

SCREEN POSITIVE FOR TYPE 1 DIABETES:

What Comes Next?

Testing positive for multiple islet autoantibodies is a significant risk factor for type 1 diabetes (T1D).



Screen positive for multiple autoantibodies, even in the absence of dysglycemia, represents a preclinical stage of T1D.¹



70% of patients who screen positive for multiple autoantibodies progress to clinical T1D within 10 years, and nearly 100% progress over their lifetime.²



An estimated 15% of patients who test positive for a single autoantibody progress to T1D within 10 years.

In the event of a positive screen, confirmatory testing should be done to minimize the risk for false positives.

Repeat testing can be performed in the clinic or through screening programs such as [TrialNet](#) or the [Autoimmunity Screening for Kids \(ASK\)](#) program.

Consider referral to a specialized diabetes center for further evaluation and treatment for any patient who tests positive for multiple autoantibodies.

Patients who screen positive for preclinical T1D may be eligible for preventive treatment to delay the onset of clinical disease.

Teplizumab (Tzield®) is an immune-modulating monoclonal antibody that can be used to delay the onset of clinical T1D in individuals ≥8 years of age with stage 2 T1D (multiple autoantibodies + dysglycemia).³

In a phase 2 clinical trial, a 14-day course of teplizumab in individuals with a family history of T1D:⁴

Reduced the likelihood of developing T1D by 59% over six months.

Delayed the median time to diagnosis of T1D from 24.4 months (placebo) to 48.4 months (teplizumab).

Regular glucose monitoring is recommended for all patients who screen positive for early-stage T1D to reduce the risk for diabetic ketoacidosis (DKA).

General screening recommendations:⁵

Children and adolescents:

every six to 12 months

Children who screen positive before age 3:

every three to six months

Adults:

at least yearly

Children who test positive for one autoantibody may benefit from autoantibody and metabolic monitoring for the first two years after detection (more frequent monitoring is recommended for those <3 years).

Consensus guidance for monitoring is available from the [American Diabetes Association](#).

References

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2. Simmons KM, Sims EK. Screening and prevention of type 1 diabetes: where are we? *J Clin Endocrinol Metab*. 2023;108(12):3067-3079.
3. American Diabetes Association Professional Practice Committee. 3. Prevention or delay of diabetes and associated comorbidities: Standards of Care in Diabetes-2025. *Diabetes Care*. 2025;48(1 Suppl 1):S50-S58.
4. Herold KC, Bundy BN, Long SA, et al; Type 1 Diabetes TrialNet Study Group. An anti-CD3 antibody, teplizumab, in relatives at risk for type 1 diabetes. *N Engl J Med*. 2019;381(7):603-613.
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