DIABETES CLOSE UP

Diabetes Close Up, V3, #4
January 22, 2004
THER and PFE 4Q03 Results

The short version

1. **Company Roundup**: **THER and PFE reported 4Q / 2003 results today**.
   - **TheraSense** – In line on the top line, beat the bottom line, bodes well for MediSense profitability:
     - Revenues of ~$62 million for 4Q and ~$212 million for 2003 were in line with expectations, up 34% for the quarter and 19% for the year. Revenues rose 35% in 2003 excluding previously deferred revenue from 2Q02 associated with estimated product returns. Gross margin hit an impressive 62%. Spending appeared disciplined. Profitability emerges for the second quarter. It's like a textbook…
     - TheraSense received welcome news last week that the FDA has granted expedited review status for Navigator, its continuous glucose monitor that was submitted in late 2003.
   - **Pfizer** – Reporting from Davos, very cool. Still no real word on inhaled insulin, but …
     - … a bit more movement. Management said it will continue increase Exubra's safety and efficacy database with additional targeted clinical studies. As of today, more than 2,000 patients worldwide have been exposed in Phase 2 and Phase 3 trials; some for up to five years. Data also showed, so far, positive pulmonary safety trends.
2. **Literature/Media Roundup**
   - *Part 1: Circulation* and *Diabetes Care* on TZDs ("TZD Use, Fluid Retention, and Congestive Heart Failure: A Consensus Statement From the American Heart Association and the American Diabetes Association, December 8, 2003 and January, 2004) – *A look at this controversial class.*
   - Part 2: *Sports Illustrated* ("Counter Puncher") – *An examination of the remarkable ability and discipline of freshman Gonzaga basketball player Adam Morrison, who has type 1 diabetes.*
   - *Part 3: The Wall Street Journal* on teen obesity ("Doctors Tackle Teen Obesity – Options Include Drugs, Surgery, and Prevention Programs," December 17, 2003) *Diabetes drugs for obesity … testing Glucophage for teen obesity.*
   - *Part 4: The New York Times* on Atkin's revisionist advice ("Make That Steak a Bit Smaller, Atkins Advises Today's Dieters, January 18, 2004). *Burros on Atkins, take one and take two.*
   - *Part 5: TV*. State of the Union: *President Bush briefly mentioned new Medicare coverage for diabetes screening beginning next year in his State of the Union message on Wednesday. Though he spoke of coverage for diabetes screening for diabetes along with new coverage for prescription drugs for seniors, he did not address the rise in obesity and diabetes broadly.*

3. **Coming up in On The Road: Upcoming diabetes/obesity-related conferences of note**.
   - **February 6-8, 2004**, ADA 51st Annual Postgraduate Course. San Francisco, CA http://www.diabetes.org/main/professional/conferences/default.jsp. *This is an excellent meeting – always gets top notch speakers and very serious clinicians. No exhibits this year – curious – imagine they will be back next year.*
   - **February 12-14, 2004.** Third La Jolla Conference on Glucose Monitoring and Control. San Diego, Ca. http://glucoseconference.ucsd.edu/index.html. *Former ADA President Chris Saudek is speaking this year, offering a clinical perspective of devices for blood glucose control.*
   - **March 17 – 20, 2004.** Diabetes UK Annual Professional Conference. Birmingham, England. http://www.diabetes.org.uk/apc/ *This meeting is extremely well organized and run like things tend to be run in England – no one's late, no one goes over, tea is sipped at 4.*
   - ***Diabetes Close Up* commercial**! I've spared you the text upfront, but do see below for details, won't you! ~

