

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



ژمیران

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**From Genes to Diagnosis:
Examining the Clinical and Genetic Spectrum of
Maturity-Onset Diabetes of the Young (MODY) in Iran**
Sara Asgarian, M.D

Topics



- ***MODY***
- *Population Characteristics*
- *Identifying previously-known MODY-Causing variants*
- *Identifying novel MODY-causing variants*
- *MODY Variants Pattern in Families*
- *Future Perspective*

Diabetes

Type 1

Type 2

Other specific types

GDM

- **Monogenic diabetes syndromes**
- **Diseases of the exocrine pancreas**
- **Chemical-induced diabetes**

Monogenic Diabetes



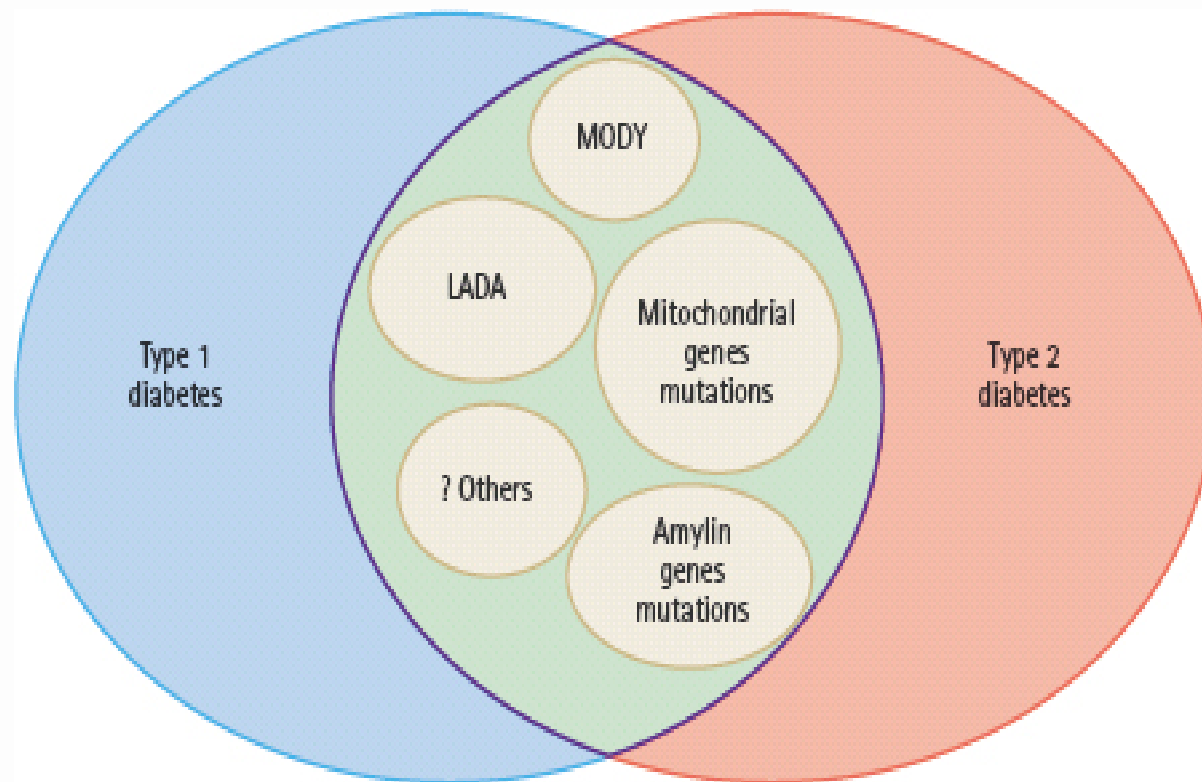
- Up to 5% of all cases of diabetes mellitus

