# Population Screening for Type 1 Diabetes and Celiac Disease: Autoimmunity Screening for Kids (2017-2024)



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#### Presenter Disclosure Information

**Consultant - Sanofi** 

### **Autoimmunity Screening for Kids (ASK) Goals:**

- 1. Determine frequency of pre-symptomatic T1D and celiac disease
- 2. Prevent diabetic ketoacidosis (DKA) at diagnosis of diabetes
- 3. Offer interventions to slow progression to diabetes
- 4. Reduce complications of undiagnosed celiac disease
- 5. Analyze cost-effectiveness of screening -> universal screening
- 6. Increase community awareness

#### **ASK Population:**

- Children >1 to <18 y old &</li>
   Adults 18-99
- Reside in the United States
- Parent/guardian consent for child
- Can have celiac disease, but not diabetes

35,587 children screened
In addition:
1,754 re-screened
1,828 parents screened

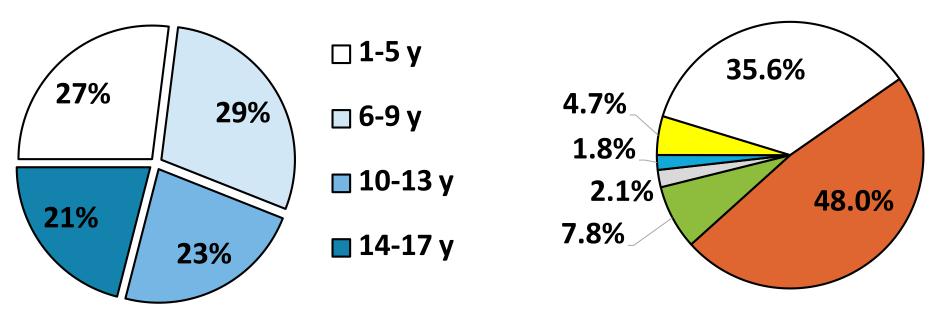
>100 000 approached for consent

623 000 eligible children in Denver metropolitan area

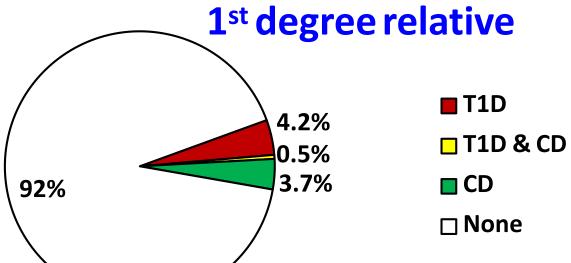


#### Age distribution

#### Race/ethnicity



- □ non-Hispanic white
- Hispanic (any race)
- African American
- **☐** Asian American
- Native American
- □ Other or Unknown







## **Protocol: Screening for Pre-clinical T1D**

#### **SCREENING**

5-plex ECL:

IAA, GAD, IA-2, ZnT8

+

tTG

Reflex RBA for any positive Abs



#### **CONFIRMATION**

Repeat 5-plex ECL

RBAs: IAA, GAD, IA-2, ZnT8



- multiple
- single by 2 methods (high-affinity)
- single by 1 method



#### **MONITORING**

- HbA1c, CGM, OGTT
- 5-plex ECL

#### **Education:**

- symptoms
- SMBG
- access to clinical team

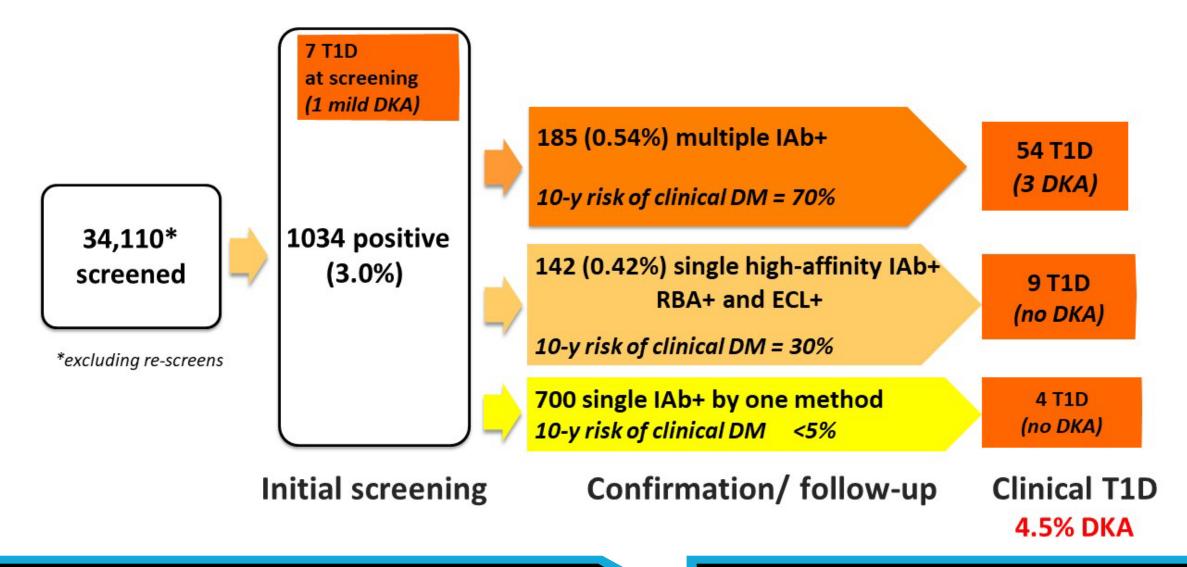
#### PREVENT:

- DKA

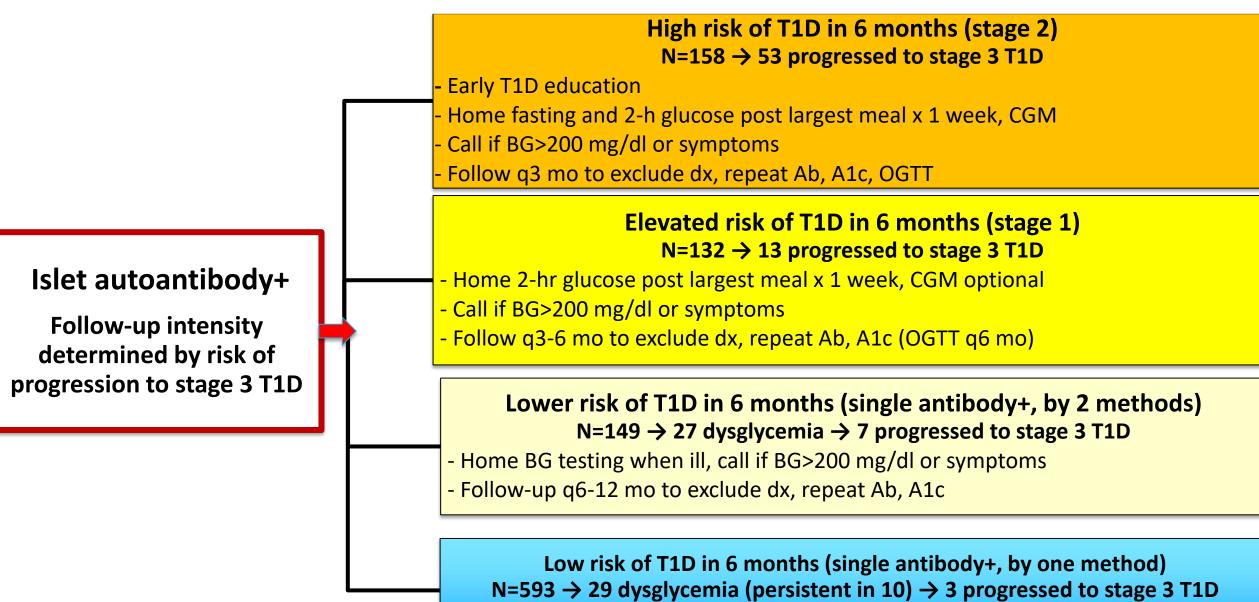
- diabetes



#### **Results: Islet Autoimmunity and Diabetes**



#### **Follow-up and Monitoring Protocol**

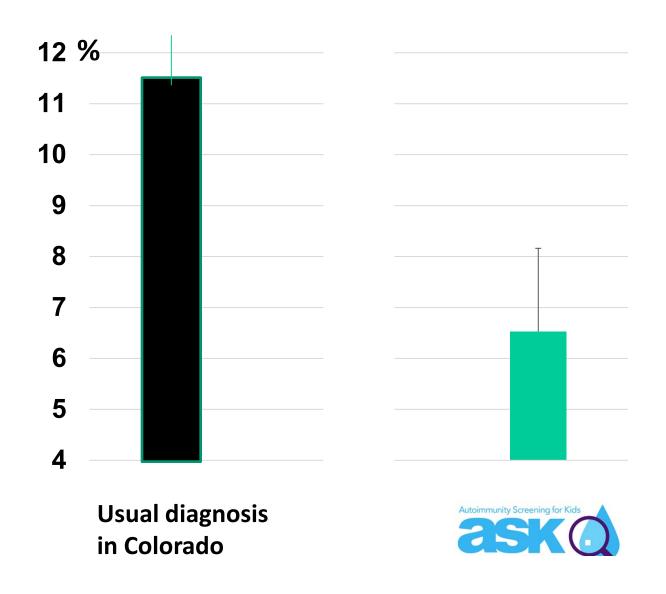


- Follow-up q6-12 mo to exclude dx, repeat Ab, A1c

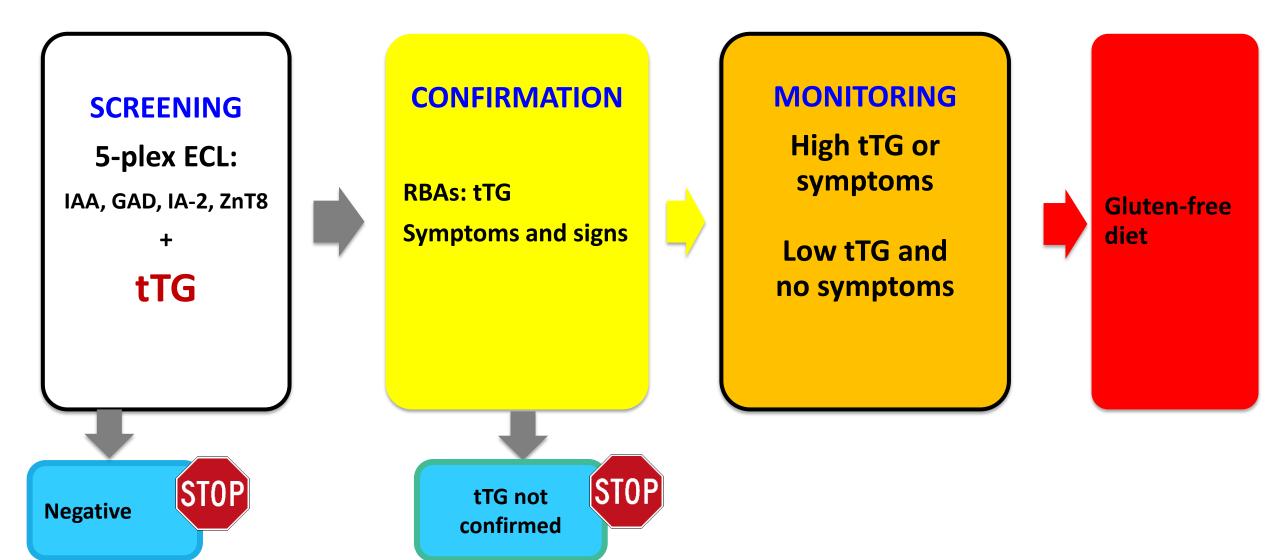
#### Screening, monitoring and education can prevent DKA at onset

Study		Frequency of DKA	Reference
Children identified through general population screening programs			
Fr1da 🏖	(Germany)	5.6%	Ziegler A-G. JAMA 2020
Autoimmunity Screening for Kids	(Colorado)	4.5%	Rewers M. EASD 2024
Children diagnosed without prior screening			
Sweden Finland Germany		22% 23% 24%	Wersäll J. Pediatr Diabetes 2021 Hekkala A. Pediatr Diabetes 2018 Kamrath C. JAMA 2020
Colorado		40-62%	Rewers A. JAMA 2015 Alonso G. Diabetes Care 2020

