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Rosiglitazone More Effective Than Metformin, Sulfonylurea for Long-Term Blood Sugar Control in Type 2 Diabetes

Results from A Diabetes Outcome Progression Trial (ADOPT) demonstrated that initial treatment with rosiglitazone maleate (Avandia; GlaxoSmithKline, London) reduced the risk of monotherapy failure in people with type 2 diabetes by 32% compared with metformin ($P<.001$) and 63% compared with glyburide ($P<.001$) at 5 years.

The results of this international study involving 4,360 people recently diagnosed with type 2 diabetes, were published in the *New England Journal of Medicine* and presented at the 19th World Diabetes Congress of the International Diabetes Federation (IDF) in Capetown, South Africa.

Rosiglitazone was more effective than metformin or glyburide in delaying the progressive loss of blood sugar control, as measured in the study by fasting plasma glucose and HbA1c, according to a news release. ADOPT demonstrated that rosiglitazone significantly improved insulin sensitivity ($P<.001$ vs metformin or glyburide) and reduced the rate of loss of beta-cell function ($P=.02$ vs metformin; $P<.001$ vs glyburide).

"ADOPT provides evidence supporting earlier treatment with rosiglitazone in the management of type 2 diabetes. This is the first long-term study to demonstrate that the progressive loss of blood sugar control can be delayed and target blood sugar levels can be maintained for a longer period with rosiglitazone than with metformin and glyburide — the two most frequently prescribed oral antidiabetic agents," said Steven Kahn, MD, professor of medicine, VA Puget Sound Healthcare System and University of Washington School of Medicine, Seattle, and Giancarlo Viberti, MD, professor of diabetes and metabolic medicine, King's College School of Medicine, UK. "The more durable effect on blood sugar with rosiglitazone was also consistent with greater improvements in core defects of the disease, including significant effects on insulin resistance and beta-cell function."

ADOPT provides an important update to findings from the United Kingdom Prospective Diabetes Study (UKPDS) released in 1998, which preceded the availability of thiazolidinediones and included only two of the three oral agents evaluated in ADOPT — metformin and sulfonylurea.

Initial therapy with rosiglitazone delayed progressive loss of blood sugar control more effectively than metformin or glyburide using different blood sugar thresholds — from fasting plasma glucose >180 mg/dL to a lower blood sugar level more consistent with current therapeutic approaches, fasting plasma glucose >140 mg/dL. Long-term blood glucose control as measured by a mean HbA1c of <7.0% was maintained for longer with rosiglitazone — 60 months versus 45 months with metformin and 33 months with glyburide.

ADOPT is an international, multicenter, randomized, double-blind study involving 4,360 drug-naïve people who had been recently diagnosed with type 2 diabetes at more 400 sites throughout North America and Europe. People included in the study were randomized to rosiglitazone, glyburide or metformin, and titrated to the maximum daily effective doses. Patients were followed for 4 to 6 years to examine the long-term efficacy of each drug used as initial monotherapy on blood sugar control, insulin resistance and beta-cell function. At the time of monotherapy failure, 99.3%, 98.6% and 99.0% of participants were receiving maximal doses of rosiglitazone, metformin and glyburide, respectively.

Rimonabant Improved HbA1c, Weight, Other Risk Factors in Diabetes Patients

New data on rimonabant (Acomplia; Sanofi-Aventis, Paris) a first-in-class cannabinoid type 1 receptor blocker, showed that patients with type 2 diabetes not currently treated with antidiabetic medications had significant improvements in blood sugar control and weight, as well as other risk factors such as HDL cholesterol and triglycerides when compared with placebo.

The Study Evaluating Rimonabant Efficacy in Drug-Naïve Diabetic Patients (SERENADE) study was presented at the

IDF World Diabetes Congress. SERENADE, a multicenter, randomized, double-blind placebo-control, parallel-group study, is the second to demonstrate that rimonabant significantly improved blood sugar levels in people with type 2 diabetes. The trial compared rimonabant 20 mg once daily to placebo in improving blood sugar control — as indicated by HbA1c — in treatment-naïve type 2 diabetes patients not adequately controlled by diet alone for 6 months, according to a news release.