- Two main clinical phenotypes

Neonatal Diabetes

MODY

Maturity-Onset Diabetes of the Young



Etiology



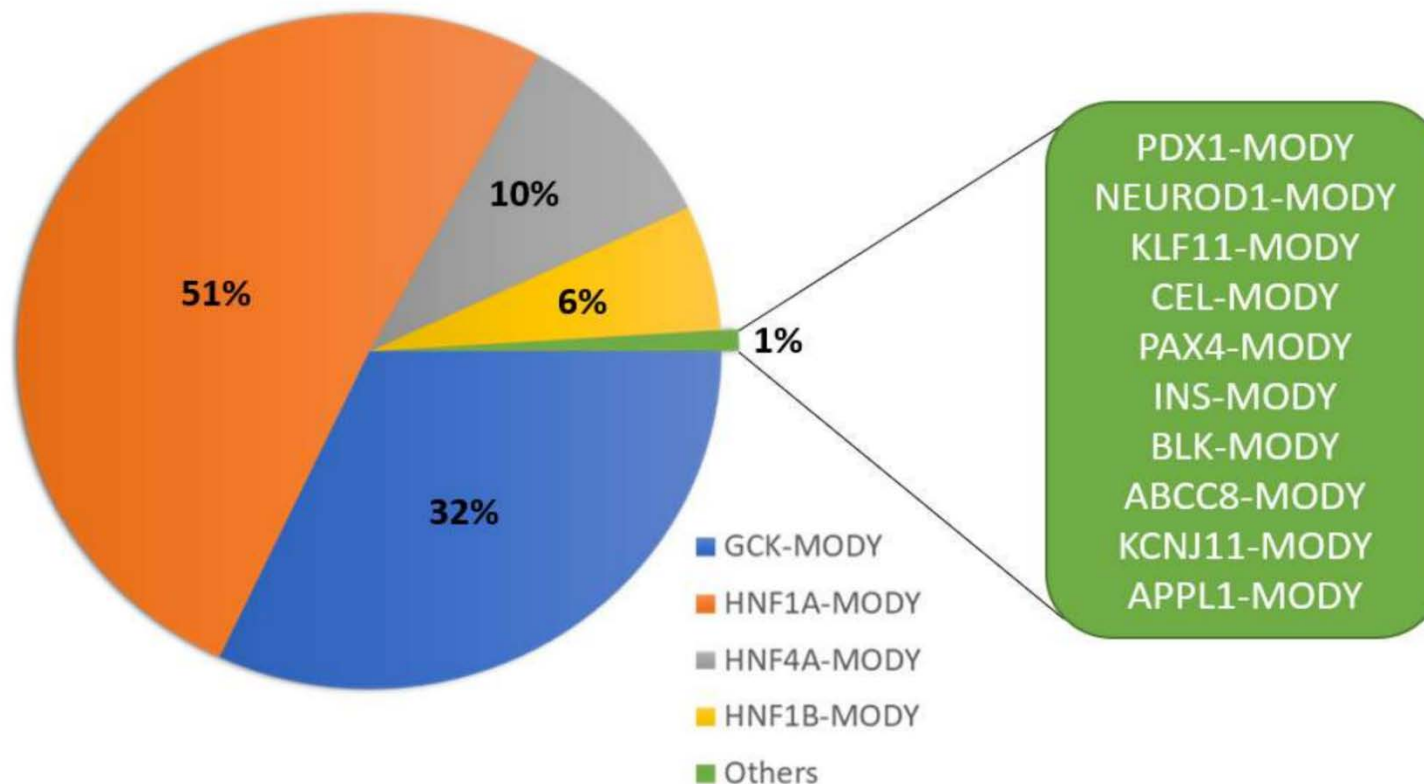
MODY type	Gene	Chromosomal locus	Frequency (%)	Year of recognition
MODY1	HNF4 α	20q13	5	1991
MODY2	GCK	7p13	15–25	1993
MODY3	HNF1 α	12q24	30–50	1996
MODY4	PDX/IPF1	13q12.2	<1	1997
MODY5	HNF-1 β	17q12	5	1997
MODY6	NEUROD1	2q31	<1	1999
MODY7	KLF11	2p25	<1	2005
MODY8	CEL	9q34	<1	2006
MODY9	PAX4	7q32	<1	2007
MODY10	INS	11p15	<1	2008
MODY11	BLK	8p23.1	<1	2009
MODY12	ABCC8	11p15	<1	2012
MODY13	KCNJ11	11p15.1	<1	2012
MODY14	APPL1	3p14.3	<1	2015
MODYX	RFX6	6q22.1	<1	2017
MODYX	NKX6-1	4q21.23	<1	2018



