



News @ ADS

ISSUE 5 : August 2009

In this issue

1. Presidents Report
2. Reports On Current ADS Projects
4. Australian Diabetes Society Skip Martin Early Career Fellowship
5. Report On The BPDC
7. Honorary Life Membership
7. ADS Membership
7. New Members
8. Dates for the diary

ADS Council 2008 - 2010

President
Stephen Twigg

Vice President
Wah Cheung

Honorary Secretary
Jenny Gunton

Honorary Treasurer
Alicia Jenkins

Council Members
Ashim Sinha
Sof Andrikopoulos
Jennifer Conn
Michael d'Emden

Honorary Editor:
Sof Andrikopoulos

Executive Officer:
Suzie Neylon

ADS Secretariat
145 Macquarie Street,
Sydney, NSW, 2000
Tel: 02 9256 5462
Fax: 02 9251 8174
E: admin@diabetessociety.com.au
W: www.diabetessociety.com.au

Presidents Report

It is a pleasure to report to you upon some of the areas of progress being made by the ADS. Firstly, guidelines and position statements. As the national peak medical and scientific body in diabetes, ADS has never had a formal guideline for blood glucose targeting, in diabetes in any or all of its types. This issue may not seem important until one is managing a patient, or teaching bright trainees, and needs to decide what target should be documented and discussed with the patient and why. Australia has often defaulted to the IDF Western Pacific Region which describes an HbA1c target of < 6.5%. In contrast, officially supported GP guidebooks throughout Australia describe a target below 7.0%. Following a careful review process including recent clinical trials in blood glucose control in diabetes, ADS Council with input from its membership has established a clinical care guideline for HbA1c targeting in diabetes, which is based on individualising glycaemic goals. Depending on the clinical situation the target may be from < 6.0% to < 8.0% (or rarely none at all with palliation in targeting blood glucose), and may even change with time in the same patient. The manuscript has been accepted by the Medical Journal of Australia, all going well with publication in September and a document will be placed on our new ADS web-site. ADS Vice-President Assoc. Prof. N. Wah Cheung will be presenting a summary form at the ADS Annual Scientific Meeting. We believe for our membership that the guideline will complement and value add to the recently developed NHMRC type 2 diabetes clinical care guideline which had ADS membership input, is more focused on general practice and targets mainly an HbA1c level of less than 7.0%.

In relation to some further guideline news, in a tripartite contractual agreement with the Department of Health and Ageing, and the Australasian Paediatric Endocrine Group (APEG) the ADS has been successful in an application to develop clinical care guidelines in type 1 diabetes based on a systematic review process. This guideline will be the first such document in Australia ever developed for adult type 1 diabetes care. Many ADS members are contributing to this process. In addition, in parallel ADS is providing support in updating NHMRC Type 2 diabetes guidelines - a process being led by the Baker-

IDI. A federal government priority is to aid in dissemination of the final guidelines to health care professionals, who are the main end-users, to aid in guideline access and utilisation.

Secondly, the ADS continue to develop its working parties to support its membership. In this Newsletter you can read of some updates in outputs and ongoing progress being realised, especially the NDSS Post-gestational Diabetes Mellitus Project, the NDSS Australian Diabetes Foot Network, as well as the NDSS Diabetes and Driving working party. On the research grant front, the ADS administered Servier National Action Plan Grants are more popular than ever for applicants, and the ADS supported ADS Skip Martin Career Development Award remain high priorities for ADS, as does ADS support of the Diabetes Australia Research Trust granting process. At the NHMRC level, the term 'diabetes' now features in three parallel Project Grant Review Panels.

Thirdly, ADS continues to feed into the federated consumer organisation, Diabetes Australia, in a major way. This process contributes to the national and international voice for diabetes, and delivery of the consumer product and service flagship - the NDSS. The health professional arm of DA, MESC and HCEC, are busier than ever providing support in recommendations and assessments in diverse items related for example to insulin pumps and consumables and standards in Diabetes Australia based publications supporting the consumer. While Diabetes Australia at a federated (Diabetes Australia Limited) level is regrettably now more fragmented, with DA-NSW, HLNT and DSA having recently formally resigned from DAL, the focus of ADS for the diabetes movement remains the same: delivering for its membership and for the person with diabetes.

