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2006 - 2008

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## Presidents Report

This is the first newsletter since the Christchurch meeting. The outstanding program and event has not been forgotten. Thanks and congratulations to the POC (chaired by Terri Allen) and to the LOC (chaired by Michelle Robins) for their enthusiasm and effort. This year's meeting, in the last week of August, is fast approaching and Terri once again has program scheduling well under way. There will be 1 extra day of overlap with the ESA meeting due to venue constraints. This was felt a better alternative for ADS than to finish on Saturday. We have confirmed sponsorship for 4 plenary speakers already.

The lack of newsletters does not reflect a lack of activity – quite the opposite! On December 15 the clinician members of council met in Sydney to kick off a project to improve diabetes knowledge and management in general practice. Two RACGP representatives attended. Consultation drafts will be posted on the website.

Additionally, the Diabetes and Driving steering committee, held its initial teleconference on January 15. John Carter, who has contributed much to this area previously, has agreed to join, with ADEA and DA representation also. Bruce Hocking links the project back to the Fitness to Drive guideline development being revised this year. The aim is to inform the guidelines and regulations, looking towards uniformity where possible, and develop reference material for people with diabetes and clinicians, and a publishable document for submission to the MJA.

Other projects are underway to fulfil our obligations under the NDSS contract. The NDSS is not a direct source of revenue for ADS – as a grant, it must be directed at the aims of the NDSS. Fortunately the Commonwealth has accepted that much of our activity is voluntary but that ADS is due payment for that. This obviates the need for council members to invoice, donate the money back to ADS and include this merry-go-round of funds on tax returns.

This brings me to the thorny issue of ADS membership subscriptions. Unsurprisingly, this was a hot topic at the general meeting. No-one likes to pay more for anything, however ADS fees have not risen, other than the imposition of the GST, since 1994. While we have a reasonable bank balance at present, much of this is specific purpose funding, such as the Servier National Action Plan funds. ADS council plans to take advantage of a private investment fund with DA, to increase interest revenue. If we are to continue to do more than organise the ASM (eg support young researchers), ADS also needs to raise its fees and then keep these at least in line with inflation. I will be proposing to Council that we raise membership fees incrementally over the next 5 years, from \$88 to \$165 for full members and from \$44 to \$55 for student members. On the cost-reduction side of the equation, ADPO will be required to become self-funding, saving ADS around \$40-50,000 annually. Your howls of protest can be sent to me through the secretariat!

**Maarten Kamp**  
ADS President



## ADS/ADEA Annual Scientific Meeting 27-29 August 2008



**Australian Diabetes Society (ADS) &  
Australian Diabetes Educators Association (ADEA)**

**Annual Scientific Meeting  
Melbourne Exhibition & Convention Centre, Melbourne  
27-29 August 2008**

### IMPORTANT DATES

Mid February 2008 – Registration and Abstract Submission

16th June 2008 – Abstract Submission Closes for  
ADS and ADEA

16th June 2008 – Early Bird Registration Closes

26th August 2008 – Educators Workshop

27th August 2008 – Conference Commences

28th August 2008 – Conference Dinner

29th August 2008 – Conference Closes

#### The Local Organising Committee

Tracy Ayleen

Cheryl Steele

Linda Jackson

Sue Wyatt

Other Members to be advised

#### The Program Organising Committee

**ADS -**

Terri Allen, Mark Febbraio, Karin Jandeleit-Dahm,

Sofianos Andrikopoulos, Richard Macisaac,

Jonathan Shaw and Shane Grey.

**ADEA –**

Meredith Williamson, Pam Jones, Joanne Bowden,

Natalie Wischer, Marg Ryan, Catharine McNamara,

Rebecca Gebert, Joanne Hoskyns.

### ADS Travel Grants to Melbourne for 2008 ASM

A number of Travel Grants will be awarded to junior investigators who have an abstract accepted for presentation at the Annual Scientific Meeting of the ADS in August 2008 in Melbourne. The number and size of grants will be determined according to the number and suitability of applications and the funds available. Applications will be prioritised using abstract review scores. It is anticipated that the awards will represent a substantial contribution to the individual's travel costs to the meeting.