MODY 1-14



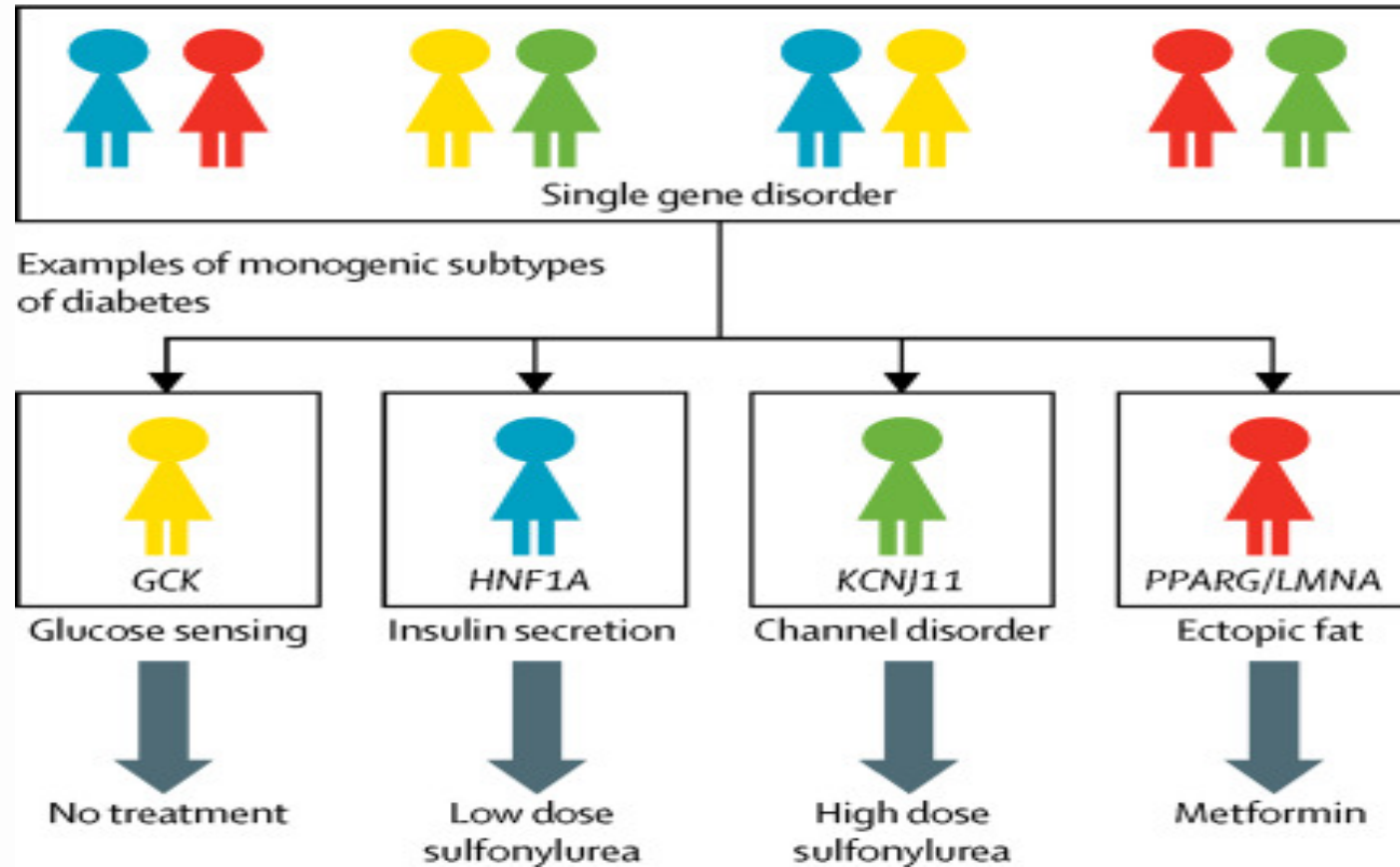
Prevalence of MODY types



Why diagnose MODY?



Changes treatment!





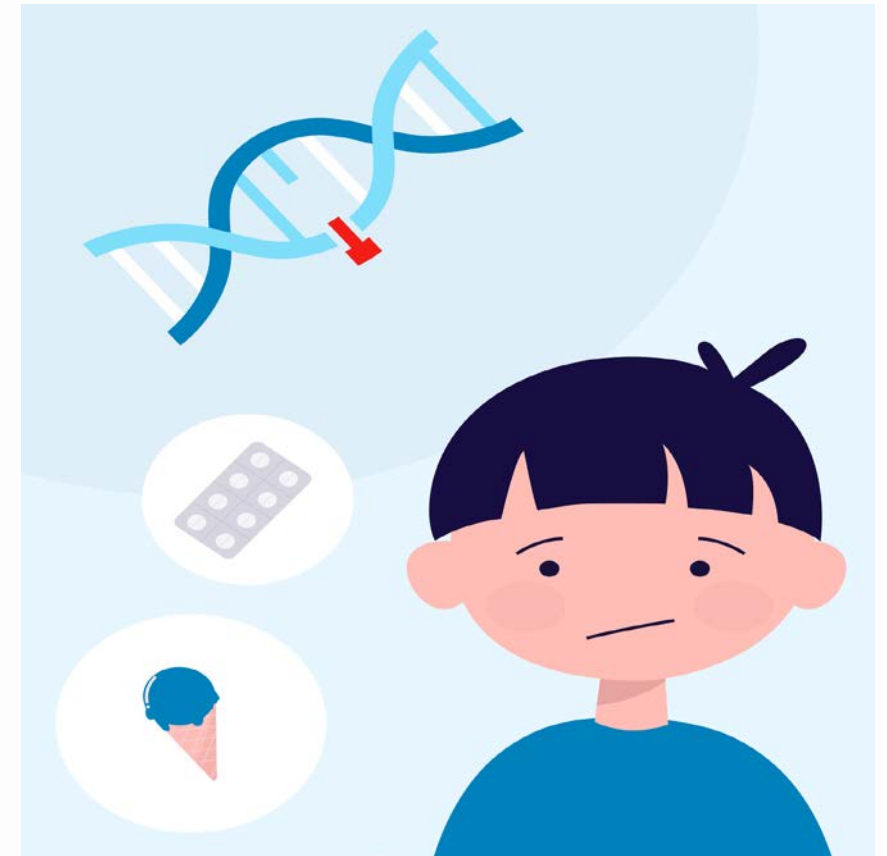
Early detecting for MODY is a essential for:

- Precise diagnosis
- Personalized treatment decision
- Long-term management
- Genetic counseling
- Family screening
- Reduced complication
- Missed research opportunities
- Psychological distress



Patients with MODY are characterized by:

- Young age of onset (<30 years)
- Non-obesity
- Absence of islet-autoantibodies
- Detectable C-peptide
- Positive family history for diabetes



How many cases are we missing?

- **80% of MODY cases are misdiagnosed as T1 or T2!**
- **Nature-2023**

The second international consensus report on precision diabetes medicine 2023

Highlighted the MODY **knowledge gap** to healthcare providers in the **Middle East region** to rectify this niche

- MODY calculator: www.diabetesgenes.org/mody-probability-calculator/
- Test individuals with pediatric diabetes when at least three islet autoantibodies are antibody negative

Precision Medicine in Diabetes: A Consensus Report From the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD)

MODY Probability Calculator

Age at diagnosis (years)

Sex

Male Female

Currently treated with insulin **or**
tablets

Yes No

Time to insulin treatment (if
currently treated with insulin)

Not currently treated with insulin
 Within 6 months of diagnosis
 Over 6 months after diagnosis

BMI (kg/m²)

HbA1c (%) or

HbA1c mmol/mol

Current Age (years)

Parent affected with diabetes

Yes No

Ethnicity

White Non-white

Other

- Renal cysts
- Deafness
- Partial lipodystrophy
- Severe Insulin Resistance in absence of obesity
- Severe obesity with other syndromic features

Topics



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- *Future Perspective*

Translation into practice



Diabetics

- FPG \geq 126 mg/dl
- OGTT \geq 200 mg/dl
- Use of glucose-lowering agents

Pre-diabetics

- FPG of 100–125 mg/dl
- OGTT of 140–199 mg/dl

Non-diabetics

- FPG $<$ 100mg/dl
- OGTT $<$ 140 mg/dl.