Fourthly, the 2009 ADS-ADEA Annual Scientific Meeting in Adelaide promises to be outstanding. I am told that we have a record number of abstract submissions, a very high number of registrants and I note that the program is packed with diabetes clinical and basic research treats. The Australasian Diabetes in Pregnancy Society (ADIPS) are

Presidents Report.....continued

dove-tailing their ASM with our Meeting and we look forward to the collaborative sessions, as well as those occurring with the Endocrine Society of Australia. The ADS-ADEA Program hard copy has a number of new elements including for the first time recognition of many of the past award winners so members are more likely to see their name highlighted from yesteryear. The John R. Turtle Diabetes Clinical Skills Training Course for Advanced Trainees in Endocrinology, sponsored by Servier and Alphapharm, again has had the majority of clinical advanced trainees in endocrinology in Australia registering for this diabetes practical skills-based Course.

Finally, the National Association for Diabetes Centres is an ongoing initiative of the ADS and Australian Diabetes Educators Association (ADEA) aiming to maintain standards and quality assurance and a professional network in diabetes centre care.

REPORTS ON CURRENT ADS PROJECTS

LIFE AFTER GESTATIONAL DIABETES WORKING GROUP

The Australian Diabetes Society (ADS), in conjunction with the Australian Diabetes Educator Association (ADEA) and the Australasian Diabetes in Pregnancy Society (ADIPS) are pleased to announce the completion of the resources "Life after gestational diabetes".

AIM

To increase the awareness of the need to manage lifestyle and test for diabetes post a GDM pregnancy.

MEMBERSHIP

Representatives from
 Australian Diabetes Society
 Australian Diabetes in Pregnancy Society
 Australian Diabetes Educators Association
 Diabetes Australia
 Consumer Representative
 Health Promotion Representative

PURPOSE

1. To develop an educational resource (eg a booklet) for women who have had GDM, which is to provide effective messages relating to diabetes risk, screening for diabetes and measures to reduce diabetes risk.
2. Explore and organise mechanisms for its distribution.
3. Evaluate its effectiveness.
4. To develop a proposal for more detailed advice to complement the resource (eg materials that could be accessed through the NDSS website).

PROCESS

- Collate and survey existing materials relating to post-GDM health advice
- Development of the educational resources (booklet & Magnet) having undertaken 3 focus group(s) in Melbourne and Sydney
- Developed an evaluation process and have circulated the PRE RESOURCE SURVEY for testing the effectiveness of the material produced. Post Resource survey to go out in May 2010.

The recent Best Practice in Diabetes Centres weekend in July in Sydney sponsored by Eli Lilly was well attended and it addressed the diverse topics of two way communication with general practice, preconception and type 2 diabetes, and ethnicity and culture in diabetes. A highlight of the event was the showing of the 'Life for a Child' award winning film, introduced on the night by IDF President Professor Martin Silink.

Stephen Twigg ADS President

- Resources will be sent to women with NDSS Exit letter, 10 months after registration from September 2009.
- The development of complementary web materials is planned.
- The material has been produced in English, but there is a possibility of subsequent translation into other languages.

LAUNCH:

- ADS/ ADEA Scientific Meeting 10.40am Adelaide 28th August 2009
- Magnets and limited booklets will be handed out
- Flyer and Web site announcements

Wah Cheung, Chairperson
 Janet Lagstrom, Project Officer
 Life after GDM Resource Development Project
 PO Box 766, Yarrowonga Vic, 3730
 Email: janingo@bigpond.net.au

"I hope Mum's looking after herself, now she's had GDM"
 Isabel, 6mths

1 EAT WELL 2 PLAY WELL 3 STAY WELL

Control your weight
Ask your GP for a diabetes test

NDSS Diabetes Australia ADS www.ndss.com.au

REPORTS ON CURRENT ADS PROJECTScontinued

Australian Diabetes Foot Network (ADFN)

Over the past decade there has been a growing level of clinical and research interest in diabetes related foot complications amongst Australian health professionals. As a result, a decision was made by the Australian Diabetes Society to establish a national Australian Diabetes Foot Network (ADFN). The ADFN is comprised of a multi-disciplinary group of health professionals who have an interest / expertise in the area of diabetes related foot complications. The current sitting members have been drawn from across the country and include: Paul Wraight (Chair, Endocrinologist), Vanessa Nube (Secretary, Podiatrist), Jan Alford (Diabetes Educator), Bernard Allard (Vascular Surgeon), Joel Gurr (Podiatrist), Emma Holland (Diabetes Educator), Mark Horsley (Orthopaedic Surgeon), Maarten Kamp (Endocrinologist), Peter Lazzarini (Podiatrist), Ashim Sinha (Endocrinologist) and Jason Warnock (Indigenous Health Advisor).

