

**23 - 24 settembre 2016 - Roma - CONGRESSO AMD – SID LAZIO
2016 NOTIZIE DALLA REGIONE: RICERCA, ASSISTENZA E
POLITICHE SANITARIE**

*Genetica e clinica
del diabete familiare
dell'età adulta*

Serena Pezzilli

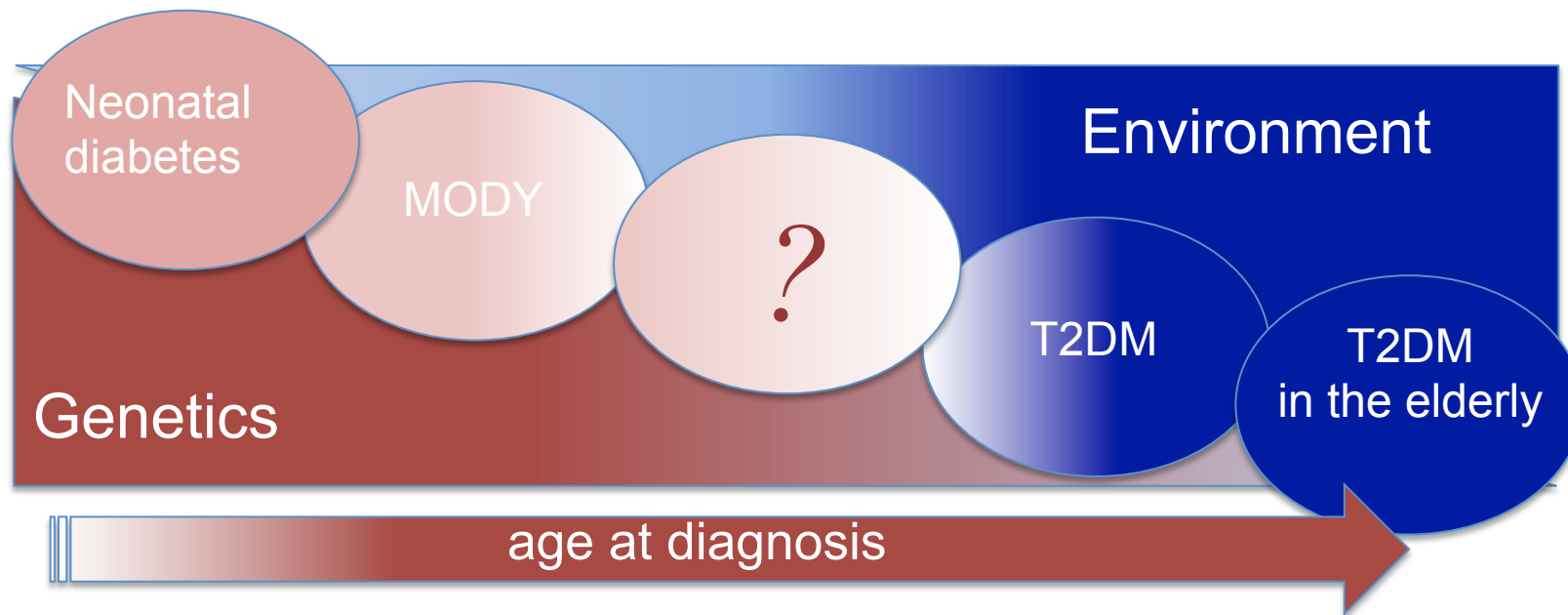
*Dottoranda in Genetica Medica
Dipartimento di Medicina Sperimentale,
Università di Roma "Sapienza"*



SAPIENZA
UNIVERSITÀ DI ROMA



Lo “*Spettro*” del diabete non autoimmune



*Esistenza in clinica di pazienti con errata diagnosi di diabete di tipo 2, caratterizzati da un diabete multigenerazionale dell'adulto
(possibile forma intermedia di diabete)*



 PLOS ONE

2015, 10:e0135855.

RESEARCH ARTICLE

Identification and Clinical Characterization of Adult Patients with Multigenerational Diabetes Mellitus

Ornella Ludovico¹, Massimo Carella², Luigi Bisceglia², Giorgio Basile^{3,4}, Sandra Mastroianno⁵, Antonio Palena¹, Salvatore De Cosmo⁵, Massimiliano Copetti⁷, Sabrina Prudente^{3*}, Vincenzo Trischitta^{3,4,8*}



FDA

(Familial Diabetes of the Adulthood)

Disegno dello studio

2,583 pazienti con diabete di tipo 2 (DM2)



77 pazienti (3%) presenta una forma di diabete multigenerazionale
Famiglie con diabete in ≥ 3 generazioni



Sequenziamento Sanger: 6 geni responsabili delle forme più comuni di MODY
(HNF1A, HNF1B, HNF4A, GCK, NeuroD1 e PDX1) e la mutazione
mitocondriale mtDNA (A3243G)