Based on American Diabetes Association (ADA) standards

Population characteristics



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	All	Diabetics	Pre-Diabetics	Non-Diabetics
Number of subjects	27884	3043 (15.1%)	5835 (29.0%)	11184 (55.7%)
Age (mean ± SD)	46.0±20.3	65.4±14.7	51.5±19.1	38.4±17.5
Female %	14297 (51.2%)	1707 (56.0%)	2888 (49.5%)	6315 (56.4%)
BMI (kg/m²)	27.4 ± 5.3	29.8±5.3	28.4±5.1	25.9±5.0
Underweight	3.7%	0.6%	2.0%	5.9%
Normal weight	28.6%	15.6%	21.5%	38.2%
Overweight	38.8%	40.3%	41.3%	36.6%
Obese	28.7%	43.3%	35.1%	19.1%

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ClinVar database



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Log in

ClinVar

ClinVar

Maturity-Onset Diabetes of the Young

Search

Create alert Advanced

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- Home
- About
- Access
- Help
- Submit
- Statistics
- FTP

Clinical significance
 Conflicting interpretations (932)
 Benign (369)
 Likely benign (401)
 Uncertain significance (876)
 Likely pathogenic (344)
 Pathogenic (445)

Types of conflicts
 P/LP vs LB/B (21)
 P/LP vs VUS (371)
 VUS vs LB/B (562)

Molecular consequence
 Frameshift (218)
 Missense (1,248)
 Nonsense (132)
 Splice site (132)
 ncRNA (364)
 Near gene (0)
 UTR (484)

Variation type
 Deletion (255)
 Duplication (100)
 Indel (24)
 Insertion (142)
 Single nucleotide (2,621)

Variation size
 Short variant (< 50 bps) (3,003)
 Structural variant (>= 50 bps) (11)

Search results

Display options Sort by Location Download

Items: 1 to 100 of 3045

<< First < Prev Page 1 of 31 Next > Last >>

	Variation Location	Gene(s)	Protein change	Condition(s)	Clinical significance (Last reviewed)	Review status
<input type="checkbox"/> 1.	NM_007262.5(PARK7):c.293G>A (p.Arg98Gln) GRCh37: Chr1:8030994 GRCh38: Chr1:7970934	PARK7	R98Q	Renal cysts and diabetes syndrome, Autosomal recessive early-onset Parkinson disease 7, not provided	Benign/Likely benign (Oct 24, 2022)	criteria provided, multiple submitters, no conflicts
<input type="checkbox"/> 2.	NM_170707.4(LMNA):c.-88G>T GRCh37: Chr1:156084622 GRCh38: Chr1:156114831	LMNA		not provided, Charcot-Marie-Tooth disease type 2B1, Mandibuloacral dysplasia with type A lipodystrophy, Familial partial lipodystrophy, Dunnigan type, Maturity onset diabetes mellitus in young , Dilated cardiomyopathy 1A, Lethal tight skin contracture syndrome, Emery-Dreifuss muscular dystrophy, Congenital muscular dystrophy due to LMNA mutation.	Benign/Likely benign (Jan 12, 2018)	criteria provided, multiple submitters, no conflicts

Feedback



Clinvar results for 3045 variants



Clinical significance	n.	%
Conflicting interpretations	932	27.68
Benign	369	10.96
Likely benign	401	11.91
Uncertain significance	876	26.02
Likely pathogenic	344	10.22
Pathogenic	445	13.22

Molecular consequence	n.	%
Frameshift	218	8.46
Missense	1248	48.41
Nonsense	132	5.12
Split site	132	5.12
ncRNA	364	14.12
UTR	484	18.77

MODY pathogenic variants



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ClinVar

ClinVar maturity onset diabetes of young

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Help

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- About
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Clinical significance clear

- Conflicting interpretations (0)
- Benign (0)
- Likely benign (0)
- Uncertain significance (0)
- Likely pathogenic (115)**
- Pathogenic (138)**

Molecular consequence

- Frameshift (0)
- Missense (91)
- Nonsense (59)
- Splice site (25)
- ncRNA (2)
- Near gene (0)
- UTR (5)

Variation type clear

- Deletion (0)
- Duplication (0)
- Indel (0)
- Insertion (0)
- Single nucleotide (176)**

Variation size

- Short variant (< 50 bps) (176)
- Structural variant (>= 50 bps) (0)

Variant length

- < 1kb, single gene (169)
- > 1kb, single gene (0)
- > 1kb, multiple genes (0)

Review status clear

- Practice guideline (0)
- Expert panel (0)

Search results

Display options Sort by Gene Download

Items: 1 to 100 of 176

<< First < Prev Page 1 of 2 Next > Last >>

Filters activated: Pathogenic, Likely pathogenic, Single nucleotide, Multiple submitters. [Clear all](#) to show 3045 items.

