

NEWSNOTES

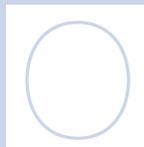
CHILDREN'S DIABETES FOUNDATION AT DENVER — SUMMER 2004

AndersonMasonDale Architects



NEW BARBARA DAVIS CENTER AT FITZSIMONS ON THE HORIZON

— George S. Eisenbarth, M.D., Ph.D., Executive Director, BDC



On the Center's website at www.BarbaraDavisCenter.org one can follow with a webcam the construction of the new Center at Fitzsimons. Elevator shafts are in place and steel beams are now rising with a planned completion date of March 2005, less than one year away. The new Center will be 110,000 square feet, while our current Center is 30,000 square feet. We will no longer have to rent space in outlying buildings for specific programs of the Center and both the Clinical Division and Research Division are eagerly awaiting the new facility. In the past decade our overall annual Center budget has grown from \$3 million to \$16 million per year with a corresponding increase in the number of families cared for and research undertaken.

Barbara Davis Center

- The entire University of Colorado Medical School is moving to the site of what had been a major army medical base, Fitzsimons. This historic site is where President Eisenhower was treated for his heart attack. When the Fitzsimons base was closed as a military hospital, the medical school began the process of moving. Not only will the medical school move, but University Hospital and Children's Hospital are constructing new facilities on the campus. The cost of the total move will approach \$4.5 billion. The cost of our new building is \$32 million, with more than \$6 million provided by the philanthropic support of the Davis family, the Children's Diabetes Foundation, The Guild and individual donors. With this support, combined with the major commitment of the University of Colorado Health Sciences Center, we will have a remarkable state-of-the-art facility.
- The new building will help us fulfill our mission of caring for individuals with diabetes and their families. In our new facility, we will continue the partnership we enjoy with our families to develop the information to better treat and some day prevent and cure childhood diabetes.
- Fitzsimons is located at the junction of I-70 and I-225, off of Colfax Avenue, and will be readily accessible to our local patients and closer to the airport for our patients who come from throughout the United States and worldwide. Having Children's Hospital within a block of the new Center, is a major advantage as our physicians provide the inpatient



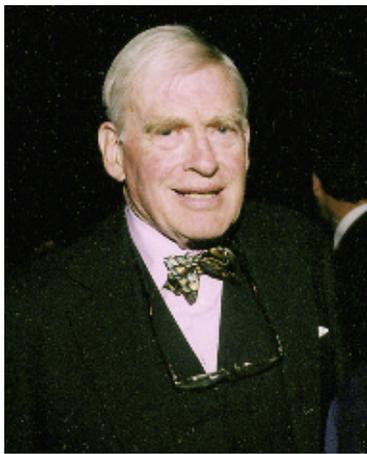
care for children with diabetes when they are hospitalized at Children's, as well as conducting inpatient research on their Clinical Research Unit. There will be four units located on the first floor of the new building: Pediatric, Young Adult, Ophthalmology and a Translational Research Unit. The second floor, whose completion will likely follow initial occupancy of the building, will house a conference center and major Clinical Research units.

The third and fourth floors will be devoted to research; the fourth floor will be completed first, followed by the third floor and, similar plans will take place for the second floor. It is envisioned that the facility will allow expansion of our efforts in islet developmental biology (the goal to create new islet cells), clinical immunology (prediction and prevention of childhood diabetes) and transplantation. The Center, under Dr. Gill's leadership and in close collaboration with University Hospital under the direction of Alex Wiseman, was chosen as one of 10 islet cell resource centers in the country. We plan to construct a facility for the isolation of human islets on the third floor of the Center. Islet transplantation is a procedure at this time that is only considered for individuals with the severe

complications of diabetes (in particular recurrent hypoglycemia that cannot be medically managed) but basic transplantation research will hopefully allow development of transplantation without the current need for immunosuppression. In addition, we will partner with groups attacking autoimmune illnesses related to childhood diabetes, as we have much to learn from each other. Finally, we will develop a computational biology group in the Center, as information technology is the "glue" uniting and speeding our efforts.

The building we are leaving that was dedicated May 14, 1980, has served us and our community well. The Center has pioneered the recognition of childhood diabetes as a predictable autoimmune disorder, the introduction of the new generation of insulins, prevention of complications, the first devices for continuous glucose monitoring (including implantable sensors) that will hopefully revolutionize care in this decade, trials for diabetes prevention and islet transplantation. With the new Center on the horizon, our major wish is that its construction speeds our reaching that horizon where childhood diabetes ceases to be a burden and eventually ceases to be.

Naming rights are still available at the new Center. Please contact Hilary Talocco to find out more about these funding opportunities at 303-863-1200.



BDC LOSES BELOVED DOCTOR, DONOUGH O'BRIEN, M.D.

— George S. Eisenbarth, M.D., Ph.D.
— H. Peter Chase, M.D.



Donough O'Brien, M.D., emeritus professor, past Executive Director of the Barbara

Davis Center for Childhood Diabetes and long-term leader in the Department of Pediatrics of the University of Colorado Health Sciences Center, passed away March 16, 2004. Donough O'Brien had a remarkable scientific and medical career and was an active contributor to children's welfare and the BDC until his death. His career spans important advances in the care and, in particular, in our understanding of childhood diabetes that he helped to set in motion.

To quote Richard Krugman, Dean of the School of Medicine of the University of Colorado, "Donough O'Brien's contributions to child health have spanned four decades. He has built outstanding clinical, research and education programs in pediatric metabolic

diseases and generations of children have benefited."

Dr. O'Brien was born in Scotland. He completed his medical training in Cambridge, England, where he became a Fellow of the Royal College of Physicians. From 1952-53, he received fellowship training in Pediatrics at Children's Hospital, Boston, studying under two giants in pediatrics, Drs. James Gamble and Clement Smith, whose work revolutionized the approach to infant care, and in particular the field of salt and water balance in infants. In 1957, he was recruited to the University of Colorado as Professor of Pediatrics, where his early efforts were in the field of premature newborn infant care. At the time clinical laboratory measurements used large volumes of blood and had not been adapted to small children. He developed one of the first pediatric micro-chemistry laboratories in the world, and was an author of a widely-used textbook (titled Pediatric Micro-Chemistry).

He was one of the first to apply an amino acid analyzer and mass spectrometry to childhood metabolic disease. He established both the University Pediatric Dialysis Unit and the first University fellowship program to train pediatric subspecialists. He established the Pediatric Clinical Research Center of the University of Colorado which is currently the longest continuously funded center in the United States. In 1970, he founded the Kennedy Stolinsky Center for metabolic disease and mental retardation. In 1977, Dr. O'Brien was instrumental in the creation of the Children's Diabetes Foundation and in 1980, the Barbara Davis Center for Childhood Diabetes, which he

directed from 1983-91. Under his watch, the Center recruited world-renowned immunologist Kevin Lafferty from Australia, who established a pioneering basic science program in islet transplantation, and Dr. Peter Chase who became the first Clinic Division Director. He was instrumental in recruiting the current Executive Director of the Barbara Davis Center, Dr. George Eisenbarth, and remained an active faculty member. His efforts as an emeritus professor included development of the website of the BDC and being a major contributor to the "ask the experts" section of the children with diabetes website. His interest and energy never waned and at the BDC he would sit in the first row every week at every Research in Progress presentation, thereby staying abreast of current research in the field of childhood diabetes.