10 pazienti (0.4%): MODY+



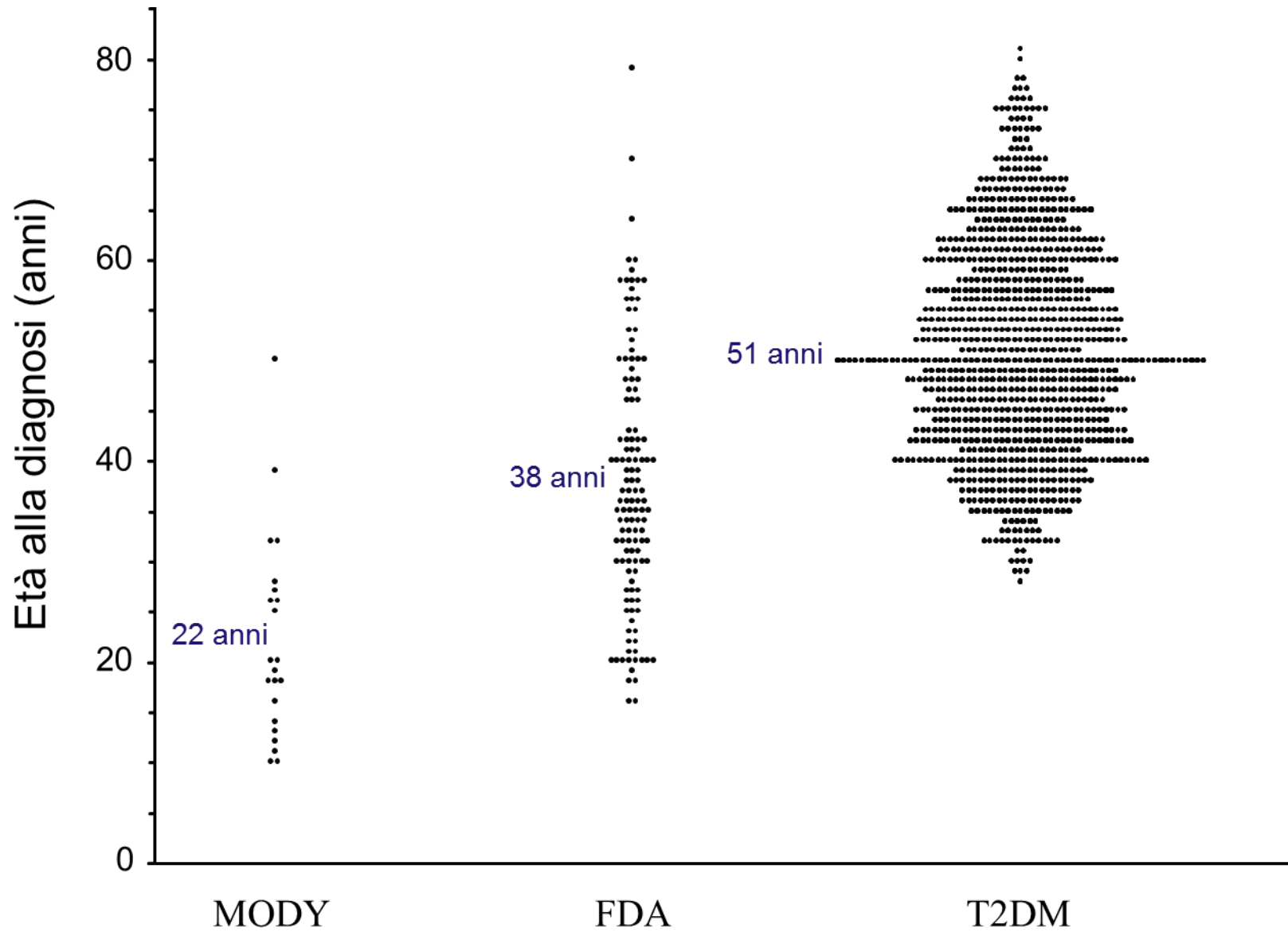
67 pazienti (2.6%): ???

FDA : Familial Diabetes of the Adulthood

Identification and Clinical Characterization of Adult Patients with Multigenerational Diabetes Mellitus.

Ludovico O. *et al.*; PLoS One. 2015 Aug 19;10(8)

	MODY (10 families, n=22)	FDA (67 families, n=130)	T2DM (n=1,028)
Males (%)	36.4	53.1	50.0
Age (yrs)	40.4±15.3	53.3±13.7*§	62.1±9.7
Age at diagnosis (yrs)	22.0±10.1	37.7±12.5*§	51.2±10.5
BMI (Kg/m ²)	24.9±3.4	30.1±6.3§	31.1±5.8
Waist circumference (cm)	87.7±12.2	97.5±13.6*§	102.4±13.4
HbA1c (%) (mmol/mol)	7.1±2.0 (54.0±21.9)	8.7±2.0 (72.0±21.9)	8.7±2.0 (72.0±21.9)
Anti-hyperglycemic treatment			
Diet (%)	45.5	12.3	15.8
OADs (%)	31.8	42.3	42.5
Insulin ± OADs (%)	22.7	45.4§	41.7
Obesity (%)	13.6	44.4§	53.1
Hypertension (%)	13.6	48.8*§	84.7
Dyslipidemia (%)	63.6	79.8	86.7
Micro-macro-albuminuria (%)	9.5	29.6	30.7





FDA
What else....