The following term was not found in ClinVar: clinsig established risk allele[Properties].

	Variation Location	Gene(s)	Protein change	Condition(s)	Clinical significance (Last reviewed)	Review status
<input type="checkbox"/>	NM_000352.6(ABCC8):c.4136G>A (p.Arg1379His) GRCh37: Chr11:17417461 GRCh38: Chr11:17395914	ABCC8	R1379H, R1380H, R1378H, R1401H	Maturity onset diabetes mellitus in young, Monogenic diabetes, not provided	Pathogenic/Likely pathogenic (Oct 19, 2022)	criteria provided, multiple submitters, no conflicts
<input type="checkbox"/>	NM_001807.6(CEL):c.337C>T (p.Gln113Ter) GRCh37: Chr9:135940146 GRCh38: Chr9:133064759	CEL	Q113*	not provided, Maturity-onset diabetes of the young type 8	Pathogenic/Likely pathogenic (Dec 17, 2022)	criteria provided, multiple submitters, no conflicts
<input type="checkbox"/>	NM_000162.5(GCK):c.1072C>T (p.Arg358Ter) GRCh37: Chr7:44185277 GRCh38: Chr7:44145678	GCK	R21*, R357*, R358*, R359*, R36*	not provided	Pathogenic (Jun 21, 2022)	criteria provided, multiple submitters, no conflicts
<input type="checkbox"/>	NM_000162.5(GCK):c.982G>T (p.Gly328Ter) GRCh37: Chr7:44186099 GRCh38: Chr7:44146500	GCK	G327*, G329*, G328*	Monogenic diabetes, Maturity onset diabetes mellitus in young	Pathogenic (May 9, 2023)	criteria provided, multiple submitters, no conflicts
<input type="checkbox"/>	NM_000162.5(GCK):c.766G>T (p.Glu256Ter) GRCh37: Chr7:44187346 GRCh38: Chr7:44147747	GCK	E257*, E255*, E256*	Maturity onset diabetes mellitus in young, not provided	Pathogenic (Jul 14, 2022)	criteria provided, multiple submitters, no conflicts
<input type="checkbox"/>	NM_000162.5(GCK):c.209-1G	GCK		Maturity-onset	Pathogenic/Likely	criteria provided, multiple

Identifying previously-known MODY-Causing variants

3045 Variants

- ClinVar database's search results for "MODY"

- Genes known to be associated with MODY

- Clinical significance for Pathogenic/likely pathogenic

410 variants

- Available variants in TCGS data

MAF < 0.001% & mean sequencing depth > 20×

6 variants

About six previously-known variants



Diabetic carriers/All carriers

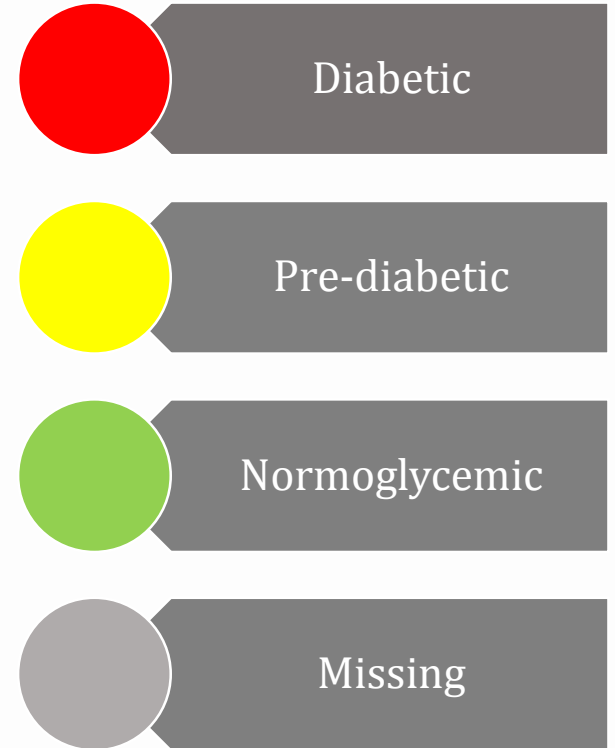
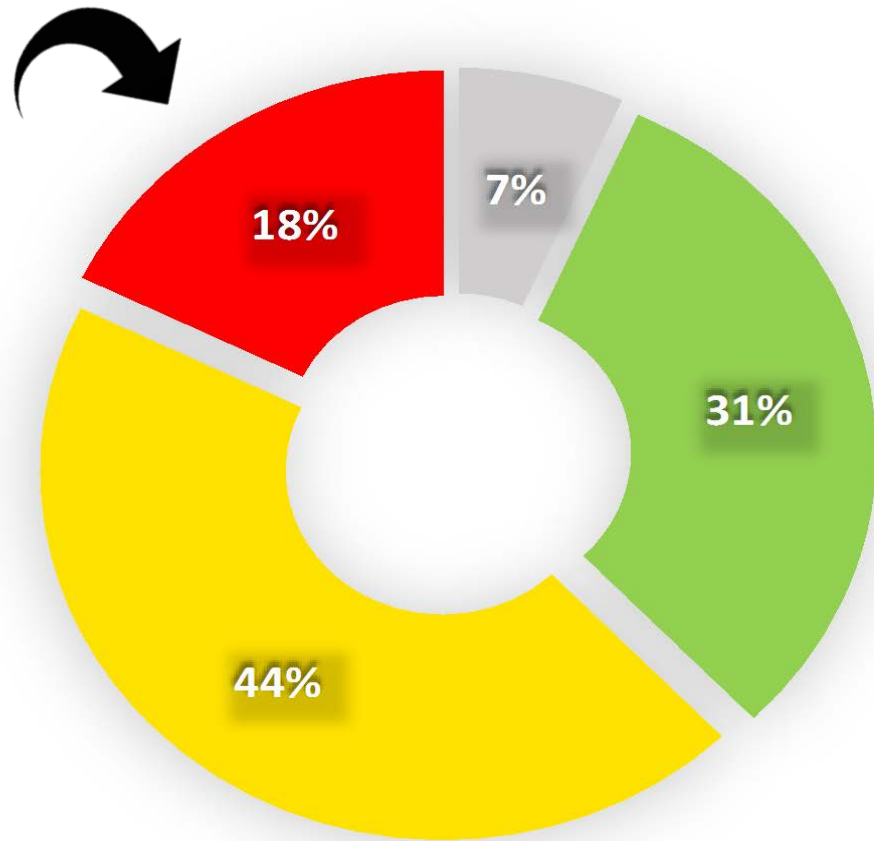
n.	Gene	MODY	Case/ family n.	Penetrance (%)	Diagnosis (n)	Clinical significance
1	HNF4A	<u>1</u>	1 / 1	100	DM	P/LP
2	INS	10	21 / 11	38	DM (8) Pre DM (8) N.D (3)	P
3	GCK	2	13 / 7	61.5	DM (3) Pre DM (5) N.D (4)	P
4	CEL	8	1 / 1	0	Pre DM	LP
5	HNF1A	<u>3</u>	1 / 1	100	DM	P
6	HNF1B	5	8 / 3	12.5	DM (1) Pre DM (5) N.D (2)	P