Application should be made in writing to the Honorary Treasurer, Australian Diabetes Society, 145 Macquarie Street, Sydney NSW 2000 by Friday 20th June 2008. The successful applicants will be advised in writing about one month prior to the meeting. Eligibility is as follows:

1. A financial member of the ADS for 12 months at the time of application
2. In training for a higher degree eg. PhD, MD, fellowship or medical specialty.
3. Supported by a statement from the candidate's supervisor or department head indicating the nature of their present position and the availability of other sources of financial support for their travel to the Meeting.

Note: Applicants must not be in receipt of a travel grant from any other body to attend the ADS meeting or a meeting in association with the ADS meeting.

### The 6th John R Turtle Diabetes Clinical Skills Training Course for Advanced Trainees in Endocrinology

The John R. Turtle Diabetes Clinical Skills Training Course for 2008 will be held in conjunction with the ADS Annual Scientific Meeting in Melbourne, and will take place on the afternoon of Friday 29th August. The Course is designed for Advanced Trainees in adult Endocrinology and aims to teach practical aspects of diabetes care in an interactive format. It will be coordinated by A/Prof. Stephen Twigg. Experts in relevant fields will be invited to be teachers. As in previous years, participating Advanced Trainees need to register for the ADS Scientific Meeting and they may be eligible for financial assistance to attend the Course. It is envisaged that advanced trainees in endocrinology will be sent an invitation to the Course by electronic mail in later March. You can also register your interest now by writing to A/Prof. Stephen Twigg at [stwiggg@med.usyd.edu.au](mailto:stwiggg@med.usyd.edu.au)

**Stephen Twigg**

## ADS Servier National Action Plan Grants Awarded for 2007

Following are brief outlines of the projects that were awarded under the ADS Servier National Diabetes Strategy Grant Scheme in 2007.

### **1,5-ANHYDROGLUCITOL AND GLUCOSE VARIABILITY IN DIABETES**

Drs Alicia Jenkins and David O'Neal. University of Melbourne, Dept. of Medicine, St. Vincent's.

In addition to the average glucose level, such as reflected by HbA1c, glycaemic variability may be pathogenic, with a postulated mechanism via increased oxidative stress. Glycaemic variability can be measured by continuous glucose monitoring (CGM) and by circulating levels of 1,5-anhydroglucitol (1,5-AG). 1,5-AG is a dietary derived monosaccharide, less of which is reabsorbed by the kidney in hyperglycaemia. This assay is not in use in Australia and there are no published studies in Type 1 diabetes. 1,5-AG levels may be useful in diabetes management, perhaps reducing the need for more labor and cost intensive CGM, and helping prioritize which patients may benefit from CGM. We will characterize the assay, evaluating effects of sample handling, hyperglycaemia and hypertriglyceridaemia. We will also determine if 1,5AG levels correlate with glycaemic variability measured by CGM in patients with (Type 1, insulin-treated Type 2 or gestational) diabetes.

### **DO ABNORMALITIES ON CARDIAC ECHOCARDIOGRAPHY PREDICT ADVERSE CARDIOVASCULAR OUTCOMES IN PATIENTS WITH DIABETES?**

Louise M. Burrell, Professor of Medicine, Department of Medicine, University of Melbourne, Repatriation Hospital, Austin Health, Heidelberg, Victoria 3081

Up to 75% of those with diabetes will die from a cardiovascular event. Accurate and non-invasive identification of occult cardiac disease should form a routine part of management, and whilst an electrocardiogram or ECG is often the first line investigation, it lacks sensitivity for the detection of modifiable disease such as left ventricular hypertrophy (LVH), or potentially modifiable disease such as diastolic dysfunction. We believe an echocardiogram will serve to more precisely identify those subjects with diabetes at increased cardiovascular risk. Our results may lead to incorporation of an echocardiogram in all routine complication screening programmes, to identify diabetic patients at increased cardiovascular risk. This in turn may lead to more aggressive management of known risk factors in the clinic, and stimulate research into more targeted therapeutic approaches in the future.

