# Australian Type 1 Diabetes National Screening Pilot

Dr Kirstine Bell

Principal Research Fellow Charles Perkins Centre, University of Sydney

> National Screening Pilot







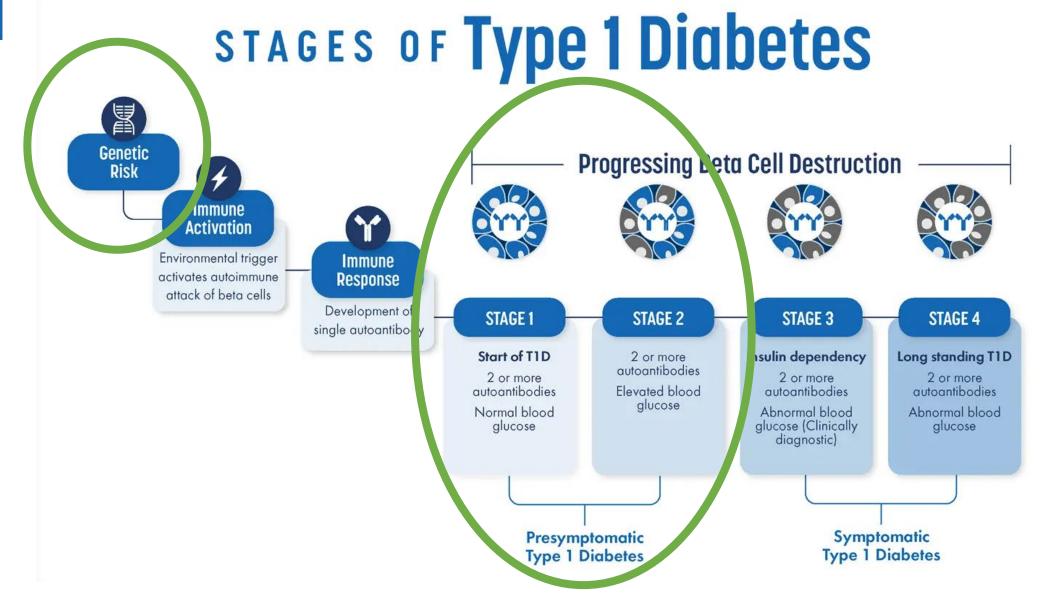
### Vision

## A routine, publicly-funded National Screening Program for all children in Australia

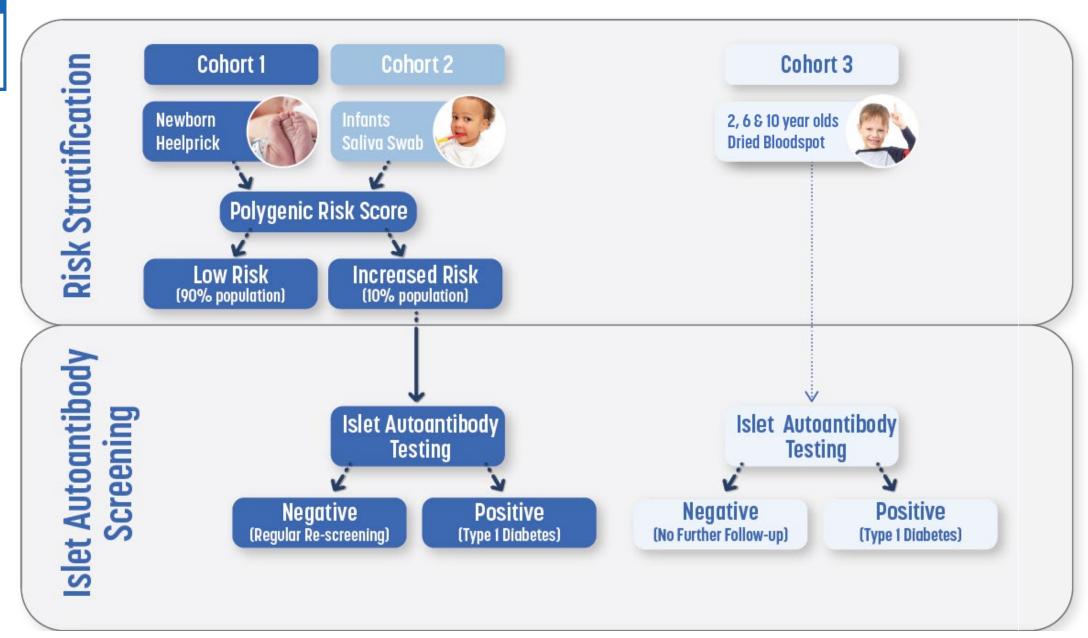
Realistic, scalable, sustainable, equitable and cost-effective

## Overarching Objective:

What is the optimal model for routine screening for type 1 diabetes in Australia?



