Early T1D Monitoring: Practical Ways to Monitor for Dysglycemia & Hyperglycemia

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Disclosure Information

NO DISCLOSURES

Prevention of DKA



Study	Frequency of DKA	Reference		
Children identified through general population screening programs				
(Germany)	5.6%	Ziegler A-G. JAMA 2020		
(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		

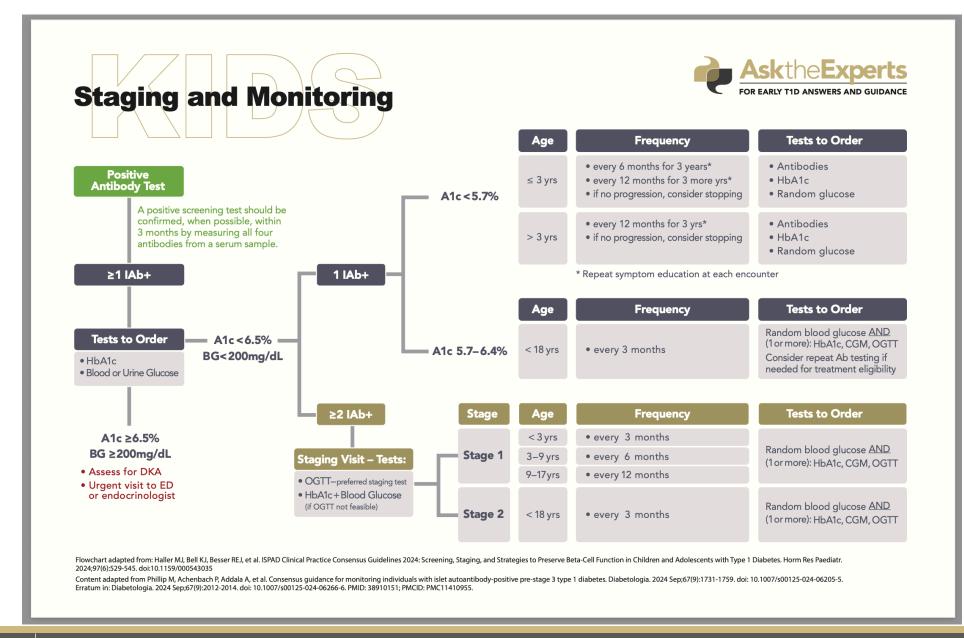
Goals of Monitoring

- Increase knowledge and awareness of ET1D stages among health care providers (HCPs) and their patients
- Improve outcomes at diagnosis and with long-term disease management
- Develop trusting relationships with ET1D people to effectively monitor
- Provide options to delay onset



What makes monitoring practical?

Determining the schedule of monitoring visits and the tests that are acceptable, available and feasible for the health care providers and their patients to effectively identify stage of diabetes.