T h e l o n g e r v e r s i o n

1. **THER reported 4Q and 2003 results this morning**.
    - **Excellent finish on the financial front**
        - TheraSense revenues of ~$62 million for 4Q and ~$212 million for 2003 were in line with company expectations,[1] up 34% for the quarter and 19% for the year.
        - Given the controversy surrounding revenue associated with estimated product returns in 2Q02, it seems reasonable to point out that annual revenue growth was actually 35% excluding that previously deferred revenue (some didn't give THER "credit" at the time for the revenue).
        - Flash aided revenue this quarter, though it wasn't disclosed by how much –it appears from recent channel checks and discussions with patients that pent up demand persists.
        - Gross margin hit 62% in 4Q03 - nice progression of gross margins over the last four quarters, sort of textbook quality progression, really, since 3Q02:
            - 3Q03: 61%
            - 2Q03: 56%
            - 1Q03: 54%
            - 4Q02: 53%
        - Operating leverage increases persist; while revenues grew 34% in the quarter, COGS grew just 9% for the quarter (down from 25% year over year growth last quarter) and gross margin dollars grew 56%. SG&A was in line with forecasts, and seems to represent fairly disciplined spending in light of activity associated with Flash launch (in addition to company marketing, the product is benefiting from strong, cheap word of mouth marketing.)
        - Profitability for the second quarter running – EPS of $0.10 beat the consensus estimate. Net income of $4.6 million was 70% higher than net income in 3Q03, the company's first profitable quarter, albeit from a small base.
    - **Positive meter/strip data: TheraSense had more encouraging recent data from IMS and Neilson**:
        - 7.2% strip share (up 31% year over year) based on IMS NPA prescription data, up from 6.7% last quarter
        - 11.0% meter share (up 33% year over year) based on IMS NPA prescription data, compared to 10% meter share last quarter
        - 13.0% and 6.4% 90-day meter and strip share based on NSP data (wholesales/distributors) compared to 10.7% and 6.1% - Flash contributed heavily here to the meter market share increase and it'll be interesting to see where this shakes out
        - Double digits in four years! – Neilson indicated 10.2% category share, up 38% year over year and up significantly from last quarter's 8.1% total category share market, and, to add some perspective, up from 0% in 2000.
    - **Favorable balance sheet trends**:
        - TheraSense was operating cash flow positive for fourth straight quarter;
        - Continued inventory declines – indeed, inventory has been a big question this year, but it's tough to argue with balance sheet trends. TheraSense balance sheet inventory fell 24% in 4Q03, 10% in 3Q03, and 25% in 2Q03;
        - Days sales outstanding (unweighted) dropped to under 55 days, compared to 65 days, 66 days, and 88 days the last three quarters;
        - Cash balances stood at ~$90 million. Debt stood near nil, at $1.9 million.

[1] $60-$63 million for the quarter, $210 - $213 million for the year

- **Nice regulatory news**: TheraSense received word last week that the FDA has granted expedited review status for Navigator, its continuous glucose monitor that was submitted in late 2003. Demand is certainly there for a real-time continuous glucose monitor; how soon the product will be approved and reimbursed, remains, of course, a big question as uncertainty swirls around almost any PMA. Abbott will undoubtedly bolster TheraSense's already-strong regulatory and reimbursement teams; indeed, one recalls that although various product issues surfaced with Soft-Tac, MediSense did stellar work in obtaining a separate MediCare code for the product. I always wondered how they did that! May lightning strike twice! We imagine that TheraSense will welcome the reduced scrutiny (or at least reduced disclosure requirements, inevitable as the Abbott acquisition closes, around early Q2 if all goes as planned) related to this product. We'll have more on continuous glucose monitoring in the industry following the upcoming meeting in La Jolla next month.

-- by Kelly Close

1b. Pfizer 4Q03 results related to diabetes.

- **Exubra: Phase 3 clinical trials are complete for inhaled insulin and results are positive**:
    - Background: Initial Aventis/Pfizer Phase 3 clinical trials show that Exubra will be a treatment option for adult patients with either type 1 or type 2 diabetes. Exubra combines a dry-powder formulation of recombinant human insulin with a customized inhalation system. Trials showed that Exubra lowered glucose with an efficacy equivalent to insulin injections. Trials also demonstrated that when used alone or in combination with oral agents, Exubra improved glycemic control as compared to oral agents used alone.
    - Pfizer will continue increasing Exubra's safety and efficacy database with additional targeted clinical studies. As of today, more than 2,000 patients worldwide have been exposed in Phase 2 and Phase 3 trials; some for up to five years and results show convincing efficacy and patient acceptance.
    - Data also showed, so far, positive pulmonary safety trends. Early lung-function decline seemed to stabilize to rates normally seen with patient aging. More trials are ongoing. Perceptions of the new insulin application method range widely; many patients in trials are characterized as loving the drug, while others outside the trials want ten-year data before they'll go near it – and then, only if it's reimbursed, an obvious initial hurdle. If inhaled insulin is shown to be safe, it could enhance compliance particularly in certain groups (e.g., less motivated patients with type 2), and if the improved compliance results in better outcomes and lower costs, the extra spending is probably worth it. How much data is needed to show that remains a question.
- **Collaborative Atorvastatin Diabetes Study** (CARDS) halted early due to enormity of benefits for patients in the clinical trial. The second Lipitor trial to end early because of efficacy. Results showed a significant reduction in heart attacks, strokes, and other coronary events in patients with type 2 diabetes, with no previous history of heart disease or stroke, but with some cardiovascular risk factors other than diabetes.
- **Glucatrol XL**:
    - 4Q03 revenues worldwide reached $83 million, a 4% decrease from $87 million last year (US, the bulk of the revenues, fell 7% while international increased 40% from a low base).