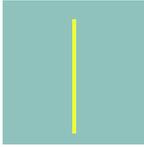
Dr. O'Brien received multiple honors including the Educator of the Year Award from the Colorado chapter of the American Academy of Pediatrics and was honored by the Children's Diabetes Foundation at the High Hopes Tribute Dinner in 2001. As a lasting tribute, a fellowship for young physician scientists (the O'Brien Fellowship) was established.

Dr. O'Brien was a unique individual with a career spanning five decades. He was a role model as a physician scientist and an effective advocate for the care of children, creating institutions that will continue his good works.



● COMPLACENCY ● IN DIABETES

— H. Peter Chase, M.D.



I am often asked what I see as the number one problem in diabetes

management today: my answer is “complacency.” What I mean by this is that many families no longer spend the time evaluating the diabetes management that could make the difference between average diabetes care (e.g., HbA1c of 8% to 9%) and excellent diabetes care (e.g., HbA1c below 8%). And yet we know that, at least for older children, it is the HbA1c below 8% that prevents eye and kidney damage.

I sometimes wonder if our improved technology has not added to the complacency. We have basal insulins (Lantus®, insulin pumps) that make the severe nighttime lows less likely. We advise four or more blood sugar checks per day, and as long as they are getting done, people assume all is going well. It is obviously important to spend time each week analyzing the trends from these blood sugar values.

Twenty years ago, we used to demand that all families keep log books of all blood glucose

“...what is needed is 10 minutes per day of diabetes-time.”



Photo: keninreichphotography.com

values. This was most always done by the parents, as diabetes is not yet a priority in the lives of most youth. The families looked at glucose patterns and made weekly changes in insulin dosages. We now have meters that can be downloaded onto computer screens, and less than half of the families write glucose levels in log books. Why is this? I sometimes hear that “life is just too complex. There just isn’t time.” Perhaps the **REAL** answer is, “It isn’t a priority.”

Ninety-five percent (or more) of diabetes management has always been done by the family (so stated in all 10 editions of the Pink Panther™ books). The family manages the diabetes on a daily basis — and every three months spends an hour or two with the healthcare team. I would propose that what is needed is 10 minutes per day of “diabetes-time” (less than one hundredth of the 1440 minutes in a day). Look at the glucose values. Has there been a

pattern in the past three or four days? Or in the past one or two weeks? Write down the times of daily exercise. How can this be better managed? Look at the effects of special foods. If one writes down one word (pizza, spaghetti, cookies, etc.) in the log book, insight may be gained on how to avoid high sugar levels that raise the HbA1c level.

Diabetes is a non-forgiving disease. We all go through tough times in life where it is easy not to make diabetes one of our priorities. However, 10 minutes a day of “diabetes-time” might make all of the difference in keeping our body tissues safe. The key is not being lulled into complacency.



IMPLANTABLE, CONTINUOUS SENSOR REDUCED GLUCOSE FLUCTUATIONS IN TYPE 1 DIABETES

— Kendra Godbold



Adults with type 1 diabetes experienced decreased periods of high or low

blood sugars when using a long-term implantable, continuous glucose sensor, according to a study in the March issue of the journal *Diabetes Care*. Researchers at the Barbara Davis Center for Childhood Diabetes conducted this first study of the sensor and its effects on glucose excursions, or periods of hypo- or hyperglycemia.

The study showed that when participants observed data from the implanted continuous glucose monitor, they experienced 47% less time in hypoglycemia, a state of low or below normal blood sugar levels. The participants also spent 25% less time in hyperglycemic states, or states of high blood sugar.

Researchers believe this improvement in excursions from normal glucose levels is a direct result of the patients' ability to continuously see their glucose data.

"The availability of continuous glucose data allowed patients to predict hypo- or hyperglycemia and take necessary action by eating a snack or by taking additional insulin," explained

Dr. Satish Garg, a doctor at the Center and lead author of the study.

The sensor, made by DexCom Inc. of San Diego, is about the size and shape of a AA battery. It was implanted for six months just under the skin in the abdomen of 15 adults with type 1 diabetes. The participants then used an externally-worn, pager-sized receiver that received wireless-transmitted information.

The sensor device was not only capable of providing study participants continuous glucose level data, but it could also provide auditory or vibratory alerts when glucose levels were high, or above 11.1 mmol/l (more than 200 mg/dl), or low, or below 5.6 mmol/l (less than 100 mg/dl).

For the first phase of the study, both the study participants and the doctors were blinded from the data, and the data was simply monitored and stored by the sensor.

For the second phase, the data was made available to the participants and their healthcare providers. During this time, the high and low blood sugar alerts were also activated.

During both periods, participants made changes to their insulin dosages or diets as needed. Participants also routinely checked their blood sugar using finger-stick glucose monitors to assure their implanted sensors were working correctly.

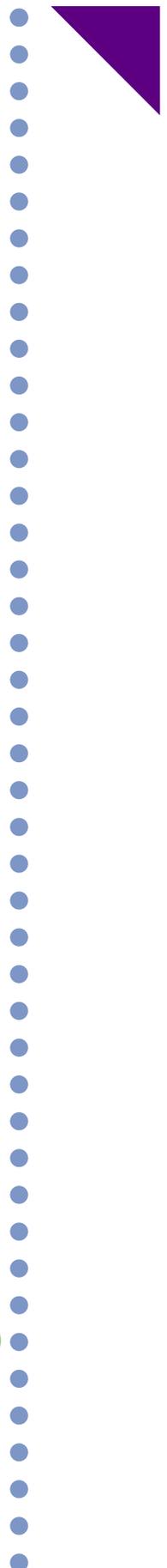
At the conclusion of this observation, the research team found the patients were more successful in maintaining normal sugar levels, or

euglycemia, when they had continuous access to the data.

"This is particularly important because the biggest hurdle in diabetes management is that patients dislike poking themselves in the finger even more than giving themselves their injections," Dr. Garg said. "Doctors ask people with diabetes to monitor themselves as often as possible, and now this less painful and less stressful continuous monitoring seems to make their sugar management more successful. Also, continuous glucose data may make implementation of intensive diabetes management more acceptable."

According to the Centers for Disease Control and Prevention, types 1 and 2 diabetes affect approximately 18.2 million individuals in the U.S. It is estimated diabetes costs the U.S. \$132 billion a year because of intensive treatment, education, monitoring, hospital stays and long-term complications.

The Barbara Davis Center is the largest center dedicated to type 1 diabetes in the United States, caring for more than 5,000 children and young adults with the disease from all over the world. The Center is an important component of TrialNet, a major NIH initiative devoted to the prevention of type 1 diabetes, and the NIH Immune Tolerance Network. The Center is one of the most funded diabetes research centers in the country.



GLUCAGON

Parents – please bring in your expired glucagon kits to Susie Owen at the Center so that they can be given as demos to school nurses.

BDC is looking for volunteers. To learn more please contact the BDC at 303-315-8796

H. PETER CHASE ENDOWED PROFESSORSHIP

Name _____
Address _____
City _____ State _____ Zip _____
Amount _____

Gift in Honor of:

Name _____
Address _____
City _____ State _____ Zip _____

(Make checks payable to “Children’s Diabetes Foundation”)

Please return your contribution with this form to:

**Children’s Diabetes Foundation
777 Grant Street, Ste. 302
Denver, CO 80203**

PLANNED GIVING



It is very important that we assure the future of the clinical and research programs at the Barbara Davis Center for Childhood Diabetes as the patient population increases and research is more promising than ever before. Consequently, the Children’s

Diabetes Foundation has added a new dimension to the Brass Ring Fund – Planned Giving.