The diverse professional backgrounds of the ADFN members is a deliberate strategy to: (1) re-enforce the fact that a multi-disciplinary team should be seen as standard care for preventing and managing all diabetes related foot complications and (2) encourages the flow of communication in both directions, from the working group to the national professional bodies and then to the individual health carers. Therefore, each member of the ADFN will act as the conduit for the flow of information for their professional group, allowing all health professionals to have a direct voice to the ADFN.

The ADFN has identified a number of key areas that they will address, with the basic guiding principles being patient advocacy, professional support / education, political and policy improvement and support of quality research. The initial ADFN objectives include:

1. To advocate on behalf of individuals with diabetes so that they can expect to receive appropriate preventative and acute foot care throughout Australia. This is likely to extend to lobbying of political groups for greater funding and availability of key treatments,
2. To develop nationally accepted educational programs to improve an individuals' ability to self care,
3. To create a national register of health professionals, institutions and multi-disciplinary high risk foot clinics, who manage such conditions, in order to enhance professional support and referrals,
4. To provide leadership and education to health professionals in order to improve health care provision and clinical outcomes. An initial strategy will be to create a specific program at up-coming ADS / ADEA annual meetings,
5. To create / revise / update national professional guidelines, and
6. To assist / support collaborative scientific research into the area of diabetes related foot complications within Australia.

The ADFN realises that many of their objectives are ambitious and will not occur overnight. However, it is hoped that by uniting all interested and affected professional groups, and by being able to call upon the assistance of like minded health professionals in the future, that the common aim of improving the foot care and outcomes of Australian individuals with diabetes will be achieved.

This is an Australian Diabetes Society initiative and is funded under the National Diabetes Services Scheme (NDSS).

Dr Paul Wraight MBBS FRACP PhD

Endocrinologist
Head, Diabetic Foot Unit
The Royal Melbourne Hospital
Grattan St, Parkville, Melbourne, 3050
paul.wraight@mh.org.au

NDSS ADS Diabetes and Driving Working Party

This NDSS working party is taking the initiative on diabetes and driving. It is currently assessing relevant coroner's cases in Australia, international guidelines and a systematic literature review to develop practical support tools for medical health care workers and their patients with diabetes, in this challenging topic. The Working Party is also contributing to the 'Assessing Fitness to Drive' National Roads document which is undergoing review in 2009, to aid in clarity and direction to help minimise adverse outcomes, especially in those at high risk of an event.

This group is chaired by Stephen Twigg and the working party members include John Carter (ADS), Bruce Abernethy (DA), Victoria Stevenson (ADEA), Bruce Hocking (Consultant), Maarten Kamp (ADS), and Suzie Neylon as project co-ordinator. The ADS have recently advertised for a part time project officer who will hopefully commence soon and undertake a systematic literature review to form the foundation of the evidence base for this project.

REPORTS ON CURRENT ADS PROJECTScontinued

Guidelines For The Management Of Diabetic Retinopathy

The Australian Diabetes Society is delighted to announce that the updated Guidelines for the Management of Diabetic Retinopathy are now available and can be viewed or downloaded from the NHMRC website under publications. The website address is www.nhmrc.gov.au/publications. There is also a link on the new ADS website at www.diabetessociety.com.au under position statements.

The review, conducted between 2004 and 2007, updates the 1997 guidelines with additional literature from 1996 to the end of August 2007.

The ADS would like to thank A/Prof Justin O'Day for his leadership and chairing this working party that included the following members: Dr Ralph Audehm, Dr Daryl Guest, Mr Robert Guthrie, Prof Janet Hiller, A/Prof Jill Keeffe, Mr John Kilmartin, Dr Mark McCoombe, Dr Andrew Magennis, Ms Tracy Merlin, Prof Paul Mitchell, Dr Peter Montgomery, Dr Pat Phillips, and Prof Tien Wong.

Synopsis of publication:

The National Health & Medical Research Council developed Clinical Practice Guidelines for the Management of Diabetic Retinopathy, published in 1997.

This information has now been updated to include literature that has been published up to September 2007. The objective of these guidelines is to assist practitioners in making decisions about the appropriate health care of patients with diabetes.

