



Beta-Cell Preservation Roundtable Discussion
Washington, D.C.
Thursday, October 30th, 2025

Organizations Represented

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| Alston & Bird | Children with Diabetes |
| American Association of Clinical Endocrinology | Diabetes Leadership Council |
| American Academy of Pediatrics | Diabetes Sisters |
| American Academy of Physician Associates | Diabetes Technology Access Coalition |
| American Diabetes Association | Diatrbe |
| Association of Diabetes Care and Education Specialists | Kyler Cares |
| Beyond Type 1 | National Association of School Nurses |
| Breakthrough T1D | Sanofi |
| | T1D Exchange |

The Moment and the Mission

The Diabetes Leadership Council convened leaders from patient advocacy organizations, medical societies, and industry for a roundtable focused on one urgent goal: aligning on how to communicate the importance of beta-cell preservation in Type 1 diabetes. The meeting was part of a growing coalition of advocates, clinicians, and policy leaders committed to accelerating early intervention and prioritizing beta-cell preservation.

From the outset, the conversation focused on hope. As one participant shared, “Screening was the entry point, but preservation is the promise.” The gathering reflected the belief that advocacy can change what living with Type 1 diabetes looks like when messages are clear, coordinated, and compelling.

The Science and the Stakes

The scientific foundation for beta-cell preservation is strong. Once beta cells are lost, they do not regenerate. However, preserving even a small number of functioning beta cells can significantly improve glycemic control, reduce insulin requirements, and lower the risk of diabetic ketoacidosis (DKA) and long-term complications. C-peptide testing serves as the gold-standard biomarker for beta-cell activity, linking biological preservation to clinical benefit.

Despite this knowledge, systemic barriers persist. Patients often face weeks of delay awaiting confirmatory tests and insurance approvals. Many are diagnosed in DKA, when testing is

unreliable, squandering the narrow window for intervention. The group agreed that every week matters. Time is beta.

Voices from the Room

Participants brought diverse experiences and deep personal connections to the cause. Organizations spoke candidly about the progress made in screening and the need to expand awareness of the importance of beta-cell preservation. A specific focus was placed on educating PCPs and pediatricians, since they are often the first to encounter newly diagnosed patients or those at early risk.

Advocates shared the emotional realities of life after diagnosis. Families navigating complexity, clinicians balancing new science with access hurdles, and communities disproportionately affected by delayed diagnosis.

One theme was universal: people cannot protect what they don't yet understand. Many people with Type 1 diabetes still have never heard the term "beta cell." The group suggested connecting to familiar language such as "prolonging the honeymoon period," as appropriate. The conversation underscored the need for plain, hopeful language rooted in science.

Participants identified specific needs by audience:

- **Patients and caregivers** – Plain-language education that empowers self-advocacy.
- **Clinicians (Endocrinologists, Pediatricians, Physician Assistants, Nurse Practitioners, Primary Care Physicians)** - Training and materials to help integrate beta-cell concepts into care pathways.
- **Policy and payer audiences** – Advocacy language showing economic and clinical value.
- **Hospital systems and administrators** – Implementation frameworks and coding guidance.

Policy Context and Systems Barriers

The discussion also addressed how policy intersects with patient access. Representatives from Alston & Bird and the Diabetes Technology Access Coalition outlined ongoing work to eliminate outdated C-peptide test requirements under Medicare that limit access to insulin pumps and continuous glucose monitoring technologies. Participants stressed the need to clarify the difference between using C-peptide as a diagnostic tool for preservation and its inappropriate use as an insurance gatekeeper.

This distinction between *measurement for insight* and *measurement as a barrier* will be central to consistent, responsible messaging across advocacy and clinical communications.

Co-Creating the Message

The workshop session turned insight into action. Flipcharts filled quickly with metaphors like “bubble wrap,” “seat belts,” and “sunscreen,” all ways of making the idea of preservation tangible and human.

As the ideas converged, so did the language. Phrases such as “Be prepared for tomorrow,” “Be empowered for tomorrow,” and “For a better (beta) tomorrow” evolved toward a single, resonant concept: “Protect today for a beta tomorrow.”

The group also workshopped statements tailored to specific audiences. For example: “We believe preserving beta cells is important because it improves outcomes, and we call on healthcare providers to learn more about screening and interventions so they can empower patients to take control of their health.”

Shared Framework and Proof Points

The group discussion identified some potential key themes and messages worthy of additional discussion and refinement:

- **Purpose:** Make early intervention and timely access from diagnosis to endo the norm for newly diagnosed T1D.
- **Unifying Theme:** Protect today for a beta (better) tomorrow.
- **Key Messages:**
 - Every week of delay risks irreversible beta-cell loss.
 - Preserving even a few beta cells can improve quality of life and outcomes.
 - Early intervention is both a clinical and policy imperative.
- **Proof Points:** Improved glycemic control, fewer DKA episodes, and lower risk of microvascular complications.

Looking Ahead – A Call to Collective Action

The roundtable concluded with tangible next steps. Participants aligned on the need for shared messaging to inform each organization’s outreach. The group also committed to aggregating their respective resources on beta-cell preservation to support knowledge sharing—**GettingAheadofType1.org** was suggested as a potential hub for this information.

In addition, participants expressed interest in reconvening to continue the conversation, refine messaging, share insights, and collaborate on an ongoing basis.