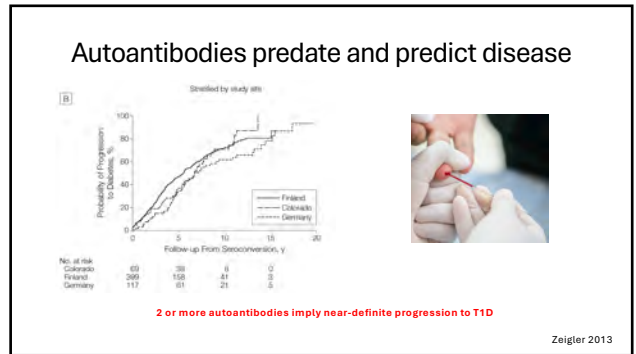
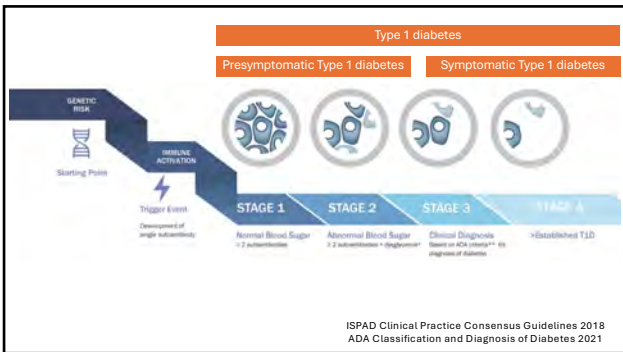


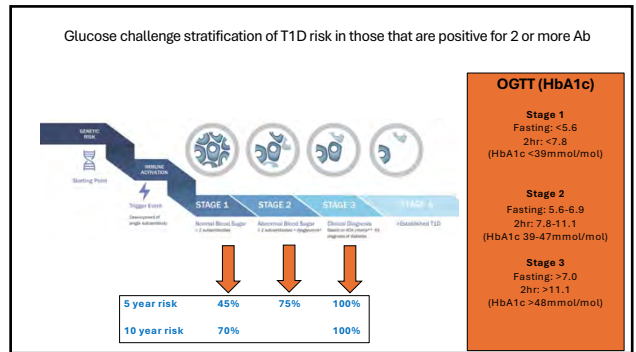
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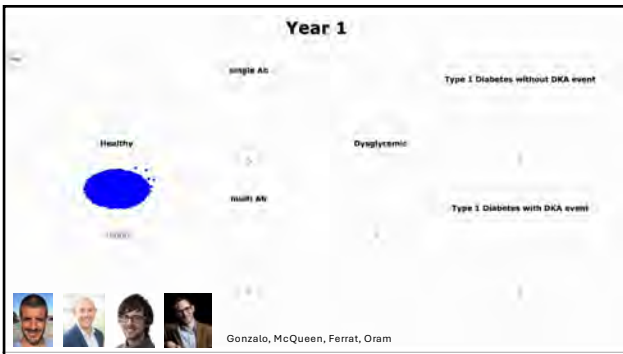
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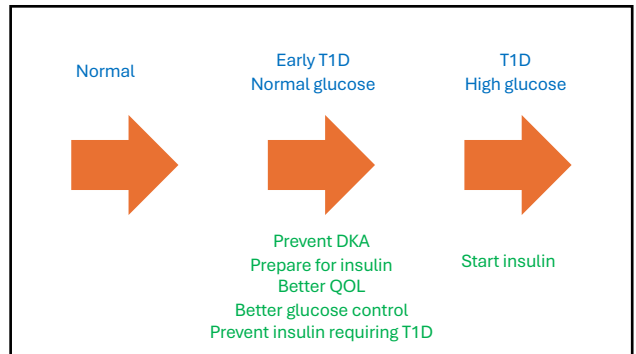
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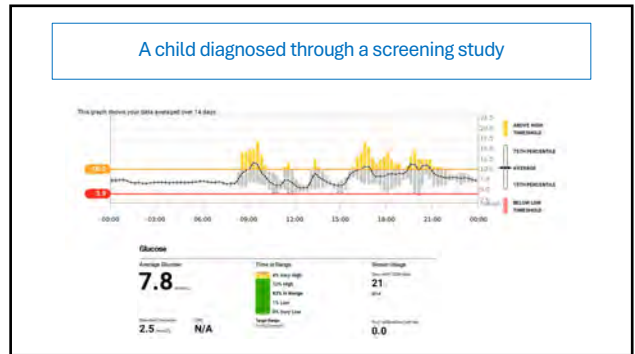
12