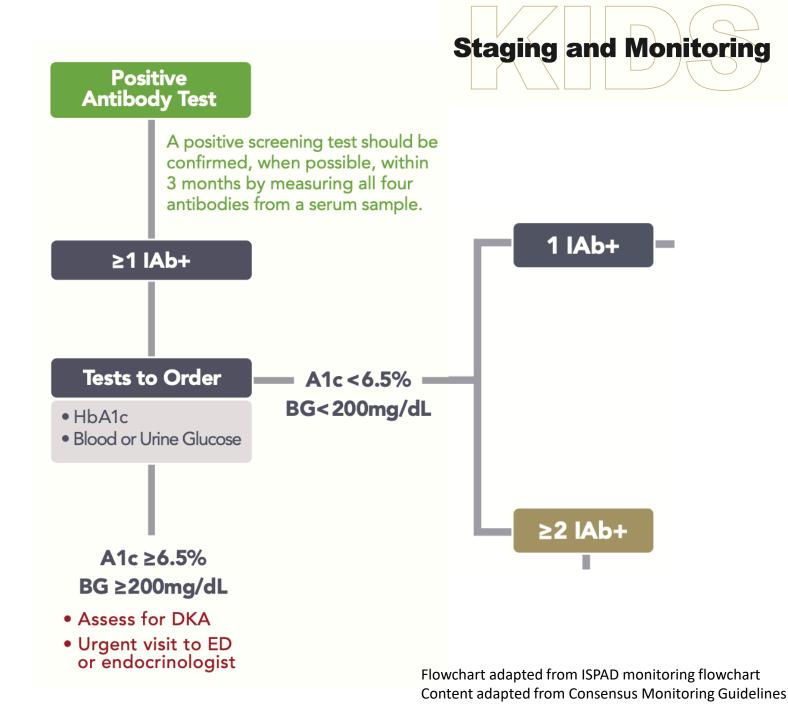




Assess Glycemic status

Add first steps of flowchart







Staging and Monitoring Age **Frequency Tests to Order** A1c < 5.7% every 6 months for 3 years* Antibodies \leq 3 yrs every 12 months for 3 more yrs* HbA1c • if no progression, consider stopping Random glucose every 12 months for 3 yrs* Antibodies 1 IAb+ > 3 yrs • if no progression, consider stopping HbA1c Random glucose * Repeat symptom education at each encounter Age Tests to Order Frequency ■ A1c 5.7–6.4% Random blood glucose AND (1 or more): HbA1c, CGM, OGTT < 18 yrs every 3 months Consider repeat Ab testing if needed for treatment eligibility





Staging and Monitoring







ET1D Follow-up Monitoring Visit Content

Content: Education

- T1D autoimmunity
- Risk of progression
- Staging
- Self-monitored blood glucose (SMBG) testing
- Symptom review
- Psychological support



ENSURE MEDICAL SAFETY WHILE ALSO MAINTAINING "NORMAL" LIFE

ET1D Community Member Perspective

Frequency

- Some will follow monitoring recommendations
- Adjust recommendations based on feasibility of life demands
- Acceptance and understanding of need for monitoring will vary

Content

- Many families agree to CGM
- Many families refuse OGTT
- SMBG will be variable
- Verbalizing need for psychosocial support will vary



New Monitoring Research

New Monitoring Research

- C2 Protocol
 - Home OGTTs
 - Capillary collection of c-peptide
 - CGMs





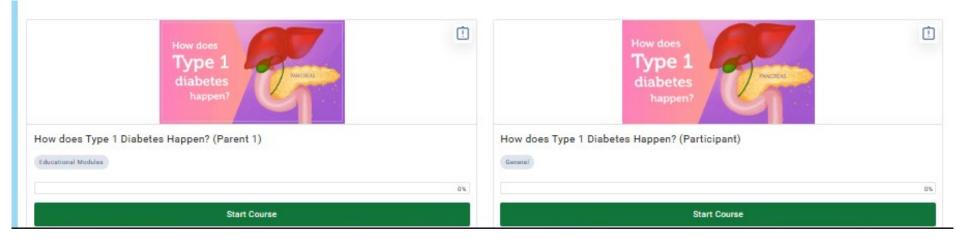


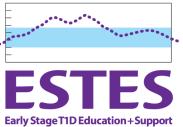
New Monitoring Research



New Monitoring Research

- Early Stage T1D Education + Support (ESTES)
 - Develop new ways to educate and monitor
 - Learning Module System (LMS)







Family Smith*

Name Diagnosis info	Edison T1D Dx 14y, MMR vaccine August had reaction, A1c normal, October A1c 14%	Chad T1D dx 10y6m April A1c 5.5, May contracted mono progressed to diagnosis June, A1c 5.7, BGs over 300, No DKA
First screen (ASK)	Never screened	9y9m Nov 5 th 2024 MAB+
Confirmation (Quest)	N/A	9y9m Nov 27 th 2024 MAB+
Consensus recommendatio ns	N/A	Repeat A1c at least annually. SMBG teaching, consider CGM periodically and consider OGTTs

Mom's opinion is that both kids progressed rapidly to a diagnosis. She is concerned about her other children progressing rapidly.





Do you think she should have other children screened for islet autoantibodies?

- Yes
- No
- I need more information





Family Smith*

Name	Billy
Current age	8y5m
First screen	7y8m, GAD+
(ASK)	Screened Single High Affinity (by 2 methods)
Confirmation/Re-screen (Quest)	7y9m Confirmation test ZnT8+, GAD- A1c 4.8
What next?	

Mom wants to know if he is considered MAB+ since he was positive for two different antibodies? Thoughts?



Would you call Billy MAB+?

- Yes
- No
- I need more information





Would you call Billy stage 1?

- Yes
- No
- I need more information



If you don't think he is stage 1, do you think he's at increased risk?

