

PROACTIVE SCREENING TO GET 1 STEP AHEAD

OF AUTOIMMUNE T1D

**T1D
STEP
AHEAD**

PROACTIVE SCREENING HAS ITS BENEFITS¹⁻⁴

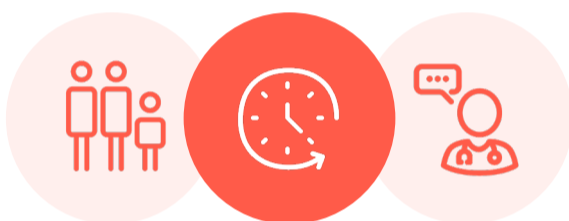


ENABLES A SMOOTHER TRANSITION INTO LIFE WITH AUTOIMMUNE T1D¹⁻⁴

An abrupt Stage 3 autoimmune T1D diagnosis can feel like a crash-landing for individuals and their families.^{5,6}

TIME TO PREPARE

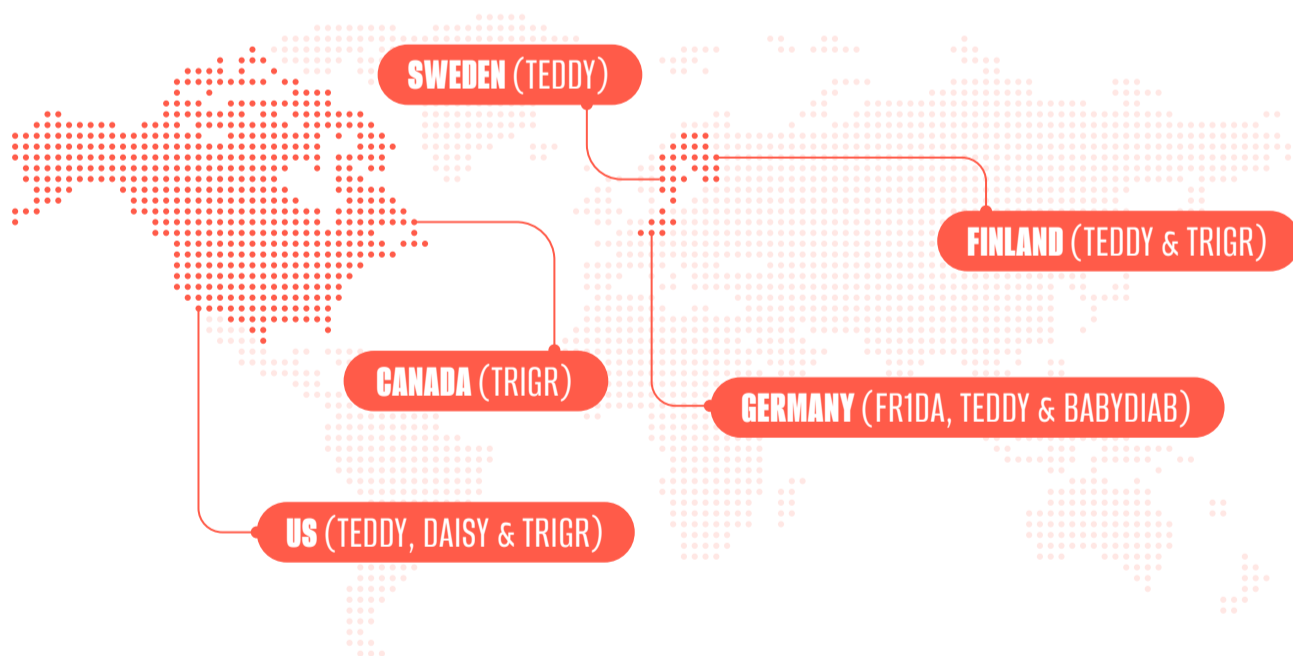
Early detection of autoimmune T1D through screening provides preparation time for individuals and their families, creating a valuable window for proactive education and support.¹⁻⁴





REDUCES THE RISK OF DKA¹

Screening and monitoring programmes can reduce rates of DKA by up to 90%.¹

Studies across several countries have demonstrated that screening can lower rates of DKA at onset of Stage 3 autoimmune T1D⁷⁻¹³:



High reductions of DKA rates were observed in the following studies:

Fr1da⁷	 Public health screening, age 2-5 years	DKA rate with screening: 3% (n=2/62)*	Expected DKA rate without screening: >20%[†]	A reduction of UP TO 85%
TEDDY^{‡8}	 Genetic risk, age <5 years	DKA rate with screening: 11% (n=9/79)	Expected DKA rate without screening: 17-36%	A reduction of UP TO 69%

DKA, diabetic ketoacidosis; HLA, human leukocyte antigen; T1D, type 1 diabetes; US, United States.

*Public health screening that screened 90,632 children for autoimmune T1D islet autoantibodies in Bavaria, Germany. Of the 62 children with presymptomatic autoimmune T1D who developed Stage 3 of the condition, 2 (3.2%) were diagnosed in the laboratory with mild or moderate DKA without clinical symptoms, while 60 (96.8%) did not have DKA.⁷ †The previously reported prevalence of DKA in unscreened children is over 20% in Germany.⁷ ‡A study that screened 424,788 children for autoimmune T1D HLA risk at birth and enrolled 8,677 children between 2004 and 2010. Of those children aged <5 years at autoimmune T1D diagnosis, 9 of 79 (11%) experienced DKA at diagnosis.⁸

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Intended for healthcare professionals

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