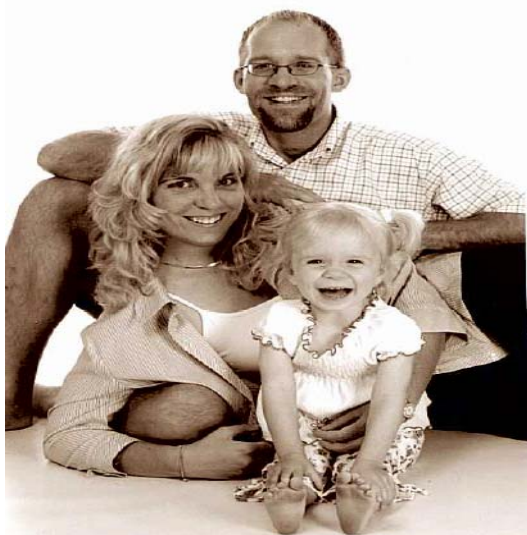




TRIGR Canada Family News

TRIGR Family Story: Toronto Family (Gasewicz/Wiper)



what to expect, or where we could seek out support for our unique position. It seemed that the more we sought out information and the expertise of others (i.e.) genetic counselors, the less we knew. We concluded that our decision to

after, I became pregnant and the journey began!

Approximately 7 months pregnant, my physical care was transferred to the High Risk Mothers Unit at Mount Sinai Hospital, in Toronto, Ontario, Canada. It was there where we were first introduced to the idea of the soon to begin TRIGR study. Not only were we thrilled to hear of such a study, we were even more excited for, appreciative of, and willing to be asked to participate.

As the end of my pregnancy drew near, having happily agreed to become participants in TRIGR, we began to understand what a golden opportunity our involvement in TRIGR was going to be. Not only did

the study provide an added layer of prenatal through the ongoing (until our daughter is 10 years old) level of information, support, and monitoring to us as parents and to our daughter Olivia but it also gives us great pleasure to know that we are personally contributing to the library of knowledge on Diabetes.

Recently our daughter Olivia celebrated her 2nd birthday. Although it is known that she carries the genetic predisposition towards Diabetes, Olivia to date shows no signs of being Diabetic.

While our greatest hope for our daughter is that she remain free of the disease, *(Continued on page 2)*

The decision to try for a child was not taken lightly given that my husband and I are both Type 1 Diabetics. Although well controlled and certainly knowledgeable about Diabetes, we were completely unaware of

try for a child was going to have to be based on hope, trust, and faith, that with 45 combined years of living with Diabetes, we could deal with whatever risks lay ahead for our child and myself. Soon



Message from Dr. John Dupré,

Principal Investigator for TRIGR Canada

In our last newsletter, I reported that we were expecting to complete recruitment in 2006. We know now that we are on target. TRIGR International will close recruitment at the end of December 2006. In the meantime we hope that registration will continue at or above the present rate, so if you know of anyone who is pregnant

and is expecting to deliver a baby that may be eligible for TRIGR before the end of the year, please encourage them to contact a TRIGR center. We'd love to have them participate.

If you have any questions we want to hear from you, and we invite you to call 1-888-STOP-T1D (1-888-786-7813). Please leave your name and number.

The completion of recruitment is a notable milestone and achievement in the history of TRIGR. We send our thanks and congratulations to you all.

Please look forward to our next TRIGR Family Newsletter coming this Fall. This one will be different from earlier newsletters, and is being prepared with international collaboration.

TRIGR Canada

Inside this issue:

Issue 5 Summer 2006	
Family Story (con't)	2
Your Input	2
Center Spotlight: TRIGR Canada	2
Booster Seat Safety	3
Kids say the Darndest Things	3
Family Recipes	4

TRIGR Would Like Your Input

written by Gigi Lough

TRIGR International and TRIGR Canada would like to know:

1. Do you have a computer with internet access?
2. Have you checked the TRIGR website recently?
3. If TRIGR created a "Chat" room on the TRIGR Website, would you use it?
4. Would you use the TRIGR website if we had an "on-line" ask a professional section?
5. Has participating in TRIGR increased your knowledge about diabetes or nutrition?
6. Is there anything that you would

like to see on the TRIGR website or in the TRIGR Newsletter?

We'd love to hear from you, so please contact us at 1-888-STOP-T1D (1-888-786-7813).

You can also contact us via email: Sahba at ssabet@cheo.on.ca or Gigi at lough@cheo.on.ca.