In Europe, rimonabant, is approved as an adjunct to diet and exercise for the treatment of obese patients (body mass index [BMI] ≥30kg/m^2) or overweight patients (BMI >27kg/m^2) with associated risk factors, such as type 2 diabetes or dyslipidemia. At the end of October 2006, Sanofi-Aventis submitted a complete response to the US Food and Drug Administration (FDA) approvable letter received in February 2006, according to the company.

In the SERENADE study, rimonabant patients lowered their HbA1c levels by 0.8% from a baseline value of 7.9% versus a reduction of 0.3% in the placebo group (*P*=.002). Patients with an HbA1c ≥8.5% at baseline reduced their HbA1c by 1.9% with rimonabant as compared with 0.7% with placebo (*P*<.0009).

More than 50% of patients in the rimonabant arm of the trial achieved HbA1c levels <7%, the target for good glucose control as recommended by the American Diabetes Association (ADA). These improvements in blood glucose control were accompanied by significant and clinically meaningful reductions in body weight of 6.7 kg in patients treated with rimonabant, while those on placebo lost 2.7 kg (*P*<.0001).

"The management of type 2 diabetes should not only focus on controlling blood sugar levels but also improve other risk factors such as weight, good and bad cholesterol, triglycerides and blood pressure," said Julio Rosenstock, MD, director of the Dallas Diabetes and Endocrine Center at Medical City and clinical professor of medicine at the University of Texas Southwestern Medical School, Dallas, who was an investigator in the SERENADE trial. "This study suggests that rimonabant can achieve improvement in blood glucose with the added benefit of significant weight loss and improvement in other risk factors."

The study included 278 patients at 56 study centers in the United States, Germany, Argentina, Chile, Hungary, Poland and the Netherlands. The primary endpoint of the trial was change from baseline of HbA1c levels. Secondary endpoints included weight and waist circumference, fasting plasma glucose, lipid parameters and arterial blood pressure. To be included in the trial, patients had to have a diagnosis of type 2 diabetes for ≥2 months and <3 years, HbA1c >7% and <10% and could not have been treated with an antidiabetic medication within 6 months prior to screening.

Accompanying the improvements in HbA1c and weight seen in patients assigned rimonabant, were improvements in multiple cardiometabolic risk factors. Rimonabant patients decreased their waist circumference by 6.1 cm compared with a 2.4 cm decrease for placebo patients (*P*<.0001). HDL increased by 10.1% compared with 3.2% for placebo (*P*<.0001). Triglyceride levels decreased by 16.3% compared with a 4.4% increase for placebo (*P*=.0031). There was a trend toward reduction in systolic blood pressure by 5 mm Hg and diastolic blood pressure by 1.2 mm Hg in the rimonabant 20-mg arm compared with a 2.2 mm Hg decrease in systolic blood pressure and an increase of 0.1 mm Hg in diastolic pressure in the placebo arm (*P*=NS).

SERENADE is part of worldwide phase 3b clinical trial program involving more than 22,000 patients in eight studies, which will investigate the role of rimonabant in the treatment of type 2 diabetes and cardiovascular disease (CVD).

Insulin Detemir Reduced Body Weight, Improved Blood Glucose in Type 2 Diabetes

The long-acting modern insulin detemir (Levemir; Novo Nordisk, Princeton, NJ) improved blood glucose control, reduced weight and the risk of overall hypoglycemia when started once daily in people with type 2 diabetes, according to new data presented at the IDF meeting.

The data, a subanalysis from the large, multinational Predictable Results and Experience in Diabetes through Intensification and Control to Target: An International Variability Evaluation (PREDICTIVE), are important because many people with type 2 diabetes gain weight when they start on other, conventional types of insulin therapy, further increasing their already high risk of CVD, according to a news release.