- Yes
- No
- I need more information

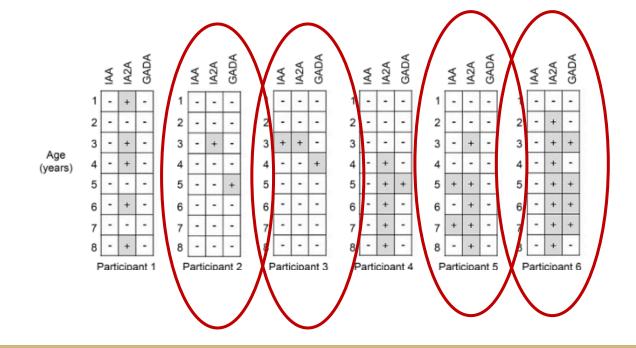


What is "multiple"? What is stage 1?

- Stage 1 (10 year risk of 75%) is based on *multiple* IAb *confirmed* at a consecutive visit
- Other "multiple" positive situations, 10-year risk:
 - ❖Two or more, only one persists: 45%.
 - ❖Two or more at same visit, not confirmed at next: 40%
 - ❖Billy: Two different antibodies at two different visits: 18%
- Over the next two years, many with "intermediate" scenarios will evolve into multiple confirmed



Following up over time is helpful











Family Smith*

Name Current age	Billy 8y5m	Duncan 13y
First screen (ASK)	7y8m, GAD+ Screened Single High Affinity (by 2 methods)	11y11m, ZnT8 Screened Single High Affinity (by 2 methods)
Confirmation/Re-screen (Quest)	7y9m Confirmation test ZnT8+ but GAD-	12y4m, MAB+ GAD+, ZnT8+, IAA+, IA-2+ A1c 4.5
Consensus recommendations	Annual AB testing and metabolic monitoring for 3 years. If no progression, stop and counsel for risk of disease. T1D education, psychosocial assessment/support	What next for Duncan?





What stage is Duncan?

- •Stage "0"
- •Stage 1
- I need more information



How soon should Duncan be seen for follow up?

- •In 0-3 months
- •In 3-6 months
- •In 6-9 months
- Annually





Staging and Monitoring

≥2 IAb+

Staging Visit – Tests:

- OGTT-preferred staging test
- HbA1c+Blood Glucose (if OGTT not feasible)

Stage

Stage 1

Age

<3 yrs

3-9 yrs

9-17 yrs

Frequency

- every 3 months
- every 6 months
- every 12 months

Tests to Order

Random blood glucose AND (1 or more): HbA1c, CGM, OGTT





Family Smith*

Name Current age	Billy 8y5m	Duncan 13y	Astrid 14y2m
First screen (ASK)	7y8m, GAD+ Screened Single High Affinity (by 2 methods)	11y11m, ZnT8 Screened Single High Affinity (by 2 methods)	13y2m, Screened AB- Of note, MOC has randomly checked some BGs and some have been above 200
Confirmation/Re-screen (Quest)	7y9m Confirmation test ZnT8+ but GAD-	12y, MAB+ GAD+, ZnT8+, IAA+, IA-2+	Not completed
Consensus recommendations	Annual AB testing and metabolic monitoring for 3 years. If no progression, stop and counsel for risk of disease. T1D education, psychosocial assessment/support	Repeat A1c at least annually. SMBG teaching, consider CGM periodically and consider OGTTs	What next?

Would you rescreen Astrid?

- Yes, once more
- Yes, more than once
- No



Family Smith*

Name Current age	Billy 8y5m	Duncan 13y	Astrid 14y2m
First screen (ASK)	7y8m, GAD+ Screened Single High Affinity (by 2 methods)	11y11m, ZnT8 Screened Single High Affinity (by 2 methods)	13y2m, Screened AB- Of note, MOC has randomly checked some BGs and some have been above 200
Confirmation/Re-screen (Quest)	7y9m Confirmation test ZnT8+ but GAD-	12y, MAB+ GAD+, ZnT8+, IAA+, IA-2+	Not completed
Consensus recommendations	Annual AB testing and metabolic monitoring for 3 years. If no progression, stop and counsel for risk of disease. T1D education, psychosocial assessment/support	Repeat A1c at least annually. SMBG teaching, consider CGM periodically and consider OGTTs	Rescreen PRN based on symptoms/concern or per local schedule









Where to turn when your patient or child has screened positive for type 1 diabetes (or T1D).