previously-known MODY variants



MODY type	Gene	Chromosomal locus	Frequency (%)	Year of recognition
<u>MODY1</u>	HNF4 α	20q13	5	1991
<u>MODY2</u>	GCK	7p13	15-25	1993
<u>MODY3</u>	HNF1 α	12q24	30-50	1996
MODY4	PDX/IPF1	13q12.2	<1	1997
<u>MODY5</u>	HNF-1 β	17q12	5	1997
MODY6	NEUROD1	2q31	<1	1999
MODY7	KLF11	2p25	<1	2005
<u>MODY8</u>	CEL	9q34	<1	2006
MODY9	PAX4	7q32	<1	2007
<u>MODY10</u>	INS	11p15	<1	2008
MODY11	BLK	8p23.1	<1	2009
MODY12	ABCC8	11p15	<1	2012
MODY13	KCNJ11	11p15.1	<1	2012
MODY14	APPL1	3p14.3	<1	2015
MODYX	RFX6	6q22.1	<1	2017
MODYX	NKX6-1	4q21.23	<1	2018

Phenotype frequency of known MODY variants



MODY phenotype



Based on the International Society of Pediatric and Adolescent Diabetes (ISPAD) 2022 clinical criteria

MODY

- Age of DM onset < 25 years
- Positive family history of diabetes
- Absence of evidence for T1DM/T2DM

