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# Organization Section

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## ADA Launches New Reviews Journal With Seasoned Editor DeFronzo

"*Diabetes Reviews* will bridge the gap between basic research and clinical issues," says Dr. Ralph A. DeFronzo, editor-in-chief of the American Diabetes Association's (ADA) new quarterly journal, launched with this issue. Says Dr. DeFronzo, "We want to present people with one diabetes research topic, all in one issue—what is known about it, what the controversies are, and what direction the research needs to go."

*Diabetes Reviews* follows in the tradition of the ADA's *Diabetes* and *Diabetes Care*, two of the premier publications in the field. "*Diabetes* is undoubtedly the top journal in this field," says Dr. DeFronzo, the author and co-author of hundreds of articles himself, "It is the first place that researchers go to have their diabetes research published." Dr. DeFronzo, who has served as reviews editor of *Diabetes Care Reviews* since 1990, says the launch of *Diabetes Reviews* is intended to create the same forum for topics in basic and clinical research.

Following the first issue on immunology and diabetes will be an issue on "the other world of diabetes," to include articles on diabetes and cirrhosis; pancreatic diabetes, which mainly affects people in the developing world; aging and diabetes; and steroid abuse and diabetes. Also planned is an issue focusing on the clinical management and physiology of diabetic ketoacidosis and lactic acidosis.

Dr. DeFronzo first recognized and began assessing the need for a topical journal on diabetes research in the mid-1980s. He wanted to introduce a journal that professionals could pick up and find within everything there was to know about a certain subject area in diabetes—along with articles explaining the implications of that research. In 1990, Dr. DeFronzo brought his considerable scientific and editorial expertise to ADA to assist in the launching of *Diabetes Care Reviews*, a quarterly publication under the umbrella of *Diabetes Care*.

Now, *Diabetes Reviews*, launched as a separate journal, will serve as a useful tool for both researchers and clinicians: "We want this journal to appeal to a broad range of people in the diabetes field—researchers, clinicians, clinical researchers—and provide a balanced mix of basic science research and clinical research." Says Dr. DeFronzo, "We want this to be information that anyone will want and need to know."



Ralph A. DeFronzo, MD

Dr. DeFronzo and the new journal's editorial board will tap the top names in diabetes research to be contributors. The board will convene for the first time at ADA's annual meeting in June. Each board member is expected to provide a topic to be covered along with a list of the top 10 researchers in that area to serve as potential contributors.

Dr. DeFronzo's interest in diabetes research began during his undergraduate days at Yale University in New Haven, CT. He worked summers at the Joslin Clinic in Boston, which, he says, inspired him to embark on diabetes research as a career. After obtaining his medical degree from Harvard University in 1969, Dr. DeFronzo did two fellowships, one at the Aging Institute and another at the University of Pennsylvania; both concentrated on diabetes and endocrinology. This work intensified his interest in diabetes research.

Upon completion of the fellowships, he worked in the diabetes division of the Yale University School of Medicine. Over the years, Dr. DeFronzo's research has become strictly diabetes oriented—about 80% of his research deals with the metabolic and molecular basis of type II diabetes and about 20% concerns diabetic nephropathy.

Dr. DeFronzo is both amazed and enthused by

the strides that have been made in diabetes research over the past 20 years. He says the most exciting research he has ever been involved in is the research going on right now. DeFronzo believes the research community to be on the verge of discovering the genetic basis of diabetes. "We are ready now to define the gene for type II diabetes and are close to defining the genetic locus for type I diabetes," he says. "It is exciting because if we can find the genetic base, then we can find the cure."

Dr. DeFronzo has been involved with ADA for more than 20 years at both the grass roots and national level. Currently, he serves on the ADA Board of Directors and is a former chairman and member of the Research Policy Committee (among many other things). A strong advocate of a national research program, Dr. DeFronzo envisions increasing ADA's research dollars. This, he points out, would result in larger grants, new methods of interventions, and, ultimately, a cure for diabetes.

—SLR

## Nicotinamide May Delay or Prevent Diabetes

One of several studies underway to investigate the effect that nicotinamide, a B-complex vitamin, may or may not have in delaying or preventing the onset of insulin-dependent diabetes mellitus (IDDM) in prediabetic children is being conducted by American Diabetes Association (ADA) members Allen M. Glasgow, MD, of the Children's National Medical Center in Washington, DC, and H. Peter Chase, MD, of the University of Colorado in Denver.