National Screening Pilot





**Catchment Areas** 

Each model focused in small target areas in two states Goal to offer screening to all eligible children in area

#### Cohort 2

- Brisbane North
- Western Sydney



#### Cohort 1

- RHW
- RPA
- St George

Cohort 3

South-East Perth



Cohort 3
North-West
Melbourne



**Cohort 1** Women's & Children's Hospital



### Cohort 1 (Newborns)

Parents of newborns are offered screening through a heel prick dried bloodspot alongside existing Newborn Screening Program.



Cards for hospital bassinets



SIMPLE TEST

Where can I find more information?



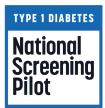
answer your questions

www.KidsDiabetesScreen.com.c

National Screening Pilot

JDRF IMPROVEMENT OF THE PROPERTY OF THE PROPER

This study has been approved by the Sydney Children's Hospitals Network Human Research Ethics Committee (Approved Number: 2022/ETH00537). If you have any concerns or complaints, you can be approved by the Sydney Children's Hospitals Not the Sydney Children's Hospitals Not the Number of Sydney Children's Hospitals Number of Hospitals Number of Sydney Children's Hospitals Number of Sydney Children's Hospitals Number of Hospitals Number of



### Cohorts 2 and 3

- Mailed invitations to eligible children
- Primary care recruitment





#### WHAT DOES SCREENING INVOLVE? Screening is free, simple, quick and safe.

The test involves a saliva swab, rubbed along your child's gums in their mouth. It can be done at home or with your local doctor or participating pharmacy. This test will show if your child has a combination of small variations in their DNA that are linked with type 1 diabetes.

You will receive your child's test result online, along with information explaining what the result means and what to do next. Results can take up to 16 weeks.

#### HOW DO I HAVE MY CHILD SCREENED?

Screening for type 1 diabetes is being offered to children aged 6-12 months living in your local area for a limited time.



Sign up online to receive your free at-home screening kit www.KidsDiabetesScreen.com.au



Visit your local doctor or participating pharmacy (see website for locations)



### WHAT HAPPENS IF THE TEST FINDS THAT YOUR CHILD HAS AN INCREASED CHANCE OF TYPE 1 DIARFTES?

A positive screening test result means your child has a risk factor for developing type 1 diabetes in childhood. It is not a diagnostic test and it does not mean your child has, or definitely will develop, type 1 diabetes.

One in every 10 children has an increased chance of developing type 1 diabetes. However, only a small number (1 in every 40 children) will develop the condition. We do not know which children will or won't develop type 1 diabetes. So all children with an increased chance will be offered free follow-up testing. This follow-up test shows if they start developing the condition, even before they feel any symptoms.

We will be here to help and support you. The earlier type 1 diabetes is detected, the sooner it can be treated.

#### WHAT HAPPENS IF THE TEST RESULT IS NORMAL?

Most children (9 out of 10 children) will receive a normal test result. This means your child has a very low chance of developing childhood type 1 diabetes in the future. Less than 0.1% will develop the condition during childhood. Children with a normal screening test result will not require any follow-up testing.

BIG OUTCOMES
TEST FOR TYPE 1 DIABETES

### Website

www.KidsDiabetesScreen.com.au





Health Professionals



#### **Every day three children** are diagnosed with type 1 diabetes in Australia.

With a simple test, the type 1 diabetes National Screening Pilot can help find these children as early as possible, avoid the trauma of a missed diagnosis, and support families in every way possible.

About type 1 diabetes





The Type 1 Diabetes National Screening Pilot is open for registrations, select your state to find opportunities in your area.

#### Select your State/Territory:



The Type 1 Diabetes National Screening Pilot aims to find the best way to offer screening for type 1 diabetes to children in Australia.

This national 'not for profit' research pilot is led by the University of Sydney, with collaborating universities and hospitals around Australia. It is funded by JDRF, a research foundation for type 1 diabetes.