### **A PROSPECTIVE RANDOMISED CONTROLLED STUDY TO DETERMINE THE INFLUENCE OF AGE AT TIME OF TRANSITION ON OUTCOMES RELATED TO DIABETES CARE.**

Kaye Farrell, Jane Holmes-Walker, Department of Diabetes & Endocrinology, Westmead Hospital

There has been a smooth transition process operating between The Children's Hospital at Westmead and the adult hospital at Westmead since the Diabetes Transition Service began operation in 2001, with the mean age of transition to the service being  $18.9 \pm 2.53$  years. Current knowledge suggests that age is not the best predictor of readiness for transition but there is a lack of clinical evidence. We hypothesise that an earlier age of transition to adult services may be more successful as the young person is still supported at home both socially and financially. The study will compare transition to adult services at age 16 with transition at age 18 and monitor outcomes such as frequency of clinical attendance, admission rates to hospital, loss to follow up, HbA1c and psychological outcomes. The study will be able to provide recommendations on appropriate age of transition and inform future Australian Clinical Practice Guidelines for young adults with type 1 diabetes.

### **MANAGING DIABETES AND HYPERGLYCAEMIA POST-STROKE: MEASURING CLINICIAN BEHAVIOUR CHANGE FOLLOWING EVIDENCE IMPLEMENTATION**

Middleton S, Cheung W, Levi C, Griffiths R, Grimshaw J, Ward J, D'Este C

The aim of this project is to rigorously evaluate clinician behaviour change resulting from a multidisciplinary team building intervention to improve evidence-based management of hyperglycaemia in patients following acute stroke. This clustered randomized controlled trial currently is underway in 19 of the 20 NSW Category A and B acute stroke units. Medical record audits of patients in the pre-intervention (n=600) and post-intervention cohorts (n=1200) will be conducted to determine: mean fingerprick blood glucose level (BGL) for the first 24 and 48 hours following admission; the number of fingerprick BGL readings taken over the first 24 hours; and the time to commencement of insulin therapy when target glucose levels are exceeded. The latest Clinical Guidelines for Acute Stroke Management endorse prompt and evidence-based treatment for hyperglycaemia in acute stroke. Our study will provide Level 2 evidence for the impact of our evidence-based intervention in changing clinician management of this complication known to produce poor patient outcomes following acute stroke. This trial is highly significant, within Australia and internationally.

#### **Reference**

1. National Stroke Foundation. Clinical Guidelines for Acute Stroke Management 2nd Ed. Melbourne: National Stroke Foundation, 2007.

## ADDRESSING TYPE 2 DIABETES IN THE CHILDHOOD AND ADOLESCENT POPULATION IN AUSTRALIA: PHASE I – IDENTIFICATION OF CHILDREN/ADOLESCENTS WITH ESTABLISHED TYPE 2 DIABETES

Dr M Sabin, Department of Endocrinology and Diabetes, Royal Children's Hospital, Flemington Road, Parkville, Victoria 3052, Australia. Telephone: 03 9345 5951. Fax 03 9347 7763. E-mail: matt.sabin@rch.org.au

Type 2 diabetes mellitus (T2DM) was once a rare disease in childhood but recent increases in childhood obesity have led to a dramatic rise in reported cases. It is now projected to become the commonest form of newly diagnosed diabetes in childhood within the next 10 years. T2DM in youth differs from Type 1 in many ways including aetiology, treatment, compliance and risk of complications, and we must act now if we are to avoid a pandemic of diabetes-related disease over the next 10-30 years. This project represents the first phase of a developing research theme aimed at improving care for children and adolescents with T2DM. We will assess the prevalence of T2DM in youth in Victoria, in order to improve our understanding of the projected health burden and allow interventions to be developed in order to improve glycaemic control in individuals with this condition. We hope that it will also act as a platform for the development of a National Register of T2DM in youth.