--By Nicholas Echelbarger, Janet Ng, and Kelly Close

2a. Literature/Media Roundup, Part 1 – TZD Focus - *Circulation* and *Diabetes Care* on TZDs. In a joint release on December 8 in *Circulation* (also covered in January 2004 *Diabetes Care*), the American Heart Association and American Diabetes Association warned of worrisome side effects in some type 2 patients using thiazolidinediones (TZDs), particularly when used in combination with insulin and

particularly in patients with presence of severe cardiac disease. This will be very interesting to watch – here's why, following some background.

TZD primer:

- **As a reminder, TZDs are currently marketed under two brands**: Actos, jointly marketed by Eli Lilly and Takeda of Japan; and Avandia, marketed by GlaxoSmithKline. Both are billion dollar franchises. Pfizer's Rezulin was taken off the market nearly four years ago (March, 2002) after it was linked to at least 63 deaths from liver poison. Although the compounds contained in each drug differ slightly, both have been shown, in some patients, to effectively control blood-glucose levels and to improve cardiovascular parameters, such as cholesterol. More on this below.
- **TZDs' primary mechanism of action is to increase insulin sensitivity, particularly helpful for patients with type 2 diabetes, most of whom are insulin resistant.** As such, TZDs have become a common treatment for management of the disease. TZDs do not *uniformly* control blood glucose across the type 2 population, but with patients who do respond to TZDs, A1C reduction is typically 1%.
- **More on side effects – the bad news…**:
    - The Circulation/Diabetes Care piece notes that recent studies show an increased occurrence of edema, or buildup of fluid in the blood vessels, among diabetics using TZDs. This occurrence increases susceptibility to congestive heart failure (CHF), for which diabetics are already at a high risk. One clue to edema is weight gain, which is of course also common in this population as well as being a TZD side effect in some circumstances.
- **The medium news** … Importantly, data suggests the fat generated by TZDs is not visceral fat, the "worse" fat, but rather sub-cutaenous fat. Of course, you may have the opinion that neither form of fat is aesthetically pleasing, but from a medical perspective, increases in sub-cu fat tend to be less worrisome.
- **And the good news**: TZDs appear to help certain cardiovascular risk factors, but they also tend to raise LDL-C (Avandia apparently more than Actos). TZDs tend to lower CRP, making the LDL larger (which is positive).

TZDs are controversial for a variety of reasons; in some patients, the same A1C outcome can be achieved with other drugs (that may not treat insulin resistance but do treat hyperglycemia) that have longer-term outcome studies, have been proven to reduce complications, that have fewer side effects, and are significantly cheaper.

The AHA and ADA emphasize that there is not enough information at this time regarding these safety concerns to instigate halting TZD treatment. However, medical practitioners are urged to screen patients more rigorously before prescribing TZDs, and to watch their patients using TZDs more closely. As we understand it, any sudden weight gain, swelling of the feet, shortness of breath, or fatigue may be a warning sign. According to the piece,[2] further trials are currently underway to better assess the risks associated with TZDs. In the Rezulin era, TZDs were already perceived as controversial – in our view, they now bear even closer watch.

--By Kelly Close and John Berkley

[2] Please let us know if you'd like to have a copy

2b. Literature/Media Roundup, Part 2 – Sports Illustrated on Adam Morrison ("Counter Puncher," SI, January 19, 2004.) Rarely does DCU comment on material found in *Sports Illustrated*. However, the January 19 issue of SI includes a story titled *Counter Puncher* that describes the remarkable ability of freshman Gonzaga basketball player Adam Morrison to rain jump shots while meticulously controlling his type 1 diabetes. Excellent piece! Morrison's story demonstrates how his constant vigilance – through an insulin pump off the court, finger-pricks and insulin shots during play, and constant strict dietary adherence – enables him to avert dangerous fluctuations in glucose levels caused by his disease, even when exerting his body in such a major way. Although Morrison declines a role as a diabetes poster boy, his early collegiate success sends a powerful message that through tight control of carbohydrate intake, near-continuous self-monitoring of blood sugar levels, and appropriate insulin use, determined diabetics can avert the perils of the disease and even rise to athletic stardom.