Planned giving is a way for a donor to make a significant gift to a non-profit organization while receiving favorable tax and financial benefits during his or her lifetime. A carefully “planned” gift to the Children’s Diabetes Foundation can allow you to balance your personal financial goals with your charitable interests.

Planned gifts come in various shapes and sizes, and all are important to the work of the Foundation and the Center. Whether a simple bequest provision, a charitable gift annuity or an independently invested and managed trust, your gift will assure that the Barbara Davis Center continues to be world-renowned for care and research.

For additional information contact Sue Palandri at the Foundation office, 303-863-1200.



The following letter was received by Dr. Chase from a thankful father in England.

Dear Peter,

My wife and I are greatly indebted to you. I believe you saved our child's life. Without doubt you greatly assisted her recovery without incident.

Our daughter is type 1 Diabetic. She was diagnosed as such aged 4 1/2 years, in the Netherlands. She is now almost 9.

Last October, she picked up a short-lived stomach bug which had been doing the rounds at school, here in Surrey, England. No problem for most kids but, as it caused loss of appetite and eventually vomiting, a real issue for us. Over the past 4 years, we have been through a number of short-term illnesses lasting a day by suspending the morning dose of insulin and then easing her back onto a 60-70% of normal dose in the evening, then back to normal next day.

Last October, we did the same, only we gave the normal morning dose and then missed out the evening insulin as the illness set in (she is on two doses daily). All was well next morning, so I was ready to resume insulin. She said she felt sick so I stopped as she crashes badly when low. I waited. Then the sickness started, she became thirsty but vomited very swiftly after taking fluids. About four hours later, there was no change. It also occurred to me that the vomiting was too "efficient" following the intake of water so I decided it must be diabetes linked. I have fallen very ill all around the world and I had not experienced anything like it. We administered some insulin.

I needed to know immediately if she needed hospitalization as I felt sure we had lost control, although her bloods were not too high at around 22 mol. I did a search on keto-acidosis on the internet. I read a couple of articles which were of no real help. I then hit on your paper Understanding Diabetes. Forgive me for saying so, but even then it was not entirely clear what was happening, but by reading your information on the web I was able to determine that she had tripped from vomiting relating to a stomach bug through to vomiting caused by ketoacidosis. Your site also made it very clear that she needed help, although I remember at the time needing to read clear and bold statements about the need to act urgently — it is tough being a "parent and medical hack" combined at times of severe worry and pressure.

I took Francesca to hospital immediately, she was tested and stabilized overnight and back home within a total of about 16 hours. The temptation had been to keep her at home overnight which would have been catastrophic. Thanks to your paper we made the right decision. We have also read much more since then and we are being lectured by our diabetic group doctor on managing sickness days tomorrow night.

Thanks again,
Paul Hodson



EAGLE SCOUT AWARD

K Kolby Van Newkirk was awarded the Boy Scouts' highest rank, Eagle Scout on March 21, 2004. Kolby is a sophomore at Garden County High School in Oshkosh, Nebraska. As his Eagle project, Kolby designed and built the hog waterers at the Garden County Fairgrounds.

Kolby was diagnosed with type 1 diabetes at age nine. As a result of the top-notch education and medical care he has received from the Barbara Davis Center and Dr. Chase he hasn't missed a beat. He has been active in football, basketball, golf, speech, 4-H, church and scouts. Because of Kolby's busy schedule and active lifestyle, he is looking forward to switching to an insulin pump this spring.



CHILE:

Another family came from Chile to receive care at the Center. From Left: Caroline Ugarte (mom), Georgia Koch R.N., Pedro Munoz (age 4), Dr. Chase and Pedro Munoz, Sr. (father).



NEW ZEALAND



All the way from New Zealand (after an 18-hour trip in case you think your trip to the BDC is long). From Left; Susie Owen, Mr. and Mrs. Perkins and son Tasmin, who has had type 1 diabetes for three years, and Dr. Chase.



QUESTIONS AND ANSWERS:

— H. Peter Chase, M.D.



I am considering an insulin pump. I don't look forward to being constantly

connected to the pump and wonder if you have any thoughts on this?



A person does not have to be “constantly connected” to a pump. People

regularly disconnect for short periods to participate in athletics, to shower or for other reasons. Now that we have the basal insulin, Lantus, it is quite easy to come off the pump for 24 hours or more. The units of Lantus are the same as the total basal units per 24 hours used in the pump. One then takes injections of Humalog® or NovoLog® insulin prior to any food intake – just as bolus insulin dosages are given with the pump.

People most commonly take “pump vacations” when they are going to a beach. I have even had people come off the pump for three months for a sports season and then go back on. They must remember that Lantus lasts 24 hours — so they cannot restart the pump until 24 hours after the last Lantus shot. If you have further questions about this, ask your doctor or nurse.

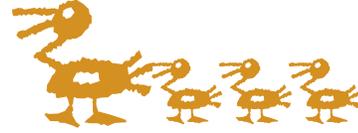


What is the “rule of 1500” and how can it help us?



The “rule of 1500” (some people use 1700) is a rough way to calculate the drop in blood sugar that will result from one unit of insulin.

The formula was included on page 235 of the 9th edition of the Pink Panther book – but left out in the 10th edition because we didn't think people used it very much. (It will probably reappear in the 11th edition when the 10th edition gets sold out.) Using the formula involves dividing the number of units of insulin usually taken in a 24-hour period (e.g., 70 units) into 1500, which equals 21. One can then estimate that one unit of insulin will lower the blood sugar by 21 points (21 mg/dl). The person then takes one unit of insulin for every 21 mg of glucose that one wishes to lower the blood sugar. For example, if the value is 255 mg/dl and one desires to lower the glucose to 150 mg/dl, one divides 105 by 21 and gets 5, which is the number of units of insulin to take. Most families in our clinic now use “correction formulas” to calculate how much insulin to take. The most common correction formula is 1 unit of insulin for every 50 mg of sugar above 100 mg/dl (daytime) or above 150 (nighttime). Thus, during the day, one takes 1 unit if the blood sugar is 150, 2 units if 200, 3 units if 250, etc. Correction factors (and insulin dose for carb-counters) are discussed on page 289 of the 10th edition of the Pink Panther book. All families should now have some method to calculate the insulin dose to take for a high blood sugar.



PARENTS NEED SUPPORT TOO!

Parents often ask about support groups in the Denver Metro area. Right now there are two support groups that exist in our area for children and their parents:

One is in the Northern Colorado area (Boulder, Westminster, Broomfield, Louisville, Longmont, Lafayette, Superior, etc.) This group meets in a different home every two months and they hold potlucks on a Sunday. It begins at 5:00 p.m. and lasts a few hours. The contact information is: Kathleen Kracha (303) 665-4184 and her email is: Kathleen@kracha.com (please call first as email is not regularly checked).

The other group services the Denver area. This group also moves to a different home each time and meets about every two months, they hold potlucks on a Saturday at 5:00 p.m. The contact for this group is Nancy Crease (303) 948-9601 and her email is: crease@earthlink.net.



