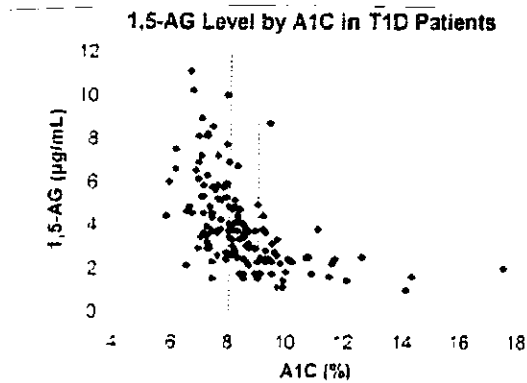


The Katrina Aftermath
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Commercial Exhibits

Normally I can report a good deal of information from this section. Unfortunately, this year there were very few significant changes and there really was very little to report. There has not been a new insulin on the market since Apidra was released and there does not appear to be any new insulin that will be released in the near future. Perhaps this is best since we have quite a few insulins with which to work at the moment. I went to the Medtronic booth and they had several interesting concepts that are not yet available. They are making a patch pump that will be very thin and smaller than the OmniPod. It will give only basal and bolus insulin by direct touch. It will not have the fancy calculations and controls that the other pumps have but it will be cheaper and it will be considerably smaller. They think that it may be on the market in 2010. They are working on a bedside monitor for their continuous glucose monitor which will have a 100-foot radius. This would allow the parents to sleep in bed and have the screen at the bedside so that they could know how their young child is doing through the night. They are hoping to get into the concept stage in 2010. They are also looking for communication between the continuous monitor and cell phones (perhaps by a Blackberry) so that parents have greater monitoring distance. The DexCom continuous monitoring company now has a formal agreement with two different pumps, OmniPod and Animus, and they should be able to communicate by next year. The new PDM for OmniPod will be able to download not only their own pump but the meters from LifeScan (the One Touch meters) and Abbott (the freestyle meters). They say that the new copilot upgrade will cost about \$140 but the patients will be able to keep the old one. It will use a USB port. OmniPod also mentioned that their new pump will be 42% smaller by volume and should be available next year. It will cost the same as their current model. The company that makes GlycoMark, another way to monitor diabetes management along with the hemoglobin A1c, report that they are working on a portable, real-time machine which would allow us to run it while you wait in clinic. This might be a good time to review one abstract on the use of the GlycoMark. A poster was presented by two different groups from Boston and Los Angeles looking at the utility of the GlycoMark (1,5-anhydroglucitol) in assessing glycemia in youth and young adults. They pointed out that serum 1,5-AG levels decline in response to post prandial hyperglycemia due to competitive inhibition by glucose for renal tubular resorption. Thus, high post-meal glucose levels would lead to lower GlycoMark levels. It is thought that 1,5-AG may accurately reflect glycemic variability (the ups and downs during the day). They tested its value in 139 patients with Type I diabetes versus 166 control non-diabetic patients. The Hgb A1c average for the diabetics was 8.5%. They found that the 1,5-AG correlated with Hgb A1c level but not with serum glucose levels. The 1,5-AG levels showed the widest range and were not correlated with Hgb A1c in those with A1c levels of less than 8%. However the level did correlate with the Hgb A1c in those with an A1c of 8 to 9%. Their results are listed on the following chart:



They concluded that in young patients with a Hgb A1c of less than 8%, the 1,5-AG level may uniquely contribute to the evaluation of glycemia beyond that provided by A1c. *Remember that the 1,5-AG levels decline in response to post-meal high blood sugars. Thus the patients in the less than 8% range that had low 1,5-AG levels had significantly higher post-meal glucoses than the ones that had high levels of 1,5-AG. As a result, this test will help us understand who is having significant hyperglycemia after meals even with good Hgb A1c levels. Just another test that could be run (particularly if we can get real-time-in clinic results) that would enable us to better understand and better control diabetes.* I also ran across the Dex4 fast acting glucose tablets. These tablets provide 1 gram of glucose and are now available at Target. Finally there were a couple of programs designed to help patients who are having difficulty affording insulin. The two websites are PPAR.com and NeedyMeds.com. I have not tried these websites but they might be worth visiting. Before leaving commercial developments, I would like to report some information that a couple of my friends passed on to me. They went to a session that I did not and were interested in the new thin simple pumps. Vigo would be a basal only pump that could carry twenty to thirty units of insulin. Finesse would be a bolus only pump. The user would push a button and could obtain ½, 1, 2, or 5 units per push. Another very small pump is the Solo pump but I cannot report what is unique about it. None of these pumps are available at the moment but it sounded as though they may be available within the next year or two. These are not as useful and all encompassing as the current pumps but they will find a niche for our patients who want a very small pump that does only minimal actions. I suspect we will hear more about these next year.