"These studies focusing on the prevention and delay of diabetes really are at the forefront of research in the clinical management of diabetes," says Dr. Glasgow. Previous studies in which nicotinamide was observed to delay the development of diabetes in the NOD mouse and humans (in a nonrandomized, open trial of children in 1991) have prompted the launch of several randomized, controlled studies of the B-complex vitamin in the U.S. and Europe.

Drs. Glasgow and Chase have designed a randomized, double-blind, placebo-controlled study to test whether administration of nicotinamide will halt the development of IDDM in prediabetic children. To identify study participants, the doctors screened siblings of diabetic children because such siblings have a greater

chance of developing IDDM than siblings of otherwise healthy children. To determine whether children are prediabetic, the high-risk siblings (aged 4–18 yr) are given a blood test for islet cell antibodies, two intravenous glucose tolerance tests to measure insulin levels, and an oral glucose tolerance test. Those determined to be prediabetic are retained for the study, which is planned to include 30–40 children.

Once in the study, the children are started on either nicotinamide or placebo and will continue taking it for the up to 5 yr. The researchers expect to see results by that time. Dr. Glasgow has stated, however, that if nicotinamide appears effective after a couple years of study, the program will be stopped, and all participants will be given the vitamin.

Although he is hopeful, Dr. Glasgow expects that even with nicotinamide, some participants may still develop diabetes because of the gradual nature of the immunological damage done to the pancreas and its  $\beta$ -cells. "We can, through tests, detect when about 50% of  $\beta$ -cells are knocked out," says Dr. Glasgow, "and with nicotinamide, the damage may not progress any further." He notes, however, that if more  $\beta$ -cells are already knocked out, nicotinamide may not halt the destruction forever. (Some studies have found that nicotinamide may not be effective if started late in the prediabetic process.)

Just how nicotinamide works to delay or prevent the development of IDDM is not known, although Dr. Glasgow postulates that it may have something to do with antioxidants and free radicals. Regardless of how it works, though, he says, "If, through nicotinamide, we can delay diabetes forever, it would be revolutionary, not as a cure, but as a preventative." Dr. Glasgow envisions a time when every child at 4 or 5 [yr of age] would get a test for diabetes, and those found to be prediabetic would be given something to delay its onset forever. "That is my dream," he says, "and the dream of others."

—KLI

### Neuropeptide Y Causes Hyperphagia in Diabetes

New research lends support to the proposal that increased release of a brain peptide is responsible for the insatiable appetite in some diabetic individuals. The study, published in the December 1992 issue of *Endocrinology*, was conducted by researchers from the University of Florida and the Veterans Administration Medical Center, Gainesville; and the University of South Florida, Tampa.

The peptide, neuropeptide Y (NPY), has been identified as one of the most potent central appetite stimulants, the only peptide with this action. NPY is densely concentrated in the paraventricular nucleus (PVN) of the hypothalamus, the part of the brain that largely controls eating behavior and the secretion of insulin.

Previous studies have shown that rats injected with NPY exhibit increased food consumption. This observation, among others, led the researchers to hypothesize that diabetes-induced hyperphagia is a consequence of increased NPY release from areas in the hypothalamus that stimulate feeding. The team concluded as such—that NPY release in the PVN may be responsible for hyperphagia in diabetic rats. The findings carry implications for treatment strategies and, indeed, NPY concentration and release can be normalized with insulin therapy.

Daniel Porte, Jr., MD, former ADA president (1986–1987) and recipient of the Banting Medal for Scientific Achievement in 1990, who has been conducting research in this area along with collaborators Michael Schwartz, MD, Denis Baskin, PhD, and Stephen Woods, PhD, views the new study as a "significant step toward our understanding of the neuroendocrine factors associated with insulin-deficient diabetes. It gives us a clearer picture as we put it all together."

Dr. Porte's recent research has focused on how insulin works in the brain as a regulating factor. Insulin may be important for satiety and weight regulation. The hypothesis is that low levels of insulin trigger the release of NPY, which in turn stimulates eating. An abnormally increased appetite for food, hyperphagia, is a primary symptom of insulin-dependent diabetes mellitus (IDDM)—and untreated non-insulin-dependent diabetes mellitus (NIDDM) individuals also tend toward hyperphagia.