Questions and Answers

● **GUILD OFFICERS
FOR 2004
INSTALLED AT
ANNUAL
MEETING**



The Denver Country Club was the site for the 2004 Annual Meeting on January 21st. Gretchen Pope, Co-Chairman of the event, provided beautiful decorations from her personal collection featuring unique Carousel horses. The meeting was called to order by 2003 Guild President Diane Sweat who welcomed everyone and thanked Sally and Russ Frerichs for sponsoring the event. After Judy McNeil gave the financial report, Diane made a motion to raise the amount contributed from each "Pink Panther" book sale to the Chase Endowed Chair from \$3.00 to \$5.00. The motion was passed unanimously and a check was presented to a very surprised Dr. Chase who gratefully accepted the the additional \$21,082 gift. Dr. Chase then spoke about the history of the Pink Panther book and pointed out that the current 10th edition is dedicated to the Children's

Diabetes Foundation and its Guild, stating that without their support many of the services provided at the Barbara Davis Center would not be possible.

After Dr. Chase concluded his remarks, Diane returned to the podium and chronicled the events undertaken by The Guild in the past year. She thanked all Guild members for their support, especially all of the wonderful ladies who chaired the Guild's multiple events, including the Brass Ring Luncheon, the Halloween party and the membership drive. Diane also presented Dr. George Eisenbarth, Executive Director of the BDC, with a check for \$40,000 as well as a check for \$50,000, which represented The Guild's first installment of a \$100,000 pledge for a room at the new Center at Fitzsimons.

Christine Lerner, Executive Director of the Children's Diabetes Foundation, updated everyone on the progress of the Foundation's Capital Campaign for the new Center and happily announced that with money donated in 2003 to the Capital Campaign and income from the High Hopes Tribute Dinner, the Foundation was able to give

\$540,000 toward the completion of the new Center. Chrissy also spotlighted The Guild members and their families who have made donations to the new Center, entitling them to naming rights of exam rooms in the new building. These families include: Sally & Russ Frerichs, Arnold & Connie Pohs, Cal & Gretchen Pope, Alan & Margie Folkestad, Warren & Helen Hanks, Florence Ruston, Chris Foster, Emanuel & Bea Bugelli, Judy and Charles McNeil, Elaine Wolf and Sandy Yearick. Chrissy also presented Diane Sweat with the traditional gift to each outgoing President of a gold bracelet, which has special meaning representing an unbroken circle of leadership and caring over the past 25 years. Following this presentation, Diane introduced the new slate of officers for 2004 and the incoming Guild President, Bonita Carson, whom Diane presented with the official Guild gavel.

2004 EXECUTIVE COMMITTEE

- President - Dr. Bonita Carson
- President-Elect - Margy Epke
- Treasurer - Chris Foster
- Treasurer Elect - Lyn Schaffer
- Recording Secretary - Patty Jenkins
- Corresponding Secretary - Pat Lansing
- Past President - Diane Sweat



From left: Bonita Carson, Margy Epke, Patty Jenkins, Lyn Schaffer, Diane Sweat, Chris Foster and Pat Lansing

Following brunch, speakers Joanne Davidson, Society Editor of The Denver Post, and Kim Murdock shared their experiences with diabetes. Joanne spoke about her connection to diabetes, her husband John, who was diagnosed at age 33. His family has a severe history of diabetes with his mother and all of her eight siblings being diabetic. He has lived with diabetes for over 20 years, and though he has had his ups and downs, he knows that he needs to keep his

diabetes in check in order to live a long, complication-free life.

Joanne then introduced Kim Murdock, who was one of the first patients at the Barbara Davis Center and is now a motivational speaker who shares her experiences with others as a child growing into an adult with diabetes. Kim was diagnosed in 1980 at the age of nine. She spoke about how being a diabetic child made her feel different from other children. Her diabetes robbed her of her childhood and has caused her a lifetime of hating her body, and seeing it as “the enemy.” Though there were so many negative things about growing up with diabetes, not being able to eat like other kids and having to get shots, Kim also sees certain aspects of having diabetes as a blessing. She credits her diabetes in part for making her not only a very disciplined person, but also a more health-conscious person. She is thankful that her diabetes is not an “obvious” disability, she can decide for herself whether or not she wants to tell someone about her disease. She is also thankful that her diabetes does not have to be fatal, that she can control it by taking exceptional care of herself, and though she is the first to admit that she was not a “good” diabetic child, as an adult she takes excellent care of herself and has been able to avoid most of the devastating complications brought on by diabetes.



A MESSAGE FROM 2004 GUILD PRESIDENT

The following speech was given by 2004 Guild President Dr. Bonita Carson at the Annual Meeting:

Thank you all for coming today and for being members of this wonderful group.

I’m very touched that my husband, Dr. Stanley Carson, is taking time out of his extremely busy schedule to be here.

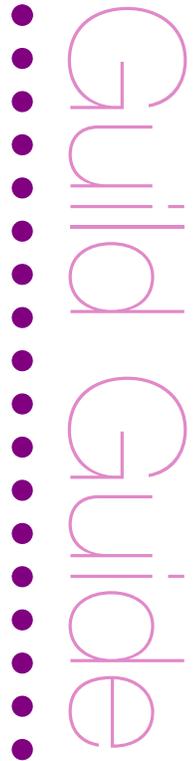
I wish my mother could be with us today since she is the reason I’m here (actually our mothers are the reason we’re all here today isn’t it?). Seriously — when my mother was a year younger than I am now she was diagnosed with diabetes and has been insulin dependent for the last 28 years. When she was just a few years older than I am now she had a heart attack and had bypass surgery. Having a heart attack at her age then was most certainly related to her diabetes.

When my mother was diagnosed with diabetes, I had already experienced treating children in

life-threatening diabetic ketoacidosis. I particularly remember an adolescent girl I took care of who came to the Denver General emergency room with a blood sugar of over 900. I remember spending all night working to adjust IV insulin and bring down her blood sugar. By morning her numbers were almost normal and she was waking up, much to my relief.

In those days before the Barbara Davis Center existed, I cared for many patients in diabetic ketoacidosis. I don’t know if pediatric interns today have much chance to get experience treating DKA. I doubt it and I’m glad for the great care children now get in this medical community that keeps them out of the hospital.

When I was doing research during my perinatal fellowship, I continued an interest in diabetes; this time in the context of pregnancy in the diabetic and the effects on the fetus. My project was done in sheep — I can tell you funny stories about sheep another time but, we used the sheep fetus as an animal model because you can take the sheep fetus out of the uterus, put catheters in blood vessels, put the fetus back in, sew the uterus back up and miraculously the mother sheep doesn’t even go into labor. My research was on the effect of high insulin levels in the fetus. When a pregnant diabetic has high blood sugars, so does her fetus. The fetal pancreas responds by putting out high amounts of insulin. Babies born to diabetic mothers have problems because of these high insulin levels; namely, they have very low blood sugars after they are born and tend to be very large babies since insulin is the major hormone responsible for fetal growth. The largest IDM I ever



GUILD MISSION STATEMENT

*The Guild of the Children’s Diabetes Foundation at Denver **raises funds** for clinical and research programs for the Barbara Davis Center for Childhood Diabetes. The Guild **promotes** diabetes awareness and education; **assists families in need; provides** continuing education scholarships and **sponsors** social activities for children and their families.*

- cared for weighed over 12 pounds and had a blood sugar of zero shortly after delivery. I learned in my research experiments that the fetus with a high insulin level also had a lower oxygen level, which I thought might explain the danger of death in utero when the mother's sugar wasn't well controlled.

- After I finished my training, I went to work at Rose as their first neonatologist. It was there that I met Barbara Davis — the first time when her daughter Nancy was about to deliver and my main concern as Director of Newborn Services was Nancy's baby.

