

NATIONAL PRESS CLUB LUNCHEON WITH MARY TYLER MOORE

SUBJECT: MARY TYLER MOORE, ACTRESS AND INTERNATIONAL CHAIRMAN FOR THE JUVENILE DIABETES RESEARCH FOUNDATION (JDRF), WILL DISCUSS RESEARCH AND FINDING A CURE FOR DIABETES AT A NPC LUNCHEON ON MAY 28. HAVING JUST LAUNCHED HER NEW BOOK, GROWING UP AGAIN: LIFE, LOVES, AND OH YEAH, DIABETES, MOORE WILL SHARE HER PERSONAL STORY OF LIVING WITH TYPE 1 DIABETES FOR ALMOST 40 YEARS.

MODERATOR: DONNA LEINWAND, PRESIDENT, NATIONAL PRESS CLUB

LOCATION: NATIONAL PRESS CLUB BALLROOM, WASHINGTON, D.C.

TIME: 1:00 P.M. EDT

DATE: THURSDAY, MAY 28, 2009

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DONNA LEINWAND: (Sounds gavel.) Good afternoon and welcome to the National Press Club for our speaker luncheon. My name is Donna Leinwand. I'm president of the National Press Club and a reporter for *USA Today*.

We're the world's leading professional organization for journalists and are committed to a future of journalism by providing informative programming and journalism education and fostering a free speech worldwide. For more information about the National Press Club, please visit our website at www.press.org.

On behalf of our 3,500 members worldwide, I'd like to welcome our speaker and our guests in the audience today. I'd also like to welcome those of you who are watching us on C-Span.

We're looking forward to today's speech, and afterwards, I will ask as many questions as time permits. Please hold your applause during the speech so that we have time for as many questions as possible.

And for our broadcast audience, I'd like to explain that if you hear applause, it may be from the guests and members of the general public who attend our luncheons, and not necessarily from the working press.

I'd now like to introduce our head table guests and ask them to stand briefly when their names are called. From your right, Lisa Richwine, health reporter for Reuters News Agency; Marilou Donohue, a member of the Speakers Committee and *Artistically Speaking*; Alicia Mundy, medical reporter for *The Wall Street Journal* and a member of the National Press Club's newsmaker committee; Tammy Lytle, a freelance writer and a past president of the National Press Club; Richard Insel, a doctor and executive vice president of the Juvenile Diabetes Research Foundation, and a guest of our speaker; April Ryan, Washington bureau chief and White House correspondent for American Urban Radio Network; Dr. S. Robert Levine, chair of the Juvenile Diabetes Research Foundation's clinical affairs working group, Ms. Moore's husband, and a guest of the speaker.

Skipping over the podium for a moment, we have Angela Greiling-Keane, chair of the Speakers Committee and a reporter for Bloomberg News. And skipping our speaker, Melissa Charbonneau, the vice chair of the Speakers Committee and the organizer of today's luncheon, and a producer for News Hook Media. Thank you very much, Melissa, for organizing.

Larry Soler, senior vice president for Juvenile Diabetes Research Foundation's government relations and operations, and a guest of the speaker; Betsy Fischer, executive producer for NBC News's *Meet The Press*; Alisa Parenti, adjunct professor in the masters and professional studies journalism program at Georgetown University; Katherine M. Skiba, journalist and author; and finally, Liz Hodge, director of media and marketing communications, Foundation for Biomedical Research, and a new member of the National Press Club. (Applause.)

It ranks as one of television's greatest moments. In the opening credits of a '70s CBS sitcom based in Minneapolis, a single 30-something television news producer turns the world on with her smile, and her trademark toss of the beret. Since the first episode of *The Mary Tyler Moore Show* aired in September, 1970, Mary Tyler Moore has been dubbed the symbol of spunk, an inspiration for a new generation of independent working women.

The Mary Tyler Moore Show was radical for its time, ahead of the culture curve on women's rights. It even launched three months before the National Press Club voted to admit women as members in January, 1971. (Applause.) Just last month, Moore was honored by the National Association of Broadcasters for her tremendous impact on the broadcasting industry and for inspiring ambitious women to pursue careers in journalism. Her own legendary career had taken off in the 1960s as star of *The Dick Van Dyke Show*, for which she won two Emmys.

She's been awarded seven Emmys overall, five Peoples Choice Awards, three Golden Globes, and an Academy Award nod, and a Tony Award. And now that she's addressing the National Press Club, some might say she's finally made it after all. (Laughter.)

Back in the '70s, as Mary Richards was working on set with news director, Lou Grant, and anchorman, Ted Baxter, Mary Tyler Moore was keeping a secret. She'd been diagnosed with chronic life-threatening disease, Type I diabetes, a disease that, to this day, still has no cure. In her new memoir, *Growing Up Again: Life, Loves, and Oh Yeah, Diabetes*, Moore reveals her 40-year struggle with diabetes as she first tried to keep her condition under wraps, learned to manage it, and finally began her work to help those who suffer from the disease.

Though Moore writes, her life story is not a model for others, she is recognized as the leading advocate for millions with Type I diabetes in her role as the international chairman of the Juvenile Diabetes Research Foundation. JDRF is the largest charitable funder of diabetes science worldwide, awarding more than \$1.3 billion dollars for research. In June, Ms. Moore returns to Washington to open the JDRF Children's Congress, a gathering of youth from across the nation who will share their personal stories with Federal officials about living with diabetes, and why finding a cure is so important.