"Many people with type 2 diabetes are overweight or obese to begin with, and starting insulin therapy often leads to even more weight gain," said lead investigator Anne Dornhorst, DM, FRCP, FRCPath, department of metabolic medicine, Imperial College, London. "Our findings showed that not only did Levemir once daily improve glycemia control, but unlike many other forms of insulin, it actually led to weight loss and this benefit

was even greater for the heaviest patients."

PREDICTIVE is a multinational, open-label, prospective, observational study to evaluate the safety and efficacy of insulin detemir in people with type 1 and type 2 diabetes from more than 20 countries. The data presented at IDF were from a 14-week analysis of a European subgroup of 2,377 patients with type 2 diabetes who were being treated with oral antidiabetic agents and had not previously used insulin therapy. Upon entering the study, these patients started taking insulin detemir, dosed with or without their previous oral antidiabetic agents, based on their physician's clinical judgement. Most patients (82%) used insulin detemir once daily.

The results indicate that after 14 weeks, patients taking insulin detemir lost 0.7 kg of their body weight compared with baseline (P<.001). The weight loss was more pronounced in those who entered the trial at higher weight. For example, those who had a BMI between 27 and 29, considered overweight, lost an average of 0.56 kg, whereas those with a BMI ≥31 (obese) lost 1.51 kg. These reductions in weight were significant (P<.0001) compared with baseline. As expected, insulin detemir improved glycemic control over the 14 weeks. The average HbA1c decreased from 8.9% to 7.6% over a period of 3 months. All these improvements in glycemic control were significant (P<.0001).

The study also showed that the incidence of hypoglycemic episodes 4 weeks after starting insulin detemir was actually less than it was 4 weeks before the study: 1.2 versus 1.4, 0 versus 0.1 and 0.3 versus 0.4 episodes/patient-year for total, major and nighttime hypoglycemic episodes, respectively. The decrease in major episodes was statistically significant (P<.001).

First DPP-4 Inhibitor Sitagliptin Now Available

The FDA has approved sitagliptin phosphate (Januvia; Merck, Whitehouse Station, NJ), as the first and only dipeptidyl peptidase-4 (DPP-4) inhibitor available in the United States for the treatment of type 2 diabetes, according to a news release. Sitagliptin is approved as monotherapy and as an add-on therapy to metformin or thiazolidinediones to improve glucose control in patients when diet and exercise are not enough. Novartis AG (Basel, Switzerland) is awaiting similar approval for its DPP-4 inhibitor, vildagliptin (Galvus).

Sitagliptin phosphate belongs to a new class of prescription medications — DPP-4 inhibitors — which improve glucose control by enhancing the incretin system. Through DPP-4 inhibition, sitagliptin phosphate works when glucose levels are elevated to address diminished insulin due to beta-cell dysfunction and uncontrolled production of glucose by the liver caused by alpha-cell and beta-cell dysfunction.

In clinical trials, patients taking sitagliptin phosphate showed a significant mean difference in HbA1c from placebo of -0.8% and -0.6% respectively (P<.001). In a separate 24-week study of patients with type 2 diabetes who were inadequately controlled on either metformin or pioglitazone, sitagliptin phosphate provided mean differences in HbA1c from placebo of -0.7 in both the metformin and pioglitazone add-on studies (P<.001). In those same studies, the mean HbA1c reduction from baseline was 0.7% from a mean baseline HbA1c of 8%, and 0.9% from a mean baseline of 8.1%, respectively.

Other testing also found that sitagliptin was not associated with weight gain or increased risk of hypoglycemia, and helps reduce both postprandial glucose and fasting plasma glucose throughout the day.

Merck Announces Trademark for Investigational Combination of Sitagliptin and Metformin

Merck announced the trademark Janumet for MK-0431A, the company's investigational oral medicine combining sitagliptin phosphate with metformin for type 2 diabetes. The combination agent is designed to provide an additional treatment option for patients who need more than one oral agent to help control blood sugar. Jamumet is currently under standard review by the FDA.