- The next time I met her was when Dr. Wexler, the Chairman of Obstetrics at Rose, was proposing a service for pregnant diabetics. At that meeting, I have to say I felt very sad for Mrs. Davis because she believed so strongly that a cure for diabetes could be found if we spent enough money on research.

Which brings me to tell you about my experience watching the Barbara Davis Center come into being and my amazement at what it has become. Barbara Davis was not deluded! She had a great vision and spectacular commitment that I had never seen before.

When I started taking care of diabetic children in this medical community there was no Barbara Davis Center. Dr. Chase and Dr. O'Brien were "the metabolic guys," not super specialists in diabetes. There was no organized special place for diabetic children. There were frequently children with diabetic ketoacidosis on the pediatric intensive care units I worked in. Babies of diabetics

were most frequently very large with blood sugars of zero after birth.

Now we not only have a top-notch clinic for diabetic children staffed with the country's best, we also have a world-renowned Center for research. A cure may truly be in sight!

I think Barbara Davis has shown us in an outstanding way just what a strong commitment to a cause can accomplish. A few years ago I had a chance to spend a month with Dr. Klingensmith and Dr. Chase at the Center. I saw what great medical care they provided with their wonderful team approach to all aspects of patient care and support.

I think of The Guild as an important collective member of that team. I am very honored to be captain of The Guild team this year.

I want to close with a poem my mother found for me to use in a 4-H speech I had to give a long time ago. I probably don't have all the words quite right but I couldn't ask mother because she is in the end stages of Alzheimer's disease and can no longer communicate. But she instilled in me the philosophy of this poem and I hold to it. It speaks to the idea that everyone has something to contribute and I think it fits The Guild very well.



"BE THE BEST OF WHATEVER YOU ARE"
— by Douglas Malloch

*If you can't be the pine at the top of the hill
Be the scrub in the valley, but be
The best little scrub on the side of the hill
Be a bush if you can't be a tree.*

*If you can't be a bush be a bit of the grass
Doing something for somebody's sake.
If you can't be a muskie try being a bass
But be the liveliest bass in the lake.*

*We can't all be captains, some have to be crew
There is something for all of us here.
There is big work and little for people to do
And the task we must do is near.*

*If you can't be a highway then be a great trail
If you can't be a sun be a star.
It isn't by size that you win or you fail
Be the best at whatever you are.*



From Left: Christal Dikeman, Tangy Buchanan, Lisa Corley and Wendy Aiello



Models wearing St. John Knits designs

BRASS RING LUNCHEON* KICKOFF

N Neiman Marcus Cherry Creek hosted a wonderful buffet supper to launch the 2004 Brass Ring Luncheon on May 18th. To the excitement of all in attendance Christal Dikeman, General Manager of Neiman's, announced that this year's designer would not only be St. John Knits, but that Kelly Grey, the face of St. John Knits (as well as CEO & Creative Director), would be attending the November 17th event. Kickoff Chairmen, Wendy Aiello and Tangy Buchanan, introduced Deb Dowling from the Denver Nuggets Community Fund, and thanked them for their overwhelming support over the years. To date, the Children's Diabetes Foundation has received over \$700,000 from the Fund, which has matched a portion of the Brass Ring Luncheons' proceeds for the last seven years.

Brass Ring Luncheon Chair, Lisa Corley, thanked this year's corporate and angel sponsors already in place: Patty Jenkins, Connie & Arnold Pohs, Dick & Joanie Saunders, Accounting & Office Perspectives, Forest Oil Corporation, Great-West Life & Annuity Insurance Company, Carroll and Percy Klingenstein Foundation, NexGen Resources Corporation, Post-News Community, Florence Ruston and Betty Blecker.

For more information on this year's Brass Ring Luncheon, and to purchase tickets, please contact Susie Hummel at the Foundation office (303) 863-1200.

** "An event of Children's Diabetes Foundation at Denver and the Denver Nuggets Community Fund, a fund of the McCormick Tribune Foundation."*

EDUCATION AND PUBLIC AWARENESS COMMITTEE

T This year, the Education and Public Awareness Committee, along with the Barbara Davis Center staff, have once again been very busy sending out the following informational material with the theme, **DIABETES, KNOW THE SYMPTOMS**.

- Diabetes packets to all public and private schools in Colorado.
- Diabetes packets to Colorado camps (if your child's camp needs additional diabetes information, please contact Regina Reece, at the Foundation office at 303-863-1200 or 800-695-2873).
- Diabetes symptoms were mailed to all police and fire departments in Colorado with a

letter emphasizing that signs of a low blood sugar may be the same of a person who is intoxicated. For more information, please contact Regina Reece.

- Albertson's — we would like to express our gratitude to all Colorado Albertson's stores for displaying our diabetes symptoms bookmarks in their pharmacy departments.

- Robinson Dairy — we would like to express our gratitude to Robinson Dairy for printing the diabetes symptoms on their milk cartons for the month of January.

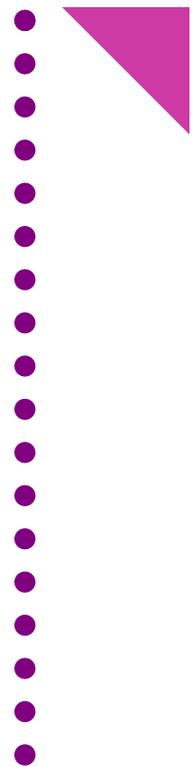
Please visit www.ChildrensDiabetesFdn.org to view updated information under the "Education" link.

NEW TO THE SITE:

Plan Before a Medical Emergency. Tips on how to plan for a medical emergency before it occurs.

OTHER TOPICS AT THIS SITE:

- "What is Diabetes?": Learn about the different types of diabetes, symptoms and complications.
- "School Health Plan Information": Everything you need to send your child with diabetes to school. Printable health plans and parent check list.
- "Tips for College Students": A shopping list, sick-day guidelines and how to tell your roommate about diabetes for college students and anyone else going out on their own.
- "Dating? Engaged? Married?": Information about relationships and diabetes.



CHARLOTTE TUCKER SCHOLARSHIPS AWARDED FOR 2004-2005



Clayton Baenziger
University of N. Colorado



Stephanie Baird
University of Colorado



Adam Bankston
Colorado State University



Melissa Carlisle
Union College



Christy Carroll
Metropolitan State College



Lilly Carson
Heartland Baptist College



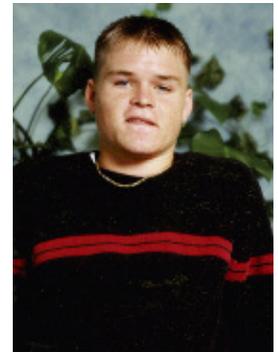
Sarah Collins
Western State College



Jaime Decker
Montana Tech University



Ryan Donnelly
Concordia University



Elliott Ferneau
S.E. Community College



Zachary Frenthway
Dixie State College



Kelsey Gabrian
Montana State University



Sarah Getman
University of Colorado



Rachel Gonzales
Trinidad State Jr. College



Jessica Gonzalez
Community College of Denver



Monirah V. Greenfield
University of Wyoming



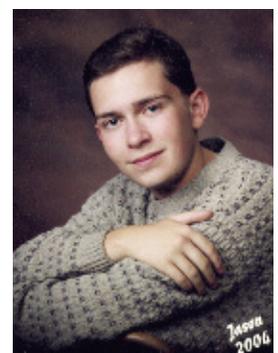
Daniel Haigler, Red Rocks
Community College



Haylee Hammond
University of N. Colorado



Amber Hasting
Heartland Baptist College



Jason Hill
Colorado State University

Each year The Guild awards scholarships to high school seniors or college students. The scholarship program was established in memory of Guild Past President, Charlotte Tucker, who encouraged young people from the Barbara Davis Center to follow higher career and/or educational pursuits. Applications for 2005-2006 will be available in February 2005. Patients who are college age (17-23) will be notified how to receive an application in February 2005. If you don't receive information then, please call Susie Hummell at the CDF office at 303-863-1200 or 800-695-2873.



