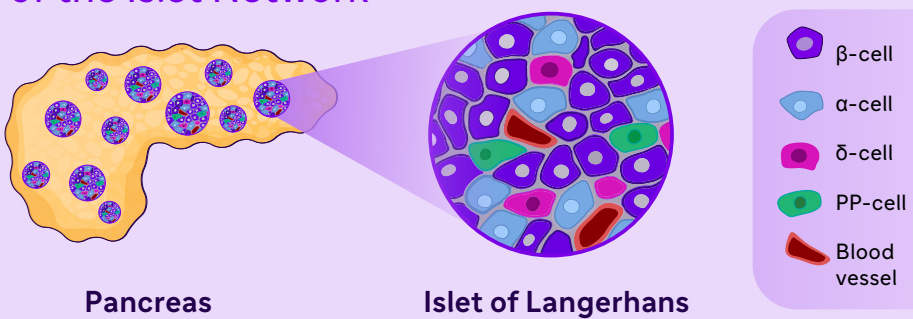


Autoimmune Type 1 Diabetes (T1D): The Role of Beta-Cell Function and C-Peptide Assessment

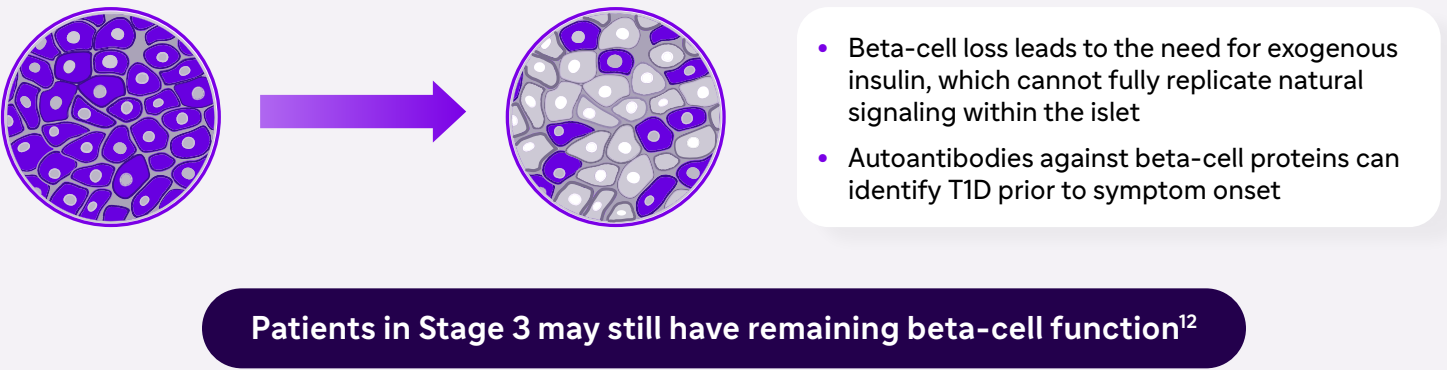
Beta cells are the body’s insulin-producing cells. In T1D, autoimmune loss of beta cells leads to metabolic dysfunction and reduced glucose-responsive insulin secretion. Measuring C-peptide provides a way to assess remaining beta-cell activity.¹⁻³

Beta Cells Are a Crucial Piece of the Islet Network⁴⁻⁷

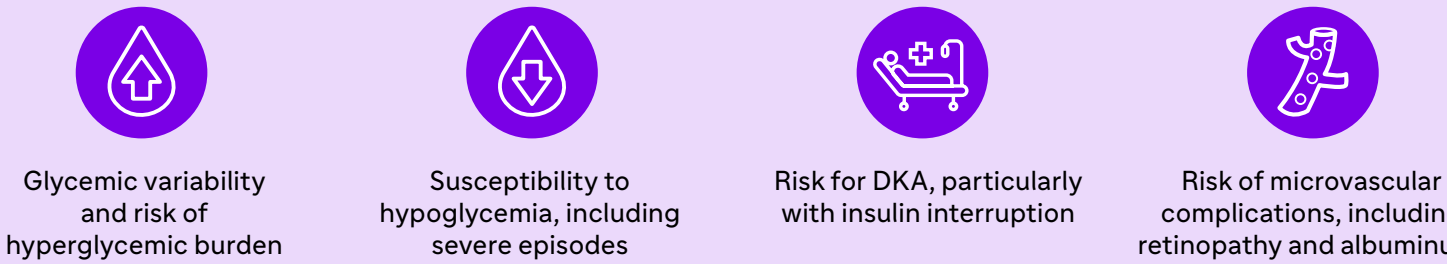
- The islet is a coordinated network of endocrine cells and supporting tissue that maintains glucose homeostasis
- Beta cells comprise the majority of cells in the islet and secrete the hormones insulin and amylin to promote glucose uptake and storage, delayed gastric emptying, and satiety



