



## Monthly Newsletter

111<sup>th</sup> Congress – January 2010

### MESSAGE FROM THE CAUCUS LEADERSHIP

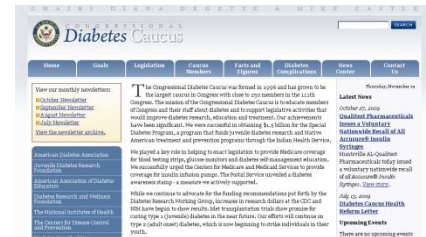
As the chairs and vice chairs of the Congressional Diabetes Caucus, we would like to present the January edition of the Caucus Monthly Newsletter. Below you will find the latest news in diabetes, summaries of recent diabetes events, and updates on the legislative priorities of the Caucus. We hope that you and your staff find this newsletter helpful and informative.

### The Congressional Diabetes Caucus Web site Gets a New Look!

The Congressional Diabetes Caucus recently launched a new and improved Web site. It can be found at

<http://www.house.gov/degette/diabetes/>. Can't find last

month's newsletter? Want to learn about Diabetes Caucus legislation? The new Web site will be up-to-date with the most recent newsletters and contain a legislative section with caucus endorsed legislation. If your Member introduces diabetes legislation, please let [heather.foster@mail.house.gov](mailto:heather.foster@mail.house.gov) know so she can feature it on the site!



Rep. Diana DeGette  
Co-Chair

Rep. Michael N. Castle  
Co-Chair

Rep. Xavier Becerra  
Vice-Chair

Rep. Mark Steven  
Kirk Vice-Chair



### NEWS FROM NIH

**First Successful Islet Autograft After Pancreatic Trauma Performed on Wounded Airman:** NIH-supported diabetes research has laid the foundation for an unprecedented islet transplant to an airman who was wounded recently while serving in Afghanistan. The airman's pancreas was damaged beyond repair by gunshot wounds, resulting in the need for removal of the entire pancreas. As complete removal of the pancreas results in insulin-dependent diabetes, part of the pancreas was

transported from Walter Reed Medical Center in Maryland to a research team at the University of Miami. The researchers in Miami isolated and purified the islets from the airman's pancreas and sent the purified islets back to Walter Reed, where the cells were successfully infused into the patient's liver, with the two teams working together on the procedure via an internet connection. Within two weeks, the islets were functioning and the airman's post-surgical diabetes had resolved. This is the first known case of successful isolation and transplantation of insulin-producing cells following a severe trauma requiring complete removal of the pancreas. This advance is built on long-term research supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), including research supported by the *Special Statutory Program for Type 1 Diabetes Research* (managed by the NIDDK), on islet isolation, purification, and transplantation.

**New Recommendation to Use A1C Test for Diabetes Diagnosis Also Reinforces Importance of Proper Testing:** In its newly published Clinical Practice Recommendations, the American Diabetes Association (ADA) has called for adding the A1C test—a blood test—to the array of tests for diagnosing diabetes and pre-diabetes. The A1C test reflects blood glucose levels over the past 2 to 3 months and is used in diabetes management to monitor blood glucose control. While it is not more accurate than the conventional diagnostic tests, the A1C test has the advantage that it does not require fasting for 12 hours prior to the test—raising hopes that more people who are at risk of diabetes or pre-diabetes will be tested, helping to reduce the sizable number of people who are currently undiagnosed. For a long time, the A1C test was not recommended for diabetes diagnosis because tests were not standardized. However, laboratory-based A1C tests are now highly standardized, due to efforts by the National Glycohemoglobin Standardization Program (NGSP), which is led by the Centers for Disease Control and Prevention and supported by the *Special Statutory Funding Program for Type 1 Diabetes Research*. An important consideration in A1C testing is the fact that some people have less common forms of red blood cell hemoglobin—e.g., people with sickle cell trait—which can interfere with the test results, a fact which is also noted in the ADA recommendations. The NGSP works to ensure that laboratories employ A1C testing methods that are consistently accurate, whether or not a person has a less common form of hemoglobin. Moreover, some people have hemoglobin or red blood cell conditions that preclude use of the A1C test at all. Through its National Diabetes Information Clearinghouse, the NIDDK has provided information for patients and health care providers about using A1C tests for monitoring diabetes control in people with hemoglobin variants; these materials are now being revised in light of the new ADA recommendations to make clear the importance of using an appropriate A1C test for diagnosis as well as monitoring of diabetes.