Ms. Moore is to testify before the Senate about the latest medical breakthroughs, funding for research and for treatment, development of the artificial pancreas, and progress in human clinical trials. She's also expected to urge Congress to pass legislation that would codify President Obama's lifting of Federal funding restrictions for the ever-controversial embryonic stem cell research.

Advocate, author, actress, and pop icon, she joins us today to discuss what was once her best kept secret, but is now her lifelong crusade to find a cure. Please help me welcome, Mary Tyler Moore. (Applause.)

MS. MARY TYLER MOORE: Donna, thank you. It was wonderful. Thank you, and members of the National Press Club, their guests. And, well, I

just thank you all for welcoming me as one of your own. I have a lot of fond memories of my work as a Midwest TV news producer. And those Mary Richards days at WJM, I am told, inspired many a young woman to go into journalism. So I do feel a special kind of kinship with you.

Of course I was planning to join you last year, but unfortunately my miniature schnauzer, Shaina(?), and my diabetes limited vision conspired to cause a not-so-graceful tumble across the kitchen floor, a tumble that fractured my left kneecap in three places but earned me a '6' from the German judge. (Laughter.)

I do appreciate the opportunity you've provided me and my JDRF colleagues to speak with you today. The National Press Club plays a critical role in bringing much needed media attention to newsworthy causes. And surely none is more worthy than curing a disease which affects as many as 24 million children and adults alone in The United States. It accounts for approximately \$175 billion dollars per year in health costs.

Type I diabetes is caused by one's own immune system destroying the insulin producing beta cells of the pancreas. And this results in metabolic derangements which have acutely life-threatening, as well as long-term life limiting consequences. Type I diabetes is not caused by personal behavior. It's an outcome of the accident of genetics colliding with a yet to be understood group of environmental circumstances. If Type I is not diagnosed quickly enough or left untreated, you die. And even though insulin replacement injections can keep you alive, it is a difficult life and it is very hard to get it right.

None of us, no matter how smart or skilled, is as smart as a healthy human pancreas. And the penalty for getting it wrong is serious, ranging from dangerous low blood sugars from giving yourself too much insulin, to complications like blindness, kidney failure, heart disease, amputation, strokes, not from (sic) giving yourself enough at the right time in the right way, every day for the rest of the course of your life.

Research to find the cure and better ways to mimic the function of the normal pancreas are the real only conclusions and solutions. JDRF was founded by the parents of children with Type I diabetes in 1970. Now those founding moms and dads were a pretty get-it-done bunch. They began by challenging a reluctant medical establishment to do more to find a cure for their children. Then they persuaded Congress to greatly increase funding for diabetes research at the National Institutes of Health. And they reached out to moms and dads like them all over the world to help raise money to support a cure for diabetes.

But what they didn't have back then was an immediately recognizable face, and, oh, say, icon, to help them build awareness about the threat to life that

diabetes represents. So in 1984, those founding families asked me to become JDRF's international chairman.

Now at the time, I had not yet taken ownership of my diabetes. I wasn't sure I wanted the world to know that behind the smile that could turn it on was an independent woman who was dependent on multiple shots of insulin a day, just to stay alive. So it took a bit of soul searching. I did eventually get over my hesitancy. And looking back, I am so grateful that I was asked to serve. Because in taking the risk of sharing some of my private self, I've grown quite a bit. And my association with JDRF has helped them grow to be the largest non-profit funder of diabetes research in the world. (Applause.)

JDRF has contributed over \$1.3 billion dollars to research since its founding, and over \$150 million last year alone. Reflecting on his travels across America in 1831, Alexis de Tocqueville, in his book, *Democracy in America*, noted that he came here and found a society whose definitions and solutions were not created by nobility or by professionals or experts, or managers, but by what he identified as little groups of people, self-appointed, common men and women who came together to take three powers — the power to decide there was a problem, the power to decide how to solve the problem, and then the power to solve the problem.

These little groups of people weren't elected and they weren't appointed, and they were everywhere. And they were, de Tocqueville said, "...the heart of the new society."

JDRF moms and dads and all the people touched by diabetes who come together under its banner are just like the common men and women that was marveled about by de Tocqueville. They are the driving force behind solving the problems of Type I diabetes and are the heart of our search for a cure.

It is the personal growth that I've achieved through my experience with Type I diabetes and the special relationship that I've developed with JDRF and the researchers we support that is the subject of my book, *Growing Up Again: Life, Love, and Oh Yeah, Diabetes*. The book came about at the behest of a lovely young woman off to college named Diane Revzin, aged 19, who is the daughter of Phillip Revzin, a senior editor at St. Martins Press. Well, like me, Diane has Type I diabetes. And one day, when her father and she were washing the family car, Diane said, "Oh dad, you know, I wish I had a diabetic friend, a best friend, someone to talk with about what it's like to have diabetes. I want to read about someone else's personal experiences, both good and bad, and the emotional gymnastics that go with it all. Is there anyone like that that you can think of, Dad?"

Well, dear Phil thought of me. And when he called and asked if the idea was of interest to me, I said, “Oh yes,” right away. I liked the reasoning behind it. And this seemed like a unique opportunity to both raise the awareness and help find a cure by donating my proceeds from the book sales to fund research.