Ask the Experts is a program for health care providers and individuals/families living in the United States who screen positive for type 1 diabetes (T1D) related islet autoantibodies (IAb). Together with our national network of clinical and research partners, we provide:

(1) education + support; (2) monitoring resources + guidance; and (3) access to early treatment interventions.

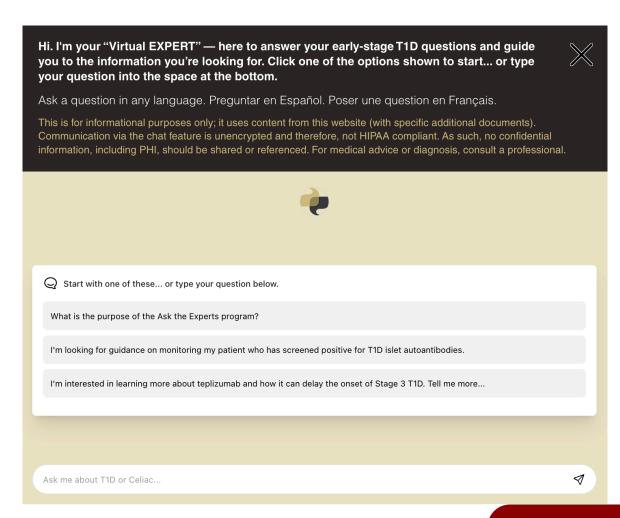


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INDIVIDUALS & FAMILIES

"Virtual Expert"





CHAT: Ask me anything...

Early T1D
Resources
+ Tools



Early-Stage T1D Resources + Tools

Here you'll find resources (and downloadable files) from Ask the Experts — to guide you through the process of early T1D. We invite you to download and explore these materials.

Provider Kit — the materials you need for an early-stage T1D patient visit





FAQs / Table

Continuous Glucose Monitor (CGM) Instructions for Stage 1-T1D / for Stage 2-T1D

Figure 1, 1977 (1977) (

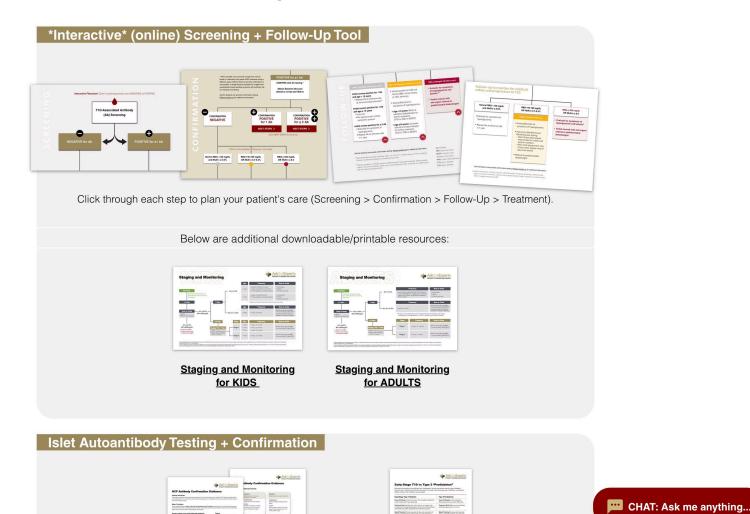
Home Glucose Testing (magnet)



Early T1D
Resources
+ Tools



Protocols and Next Steps:



Early T1D
Resources
+ Tools



HCP Antibody Confirmation Guidance

Step-by-step confirmation of IAb+ results.

T1D vs T2 Prediabetes

Metabolic Monitoring + Follow-Up Care



Re-screening Intervals for T1D Autoantibodies Repeat testing guidelines. Casing and Monitoring

Staging and Monitoring for KIDS / ADULTS



Home Blood Glucose Testing



Oral Glucose
Tolerance Test

Additional Resources

Billing + Documentation



Early T1D Coding Guide

CPT and ICD-10

Laboratory Standards



CLIA and CAP Certification

How to verify laboratory status.