According to a news release, Merck expects FDA action on the new drug application by the end of March 2007. The company is also moving forward as planned with regulatory filings in countries outside the United States.

Data supporting Janumet were disclosed in 2006 at the 66th annual meeting of the ADA, as well as the 42nd annual meeting of the European Association for the Study of Diabetes (EASD). Data presented at the ADA included a 24-week, double-blind study of patients who had inadequate glycemic control with metformin (≥1,500 mg daily). In this study, sitagliptin 100 mg/day in patients inadequately controlled on metformin led to a significant additional mean reduction in HbA1c of 0.7% compared with placebo (P≥.001).

The concurrent administration of sitagliptin with met-

formin was generally well tolerated, with no increased incidence of hypoglycemia or gastrointestinal adverse events compared with the placebo arm of the study. Body weight changes were similar between the treatment groups.

Pfizer Stops Torcetrapib Clinical Trials in Interest of Patient Safety

Pfizer (New York, NY) said that in the interest of patient safety, it is stopping all torcetrapib clinical trials. The company is in the process of notifying all clinical investigators in the program, as well as other regulatory authorities.

The company was informed that the independent Data Safety Monitoring Board (DSMB) monitoring the ILLUMINATE morbidity and mortality study for torcetrapib recommended terminating the study because of an imbalance of mortality and cardiovascular events. Investigators conducting trials in this development program are asked to inform patients to stop taking the study medication immediately. The company has also ended the development program for this compound.

Philip Barter, MD, director of the Heart Research Institute in Australia and Chairman of the Steering committee overseeing the ILLUMINATE study, said, "based on all the evidence we have seen regarding torcetrapib and in light of prior study results, we are very surprised by the information received from the DSMB, the only body with access to the unblinded safety data. We believed the study was coming along as expected, and this new drug information was totally unexpected and disappointing, given the potential benefits of this drug."

During the ILLUMINATE trial, atorvastatin (Lipitor; Pfizer, New York, NY) was used as a comparator for safety and efficacy. "The only reason the study was stopped early was due to the torcetrapib data. The ILLUMINATE Steering Committee wants to reassure physicians and patients that nothing in the (decision) has any impact on the safety or efficacy of Lipitor whatsoever," said Dr. Barter.

Exenatide Received EC Authorization

Eli Lilly and Company (Indianapolis) and Amylin Pharmaceuticals (San Diego) have been granted a marketing authorization for exenatide (Byetta) by the European Commission.

Exenatide is approved in the European Union as adjunctive therapy to improve blood sugar control in patients with type 2 diabetes who have not achieved adequate glycemic control on maximally tolerated doses of metformin and/or a sulfonylurea. Exenatide is the first of a new class of antidiabetic medicines known as incretin mimetics. The agent was approved by the US FDA in April 2005.

The European Commission based its decision on the review and evaluation of a comprehensive data package for exenatide that comprised results of 35 studies and included nearly 4,000 patients with type 2 diabetes across more than 20 countries, according to a news release. In clinical trials, exenatide was shown to help patients improve long-term glucose control by lowering both fasting and postprandial glucose levels. In addition, most patients experienced progressive reductions in weight, a secondary endpoint of the studies.

Studies that compared exenatide to insulin showed that exenatide can control glucose as effectively as several kinds of insulin often used in patients failing to respond to oral agents. The drug has also been shown to work though several actions, including the stimulation of insulin secretion only when blood glucose is above normal and by restoring the first-phase insulin response.

Exenatide is formulated for self-administration as a fixed dose, subcutaneous injection given prior to the two main meals of the day. The medication does not require dose adjustment for effects of exercise, food intake or glucose monitoring results. It is available in 5-µm dose and 10-µm dose prefilled pen-delivery system.

Diabetes Costs Continue to Rise

According to information from the Agency for Healthcare Research and Quality (AHRQ), diabetes makes up >33% of the Medicare budget, with drug costs doubling or tripling.