In thinking about all the things that I wanted to portray and how to best present them, I especially wanted to highlight two areas of JDRF research, emphasis first, the development of an artificial pancreas, and second, the increasing work being done to translate new ideas into new therapies and cures. I would tell you all about these areas myself today, but I could only give you the narrowest of personal opinions. So I have asked two of my JDRF partners to join me to provide a research briefing worthy of NPC.

With me on the dais are Dr. Dick Insel, JDRF executive vice president of research, and Larry Soler, JDRF’s executive vice president in charge of government relations and operations. The artificial pancreas is in Larry’s area of responsibility, so I’ve asked him to talk to you about the excitement we are all feeling about going bionic. Larry, will you join me up here? (Applause.)

DR. LARRY SOLER: Thank you, Mary. It’s really a pleasure to talk to you about the artificial pancreas, which sounds kind of strange, but it’s something that really, in the next several years, could make an enormous difference to everyone who suffers from diabetes. Remember, diabetes is a disease that affects almost 30 million Americans and costs nearly \$200 billion dollars a year. It’s a significant public health issue.

A person with diabetes, their pancreas no longer is producing insulin, person with Type I diabetes. And one of the ways that people with diabetes have to deal with it is to inject or infuse insulin in some manner. But it’s very tricky to get it just right. You’re trying to test your blood sugar by pricking your finger to see what your blood sugar number is, at the same time you’re trying to give yourself insulin to make it all work. And too often, it doesn’t work out perfectly, because the pancreas is a hard thing to mimic.

But we’re at a point of technological opportunity to develop what we feel could make a huge difference. And it’s an external artificial pancreas that would combine two currently available technologies. One is an insulin pump which has been around for many years, that provides a trickle of insulin on command and mimics the pancreas better than injected insulin. The second is a continuous glucose monitor, which was approved a few years ago, which instead of just providing one single bullet point of what your blood sugar level is based on a finger prick, which is standard, older technology, provides you a estimate of your blood sugar level every five minutes. And you can think of it as the difference between a photograph which shows you kind of what’s happening at that moment

versus a film, which shows you kind of what's been happening in the past, what's happening in the future.

This new information gives a person with diabetes a better opportunity to treat their diabetes more effectively. But still, it's very difficult to make it work perfectly. What we're doing right now at JDRF is trying to build a mathematical algorithm that will take the decision making power that a person with diabetes all too often has to deal with, and very difficult to get it right, especially when you're sleeping, and have it activated by an algorithm that's operating in the background, combing these technologies so it happens automatically, providing you with the blood sugar that you need.

What that will lead to is potentially much fewer health complications, much fewer spending on diabetes, and people living better as we work towards a biological cure. As I conclude here, I want to say that the organization, JDRF, determined to get involved in this. We do not make medical devices. But what we do do and what we can do is influence the regulatory process, the reimbursement process, business opportunities so that our partners in industry can make this product and can make a difference for people with diabetes.

And this has resulted in an all-out push for people with diabetes and JDRF, using every bit of persuasion, research money, passion, advocacy, to make the creation of an artificial pancreas a national priority. We've now met with every major diabetes medical device maker to discuss partnering. We've met with leaders in the FDA quarterly to talk about the regulatory pathway. We've worked closely with our partners at NIH, National Institutes of Health, to build more of the basic technologies that's leading to some of this. And we formed academic consortium of algorithm developers and mathematicians to work to get the algorithm created.

Our excitement has translated into members of Congress making this a national priority in letters to HHS. And the bottom line is that we feel diabetes could be a changed disease in the next several years if we can get over these hurdles and make an artificial pancreas. So Mary, I'll turn it back to you and thank you very much. (Applause.)

MS. MOORE: Thanks. I thank you, Larry. Superb. Next, Dr. Insel will tell you about some of the clinical trials that we're funding along the cure pathways that we have identified for every age and stage of Type I diabetes. Dick?

DR. RICHARD INSEL: Well, thank you Mary. And it's a pleasure to be here. Let me say, you just heard from Mary how critical it is to develop a cure for

this disease. And you just heard from Larry about some device-based approaches to cure this disease.

What I want to focus on is a biologic cure. JDRF is targeting the discovery, the development, and delivery of a biologic cure. And immediately one would ask, you know, “What is a biologic cure for this disease?” Well, it really begins with what Mary just told you about. The underlying basis of this disease is that the immune system has attacked and destroyed the insulin-producing beta cells of the pancreas.

So to cure this disease from a biological standpoint, what one has to do is restore those functional beta cells. And one’s focused on two different ways of doing that, either regenerating new beta cells in an individual with Type I diabetes, or alternatively, replacing new beta cells by transplanting beta cells to that individual.

Now, if we don’t address the underlying autoimmune process, those new beta cells, whether regenerated or transplanted, would be immediately destroyed. And so we have to arrest the autoimmune process.

We also have individuals with complications with Type I diabetes. And we can’t forget that. We have to stop those complications and reverse symptoms of this disease. And last, as you heard from Mary, this disease is inherited. We can’t ignore the next generation of individuals who are going to be at risk for this disease. And JDRF is focused today on preventing the onset of Type I diabetes. We’ve made tremendous progress in the last decade.

This progress is really evidenced, I think, in good part-- Mary referred to the number of clinical trials that are ongoing today for Type I diabetes. In fact, we have over 40 trials today, which contrasts markedly with where we were just a decade ago where we only had five trails. And let me just highlight just a couple of those trials.