FDA: what else?

IPOTESI I:

- Mutazioni nei geni per le forme non comuni di MODY che non erano stati valutati nel nostro primo screening*
- Oppure mutazioni nei 6 geni per le forme più comuni di MODY già screenate e precedentemente sfuggite al sequenziamento.*

IPOTESI II:

- Mutazioni nei geni del Diabete Neonatale.*

IPOTESI III

- Mutazioni in geni non ancora conosciuti coinvolti nell'omeostasi del glucosio.*

OBIETTIVO: Verificare la presenza di mutazioni nei geni MODY, e del Diabete Neonatale

LO STUDIO:

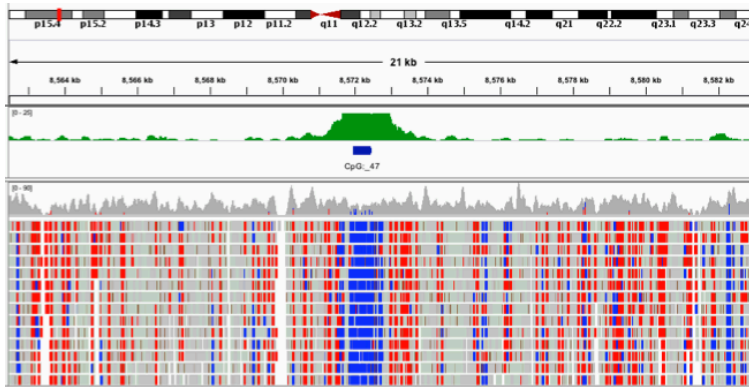
52 Pazienti FDA



ANALISI NGS

(Next Generation Sequencing) su 52 DNA

*9 mediante WES (Whole Exome Sequencing)
Sequenziamento dell'intera regione codificante del genoma*



SOLID 5550 XL, Applied Biosystems (Italia)

43 Pazienti sono stati analizzati mediante un Pannello (Targeted Resequencing) di 26 geni responsabili del MODY (n=13) e del Diabete Neonatale (n=13)

GENE	DM type	GENE	DM type
<i>ABCC8</i>	<i>MODY/Neonatal</i>	<i>EIF2AK3</i>	Neonatal
<i>BLK</i>	MODY	<i>FOXP3</i>	Neonatal
<i>CEL</i>	MODY	<i>GATA4</i>	Neonatal
<i>GCK</i>	<i>MODY/Neonatal</i>	<i>GATA6</i>	Neonatal
<i>HNF1A</i>	MODY	<i>GLIS3</i>	Neonatal
<i>HNF1B</i>	<i>MODY/Neonatal</i>	<i>IER3IP1</i>	Neonatal
<i>HNF4A</i>	MODY	<i>NEUROG3</i>	Neonatal
<i>INS</i>	<i>MODY/Neonatal</i>	<i>PTF1A</i>	Neonatal
<i>KCNJ11</i>	<i>MODY/Neonatal</i>	<i>RFX6</i>	Neonatal
<i>KLF11</i>	MODY	<i>SLC19A2</i>	Neonatal
<i>NEUROD1</i>	<i>MODY/Neonatal</i>	<i>SLC2A2</i>	Neonatal
<i>PAX4</i>	MODY	<i>WFS1</i>	Neonatal
<i>PDX1</i>	<i>MODY/Neonatal</i>	<i>ZFP57</i>	Neonatal