Considerable evidence now shows that diabetes is becoming a more frequent problem in our community so that detecting diabetic eye disease is critically important, since there are well developed and proven strategies to prevent visual loss.

The period since 1997 has witnessed the introduction of newer modalities to investigate patients with diabetic eye disease, such as Optical Coherence Tomography and newer treatments such as intravitreal triamcinolone. A variety of agents aimed at inhibiting pathways leading to diabetic retinopathy (e.g. protein kinase C) or the induction of retinal angiogenesis (e.g. vascular endothelial growth factor) are also being evaluated in clinical trials at this time.

These guidelines were developed by the Australian Diabetes Society and approved by the NHMRC.

AUSTRALIAN DIABETES SOCIETY SKIP MARTIN EARLY CAREER FELLOWSHIP

This is a call for applications for a 1 year fellowship sponsored by the ADS.

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

Eligibility criteria:

- Must be an ADS member for at least 1 year at the time of accepting the award.
- The fellowship must commence by June 30th 2010.
- The applicant must be less than 6 years post-doc as of October 30th, 2009.
- The fellow must take up a position in Australia for the duration of the award.
- The project must be diabetes related.

Conditions of award:

- Award of PhD is not required at the time of application but PhD must be awarded by the time of commencement.
- The award cannot be held in conjunction with another major fellowship. If the highest ranking applicant is successful with another application, they must notify ADS and the next suitable candidate will be offered the award.

- ADS reserve the right not to award the fellowship if there is no eligible applicant of sufficiently high standard.
- The fellow must present their work at the 2011 ADS Annual Scientific Meeting (in Perth).
- The fellow must acknowledge ADS in publications related to the work.

Applications close October 30th, 2009.

You can apply for the fellowship online or download and complete the application form.

To apply: Please fill out the form enclosed or apply online via the ADS website at www.diabetessociety.com.au

BEST PRACTICE IN DIABETES CENTRES 2009

An NADC – Lilly Diabetes Partnership 25-26 July 2009, Four Points By Sheraton, Darling Harbour, Sydney

This is the third consecutive year that Eli Lilly have funded and unconditionally supported the Best Practice in Diabetes Centres (BPDC) meeting held in Sydney. The meeting was attended by two delegates invited from each member centre of the National Association of Diabetes Centres (NADC).

The program this year covered three important and relevant topics addressed by diabetes centres nationally and included Best Outcomes Between General Practice and Diabetes Centres, Overcoming the Barriers of Cultural Diversity, and Meeting the Challenge of Pre-pregnancy Counselling for Women with Type 2 Diabetes.

The Best Outcomes Between General Practice and Diabetes Centres was co-ordinated by Frank Alford and commenced with a talk by Chris Zingle on the Blue Mountains Diabetes Project which commenced in the Blue Mountains region in 1998 and provided insight into how a federally funded project can help put a face to a name and provide a familiar environment for patients and health care professionals. Chris gave a report from the Diabetes Educator's experience. This project enhanced learning and assisted GPs who could discuss a patient directly with access to patient notes. Although the number of patients accessed post this project has decreased, they are still largely greater than prior to this project.

This talk was followed by Andrew Krzyszton's enthusiastic presentation of the General Practitioners experience during this project. He reported an increase in diabetes patients seen in general practice due to more people with diabetes and not all can be seen in diabetes centres. The integrated diabetes care project lead to better glycaemic control and potential prevention of complications.

Dr Dale Ford then presented on the Australian Primary Care Collaborative and reminded us that knowledge doesn't equal behavioural change and that there is a psychology to change. There needs to be an agreed set of protocols for diabetes management in general practice which is updated by the RACGP annually. He stressed that demand is not enough when formulating improvement models and that work on the system is required to affect better outcomes.

Douglas Boyle followed with a presentation on bioinformatics and discussed the Scotland example of how well a system can work. He reported that we should be

striving towards linkage of data between practices including GP, pharmacy, hospital and pathology. Technology can now allow this and thus promoted healthy discussion from the floor on issues including privacy and available databases to institute this form of communication.

Gloria Kilmartin co-ordinated the next session on Overcoming the Barrier of Cultural Diversity introducing Adnan Al Ghazal who is a interpreter/translator working in the refugee community. He advised on the use of care when using family members as interpreters due to the sensitivities within families. He advised that terminology used by health professionals may not be relevant or understood particularly in relation to serves of food. He discussed the cultural relevance of our exercise regimes and stressed that often there is a need for psychological rehabilitation before we can take care of diabetes.