First, these trials are in all stages of disease of Type I diabetes, whether it’s a established Type I diabetes, somebody who’s been recently diagnosed, or somebody who’s at risk where we’re trying to prevent the disease. Some of these trials are now what we would call phase three trials. Phase three trials are the last trials prior toward regulatory approval by the FDA.

One example of the trials that we’re funding are trials in the new onset setting, or individuals who have been recently diagnosed with Type I diabetes. We know that when you’re diagnosed, you still have reserves in residual beta cells. And if we can preserve those beta cells, we know those individuals will

have a better life. They'll be able to control their glucose much more effectively. They'll have a decreased risk for developing complications.

And the trials that are ongoing today are injecting proteins into individuals in the first ten days after diagnosis. Then you stop. And what we find is, for up to four years after that ten-day injection, those individuals have preserved beta cell function. And they should have decreased risk for complications.

We have other trials. We have trials to regenerate beta cells. We have ongoing trials, also phase three trials, to arrest eye disease and restore vision in Type I diabetes. And then obviously we have trials that you've heard about from Larry with respect to the closed loop artificial pancreas.

We expect to hear more and more in the years ahead of other trials, and making progress on behalf of ultimately curing this disease. So Mary, let me turn this back to you. And thank you. And I just want to say, on behalf of all of JDRF, thank you, because you really have been an inspiration to all of the staff. Thanks. (Applause.)

MS. MOORE: Thank you. Thank you so much. For my part, I want to update you on JDRF's signature advocacy event. And that's our Children's Congress, which will be held here in D.C. June 22nd through the 24th. Children's Congress centers around 150 kids and teenagers with Type I diabetes who represent every state in the Union. And while they're here, a few of them will have the chance to tell their personal stories at a special Senate hearing. And all of them will meet with their members of Congress to speak out on their behalf for a cure.

I love talking to these kids, answering their questions, and hearing their triumphs, their fears, and some good gossip. And because they share their stories with me, I'm able to witness the special courage of our children with Type I. It is in their courage that I find new strength to face my own day-to-day challenges, and with diabetes, as well as other things.

As their chairman and oldest delegate, I am proud to be leading them in the effort to persuade Congress to remember us when voting on important issues. The research that Larry and Dick have described today gives me great hope. But it is the energy and commitment of our Type I families that makes me certain that we will, soon, be able to translate promising research into promises kept for a cure, for ourselves, for our loved ones, and everyone with Type I diabetes.

I thank you for your willingness to listen to our case for curing diabetes and its complications. And I thank you for helping us get our message out. I look

forward to meeting you in person at the book signing, which will follow this event. Thank you. (Applause.)

MS. LEINWAND: Well, we have lots of questions for you, and we have lots of technical questions. So I'm going to ask the doctors to, you know, be on-call. You're used to that, right? Okay. Well, the first one is for a doctor, so come on up. What's the main difference between Type I and Type II diabetes, juvenile and adult onset?

DR. INSEL: So Type I diabetes is an autoimmune disease. And we have multiple autoimmune diseases out there, such as multiple sclerosis, inflammatory bowel disease, rheumatoid arthritis. So it's in that same family, in which the immune system attacks the beta cells of the pancreas.

Type II diabetes is really a different disease in which one has the development of insulin resistance, and then ultimately failure of beta cells. Both individuals, whether with Type I or Type II, can require insulin. And some of the solutions for both of these diseases are very similar. But what's different is that the cause is different. And one thing we've learned is that the genes that predispose to Type I or Type II are very different. So they are quite different diseases.

MS. LEINWAND: Many people don't know they have diabetes. What are the early signs and symptoms to watch for?

DR. INSEL: This is like a house call (Laughter.) So the earliest signs of diabetes, because one has high blood sugar that spills into the urine, one is thirsty. One urinates a lot. And one often is quite weak. So it's what we call polyuria, too much urine, polydipsia, you're drinking a lot. Okay?

MS. LEINWAND: Okay. All right, no one come up here and show me a rash or anything like that. What improvements in treatment do you expect will be available to diabetics in the next five to ten years?

DR. INSEL: So in the next five years, I think we'll see several things. One is, we're focused on improving daily lives of individuals with Type I diabetes. The most recent development has been the ability that Larry referred to of using continuous glucose monitors to have immediate readouts of one's blood sugar in order to be able to respond to that.

And then what Larry Soler talked about was then linking that monitor up to a pump speaking via an algorithm, so that when one wouldn't have to use the brain and respond, but one would have this automated, as Mary said, bionic

approach to continuously monitor your blood sugar level and closely deliver insulin in a precise amount to control blood sugar precisely.

I think we'll see other developments. I mentioned about recent onset patients. We're going to see over the next five years the ability ultimately in proof of concept studies to arrest insulin dependence. We're also going to see, in the prevention side of things, the ability in a proof of concept way, to even prevent the onset of Type I diabetes.

For a full cure, though, I don't want to mislead anybody. For curing this disease and getting people off insulin completely, what we have today is we can transplant islets. And we can get people off insulin today. They do require ongoing immunosuppressive therapy. These are cadaver islets. And so they have to take immunosuppressive therapy so they don't reject those donor cadaver islets.

