Notice: Autoimmune Antibody Screening for Type 1 Diabetes (T1D)

For: Diabetes Centre Clinicians and Medical Advisors, Pediatricians, Endocrinology, Internal Medicine, and Primary Care Providers

Purpose of This Communication:

To provide clear, evidence-informed guidance on autoimmune antibody screening for presymptomatic type 1 diabetes (Stage 1–2), including:

- What clinicians should know
- How to respond to patient and family inquiries
- Current limitations in treatment and screening access in Canada

1. Background: Why Interest in Screening Is Increasing

Autoimmune antibody screening can identify individuals at high risk of developing type 1 diabetes before hyperglycemia appears. Evidence shows early detection reduces the likelihood of diabetic ketoacidosis (DKA) at diagnosis and allows appropriate monitoring or potential eligibility for research-based interventions. [diabetesjournals.org]

Growing advocacy and media attention—nationally and internationally—have increased parent and patient awareness, especially among those with a first-degree relative with T1D. This aligns with global trends showing increased emphasis on early detection and monitoring of individuals who test positive for one or more islet autoantibodies. [breakthrought1d.org]

2. Current Status in Canada

- Disease-modifying treatment for presymptomatic T1D is not broadly available for routine clinical use. Canada's Drug Agency issued a "do not reimburse" decision for Tzield (teplizumab) in January 2026. [cda-amc.ca]
- Autoantibody screening is not included in Canadian clinical practice guidelines and is not offered as a standard-of-care service.
- Efforts such as CanScreenT1D and TrialNet remain research-based.
- Canscreen T1D is focused on understanding feasibility, equity, and system readiness for screening implementation.
- TrialNet is a longstanding research program that screens relatives of people with type 1 diabetes, ages 2 to 45 for first degree relatives and ages 2 to 20 for first, second, and third-degree relatives, with results reported back directly to participants.

3. What Patients and Families May Ask

Families—particularly those with a sibling or parent living with T1D—may ask about:

- Screening tests for relatives
- Risk of developing T1D
- Availability of early treatment
- How to access testing

4. Guidance for Diabetes Centre Clinicians:

Your role is navigation, not recommending or arranging screening. Individuals seeking screening (or inquiring on behalf of a child) are not patients of the Diabetes Centre, so only general information should be provided.

Key Actions

- If an individual requests screening, direct them to the TrialNet study contacts or to their pediatrician or primary care provider to discuss eligibility, appropriateness, and access pathways.
- Reinforce that monitoring, education, and risk-based follow-up remain the recommended approach for individuals identified with autoantibodies.
- Do not proactively recruit for screening programs; this is not an expectation for diabetes centres.

5. Guidance for Pediatricians and Primary Care Providers

What You Need to Know

- Screening for presymptomatic T1D may be appropriate for interested first-degree relatives, as individuals with multiple autoantibodies have a very high lifetime risk of progression to T1D and benefit from structured monitoring [link.springer.com].
- Early detection reduces DKA at diagnosis and supports safer onset [diabetesjournals.org].
- Discovering positive antibody status may impact insurance eligibility and may also cause anxiety.
- Disease-modifying treatments are not part of routine care and not publicly funded in Canada at this time. Management therefore remains centered on monitoring, education, and follow-up.

If a Family Requests Screening

You may consider:

- Reviewing risks and benefits
- Discussing available research pathways, such as:
  - TrialNet Canada Pathway to Prevention | Type 1 Diabetes TrialNet or local team at 902-470-8393
  - CanScreenT1D Home - CanScreen T1D Research Consortium
- Supporting referral to the appropriate research program if the family wishes to pursue screening.

6. Research Programs as Primary Access Points

Canadian screening programs, including CanScreenT1D, are designed to:

- Study feasibility of population screening
- Understand optimal follow-up for individuals with Stage 1–2 T1D

Only ~10% of participants in the screening pilot will be first-degree relatives; these are research studies, not clinical services.

7. Key Messages (Summary for All Clinicians)

- Screening is not standard of care in Canada.
- Presymptomatic treatment is not broadly available; monitoring for symptoms remains the recommended management approach.
- Individuals asking about screening should be directed to a research study or their pediatrician or primary care provider.
- Research programs (CanScreenT1D, TrialNet) are the current access points for screening.
- Clinicians should not proactively recruit for clinical screening.
- Diabetes centres should focus on navigation to a research program or a pediatrician or primary care provider.

8. References (For Clinical Context)

- CanScreenT1D Resources: https://canscreent1d.ca/resources/
- TrialNet: https://www.trialnet.org/our-research/risk-screening
- Diabetes Canada: Access to Tzield in Canada (non-reimbursement decision) [cda-amc.ca]