**NIH Launches Program to Develop Innovative Approaches to Combat Obesity:** The NIH is launching a \$37 million program that will use findings from basic research on human behavior to develop more effective interventions to reduce obesity. Led by the National Heart, Lung, and Blood Institute, in partnership with the NIDDK, the National Cancer Institute, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the NIH Office of Behavioral and Social Sciences Research, the program, "Translating Basic Behavioral and Social Science Discoveries into Interventions to Reduce Obesity," will fund interdisciplinary teams of researchers at seven research sites in New York, Illinois, Rhode Island, Michigan, and California. Investigators will conduct experimental research, formative research to increase understanding of populations being

studied, small studies known as proof of concept trials, and pilot and feasibility studies to identify promising new avenues for encouraging behaviors that prevent or treat obesity. The program's studies focus on diverse populations at high risk of being overweight or obese, while the interventions being developed include creative new approaches to promote awareness of specific eating behaviors, decrease the desire for high-calorie foods, reduce stress-related eating, increase motivation to adhere to weight loss strategies, engage an individual's social networks and communities to encourage physical activity, and improve sleep patterns. Brain scans will also be used to understand brain mechanisms in obesity that might guide the development of new interventions. Because obesity is a strong risk factor for type 2 diabetes, developing effective interventions to prevent or treat obesity could help reduce the burden of diabetes and its complications on the public's health.



## Diabetes News

### **NIH Authorizes Use of Stem Cell Lines for Research**

On Wednesday, December 2, NIH authorized the first stem cell lines to receive federal funding. The 13 authorized stem cell lines were produced by scientists at the Children's Hospital in Boston and Rockefeller University in New York. These are the first lines authorized under the guidelines issued by NIH that included a provision under which existing stem cell lines derived in an ethically-responsible manner would be eligible for federally funded research. The provision ensures that a process is in place for

researchers to build on stem cell advances made to date, and accelerate research on cell lines with the greatest potential to treat and cure diseases.

Additionally, on Monday December 14, the NIH approved an additional 27 stem cell lines for federally-funded research. These lines were produced by Harvard University and must be used exclusively for embryonic stem cell research focused on diabetes. According to the NIH, "The long-term goal is to create human pancreatic islets that contain  $\beta$  cells, the cells that produce insulin, for transplantation into diabetics."

Information on the NIH-approved stem cell lines can be found at:

[http://grants.nih.gov/stem\\_cells/registry/current.htm](http://grants.nih.gov/stem_cells/registry/current.htm)

### **New ADA Recommendation on HbA1c Lab Test**

As mentioned in the News From NIH section, the American Diabetes Association issued a new clinical practice recommendation that adds the hemoglobin A1C test as a means of detecting diabetes and pre-diabetes. Unlike other tests, the A1C test does not require individuals to fast ahead of time. The added convenience will likely allow more people to get tested and identify their risk.

The test has long been recommended as a way to monitor blood glucose levels for people who already have diabetes, but the new ADA recommendation encourages its use in diagnosing new cases as well. A recent study by the Lewin Group reported that substantial evidence supports the value of the test for screening and diagnosis, including its ability to detect pre-diabetes—a

condition that often leads to full-blown diabetes—and its ability to accurately predict heart and other cardiovascular problems that develop from diabetes. The Lewin study can be found at the Results for Life website, [www.labresultsforlife.org](http://www.labresultsforlife.org). A press release on the ADA clinical recommendation can be found at <http://www.diabetes.org/for-media/2009/cpr-2010-a1c-diagnostic-tool.html>.

### Diabetes and the Flu

Please click on the flu.gov button for information and guidelines on what people with diabetes should do about the flu.



### Additional News Links for January:

- [Gestational Diabetes Linked to Sibling's Diabetes](#) (Reuters)
- [Diabetes May Triple Dementia Risk](#) (Diabetes UK)
- [Diabetes Meds May Be Falling Through "Doughnut Hole"](#) (Business Week)
- [Using a Pedometer May Half the Chance of Developing Diabetes](#) (Telegraph UK)
- [Smoking Cessation Linked to Diabetes, Quitters Should Watch Weight](#) (Johns Hopkins Medicine)



### Did You Know???

### FASCINATING FACT

#### 88 YEARS AGO THIS MONTH – FIRST USE OF INSULIN IN TREATMENT OF DIABETES

Insulin was discovered by Sir Frederick G. Banting, Charles H. Best and J.J.R. Macleod at the University of Toronto in 1921, and was subsequently purified by James B. Collip. Before 1921, it was exceptional for people with Type 1 diabetes to live more than a year or two. One of the twentieth century's greatest medical discoveries, insulin remains the only effective treatment for people with Type 1 diabetes.