Family Story, continued

through the relationships our family has forged via the TRIGR study, we know that we are in the best hands possible, should treatment become necessary.

Any new parent will tell you that the journey into parenthood is often as trying as it is joyful. Our family's experience has been no different. I am not sure how we would have made it through those early days of parenthood without

TRIGR. Our involvement in the study has garnered our family a supportive and ongoing resource, it has helped us to feel comfortable living with the unknown of our daughter's health...and all of this benefit to us, while knowing that our willingness to participate will help others living with Diabetes...what more could we ask?



Olivia

Centre Spotlight: TRIGR Canada by Gigi Lough

The Canadian Central Administration and Coordination of TRIGR takes place in two cities, London and Ottawa, Ontario. At the helm of TRIGR Canada located at the Robarts Research, one finds Dr. John Dupré and Debra Nielsen. In Ottawa, located at the Children's Hospital of Eastern Ontario, TRIGR Canada's operation is coordinated by Dr. Margaret Lawson, Gigi Lough RN and Sahba Sabet. TRIGR Canada manages 18 centers throughout Canada from St. John's to Victoria. To date, TRIGR Canada has registered over 1330 babies and of these 486 babies are HLA eligible.

Dr. John Dupré, Principal Investigator

Dr. Dupré is an Adult Endocrinologist with many years of experience both clinically and in research. Without Dr. Dupré and his dedication to prevention of type I diabetes, TRIGR Canada would not have gotten off the ground. Thank-you Dr. Dupré!

Debra Nielsen, Administrative Assistant

Debra Nielsen has worked closely with Dr. Dupré for nearly 10 years. She handles most coordination for Dr. Dupré with our international colleagues located in Europe and in the United States. An important part of Debra's role is the handling of the financial reporting of the Canadian clinics and laboratory, with reconciliation of these reports and development of the report for the Canadian Institutes of Health Research in collaboration with Robarts Research.

Dr. Margaret Lawson, Local Ottawa Principal Investigator

Dr. Lawson is a Paediatric Endocrinologist with 14 years of experience in both clinical diabetes and diabetes research. Dr. Lawson started with TRIGR 7 years ago and works on many TRIGR committees including the Canadian Executive Committee, International Ancillary Studies Committee, and the Internal Safety Monitoring Committee. Her hard work and dedication to TRIGR is much appreciated

by all.

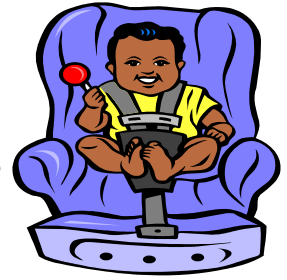
Gigi Lough RN, Canadian Project Manager and Study Coordinator for TRIGR Ottawa

Gigi has been involved with TRIGR since December 2001, first as the Ottawa study coordinator and then taking on the role as Project Manager for TRIGR Canada in February 2004. Gigi has over 11 years of experience as a Paediatric Nurse and over 7 years in research. Gigi's role includes the maintenance of direct communication with all the clinical centres in Canada, and with the U.S. and European Trial Coordinators. She takes part in clinic monitoring and site visiting and communications with the Data Management Unit in Tampa, Florida.

Sahba Sabet, Research Associate

Sahba is based in Ottawa. She has been with TRIGR for over a year and helps coordinate the trial with all the Canadian sites.

Booster Seat Safety Article Feedback



Q. My child says that the seat belt cuts across her neck. She's uncomfortable. My friend bought a product that he clips on the seat belt to keep it away from his child's neck. Should I do the same?

A. No. If the seat belt cuts across your child's neck or face, this is a sign that your child is too small to fit the seat belt and he or she could be seriously hurt in an accident. Your child needs a booster seat. A booster seat raises the child so that the seat belt fits in the right places. With a booster seat, the seat belt will not cut across your child's neck. Children need booster seats from the time they outgrow their car seats until about age nine. Age is just a guideline.

Seat belt adjusters are often sold in stores next to car and booster seats. Many parents have no idea that these

products may cause more harm to a child and may not protect their child in an accident.

Seat belt adjusters may seem like a quick and inexpensive solution to make a seat belt more comfortable, but they have not been tested for safety and may be dangerous. Safety experts are concerned that they put children at even greater risk of injury. Booster seats are tested by the government for safety and have been proven to reduce the risk of injury in an accident. To find out more about booster seats, please visit www.safekidscanada.ca.