In their study, the Florida researchers measured NPY concentration in seven hypothalamic regions of the brain and the in vitro and in vivo release of NPY from the PVN and other hypothalamic regions in streptozocin (STZ)-induced diabetic rats. In three experiments, the researchers found that 1) NPY concentrations increased significantly in four of seven sites, including an increase of 156% in the PVN of diabetic rats, 2) NPY release in vitro was significantly higher from the PVN of STZ-induced diabetic rats than control rats, and 3) the mean in vivo NPY release/10 min over the observation period was threefold higher in STZ-induced diabetic rats than controls.

"As research continues in this important area, we are starting to wonder whether obesity [because it is a consequence of eating] is related to some impairment in the neuroendocrine system," says Dr. Porte. He cautions, however, that "one cannot extrapolate these findings directly to obesity because uncontrolled diabetes leads to weight loss that is not corrected by hyperphagia because of the insulin deficiency." The low level of insulin causes the body to excrete the calories it is unable to store.

Further research in this area may lead to a better understanding of weight regulation in diabetes—and of obesity.

—KLI

### Federal Budget Increased for Diabetes-Related Research

Despite well-publicized budgeting constraints, the 102nd Congress passed legislation for fiscal year (FY) 1993 (which runs through October 1993) that modestly increased funding for some diabetes-related programs. The Labor—Health and Human Services—Education (Labor-HHS) Appropriations bill for FY 1993 includes \$683 million for the National Institute of Diabetes, Digestive, and Kidney Diseases (NIDDK)—a 3% increase over FY 1992. The same bill earmarks \$5 million for research focused on locating the diabetes gene.

In addition, the Veterans Administration Medical Services program received an 8.4% increase to \$13.5 billion, and the Indian Health Service appropriation was bumped up 6% to \$1.43 billion. Although the Centers for Disease Control received a 12% increase overall, its Division of Diabetes Translation received no new funding.

With FY 1994 in sight, the American Diabetes Association (ADA) continues to recommend and lobby for higher increases in biomedical research appropriations. ADA will recommend an FY 1994 appropriation of \$835.2 million for NIDDK.

—SGS

### CLIA Guidelines Implemented

By now most health-care professionals are aware that the Clinical Laboratory Improvement Amendments (CLIA) went into effect 1 September 1992. CLIA requires all facilities that conduct laboratory tests on human specimens—such as blood glucose—be it physician's offices, hospitals, or clinics, to comply with its regulations.

All facilities must be certified or permitted a waiver by CLIA to avoid penalties for noncompliance. Compliance with CLIA regulations and certification is not necessary if the facility conducts only tests that CLIA has exempted.

The eight waived tests include blood glucose monitoring tests that are approved by the Food

and Drug Administration for home use, dipstick or tablet reagent urinalysis, a visual color comparison human luteinizing hormone test for ovulation, a visual color comparison urine test for pregnancy, nonautomated erythrocyte sedimentation, nonautomated hemoglobin by copper sulfate, fecal occult blood, and spun microhematocrit.

Any facility that wishes to apply for a waiver must do so with the Health Care Financing Administration, CLIA program, PO Box 26689, Baltimore, MD, 21207. The waiver costs \$100 and lasts 2 yr.

For more information on CLIA certification, contact the CLIA hotline at (410) 290–5850.

—KLI

### Genetics of NIDDM Project Gets Underway

The American Diabetes Association (ADA)-sponsored Genetics of Non-Insulin-Dependent Diabetes Mellitus (NIDDM) project has designated eight investigators/institutions to recruit families into its research database. The selectees, chosen from 75 applications by a peer-review panel, will be called the Harold Rifkin Family Acquisition Centers to recognize the major funding contribution made to this significant new research initiative by the Harold Rifkin, MD, Research Fund. Allied Signal Corporation also contributed funding.

The acquisition centers will establish a national database and cell-line bank that will contain information and specimens on families who have well-documented NIDDM. This will maximize the rapid identification of the genes responsible for NIDDM. The centers will recruit Black, White, Hispanic, and Japanese-American families to participate in the study.