## GREAT2DO STUDY (Graded Resistance Exercise and Type 2 Diabetes in Older Adults).

Professor Maria A. Fiatorone Singh, MD, FRACP, John Sutton Chair of Exercise and Sport Science, Discipline of Exercise, Health and Performance, Faculty of Health Sciences, University of Sydney.

We will conduct a one-year, randomised controlled trial of PRT to treat type 2 diabetes and metabolic syndrome in older adults, the GREAT2DO STUDY (Graded Resistance Exercise and Type 2 Diabetes in Older Adults). We will use a unique form of weight lifting exercise known as "Power Training" which is an optimal way to simultaneously improve neural recruitment, muscle mass and function, balance, and bone health, and has never before been investigated in older diabetics for metabolic benefits. This study will define for the first time the efficacy, as well as the mechanisms of adaptation, feasibility, safety, and long-term adherence to power training as a means to improve health outcomes for older adults with type 2 diabetes and metabolic syndrome. We believe that this study, generously funded by the Australian Diabetes Society and the NH&MRC, will provide evidence that PRT is a potentially powerful part of the treatment for the worldwide epidemic of metabolic syndrome and type 2 diabetes in older adults.

## 2008 ADS-SERVIER NATIONAL DIABETES STRATEGY GRANTS IN MEMORY OF BARRY YOUNG

The ADS Council is pleased to again call for applications for the ADS-Servier National Diabetes Strategy Grants in Memory of Barry Young. These grants have been made possible by the generosity of Servier Laboratories Australia which has strongly supported the National Diabetes Strategies for many years.

Consistent with the focus of ADS and Servier, the grants will be for clinical projects that involve improvement of patient care consistent with the aims of the National Service Improvement Framework for Diabetes as paraphrased below:

1. Prevent and limit the progression of diabetes
2. Slow the onset of complications
3. Reduce preventable hospital admissions
4. Reduce variations in care between clinicians and health services, across metropolitan, rural and remote settings and in care provided to disadvantaged groups

Preference will be given to projects with potential applicability to diabetes care throughout Australia.

The value of the grants will vary depending on need but it is anticipated that the average grant will be for \$20,000. Three to five grants will be awarded in this round.

The committee established to review and choose the successful grants will include:

- The President (Chair) and Treasurer of ADS
- A nominee of Servier
- Two ADS members with experience in clinical projects
- A nominee of ADEA
- A nominee of Diabetes Australia

Grants may be sent out for expert review if necessary.

Grants are to be submitted to the ADS either by post or email to:

Ms Sian Ford  
Administration Officer  
Australian Diabetes Society  
145 Macquarie Street, Sydney NSW 2000  
Email: sian.ford@racp.edu.au

## DEADLINE FOR GRANT SUBMISSION IS FRIDAY 6th JUNE 2008

Grants are to be submitted in a simple format but must include:

Background; Aims; Methods; Contribution to improved patient care expected; Assessment plan for project; Ethics approvals (if relevant); Detailed Budget

Grants must be NO longer than four A4 pages with a minimal font size of 12

A brief report on the outcome of the work (which may be posted on ADS website) must be submitted to ADS and awardees are expected to present their work at the annual ADS or ADEA scientific meetings.

**The successful applicants will be announced at the ADS and ADEA annual scientific meeting.**

## KELLION AUSTRALIAN DIABETES SOCIETY AWARD 2008

The Kellion Foundation and the Australian Diabetes Society invite applications for the Award for an Australian who has made an outstanding contribution in diabetes research, clinical or service areas in Australia. This is an annual award and commenced in the year 2000.

Nominations are now called for this Award which will be considered by a review committee consisting of prominent Australian diabetes researchers with the power to co-opt international referees. Nominations may be self-initiated, initiated by colleagues or by organisations.

The recipient of the Award will be required to deliver the Kellion Plenary Lecture at the Australian Diabetes Society/Australian Diabetes Educators Association Annual Scientific Meeting to be held at the Melbourne Convention Centre 27-29 August 2008. The Award will include a return business class airfare to the meeting, accommodation for the duration of the meeting, registration, and a commemorative plaque. There is also a \$5,000 honorarium.