Pipeline per filtraggio e prioritizzazione delle varianti in 26 geni

A: qualità
reads ≥ 10 passing filter

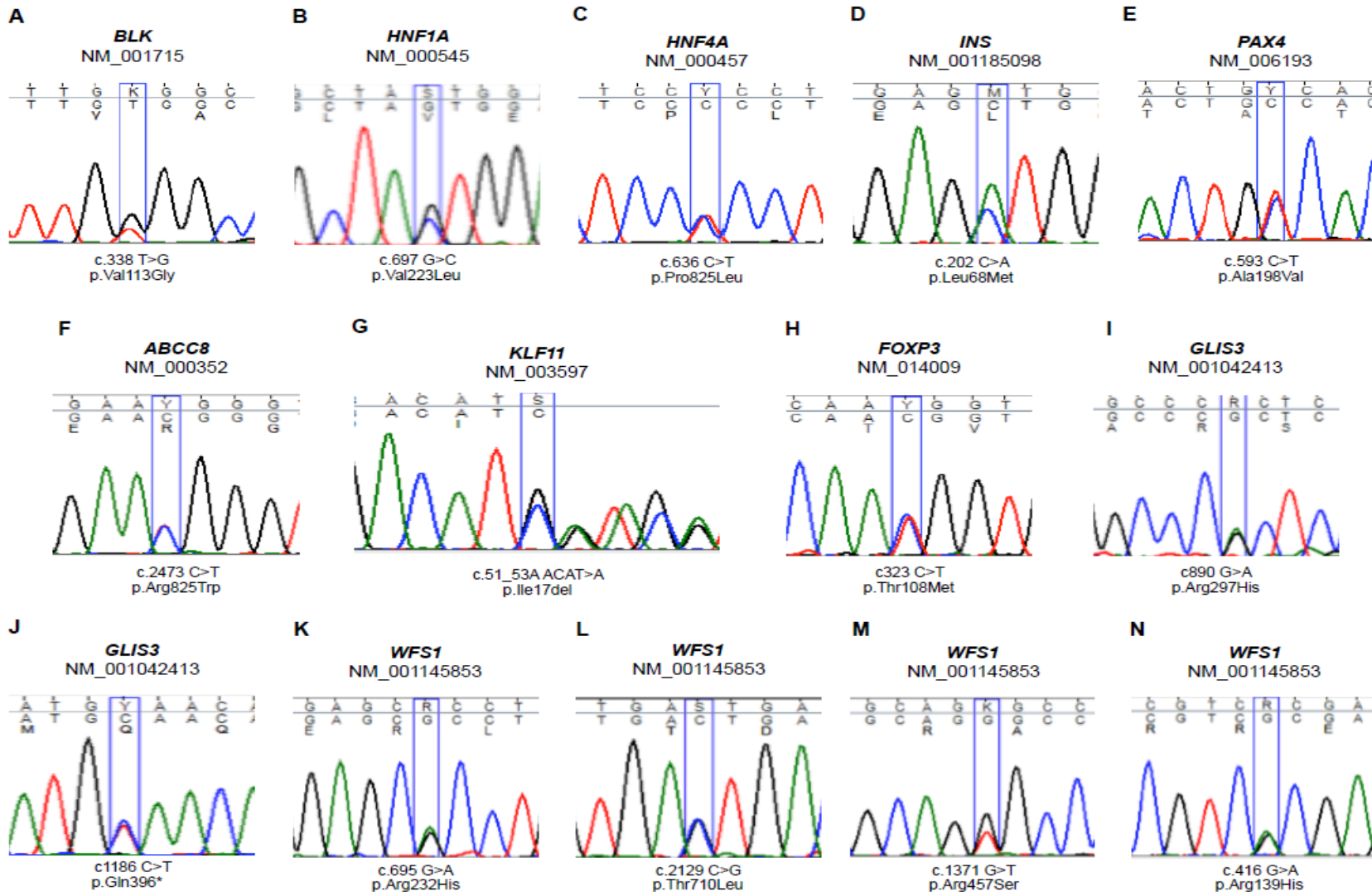


B: frequenza
*Exac_All
< 1/1000*



C: patogenicità
*stop, splicing, indels,
missense con score di
patogenicità ≥ 7 (score 0-13)*

Verifica mediante Sanger Sequencing delle mutazioni filtrate



IPOTESI I:

Mutazioni nei geni MODY a tutt'oggi noti (n=13)

	GENE	REFERENCE SEQUENCE	NUCLEOTIDE CHANGE	AMMINOACID	EFFECT	PATHOGENICITY SCORE (0-13)	COMMENT
1	<i>BLK</i>	NM_001715	Exon 5 c.338 T>G	p.Val113Gly	Missense (HET)	9	Novel
2	<i>HNF1A</i>	NM_000545	Exon 3 c.697 G>C	p.Val233Leu	Missense (HET)	11	Novel
3	<i>HNF4A</i>	NM_000457	c.636 C>T	p.Pro825Leu	Missense (HET)	10	3/ 10 000
4	<i>INS</i>	NM_001185098	Exon 5 c.202 C>A	p.Leu68Met	Missense (HET)	7	Edghill EL <i>et al</i> ; (2007) (rs121908279)
5	<i>PAX4</i>	NM_006193	Exon 5 c.593 C>T	p.Ala198Val	Missense (HET)	9	Novel

5 mutazioni MODY

2 nei geni responsabili delle forme comuni

3 nei geni responsabili delle forme non comuni

IPOTESI II:

Mutazioni nei geni responsabili del Diabete Neonatale

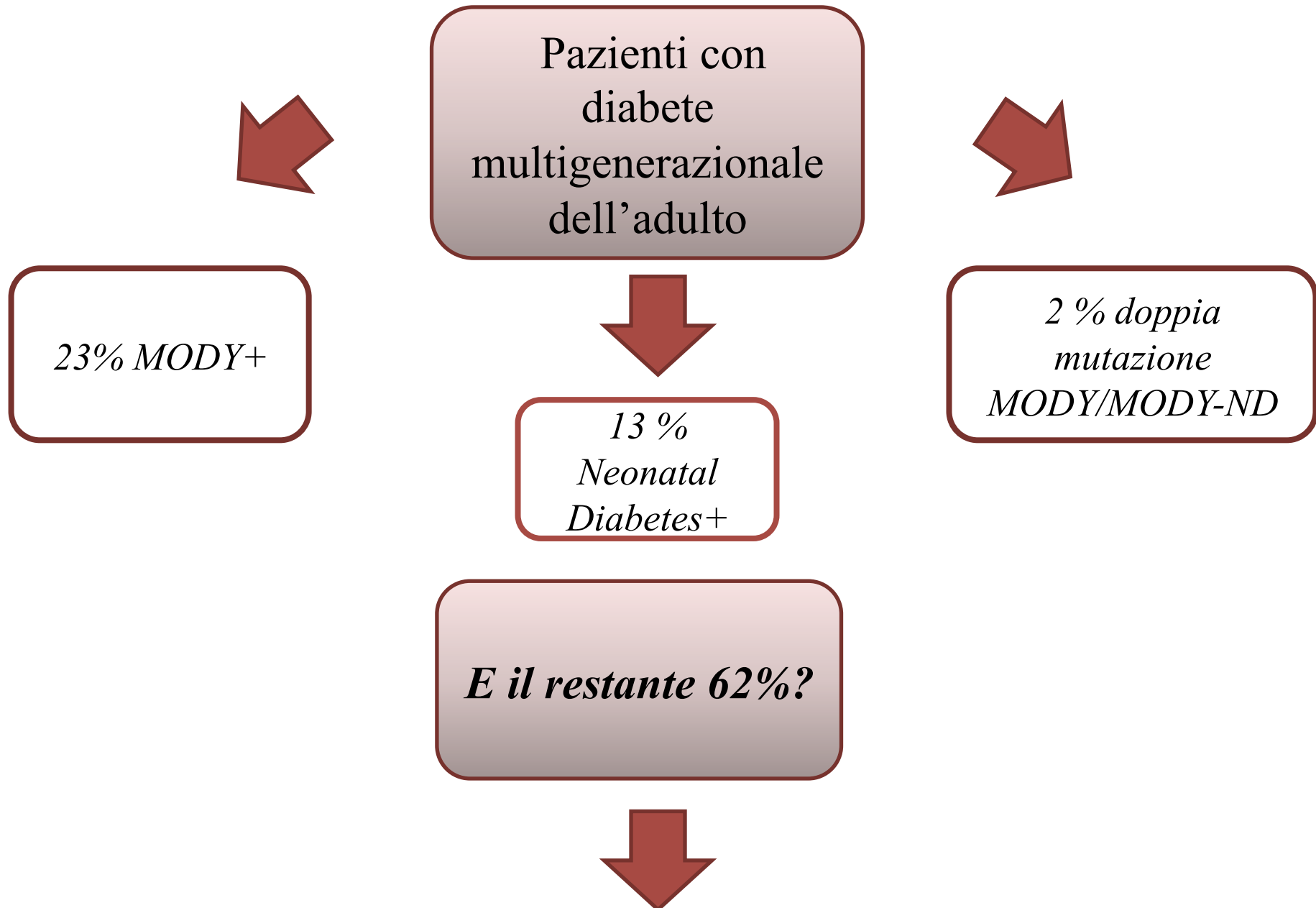
	GENE	REFERENCE SEQUENCE	NUCLEOTIDE CHANGE	AMMINOACID	EFFECT	PATHOGENICITY SCORE (0-13)	COMMENT
6	<i>FOXP3</i>	NM_014009	Exon 4 c323 C>T	pThr108Met	Missense (HET)	7	7/1 000 000 (rs374642910)
7	<i>GLIS3</i>	NM_001042413	Exon 4 c890 G>A	p.Arg297His	Missense (HET)	7	Novel
8	<i>GLIS3</i>	NM_001042413	Exon 4 c1186 C>T	p.Gln396Ter	Stop Gain (HET)	↑↑	Novel
9	<i>WFS1</i>	NM_001145853	Exon 6 c695 G>A	p.Arg232His	Missense (HET)	8	2/ 10 000 (rs375904080)
10	<i>WFS1</i>	NM_001145853	Exon 8 2129 C>G	c. p.Thr710Leu	Missense (HET)	8	2,5/ 100 000 (rs200136995)
11	<i>WFS1</i>	NM_001145853	Exon 8 c1371 G>T	p.Arg457Ser	Missense (HET)	9	Giuliano F. <i>et al</i> ; (2005) 2,3/ 10 000 (rs113446173)
12	<i>WFS1</i>	NM_001145853	Exon 4 c416 G>A	p.Arg139His	Missense (HET)	10	7/100 000 (rs374642910)

7 mutazioni in 3 geni del Diabete Neonatale

	GENE	REFERENCE SEQUENCE	NUCLEOTIDE CHANGE	AMMINOACID	EFFECT	PATHOGENICITY SCORE (0-13)	COMMENT
13	ABCC8	NM_000352	Exon 20 c.2473 C>T	p.Arg825Trp	Missense (HET)	12	8/1 000 000 (rs779736828)
	KLF11	NM_003597	Exon 2 c.51_53A ACAT>A	p.Ile17del	Nonframeshift Deletion (HET)	↑↑	8/1 000 000 (rs758083789)

*Un paziente presenta
una mutazione nel gene ABCC8
ed una mutazione nel gene KLF11*

RIASSUMENDO.....



