

## Patient Input Template for CADTH CDR and pCODR Programs

<b>Name of the Drug and Indication</b>	Insulin degludec (Tresiba), type 1 and type 2 diabetes
<b>Name of the Patient Group</b>	Diabetes Canada
<b>Author of the Submission</b>	Seema Nagpal
<b>Name of the Primary Contact for This Submission</b>	Seema Nagpal
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### 1. About Your Patient Group

If you have not yet registered with CADTH, describe the purpose of your organization. Include a link to your website.

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Diabetes Canada leads the fight against diabetes by helping those affected by diabetes live healthy lives, preventing the onset and consequences of diabetes, and discovering a cure. It has a heritage of excellence and leadership, and its co-founder, Dr. Charles Best, along with Dr. Frederick Banting, is credited with the co-discovery of insulin. Diabetes Canada is supported in its efforts by a community-based network of volunteers, employees, health care professionals, researchers, and partners. By providing education and services, advocating on behalf of people with diabetes, supporting research, and translating research into practical applications, Diabetes Canada is delivering on its mission. For more information, please visit: [www.diabetes.ca](http://www.diabetes.ca).

### 2. Information Gathering

CADTH is interested in hearing from a wide range of patients and caregivers in this patient input submission. Describe how you gathered the perspectives: for example, by interviews, focus groups, or survey; personal experience; or a combination of these. Where possible, include **when** the data were gathered; if data were gathered **in Canada** or elsewhere; demographics of the respondents; and **how many** patients, caregivers, and individuals with experience with the drug in review contributed insights. We will use this background to better understand the context of the perspectives shared.

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This submission was completed based on data collected through patient input surveys conducted in October 2016 and June 2017, distributed through social media and e-blasts. The former survey informed the section on the impacts of diabetes; the survey was answered by 790 Canadians with type 2 diabetes and 57 caregivers who care for people with type 2 diabetes.

The latter survey, open to the Canadian public for two weeks from June 5 to June 17, 2017, gathered information from Canadians with type 1 and type 2 diabetes and their caregivers about their experiences with current drug therapies and the drug under review (insulin degludec). The survey was answered by a total of 329 Canadians, including 185 with type 2 diabetes, 19 caregivers for people with type 2 diabetes, 52 with type 1 diabetes, and 19 caregivers for people with type 1 diabetes.

Among respondents (based on 158 responses) to the June 2017 survey, 36% were diagnosed over 20 years ago, 35% over 11-20 years, 14% over 6-10 years, 10% over 3-5 years and 5% diagnosed between 1-2 years ago. A high proportion are older people: 37% over 70 years old, 37% between 55-69 years, 13% between 40-54 years, 7% between 25-39 years, and 5% under 24 years old.

### 3. Disease Experience

CADTH involves clinical experts in every review to explain disease progression and treatment goals. Here we are interested in understanding the illness from a patient's perspective. Describe how the disease impacts patients' and caregivers' day-to-day life and quality of life. Are there any aspects of the illness that are more important to control than others?

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Impact of diabetes:

Diabetes is a chronic and progressive disease. Type 1 diabetes occurs when the body does not produce insulin or produces very little insulin. Type 2 diabetes occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced. Common symptoms of diabetes include fatigue, thirst and weight change. High blood glucose levels can cause long-term complications such as blindness, heart disease, kidney problems, nerve damage and erectile dysfunction. The goal of diabetes management is to keep glucose levels within the target range to minimize symptoms and avoid or delay the complications.

Diabetes requires considerable self-management, including healthy eating, regular physical activity, healthy body weight, taking diabetes medications (oral and/or injection) as prescribed, monitoring blood glucose and stress management. Poor glucose control can result in acute crises and serious long-term complications.