The cost of medical care for adults with diabetes between 1996 and 2003 has risen from $1,299 to $1,714 according to the reports, with the number of patients jumping from 9.9 million to 13.7 million in the same period of time. People with diabetes also saw increases in prescription medication costs of approximately 86% — from $476 to $883. Patients aged 45 to 64 years were the most dramatically affected, seeing drug costs double.

In addition, the federal report found:

• Hospitals spent $58 billion in 2004 on the 6 million

stays of patients with diabetes. Diabetes patients also tended to be hospitalized longer than other patients. Uninsured diabetes patients with less access to care were more likely to be admitted principally to have their diabetes treated than insured patients.

• The number of foot or lower leg amputations per 1,000 hospital stays of diabetes patients was twice as high for the uninsured and more than two times higher for men than for women.

• Overall care for patients with diabetes — including treatment in all settings and for other illnesses such as congestive heart failure — averaged >$10,000 annually.

This analysis was based on data from "Proportion and Medical Expenditures of Adults Being Treated for Diabetes, 1993 and 2003, and Hospital Stays among Patients with Diabetes, 2004" from the AHRQ.

6-Year Progression of DR High in Blacks with Type 1 Diabetes

Among black patients with type 1 diabetes, the 6-year rate of diabetic retinopathy (DR) progression is high, according to a report in the *Archives of Ophthalmology.*

In 483 participants from the New Jersey 725 study, 56.1% of those at risk showed a progression of diabetic retinopathy, 15% showed progression to proliferative DR and 15.9% developed macular edema, wrote Monique S. Roy, MD, from the Institute of Ophthalmology and Visual Science, University of Medicine and Dentistry, New Jersey Medical School, Newark, and colleagues.

"A baseline high glycosylated hemoglobin level and systemic hypertension were significant risk factors for progression of DR, progression to proliferative DR and incidence of macular edema," Dr. Roy wrote. Progression to proliferative DR was significantly associated with a baseline older age, renal disease and severity of DR."

The incidence of macular edema was significantly associated with baseline older age, low socioeconomic status, severity of DR and total serum cholesterol level, the investigators found.

As part of the New Jersey 725 study, 483 black patients who were diagnosed with type 1 diabetes and treated with insulin before age 30 underwent reexamination as part of a 6-year follow-up. Dr. Roy reported that the evaluations included a structured clinical interview, ocular examination, seven stereoscopic fundus photographs and blood pressure measurements.

"The severity of DR was determined via masked grading of fundus photographs," the investigators wrote. The patients also had blood and urine tests.

"At the 6-year evaluation, 72.3% of the patients at risk for incidence of diabetic retinopathy had developed any diabetic retinopathy," reported Dr. Roy and colleagues.

"Because glycemic and blood pressure control in this population are poor, measures to improve medical care and ensure regular dilated eye examinations to detect vision-threatening [DR] may reduce morbidity from the disease," the authors concluded.

Women With Diabetes Face Increased Breast Cancer Risk

Women with type 2 diabetes have an increased risk of macrovascular disease compared with men, according to an article published in *Diabetes Care.* The "excess risk of macrovascular disease and death associated with diabetes seems higher in women than in men. The pathogenesis for this risk difference has not been fully elucidated," according to the report.

A.A. Zandlbergen and colleagues from Erasmus University wrote, "We investigated whether female sex was associated with macrovascular disease and death, independently of known risk factors related to type 2 diabetes, nephropathy or retinopathy in normotensive patients with type 2 diabetes and microalbuminuria."

Data were collected on current and past health, medication use, blood pressure, renal function, and HbA1c during the follow-up period of 4.7 ±0.8 years. The endpoint was a composite of death, CVD, cerebrovascular events and peripheral artery disease. Of the women, eight (38.1%) met the endpoint compared with six (13.4%) of the men (P=.020) for difference in event-free survival. The hazard ratio (HR) of women relative to men was 3.19 (95% CI, 1.11 - 9.21), which further increased after adjusting for age, systolic blood pressure, BMI, smoking, total-to-HDL cholesterol ratio, urinary albumin excretion and retinopathy.