IPOTESI III:

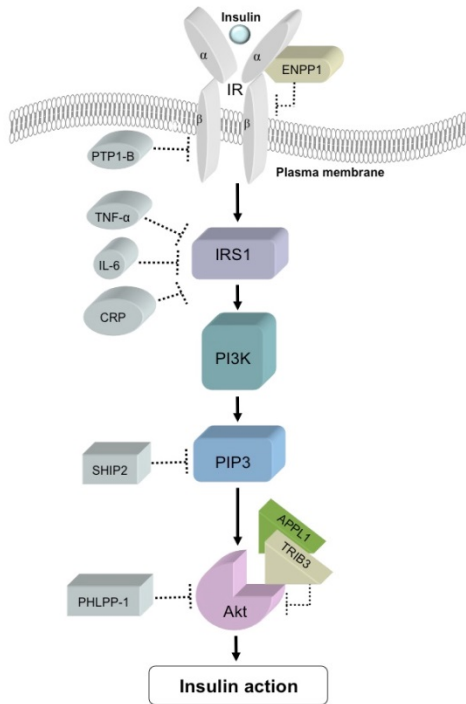
*Mutazioni in geni coinvolti nell'omeostasi del glucosio
ma non ancora conosciuti.*



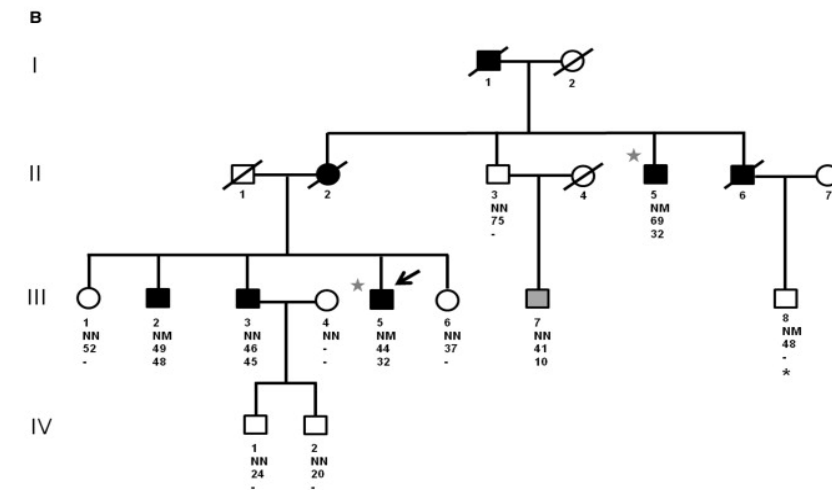
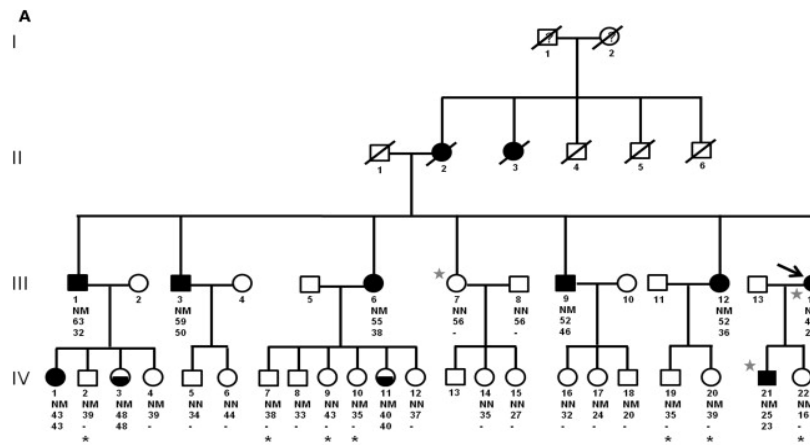
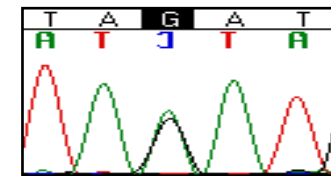
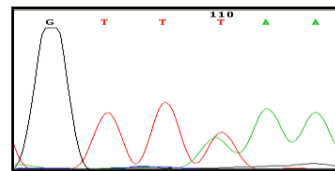
Loss-of-Function Mutations in *APPL1* in Familial Diabetes Mellitus