FAQs



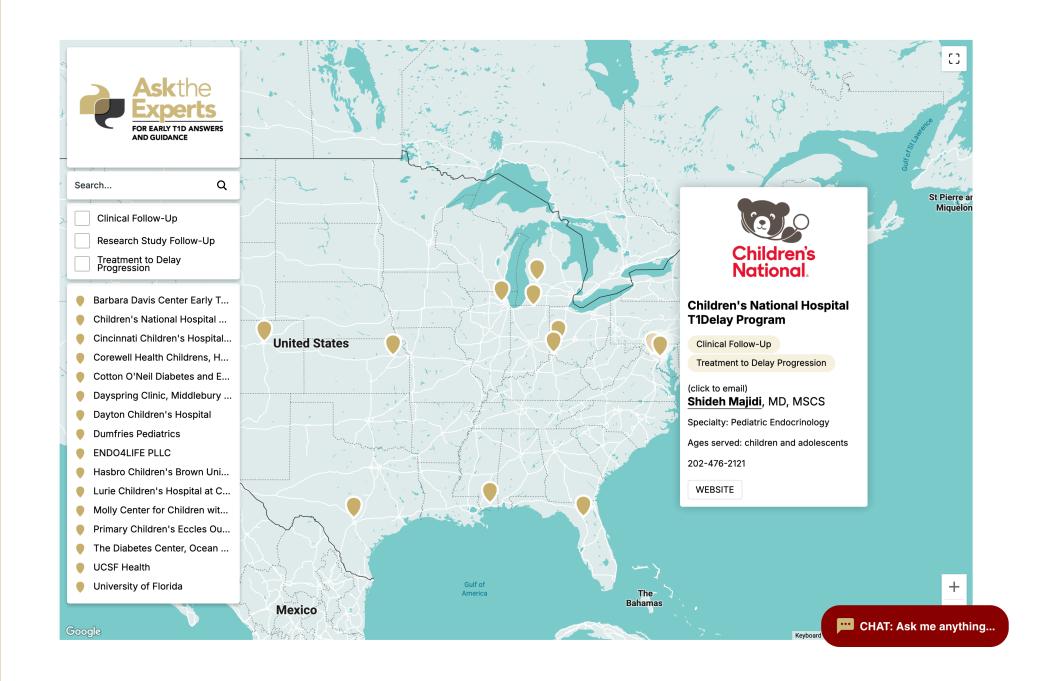
Frequently Asked Questions

01	What's the best way to get someone screened for type 1 diabetes?	~
02	How do I confirm positive antibody results?	~
03	If a prior antibody screen was negative, when should I re-screen?	~
04	What should I do if the HbA1c or glucose level is elevated or the patient is symptomatic?	~
05	How do I stage early T1D after antibodies are confirmed?	~
06	What's the monitoring plan for pediatric Stage 1 T1D?	~
07	What's the monitoring plan for pediatric Stage 2 T1D?	~

Interactive "Local Experts" MAP



UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



Community



Levels of Engagement:

We offer four levels of engagement with Ask the Experts and invite you to join us:

EXPERT

Prescribing clinicians (MD, DO, NP, PA) who actively manage early-stage type 1 diabetes (Stage 1 or 2).

- Eligible for public map listing if providing monitoring and/or Teplizumab (Tzield®) infusions
- Access to monthly case-based meetings
- Full access to protocols, clinical tools, and referral pathways
- Option to be recognized as a Research-Engaged
 Expert if involved in prevention or immunotherapy trials

DELEGATE

Non-prescribing healthcare professionals (e.g., RN, CDCES, RD, LCSW) involved in education, care coordination, or staging.

- Access to monthly meetings case-based meetings
- Full access to protocols, clinical tools, and referral pathways
- Not individually listed on the map (can be affiliated with an Expert-site)

PRIMARY CARE AFFILIATE

Primary care providers interested in screening, learning, and referring for early-stage T1D

- Access to monthly case-based meetings
- Full access to protocols, clinical tools, and referral pathways
- Can be mentored toward Expert status
- Not listed on the map unless providing clinical monitoring or treatment

AMBASSADOR

Patients / Caregivers / Advocates (non-clinicians) who support early T1D education and outreach

- Complete a brief training module and help raise awareness in their communities
- Not listed on the map