However the problem is, we can only transplant a limited number of individuals, because as you all realize, the organ supply is low. And so what we're focusing on is alternative cell sources for transplantation.

Yeah and then Robert Living(?) reminded me that the other thing obviously that we'll see in the next several years is new ways of addressing complications of Type I diabetes. Obviously the better control that we'll have over the next five years will decrease the risk of complications. And in fact, we have seen improvements over the last, you know, five to ten years in the rates of complications, progression to complications. We'll see new advances, we believe, for diabetic eye disease. I mentioned some of the clinical trials that are ongoing. And there's lots of other efforts out there with respect to complications for Type I and Type II diabetes.

MS. LEINWAND: Does that mean that diabetes can be reversed?

DR. INSEL: So currently, you know, in individuals who are receiving islet cell transplants-- And, as I pointed out, this is a very select group; today we can only transplant approximately 100 individuals in The United States. Eighty percent of those individuals will go off insulin completely for that two-year period of time. Now, they still need to take immunosuppressive drugs. But they're off insulin for at least two years. And we're seeing that number increasing out at five years. Some of those individuals have gone back on insulin, although their insulin dose requirements a lot less than before the transplant was provided.

So we're gradually moving in that direction. But obviously for the approximately two million individuals with Type I diabetes today, we cannot reverse their disease today. But that's exactly what the Foundation is focused on.

MS. LEINWAND: Sorry to keep you up here, but we're giving Ms. Moore a rest after her terrific speech, and getting all the medical questions out of the way, so--

MS. MOORE: Yeah, and I know a lot of stuff.

MS. LEINWAND: Well, you just chime in whenever you want to answer this. So if there was a biologic cure for diabetes, would the findings also be applicable to other autoimmune diseases?

DR. INSEL: Yeah, that's a really-- an excellent question. There's tremendous overlap between the various autoimmune diseases. And in fact, in the last couple years, we understand the genetic predisposition for multiple autoimmune diseases based on some of the new technologies that we have. And we find that the genes overlap across these diseases. So not surprisingly, some of the same therapies that are being developed for one autoimmune disease can be applied to others.

So at JDRF, what we have focused on is repurposing, or repositioning any FDA drug that's been approved for another autoimmune disease, to repurpose it or reposition it for Type I diabetes. Why does one do that? When you have a drug that's out there on the market, you have a safety record for that drug. You have a lot of experience. And you can shave, easily, five to ten years off of drug development as well as tremendous cost saving if you can repurpose or reposition drugs. So yes, definitely, lots of overlap, lots of lessons that are applicable from one disease to the next, and most importantly, therapeutics that can be applied from one disease to Type I diabetes.

MS. LEINWAND: Speaking of diabetes medicine, your organization has a major influence on the support and direction of diabetes research. In light of recent concerns about diabetes medicines, links to heart attacks and strokes, which account for most diabetes deaths, is your group going to push for medicines that focus on lowering glucose levels? Or are you looking more to medicines that focus on preventing cardiovascular crises?

DR. INSEL: So what the question refers to is the recent reports about use of particular drugs in the Type II diabetes setting (this was not in Type I diabetes) in relatively elderly individuals with underlying heart disease, in which there were side effects and problems. With respect to Type I diabetes (and the Foundation is focused on Type I diabetes) those particular observations were not, you know, directly relevant.

But one important comment, you know, that is worth making is, any time-- Obviously the Foundation is focused on getting therapeutics to individuals

with, you know, Type I diabetes. One of the biggest challenges of developing and delivering therapeutics is the issue of safety. And we have to keep that in mind. And as we develop drugs, we're obviously very conscious of safety. And if we can address, you know, the underlying issues of high blood sugars, it will prevent complications, including cardiovascular complications, as alluded to in the question.

MS. LEINWAND: How has treatment gotten better since your own diagnosis?

MS. MOORE: Oh my, 40 years ago, the only method you had for knowing what your blood sugar level was (and mind you, normal level was somewhere between 70 and 110) was to pass a strip through your urine. And it would give you a readout, not a really accurate one, but it just gave you a general idea.

That also reminds me that when I was diagnosed, which was shortly after a miscarriage that I had, a blood test revealed that (mind you, I said normal is between 70 and 110) mine was 750. And they did not know how I was still alive and walking around. But within 48 hours, I was brought back to normal, and then began the hard part, living with the disease. Was there a part of the question I missed?

MS. LEINWAND: How has treatment improved over time?

MS. MOORE: Well, in that way, in that you can now test your own blood at home, and quite easily so. It's not painful and it's pretty accurate. Let's see.... What are some of the other things.... New, different kinds of insulins — I just started taking one that covers me for nighttime, which was something that I hadn't really thought about, and my doctor hadn't thought about it before then. Which is that while you're sleeping, even though you're not eating for probably eight hours, your body still needs to be able to handle what it's doing, the digestion and all the machinations that it goes through while you're asleep. What else...?

[side remarks]

DR. S. ROBERT LEVINE: Well, I'll just talk about some of the things that Mary has benefited from. So new therapies, particular class of antihypertensive drugs called ACE inhibitors, which have been shown to protect kidneys of patients with Type I diabetes, diabetes generally from progression to kidney failure when they've shown some signs of what's called proteinuria, protein in urine, laser photocoagulation therapy, which is treatment for retinopathy in the past. For instance, when I was in medical school, when ice

covered much of the Earth, we used to not recommend that young women with Type I diabetes who were pregnant take the pregnancy to term because as many of half of them would lose their vision in trying to do that.