For the majority of respondents, diabetes has negatively impacted all aspects of their lives and limited activities and opportunities including travel and career. Some felt that diabetes "dictates" their lives, that they are "held captive by diabetes," and that diabetes is "overwhelmingly debilitating." Diabetes management is "constant struggle" and "a 24 hour, 7 days a week job." Many are frustrated that they cannot lead a "normal life" due to diabetes. Some lost their driver's privilege, employment, independence and spontaneity in daily life in general. It is also challenging when a person needs to manage diabetes as well as other coexisting conditions.

Many respondents indicated they are experiencing complications as a result of diabetes, including neuropathy, foot complications, heart problems, eye problems/loss of vision, kidney problems (that resulted in kidney transplant and dialysis), skin ulcers, erectile dysfunction, amputation and depression. Other impact includes fatigue and lack of energy. There was also a

frequent emphasis on the psychological and emotional impact of diabetes on the lives of respondents as well as those their family members, as a result of the need to adjust to changes in diet and lifestyle, stress and anxiety about hypoglycemia, daily medication and treatment management, strain on relationships with family, and financial burden. For individuals who have to manage diabetes and care for other members of the family, it is particularly difficult.

Below are selected quotes that demonstrate the challenges of living with diabetes:

*“Diabetes affects my life in what I can and cannot eat, how much I eat of certain things, my vision, how I heal, I take longer to get over flu and colds since my immune system is weaker; it affects my memory, moods, I have to worry about monitoring blood sugars and if they get too high or too low; it affects my internal organs, my circulation, everything..... Increased insulin injections make it hard to lose weight...on and on it goes. Nerve damage; have to watch my feet, increased risk of heart attack, kidney failure.”*

*“It has been a horendous[sic] experience for me because you have to change your lifestyle eating exercising to balance sugar levels etc. Having to inject 2 types of insulins and taking 8 different medications & i also have kidney deteriorating[sic] .... but i try my best to enjoy life as much as possible. I’ve been diabetic since 1980”*

*“I have neuropathy in my legs and hands. I have diabetic neuropathy in my eyes. I can’t drive anymore and have to rely on help from family and Handi transit. I was off for a year with Charcot’s foot. I walk with a cane now. Before this happened I was walking 5 kilometers a day. I’m lucky if I get to the end of my driveway. Diabetes has taken away all my independence.”*

*“I have been diabetic for 48 years. I have been spending \$18,000/year for several years on insulin, needles and test strips and other supplies required for my diabetes.”*

*“It has been a constantly overwhelming learning curve. It has affected my mood and energy levels. I discontinued working and went on disability 5 years ago (multiple comorbidities). I find that most people, including family, do not understand the issues I face around living with diabetes.”*

*“My husband [who has type 2 diabetes] has lost his eye sight, can no longer help around the house and is angry/depressed. This affects his relationship with his family (daughter, grand children). Our intimate relationship is minimal due to the diabetes. His feet and circulation in general is not great. It is difficult to get him involved in anything and he seems to have lost the desire to interact with people.” (From caregiver)*

*“2 sons diagnosed at 6yrs and 18 months with Type 1... The past 16 years our lives have revolved around testing, insulin doses, food requirements, carb counting, balancing excercise[sic] and activity with insulin on board, sleepless nights up testing to catch lows, not to begin to mention the added stress of caring for a child with the flu who has type 1.” (From parent of children with diabetes)*

Respondents to the most recent survey (June, 2017) indicated they are currently experiencing the following symptoms/ conditions: (between 197-218 people answered this question)

- Hyperglycemia: 79% (sometimes for 59%, often for 20%)

- Hypoglycemia: 57% (sometimes for 49%, and often for 8%)
- High blood pressure: 44% (moderate for 38% and severe for 6%)
- High cholesterol: 40% (moderate for 32% and severe for 8%)
- Eye problems: 39% (moderate for 31% and severe for 8%)
- Foot problems: 34% (moderate for 25% and severe for 9%)
- Nerve damage: 27% (moderate for 19% and severe for 8%)
- Mental health problems: 21% (moderate for 15% and severe for 6%)
- Kidney problems: 21% (moderate for 16% and severe for 5%)
- Heart problems: 15% (moderate for 10% and severe for 5%)
- Damage to blood vessels or brain: 9% (moderate for 6% and severe for 3%)
- Liver disease: 7% (moderate for 4% and severe for 3%)

#### 4. Experiences With Currently Available Treatments

CADTH examines the clinical benefit and cost-effectiveness of new drugs compared with currently available treatments. We can use this information to evaluate how well the drug under review might address gaps if current therapies fall short for patients and caregivers.