** Please indicate your level of interest in the upper-right section of the FORM below **

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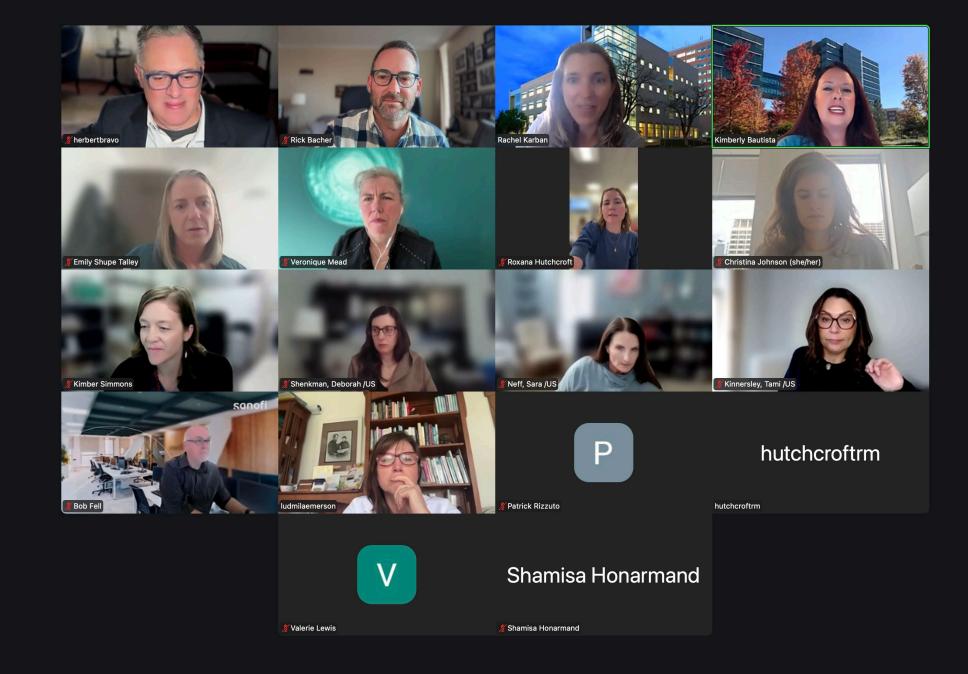






Ask the Experts

Office Hours





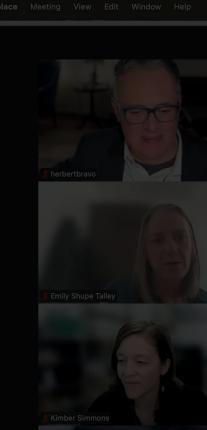
ANSCHUTZ MEDICAL CAMPUS

Ask the Experts

Office Hours









We invite you to our first session of "Office Hours" with Ask the Experts

The session will be held on Wednesday October 22nd, 2025 from 12PM-1PM MST via Zoom.

Hosted by: Dr. Kimber Simmons, MD, MS and Kimberly Bautista, MPH

Please come prepared to discuss early type 1 diabetes cases you may have questions about. Attendees will also have the opportunity to ask general questions related to early T1D screening and follow-up monitoring.

We look forward to your attendance and participation!

REGISTER to Join

Please SAVE-THESE-DATES of our upcoming "Office Hours"

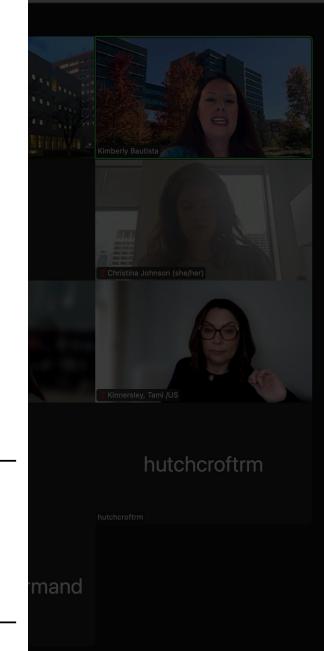
November 19, 2025

December 17, 2025

January 21, 2026

February 18, 2026

March 18, 2026



Participants may earn 1 CME credit (for each of the 6 planned monthly "Office Hours" Zoom calls, for a total of up to 6 CME credits)









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(1) education + support; (2) monitoring resources + guidance; and (3) access to early treatment interventions.



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INDIVIDUALS & FAMILIES



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Kimber Simmons Andrea Steck Iman Taki Jessica Venditti Kathleen Waugh Joey Wong Liping Yu

Judy Baxter Cristy Geno Michelle Hoffman Laura Pyle Crystal Silva

Sponsors



Our ASK
participants,
families, and
ASK provider
partners











Edwin Liu, Marisa Stahl Monique Germone Pooja Mehta, Erin Sandene, Aneesa Syed, David Higgins

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