That's no longer the case. We know a whole lot more about treatment of Type I diabetes in the context of pregnancy. And we know a whole lot more about retinopathy. And with tight control of diabetes, women can bring their pregnancies to term and give birth to normal healthy babies.

I started to talk about retinopathy. The laser photocoagulation is kind of-- you burn the village to save the village. So in diabetes, there's hypoxia, lack of blood flow to the retina. And the retina tries and struggles to save itself by sprouting new vessels. Those vessels are fragile and they break, and then bleed. And so it's the fragile vessels that are in response to the diabetes that break and bleed that cause loss of vision in diabetes. With photocoagulation, with lasers, you can burn out the retina, so that those vessels don't bleed anymore. But what you've done is burnt out your retina. So you have significant effects due to that.

So those are some of the things, you know, that have changed.

[side remarks]

MS. LEINWAND: What is the hardest part of managing your diabetes when you work or travel?

MS. MOORE: Well, all the junk you've got to take with you. I mean, you do — you have to figure out how many syringes you're going to need, and which kinds of insulin you're going to take, and-- An alcohol swab is a good thing to have occasionally. You do get to be kind of casual about it after awhile.

I had a terrible experience. I was in Las Vegas, of all places. But I was being honored by the Association of Broadcasters. And I realized that I had come out with two kinds of-- the two same bottles of daytime insulin, and none of the bottle that I needed for nighttime coverage. And it was late and I had to be up early the next morning.

And we tried pharmacies. We tried a couple of doctors' personal phone numbers. And none of them would grant me a bottle of this insulin. I said, "You do know that this is Mary Tyler Moore, right? You know what I do when I'm not acting." "Well yes, Ms. Moore, but the law says... And we can't do," blah, blah, blah.

So I want to see if we can't change that and develop a registry where all diabetics are listed in a computer-like gizmo. And if that ever happens to

anybody, whether it's coming out with not enough syringes, whatever, you press the button, the pharmacist does, and it all comes up, and you go home.

MS. LEINWAND: What's your typical day like? Do you give yourself shots, use an insulin pump? How often do you prick your fingers to test your blood sugar level?

MS. MOORE: I don't use the pump because I'm grossly immature. I just can't quite get past the childhood image of the ballerina who wouldn't have a pump attached to her. And I can't let go of that thought. But the number of kids I meet at the Children's Congress makes me feel really stupid. Because they're all doing it, and they're benefiting from it so much.

What was the other part of that question, was--

__: How many times do you prick your finger.

MS. MOORE: How many times I prick my finger...? Probably twice for every one that's good. And that happens-- let's see-- before every meal during the day, and then before going to bed at night. And you have to keep those bottles straight, because one time I did ten units of the one I was only supposed to have three units of. And, you know, so all hell broke loose.

__: --even after 40 years--

MS. MOORE: Yeah, even after 40 years. It is a very difficult thing to live with, very.

MS. LEINWAND: Among the prominent public figures with diabetes, including Larry King, *Hardball's* Chris Matthews, our own Bob Schieffer, actress Halle Berry, Nick Jonas of the Jonas Brothers, *American Idol's* Randy Jackson, Elizabeth Taylor, Elvis Presley, world leaders like Anwar Sadat and Mikhail Gorbachev, some celebrities downplay their diabetes and don't discuss it. You initially kept your diagnosis a secret. Why the stigma?

MS. MOORE: It wasn't that I thought it was a stigma. It was that I was afraid that as an actress, when people watched me, whether it was doing my series or doing a part in a movie, that people would say, "You know, she's a diabetic." And the other person would say, "What's that?" "Well, I don't know. But she has it." "Well, it doesn't look like it's too serious. I mean, look at her. There she is. She's up there, prancing around," or, "Oh my god, that poor woman," you know?

So I just thought all of that would get in the way of my work. And eventually I just let go of it and said, do what you know is the right thing to do. And I did. And I'm glad. (Applause.)

MS. LEINWAND: What was the thing that made you decide, so to speak, to come out as someone who has diabetes?

MS. MOORE: When I found myself being attracted to other women. (Laughter.) (Applause.) JDRF asked me, you know? The moms, they were older now, but they were still making good decisions. And they asked me to be their international chairman. And I not only had the sanity and right decision making process to say yes, I didn't even ask to be called 'chairwoman'. I just decided to be the chairman. (Applause.)

MS. LEINWAND: You have an incident in your book involving a call to The White House and Bill and Hillary Clinton. Can you tell us about that?

MS. MOORE: I don't know what you're talking about. Now, wait a minute — is that the script where I left my glasses there or he left his glasses at--

MS. LEINWAND: I think so [simultaneous conversation]--

MS. MOORE: Tell me a little bit more.

MS. LEINWAND: This is someone else's question, something about glasses being left [simultaneous conversation] at The White House--

MS. MOORE: --for another luncheon, different people?

MS. LEINWAND: Well, we'll skip that question. Moving on.

[side remarks]

MS. LEINWAND: Untreated diabetes can lead to serious problems like blindness, kidney damage, amputation, and death. Do you have medical problems that could have been prevented if you had better managed your diabetes early on? And what types of issues are you dealing with now?