Nominations should include a letter (not exceeding 2 pages) clearly stating the basis of the nomination and a **full curriculum vitae**. Nominations made in the previous 3 years have been retained and will be considered also.

**Nominations must be received by Friday 4 April 2008 and should be forwarded to:**

Ms Sian Ford  
Australian Diabetes Society  
145 Macquarie Street  
SYDNEY NSW 2000  
Fax: 02-9251 8174  
Email: [sian.ford@racp.edu.au](mailto:sian.ford@racp.edu.au)

Further enquiries can be directed to Ms Sian Ford, Administration Officer, Australian Diabetes Society on (02) 9256 5462 or email [sian.ford@racp.edu.au](mailto:sian.ford@racp.edu.au).

Previous recipients of this prestigious award include: Len Harrison (2000), Don Chisholm (2001), George Jerums (2002), Paul Zimmet (2003), Tim Welborn (2004), Mark Cooper (2005), David James (2006) and Ted Kraegen (2007).

## ADS EARLY CAREER FELLOWSHIP

Applications are called for this “bridging” fellowship sponsored by the ADS.

Amount: \$70,000 for one year plus a travel allowance of up to \$5,000

Eligibility Criteria:

- Must be ADS member for 1 year at the time of accepting the award
- Must have a PhD at the time of accepting the award
- Can be 0-3 years post-doc as of 31 December 2007
- Must take up a position in Australia
- Must have applied for an NHMRC Training Fellowship (please insert NHMRC ID on application form)
- Must present their work from the fellowship the following year at the ADS ASM.
- Must acknowledge ADS in publications related to the work

Applications close: 28 March 2008

To apply: Please fill out the form available with this newsletter or also available on the ADS website. This alerts the ADS that the applicant has put in an NHMRC training fellowship and wishes to be considered for the ADS Early Career Fellowship.

## ISN NEXUS SYMPOSIUM ON DIABETES AND THE KIDNEY

Dublin, Ireland, June 26-29, 2008  
[www.isn-online.org/nexus/diabetes](http://www.isn-online.org/nexus/diabetes)

Introduced in October 2006, the ISN Nexus Symposia are designed to bridge the “bench to bedside” gap by intermingling researchers and practicing physicians to exchange knowledge and discuss clinically relevant information, and to challenge researchers to establish an active link between crucial basic research and clinical application.

In line with the ISN's objective of extending nephrology into other disciplines, the Nexus Symposia take an interdisciplinary approach to encourage participants to explore the interrelation between diseases and their manifestations with other specialist in related disciplines.

The Nexus Diabetes and Kidney Debate Offering the very latest in basic and clinical insight, discovery and treatment methodologies as part of its 3 1/2 days' exploration into diabetes and the kidney and the consequential implications for human health and disease, the program will incorporate basic and clinical sessions to present cutting edge discovery within the field, balanced by the translational sessions which clearly link the research to practice and signpost the future directions and solutions at both the laboratory and patient care levels.

For more information, visit: [www.isn-online.org/nexus/diabetes](http://www.isn-online.org/nexus/diabetes)

## OBITUARY

Stuart Murray Furler BSc, MSc, MBiomed E, Ph.D.  
(1st December 1949 - 6th August 2007)



The Diabetes research community in Australia lost a valued member in August 2007. Dr Stuart Furler was an active contributor to Australian diabetes research over a 25 year period. He was born in 1949 in Melbourne and was an "Air Force kid", meaning the family moved every couple of years. His high school years were spread over 3 schools, in Canberra, London, and Melbourne. He finished high school in Melbourne in 1966, entered Melbourne University in '67 and completed a BSc with Physics major at ANU in 1969 after his family moved to Canberra. It was another 13 years before he took up Diabetes research. During these 13 years he initially worked in aeronautical physics at ANU, obtaining a MSc in 1974 on "Non-Equilibrium Dissociating Flows over Curved Surfaces" - heady stuff. After a year's traveling in Europe, no doubt to get a break from rocket science, he completed a Computing Studies Diploma in 1977 and worked as a computer programmer in Canberra and Sydney before taking on a Master of Biomedical Engineering degree at UNSW. After 1-2 years in Medical Physics at Sydney's Prince of Wales Hospital he joined the Garvan's Diabetes research team in 1982 as a Scientific Officer.