The article's special insert, *Playing Through*, chronicles the stories of other type 1 and type 2 diabetic athletes, including hockey great Bobby Clarke, professional golfers Kelli Kuehne and Scott Verplank, four-time Olympic gold medal swimmer Gary Hall Jr., and NBA center Chris Dudley, who all competed with type 1 diabetes. This section also recounts the cautionary tales of other diabetic athletes, such as Pittsburg Steelers guard Kendall Simmons, whose type 2 complications – including blurred vision and a loss of 40 pounds – almost forced an early retirement, and nine-time All-Star Chicago Cubs third baseman Ron Santo, who now, at age 63, has had both legs amputated below the knee due to diabetes-related complications. In 1998, a diabetes diagnosis cut short the career of Oakland A's star Kevin Mitchell, who was the 1989 National League MVP. We applaud SI for not focusing only on the success stories – with direct costs alone associated with diabetes approaching $100 billion in 2002, it's clear we're in the midst of a disaster – education is key to getting heads out of sand.

The article commendably emphasizes the importance of self-management in treatment of diabetes. Whereas treatment of many other diseases mostly requires the judgment and skill of physicians to perform surgeries and administer medications, the success of diabetes treatment relies heavily upon the ability and dedication of each patient to scrupulously adhere to self-care regimens (careful eating, careful monitoring, careful insulin intake). While Adam Morrison proves that mastery of this complex course of therapy and learning to predict how one's own bodily responds to different foods and stresses can greatly improve a patient's health and quality of life, the level of reasoning and responsibility required of diabetics may prove too challenging for those who lack Morrison's fierce commitment and capable intelligence.

Indeed, a study published in 2003 by the RAND research institute in Santa Monica, CA traced the significant differences in quality of health found along the socio-economic lines of type 1 diabetics to the difficulties less educated people face in trying to follow the complicated treatment regimens entailed by the disease. These findings counter traditional theories that attribute poorer people's inferior quality of health to their reduced access to quality medical care and increased use of cigarettes and alcohol. In addition to observing a correlation between less education and poorer disease management, the study's clinical trial segment found that the inferior health status of the less educated could be dramatically improved through imposition of a strictly enforced regimen with intensive patient monitoring, suggesting that their poor health arises directly from difficulties following treatment protocols. Researchers conducting the study concluded that the types of treatment regimens prescribed to type 1 diabetics must take into account the education level of the patient in order to achieve maximum health benefits. While role models such as Adam Morrison provide hope for all diabetics to live healthy, fruitful lives, perhaps such aspirations must be tempered by the realities of each individual patient's relative motivation to follow such a demanding, if very rewarding, treatment regimen. If the costs of not doing so were made more clear (i.e., if complications emerged sooner, if hyperglycemia were painful, etc.), we'd likely be in much better metabolic shape as a country.

Coming up … a more detailed report on this RAND study. In the coming months, in both our (occasional) business and (monthly) conference newsletters, we'll be covering studies, interviews, reports, and other information acquired on visits to various institutes, hospitals, and organizations in the U.S. and around the world. Up next – close up at RAND.

--By Martha Nelson and Kelly Close

2c. **Literature/Media Roundup, Part 3:** *The Wall Street Journal* on teen obesity ("Doctors Tackle Teen Obesity – Options Include Drugs, Surgery, and Prevention Programs," December 17, 2003)

Although many might think that at a young age, teens should just battle obesity through better eating and exercise, often it's too late for that. 30% of US children and teens (6 – 19 years of age) are now estimated to be overweight or obese, and much of the growth has been at the obese end of the BMI scale. Geez. This obviously doesn't bode well. What to do when nothing works? The article reviewed drug use in teens:

- **Roche's Xenical**: The FDA has approved Roche's Xenical for use in teens; although not mentioned in the article, as we understand it, although this drug is still available, it is not being actively promoted for any age groups, unsurprising in light of a troublesome side effect profile.
- **Abbott's Meridia:** Abbott's Meridia is not yet approved for teens, although it may be headed that way, given some positive data from a trial in 2002 – note that Meridia also has serious side effects.
- **BMS' Glucophage**: **Here was the most interesting nugget in our view**! Sounds like in 2004, Glucophage, a diabetes drug, will be tested in kids aged 6-11, to monitor effects on weight. This is something new – Glucophage is off patent, so one would assume BMS wouldn't be spending significant resources in this realm, but we will be watching this closely as approval of a diabetes drug for obesity would be interesting indeed.
- **More on diabetes drugs for obesity**:
    - At NAASO, we saw some very intriguing related data from obesity expert Dr. Harriette Mogul of New York Medical College. Her group's work (published in November/December 2003 Heart Disease) showed successful long-term response of Metformin for obese patients. Mogul and colleagues appear to be the acknowledged leaders in first using metformin as a primary obesity drug in non-diabetics with documented hyperinsulinemia. (see Medscape, November 2001). Dual IRB approvals have been received by Mogul, et.al. for a Glucophage study in women – we're staying very tuned.
    - Of course we will keep a close watch on Symlin for obesity, now in Phase II as we learned as JP Morgan last week. Indeed, weight loss appeared to be a very consistent outcome in studies, even in non-overweight, non-obese participants.

--By Kelly Close

2d. Literature/Media Roundup, Part 4: *The New York Times* on Atkin's revisionist advice ("Make That Steak a Bit Smaller, Atkins Advises Today's Dieters," January 18, 2004, and "The Post-Atkins Low-Card Diet")

The January 18th New York Times article, "*Make that Steak a Bit Smaller,*" and follow-up story, which ran January 21st covers the heated debate about the precise recommendations of the Atkins diet and possible misconceptions fanned by the media and food industry. The first article, interestingly, was posted in the *New York Region* section of the paper, while the second piece was posted in the *Dining and Wine* section. Both were written by food legend Marian Burros. Burros puts forward that the Atkins Nutritional Approach (known as the ANA) promotes a conflicting message, allowing, or even encouraging followers of its diet to eat "liberal" amounts of butter and red meat on one hand, while at the same time organizing seminars aimed at convincing health professionals that the diet promotes only moderate intake of saturated fat – all to the end of bring healthcare professionals into its fold. Is the ANA trying to land both groups by propagating two conflicting messages, one to lure steak-hungry consumers and another to mollify skeptical healthcare professionals? Or is the Atkins diet truly a victim of an overly sensationalizing media and a food industry eager to capitalize on the increased willingness of misguided Atkins dieters to consume excessive amounts of red meat, greasy bacon, and anything else promoted as low-carb?

On its website (http://atkins.com), Atkins Nutritionals, Inc., named for the recently-deceased Dr. Richard Atkins, defends itself against the *New York Times* article, which it insists is simply another example of the media circulating misleading reports on what amount to past misrepresentations of the ANA

as an all-you-can-eat-steak-buffet. Atkins representatives maintain that the diet itself has not changed in substance since the seventies and has always called for controlled carbohydrate intake, a balanced intake of saturated and unsaturated (but not trans) fats, and avoidance of refined carbohydrates and sugars.

However, in the "*What is the Atkins approach?*" page on its website, the four-phase ANA program only provides instructions for how to eliminate carbohydrates, while mentioning nothing about limiting saturated fats. (!) While Atkins representatives claim guidelines for restricting saturated fat consumption to 30% of total fat calories may found within the text of the Atkins book, this message may certainly be lost upon the majority of Atkins followers, at least some of whom would be consider such complicated number-crunching heretical for the diet pegged for its easy-to-follow plan.

Regardless of whether or not Atkins representatives intentionally misled consumers or are now substantially modifying the Atkins program, the Times coverage has stirred much-needed debate about the role of the media, industry, and scientific experts in promoting dietary advice and disseminating information based on evidence of varying reliability. These competing sectors in the diet industry have inevitably become enmeshed in an intense struggle for credibility, with considerable returns for the victor, but not always the consumer. Indeed, the business success of the Atkins company, a controlling interest of which was purchased in late October 2003 by Parthenon Capital, a leading middle-market private equity firm, and GS Capital, an investment vehicle for Goldman Sachs (for an undisclosed sum[3]), relies upon its ability to combine scientific credibility with public marketability – and, of course, upon the favor of the media, which, to generalize wildly, lately seems to be drifting toward the new South Beach diet, which promotes a low-carb, low-saturated fat program in the book published last April. According to Burros, the South Beach diet strikes a middle ground between the high-fat, no-carb Atkins formula and a more extreme low-saturated fat recommendation from many healthcare professionals.

