



Type 1 Diabetes (T1D)

- T1D affects around 5-10% of people with diabetes and can develop at any age.
- T1D is caused by insulin deficiency resulting from autoimmune destruction of the pancreatic beta cells.

T1D Genetics

- Research has revealed a spectrum of disease variants that span between high impact, rare alleles that cause monogenic disease, and common alleles of low effect (Figure 1a)
- T1D risk is commonly polygenic in nature, with many low effect alleles contributing to disease development (Figure 1b – top)
- However, recent genetics research has identified T1D patients whose autoimmune disease risk is largely driven by a single genetic mutation (Figure 1b bottom)

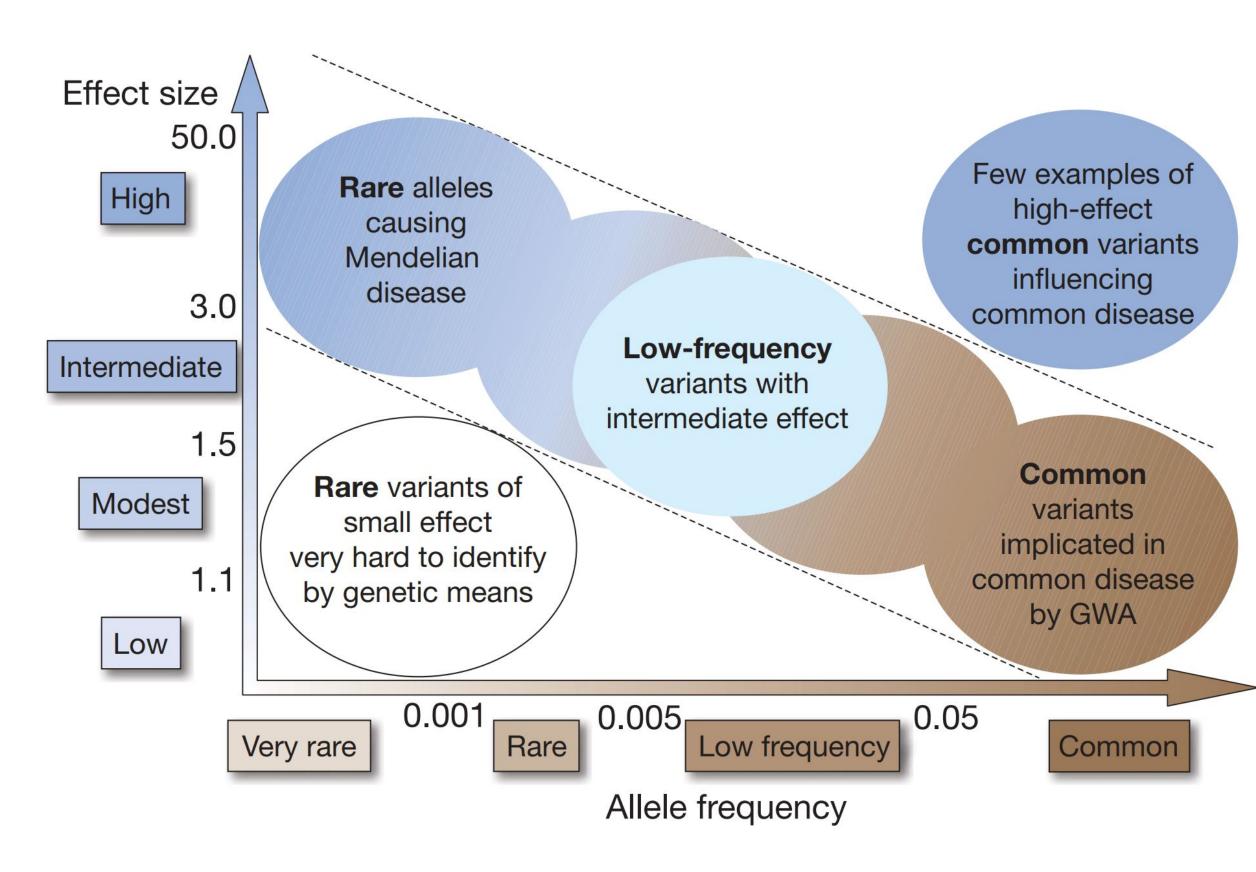


Figure 1a: Spectrum of T1D Disease Variants

Precision Type 1 Diabetes Genetics

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How to identify patients with possible monogenic T1D?

- Strong multigenerational family history of T1D, especially AB+
- And/or strong multigenerational family history of other autoimmune conditions
- And/or individual with T1D and multiple autoimmune conditions

Why does it matter to identify monogenic T1D?

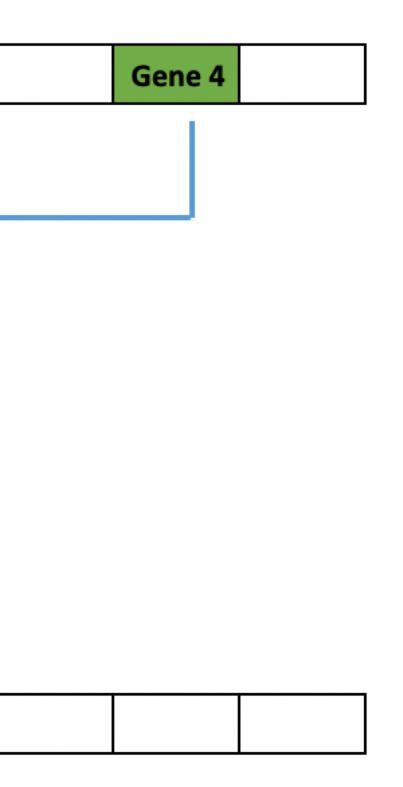
- Therapeutic intervention targets
- Helps patient to understand why they developed diabetes
- Helps to direct follow up functional studies
- There are typically family member implications
- Autosomal dominant forms: 50% chance of passing to children