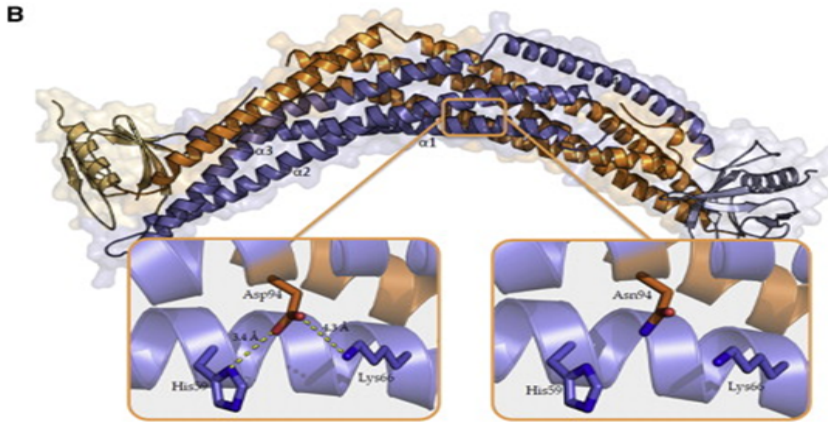
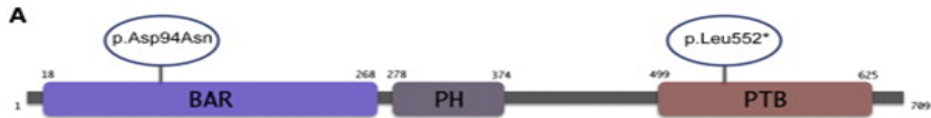
Sabrina Prudente,^{1,*} Prapaporn Jungtrakoon,^{2,3} Antonella Marucci,⁴ Ornella Ludovico,⁴ Patinut Buranasupkajorn,^{2,3} Tommaso Mazza,¹ Timothy Hastings,² Teresa Milano,⁵ Eleonora Morini,⁴ Luana Mercuri,¹ Diego Bailetto,^{1,6} Christine Mendonca,² Federica Alberico,¹ Giorgio Basile,^{1,6} Marta Romani,¹ Elide Miccinilli,¹ Antonio Pizzuti,^{1,6} Massimo Carella,⁷ Fabrizio Barbetti,^{8,9} Stefano Pascarella,⁵ Piero Marchetti,^{1,4,6} Vincenzo Trischitta,^{1,4,6} Rosa Di Paola,⁴ and Alessandro Doria^{2,3,*}

Prudente et al, *AJHG* 2015

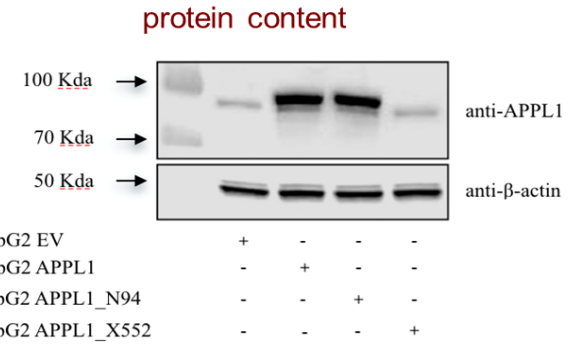
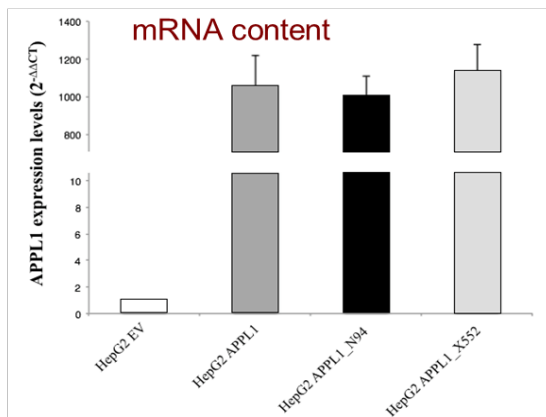


Gene	Mutation	Annotation	Family
APPL1	stopgain SNV	APPL1:NM_012096:exon17:c.T1655A:p.L552X	Italian
APPL1	nonsynonymous SNV	APPL1:NM_012096:exon5:c.G280A:p.D94N	US

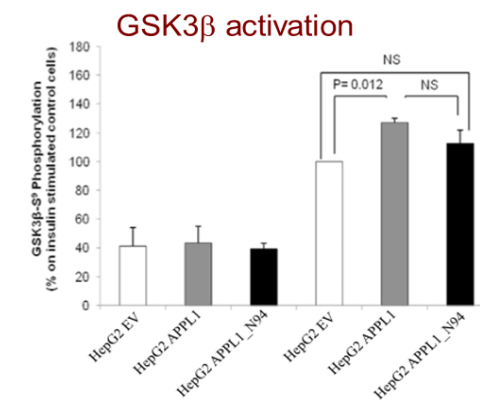
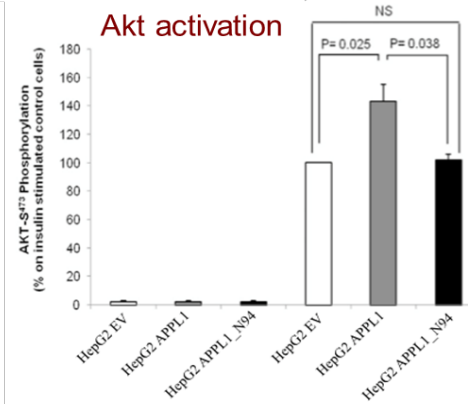