In a separate study published in *Breast Cancer Research and Treatment,* researchers said that women with type 2 diabetes may be at increased risk of breast cancer, possibly due to chronic exposure to insulin resistance and/or hyperinsulinemia. The retrospective cohort study compared breast cancer incidence between women, aged 55 to 79 years, with newly diagnosed diabetes (n=796) to women without diabetes (n=91,714). "After 2.2 million person-years of follow-up from 1994 to 2002, breast cancer incident was 2.97/1000 person-years in the diabetes group, and 2.75/1,000 person-years in the non-diabetes group, (HR 1.08, 95% CI, 1.01-1.16, P=.021)," the researchers determined.

Trials Show Promise of Islet Transplants

The first international, multicenter trial of the Edmonton Protocol — a standardized approach to the transplantation of insulin-producing islets — demonstrates that there may be an appropriate therapy that can dramatically benefit patients with severe complications of type 1 diabetes. According to *The New England Journal of Medicine*, 36 adult volunteers at nine clinical trial sites in North America and Europe received up to three infusions of islets. The trial was designed to gauge how well the transplanted islets would function in regulating blood sugar levels. A year after final treatment, 44% of the transplant recipients no longer needed insulin injections, and an additional 28% had partial islet function, which was associated with resolution of hypoglycemic unawareness. Insulin independence did not persist indefinitely in most cases, and less than one third of the people who had been freed from insulin after one year remained so by the second year. However, individuals with functioning islets had improved control of their diabetes, even though they still needed to take insulin shots.

"This really shows that islet transplantation can be tremendously successful in protecting against hypoglycemic unawareness," said James Shapiro, MD, PhD, in a news release.

Base Supplements May Help Fight Osteoporosis

Taking a potassium citrate supplement to counteract the high acidity of the modern diet can lead to increased bone density in older women, suggested a study in the *Journal of the American Society of Nephrology*. "Our results demonstrate for the first time that merely by partially reversing the acidity of the diet, bone mass increased rapidly and in amounts that are within range of increases produced by common FDA-approved medicines," commented Reto Krapf, MD, of the University Basel in Switzerland.

The study included 161 postmenopausal women, (mean age 59 years) who all had low bone mass. One group was randomly assigned to take daily potassium citrate supplement tablets, which provides a very small amount of alkali. The other group took a potassium chloride supplement, which provided the same amount of potassium but without base. The women underwent measurement of bone mineral density (BMD) using dual-energy x-ray absorptiometry to monitor osteoporosis.

At the end of the study, women taking the base supplement had a significant, 1% increase in BMD in the lumbar spine. Increases in bone mass also occurred in the hip and women taking the supplement had a decrease in the amount of calcium excreted in the urine. Women taking the nonbase potassium chloride supplement, showed a BMD decrease of approximately 1% in the lumbar spine.

Study Finds Lower Glycemic Index for Raisins

A recent independent study from Ohio State University, shows that raisins have a low-to-moderate glycemic index. Used as a tool in diabetes management, weight loss and sports nutrition, the average glycemic index (GI) of raisins was 54, with most experts considering a low GI to be ≤55 or less. Furthermore, the study found that raisins did not cause participants to secrete high levels of insulin, especially during exercise.

This independent clinical study, sponsored by the California Raisin Marking Board, fed raisins to 11 people with prediabetes, 10 healthy sedentary patients and 11 endurance athletes. Study results, presented at the annual meeting of Experimental Biology in 2006, showed that the GI was 54 compared with previously published tables that rated it with a GI of 64.

A second phase of this study is underway to evaluate how a preexercise snack of raisins compared with other snacks affects blood sugar and insulin levels in people with prediabetes.