Complexity of Type 1 Diabetes (T1D) Genetics

Figure 1b. Polygenic vs. Monogenic T1D

Gene	1	Gene 2			Gene 3	
Common, Polygenic						
			Auto	oimmunity T1D	y/	
Rare, Monogenic						
				Gene 1		

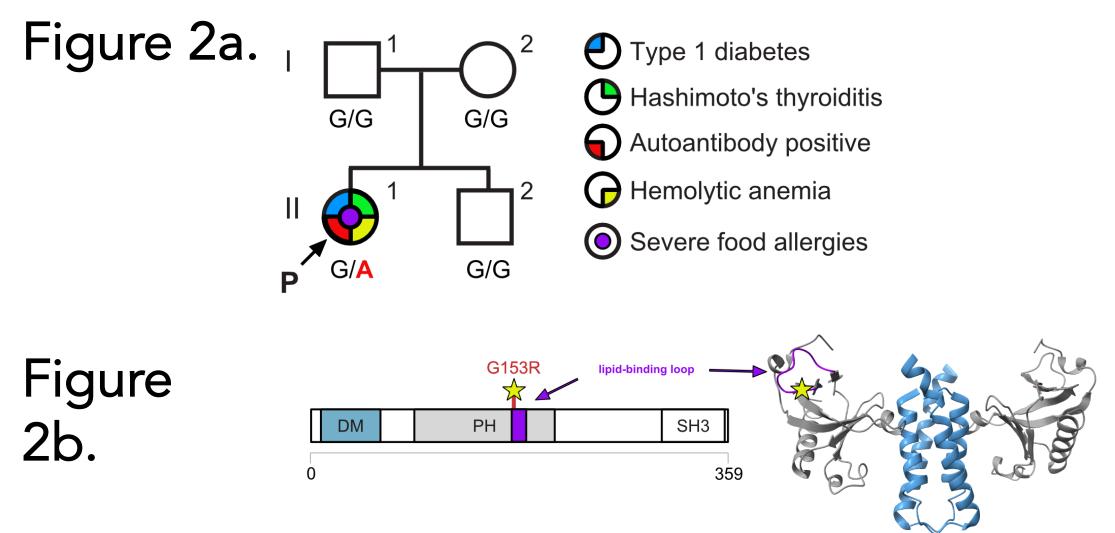
Example of Monogenic T1D and comorbid autoimmunity



SKAP2 activating mutation causes T1D and multiple other autoimmunities Clinical Characteristics

- No family history of T1D or other autoimmunity (Figure 2a)
- syndrome, positive for GAD and ICA512 autoantibodies

<u>Genetic Analysis and Functional Studies</u>



Implications for Diabetes Care and Education Specialists

- therapy

Resources for patients with unique presentations of T1D

- www.precisiont1d.uchicago.edu

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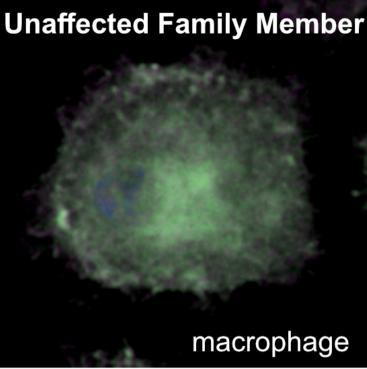


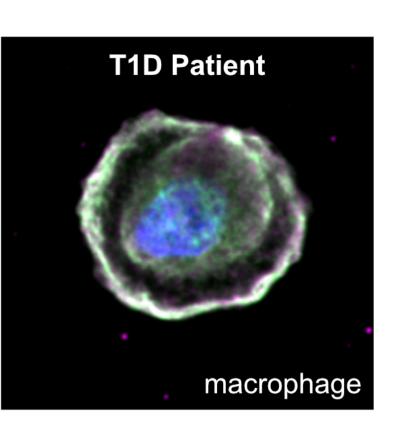
• Diagnosed with T1D at age 12 with HbA1c 8.4% at presentation, 50th percentile BMI • Other autoimmune conditions: Hashimoto's thyroiditis, eczema, intermittent hemolytic anemia, undifferentiated connective tissue disease, severe food allergies, and Raynaud

Genomic sequencing of the T1D patient identified a de novo variant in the SKAP2 gene within a functionally important lipid-binding loop of the protein (Figure 2b).

• Functional studies of immune cells collected from the T1D patient and an unaffected family member demonstrated that the SKAP2 variant is a gain-of-function, pathogenic mutation that alters the immune cells of the T1D patient (Figure 2c).

Figure 2c.





• It is important to be aware of the unique presentation of T1D patients with possible monogenic disease (as described in Intro/Background section) • Referral for research-based genetic testing should be considered • Genetic testing helps identify T1D patients that may benefit from targeted

• University of Chicago and University of California San Francisco are conducting a collaborative study to discover genetic insights of autoimmunity and T1D • Patients may review additional information and sign up for the study at

ACKNOWLEDGMENTS