Phenotype mapping



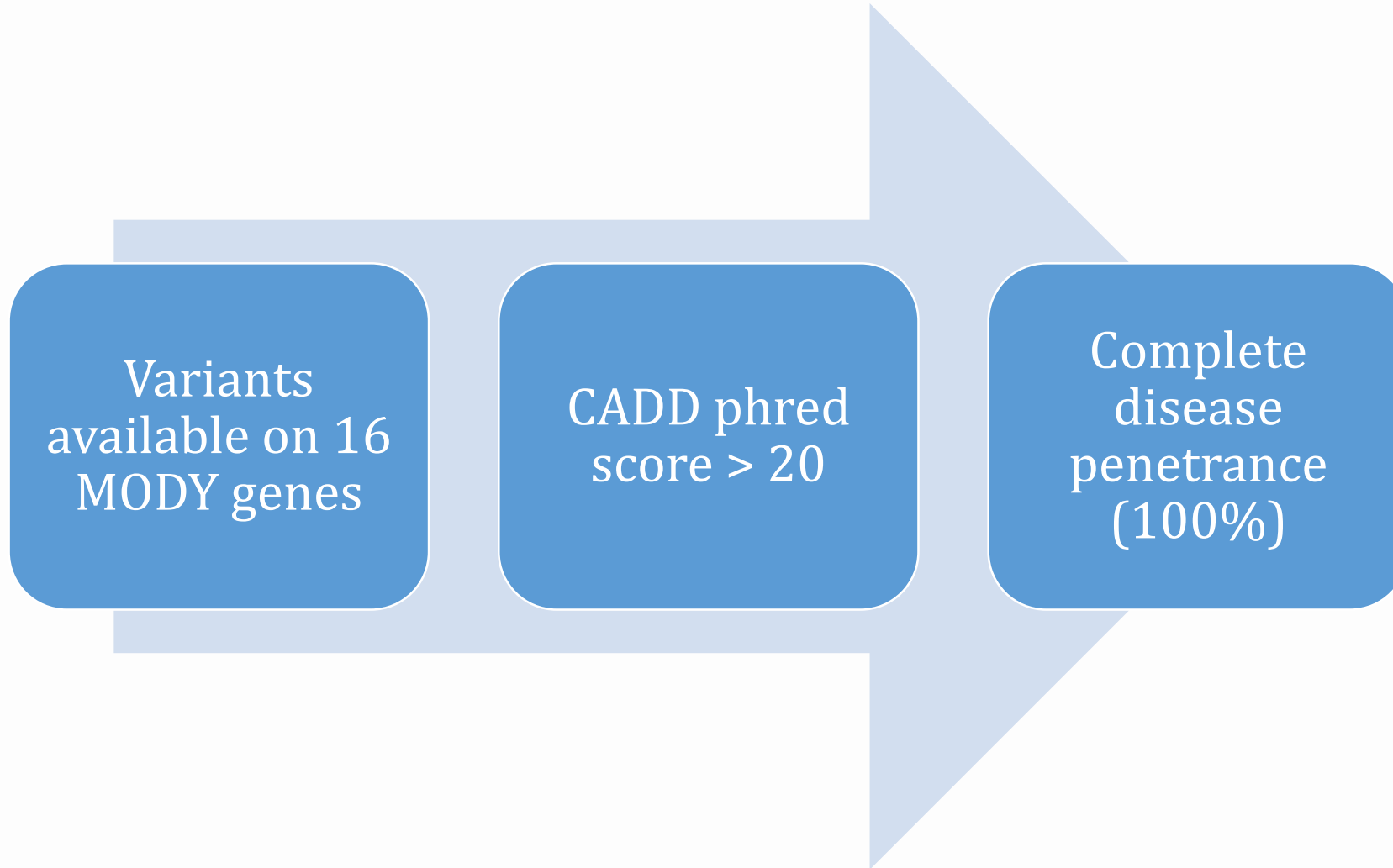
n.	Gene	MODY	DM status	DM onset age	DM Family History
1	GCK	2	Pre DM - DM	51.5	
2	GCK	2	Pre DM - DM	51	+
3	HNF1A	3	NL - DM	13	+
4	HNF1B	5	Baseline DM	37	
5	HNF4A	1	NL - DM	20	+
6	INS	10	Baseline DM	59	
7	INS	10	Baseline DM	61	+
8	INS	10	Pre DM - DM	44	+

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Criteria for novel variants



Identifying novel MODY-causing variants



647,705 variants

- Variants available in TCGS data on 16 MODY genes

116 variants

- MAF <0.001% & mean sequencing depth > 20×

3 variants

- CADD Phred score > 20 & disease penetrance 100%

3 variants



MODY type	Gene	Chromosomal locus	Frequency (%)	Year of recognition
<u>MODY1</u>	HNF4 α	20q13	5	1991
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MODY4	PDX/IPF1	13q12.2	<1	1997
<u>MODY5</u>	HNF-1 β	17q12	5	1997
MODY6	NEUROD1	2q31	<1	1999
<u>MODY7</u>	KLF11	2p25	<1	2005
<u>MODY8</u>	CEL	9q34	<1	2006
<u>MODY9</u>	PAX4	7q32	<1	2007
<u>MODY10</u>	INS	11p15	<1	2008
MODY11	BLK	8p23.1	<1	2009
MODY12	ABCC8	11p15	<1	2012
MODY13	KCNJ11	11p15.1	<1	2012
MODY14	APPL1	3p14.3	<1	2015
MODYX	RFX6	6q22.1	<1	2017
MODYX	NKX6-1	4q21.23	<1	2018



About three novel variants



Gene	MODY	case/ family n.	Penetrance (%)	Diagnosis (n)	Clinical significance
HNF1B	5	4 / 1	100	DM	Not Reported
PAX4	9	1 / 1	100	DM	Not Reported
KLF11	7	5 / 3	100	DM	Not Reported



MODY variants summary



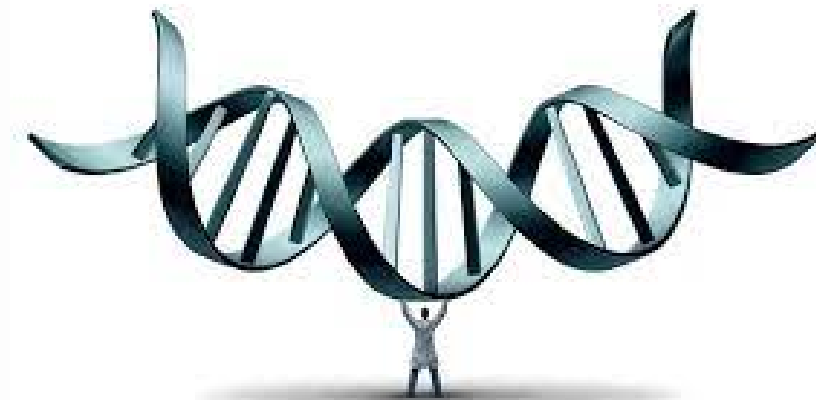
Gene	MODY	Novel	case/ family n	Penetrance (%)	Diagnosis (n)	Consequence	Clinical significance
HNF4A	1		1 / 1	100	DM	missense	P/LP
INS	10		21 / 11	38	DM (8) Pre DM (8) N.D (3)	missense	P
GCK	2		13 / 7	61.5	DM (3) Pre DM (5) N.D (4)	missense	P
CEL	8		1 / 1	0	Pre DM	frameshift	LP
HNF1A	3		1 / 1	100	DM	frameshift	P
HNF1B	5		8 / 3	12.5	DM (1) Pre DM (5) N.D (2)	synonymous	P
		*	4 / 1	100	DM	missense	Not Reported
PAX4	9	*	1 / 1	100	DM	missense	Not Reported
KLF11	7	*	5 / 3	100	DM	missense	Not Reported