‘A smooth landing’



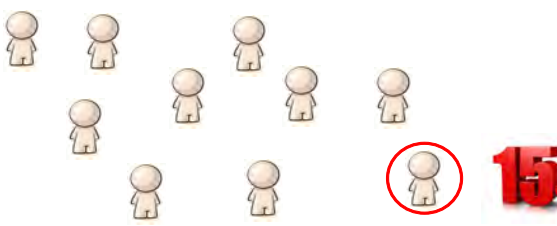
- 5-year-old girl
- Parent T1D
- ELSA study results
 - IA2, GAD, ZnT8 positive
 - Subsequent HbA1c 41mmol/mol
 - OGTT 0 mins: 6.1mmol/L, 120 mins 9.5mmol/L
- 2 PAU attendance reviews before needing insulin
- Treatment onset (3 months after screening)
 - HbA1c 50mmol/mol
 - 0.5U FIASP with evening meal
 - No basal insulin
- Current treatment (6 months after screening)
 - 0.5U FIASP with breakfast and 1U with evening meal
 - No basal insulin

13



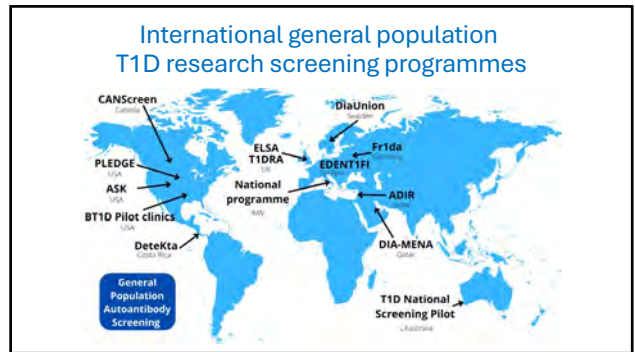
14

How many people with T1D would you identify if you only screen FDRs?

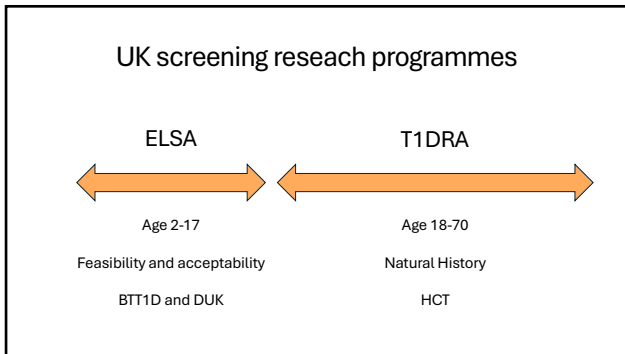


15%

15




16



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The ELSA Study



DIABETES UK

Breakthrough T1D

Population: 20,000 children, aged 3-13 yrs

Intervention: Screening trial

Outcomes: Feasibility and acceptability

Aim:

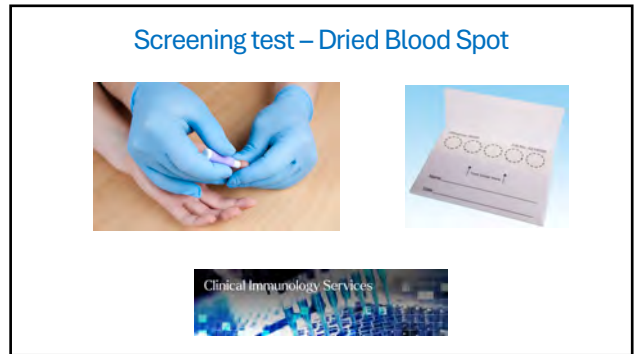
To develop and test a programme for paediatric T1D screening in the UK