Describe how well patients and caregivers are managing their illnesses with currently available treatments (please specify treatments). Consider benefits seen, and side effects experienced and their management. Also consider any difficulties accessing treatment (cost, travel to clinic, time off work) and receiving treatment (swallowing pills, infusion lines).

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##### Current therapies:

A total of 212 people with diabetes and caregivers that answered the June 2017 survey indicated experience with diabetes medications.

The medications that respondents were taking at the time of survey include metformin (87), GLP-1 agonist (12), SGLT2 inhibitor (25), combination of SGLT2 inhibitor with metformin (6), DPP-4 inhibitor (13), combination of DPP-4 inhibitor and metformin (19), sulfonylurea (30), TZD (3), TZD with metformin (6), TZD with Amaryl (3), TZD with DPP-4 inhibitor (2), meglitinide (3), acarbose (3), and orlistat (4). Some respondents indicated that they stopped using medications due to reasons other than end of clinical trials: metformin (12), GLP-1 agonist (2), SGLT2 inhibitor (5), DPP-4 inhibitor (4), combination of DPP-4 inhibitor and metformin (4), sulfonylurea (8), TZD (13), TZD with metformin (2), meglitinide (2), acarbose (2) and orlistat (1).

The insulin(s) that respondents were taking at the time of survey include: long-acting insulin (100), intermediate-acting insulin (20), short-acting insulin (11), rapid-acting insulin (91), and premixed insulin (9). Some people had to stop insulin due to reasons other than end of clinical trials: long-acting insulin (11), intermediate-acting insulin (15), short-acting insulin (10), rapid-acting insulin (4), and premixed insulin (2).

##### Diabetes types and use of long-acting insulins:

Among the 100 respondents who indicated current use of long-acting insulins, 74 people have type 2 diabetes and 26 have type 1 diabetes; among the 11 respondents who indicated discontinued use of long-acting insulins, 2 have type 2 diabetes and 9 have type 1 diabetes.

#### Use of long-acting insulin with other insulin and/or oral medications:

Among respondents with type 1 diabetes who are using long-acting insulin (n=26), 1 indicated use of intermediate-acting insulin, 2 are using short-acting insulin, and 21 are using rapid-acting insulin. Few are also using oral medications including metformin (1), sulfonylurea (1), DPP-4 inhibitor (1), DPP-4 inhibitor with metformin (3), and GLP-1 agonist (1).

Among respondents with type 2 diabetes who are using long-acting insulin (n=74), 6 indicated use of intermediate-acting insulin, 7 are using short-acting insulin, 43 are using rapid-acting insulin and 3 are using premixed insulin. Some are also using oral medications including metformin (41), sulfonylurea (13), DPP-4 inhibitor (5), DPP-4 inhibitor with metformin (5), GLP-1 agonist (8), SGLT2 inhibitor (16), SGLT2 inhibitor with metformin (4), TZD (2), TZD with metformin (4), TZD with amaryl (2), TZD with DPP-4 inhibitor (2), meglitinide (2), acarbose (2) and orlistat (3).

#### Impact of current therapies:

When asked to compare experience before and after starting current treatment for diabetes, more than half of the respondents noted improvement in meeting target BG levels (fasting, post-prandial, upon waking) and A1C levels, and many respondents noted reduced side effects. Between 155-168 people answered this question.