Beta-Cell Loss Occurs Before a Stage 3 Clinical Diagnosis of T1D^{1,2,8-11}

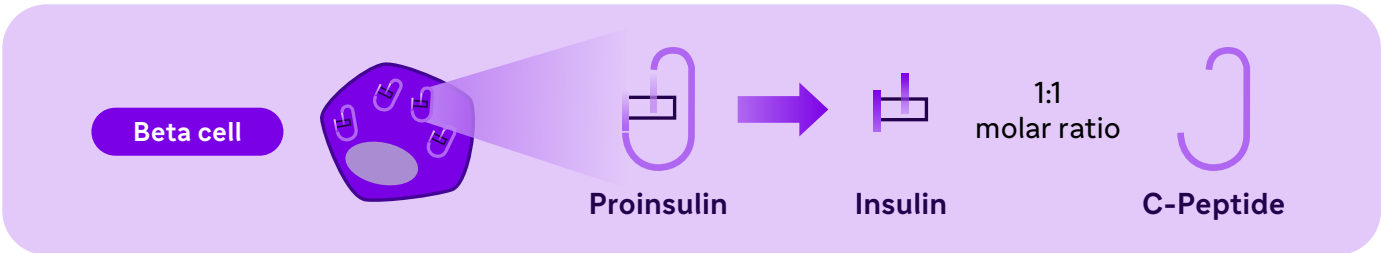


Beta-Cell Loss May Result In Clinical Complications^{1,12-17}



Evaluation of C-Peptide: A Biomarker of Beta-Cell Function^{3,18-21}

- C-peptide is co-secreted with insulin in a 1:1 ratio
- C-peptide reflects endogenous, glucose-stimulated insulin secretion, and is not affected by exogenous insulin
- C-peptide has a longer half life than insulin making it a preferred biomarker of beta-cell function



Random (non-fasting) C-Peptide Is the Simplest Method for Measuring C-Peptide^{21,22}

C-peptide measurement	Fasting	Random (non-fasting)	Stimulated (90-min MMTT)
Advantage	Simple, quick, correlates with diabetes type	Simple, quick, correlates with diabetes type	Sensitive, specific, reproducible, correlates with diabetes type
Disadvantage	Insufficient to detect subtle rises in C-peptide	If indeterminate, requires confirmation with stimulation testing	Time-consuming, liquid mixed meals not widely available for MMTT

Random C-peptide (non-fasting) strongly correlates with the gold-standard 90-min C-peptide MMTT measurement

Threshold for clinically meaningful beta-cell function is ≥0.6 ng/mL or ≥0.2 pmol/mL²¹

α-cell=alpha cell; β-cell=beta cell; δ-cell=delta cell; DKA=diabetic ketoacidosis; MMTT=mixed meal tolerance test; PP-cell=pancreatic polypeptide cell.

1. American Diabetes Association. *Diabetes Care*. 2026;49(suppl 1):1-S371. 2. Herold, KC, et al. *Nat Rev Immunol*. 2024;24(6):435-451. 3. Galderisi A, et al. *Diabetologia*. 2023;66(12):2189-2199. 4. Atkinson MA, Mirmira RG. *Cell Metab*. 2023;35:1500-1518. 5. Denroche HC and Verchere CB. *J Molec Endocrinol*. 2018;60(2):R57-75. 6. Sabi SH, et al. *Diabetes Metab Syndr Obes*. 2024;17:4439-4452. 7. Rahman MS, et al. *Int J Mol Sci*. 2021;22(12):6403. 8. Insel RA, et al. *Diabetes Care*. 2015;38(10):1964-1974. 9. Haller MJ, et al. *Horm Res Paediatr*. 2024;97(6):529-545. 10. Phillip M, et al. *Diabetes Care*. 2024;47(8):1276-1298. 11. Kramer CK, et al. *Cell Metab*. 2021;33(4):740-747. 12. Latres E, et al. *Diabetes*. 2024;73(6):823-833. 13. Jansen TJP, et al. *Diabetologia*. 2023;66(2):367-375. 14. Sørensen JS, et al. *Diabetes Care*. 2013;36(11):3454-3459. 15. Jeyam A, et al. *Diabetes Care*. 2021;44(2):390-398. 16. Suh J, et al. *Front Endocrinol (Lausanne)*. 2022;13:869204. 17. Steffes MW, et al. *Diabetes Care*. 2003;26(3):832-836. 18. Flier JS, Kahn CR. *Mol Metab*. 2021;52:101194. 19. Jones AG, Hattersley AT. *Diabet Med*. 2013;30(7):803-817. 20. Washburn RL, et al. *Biomedicines*. 2021;9(3):270. 21. Leighton E, et al. *Diabetes Ther*. 2017;8(3):475-487. 22. Hope SV, et al. *Diabet Med*. 2016;33(11):1554-1558.