The Atkins company may be learning tough lessons of riding the media wave, which can tear down a fad as quickly as it can propel it to success. Having hammered home the message that fats are not evil and carbohydrates may not be the best diet solution, as suggested by the infamous ADA food guide pyramid, the Atkins diet may be fine-tuning its recommendations to a more educated audience capable of grasping more subtle differences between types of fats and carbohydrates. Clearly, this issue will continue to incite debate, confusion, and dismay. Diabetes Close Up will continue to track and analyze the ways the media covers issues related to diet, obesity, and diabetes, and to assess the myriad of reports on new theories and developments. Next newsletter, look for an analysis of the article *What Does Science Say You Should eat?* published in the February 2004 edition of Discover magazine.

--by Martha Nelson and Kelly Close

2e. **Literature/Media Roundup, Part 5:** President Bush briefly mentioned new Medicare coverage for diabetes screening beginning next year in his State of the Union message on Wednesday. Though he spoke of coverage for diabetes screening for diabetes along with new coverage for prescription drugs for seniors, he did not address the rise in obesity and diabetes broadly.

3. On the Road: Upcoming diabetes/obesity-related conferences.

- **February 6-8, 2004**, ADA 51st Annual Postgraduate Course. San Francisco, CA http://www.diabetes.org/main/professional/conferences/default.jsp. *This is an excellent meeting – always gets top notch speakers and very serious clinicians. No exhibits this year – curious – imagine they will be back next year.*
- **February 12-14, 2004.** Third La Jolla Conference on Glucose Monitoring and Control. San Diego, Ca. http://glucoseconference.ucsd.edu/index.html *I went to this meeting for the first time last year and was duly impressed. Lots of learning here – very technical, but fascinating. If you'd like our report from last year, let us know! Former ADA President Chris Saudek is speaking this year, offering a clinical perspective of devices for blood glucose control- his talk at the AADE a few years ago is one of the best I can remember ever. The impressive lineup also include Bruce Buckingham, Ken Ward, Russ Potts, and Michael Albisser, among others.*

[3] Any details on this from readers? Please write us at info@closeconcerns.com.

- **March 17 – 20, 2004.** Diabetes UK Annual Professional Conference. Birmingham, England. http://www.diabetes.org.uk/apc/ *This meeting is extremely well organized and run like things tend to be run in England – no one's late, no one goes over, tea is sipped at 4.*

4. ***Diabetes Close Up* commercial**! DCU's Diabetes 2004 Roundup will publish its first annual diabetes/obesity roundup in February. Ordering information to follow shortly on our website. Our report is aimed at professionals in business development, strategic planning, or marketing in companies with interest in diabetes or obesity that want to broaden their understanding of what is happening across medical technology, pharmaceutical, and biotech landscapes as well as investors looking to better understand the current and future market landscapes in diabetes and obesity. If you would like more information, please e-mail info@closeconcerns.com. The volume will contain:
   - Detailed notes on 20 conferences in 2003, including ADA, AADE, EASD/IDF, NAASO
   - Top ten research articles of 2003
   - Top diabetes/obesity themes of 2003
   - *DCU High Five* Awards – the best products of 2003
   - Key conferences in 2004

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Observations on air travel

- So the flight attendant on my United cross-country flight yesterday comes dancing out of first class with Mrs. Field's cookies. They are apparently leftovers from first class (for once, not full). She goes down the aisle and offers a cookie to every KID only. This was depressing for two reasons. One, no one needs this stuff. Kids especially don't need this stuff. It's bad enough they are stuck on a plane all day and probably walked all of 300 steps total in the last 24 hours. Why do adults delight in offering sugar to kids? Two, SO many of the adults, you would not believe it, complained that they were not being offered cookies. We need some serious perspective.
- Tonight, I flew from Newark to San Francisco, with a stop in Chicago. I get on the plane, I sit down, and I gaze lazily at a menu …a menu … but I'm in coach! Yes, United has finally begun charging for meals and although I expected the worst, the change (being tested on Chicago flights) is actually quite welcome. You first have to accept the food is made by Bennigan's "on the go." Sounds sketchy, but it's way better than regular plane food. Salmon, Caesar salad, and fruit costs $12 and worth every penny to me. Usually on a night flight I'd come into SFO and head straight for Ebisu in the international terminal – the best sushi in San Francisco, open 24/7. The other food offered, from Eli's cheesecake, doesn't even try to sound healthy, a bit dispiriting. Disappointingly, since I landed in the back, all the Atkin's Advantage Low Carb Bars were gone – I wanted to do a test drive.

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Special thanks to John Berkley, Nicholas Echelbarger, Holly Lanham, Martha Nelson, and Janet Ng for their contributions to this issue of Diabetes Close Up.

-- Kelly L. Close