Quinn et al. Diab Med, 2024

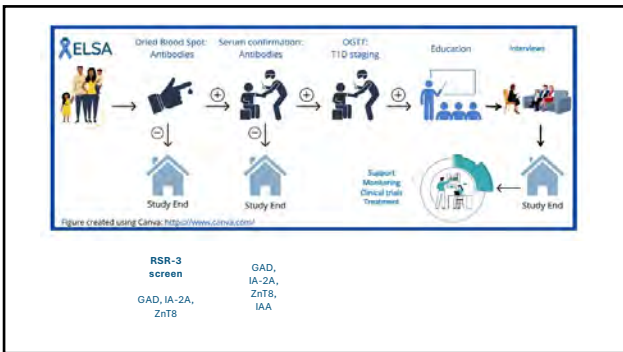
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19



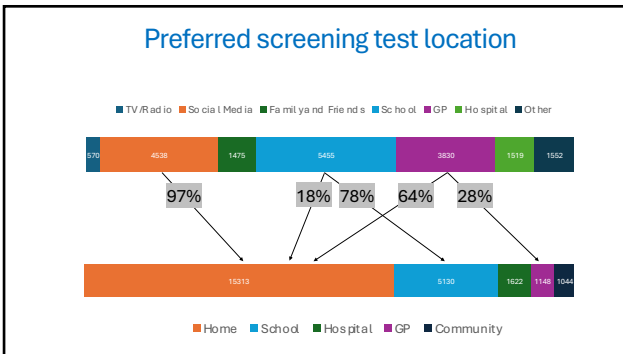
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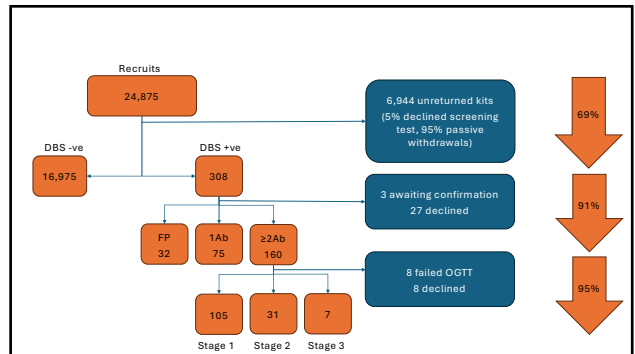
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Acceptability

98% of parents considered the screening to be acceptable (n=122)

- High satisfaction, positive experience, highly recommend
- Overall, easy, convenient process
- Benefit and process acceptable regardless of screening outcome (DBS positive or negative)
- Grateful for opportunity to take part and receive child's risk status

*"It's light touch, it's easy, it was efficient, it was... yeah, and you get serious knowledge on the back of it."
"all I need to do is I press the button like I order something from Amazon, brilliant, I press this button and I've got a result on two blood tests. It felt like that level of almost customer service if I can put it like that."
Father of a DBS negative child*

*"Thank you so much for all your time that you're putting into the study and I do think it's changing families' lives, because it is such a big thing to go through type 1 diagnosis, and just to be able to support your child through that and know what you're doing I think is massive, so yeah I'm so grateful that we found the study, and that we know what we're doing, and we can prepare for life"
Mother of a stage 1 child*

Manuscript in preparation

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Psychological impact

Impact of screening - screened positive versus screened negative

Affective attitude

- Screen -ve: Relief, reassurance, no lasting impact. Worst part was completing the DBS and wait for results.
- Screen +ve: Grateful to know their child's risk, no regret taking part. Anxiety persisted after education / risk counselling.

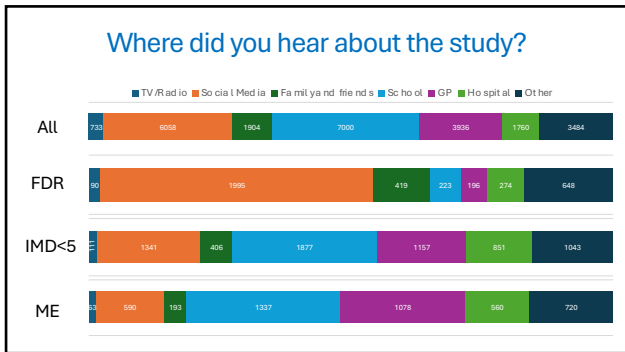
Understanding of results

- Screen -ve: More likely to assume screen negative meant "no risk" if no FH of T1D.
- Screen +ve: Good comprehension following education - better if FH of T1D.