The eight investigators/institutions selected are: John Buse, MD, PhD, University of Chicago; Ralph A. DeFronzo, MD, University of Texas HSC, San Antonio; Steven Elbein, MD, University of Utah; Craig L. Hanis, PhD, University of Texas HSC, Houston; Steven E. Kahn, MBChB, University of Washington; Jill N. Kostraba, PhD, University of Colorado; M. Alan Permutt, MD, Washington University, St Louis; and Jerome I. Rotter, MD, Cedars-Sinai Medical Center, Los Angeles.

The three investigators/institutions selected as lead centers are: Eric Boerwinkle, PhD, University of Texas Health Science Center at Houston, for the Harold Rifkin, MD, Central Data Center, responsible for the computerized storage and analysis of all data collected; Richard A. Mulivor, PhD, Coriell Cell Repositories, Camden, New Jersey, for the Harold Rifkin, MD, Central Cell-Line Center, responsible for storing cells obtained from all family members; David C. Robbins, MD, Medlantic Research Institute in Washington, D.C., for the Harold Rifkin, MD, Central Assay Center, responsible for testing the blood samples from each participant and storing serum samples.

Dr. Robbins, the former editor-in-chief of *Diabetes Care*, is thrilled and honored. "This is an extremely important project," says Dr. Robbins, "because it will create a very valuable resource for finding genes that create type II diabetes. It's gratifying to be a part of that process." Assays for all eight centers will be done in the Medlantic lab.

A steering committee, comprised of principal investigators, is scheduled to meet early this year to determine the specific protocol for the project. ADA and the National Institutes of Health will be issuing a joint request for applications to fund the linkage studies that will form the second phase of the project.

—SNW

### ADA EVENTS

#### Future Meetings

53rd Annual Meeting: 12–15 June 1993, Las Vegas Convention Center, Las Vegas, NV.

12th International Diabetes Immunology Work-

shop: 15–17 April 1993, Orlando Marriott, Orlando, FL.

4th International Symposium on Insulin, IGFs, and their Receptors: 20–23 April 1993, Marine Biological Laboratories, Woods Hole, MA.

Consensus Development Conference: Treatment of Hypertension in Diabetes: 25–27 May 1993, Orlando, FL.

For registration and program information, contact the American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. Tel: (703) 549-1500, ext. 330 or ext. 215.

### **Challenges to Diabetes Care in Today's Health-Care Environment**

The Lower Hudson Valley Chapter of the New York Affiliate of ADA and New Rochelle Hospital Medical Center will host "Challenges to Diabetes Care in Today's Health-Care Environment," a symposium for health professionals, on 24 March 1993 at the Ramada Plaza Hotel, New Rochelle, NY. The workshop will focus on issues that may impact diabetes care in certain population groups and health-care environments. For more information, contact Teresa Caulfield, ADA Lower Hudson Valley Chapter, 100 Clearbrook Road, Elmsford, NY 10523. Tel: 914-345-9300; Fax: 914-345-8407.

### **One-Day Symposium for Health-Care Professionals**

The Washington, DC Affiliate of ADA, along with the National Institutes of Health, will hold a one-day symposium for health-care professionals on 20 March 1993, at the Lipsett Auditorium of the National Institutes of Health in Bethesda, Maryland. Speakers include Bruce Frank, Ira Goldfine, Gordon Guthrie, Saulo Klahr, Dan Mintz, and Simeon Taylor. Topics include insulin analogues, metformin, hypertension, low-protein diets, islet transplantation, and glucokinase gene defects. For more information contact D. LeRoith, MD, PhD, Diabetes Branch, Bldg. 10, Room 8S239, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892. Fax: (301) 480-4386.

### **Harold Rifkin Open Meeting: New Approaches to NIDDM**

The Clinical Society of the New York Downstate Affiliate of the American Diabetes Association will present the Harold Rifkin Open Meeting on 17 April 1993 at the New York University Medical School. The meeting will focus on new approaches to NIDDM, including discussion of pathogenesis, treatment with oral agents, and new therapies. The registration fee is \$45.00 for members of the Clinical Society and \$65.00 for non-members. For more information, contact Helen Levine, 149 Madison Avenue, New York, NY 10016. Tel: 212-725-4925; Fax: 212-725-8916.