- Meeting target fasting blood glucose levels: 60%
- Meeting target blood glucose levels after eating: 56%
- Meeting target blood glucose levels upon waking: 52%
- Meeting target hemoglobin A1C levels: 55%
- Avoiding hypoglycemia (low blood sugar): 46%
- Maintaining or losing weight: 33% (14% responded "worse")
- Gastrointestinal issue (diarrhea, nausea, vomiting, pain): 24%
- Thirst, dehydration: 27%
- Yeast infection, urinary tract infection: 24%
- Lung or upper respiratory infection: 26%
- Bone fracture: 19%
- Organ damage (pancreas, liver, kidney, heart): 19%

Below are some direct quotes from respondents who commented on what works well, and not so well, with current therapies:

*"Convenience and accurate no guessing on medications. really like the delivery system."*  
(person with type 1 diabetes, diagnosed 3-5 years ago, aged 70 years or older, who takes a long-acting insulin, metformin and sulfonylurea, noted improvement in fasting BG and A1C levels)

*“[What works well:] Controlled postprandial and fasting blood sugar [What doesn’t work well:] weight gain”* (person with type 2 diabetes, diagnosed 6-10 years ago, aged 55-69 years, who takes metformin, sulfonylurea, a DPP-4 inhibitor and a long-acting)

*“Able to adjust mealtime, less incidences of hypoglycemia and better awareness of dropping blood sugars”* ( person with type 1 diabetes, diagnosed 20 years ago, aged 40-54 years, who takes a rapid-acting insulin)

*“My insulin pump and Dexcom system are of significant help ... [but] schedules, poor food choices (on the go) irregular hours or activities... insulin doesn't always work as quickly or as slowly as anticipated.”* (person with type 1 diabetes, diagnosed 11-20 years ago, aged 25-39 years, using a rapid-acting insulin)

One person with type 1 diabetes commented on the difficulty in twice-a-day insulin injections and preference for “a long acting insulin once a day”. A caregiver for someone with type 1 diabetes noted that the long-acting insulin he is taking “often wears off resulting in highs.”

## 5. Improved Outcomes

CADTH is interested in patients’ views on what outcomes we should consider when evaluating new therapies. What improvements would patients and caregivers like to see in a new treatment that is not achieved in currently available treatments? How might daily life and quality of life for patients, caregivers, and families be different if the new treatment provided those desired improvements? What trade-offs do patients, families, and caregivers consider when choosing therapy?

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When asked about what they hope new diabetes medications can help address, the majority of respondents would like to see improvement and consistency in blood glucose control and avoidance of long-term complications, without weight gain, side effects and damage to organs. Reduced use of insulin and medications, less frequent injections and affordability are also seen as benefits. A respondent noted the hope to “feel well and normal.” When it comes to long-acting insulins, a respondent would like “long lasting and convenience. A basal that will last as long as it claims to.”

*“I hope it gives us more freedom at mealtime by acting like a non-diabetic's blood sugar.”* (person with type 2 diabetes, diagnosed 11-20 years ago, aged 55-69 years, who takes Metformin (4 per day), a rapid-acting insulin before meals, a long-acting insulin once a day, and a SGLT2 inhibitor once daily, and indicated improvement with current therapy)

*“hope to cure it and/or reduce the need for insulin”* (person with type 2 diabetes, diagnosed 11-20 years ago, aged 55-69 years, who takes metformin, a long-acting and rapid-acting insulin)

*“When used as intended, along with monitoring of carb intake, activity will result in more consistent blood sugar results, avoiding hypoglycemic/hyperglycemia events and better pt*

*compliance” ( person with type 1 diabetes, diagnosed 20 years ago, aged 40-54 years, who takes a rapid-acting insulin)*

*“[It is challenging] timing insulin to cover carbs without spiking or crashing blood sugar levels...I hope for smart insulin. Where I can take one shot a day to cover all my blood sugar changes” (person with type 1 diabetes, diagnosed 6-10 years ago, aged 25-39 years, taking a long-acting, short-acting and rapid-acting insulin through CGM and injections)*

*“Keeping tighter control means higher incidence of hypoglycemia, so I have to check sugars more often and consume more food/sugar when I'm exercising or having a low...[I hope for] Improved control of blood glucose while avoiding major swings towards hyper or hypoglycemia; avoid weight gain; be linked with longer term health outcomes (e.g. reduced risk of heart attacks, etc.)” (person with type 1 diabetes, diagnosed 11-20 years ago, aged 25-39 years, taking a rapid-acting insulin)*

## **6. Experience With Drug Under Review**

CADTH will carefully review the relevant scientific literature and clinical studies. We would like to hear from patients about their individual experiences with the new drug. This can help reviewers better understand how the drug under review meets the needs and preferences of patients, caregivers, and families.

