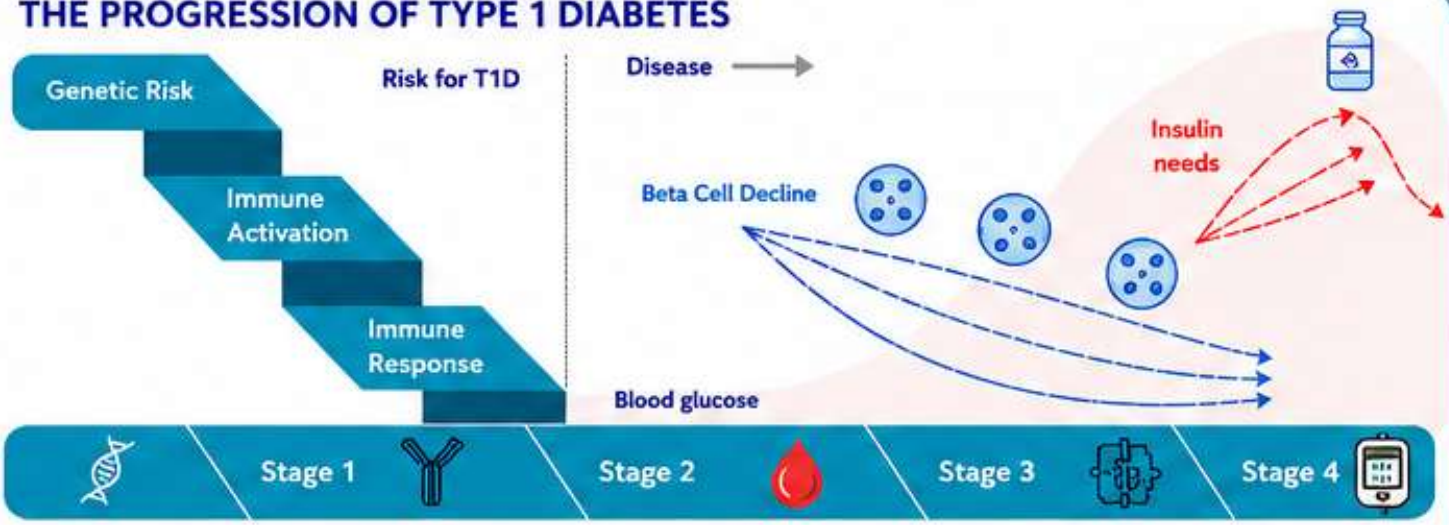
TYPE 1 DIABETES PROGRESSION

Understanding Type 1 Diabetes Before Symptoms Begin

Coastal Kids
ENDOCRINOLOGY AND WEIGHT MANAGEMENT

THE PROGRESSION OF TYPE 1 DIABETES



Genetic Risk

Individuals with a first degree relative with T1D are 15x increased risk of developing T1D

- Immune response (development of single autoantibody)
- Immune activation (beta cells attacked)

Stage 1

2+ Islet Autoantibodies Confirmed

- Normal blood glucose
- Pre-symptomatic

Start of T1D

Near 100% lifetime risk of progression to Stage 3

Stage 2

2+ Autoantibodies Plus Dysglycemia

- Abnormal glucose tolerance
- Usually pre-symptomatic
- More rapid progression of T1D

Stage 2a: Shows as early, mild dysglycemia

Stage 2b: Shows as late, modest dysglycemia without reaching threshold of Stage 3

- Tools available to predict
- rate of progression to Stage 3
- Progression quicker in

Stage 3

Clinical Diagnosis

- Blood glucose meets ADA diagnostic thresholds
- Multiple islet autoantibodies

Stage 3a: Asymptomatic, may not require insulin immediately

Stage 3b: Symptomatic, requires insulin

Stage 4

Long standing T1D

WHAT HAPPENS IN TYPE 1 DIABETES?

The immune system mistakanly attacks the insulin-producing beta cells in the pancreas. Over time, fewer beta cells remain, leading to higher blood sugars and, eventually, the need for insulin. This process can take months or years before symptoms appear.

WHY EARLY DETECTION MATTERS

- Identify children at risk before symptoms start
- More time to plan and prepare
- Access to prevention and treatment options
- Better long-term health outcomes

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WHO SHOULD BE SCREENED?

Children with a parent, brother, sister, or other close relative with Type 1 diabetes

Children with other autoimmune diseases

Children with a family history of autoimmune diseases

Tzield® (teplizumab)

The first and only FDA-approved medicine that can delay stage 3 type 1 diabetes and preserve insulin production.

FDA-APPROVED INDICATION #1

Delay the onset of stage 3 Type 1 diabetes

Eligible Patients: ≥ 1 year old with stage 2 T1D

Treatment: 14 consecutive day infusion

- ≥ 8 years: ≥ 30 minutes each day
- 1–8 years: ≥ 2 hours each day

FDA-APPROVED INDICATION #2

Delay the decline in endogenous insulin production

Eligible Patients: 8–17 years old with stage 3 T1D, within 8 weeks from diagnosis

Treatment: 2 separate 12-day infusions

- 6 months apart
- If delayed, within 6–12 months

SCREENING OPTIONS

Learn more about clinical research studies and available testing options.

TrialNet

First-degree relatives: ages 2–45 years

Second-degree relatives: ages 2–12 years

Order a kit in the mail.

trialnet.org

ASK

Anyone ages 1 year and older

(also screens for celiac disease).

Order a kit in the mail.

askhealth.org

LabCorp

Autoantibody testing.

labcorp.com

Quest Diagnostics

Autoantibody testing.

questdiagnostics.com

PROVIDER REFERENCE

CPT CODES	
86341	GAD65 Ab, IA-2 Ab, ZnT8 Ab (3 tests, reported together)
86337	Insulin Autoantibody (IAA)

ICD-10 CODES			
Z83.3	Family history of diabetes mellitus	Z83.2	Family history of other diseases of the blood
Z13.1	Encounter for screening for diabetes mellitus	E10.A0	Stage 1 T1D
Z86.2	Personal history of autoimmune disease	E10.A1	Stage 2 T1D
Z13.9	Encounter for screening, unspecified	E10.A2	Stage 3 T1D

Early Detection Gives Families More Time to Prepare

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