

Woman with advanced diabetic-treating procedure spurs hope for cure during conference

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One little prick, a drop of blood and a readout — 120. Blood glucose levels are good. The insulin pen can stay in the purse, the glucose pill in the pocket.



For 26 years, Wendy Peacock would check her levels six to 10 times a day. However, new procedures have allowed her to drop the meter for good.

Type 1 diabetes affects more than 1 million people in the United States. Normally beginning in childhood, the disease is chronic and has no cure, but Peacock is living proof that research is advancing.

A little more than a year ago, she got a call from the Diabetes Research Institute asking to take part in a new procedure.

“I was so excited,” she said. “The first people I told were my parents — they’re my lifeline.”

Peacock is a single mother with a rambunctious 5-year-old, and she didn’t trust herself alone with him before the procedure. She was prone to extreme drops in glucose levels.

Todd Brusko, an immunologist at the University of Florida, explained the dangers of such blood levels.

“If you get too low, in terms of blood sugar, your mind will begin to shut down, and you could die,” he said. “And if the level gets too high, it can also do damage.”

Brusko is also a board member for the Help a Diabetic Child Foundation, which was founded by Tami Balavage after her son was diagnosed with Type 1 diabetes.

“Our mission is to help children get insulin and testing supplies,” she said. “It can get very expensive, and some families simply can’t afford them.”

The second annual Naples Diabetic Conference on Sunday was created by Balavage to help and inform diabetics in the region, she said.

“This isn’t a fundraiser,” she said. “We want to educate patients about the basic concepts of diabetes and show them where to get help” in Naples.

The foundation focuses on Type 1 diabetes, which is an autoimmune disease, Brusko said.

“The immune system kills off the cells that make insulin, and you need insulin to get glucose into your body, and if you don’t have sufficient insulin, you get high blood sugar,” he said. “This can lead to things like retinopathy, cardiovascular disease and other problems.”

Type 2 diabetes is far more common, making up more than 90 percent of diabetics. However, the two diseases are very different, Brusko said.

“Type 2 diabetes is more of a lifestyle disease in which individuals, through poor diet or lack of exercise — they make insulin, but they don’t utilize it efficiently and become insulin-resistant,” he said. “There are lifestyle changes you can make to help improve that disease. Someone with Type 1 diabetes, there’s nothing they can do that is going to reverse that process. The only thing they can do is manage the disease.”

But advancements are being made. Peacock was the first person to have an islet transplant into the omentum. The islets begin producing and regulating insulin production normally handled by the pancreas.

Similar transplants have been made in the past, but normally straight to the liver, where it has a more difficult time taking hold and integrating into the body. Some of those problems are alleviated with the new injection site.

A few days after the procedure, doctors began lowering Peacock’s insulin regimen until, two weeks later, she was insulin-free.

“Before, I had a regimen, and I had to stick to it — when was I going to eat and how much was I going to exercise,” she said. “If I was in a meeting at 10 a.m. and I was scheduled to eat at 11:30 a.m., I would get nervous when the meeting would go long.”

Being symptom-free isn’t the same as cured, said David Baidal, a doctor on the transplant team.

“We’re still limited by anti-rejection medication,” he said. “This is the first step, and it opens many doors.”

These pills are needed to keep the body from destroying the transplanted islets, which can make someone more susceptible to influenza or cancer. However, the change from a dozen cuts and tests a day to a standard regimen of pills is a good trade for Peacock, and