How did patients have access to the drug under review (for example, clinical trials, private insurance)? Compared to any previous therapies patients have used, what were the benefits experienced? What were the disadvantages? How did the benefits and disadvantages impact the lives of patients, caregivers, and families? Consider side effects and if they were tolerated or how they were managed. Was the drug easier to use than previous therapies? If so, how? Are there subgroups of patients within this disease state for whom this drug is particularly helpful? In what ways?

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Among survey respondents, 15 people indicated they are taking insulin degludec through manufacturer supply or clinical trial, including 4 with type 1 diabetes and 11 with type 2 diabetes. Among the 4 people with type 1 diabetes, 1 person takes it on its own, 1 person takes it with other diabetes medication(s), and 2 people take it in combination with other insulins. Among the 11 people with type 2 diabetes, 1 person takes it on its own, 4 people take it with other diabetes medication(s), 1 person takes it in combination with other insulins, and 4 take it with other insulin(s) and medication(s).

Compared with the other long-acting insulins, respondents found insulin degludec helps them to stabilize blood glucose. Comments include:

*“it is comfortable to manage because there is no peak time” (type 1 diabetes)*

*“Tresiba seems to better stabilize blood glucose levels during the day. I take it at night, before going to bed” (person with type 1 diabetes, taking Tresiba and a rapid-acting insulin, diagnosed over 20 years ago, aged 40-54 years)*

*“no risk of hypoglycemia vs. rapid-acting insulin” (type 2 diabetes)*

*“prefer degludec, more stable action, seemed to level out sugars better” (type 2 diabetes)*

*“very smooth, less nocturnal hypoglycemia, very little variation from day to day” (person with type 2 diabetes, diagnosed over 20 years ago, aged 70 years or older, taking Tresiba with a rapid-acting insulin, GLP-1 agonist, SGLT2 inhibitor, TZD, and metformin)*

*“since starting tresiba I have reduced from 25 units per day to 10 units per day, A1C from 8.5 to 6.5.” (person with type 2 diabetes, diagnosed more than 20 years ago, aged 70 years or older, taking Tresiba with a rapid-acting insulin and SGLT2 inhibitor)*

*“I have personally been using this insulin for about a year (bringing it in from abroad), I have found it easy to use and titrate and have had a reduction in hypoglycemia as well as an improvement in A1c (as it has allowed me to increase basal insulin dose without increasing hypoglycemia)... I believe that insulin degludec provides an advantage over other basal insulins” (person with type 1 diabetes)*

One person with type 2 diabetes did not have positive experience with Tresiba, and one switched back to another long-acting insulin after taking Tresiba for 9 months.

## 7. Companion Diagnostic Test

If the drug in review has a companion diagnostic, please comment. Companion diagnostics are laboratory tests that provide information essential for the safe and effective use of particular therapeutic drugs. They work by detecting specific biomarkers that predict more favourable responses to certain drugs. In practice, companion diagnostics can identify patients who are likely to benefit or experience harms from particular therapies, or monitor clinical responses to optimally guide treatment adjustments.

What are patient and caregiver experiences with the biomarker testing (companion diagnostic) associated with regarding the drug under review?

Consider:

- Access to testing: for example, proximity to testing facility, availability of appointment.
- Testing: for example, how was the test done? Did testing delay the treatment from beginning? Were there any adverse effects associated with testing?
- Cost of testing: Who paid for testing? If the cost was out of pocket, what was the impact of having to pay? Were there travel costs involved?