### **2nd International Conference on Diabetes and Native People**

The Hawaii Affiliate is cosponsoring the 2nd International Conference on Diabetes and Native People. This joint U.S.-Canada conference will be held 19–21 May 1993 in Honolulu, Hawaii. Speakers will address common problems in establishing effective programs and providing care to Native American people. Conferees will discuss development and implementation of cross-cultural programs, focusing on what works, why it is successful, and how to implement it in other communities. For more information, contact as follows: in mainland U.S., Dr. Robert Young, NARTC, 1642 E. Helen Street, Tucson, AZ 85719. Tel: (602) 621-5560; in Hawaii, Waianae Coast Comprehensive Health Center, 86-260 Farrington Highway, Waianae, HI 96792-3199. Tel: (808) 696-7081; in Canada, Alethea Kewayosh, Assembly of First Nations—Diabetes Conference, 47 Clarence Street, 3rd Floor, Atrium Building, Ottawa, Ontario K1N 9K1, Canada. Tel: (613) 236-0673.

## **OTHER EVENTS**

### **International Symposium on Diabetic Polyneuropathies**

An international symposium on diabetic polyneuropathies to celebrate the 150th anniversary of the University of Erlangen will be held 5–6 March 1993. For more information contact Dr. B. Neundorfer or Dr. D. Claus, Department of Neurology, Schwabachanlage 6, W-8520 Erlangen, Germany. Tel: 09131-854444; Fax: 09131-854436.

### **Theoretical and Practical Aspects of the Treatment of Diabetic Children**

Congest M. & C. will hold the 4th International Course on "Theoretical and Practical Aspects of the Treatment of Diabetic Children" 20–27 March 1993 in Verona, Italy. For more information contact Congest M. & C., Vicolo S. Silvestro 6, 37122 Verona, Italy. Tel: (045) 597940; Fax: (045) 597265.

### **4th European Postgraduate Intensive Course on Clinical Nutrition**

The European Society of Parenteral and Enteral Nutrition is sponsoring the 4th European Postgraduate Intensive Course on Clinical Nutrition, which will be held from 28 March to 8 April, 1993 in Maastricht, Netherlands and Leuven, Belgium. Topics covered include nutritional assessment, regulation in metabolic pathways, protein metabolism, osteoporosis, and obesity. For more information, contact Dr. Wim H.M. Saris, Department of Human Biology, University of Limburg, P.O. Box 616, NL-6200 MD Maastricht, the Netherlands. Tel: 31-43-881743; Fax: 31-43-670976.

### **Diabetic Complications as Drug Targets Conference**

The William Harvey Research Institute will present a conference on diabetic complications as drug targets from 31 March to 1 April 1993 at The Royal College of Physicians in London, U.K. Speakers will cover topics in neuropathy, retinopathy and vasculopathy, nephropathy, and pharmacology. For more information, contact Dr. Jenny MacLagan, William Harvey Research Conferences, St. Bartholomew's Medical College, Charterhouse Square, London EC1M 6BQ. Tel: 071-982-6181; Fax: 071-982-6084.

### **5th International Symposium on Receptor and Insulin Action**

The 5th International Symposium on Receptor and Insulin Action will be held 4–7 May 1993 in Munich, Germany. The topics include insulin-receptor functional domains, receptor cross talk and modulation, post-receptor signaling, phosphatases in insulin action, insulin and gene transcription, glucose transport, insulin action in NIDDM and prediabetes, insulin analogues, and new therapeutic approaches. For more information and abstract forms, contact Priv. Doz. Dr. H. Haring, Institut Fur Diabetesforschung, Kolner Platz 1, D-8000 Munchen 40, Germany.

### **Second Toronto Workshop on Computers and Computer Programs in Diabetes Care**

The Second Toronto Workshop on Computers and Computer Programs in Diabetes Care will be held 9–10 June 1993 in Toronto, Canada. The workshop will focus on computer software and telecommunications hardware with diabetes applications. Topics include care enhancement through remote (i.e., network) computer-assisted patient management, insulin or tablet decision-making, computer collected and/or interpreted self-blood glucose monitored data, computer-assisted patient education and counseling, microprocessors for automating aspects of clinic management, automated data capture in research protocols, and the impact of information systems

on psycho-social issues, conventional clinical practice, income, professional medico-legal liabilities, cost-containment potential, and universal diabetes care standardization. Contributed abstracts are invited. Registration will be limited. For more information, contact Professor A.M. Albisser, Secretariat, c/o Diabetes Program, 52 Wendover Road, Toronto, Ontario, M8X 2L3 Canada. Tel: (416) 231-2195; Fax: (416) 239-9702.