#### **Participating Organisations**



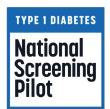




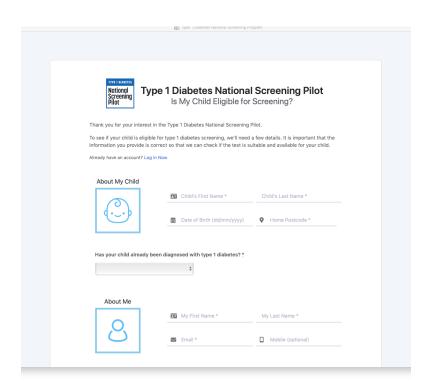


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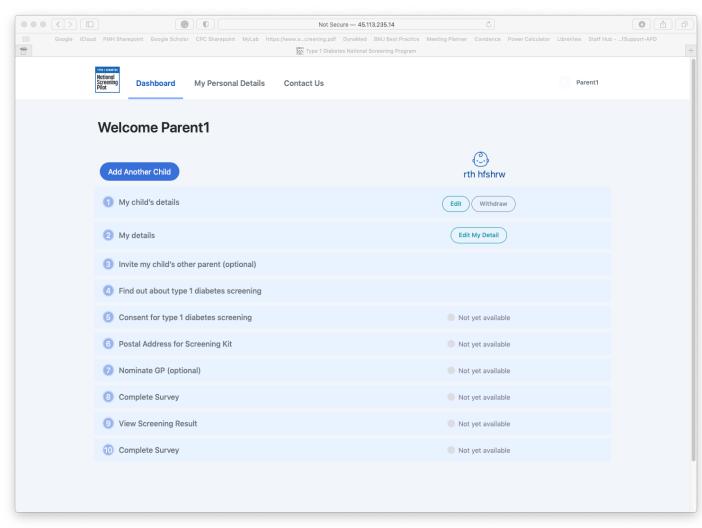




### **Portal/Database**



Screening portal guides families through registration, online consent, ordering screening kit, receiving screening results and completing surveys





### **Cohort 2 Saliva Kits**

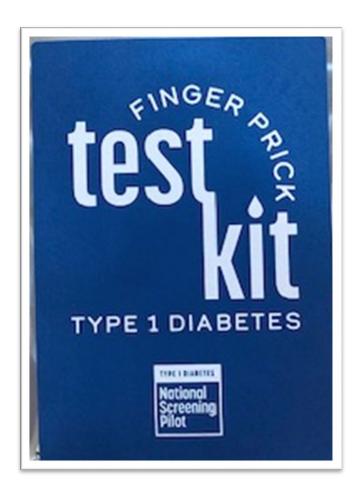


Our specially-designed kits contain the child's saliva swab and instructions, then function as reply-paid return mailers.





### **Dried Bloodspot Kits**



Our pilot-branded finger prick dried bloodspot kits are mailed out to families with custom 2-spot screening cards and reply-paid branded envelopes.







### **Dedicated Screening Helpline**



1800 505 909

Monday – Friday, 9am to 4pm AEST

Staffed by: Paediatric CDE, Genetic Counsellor & Research Staff

### **Alternatively:**

Request a call back via website OR Email: info@KidsDiabetesScreen.com.au



## Preliminary Results



### Screening Update As of 24th Oct 2023

**Note:** Cohorts have had staged rollouts, not all running identical durations.

|  | Cohort 1                         | Cohort 2                          | Cohort 3                          | Total    |
|--|----------------------------------|-----------------------------------|-----------------------------------|----------|
| Registered Children  | <b>2,287</b> Screening Closed    | <b>2,095</b> Available to Dec '23 | <b>2,025</b> Available to Dec '23 | 6,407    |
| Consented Children % of registered                         | 94%                              | 84%                               | 82%                               | 87%      |
| Samples Collected/Received % of consented                  | 92%                              | 70%                               | 50%                               | 73%      |
| Screening Results Returned % of samples received/collected | <b>12%</b><br>Returned at ≥ 11mo | <b>50%</b><br>Returned at ≥ 10mo  | 95%                               | 41%      |
| Genetic - Increased Chance % of returned results           | 8%                               | 9%                                | N/A                               | 9%       |
| Antibody Positive (1+ IAb)                                 | 0                                | 1                                 | <b>2</b><br>+3 pending            | 0.2-0.3% |