How patients and caregivers feel about testing: for example, understanding why the test happened, coping with anxiety while waiting for the test result, uncertainty about making a decision given the test result.

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- This section is not applicable to the drug under review.
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## 8. Biosimilar

If the drug in review is a biosimilar (also known as a subsequent entry biologic), please outline any expectations or concerns held by patients, caregivers, and families about the biosimilar. If the biosimilar was less expensive than the brand name drug, what would the impact be for patients, caregivers, and families?

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This section is not applicable to the drug under review.

## 9. Anything Else?

Is there anything else specifically related to this drug review that CADTH reviewers or the expert committee should know?

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Diabetes is a disease that requires intensive self-management. To achieve optimal blood glucose levels, individualization of therapy is essential, including selecting the drug or combination of drugs, route of administration (oral, injection, pen or pump), how frequently the patient monitors blood glucose and adjusts dosage, the benefits and risks that the patient experiences and/or tolerates, and the lifestyle changes the patient is willing or able to make.

There are clear expectations that new drugs should offer good blood glucose control to prevent hyperglycemic and hypoglycemic episodes, as well as longer term control, with minimal side effects and long term damage to organs, at affordable costs and hope for a healthy and longer life. Many people with diabetes also hope for less dependence on insulin and medications. While current therapies (insulin alone, or combined with medications) have generally led to improvement for many people with diabetes in blood glucose and A1C control, respondents hoped for better long-acting insulins to help them lead a life without frequent interruptions of daily management.

Respondents who tried insulin degludec (Tresiba) reported more stable blood glucose and reduced risk of hypoglycemia, although it may not be the most appropriate treatment for everyone. The survey responses reinforce the understanding that different people with diabetes require different medications to help effectively manage their disease. Their clinical profile, preference and tolerance of therapy can direct physicians to the most appropriate drug therapy. Based on reported benefits, insulin degludec (Tresiba) is an important option for some people with type 1 and 2 diabetes to achieve more effective management of diabetes and better health outcomes.

## Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH CDR and pCODR programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

Yes, a consultant (Jane Tsai) supported the development of this submission.

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

Yes, a consultant (Jane Tsai) supported the development of this submission.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Please find attached a list of organizations who have provided financial support to Diabetes Canada along with the amount provided.

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Seema Nagpal, BSc Pharm, MSc. PhD  
Position: Epidemiologist and Senior Leader,  
Patient Group: Diabetes Canada  
Date: June 2017

Canadian Agency for Drugs and Technologies in Health (CADTH)

Appendix: Organizations and foundations that made donations to the Canadian Diabetes Association in 2015. Source: CDA 2015 Annual Report, available at <http://www.diabetes.ca/getmedia/0204ddb9-8942-4033-9dca-21547d2d8007/2015-cda-annual-report.pdf.aspx>

**Corporate Supporters**  
**\$5,000 – \$24,999**

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Alberta Blue Cross  
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Ascensia Diabetes Care  
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Portugaise d'Aylmer  
ATB Financial  
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B&T Estevan Gun Show Corp.  
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Basant Motors  
Bazil Developments Inc.  
Benevity Inc.  
Bermuda Tan  
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Classic Golf – Hamilton  
Boulangerie St-Méthode  
Briarlane Direct Property Management Inc.

Calgary Roadrunners Club  
Cameco Corporation  
Canada's Building  
Trades Unions  
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Chadi & Company  
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CMG Computer Modelling  
Group Ltd.  
Connect Hearing  
Construction Labour  
Relations Association NL  
Cooperators – Cumis  
Cornerstone Properties Ltd.  
Dairy Farmers  
Dakota Dunes Community  
Development Corporation  
Dauphin Clinic Pharmacy  
Egli's Sheep Farm Ltd.  
Engineering Society B,  
Faculty of Engineering  
Excelleris Technologies Inc.  
Ford Drive 4JR Community &  
School Program  
Forest City Road Races  
Fraternal Order of Eagles –  
BC Provincial Auxiliary  
Gamma Dynacare Medical  
Laboratories  
General Mills Canada Ntl.  
General Presidents'  
Maintenance Committee  
Gerrie Electric Wholesale Ltd.  
Gibbons Ride & Drive –  
Brantford  
Giffen-Mack Funeral Home  
HCl Holdings  
Holy Spirit Charitable Society  
Husky Energy Lloyd  
Charitable Campaign  
Impact Security  
International Credit Experts  
Irish Society of Westman  
Iupat Canadian  
Regional Conference  
Janzen's Pharmacy  
Jarrod Oils Ltd.