On 11 January 1922, Leonard Thompson, a 14-year-old boy dying of diabetes, was given the first injection of insulin. However, the extract was so impure that Thompson suffered a severe allergic reaction, and further injections were cancelled. Over the next 12 days, James Collip worked day and night to improve the ox-pancreas extract, and a second dose was injected on the 23 January. This was completely successful, not only in having no obvious side-effects, but in completely eliminating the glycosuria sign of diabetes. Source: Diabetes UK

### RECENT EVENTS

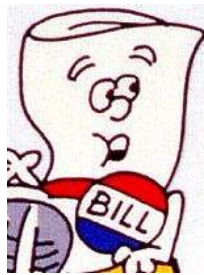
#### **Passage of H. Res 35 Urges Increased Funding for Continued Diabetes Research**

On December 10, 2009 the House of Representatives passed by a voice vote H. Res 35, a resolution expressing support for increased funding for type 1 diabetes research. Introduced by Rep. Gene Green (D-TX), with 101 cosponsors, the resolution highlights the need for an increase in federal

funding for diabetes research aligned with the 6 goal areas established by the National Institutes of Health (NIH) to guide type 1 diabetes research focused on the reduction, prevention, and cure of diabetes and its complications.

H. Res 35 acknowledges the recommendation of leading diabetes researchers to double the current level of NIH funding for type 1 diabetes research. In 2009, NIH provided \$433 million in diabetes research. The research supported by this funding is showing real progress identifying the root causes of the disease and working toward its cure.

In October, Reps. DeGette and Castle introduced H.R. 3668, legislation to renew the Special Diabetes Program. The passage of H. Res 35 illustrates the continued support for the reauthorization of this program beyond 2011.



### LEGISLATIVE PRIORITIES

H.R. 1995, *The Eliminating Disparities in Diabetes Prevention, Access and Care Act*. The Eliminating Disparities in Diabetes Prevention, Access and Care Act is designed to promote research, treatment, and education regarding diabetes in minority populations. This specific focus will help us address the unique challenges faced by minority populations and provide more effective treatment and education. The bill currently has 24 cosponsors.

H.R. 1625, the *Equity and Access for Podiatric Physicians Under Medicaid Act*. The bill would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. The Bill currently has 115 cosponsors.

H.R. 2425, the *Medicare Diabetes Self-Management Training Act of 2009*. The bill would make a technical clarification to recognize certified diabetes educators (CDE) as providers for Medicare diabetes outpatient self-management training services (DSMT). CDEs are the only health professionals who are specially trained and uniquely qualified to teach patients with diabetes how to improve their health and avoid serious diabetes-related complications. The 1997 authorizing DSMT statute did not include CDEs as Medicare providers and it has become increasingly difficult to ensure that DSMT is available to patients who need these services, particularly those with unique cultural needs or who reside in rural areas. The bill currently has 35 cosponsors.

H.R. 2590, the *Preventing Diabetes in Medicare Act of 2009*. The bill would extend Medicare coverage to medical nutrition therapy (MNT) services for people with pre-diabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a Registered Dietitian for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT for beneficiaries diagnosed with pre-diabetes. Nutrition therapy services have proven very effective in preventing diabetes by providing access to the best possible nutritional advice about how to handle their condition. By helping people with pre-diabetes manage their condition, Medicare will avoid having to pay for the much more expensive treatment of diabetes. The bill currently has 11 cosponsors.

H.R. 3668, an amendment to the Public Health Service Act to ***Reauthorize the Special Diabetes Programs for Type 1 Diabetes and Indians***. This program provides federal funding for the Special Statutory Funding Program for Type 1 Diabetes Research at the National Institutes of Health and the Special Diabetes Program for Indians at the Indian Health Service. H.R. 3668 would extend these critical programs through 2016 and increase funding for both programs to \$200 million a year. This bill currently has 75 cosponsors.