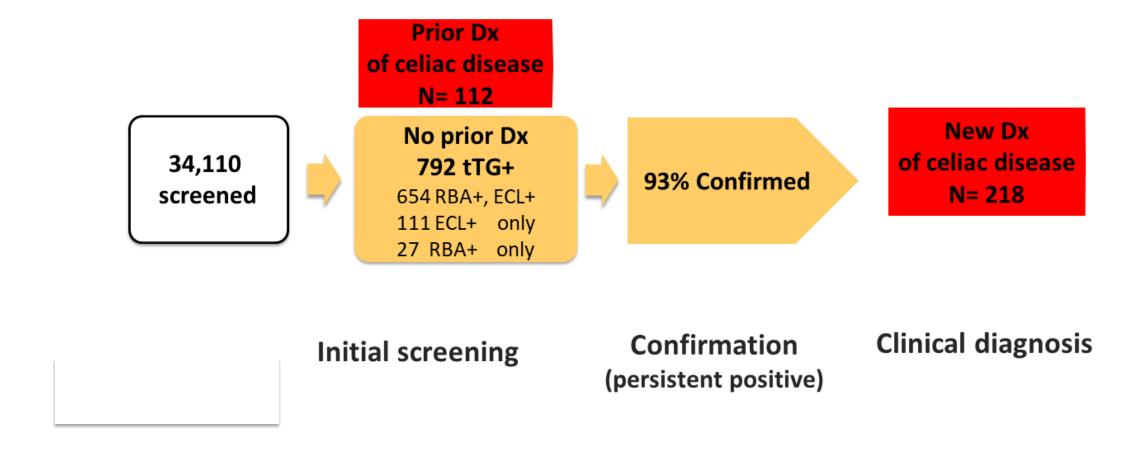
# **HbA1c at Diagnosis in ASK**



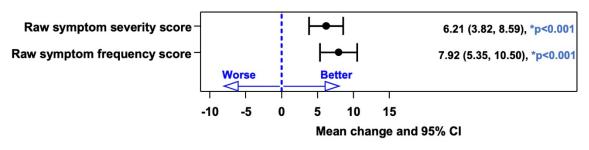
# **Protocol: Screening for Celiac Disease**



#### **Results: Celiac Autoimmunity and Disease**



# 1-year Outcomes Among tTG Screen Positive Children

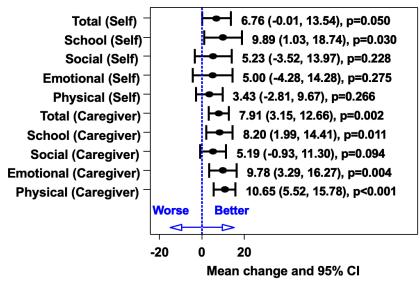


# N=25 Paired t-test, p<.0001 Wilcoxon sign rank test, p<.0001 40 20 Baseline 12 months Measuring time

#### **Symptoms Improve with GFD**



**Iron Deficiency Improves with GFD** 



**Quality of Life Improves with GFD** 

#### **Summary**

- Prevalence of pre-symptomatic T1D 1.0% (95%CI: 0.9- 1.1%)
- Prevalence of celiac disease/autoimmunity 2.1% (1.9- 2.3%)
- DKA at diagnosis of diabetes <5% in screened vs 62% not screened</li>
- Average A1c at diagnosis 6.5% in screened vs 11.5%
- Among 33 076 screening-negatives:
  - 3 (0.01%) developed T1D, ~5 y later
  - 6/1627 (0.4%) retested developed islet autoantibodies
- Evidence of cost-effectiveness<sup>1</sup> and benefit<sup>2</sup> of the screening

#### **How to screen: TODAY**

• If you are a US citizen without T1D, you are welcome to be screened through ASK.

 Please go to our website: <u>www.ASKhealth.org</u> to complete the online e-consent.

 Once you complete the e-consent, we'll give you a finger poke kit that you are welcome to do this evening and then drop off with us tomorrow prior to the end of the symposium.

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