### **5th Postgraduate Course of Endocrinology and 2nd International Symposium on Hypertension**

The Servico de Endocrinologia will hold its 5th Postgraduate Course of Endocrinology and 2nd International Symposium on Hypertension in Granja, Portugal at the Hotel Solverde, 24–26 June 1993. The deadline for all lecture and communication submissions is 31 March 1993. For more information contact Dr. Ignacio Salcedo, Servicio de Endocrinologia, Symposium 93, Hospital Geral de Santo Antonio, 4000 Porto, Portugal. Tel: 200 52 41/200 73 54, ext. 3091-2-3. Fax: 02-32-03-18.

### **4th International Congress on Pancreas and Islet Transplantation**

The 4th International Congress on Pancreas and Islet Transplantation will be held 27–30 June 1993 in Amsterdam, The Netherlands. Topics include pancreas and islet transplantation, current developments in the early diagnosis of diabetes, and future approaches in prevention and treatment. For more information contact Tineke S. Roorda, Scientific Secretariat ICPT '93, Department of Surgery, University Hospital Groningen, PO Box 30-001, 9799 RB Groningen, The Netherlands. Tel: 31-50-612301; Fax: 31-50-614873.

### **11th International Symposium on Diabetes and Nutrition**

The 11th International Symposium on Diabetes and Nutrition, organized by the Diabetes and Nutrition Study Group (DNSG) of the European Association for the Study of Diabetes, will be held 1–3 July 1993 in Stirling, near Glasgow, U.K. Main topics include environmental factors and diabetes (nitrosamines, etc.), volatile short-chain fatty acids, epidemiology and nutritional surveys, and implementing the dietary guidelines. The deadline for submission of abstracts is 1 April 1993. For more information, contact Dr. Michael E.J. Lean, local organizer, Royal Infirmary, Queen Elizabeth Building, Alexandria Parade, GB-Glasgow G12 2ER, U.K. Fax: 041 304 4844; or B. Karamanos, MD, Secretary of the DNSG, Diabetes Center, Vas.Sofias 114, Athens 115 27, Greece. Tel: (01) 777-5605; Fax: (01) 770-6871.

### **19th Annual Meeting of the International Study Group of Diabetes in Children and Adolescents**

The International Study Group of Diabetes in Children and Adolescents will hold its annual meeting 2–6 September 1993 on board the cruise ship Neptune in the Aegean Sea. For more information, contact Dr. C. Bartsocas, Dept. of Pediatrics, P & A Kyriakou Children's Hospital, GR-11527 Athens, Greece. Fax: 30-1-7796461.

### **29th Annual Meeting of the European Association for the Study of Diabetes**

The 29th Annual Meeting of the European Association for the Study of Diabetes will be held 6–9 September 1993 in Istanbul, Turkey. For more information contact Serpil Bagriacik, Osmanli Sok. 23, 80090 Taksim-Istanbul, Turkey. Tel: (90-1) 0 245 04 15; Fax: (90-1) 251 75 60.

### **International Diabetes Epidemiology Group (IDEG) Meeting**

The International Diabetes Epidemiology Association will cosponsor a meeting to be held 22–23

September 1993 in Noumea, New Caledonia. Themes include diabetes in the tropics: IDDM, NIDDM, and malnutrition-related diabetes; diabetes, pregnancy, and fetal development; sex hormones and glycoregulation; the insulin resistance syndrome; prevention of IDDM and NIDDM and their complications: feasibility, methods, and program evaluation. The deadline for submission of abstracts is 1 May 1993. For more information, contact Dr. B. Baulkau, Secretary IDEG, INSERM Unit 21, 16 Ave Paul Vaillant Couturier, 94807 Villejuif Cedex, France. Tel: (33-1) 45 59 51 61; Fax: (33-1) 47 26 94 54.