*Rockwell Hinkle
Montana State University*



*James Hruby
Conception College*



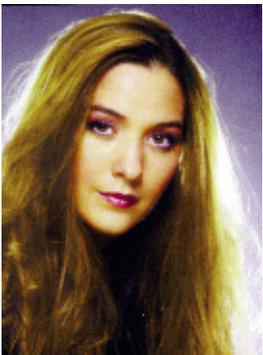
*Lindsay Klatt
University of Colorado*



*Angella Kopetzky
Morgan Community College*



*Taryn Lee
Seattle Pacific University*



*Gina Like
Long Beach City College*



*Kristin Lorenz
Metro State College*



*Melissa Main
Metro State College*



*Michelle Martinez
Colorado Christian University*



*Cara Morefield
University of Vermont*



*Gina Musso
Johnson & Whales University*



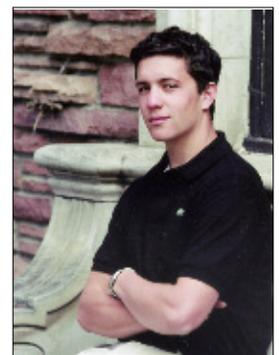
*William Naeve
Red Rocks Community*



*Frinza Naqvi
University of N. Colorado*



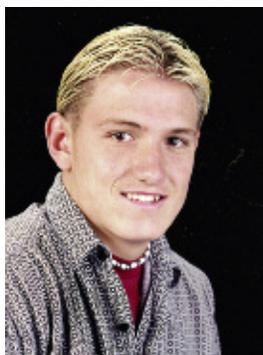
*Tessa Nixon
Linfield College*



*Thomas Pericak
University of Colorado*



*Elliott Petri
Colorado School of Mines*



*Michael Ross
Adams State College*



*Alex Rumph
Sheridan College*



*Jacob Scruby - Front
Range Community College*



*Patrick Snow - Red Rocks
Community College*



Jeffrey Steinfurth
University of Colorado



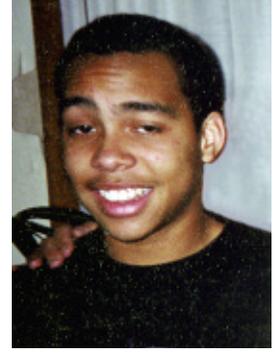
Stephanie Swihart
Metro State College



Holly Taylor
Montana State University



Amy Viets
University of Wyoming



Thomas Wells
Metro State College



2004 Charlotte Tucker Scholarship recipients at the Metropolitan Club in Greenwood Village.

CHARLOTTE TUCKER SCHOLARSHIP RECEPTION



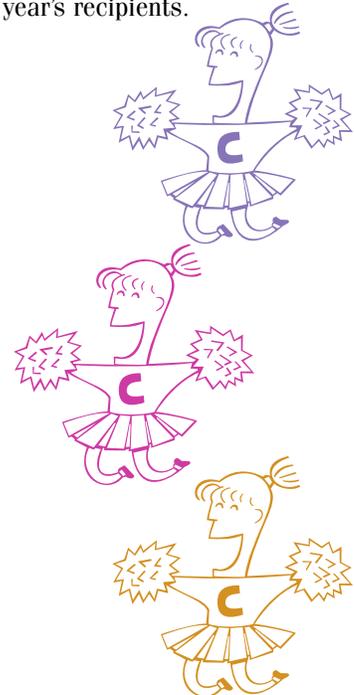
An award reception was held in honor of the 2004 Charlotte Tucker Scholarship winners on Thursday, June 10th, at the Metropolitan Club in Greenwood Village. Reception Chair, Dr. Sandra Arkin, arranged a lovely affair, well attended by recipients, their families and Guild members. Forty-seven scholarships in the amount of \$2,000 each were awarded to patients from the BDC.

Sandra Arkin began the program by welcoming the students and their families, she

then introduced 2004 Guild President Dr. Bonita Carson, who introduced the Scholarship Committee and spoke about Charlotte Tucker, in whose memory the scholarship program began in 1990 by then Guild President Loretta Tucker. Bonita described Charlotte Tucker as a lady in the truest sense of the word, a role model and a great community leader.

Marty Jensen, Charlotte Tucker Scholarship Chair and Guild Past President, then presented award certificates to each student. The Children's Diabetes Foundation would like to congratulate those who received scholarships and thank Scottie Iverson for sponsoring the event at the Metropolitan Club and also the Selection Committee: Marty Jensen, Warren Hanks, Beth Harris,

Pat Lansing, Jan Livingston, Craig Munsart and Adrienne Ruston Fitzgibbons for their hard work in choosing this year's recipients.



BDC BRINGS LAS VEGAS TO DENVER



On April 13th the Barbara Davis Center honored mothers with diabetes at the Westin Tabor Center. Seventy-one mothers, who are patients at the Center and have given birth to healthy babies despite their diabetes, were joined by their 131 children for a day of fun and entertainment. The day began with a sit-down lunch and speakers who included doctors from the BDC and mothers, Val Braginat and Deb Lehr. Following lunch, the children were thrilled by clowns, face painting, balloon artists and a

mad science display while their parents enjoyed a little bit of Las Vegas in Denver with gambling tables and a prize drawing. The parents were also given free neck massages by Monte & Rabbit. The Children's Diabetes Foundation and the BDC would like to thank the following sponsors of this event for making it such great time for all: Aventis Pharmaceuticals, Inc., Charles W. Henry, Deltec, Inc., Eli Lilly and Company, LifeScan, Inc., Medtronic MiniMed, Pfizer, Promed Medical, Inc., Roche Diagnostics Corp., Schering Sales Corp. and Therasense, Inc.



