

FROM DETECTION TO CURE

Transforming lives for people living with diabetes

Insights from the 2025 IDF Europe Expert Day | Executive Summary

Diabetes has long been viewed as a lifelong condition, but scientific advances are now reshaping what may be possible in its prevention, treatment and even cure. **Innovations in medicines and technologies are reshaping care.** Growing evidence shows that type 2 diabetes (T2D) remission is achievable; progress is being made in delaying the progression of type 1 diabetes (T1D) and moving closer to a functional cure; and understanding of the links between diabetes and other chronic conditions continues to improve. **Yet many people in Europe still face delayed diagnosis, unmet treatment targets and unequal access to innovation.** To address this gap, IDF Europe convened an **Expert Day** in December 2025 to explore **transformative opportunities in diabetes prevention and care.** The consensus was clear: achieving meaningful change will require coordinated policies, equitable access to care, sustained research investment and integrated, person-centred approaches to ensure that scientific advances translate into better outcomes.

RETHINKING T2D MANAGEMENT

T2D IS NOT INEVITABLY PROGRESSIVE: PREVENTION, REMISSION AND COMPLICATION REDUCTION ARE REALISTIC GOALS FOR SOME PEOPLE



Traditional T2D management has focused on treatment escalation. However, new evidence shows that early, personalised interventions—especially those promoting weight loss through lifestyle changes, newer medications or surgery—can lower the risk of progression and even lead to remission in some people. This shifts the view of T2D from an inevitably worsening lifelong disease to one where prevention, remission and lower complications rates are realistic goals.

T2D REMISSION REQUIRES SUSTAINED MONITORING AND TAILORED CARE



People who achieve remission remain at risk of relapse and diabetes-related complications, including cardiovascular, kidney and liver diseases, particularly when routine monitoring or preventive therapies are scaled back. Remission should be embedded within **long-term, structured care pathways** that include continued risk assessment, monitoring and timely intervention.

EARLY DETECTION OF DYSGLYCAEMIA IS KEY TO MAXIMISING PREVENTION, REMISSION AND HEALTH OUTCOMES



The likelihood of achieving remission and lowering the risk of complications is highest when intervention occurs early in the disease course. Yet, many people are diagnosed only once complications have developed. **Earlier identification of dysglycaemia** creates a window of opportunity for timely, personalised intervention that **can alter disease trajectories and reduce long-term burden.** To realise this opportunity, people also need timely access to new technologies and therapies that can improve glycaemic control and provide multi-organ protection.

CGMs SUPPORT EARLIER INTERVENTION AND PERSONALISED CARE



Continuous glucose monitors (CGMs) can support early detection of dysglycaemia that is missed by point-in-time testing and provide insights to support behavioural change, self-management and clinical decision-making. However, they remain underused due to cost, data interpretation challenges and limited integration into primary care.

EQUITY AND PERSON-CENTRICITY MUST BE CENTRAL TO PREVENTION AND REMISSION STRATEGIES



Socioeconomic disadvantage shapes both the risk of developing T2D and the likelihood of not benefiting from remission-focused interventions. **Prevention and remission must be grounded in fairness, accessibility and inclusion.**

HEALTH SYSTEM TRANSFORMATION IS KEY TO TRANSLATE EVIDENCE INTO PRACTICE



Despite strong evidence, most diabetes care pathways remain oriented towards long-term management rather than early intervention, remission and risk reduction. **Clear definitions of remission, integrated care models, aligned reimbursement, adequate workforce capacity and coordinated multidisciplinary care** are required to close the gap between science and clinical practice.

TOWARDS A CURE FOR T1D



T1D REMAINS A SERIOUS AND LIFE-ALTERING CONDITION

Advances in insulin therapy and delivery systems as well as glucose monitoring have transformed T1D management and care. Yet the condition continues to impose a substantial burden on people living with diabetes (PwD) and their families. Incidence is rising, misdiagnosis remains common in adults and late diagnosis continues to expose children and adults to life-threatening diabetes ketoacidosis (DKA).

EARLIER IDENTIFICATION OF T1D IS NOW POSSIBLE AND CHANGES THE CARE PARADIGM



Autoantibody screening makes it possible to **identify people with T1D before clinical onset**. Earlier identification reduces the risk of DKA at diagnosis, allows individuals and their families time to prepare and enables timely access to care, education, psychosocial support and clinical trials. **Screening must be embedded within structured follow-up pathways to optimise support and benefits.**

A FUNCTIONAL CURE IS INCREASINGLY PLAUSIBLE THROUGH CELL AND GENE THERAPIES



Cell replacement strategies, including pancreas and ISLET transplantation, and other beta cell replacement approaches, **offer promising routes towards restoring endogenous insulin production**. Early clinical results are encouraging, **but significant challenges remain** related to durability, immune protection, safety, scalability, cost, regulation and equitable access.

DISEASE-MODIFYING THERAPIES ARE SHIFTING T1D CARE FROM REACTIVE TO PROACTIVE INTERVENTION



New **therapies that delay progression to insulin-dependent T1D** represent a major shift in how the disease is approached, **targeting the autoimmune process rather than responding only after beta-cell loss has occurred**. These therapies have the potential to reduce long-term complications and improve quality of life, provided access is timely, equitable and supported by robust care pathways.

PROGRESS TOWARDS A CURE REQUIRES SUSTAINED RESEARCH, COLLABORATION AND SYSTEM READINESS



Advancing from experimental success to real-world impact will require coordinated investment in research, cross-disciplinary collaboration, regulatory alignment and manufacturing innovation. Equally important is the **meaningful involvement of people living with T1D** and their carers to ensure emerging therapies are acceptable, person-centred and deliverable at scale.

IDF Europe extends its sincere thanks to all PwD, healthcare professionals, researchers and policymakers who contributed their expertise and lived experience to the Expert Day, as well as to the European Liver Patients Association (ELPA), the European Society of Cardiology (ESC) and the European Kidney Health Alliance (EKHA) for their contributions to the exchanges. Their insights and engagement were essential in shaping the discussions and calls to action presented in this report and will remain central to advancing policies that truly transform life with diabetes – from early detection to cure.

This document summarises the key insights from IDF Europe's Expert Day held in December 2025, to inform policy decisions on diabetes prevention and care.

Read the full report



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