

# "Dare to Dream: A Future Without Lows"

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HI Center  
CHOP

No more  
lows!



100 years ago

Discovery of  
Hypoglycemia  
January, 1922

Insulin-treated diabetic  
has first recognized  
hypoglycemic event

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Michael Bliss

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THE  
DISCOVERY  
OF INSULIN

*F. G. Banting*  
*C. H. Best*  
*J. B. Collip*  
*J. R. Macleod*

## **Dreaming of a Future Without Lows**

- Where did we start?
- Where are we?
- **Where can we go?**

**Where can we go?**



*"It's a very rare disease—it doesn't have a cure.  
It doesn't even have a spokesperson."*

## *Where can we go?*

### **Dreaming of a Future Without Lows**

# Dream 1: Universal enrollment in CHI Global Registry

- 1) Unified voice for ALL types of HI (including perinatal-stress HI)
- 2) Amplify the voice of "orphan" types of HI (e.g., HNF-HI, Kabuki Synd, PGM1-HI ....)
- 3) Define societal impact of HI: frequency, costs (medical, social, economic...), and current practices
- 4) Provide infrastructure for research (subjects for clinical trials, pilot grants, new treatment opportunities, outcomes research...)

# Where did we begin?

"Idiopathic Hypoglycemia of Infancy" is a genetic disorder

High risk of "irreparable brain damage" caused by:

- 1) Delayed diagnosis
- 2) Inadequate (early) therapy

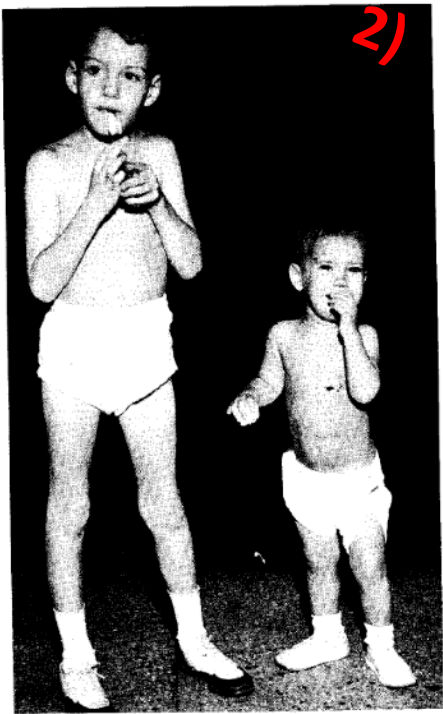


Fig. 3.—Photograph of J. G., aged 6 years, and B. G., aged 15 months. Taken two months after beginning of corticotropin therapy. Pancreatic resection scars visible.

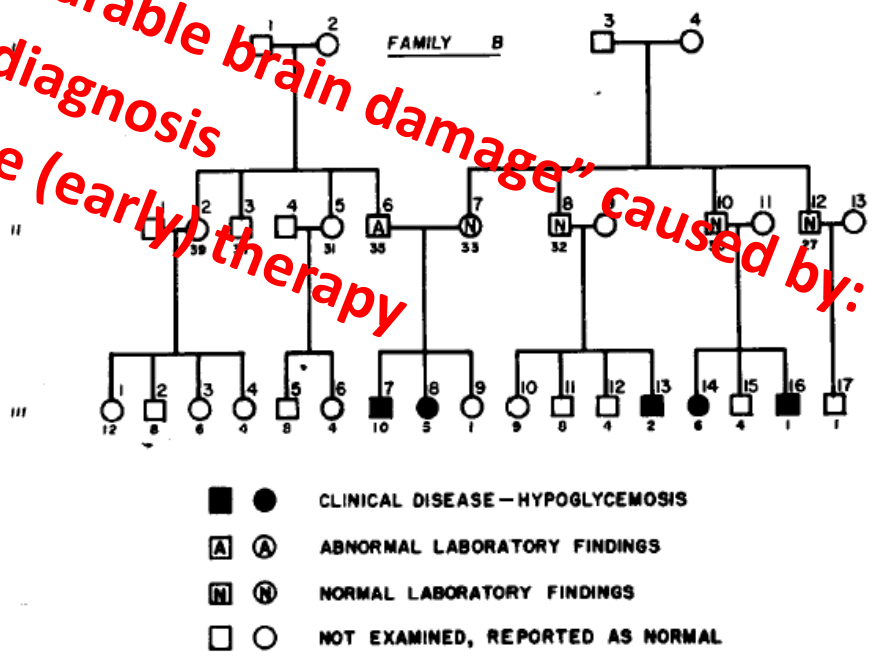


Fig. 2.—Genetic factor in the syndrome of idiopathic spontaneous hypoglycemia. Family A, pedigree of the R. family, Family B, pedigree of the W. family (J. G., B. G., J. W., and P. W.).