Photos: kentmeireisphotography.com



Mothers with Diabetees

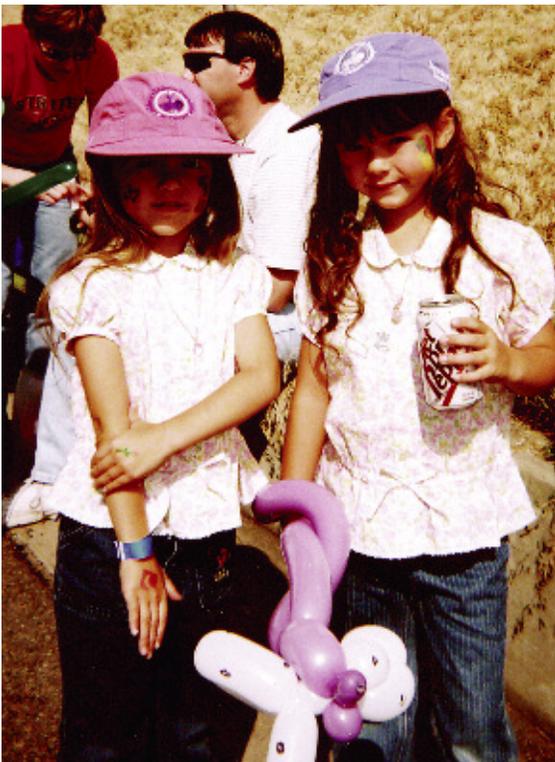
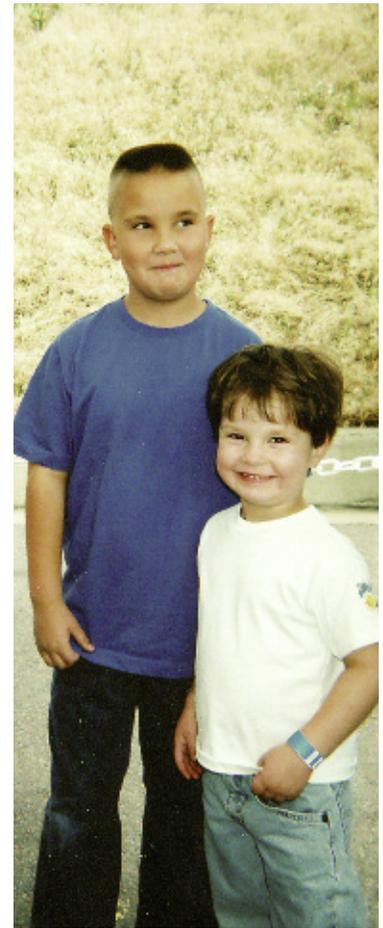


Two group photos were needed in order to include all the participants of this year's mothers with diabetes and their children.

Carousel Days

● DAY AT THE ROCKIES

- **D** "Day at the Rockies" provided 800 BDC patients and their families with a fun-filled, free day at the ballpark. The children were able to attend a pre-game tailgate party and enjoy goody bags from our many sponsors which included: Aramark Corporation, Blue Bunny, Cold Front Distribution, Colorado Rockies Baseball Club, Deep Rock Water Company, Fifty 50 Foods, Inc., Frito-Lay, Imperial Headwear, Linstrom Entertainment, Sally and Gary Newcomb, The Pepsi Bottling Group, Stretch Island Fruit and Urban Market Development. Thank you to all of the volunteers who worked at the pre-game party and a special thank-you to Chairman Sally Newcomb for organizing this grand slam of an event.



NET CARBS: FACT OR FICTION?

— Gail Spiegel, M.S., R.D., C.D.E.



Have you noticed the many food labels that tout “Net Carbs,” “Effective Carb

Count” or “Net Impact Carbs” on the front of the label? In today’s world of low carb dieting there are many more products with this claim. What does it mean and is that amount really accurate?

We have always taught patients with diabetes to read the Nutrition Facts label for total carbohydrate. That hasn’t changed, but many people are confused by those carb numbers that are listed on the front of the label. The “net carbs” often are a lot lower than the total carbohydrate listed in the Nutrition Facts. How is that possible? Manufacturers get the “net carbs” by subtracting sugar alcohols, fiber and other carbohydrates like glycerin that supposedly have “minimal impact on blood sugar.” It is true that insoluble fiber is not absorbed and converted to blood sugar, but soluble fiber is. It is also true that sugar alcohol is only partially converted to blood sugar and may possibly cause a slower rise in blood sugar than sugar.

Here’s where the labeling is a bit misleading. In general, half of sugar alcohols like sorbitol, maltitol, lactitol and others are converted to blood sugar. The manufacturers are subtracting all of the sugar alcohol grams from the total instead of only half of those grams. Sugar alcohols are used to sweeten foods and to provide bulk in

foods in place of sugar. Manufacturers are also subtracting out the grams of glycerin. Glycerin is being added to foods to sweeten and to retain moisture and as far as we know, it is converted to blood sugar. The FDA requires manufacturers to count glycerin in the total carbohydrate.

As for fiber, the American Diabetes Association recommends the following: if the product has 5 gm of fiber or more, subtract that amount from the total carbohydrate and the result is the carbohydrate grams that a patient with diabetes would count. If the product has less than 5 grams of fiber, we generally do not recommend subtracting that amount. Although, the increased fiber in the new, lower carb bread and grain products do provide a healthy benefit.

What’s the bottom line? The total carbohydrate on the back of the label is more accurate than the “net carbs” or “effective carbs,” especially for someone with diabetes. We recommend that you use the total carbohydrate and if it does contain sugar alcohols you can follow the example below to calculate the total carbohydrate you need to count. If it contains fiber, only subtract fiber grams if the product contains 5 gm of fiber or more. See the example below for help.

A note about sugar alcohols: beware the possible side effects. They can cause cramping, gas or diarrhea. That is one reason we do not recommend eating large amounts of these products. They also tend to be more expensive and don’t necessarily have less carbs or calories than a comparable sugar-containing product.

EXAMPLE:

SUGAR FREE SANDWICH COOKIES		
NUTRITION FACTS		
Serving Size: 3 Cookies (32)g		
Servings Per Container: Approx. 6		
AMOUNT PER SERVING		
Calories 130		
Calories from Fat 50		
% DAILY VALUE		
Total Fat	6 g	9%
Saturated Fat	1.5 g	7%
Polyunsaturated Fat	0.5 g	
Monounsaturated Fat	2 g	
Cholesterol	0 mg	0%
Sodium	170 mg	7%
Total Carbohydrate	23 g	8%
Dietary Fiber	1 g	4%
Sugars	0 g	
Sugar Alcohol	10 g	
Protein	2 g	

In the sandwich cookies example above, the Total Carbohydrate is 23 gm. This product contains 10 gm of Sugar Alcohol. Since approximately half of the sugar alcohol grams are converted to blood sugar, 5 gm can be subtracted from the Total Carbohydrate of 23 gm for a sum of 18 gm carbohydrate to be counted. Some patients with diabetes find that sugar alcohols raise blood sugars as much as any other carbohydrate, in that case, count the total carbohydrate of 23 gm.



THINGS TO REMEMBER WHEN COUNTING CARBS:

-  If the product contains 5 gm or more of fiber, subtract that amount from the total carbohydrate.
-  If the product contains less than 5 gm of fiber, count the total carbohydrate as it is listed.
-  If the product contains sugar alcohols, subtract half the sugar alcohol grams from the total carbohydrate or count the total carbohydrate as it is listed and see how it affects blood sugars.
-  Ignore the “Net Carbs,” “Effective Carb Count” or “Net Impact Carbs.”



BOOK ORDER FORM

Name _____
 Address _____
 City/State/Zip _____
 Phone (Day) _____ Phone (Eve) _____ Email _____

Understanding Diabetes \$18 per copy	Quantity _____
Managing and Preventing Diabetic Hypoglycemia (Video) \$20 per copy	Quantity _____
A First Book for Understanding Diabetes (English) \$8 per copy	Quantity _____
Un Primer Libro Para Entender La Diabetes (Spanish) \$8 per copy	Quantity _____

Make checks payable to: The Guild – CDF at Denver
Visa, MasterCard and Discover accepted.

All orders must be paid in full before delivery. Costs include shipping and handling. Allow 1 to 3 weeks for delivery.

Canadian and Foreign Purchasers: Please include sufficient funds to equal U.S. currency exchange rates and international postage.

For additional information call 303-863-1200 or 800-695-2873 or visit www.ChildrensDiabetesFdn.org

Mailing address: **The Guild of the Children’s Diabetes Foundation**
 777 Grant Street, Suite 302
 Denver, CO 80203

SUMMER DIPS... MAKE A BIG SPLASH!



