SUPPORT SCREENING
FOR TYPE 1 DIABETES AUTOANTIBODIES

A Critical Step Toward Prevention, Equity and Better Outcomes

Why Screen for Type 1 Diabetes (T1D) Early?

T1D starts before symptoms — and we can detect it. Leading medical organizations (ADA, JDRF, Endocrine Society) recognize three stages of T1D (1, 2). A simple blood test can identify children with early-stage T1D—often years before symptoms begin.

Most kids with T1D don't have a family history. Every child with a family history of T1D should be screened — the evidence is clear. But most children and adolescents diagnosed with T1D — nearly 90% — have no family history. T1D can affect any child, of any background, at any age. Limiting screening to high-risk families misses the majority of cases.

In Summary:

- Reduce DKA and health disparities.
- Enable access to FDA-approved treatment to delay T1D onset.
- Open up opportunities for clinical prevention trial participation, with the goal of a preventative cure.

FDA-approved therapy exists for Stage 2 T1D. TZIELD (teplizumab) delays the need for insulin by an average of 2 years (3). But access to this treatment requires early identification through screening.

Screening prevents diabetic ketoacidosis (DKA). DKA is life-threatening and occurs in nearly half of U.S. children at the time of T1D diagnosis. The risk is highest in toddlers, preschoolers, teens, minoritized children, and those with public insurance. Screening and monitoring reduce DKA rates to under 5%, saving lives and protecting brain health. (4).

Prevention trials are available. Screening connects families to research that may slow or prevent T1D, helping transform the future of the disease.

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