#### **12th Danube Symposium**

The 12th Danube Symposium on Diabetes Mellitus will be held 7–10 October 1993 in Krakow, Poland. The topics include long-term diabetes complications, insulin therapy, diabetes mellitus in children, and gestational diabetes mellitus. The deadline for registration and abstracts is 1 April 1993. For more information, contact Associate Professor Jacek Sieradzki, Department of Endocrinology, Medical Academy in Krakow, 31-501 Krakow, Kopernika 17, Poland. Tel: 48 12 21 01 44; Fax: 48 12 21 40 54.

#### **American Board of Internal Medicine Examinations**

The 1993 Certification and Recertification Examinations in Endocrinology, Diabetes, and Metabolism will be held 3 November 1993. The registration period is from 1 January 1993 to 1 April 1993. For more information and applications contact Registration Section, American Board of Internal Medicine, 3624 Market Street, Philadelphia, PA 19104. Tel: 1-800-441-2246; Fax: 1-215-243-1500.

#### **7th International Congress on Obesity**

The 7th International Congress on Obesity will be held 20–25 August 1994 at the Westin Harbour Castle Hotel in Toronto, Ontario, Canada. Participants may receive AMA Category I study credits.

For more information, contact Continuing Education, Faculty of Medicine, University of Toronto, Medical Sciences Building, Toronto, Ontario, M5S 1A8 Canada. Tel: (416) 978-2718; Fax: (416) 978-7144.

#### **15th International Diabetes Federation Congress**

The International Diabetes Federation will hold its 15th annual congress 6–11 November 1994 at the Kobe Convention Center, Kobe, Japan. The congress will focus on prevention of diabetes and clarification of goals to reach by the year 2000. For more information contact S. Ohsata, Kobe Convention Center, 6-9-1, Manatojima-nakamachi, Chuo-Ku, Kobe 650, Japan. Tel: 078-303-0055; Fax: 078-302-7303.

#### **International Genetic Collaborative Study**

The Institut de Morphologie Pathologique Loveral, Center for Human Genetics, is starting an international collaborative study. Clinicians with patients who have total lipodystrophy (lipotrophic diabetes, Berardinelli-Seip syndrome) can enter an international genetic collaborative study aimed at localizing the gene responsible for the disease. Participation consists of providing a single blood sampling of affected patients, unaffected siblings, and their parents. For more information contact Dr. Lionel Van Maldergem, Center for Human Genetics, IMPL, Alee des Templiers 41, 6280 Loveral, Belgium. Tel: 0032-71-471520; Fax: 0032-71-471520.

#### **ADA RESEARCH AWARDS**

##### **ADA Career Development Awards**

ADA Career Development Awards will provide up to \$75,000/yr for 3 yr to support new researchers with 2–5 yr of postdoctoral/postfellowship research experience. Funds are to be divided between salary and other grant support. Applicants must be U.S. citizens or have permanent

resident status and hold full-time positions at U.S. university-affiliated institutes. The deadline for 1 January 1994 funding is 2 August 1993.

##### **ADA Research Awards**

ADA Research Awards will provide between \$20,000 and \$40,000/yr for 2 yr to assist researchers, new or established, who have a novel, exciting idea for which they need support. Applicants must be U.S. citizens or have permanent resident status and hold full-time faculty positions at U.S. university-affiliated institutions. The deadline for 1 January 1994 funding is 2 August 1993.

##### **Clinical Research Grant Program**

The Clinical Research Grant Program provides up to \$70,000/yr for 3 yr for studies that involve humans. Studies must focus on intact human subjects in which the effect of a change in the individual's external or internal environment is evaluated. In vitro research on human blood or tissue samples does not qualify unless there has been a major in vivo intervention, and the protocol is designed specifically to quantitate the effect of the manipulation. Applicants must be U.S. citizens or have permanent resident status and hold full-time faculty positions at U.S. university-affiliated institutions. The deadline for 1 July 1993 funding is 1 February 1993.

##### **Mentor-Based Postdoctoral Fellowship Program**

Mentor-based Postdoctoral Fellowship Program Awards, in the amount of \$30,000/yr for 3 yr, are given to support a postdoctoral fellow working with an established diabetes investigator. The investigator must be a U.S. citizen or have permanent residence status and hold an appointment at a U.S. research institution. The fellow must have an MD or PhD and no more than 3 yr of postdoctoral research experience. The application deadline is 8 October 1993 for 1 July 1994 funding. For more information and applications contact the American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. TEL: 703-549-1500, ext. 362.