Q. What is a seat belt adjuster?

A. There are two common designs in Canada. One type is made of soft fabric and is attached to the shoulder part of the seat belt. It provides padding for comfort. The shoulder

belt still crosses your child's neck or face, which is dangerous.

The other type attaches to both the shoulder and the lap portion of the seat belt, using Velcro or straps. It pulls the shoulder belt down to stop it from touching the neck or face. This is dangerous because the seat belt adjuster pulls the lap belt up to the soft part of a child's tummy, rather than over the hips where the seat belt should be positioned. In an accident, the child could suffer injuries to the spinal cord and to internal organs (liver, kidney, spleen and bowel). The seat belt should always sit low on the hipbones so that the bones will absorb any impact from an accident. Broken bones are much easier to fix than damaged internal organs.



Kids Say the Darndest Things

* A little girl asked her mother, 'Can I go outside and play with the boys?' Her mother replied, 'No, you can't play with the boys, they're too rough.' The little girl thought about it for a few moments and asked, 'If I can find a smooth one, can I play with him?'

* When I was six months pregnant with my third child, my three year old came into the room when I was just getting ready to get into the shower. She said, 'Mommy, you are getting fat!' I replied, 'Yes, honey, remember Mommy has a baby growing in her tummy.' 'I know,' she replied, but what's growing in your bum?'

* A kindergarten pupil told his teacher he'd found a cat, but it was dead. 'How do you know that the cat was dead?' she asked her pupil. 'Because I pissed in its ear and it didn't move,' answered the child innocently. 'You did WHAT???' the teacher exclaimed in surprise. 'You know,' explained the boy, 'I leaned over and went 'Pssst!' and it didn't move.'

* An exasperated mother, whose son was always getting into mischief, finally asked him 'How do you expect to get into Heaven?' The boy thought it over and said, 'Well, I'll run in and out and in and out and keep slamming the door until St. Peter says, 'For Heaven's sake, Dylan, come in or stay out!''





Family Recipe's *Provided by Andrea Aquilina (Toronto Dietitian)*

Apple & Cheese Whole Wheat Muffins

Breakfast Recipe for 2-6 year olds

Ingredients:

300 ml	all-purpose flour	1 1/4 cups
250ml	whole wheat flour	1 cup
250ml	lightly packed brown sugar	1 cup
5ml	baking soda	1 tsp
2ml	ground cinnamon	1/2 tsp
2ml	ground nutmeg	1/2 tsp
1	egg	1
250ml	plain yoghurt	1 cup
75ml	vegetable or corn oil	1/3 cup
500ml	diced peeled apples	2 cups
125ml	shredded old cheddar cheese	1/2 cup

Directions:

1. In a large bowl, combine all purpose-flour, whole wheat flour, brown sugar, baking soda, cinnamon, and nutmeg.
2. In another bowl, combine egg, yoghurt, oil, apple and cheese. Add to dry ingredients; stir until just moistened.
3. Spoon batter into paper-lined muffin cups. Bake in pre-heated 190°C (375°F) oven for 20 minutes or until muffins are firm to the touch.
- 4.

Nutritional Information (per muffin):

250 kcal, 5.3 g Protein, 38.2 g Carbohydrate, 9.1 g Fat, 11% recommended Calcium intake, 16% recommended Iron intake.

From "the Hospital for Sick Children's Better Food for Kids", Robert Rose Inc, 2002.



Egg & Cottage Cheese Breakfast Recipe for 12-18 months

Ingredients:

1	egg	1
5ml	margarine	1 tsp
15ml	cottage cheese	1 tbsp

Directions:

1. In a small skillet, melt margarine over medium-low heat.
2. In a small bowl, stir together egg and cottage cheese.
3. Pour into skillet; cook, stirring frequently, until egg is cooked to desired consistency.

Nutritional Information:

129 kcal; 7.9 g Protein; 1.3 g Carbohydrate; 1.2 mg Iron.

From "the Hospital for Sick Children's Better Food for Kids", Robert Rose Inc, 2001.



Attention TRIGR Families: Refer a Friend

Do you know a pregnant woman who either herself, the father of the baby or a full-sibling to the unborn baby has Type 1 Diabetes?

We will continue to accept new subjects for enrolment into TRIGR through to **December 31, 2006 !**

Help our TRIGR family grow and refer a friend, or two, to the TRIGR study!
1-888-STOP-T1D

For an environmentally friendly alternative, please send your study coordinator your email address for the next TRIGR Newsletter!