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REPUBLICAN CONFERENCE  
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# United States Senate

<http://santorum.senate.gov>

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September 15, 2006

Mr. Paul Tubiana  
PO Box 21832  
Lehigh Valley, Pa 18002-1832

Dear Mr. Tubiana:

Enclosed please find the response I have received from the Department of Health & Human Services in reference to my inquiry on your behalf.

Thank you for giving me the opportunity to be of service to you. If you should have additional questions, regarding this or any other matter, please do not hesitate to contact my Allentown office.

Sincerely,



Rick Santorum  
United States Senate

RJS:mlf  
Encl:

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## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service  
National Institutes of HealthNational Institute of Diabetes and  
Digestive and Kidney Diseases  
Bethesda, Maryland 20892

September 12, 2006

Mr. Paul Tubiana  
P.O. Box 21832  
Lehigh Valley, PA 18802-1832

Dear Mr. Tubiana:

Your e-mail message to Senator Rick Santorum about the use of C-peptide testing in the diagnosis of childhood diabetes has been forwarded to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which leads the National Institutes of Health (NIH) research effort in diabetes.

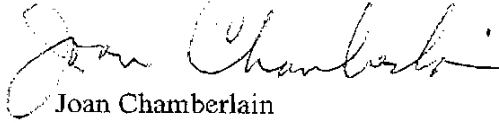
The measurement of C-peptide, which indicates how much insulin the pancreas is producing, is not consistently informative because significant levels of C-peptide can be present when type 1 diabetes is diagnosed and can persist for years. In other words, the absence of C-peptide suggests a diagnosis of type 1 diabetes, but patients with measurable C-peptide levels may have either type 1 or type 2 diabetes. For this reason and because the C-peptide assay has not been standardized yet, the test is not widely used except in research centers. The Centers for Disease Control and Prevention (CDC) and NIDDK are funding an effort to standardize and optimize the laboratory assay for C-peptide as well as the measurement of autoantibodies, which are highly useful in predicting and diagnosing immune mediated, or type 1, diabetes.

Researchers recognize that it can sometimes be difficult to distinguish type 1 diabetes from type 2, particularly in children. They still have a great deal to learn about the natural history of the different types of diabetes and ways to improve the diagnosis and treatment of these diseases. The Search for Diabetes in Youth Study (SEARCH) <http://www.niddk.nih.gov/patient/SEARCH/SEARCH.htm>, sponsored by the CDC and co-funded by the NIDDK, is investigating the best methods for diagnosing the different forms of diabetes in children, including cases with characteristics of both type 1 and type 2 diabetes. Participants in the SEARCH study are being tested for diabetes autoantibodies, hemoglobin A1c, fasting glucose and fasting C-peptide, lipids, urine albumin and creatinine.

Several NIDDK-funded studies including Type 1 Diabetes TrialNet <http://www.nih.gov/news/pr/jun2006/niddk-09.htm> are probing the autoimmune events preceding the onset of type 1 diabetes. With the knowledge gained from earlier studies, researchers are working toward the goals of preventing type 1 diabetes and delaying or stopping the immune destruction of beta cells in newly diagnosed patients.

Thank you for sharing your concerns about the diagnosis of diabetes. I assure you that we are moving ahead as quickly as possible to fund promising research that will answer the questions you raise and improve the prevention, diagnosis, and treatment of diabetes.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Joan Chamberlain".

Joan Chamberlain  
Office of Communication and Public Liaison  
National Institute of Diabetes and Digestive and Kidney Diseases  
National Institutes of Health