Stuart notched up 25 years as a research scientist in the Diabetes Group at the Garvan until the time of his diagnosis with pancreatic cancer in September 2006. At that time he was the second-most long-serving staff member of the Garvan. Stuart was never one to blow his own trumpet, constantly understating his contribution to diabetes research to his family and friends. However, during the period of his illness, it became apparent how highly regarded his scientific work was in the eyes of both the Australian and international diabetes research community. Stuart co-authored 51 papers, 10 as first author; 6 as senior author and had a personal h-index of 21.

Stuart put his numerate background, and acquired biological expertise, to good use, and participated in a broad range of the group's activity, including basic science and clinical research. Arguably however his major contribution has been in the field of tracer techniques, which involved radiolabeled glucose analogs, (eg ref 1). A novel dual-label technique, which he developed to identify the rate-limiting step for tissue glucose uptake (2) has been cited 83 times. His PhD thesis, conferred in 1993, had the title "The Development of Multiple Tracer Techniques for the Study of Glucose Metabolism" – another heady subject! After that he played the primary role in the development (3), validation (4) and application (5-7) of a novel tracer technique (radio labelled bromopalmitate) to study individual-tissue fatty-acid uptake. This work was an integral part of a joint program of research between Garvan and AstraZeneca in Sweden, and Stuart was invited annually to Sweden to confer with AZ's senior scientific staff. He was regularly invited to review manuscripts on basic and clinical science by journals including Diabetes, Endocrinology and the American Journal of Physiology. Aside from his direct research interests, Stuart was most generous in his guidance of less numerate colleagues, spanning aspects of statistical and other numerical techniques, on quantitative experimental physiology in general and tracer techniques in particular. He also played an important role in the burgeoning bioinformatics research of the group, developing methods for visualisation and analysis of micro-array data related to the genetic basis of insulin resistance. Stuart's guidance, research participation and mentoring are sorely missed in the Garvan corridors.

Stuart is also missed as a friend and colleague in a very personal way. He is well-known to many in the ADS via his many presentations over the years. For those who knew Stuart well he was intelligent, witty, hard-working, considerate of others, and above all, a very gentle gentleman. His dry humour reflected both his enormous intelligence and his great joy of the absurd. He is survived by his wife Jill Hennessey and their children Stephanie and Jake. Stuart's thesis acknowledgement says it all "Finally, I wish to thank my family. I am greatly indebted to my wife Jill for her love, tolerance and support during this period of my life. I am also beholden to my children, Stephanie and Jake, who, just by being themselves, put this venture into its proper perspective." Jill says "as one of two working parents, Stuart had to balance his working life with domestic responsibilities. In between hanging out the weekly laundry on the clothes line, Stuart was able to read to the kids at bed-time, attend school functions, manage a soccer team, cook exotic meals, and help with science and maths homework, to name but a few of his extra-curricular responsibilities"

Stuart's legacy includes a set of publications which will continue to influence research for years to come. Now if only we could have understood his ability to eat enormous quantities of fried chips without putting on any weight!

### References

- 1 Furler et al, Am J Physiol 255:E806-11, 1988
- 2 Furler et al, Am J Physiol 261 :E337-47, 1991
- 3 Oakes and Furler Ann NY Acad Sci 967:158-75, 2002
- 4 Furler et al Diabetes 49:1427-33, 2000
- 5 Hegarty ....Furler Diabetes 51:1477-84, 2002
- 6 Iglesias, Furler et al Diabetes 53:1649-54, 2004
- 7 Hegarty, Furler et al Endocrinology 145:3158-64, 2004

**[ Stuart's Garvan colleagues are indebted to his family for material incorporated into this Obituary ]**



**Dear Colleague,**

Welcome to 2008, the year of the 7th IDF Western Pacific Region Congress, Diabetes Asia Pacific; Working for Solutions.