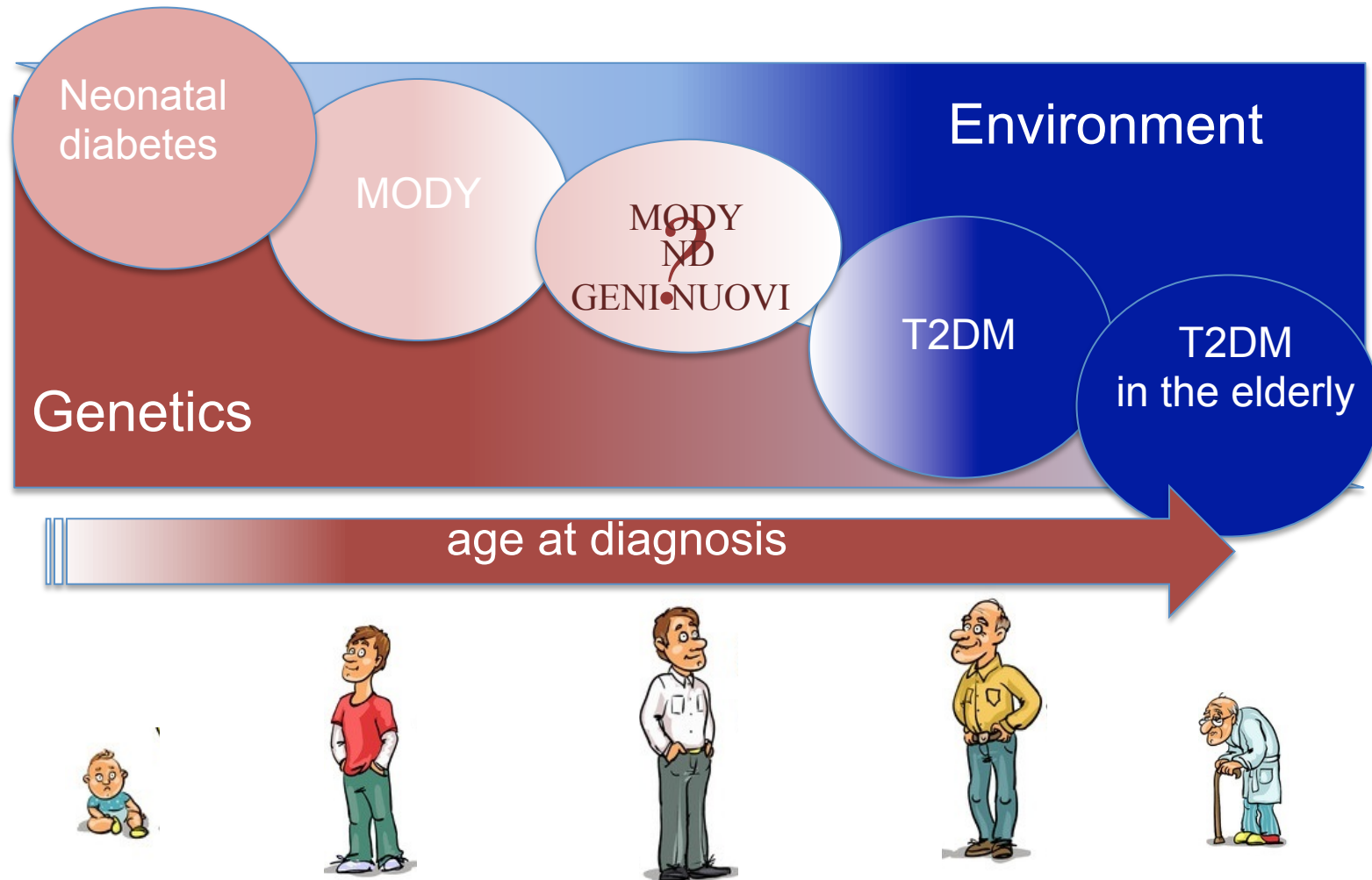
D94N
L552X



D94N



CONCLUDENDO.....



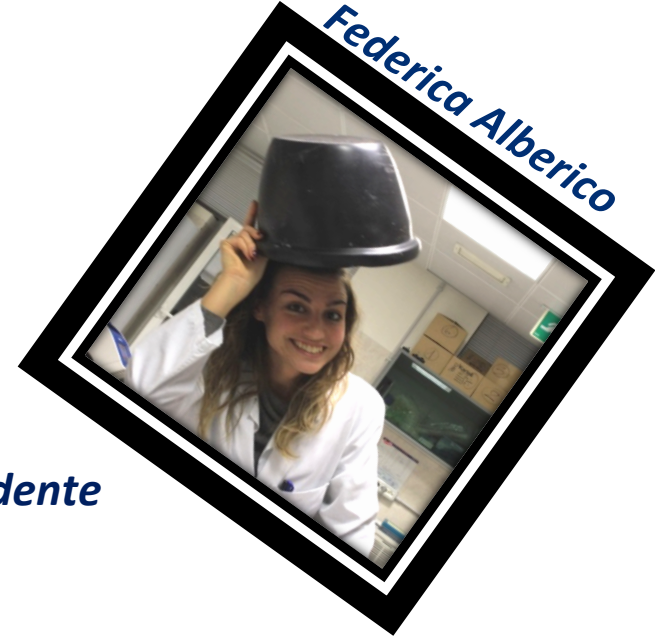
Giorgio Basile



Luana Mercuri



Federica Alberico



Vincenzo Trischitta/Sabrina Prudente



Hamza Dallali



Eleonora Lauricella



DOH!
NIENTE DI
PREOCCUPANTE.....
E' SOLO
GENETICA!!!!



***GRAZIE MILLE PER
L'ATTENZIONE***