MS. MOORE: There's no question that if I had taken better care of myself that I would have avoided a lot of the deterioration of the body that we all go through, but not quite as quickly or as severely as diabetics will.

DR. S. ROBERT LEVINE: Here's the thing — Mary was diagnosed-- what?-- in 1970--

MS. MOORE: Well, it was forty years ago.

DR. S. ROBERT LEVINE: Up until 1993 when the landmark Diabetes Control and Complications Trial was published, there was still argument within the medical community about the importance of tight control of blood sugar, and whether or not it was in fact important in preventing complications. Besides that, and part of the reason why the controversy persisted, was because, as Mary said, to tightly control your blood sugar way back then was extremely difficult because the tools really weren't available for individuals with Type I diabetes to test their blood sugars at home.

So the combination of the difficulty in getting it done with the medical uncertainty, led people to allow and accept what-- hemoglobin A1C, which is an average value of blood sugar, levels of nine, ten, and eleven. So the average patient with Type I would have a hemoglobin A1C of eleven. Normal is five and a half or six.

So that, in Mary's defense, early on in her course with Type I, people weren't haranguing her necessarily to control herself tightly, because the evidence wasn't there and the tools were not there. Now we have the evidence based on the research that was funded, and a lot more research since then, and the tools, which is one of the reasons why JDRF is so heavily invested in the artificial pancreas, is to create even better tools so that people can easily achieve more near normal blood sugars, so in fact they can, across the entire population, more and more patients can, no matter what their circumstance, can achieve the best possible outcomes.

So, you know, yes, Mary could have taken better care of herself. But the tools really weren't there for her to do that. And her doctors probably weren't beating her up about doing [simultaneous conversation]--

MS. MOORE: Like you do.

DR. S. ROBERT LEVINE: Yeah, that's right.

MS. LEINWAND: So the photographers really went nuts when you two were up there, so I guess you guys are like the new hot couple. Forget Tom and Katie; that's all over.

MS. MOORE: And we've been married 25 years. (Applause.)

MS. LEINWAND: What advice do you have for someone who's just been diagnosed?

MS. MOORE: Listen to your doctor and read everything you can about diabetes, and the research that's taking place. Read about--

__: ...(inaudible)

MS. MOORE: Yes, I will get to that. Read about the way it used to be and how difficult it was then to try to maintain any balance of health. And call JDRF if you've just been diagnosed and you don't know what to do. You're afraid maybe your own internist doctor isn't quite up on the latest techniques in dealing with diabetes, so you call them, and they will put you in touch with the right person or persons. And you can call them at JDRFCURE, 1-800-JDRFCURE.

__: Or go to our homepage.

MS. MOORE: You mean our homepage/

__: We have a homepage — www.JDRF.org. And right there, in the left column, there's a spot where anyone who's newly diagnosed who needs help can get an answer to any question that they have from our volunteers. ...(inaudible) questions from all over the world.

MS. LEINWAND: Okay. You have TV commercials now running for clinical trials. Can you tell us more about those?

MS. MOORE: No.

MS. LEINWAND: Who can?

DR. INSEL: So as I mentioned, there are over 40 clinical trails. These clinical trials are listed also at a website, www.clinicaltrials.gov. It's critical that we conduct clinical trials, that we enroll in clinical trials in an expeditious fashion. It's the only way we really can move the ball forward. And so JDRF has really taken upon itself to publicize these trials and to encourage physicians to enroll patients in trials in order to really help move toward a cure.

MS. LEINWAND: When you do expect the first human trials of stem cells for diabetes to begin?

DR. INSEL: Well in fact, there are ongoing trials in type I diabetes with stem cells. They're adult stem cells. They're not embryonic stem cells. And specifically, they're what we call mesenchymal stem cells. And they're being used in the new onset Type I diabetes setting in order to try to preserve beta cell

function, or to save those beta cells so those individuals will have a better outcome and better control. The trial is being conducted by a company called Osiris, a biotech company in the Maryland area. And JDRF is supporting that trial.

MS. LEINWAND: Now we're moving on to some Mary Tyler Moore questions. What is the single funniest thing that happened during the taping of *The Mary Tyler Moore Show*?

MS. MOORE: Well, we found out we were using film, not tape. Nobody knows that that's-- That's a big difference. The funniest thing that happened...? Oh lord, can you think of anything, Robert? You weren't around for that part of life.

DR. S. ROBERT LEVINE: ...(inaudible)

MS. MOORE: Oh. That was pretty funny, yes. When we were casting for the part of Lou Grant, Ed Asner came in. And he was just awful. He read the scene. He read the scene twice as a matter of fact, and was still pretty awful. We thanked him. And as he was walking out the door, he said, "Let me come back and do that again." And magic happened. He got all the nuances of the comedy. He looked straight into my eyes and meant everything he was saying. You know, it was just a blessing from heaven that we got Ed Asner, because he was as much the strength of that show as anybody else on it.

DR. S. ROBERT LEVINE: ...(inaudible)

MS. MOORE: Oh god, this is really the funniest thing. About the second year of the series, one day, Ted Knight called and asked Alan Burns, one of the original producers, if he could come in and have a meeting with him. And Alan said, "Of course, come in." And Ted burst into tears, threw his arms around his shoulders and buried his face in Alan's neck and said, "I can't stand doing this anymore. Everyone thinks I'm a schmuck. And I'm not a schmuck, you know. I read a lot of books."