Numbers of Young With Diabetes is Increasing

Approximately one in every 523 young people has been diagnosed with diabetes, according to the first comprehensive assessment of the disease in Americans under the age of 20 years. That places diabetes among the more common chronic illnesses of youth, striking 1.82 children per 1,000, compared with cancer and asthma. The national study, published in the *Journal of Pediatrics*, provides a baseline for future studies of diabetes prevention and control, said coauthor Jean Lawrence, a research scientist with Kaiser Premanente Southern California, Pasadena.

Until this study, estimates of type 2 diabetes in children were based on anecdotal reports from doctor's offices and clinics. The researchers found that diabetes is more common in non-Hispanic whites than in other ethnic groups, and that type 1 diabetes is the most common form in young people of all racial and ethnic groups — except for American Indians — where more than three-quarters of cases are type 2.

The study, which was paid for by the US Centers for Disease Control and Prevention (CDC) and the National Institutes of Health, found that the average age of diagnosis was 8.4 years, and 96% of children under age 10 years had type 1 diabetes. Girls had a higher prevalence, at 1.88 per 1,000 versus boys at 1.77 per 1,000.

CDC Recognizes Chronic Kidney Disease as Major Public Health Issue

Saving lives and reducing suffering through early detection and treatment of chronic kidney disease (CKD) is the focus of a new partnership between the CDC and the National Kidney Foundation (NKF). The CDC has awarded a grant to the NKF to support the research, planning and implementation of a chronic kidney disease screening program on both the federal and state levels, targeting people at high risk of CKD in order to identify individuals with CKD to improve outcomes.

"Americans who have early kidney disease, especially those with diabetes, have a significantly increased risk of having a heart attack or stroke. Our challenge is to find early kidney disease and treat it aggressively. We can substantially reduce risk and improve outcomes by using treatments that are readily available today," said Allan Collins, MD, NKF president, in a news release.

The CDC will work collaboratively with the NKF to develop all phases of the program. Screening will be pilot tested in four states. Results of the pilot phase will be utilized to created a modified screening program to be conducted in all 50 states.

More than 20 million Americans have CKD. More than 20 million others are at risk for developing the disease. "Implementation of effective screening programs for kidney disease will undoubtedly help reduce its devastating toll on the population," said Michael Engelgau, MD, acting director of the CDC's division of diabetes translation.

EASD Launches New Prize Lecture

The EASD launched the first Albert Renold prize for outstanding research achievement into the biology of the "Islets for Langerhans", specialized cellular structures within the pancreas that produce hormones involved in the body's regulation of blood glucose and play an important role in the development of type 2 diabetes.

The award, announced in the journal *Diabetologia*, is supported by an unrestricted educational grand from Merck and is the first new lectureship to be launched in 20 years.

"Islet research continues to be at the forefront in our fight against diabetes," said Professor Ele Ferrannini, president, EASD. "We are please to be working with MSD to launch this prestigious new award recognizing individual achievement in advancing knowledge in this important area. Professor Albert Renold played a major role in advancing diabetes research throughout the world, and we hope that the recipient of this award shows similar inspired leadership in the field."

The prize lecture will be delivered during the 43rd annual meeting of EASD in Amsterdam, in September 2007. The winning candidate will be awarded a sum of €20,000, plus travel expenses.

New York Bans Trans Fats

The ADA applauded the New York City Board of Health's decision to eliminate trans fat in all New York City restaurants and make calorie content for foods served in restaurants publicly available on menus and menu boards. Making calorie information available is also a critical step in helping people get the information they need to better understand how foods that they eat can have an impact on their weight and overall nutrition goals.

"Our nation is facing an epidemic of diabetes and when you consider that many American adults — and their children — are eating out several times a week, it is even more difficult to avoid trans fats and maintain a healthy diet," said Peter Sheehan, MD, president of the ADA's New York City Leadership Council. "For more than 700,000 New York City adults diagnosed with diabetes, the passage of this proposal eliminates a major source of artificial trans fats, and should serve as a model for other cities to consider." ■