Support systems

- Education
- Peer support
- Psychology

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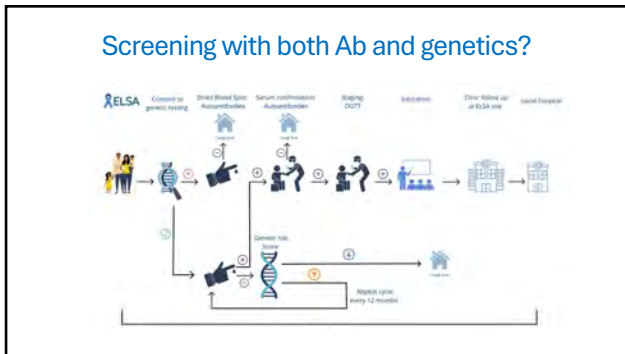


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(First Degree) Relatives are a good way to start

- Greater kit return rates
- Enabler for study entry
- Implications of negative test
- Comprehension following education
- More engaged
- 37% of ELSA participants
- Home DBS testing procedure more acceptable
- More likely to screen positive
- 3.73% FDR
- 2.24% any relative
- 0.25% Gen Pop

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Implementation effectiveness

Cost effectiveness

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Views towards teplizumab in UK families

92% (n=26/28) of parents were favourable or wanted more information

7% (n=2/28) were unfavourable

The infographic displays survey questions and responses. Question 1: "My child would be eligible for teplizumab in the UK, are you an expert?" (Answers: Yes, No, Don't know). Question 2: "My child is not currently eligible, but teplizumab is recommended for children like you." (Answers: Yes, No, Don't know). Question 3: "My child is not currently eligible, but teplizumab is recommended for children like you." (Answers: Yes, No, Don't know). Question 4: "My child is not currently eligible, but teplizumab is recommended for children like you." (Answers: Yes, No, Don't know).

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Teplizumab

Eligibility	For consideration
<ul style="list-style-type: none"> Age 8yrs and older At least 2 +ve IAb Stage 2 T1D: <ul style="list-style-type: none"> At least 2 of the below, or the same one twice within a year HbA1c 39-47 or >10% increase FPG 5.6-6.9 2hr PG 7.8-11.0 	<ul style="list-style-type: none"> 14 days off work 'COVID' rules Adverse events <ul style="list-style-type: none"> Rash 1/3 Leukopenia 1/5 Headache 1/10 Cytokine Release Syndrome <ul style="list-style-type: none"> 5% mild, usually starting first evening and lasting a few days 0.5% serious

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Screening bloods

- FBC, LFT (including AST), Clotting
- EBV, CMV, Hep B, HIV serology
- TB (Quantiferon)
- Repeat EBC, CMV the week before

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	DAY	DAY 1	DAY 2	DAY 3	DAY 4	DAYS 5-14
Dose:	65 mcg/m ²	125 mcg/m ²	250 mcg/m ²	500 mcg/m ²	1030 mcg/m ²	

Premedication

Paracetamol, Ibuprofen, Piriton, (omeprazole)
For 1st week
Taken 30mins before infusion

Regular bloods

FBC, LFT, AST : Days 1, 3, 5, 8, 14 and await results before infusion

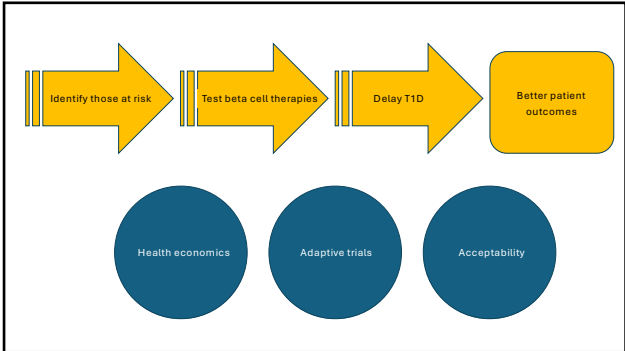
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Birmingham experience of teplizumab

The infographic shows two groups of patients. Group 1: "well tolerated, transient lymphopenia only" (represented by two children and an IV drip). Group 2: "mild-moderate CRS (fever, rash, GI upset, ↑ LFTs), resolved with pause/supportive care" (represented by a man and a woman with blood test icons).

4 patients in Birmingham

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