We have constructed a programme with a range of world class speakers providing something for everyone; the person with diabetes, the primary care team, researchers and specialists. As well as experts from within Asia, Australia and New Zealand the Congress programme will include some of the latest in research and health care delivery developments from Europe and USA.

We believe Professor Russell Scott and his team have brought together a programme that, in seven parallel streams will explore a wide range of topics.

As at 20 December 1300 delegates had committed to this congress.

If you would like to join them visit the website at <http://www.idfwpr2008.org> and register

We look forward to welcoming you to Wellington.

Russ Finnerty  
Chair, Organising Committee

DIABETES CONGRESS LIMITED  
ORGANISING COMMITTEE Chair: Mr Russ Finnerty  
C/- Diabetes New Zealand, 3rd Floor, Revera House, 48-54 Mulgrave Street, PO Box 12-441,  
Wellington 6144, New Zealand  
Email: [congress@diabetes.org.nz](mailto:congress@diabetes.org.nz) Website: [www.idfwpr2008.org](http://www.idfwpr2008.org)  
Phone: +64 4 473 8442 Fax: +64 4 473 8443 Mobile: +64 (0) 21 417 555

**Nominations for Honorary Life Membership**

The Council of the Australian Diabetes Society wish to remind the members that Ordinary or Corresponding members of the Society may be nominated for admission as an Honorary Life Member of the ADS. The following is an extract from the ADS Constitution on the process under Item 17.

17. Honorary life membership

17.1 An ordinary member or corresponding member may be nominated by a proposer and seconder (both of whom must be members) for admission as an honorary life member of the Society. Nominations must be delivered to the Society at its registered office for consideration by the National Council and must be supported by a curriculum vitae which evidences the member's pre-eminence in professional, scientific or societal aspects of diabetes.

17.2 The nomination will be considered by the National Council and if, in the opinion of the National Council (directors of the National Council having an interest in the nomination having declared that interest and abstained from voting) the nominee is distinguished by their contribution to the knowledge of diabetes or to the welfare of diabetics and worthy of the distinction, the member will be conferred with honorary life membership.

17.3 Honorary life members have the right to receive notices of and to attend and be heard at any general meeting and to vote at any general meeting.

**The following members of the Australian Diabetes Society have been bestowed with Honorary Life Membership:**

- Joe Bornstein
- Harold Breidahl
- Kempson Maddox (Deceased)
- Pincus Taft (Deceased)
- Robin Burston
- F I R (Skip) Martin
- Alan Stocks
- Brian Hirschfeld
- Paul Moffitt
- Barry Young (Deceased)
- John Turtle
- Don Chisholm
- Paul Zimmet
- George Jerums
- Edward Kraegen
- Frank Alford
- Tim Welborn
- Len Harrison
- Martin Silink
- Paul Bartley
- John Carter
- Alex Cohen
- Michael Suthers

## New Members to the ADS

**The ADS welcomes the following new members who have joined the Society since our last newsletter:**

Talib Kasim Aljumaily (QLD),	Charmaine Tam (NSW),
Kimberly Cukier (SA),	Wilara Tedjoslwoyo (VIC),
Judith Hadwen (QLD),	Georgina Thomas (VIC),
Margaret Hay (VIC),	Nigel Turner (NSW),
Genevieve Healy (QLD),	Xiaoyu Wang (NSW),
Bronwyn Hegarty (NSW),	Maryam Bassirat (VIC),
Leonie Heilbronn (NSW),	Tuan Quach (NSW),
Winnie Ho (VIC),	Victoria Carleton (NSW),
Sybil McAuley (VIC),	Saima Amer (QLD),
Weier Qi (VIC),	Clinton Bruce (VIC),
Katherine Scott (QLD),	Kathryn Williams (NSW),
Brett Sillars (NT),	Mark Forbes (QLD),
Alexander Viadot (NSW),	Kerri-Ann Clayton (ACT),
David Charles (NSW),	John Newman (TAS),
Renee Dwyer (TAS),	Sheila Patel (VIC),
Michelle Jack (NSW),	Joel Iedema (QLD)
Judy Luu (NSW),	