### Preliminary: Demographics

|                 | Cohort 1<br>(Newborns)   | Cohort 2<br>(Infants)   | Cohort 3 (Children)   |
|-----------------|--|---|---|
| Sex (M/F)       | 51%/49%  | 52%/48%   | 52%/47%   |
| <b>irin</b> Age |  |   | 2yo: 34%<br>6yo: 31%<br>10yo: 35%   |
| T1D Fam Hx      | Yes: 11%<br>Unsure: 14%  | Yes: 16%<br>Unsure: 16%   | Yes: 14%<br>Unsure: 16%   |
| Ethnicity       | Oceanian/European: 56% South/East Asian: 24% Middle Eastern: 6% South American: 5% African/ATSI/Other: 10% | Oceanian/European: 66% South/East Asian: 23% Middle Eastern: 4% South American: 3% African/ATSI/Other: 4% | Oceanian/European: 69% South/East Asian: 22% Middle Eastern: 2% South American: 2% African/ATSI/Other: 6% |



### Preliminary: Top Reasons for Screening

| Reason   | %  |
|--|----|
| My child may benefit from knowing the results of this screening test                 | 26 |
| Other families and children can benefit from the results of this pilot in the future | 16 |
| It is easy to have my child screened   | 14 |
| The screening test is free   | 10 |
| To contribute to research  | 10 |

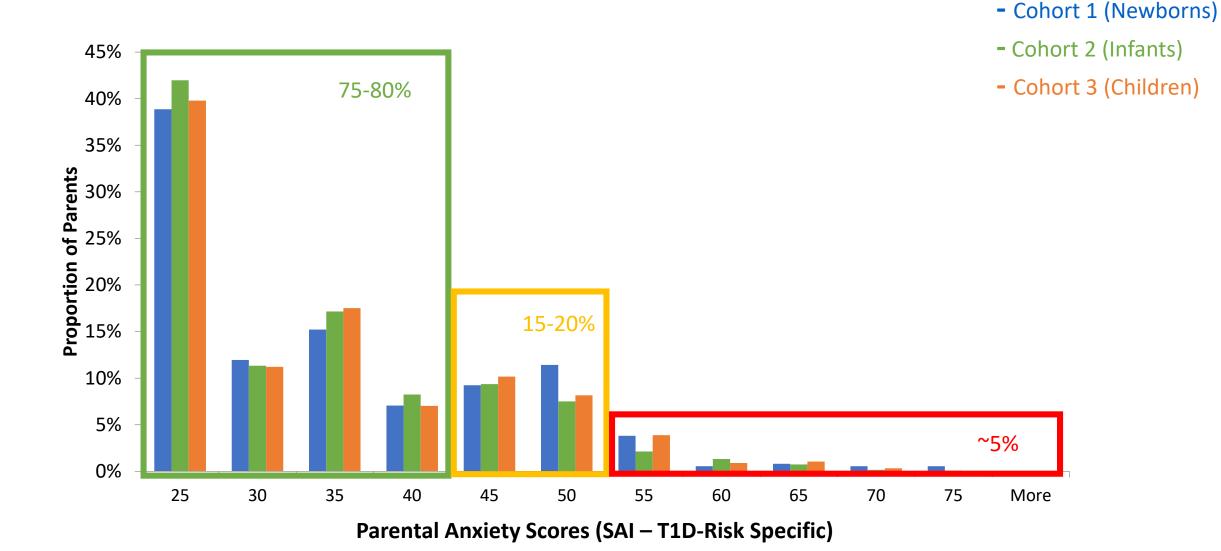


### **Preliminary:** Top Hesitations

| Reason   | %  |
|--|----|
| None of these apply  | 30 |
| I am too busy/don't have enough time                                 | 15 |
| I have concerns about the test (e.g., could be painful for my child) | 10 |
| I am not worried about my child's risk of type 1 diabetes            | 8  |
| Completion of surveys is too demanding                               | 7  |



### Preliminary: Parental Anxiety is Low





### What's Next?

Nov 2023 Launch in School Screening

Program (C3)

Final media & social media

advertising (C2-3)

Dec 2023 Screening closes (C2-3)

Jan 2024 HTA & Economic modelling

commences

June 2024 First follow up of genetically at-

risk children closes (C1-2)

Nov 2024 Final results of Pilot due



### Multidisciplinary **Collaborating Team**



Kirstine Bell (PI)



Maria Craig



Jenny Couper





Bill Hagopian



**Richard Oram** 



John Wentworth



Liz Davis



Christel Hendrieckx



**Gary Deed** 



Natasha Nassar



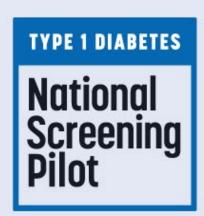
**Antonia Shand** 



Adrienne Gordon



**Amanda Henry** 







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