## *Where can we go?*

### Dreaming of a Future Without Lows

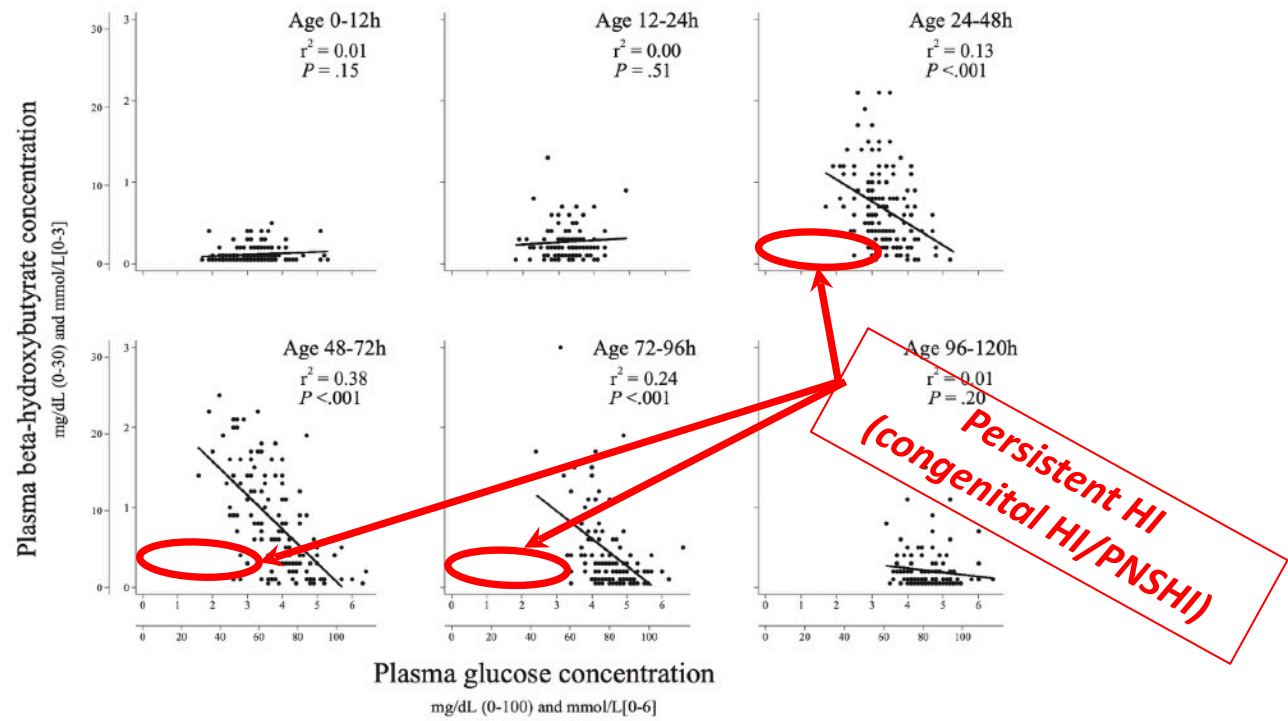
## Dream 2: Universal Newborn Screening for HI

- 1) Difficult because ALL newborns have a mild form of HI until 1-2 days old
- 2) BUT, essential for early detection and prevention of “irreversible brain damage”
- 3) Possibilities:
  - 1) Find a unique marker for congenital / genetic HI (no ideas, but....)
  - 2) Combined monitoring of glucose and ketone levels for 2-3 days (captures both congenital HI and perinatal stress HI, but that’s a good thing, anyway)
  - 3) ???

# Where can we go?

## Dreaming of a Future Without Lows

### Screening for HI by monitoring glucose and ketones



**Figure 2.** The relationship between plasma BHB and glucose concentrations at differing postnatal ages. The  $r^2$  and P values are for simple linear regression analyses.