Dr Marwan Obaid followed with his experiences with the Lebanese-Australian community who have an incidence of diabetes reported at 15.8% in people over 40 years in the Beirut study in 2004. He discussed the culturally related issues of smoking and why the prevalence is greater in this community. He also raised issues of Ramadan and the cultural significance and difficulties associated with fasting during this time and the challenges this poses with diabetes patients.

Trevor Garland spoke next and showed a delightful video clip on the way of life in the Solomon Islands and encouraged all delegates at the meeting to contact him if more information on these beautiful people was required.

Anna Pham, a local dietitian working with children and families in migrant communities gave a most informative talk on food being the international language. She talked about her experience with being invited to attend a hospital in Vietnam to educate people en masse. These countries experience shortage of insulin where families are using smaller amounts of insulin units to make it last longer and that food is one of the main management tools in diabetes. Anna talked about useful tools including informative websites when helping migrants make healthy food choices.

Glynis Ross introduced the topic and the challenge of pre-pregnancy planning for pre-existing diabetes and outlined the statistics for the metropolitan Sydney area. She discussed achievable A1c targets in pre-pregnancy.

Frith Semmens discussed the Far West NSW experience addressing the challenges of remote communities and long

BEST PRACTICE IN DIABETES CENTRES

distance services. Kristine Hogg discussed the perspective from rural Victoria and the Tongan women with Type 2 diabetes with 48 cultures. Planning is not part of the Tongan way and to involve the church elders is always a good approach for this spiritual group of people.

Jeniffer Fiore-Chapman talked about the Dubbo-Greater Western Area Health Service (GWAHS) and the small number of health professionals available in this area. She discussed the importance of outreach programs and the need for multidisciplinary teams including physician/endocrinologists, diabetes educators, dietitians, psychologists and midwives. She advocated for training of community nurses and Aboriginal Health workers in remote areas, the need to attract doctors to come to do clinical research, to create greater awareness of the burden of diabetes, and to liaise with the divisions of general practice.

Janet Lagstrom was the final speaker who discussed how we access women with type 2 diabetes. She called on the audience to identify how and some ideas included that we should use practice nurses to identify undiagnosed women, that all metformin scripts issued to child-bearing women should discuss contraception. The NDSS resource for women (DVD on Type 1 and Type 2 diabetes) was praised as a good information resource but the distribution methodology and relevance was questioned by some. Janet challenged the audience to think about how these women can be accessed and ideas included division of general practice, RACGP, fertility clinics, websites eg Reality Check, PCOS groups. The new resource developed on Post GDM will be available shortly and the relevant dissemination of this was also discussed.

The outcomes from the panel discussions at the end of each of the three sessions held this year will be reported in the next ADS News.

We would also encourage more endocrinologists to attend future BPDC meetings, as our goal is to have input from people in leadership positions. The selection of participants may be something you can discuss in your Diabetes Centre meetings. The NADC only works with the input of its members so if your centre is not a member of the NADC, maybe you should consider this. If you are, keep contributing!

The NADC, a joint venture of ADS and ADEA, extend their gratitude to Eli Lilly for their ongoing support of the BPDC and to the organising committee members who contributed the time and energy that made this years' meeting a great success.



Preparing to welcome the delegates



Jeremy Morgan (far left) and Jehangir Sidhwa (far right) from Eli Lilly welcome a group to the BPDCs



HONORARY LIFE MEMBERSHIP

The following members of the Australian Diabetes Society have been bestowed with Honorary Life Membership for their enormous contribution given to the society of their expertise and knowledge within the diabetes areas of research, medical practice and education.

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

ADS MEMBERSHIP

The Society currently has around 700 members. The membership fee for the ADS is A\$110.00 (includes \$10.00 GST) for membership from 1 July 2009 to 30 June 2010. A subscription fee of A\$55.00 (includes \$5.00 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: admin@diabetessociety.com.au

Details of the ADS and membership forms can also be found on the ADS Website at: <http://www.diabetessociety.com.au>

The ADS Secretariat hours are
10.30am to 4.30pm on Monday to Friday or
email anytime to: admin@diabetessociety.com.au