SIMPLY SWEET & SALTY DIP

INGREDIENTS:

8 caramel candies
3 tablespoons evaporated milk (lowfat)
¼ cup creamy peanut butter

DIRECTIONS:

Heat caramel candies and evaporated milk in microwave, stirring intermittently, until smooth and creamy. Add peanut butter to caramel mixture and microwave, stirring every 15 seconds until smooth. Serve warm with pretzels or apple slices for dipping.

NUTRITION INFORMATION PER SERVING:

Serving Size:	¼ cup	Carbohydrate:	12 gm
Protein:	5 gm	Fat:	10 gm

STRAWBERRY FLUFF DIP

INGREDIENTS:

1 cup (8 oz. container) strawberry yogurt (nonfat, no sugar added)
1 cup whipped topping (lite)

DIRECTIONS:

Mix yogurt and whipped topping with fork or wire whisk. Serve with fresh strawberries for dipping.

NUTRITION INFORMATION PER SERVING:

Serving Size:	¼ cup
Carbohydrate:	4 gm
Protein:	2.5 gm
Fat:	1 gm



SWEET & SPICY SUMMER DIP

INGREDIENTS:

1 cup (8 oz. container) vanilla yogurt (nonfat, no sugar added)
¼ cup applesauce (unsweetened)
¼ teaspoon ground cinnamon

DIRECTIONS:

Mix all ingredients. Serve as dip with apple or pear slices or vanilla wafers.

NUTRITION INFORMATION PER SERVING:

Serving Size:	¼ cup	Carbohydrate:	5 gm
Protein:	2 gm	Fat:	0 gm

SASSY CITRUS DIP

INGREDIENTS:

1 cup (8 oz. container) lemon yogurt (nonfat, no sugar added)
1 tablespoon lemon juice
3 packets of sugar substitute

DIRECTIONS:

Mix all ingredients. Serve as dip with cantaloupe chunks.

NUTRITION INFORMATION PER SERVING:

Serving Size:	¼ cup
Carbohydrate:	5 gm
Protein:	2.5 gm
Fat:	0 gm

PLEASE NOTE: When determining your insulin dose for these snacks, be sure to add the carbohydrate for the foods you are using to dip to the amount calculated for the dip itself.

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Children's Diabetes Foundation at Denver
777 Grant Street, Suite 302
Denver, CO 80203

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Know the symptoms of Childhood Diabetes:

- Loss of weight
- Extreme thirst
- Excessive irritability
- Frequent urination



Printed on Recycled Paper

A child reaching for the brass ring on a carousel is symbolic of the most important goal of the Children's Diabetes Foundation — a cure. Your contribution on behalf of a loved one will make a difference. It will support treatment programs to assist children with diabetes in leading healthier lives; and it will fund research to help CDF "catch the brass ring" by finding a cure.

Mark an anniversary, birthday, special occasion; express appreciation or make a memorial tribute in honor of someone special with a contribution — for any amount — to the Children's Diabetes Foundation at Denver. We now accept gifts online. Donations are tax deductible. Tax ID #84-0745008

The Brass Ring Fund

Remember a loved one — Help CDF "Catch the Brass Ring"

Enclosed is my contribution of \$ _____
In memory of _____
Or in honor of _____
Occasion _____

Please send acknowledgements to:
(Amount of gift will not be mentioned)

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Address _____
City _____ State _____ Zip _____

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Children's Diabetes Foundation at Denver
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BARBARA DAVIS CENTER AT FITZSIMONS DONOR WALL



North Gallery Donor Wall

Barbara Davis Center for Childhood Diabetes
University of Colorado Health Science Center at Fitzsimons

Anderson Mason Dale
Architects

I Is your child a patient at the Barbara Davis Center? Are you a patient at the Barbara Davis Center? Do you have a special interest in diabetes?

This is an opportunity for you, your family and your friends to have a presence at the new facility by purchasing a place on the donor wall — a lasting symbol of your support. Help us to catch the brass ring — a cure for diabetes.

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- LEVEL 5** \$100 to \$999

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 Home Phone _____ Work Phone _____
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 Amount \$ _____

(Name as you wish it to appear on donor wall)

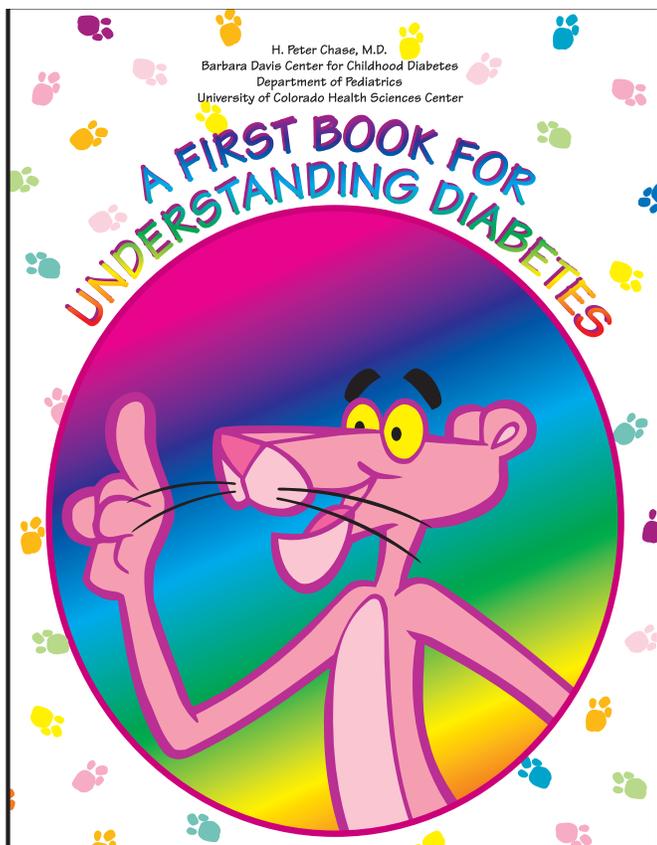
Make check payable to Children's Diabetes Foundation or
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Name on Card _____

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ANNOUNCING: A FIRST BOOK FOR UNDERSTANDING DIABETES AND UN PRIMER LIBRO PARA ENTENDER LA DIABETES



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Many families are not ready to read a large book about diabetes, particularly in their first week after diagnosis. A new book (in English and Spanish) presents the essentials from Understanding Diabetes in synopsis fashion. It still includes many Pink Panther™ pictures that children can color and it replaces the previously available A Book for Coloring and Learning About Diabetes™. The “First Book (Primer Libro)” follows the same 28 chapters found in Understanding Diabetes.

Features of A First Book for Understanding Diabetes and Un Primer Libro Para Entender La Diabetes:

-  Discusses causes of type 1 (Chapter 3) and type 2 (Chapter 4) diabetes
-  Discusses mild, moderate and severe hypoglycemia (Chapter 6) with a table which includes symptoms and actions to take
-  Figures of insulin activity, including Lantus® (Chapter 8)
-  Information on ketones and ketone checking (Chapters 5 and 15)
-  Help with sick-day management, including a flow-chart to follow (Chapter 16)
-  Use of a “correction factor” (Chapter 21)
-  A sample School Health Plan (Chapter 23)
-  A summary sheet for sitters and/or grandparents (Chapter 24)
-  Some of the latest research facets (Chapter 28)



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