And Alan did one of his brilliant supportive speeches, reminding him of some of the great characters in literature who played the clown, but were the king inside. He had Ted pretty much feeling good about himself and what he did and his contribution, when Jim Brooks, the other producer, came in and saw Ted and said, "Hey Ted, America's greatest schmuck."

MS. LEINWAND: What was your favorite episode from *The Mary Tyler Moore Show*?

MS. MOORE: Well, for me, it was favorite because it had such real connections to my childhood, my upbringing and what I thought I wanted to do with my life, which was to become a ballet dancer. We established that Mary Richards had danced a little when she was a youngster. I had a coffee table that was a trunk and had a lid that opened up. And inside it, she kept her old toe shoes, pointe shoes. And she had an urge to just try them on and see what it felt like. She puts them on, and in silence, goes on for close to a minute. And then she gathers all her energy and scoops up, and is on the very tip-top point of her shoes and goes [wailing]. That answered all her questions.

MS. LEINWAND: *The Mary Tyler Moore Show* is such a classic and was so groundbreaking for its day in the way females were portrayed. At what point did you realize that the characters of Mary, and, to some degree, Rhoda, would be such role models for women everywhere?

MS. MOORE: I have very little ability to size life and matters up while it's happening. That's why the best things that I enjoy are when they're over and I get to go home and replay them, not while it's actually happening to me. And that's a waste. That's too bad. What was the question?

MS. LEINWAND: The question was, when did you realize--

MS. MOORE: Oh, role models and all of that — I never thought at the time that we were doing the show that was anything like a role model. If anything, at that point, role model had kind of a downcast aura to it. But I knew that I was just playing myself. If I'd had a writer in my personal life, I would have been doing all those scenes you saw me do on *The Mary Tyler Moore Show*. I just didn't have a-- You're not laughing, so I didn't make that clear. So you'll think about it when you go home and really enjoy it.

MS. LEINWAND: Do you have a favorite *Dick Van Dyke* episode that to this day brings a smile to your lips and a lump to your throat?

MS. MOORE: Oh god, almost every one of them. But I think my very favorite, because it was the first show where Carl actually believed I could be funny and wrote to that, and it was the episode where Dick is a little upset that I'm opening his mail, and I keep telling him that I'm not doing it anymore. And then he says, "Aha! What's this?" and holds up a shredded envelope. And I swear to him that I'm over that. I'm not going to open his mail again.

And one afternoon a doorbell rings and a box is delivered from United Parcel and it's addressed to Mr. Rob Petri. And she just kind of opens up a corner of the wrapping paper. And then the knot is loose a little on the string that went around, so she opens that and finally tears it down to the other edge, lines it up

with this edge, stands on it, and lifts up the front of the floppy lid on the other side. And it is a life raft that now inflates to four times its original size. At which point the doorbell rings and it's Dick coming home. And so I've got this life raft like this and I sort of back up against the bedroom door. And Dick comes down the living room door and he sees this life raft and-- I'll never forget his face as he kind of took pleasure in knowing that I had done such a colossal job of fucking everything up. And he said, "Honey, are you in there?"

And I came out and I had half my hair blonde and half brunette because I had been convinced that he was losing interest in me and he would like me better if I were a blonde. And then after having seen myself as a blonde and deciding I looked like-- Who is the blond Marx brother...? Harpo, Harpo Marx. I try to dye it back and I only get half of it done. And so it's, like, two major catastrophes happening at the same time. And it was great for me because I got to, for the first time, not simply help someone else get a laugh by feeding them the right line and timing it properly, but I got a laugh on my own. And that's god's gift. (Laughter.)

MS. LEINWAND: We are just about out of time. But before I ask the last question, we have a few important matters to take care of. First of all, let me remind our members of our future speakers.

May 29th, that's tomorrow, Arne Duncan, the Secretary of Education will address a Speakers Newsmaker. On June first, former Vice President Dick Cheney will address the National Press Club as part of the Gerald R. Ford Foundation's annual Journalism Awards ceremony. And on June 8th, David Simon, a former report at *The Baltimore Sun*, and best known for producing the HBO popular drama, *The Wire*, will be here speaking.

Second, I would like to present our guest with the traditional NPC mug.

MS. MOORE: This is ...(inaudible). (Applause.) And you know the nice thing about it? I can share it with everyone, because it doesn't have my name on it.

MS. LEINWAND: There you go. For our last question, for journalists who've dealt with frustrating news directors, would you deliver the trademark line you had for Mary Richards's boss on *The Mary Tyler Moore Show*?

MS. MOORE: The trademark line...?

MS. LEINWAND: --that you used to tell Lou Grant.

MS. MOORE: Oh, okay, yeah. The thing that people very often ask me to do is, occasionally to do an, "Oh, Rob." And so-- Well, here I'll do it and

you'll see if it brings you joy, pleasure of any kind. "Oh, Rob." (Applause.) That of course led to my developing a defensive line for Lou Grant which was, "Mr. Grant."

MS. LEINWAND: That was the one, exactly. Thank you very much. (Applause.) Thank you very much for coming today. I'd also like to thank National Press Club staff members, Melinda Cooke, Pat Nelson, JoAnn Booz and Howard Rothman for organizing today's lunch. Also thanks to the NPC Library for its research.

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Thank you very much, and we are adjourned. (Gavel sounds.)

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