NEW MEMBERS

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

Caroline Achard (NSW),	Flora Ip (NSW),	Katy Raddatz (NSW),
Matthew John Adams (NSW),	Mathew Jenkins (VIC),	Elham Reda (QLD),
Mohammad Alahmadi (QLD),	Drvina Joshi (NSW),	Anuradha Sakthivel (VIC),
Ghassan Alhami (QLD),	George Kalogerakis (VIC),	Christy Paul Sankoorikal (NSW),
Stephen Boutcher (NSW),	Fay Lin Khong (VIC),	Christopher Scott (NSW),
Melanie Sue Burkhardt (WA),	John Kok (NSW),	Vasant V. Shenoy (NT),
Gillian Butcher (VIC),	Balasubramanian Krishnamurthy (VIC),	le-Wen Sim (VIC),
Zemin Cao (VIC),	Jaideep Kulkarni (NSW),	Lisa Simmons (NSW),
Bronwyn Clark (QLD),	Crystal Man Ying Lee (NSW),	Maria Stathopoulos (VIC),
Ailie Connell (VIC),	Robert Lee-Young (USA),	Emershia Nilanjana Suthaharan (QLD),
Gerard Cudmore (NSW),	Anna Lih (NSW),	Sih Min Tan (VIC),
Grant Cracknell (QLD),	Clement Lo (VIC),	Christina Yan Ru Tan (VIC),
Adam Deane (SA),	Ben Ma (VIC),	Jane Tennant (VIC),
Adam Edgley (VIC),	Maria Matuszek (NSW),	Stephen Tucker (VIC),
Avril Fahey (WA),	Sean McGee (VIC),	Nyoli Valentine (SA),
Julia Firth (VIC),	Don McLeod (QLD),	Shilpa Verma (VIC),
Georgia Frangioudakis (NSW),	Julie Miller (VIC),	Tricia Wei Chee Wong (VIC),
Paul Gairdner (QLD),	Nadarajah Mugunthan (QLD),	Rosin Worsley (VIC),
Allen Gale (SA),	Paul Myhill (WA),	Joanne Yau (VIC).
Christian Girgis (NSW),	Gregory Sze Yang Ong (WA),	
Kiernan Hughes (NSW),	Nicole Opie (ACT),	

2009 Dates for the Diary

21-23 August, 2009

ESA Clinical Weekend.

Barossa Novotel Resort, SA.

Contact: ASN Events,

PO Box 200, Balnarring VIC 3926.

Tel: 03-5983 2400 Fax: 03-5983 2223

Website: <http://www.esaclinicalweekend.org.au>

23-26 August, 2009

ESA and SRB Annual Scientific Meeting –

Adelaide Convention Centre, Adelaide.

Contact: ASN Events,

PO Box 200, Balnarring VIC 3926.

Tel: 03-5983 2400 Fax: 03-5983 2223.

Website: <http://www.esa-srb.org.au>

26-28 August, 2009

ADS/ADEA Annual Scientific Meeting –

Adelaide Convention Centre, SA.

Contact: ASN Events,

PO Box 200, Balnarring VIC 3926.

Tel: 03-5983 2400 Fax: 03-5983 2223.

Website: <http://www.ads-adea.org.au>

28-30 August, 2009

Australasian Diabetes in Pregnancy Society

(ADIPS) Annual Scientific Meeting –

Novotel Barossa Valley Resort, SA

For Further information Contact: ASN Events.

Email: mp@asnevents.net.au.

Website: <http://www.asnevents.com.au/adips>

29 September – 2 October, 2009

45th EASD Annual Meeting

(European Association for the Study of Diabetes),

Vienna, Austria. Website: <http://www.easd.org>.

12 – 16 October, 2009

Joint Meeting IPITA-IXA

(International Pancreas and Islet Transplant Association – International Xenotransplantation Association), Venice, Italy.

Tel: +39 049 872 9511.

Email: a.coldon@keycongress.com.

Website: <http://www.ipita-ixa2009.org>

18 – 22 October, 2009

20th IDF World Diabetes Congress,

Montreal, Canada.

Web: <http://www.worlddiabetescongress.org/>

Email: wdc@idf.org

23-25 October, 2009

17th Australian & New Zealand Obesity Society (ANZSOM),

The Sebel-Citigate Hotel, Melbourne, VIC.

Email: asso.adm@ozlee.com.au.

Website: <http://www.asso.org.au>

12 November, 2009

Australian Islet Study Group Annual Scientific Meeting –

St. Vincent's Institute, Melbourne.

For more details email: Sof Andrikopoulos

(sof@unimelb.edu.au) or

Helen Thomas (hthomas@svi.edu.au)