelstein, M.D.

Joslin Diabetes Center
Islet Cell Transplantation Research Program (1996-2004)
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.

State University of New York at Stoney Brook
Diabetic Renal Disease Studies (1993)
Principal Investigator: Kathleen Dickman, Ph.D.

Unity Health Care Clinic Federal City Shelter
Provided C.D.E. (1998), Diabetes Clinic (1999 - 2004)
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.

"To accomplish great things, we must not only act, but also dream, not only plan, but also believe." – Anatole France

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"When it's all over, it's not who you were...it's whether you made a difference."
– Bob Dole

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