

Earlier Detection. Earlier Intervention.

A New Approach to Pediatric
Type 1 Diabetes



The Current Reality

Most children with Type 1 diabetes are diagnosed only after significant beta-cell destruction has already occurred, and many present in diabetic ketoacidosis (DKA) at diagnosis.

Approximately 30–40% of children are diagnosed in DKA, increasing risk of hospitalization, long-term complications, and healthcare burden.

What Kihealth Measures

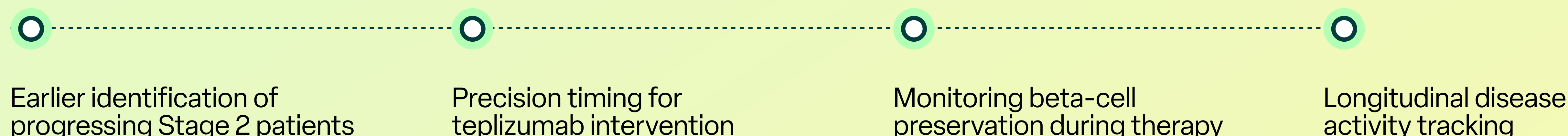
Kihealth measures active beta-cell death directly through detection of unmethylated INS cfDNA released during pancreatic beta-cell apoptosis using highly sensitive ddPCR technology.

Unlike autoantibody testing, which identifies immune risk, Kihealth measures real-time beta-cell injury and disease activity.

Why This Matters In Pediatrics

The assay may help identify actively progressing children earlier, improve timing for immune intervention, and reduce DKA at diagnosis.

Clinical Applications



Why Early Detection Matters

Preserve remaining beta-cell mass

Optimize window for immune intervention

Reduce DKA at diagnosis (currently 30–40%)

Enable precision timing of teplizumab therapy

Improve long-term metabolic outcomes

Independent of HbA1c severity
detection does not depend on glycemic control at time of diagnosis

73%

Detection rate in pediatric Stage 3 T1D at a single timepoint