SURVEY FOR FAMILY PEDIATRICIANS

IN THE FRIULI VENEZIA GIULIA REGION ON TYPE 1 DIABETES SCREENING

GENERAL DATA

1) **Age:** _____ years

2) **Gender:**
   - ☐ Female
   - ☐ Male
   - ☐ Other

3) **In which province do you work?:**
   - ☐ Gorizia
   - ☐ Pordenone
   - ☐ Trieste
   - ☐ Udine

4) **How many patients do you care for?** _____

5) **How many of them have been diagnosed with Type 1 Diabetes?** _____

THE NEW SCREENING PROGRAM: HOW MUCH DO WE KNOW?

With Law No. 130 of September 15, 2023, Italy became the first country in the world to introduce screening for the entire pediatric population for Type 1 Diabetes and Celiac Disease. This program was preceded by a pilot study in four Italian regions (Lombardy, Marche, Campania, Sardinia) on a sample of over 5,000 children. The screening will be carried out through a capillary blood test for autoantibody dosage and the search for predisposing genetics.

6) **In 2023, Italy became the first country to pass a law for a national screening program for Type 1 Diabetes in the pediatric population.**
   How informed do you feel about this?
   - ☐ I was not aware
   - ☐ A little
   - ☐ Somewhat
   - ☐ Very

7) **Would you like to receive more theoretical and practical information about the screening program?**
   - ☐ Yes
   - ☐ No

TYPE 1 DIABETES SCREENING: WHY YES?

8) What are the main benefits of screening for T1DM? (select one or more options):

☐ Reduce the prevalence of ketoacidosis at onset
☐ Reduce the incidence of T1DM
☐ More time for the patient and family to adjust to the diagnosis
☐ Possibility to delay the onset of T1DM in high-risk individuals through pharmacological therapies
☐ Permanently rule out the possibility of developing T1DM in life if the result is negative

In reference to the previous question, please indicate other potential advantages: _____

TYPE 1 DIABETES SCREENING: WHY NOT?

9) What are the possible disadvantages of this screening? (select one or more options)

☐ Potential increase in family anxiety
☐ Possibility of identifying at-risk individuals who will not develop Type 1 Diabetes
☐ Need for repeated antibody testing, with the loss of individuals diagnosed before screening and who seroconvert after screening
☐ Unclear cost-benefit ratio
☐ Lack of available therapies to definitively prevent Type 1 Diabetes

In reference to the previous question, please indicate other potential disadvantages: _____

THEORETICAL BASIS OF SCREENING: HOW MUCH DO WE KNOW?

A series of questions will follow regarding the theoretical basis of screening.

10) Do individuals with a positive family history of Type 1 Diabetes have a higher risk of developing the disease compared to the general population?

☐ No
☐ Yes, the risk is increased 5 times compared to the general population
☐ Yes, the risk is increased 15 times compared to the general population

11) Who is the screening targeted at?

☐ Family members of individuals with Type 1 Diabetes
☐ Family members of individuals with celiac disease
☐ Family members of individuals with any autoimmune condition
☐ Individuals with another autoimmune condition
☐ General population

12) At what age is the screening planned? (select one or more options)

- ☐ 6 months
- ☐ 1 year
- ☐ 2 years
- ☐ 6 years
- ☐ 10 years
- ☐ 14 years

THEORETICAL BASIS OF SCREENING: HOW MUCH DO WE KNOW?

Based on the presence of beta-cell autoantibodies and measured glucose levels, Type 1 Diabetes can be divided into 3 stages:
- Stage 1: Presence of two or more beta-cell autoantibodies + normal blood glucose levels
- Stage 2: Presence of two or more beta-cell autoantibodies + dysglycemia
- Stage 3: Symptomatic disease, onset of Type 1 Diabetes

The detection of beta-cell autoantibodies during screening allows for the prediction of the risk of developing Type 1 Diabetes.

13) At stage 1, what is the risk of developing Type 1 Diabetes at 5 and 15 years?

- ☐ 30% at 5 years; 60% at 15 years
- ☐ 44% at 5 years; 80-90% at 15 years
- ☐ 52% at 5 years; 100% at 15 years

14) At stage 2, what is the risk of developing Type 1 Diabetes at 5 and 15 years?

- ☐ 50% at 5 years; 80% at 15 years
- ☐ 75% at 5 years; 100% at 15 years
- ☐ 90% at 5 years; 100% at 15 years

15) And if there is positivity for only 1 antibody? (select one or more options)

- ☐ The risk of developing Type 1 Diabetes is comparable to the general population
- ☐ The risk of developing Type 1 Diabetes is around 10-15%
- ☐ It could be a transient condition
- ☐ It could be the beginning of seroconversion

THE ROLE OF THE FAMILY PEDIATRICIANS

16) Are you aware of the role of family pediatricians within the screening program?

- ☐ Yes
- ☐ No

17) Do you feel prepared to carry out your role within the Type 1 Diabetes screening program?

- ☐ Yes
- ☐ No

18) In what situations do you think you could introduce the screening in your practice?

☐ Health check-ups
☐ Telephone contact
☐ Email contact
☐ Posters in the office
☐ Brochures in the office

Regarding the previous question, please specify any other occasions, not mentioned, where you could introduce the screening program:

_____

PARTICIPATION OF FAMILY PEDIATRICIANS IN THE SCREENING PROGRAM

19) Participation in the screening program is voluntary. Would you be willing to participate in the screening program?

20)
☐ Yes
☐ No

Regarding the previous question, if no, could you explain why?

_____

FOLLOW-UP

21) Do you think it is useful to introduce clinical follow-up in your practice in case of a positive antibody result in the T1DM screening?

☐ Yes, follow-up can be done in my practice
☐ No, follow-up should be done in pediatric diabetology

Regarding the previous question, if yes, through which tools?

_____

THE ROLE OF THE COMMUNITY HEALTH WORKER

22) Are you familiar with the role of the Community Health Worker?

☐ Yes
☐ No

THE ROLE OF THE COMMUNITY HEALTH WORKER

The Public Health Assistant is a healthcare professional responsible for prevention, promotion, and health education aimed at all age groups in the population. They assess the health needs of the community and collaborate with other professionals, including general practitioners, pediatricians, nurses, midwives, psychologists, social workers, and many others. Their activities take place in various settings such as hospitals (management

of healthcare-associated infections), prevention departments (vaccinations, epidemiological surveys, and infectious disease prophylaxis), family health centers (promotion of breastfeeding, parental support, participation in prenatal and postnatal courses), diabetes centers (prevention and management of patients with diabetes), addiction prevention, sports medicine, occupational medicine, cancer screening, and more.

23) Do you think the Community Health Worker could assist you in promoting and implementing the screening program?

- ☐ Yes
- ☐ No

FINAL COMMENTS

24) Do you have any additional comments or suggestions regarding the Type 1 Diabetes screening?

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