## ADS Membership

The Society currently has around 600 members. The membership fee for the ADS is A\$88.00 (includes \$8.00 GST) for membership from 1 July to 30 June. A subscription fee of A\$44.00 (includes \$4.00 GST) is available to scholars with an income limit of \$A23,000 pa.

To apply for membership to the ADS, please contact the ADS Secretariat at 145 Macquarie Street, Sydney, NSW, 2000, Tel: 02-9256 5462 Fax 02-9251 8174 or email: [Sian.ford@racp.edu.au](mailto:Sian.ford@racp.edu.au) for a membership form. Details of the ADS and membership forms can also be found on the ADS Website at:

<http://www.racp.edu.au/ads>

The ADS Secretariat hours are 10.30am to 4.30pm on Monday to Friday or email anytime to [sian.ford@racp.edu.au](mailto:sian.ford@racp.edu.au).

## 2008 Dates for the Diary

### 30 March - 3 April, 2008

7th International Diabetes Federation Western Pacific Region Congress  
Website: <http://www.idfwpr2008.org>

### 9-11 May, 2008

ESA Annual Seminar Meeting. Sydney Harbour Marriott Hotel, Sydney.  
Website: <http://www.esaseminar.org.au>

### 6-10 June, 2008

American Diabetes Association 68th Scientific Sessions. San Francisco, CA.  
Website: <http://scientificsessions.diabetes.org>

### 15-18 June, 2008

ENDO 2008. The Endocrine Society Annual meeting. San Francisco, CA.  
Website: <http://www.endo-society.org>

### 26-29 June, 2008

ISN Nexus Symposium on Diabetes and the Kidney. Dublin, Ireland.  
Website: <http://www.isn-online.org/nexus/diabetes>

### 22-24 August, 2008

ESA Clinical Weekend. Erskine Mantra Resort, Lorne, Victoria. Contact: ASN, PO Box 200, Balnarring VIC 3926. Tel: 03-5983 2400 Fax: 03-5983 2223  
Website: <http://www.esaclinicalweekend.org.au>

### 25-27 August, 2008

ESA and SRB Annual Scientific Meeting – Melbourne Exhibition & Convention Centre, Melbourne. Contact: ASN, PO Box 200, Balnarring VIC 3926. Tel: 03-5983 2400 Fax: 03-5983 2223.  
Website: <http://www.esa-srb.org.au>

### 27-29 August, 2008

ADS/ADEA Annual Scientific Meeting – Melbourne Exhibition & Convention Centre, Melbourne. Contact: ASN, PO Box 200, Balnarring VIC 3926. Tel: 03-5983 2400 Fax: 03-5983 2223.  
Website: <http://www.ads-adea.org.au>

### 28-31 August, 2008

ANZBMS Annual Scientific Meeting, Hilton on the Park, Melbourne. Website: <http://www.anzbms.org.au>

### 7-11 September, 2008

44th EASD Annual Meeting (European Association for the Study of Diabetes), Rome, Italy.  
Website: <http://www.easd.org>

### 31 October – 2 November, 2008

Australasian Diabetes in Pregnancy Society (ADIPS) / Society of Obstetric Medicine of Australia & New Zealand (SOMANZ) Annual Scientific Meeting – Adelaide Hilton, Adelaide.  
For Further information Contact: SOMANZ Secretariat on 02-9256.5462 or email: [sian.ford@racp.edu.au](mailto:sian.ford@racp.edu.au).  
Website: <http://www.adips.org>  
Website: <http://www.somanz.org>

### 17-19 November, 2008

APEG Annual Scientific Meeting. Canberra, ACT.  
Website: <http://www.willorganise.com.au/>