John Zubick Ltd.  
Kal Tire  
Kinsmen BC  
Kinsmen Club of Saskatoon  
Kinsmen Club of Thunder Bay  
(Hill City Kinsmen)  
Kiwanis Club of Vancouver  
Kiwanis Clubs of BC  
Knights Therapeutics  
Leon's Furniture Ltd.  
Leslie Street (FGH) Inc.  
Manitoba Association of  
Health Care Professionals  
Manitoba Health  
Manitoba Housing and  
Community Development  
Marshes Golf Club  
Matec Consultants Limited  
Medtronic of Canada Ltd.  
Mihealth Global Systems Inc.  
Nashwaaksis Lions Club Inc.  
Northern (#468)  
Northland Properties  
Corporation  
Ontario Automotive  
Recyclers Association  
Ontario Pork  
PD Management &  
Services Inc.  
PricewaterhouseCoopers LLP  
RBC Dominion Securities  
Regina Capital  
Cosmopolitan Club  
Regina Queen City Kinsmen  
Resources Development  
Trades Council  
Richmond Hill Italian  
Social Club  
Roche  
Rosmar Drywall Ltd.  
Royal Canadian Legion BC  
Royal Regina Golf Club  
(Ladies Section)  
Royal Scenic Holidays Ltd.  
Saskatchewan Indian  
Gaming Authority  
Saskatoon Downtown  
Lions Club  
SaskCanola

Shaw Communications Inc.  
Sherwood Co-Op Association  
Signex Manufacturing Inc.  
Skyway Canada Ltd.  
Sudbury Rocks Running Club  
Sunrise Soya Foods  
Sun-Rype Products Ltd.  
Tangerine  
TD Waterhouse Canada Inc.  
Teck Resources  
Telus  
Thunder Bay  
Real Estate Board  
UBC Alpha Gamma Delta  
Universal Collision Centre  
Vale Newfoundland &  
Labrador Ltd.  
Vancouver Courier  
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Brandt Tractor Inc.  
Connect Marketing Group  
Egg Farmers  
GlaxoSmithKline Inc.  
Group SEB – T-Fal  
Lions Clubs of BC  
Lions Clubs of Saskatchewan  
MEDEC (Diabetes Committee)  
Rogers Communications  
Rogers Radio Vancouver  
Rubicon Pharmacies  
Canada Inc.  
Taste of Kingston  
Ventas Inc.  
**Corporate Supporters**  
**\$50,000 – \$99,999**  
Abbott Nutrition  
Canola  
First Nations Health Authority  
J&J Consumer  
Lions Clubs of Canada

**Corporate Supporters**  
**\$100,000 – \$174,999**

Eli Lilly Canada Inc.  
Janssen Inc.  
Loblaws  
MEDT  
Nestle Canada  
Provincial Health  
Services Authority  
Royal Bank of Canada  
Sanofi – Aventis Canada Ltd.  
The North West Company LP

**Diabetes Champion**  
**\$175,000 – \$249,999**

Bayer Inc.  
Merck Canada Inc.  
**Diabetes Catalyst**  
**\$250,000 – \$349,999**  
LifeScan Canada Ltd.  
Shaw Media  
Sun Life Financial

**Diabetes Visionary**  
**\$400,000+**

AstraZeneca  
Novo Nordisk Canada Inc.