Alternative Cerebral Fuels in the First Five Days in Healthy Term Infants: The Glucose in Well Babies (GLOW) Study. Deborah L. Harris, PhD<sup>1,2,3</sup>, Philip J. Weston, MBChB<sup>1</sup>, and Jane E. Harding, DPhil<sup>2</sup>. *J Pediatr* 2021;231:81-6



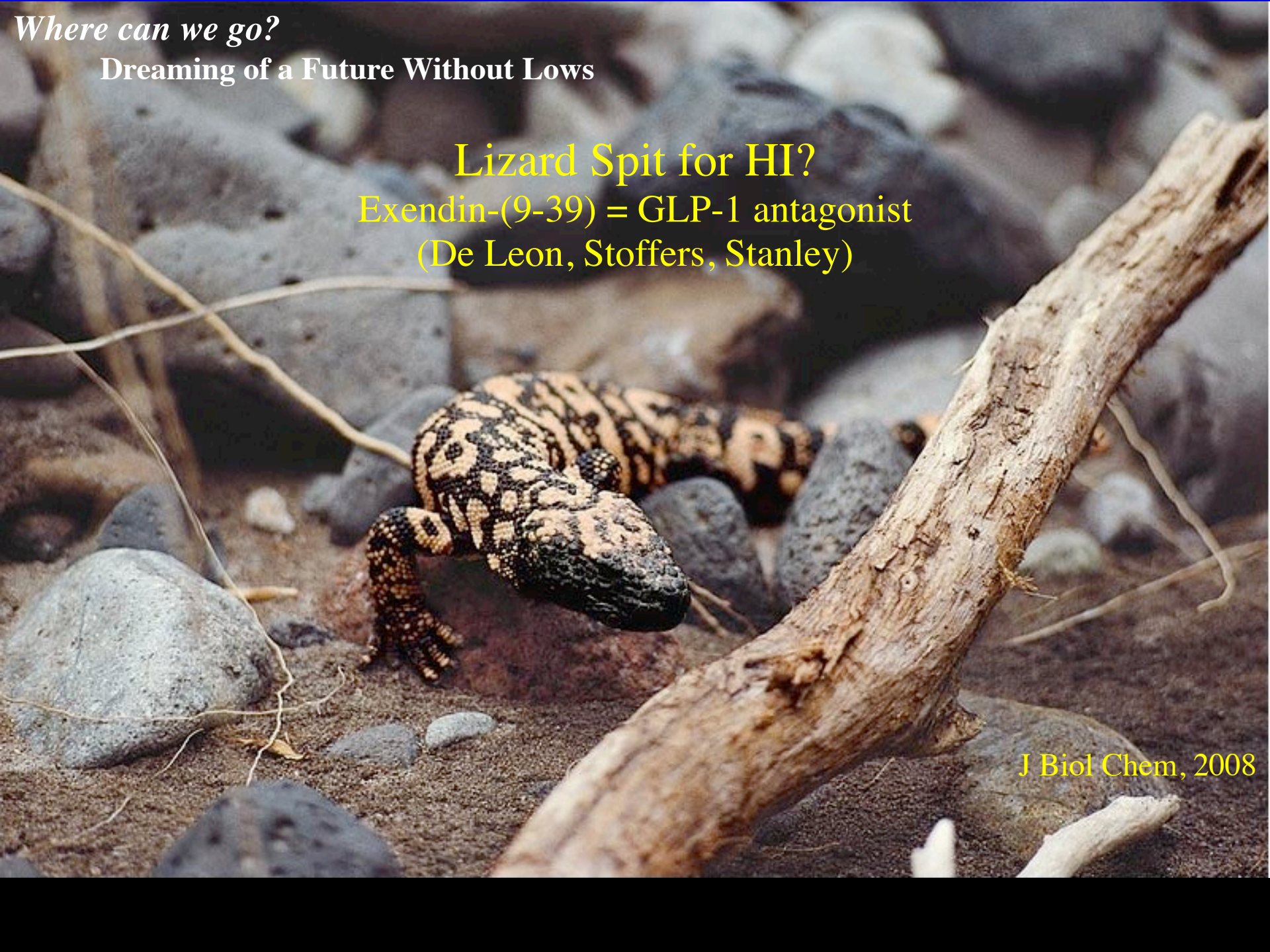
*Where can we go?*

**Dreaming of a Future Without Lows**

**Lizard Spit for HI?**

**Exendin-(9-39) = GLP-1 antagonist  
(De Leon, Stoffers, Stanley)**

**J Biol Chem, 2008**



## *Where can we go?*

### Dreaming of a Future Without Lows

## Dream 3: New and better treatments for HI

- 1) Current pipeline has >5 promising drugs (Rezolute, Crinetics, Eiger, Hanmi, Zealand, Nanjing Inst, ...?)
- 2) Better monitoring: e.g., CGM sensors and glucose meters that are accurate at low glucose levels
- 3) Genetic engineering / cell therapy for cure of HI (?)

*Where can we go?*

No more  
lows!



**A. M. A.**  
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**IDIOPATHIC SPONTANEOUSLY OCCURRING HYPOGLYCEMIA  
IN INFANTS**

Clinical Significance of Problem and Treatment

**High risk of “irreparable brain damage”  
caused by:**

- 1) Delayed diagnosis**
- 2) Inadequate (early) therapy**