Diabetes programs at CU-AMC currently suffer from lack of collaboration. CU’s Diabetes Research Center (DRC) funding lost, reviews noted T1D focus too narrow. CU-AMC’s single campus provides new possibilities for collaborative lifespan research.

IAP OVERALL GOALS

- Reinvent CU-AMC DRC to increase quality & productivity of diabetes research via improved cross-campus communication, collaboration & access to specialized shared resources.
- Integrate CU’s diabetes clinics, labs, EMR’s.
- Boost basicclinical/research collaboration & access to technologies & analytical tools through DRC cores.
- Increase opportunities for training and growing diverse pool of academic diabetes researchers.

STEP 1: DRC FUNDED!

<table>
<thead>
<tr>
<th>Basic Science</th>
<th>CU-AMC DRC Clinical Investigations Core Organization</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim 1: Registry</td>
<td>Broaden CU-AMC T1D youth registry (N&gt;16,000) across the lifespan and to youth/adolescents with other diabetes types, leveraging campus-wide COMPASS Database.</td>
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<tr>
<td>Aim 2 Two: Biobank</td>
<td>Develop DRC Living Biobank by cataloging/integrating well-characterized people with diabetes &amp; controls &amp; consent for re-contact for research, linked to DRC Registry and Sample Biobank, to facilitate recruiting and use of existing data and samples.</td>
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<tr>
<td>Aim Three:</td>
<td>Improve provision of and expand specialized diagnostic and analytic services for characterization of diabetes endotypes and their outcomes over time.</td>
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</tr>
</tbody>
</table>

OUTCOMES: DRC CLINICAL INVESTIGATIONS CORE

- Increase opportunities for training and growing diverse pool of academic diabetes researchers.
- Met and enlisted teams from T1D youth Registry, UC Health Adult T1D/T2D, CHCO Obesity/T2D, VAMC, and Health Data Compass to begin creating inclusive Diabetes Registry; Created Peds Endo/BDC Relationships Working Group and Survey.
- Accommplishments: Met and enlisted teams from T1D youth Registry, UC Health Adult T1D/T2D, CHCO Obesity/T2D, VAMC, and Health Data Compass to begin creating inclusive Diabetes Registry; Created Peds Endo/BDC Relationships Working Group and Survey.

OUTCOMES: DRC TRAINING CORE

- Met with current T1D and CCPM biobank teams; IRB for adult CCPM and Pediatric MBS data/sample biobanks and began MBS recruitment.
- Accommplishments: Met with current T1D and CCPM biobank teams; IRB for adult CCPM and Pediatric MBS data/sample biobanks and began MBS recruitment.

SUMMARY/NEXT STEPS

- High level of interest & support for DRC goals.
- Hard to define diabetes types and date of Dx.
- COVID-19 creating new $ barriers.
- Need to meet with CNRU, CSH, LEADS, MBS, CU Satellites to expand reach.
- Need DRC Fee structure & methods to review requests for data and samples.

FUTURE DIRECTIONS

- Track grant funding, individual and team publications, use of DRC Cores.
- Improve Integration with Basic Science.
- Create a Diabetes Scholar program focused on diverse Jr. Faculty diabetes researchers.
- Integrate Endo Research Day and Diabetes Research Days and Conferences, broaden outside speakers.
- Expand Diabetes Registry to Community Primary Care Clinics.
- Secure additional buy-in from CHCO and UCH.
- Fundraising for maintenance and expansion.

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