**Foundations**

Airlie Foundation  
Alice & Murray  
Maitland Foundation  
Alpha Gamma Delta  
Foundation  
Aqueduct Foundation  
AWB Charitable Foundation  
Brantford Community  
Foundation –  
City of Brantford  
Brian & Susan Thomas  
Foundation  
Burrows Colden Family  
Foundation  
Butler Family Foundation  
Cal Wenzel Family  
Foundation  
Calgary Shaw Charity  
Classic Foundation  
Cambridge & North Dumfries  
Community Foundation  
Canadian MedicAlert  
Foundation  
Cenovus Employee  
Foundation  
Chickadee Trust  
Chimp Foundation  
Colin & Lois Pritchard  
Foundation  
Community Foundation  
for Kingston & Area  
Community Foundation  
of Ottawa-Carleton  
Crabtree Foundation  
Deloitte Foundation Canada  
Edmonton Community  
Foundation  
Edwards Charitable  
Foundation  
EnCana Cares Foundation  
Ernst Hansch Foundation/  
Terracon Development  
Eva T. Villanueva Charitable  
Fund at the Strategic  
Charitable Giving  
Foundation  
Flaman Foundation  
Fleming Foundation  
Fredericton Community  
Foundation Inc.  
G Grant & Dorothy F  
Armstrong Foundation  
Gift Funds Canada

Gill Family Charitable Trust  
Glenn's Helping Hand  
Foundation Inc.  
Greygates Foundation  
Halifax Protestant Infants'  
Foundation  
Halifax Youth Foundation  
Hamber Foundation  
Harry P. Ward Foundation  
Infinity Community Fund  
Jewish Community  
Foundation  
Jewish Foundation  
of Manitoba  
John M. & Bernice Parrott  
Foundation Inc.  
KPMG Foundation  
Lagniappe Foundation  
Leslie & Irene Dube  
Foundation  
Manitoba Hydro  
Charitable Fund  
Medavie Health Foundation  
Mister Blake Foundation  
Napawee District Community  
Foundation  
Newfound Foundation  
NL Retired Teachers  
Foundation  
Northern Ontario Heritage  
Fund Corporation  
NWM Private Giving  
Foundation  
Oakville Community  
Foundation  
Orville & Alvera Woolcott  
Foundation  
PepsiCo Foundation  
Prince Albert & Area  
Community Foundation  
Private Giving Foundation  
Raymond James Canada  
Foundation  
RBC Foundation  
Rexall Foundation  
Salesforce Foundation  
Saskatchewan Community  
Initiatives Fund  
Saskatoon Community  
Foundation  
Soyal Charitable Foundation  
Scotiabank Community  
Program

Sherry & Sean Bourne Family  
Charitable Foundation  
South Saskatchewan  
Community Foundation Inc.  
Strategic Charitable  
Giving Foundation  
The Barrett Family  
Foundation  
The Brockville Community  
Foundation  
The Calgary Foundation  
The Charles Norcliffe Baker &  
Thelma Scott Baker  
Foundation  
The Chatham-Kent  
Community Foundation  
The Dr. Charles & Margaret  
Brown Foundation  
The Edith Lando Charitable  
Foundation  
The Guelph Community  
Foundation  
The Gyro Club of Vancouver  
Charitable Foundation  
The Home Depot Foundation  
The Horn Family Fund  
The John and Judy Bragg  
Family Foundation  
The Kitchener & Waterloo  
Community Foundation  
The Lawrason Foundation  
The Mariano Elia Foundation  
The Poker for Diabetes  
Foundation  
The Ryley Family Foundation  
The Tenaquip Foundation  
The Virmani Family  
Foundation  
The Walker Lynch Foundation  
The WB Family Foundation  
The Winnipeg Foundation  
Toronto Star Fresh Air Fund  
Valero Energy Foundation  
of Canada  
Vancouver Foundation –  
Ann Claire Angus Fund  
Vancouver Foundation –  
McFarlane-Karp Fund  
Victoria Foundation  
VOCM Cares Foundation  
William James Henderson  
Foundation  
Windsor Foundation