

THE FAMILY FACTOR:

KEY TAKEAWAYS FOR HEALTHCARE PROVIDERS

Individuals with a family history of type 1 diabetes (T1D) are up to **15x** more likely to develop the disease,¹ yet many don't know they are at increased risk. In fact, up to **62%** of unscreened individuals are diagnosed during diabetic ketoacidosis (DKA), a potentially life threatening complication.² Healthcare professional (HCP) conversations can help close this screening gap.

New survey findings conducted by Beyond Type 1 and commissioned by Sanofi reveal persistent risk awareness gaps among adults and caregivers of children with a first-degree relative with T1D and how screening conversations can bridge the divide.³

SURVEY KEY FINDINGS

1 Despite their higher T1D risk, those with family history **don't always recognize their significantly elevated risk**, or the possibility of screening for T1D proactively.³



31% are unaware that family history can increase a person's risk of developing T1D³



While 82% of respondents expressed concern about their or their child's risk of developing T1D, 46% of respondents said they were either not considering autoantibody screening or had not decided if they would within the next six months.³



34% are unaware are unaware that T1D is caused by an autoimmune attack on insulin producing beta cells³



28% of respondents had never heard of screening³

OPPORTUNITY: Ask about family history early and use the conversation to introduce screening before symptoms appear.

2 The survey also revealed **significant misconceptions** about T1D and autoantibody screening

Misconceptions on T1D Risk



63% believe the disease is primarily diagnosed in children³



40% believe living with obesity increases a person's risk of T1D³

Misconceptions on T1D Autoantibody Screening



31% believe it is only available through specialists³



26% believe it is only possible after symptoms appear³

OPPORTUNITY: Address these misunderstandings to remove barriers to action and reinforce that autoantibody screening can be initiated in primary care, with low- or no-cost options such as TrialNet and ASK.

3 Healthcare provider conversations can bridge the gap, **yet conversations about risk aren't consistently leading to conversations about screening**³



62% of respondents
said their doctor has discussed their
T1D risk with them³



Yet, only 28% of respondents
familiar with screening reported their doctor
initiated a discussion with them about it³

OPPORTUNITY: Family history and T1D risk conversations aren't consistently leading to screening conversations. Start the screening conversation to help at-risk patients understand their options before symptoms appear and potentially avoid severe medical emergencies.

4 Our survey finds that **a doctor's recommendation matters**³

Among those who were
hesitant to screen, **56% of
respondents** report that a
doctor's recommendation was
the **most likely action** to
encourage screening³

What you can do today

- Ask patients about family history of T1D and educate about risk factors.
- Provide guidance on T1D disease progression, the importance of beta cell health, and potentially improved long-term outcomes from early detection
- Help patients make a plan for autoantibody screening before symptoms develop

**For more information about the Family Factor Survey, T1D screening,
and healthcare provider resources visit ScreenForType1.com**

About the Survey

This survey was fielded by Ipsos (www.ipsos.com) as an online, 15-minute, self-administered survey among U.S. adults who are at risk of developing type 1 diabetes and caregivers to children under age 18 who are at risk of developing type 1 diabetes between April 1 and May 1, 2026. The national sample included 1,000 U.S. adults and caregivers who met survey qualification criteria. Additional augmented interviews were conducted in six key markets – TX, GA, CA, FL, MA, and NY – to achieve a base size of n=150 each, including a mix of at-risk adults and caregivers. Respondents were recruited from opt-in panels of general population respondents across the country.

To participate as an at-risk adult, respondents had to be ages 18-45 and have a first-degree family member (e.g., a parent, child, or sibling) diagnosed with T1D. To participate as a caregiver, respondents had to be ages 18-60 and be the parent or caregiver of a child who has a first-degree family member diagnosed with T1D. Potential respondents were excluded if they were unwilling to provide informed consent, were not the primary decision maker for their healthcare decisions or if they/their child had previously taken an autoantibody blood test for T1D. The final sample size for the survey is 1,511, including 511 respondents for the state-level augments, which are not included in the national findings. No weights were applied to either sample, and findings reflect the opinions of these respondents only.

References

1. Greenbaum, C., VanBuecken, D. & Lord, S. Disease-Modifying Therapies in Type 1 Diabetes: A Look into the Future of Diabetes Practice. *Drugs* 79, 43–61 (2019).
2. Diabetes Leadership Council. Type 1 Diabetes Early Detection. [Gettingaheadoftype1.org](https://www.gettingaheadoftype1.org). Published 2025. <https://www.gettingaheadoftype1.org/resources/providers>
3. Beyond Type 1. The Family Factor: A T1D Risk Awareness Survey. Commissioned by Sanofi; July 2026.