



ISPAD Allan Drash Fellowship Report

Recipient: Sapna Manjunath

Year Awarded: 2025

Host Center: Barbara Davis Center for Diabetes, University of Colorado, Aurora, Colorado

Mentor: Dr. G. Todd Alonso

Duration: 1–26 June 2026

Introduction

I am sincerely grateful to ISPAD for the opportunity to undertake the Allan Drash Fellowship at the Barbara Davis Center for Diabetes (BDC), under the mentorship of Dr. G. Todd Alonso. During this four-week observership, I had the opportunity to observe pediatric and adult diabetes care, the new-onset Type 1 diabetes pathway, diabetes technology, transition care, emerging therapies, and community-based diabetes programs.

Week 1 – New-Onset Type 1 Diabetes and Multidisciplinary Care

My first week focused on understanding the organization of the BDC diabetes team and its structured approach to new-onset Type 1 diabetes. The multidisciplinary team includes pediatric endocrinologists, diabetes educators, nurse practitioners, social workers, and dietitians, with a daily morning huddle to review patients' clinical, educational, and psychosocial needs and coordinate responsibilities.

The new-onset pathway was particularly valuable. Patients receive coordinated education and follow-up beginning on Day 1, followed by Day 2, one-week, one-month, and three-month visits. Initial education covers diabetes, insulin therapy, glucose monitoring, injection technique, nutrition, carbohydrate counting, and insulin adjustment. Families provide daily glucose, carbohydrate, and insulin information during the first week, allowing close remote monitoring and dose adjustment. CGM is introduced at the one-week visit, along with education regarding insulin pump options.

Key learning: Early, structured, family-centered education combined with multidisciplinary teamwork and early use of diabetes technology provides a strong foundation for long-term diabetes self-management.

Week 2 – Adult Type 1 Diabetes, Transition Care and Emerging Therapies

I spent two days observing the Adult Type 1 Diabetes Clinic, where care followed a similarly multidisciplinary and patient-centered model. Visits included review of glycemic data, insulin delivery systems, screening investigations, medications, complications, and psychosocial concerns. Most patients were using advanced diabetes technologies, particularly Omnipod and Tandem systems, with some using CGM-supported multiple daily injections.

I observed consultations involving pregnancy planning and pregnancy in women with Type 1 diabetes, highlighting the importance of preconception glycemic optimization, medication safety, and individualized monitoring. Preventive care, including eye and foot screening and routine laboratory investigations, was consistently integrated into diabetes management.

I also observed the COMPASS transition program, which prepares adolescents and young adults for independent diabetes management and transition to adult care. Topics included healthcare and insurance, alcohol, ketone management and DKA prevention, reproductive health, recreational drugs, and sexual health.

Exposure to Afrezza (inhaled rapid-acting insulin) provided insight into patient selection, counseling, and the need for pulmonary assessment. I also observed Tzield infusions, including family counseling, indications, benefits, monitoring, and shared decision-making.

Key learning: Diabetes care extends beyond glycemic management to include technology, preventive care, mental health, reproductive health, and preparation for independent self-management.

Diabetes Camp – Community-Based Care

On 13–14 June, I observed an American Diabetes Association-supported diabetes camp for approximately 178 children and adolescents aged 8–18 years. The program demonstrated extensive preparation and teamwork, including staff training in insulin pumps, carbohydrate counting, hypoglycemia management, overnight monitoring, and emergency preparedness. Detailed medical and nutritional information was prepared for every camper in advance.

Diabetes management was seamlessly integrated into recreational activities such as swimming, rock climbing, zip-lining, and outdoor sports. The program emphasized safety, peer support, independence, confidence, and psychosocial well-being.

Key learning: Community-based programs can integrate medical care, education, recreation, peer support, and psychosocial development to empower children with Type 1 diabetes.

Week 4: I had an opportunity to address an esteemed gathering of Doctors and educators and speak about my country and my clinic. I gave a talk on the work that my clinic does and exchanged a lot of learnings.

Overall Reflection and Application to India

The fellowship provided valuable exposure to a comprehensive model of Type 1 diabetes care in which multidisciplinary teamwork, structured education, technology, family involvement, transition support, and psychosocial care are integrated throughout the patient's journey.

The most important lessons I hope to adapt to my work in India include:

- Strengthening structured education immediately after Type 1 diabetes diagnosis.
- Developing clear, multidisciplinary pathways for new-onset diabetes.
- Expanding the use of CGM and diabetes technology where feasible.
- Strengthening transition programs for adolescents and young adults.
- Integrating psychosocial, reproductive, and preventive care into routine diabetes management.
- Enhancing peer-support and community-based programs for children with Type 1 diabetes.
- Using structured follow-up and remote communication to support families during the early period after diagnosis.

This fellowship has broadened my understanding of what can be achieved through coordinated, patient-centered Type 1 diabetes care and has provided practical ideas that I hope to adapt within diabetes education and care initiatives in India.

I remain deeply grateful to ISPAD, Dr. G. Todd Alonso, and the entire Barbara Davis Center team for their generosity, mentorship, and the opportunity to learn from their outstanding program.