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Final MODY candidates

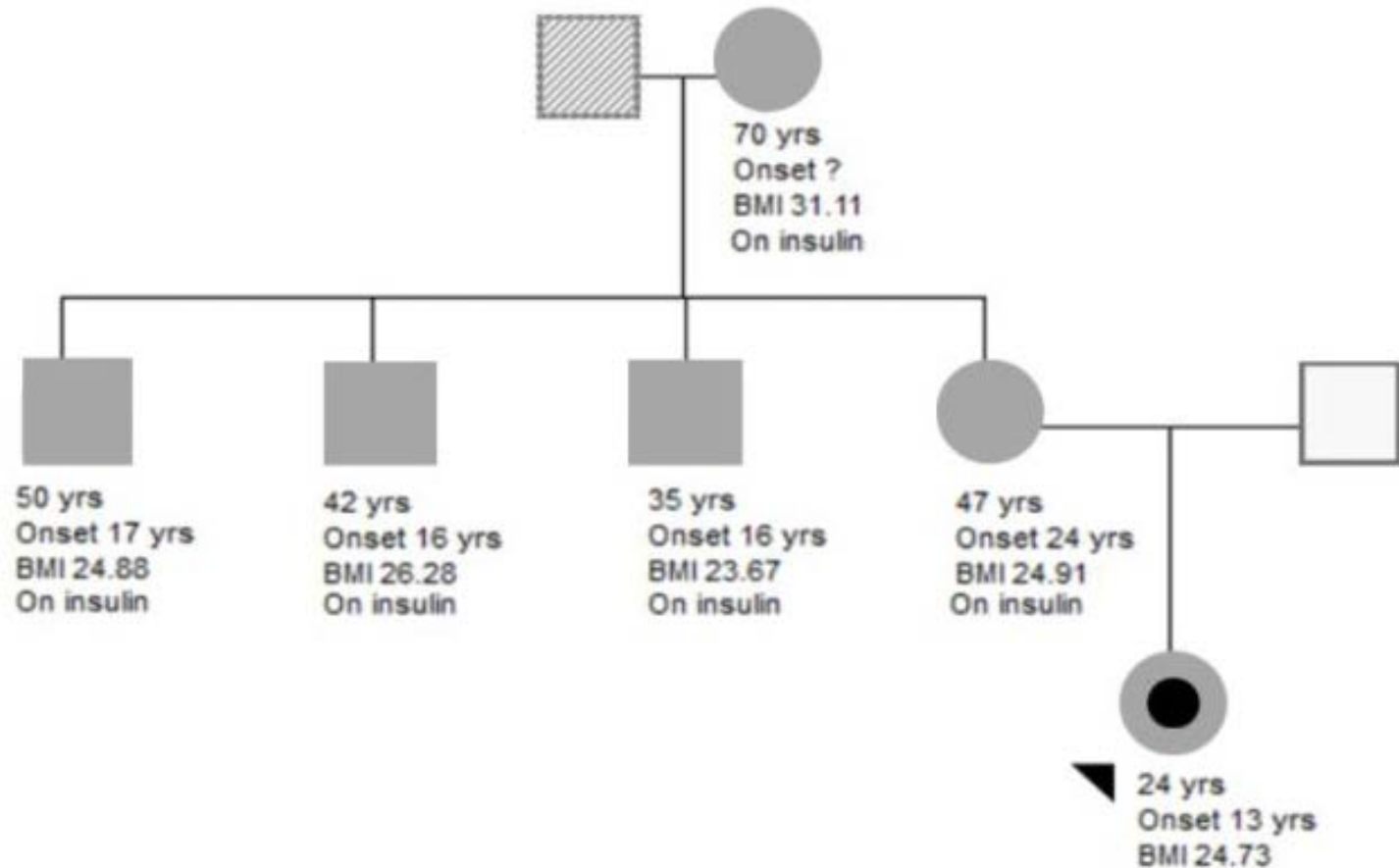
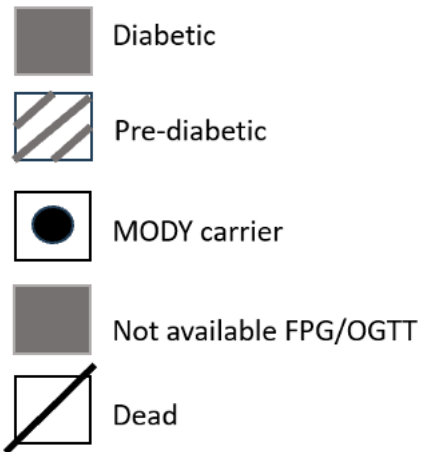




MODY 3



- HNF1A
- Pathogenic variant
- Frameshift mutation
- Insertion p.Pro289fs
- One proband



MODY Probability Calculator

Age at diagnosis (years)	<input type="text" value="13"/>
Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female
Currently treated with insulin or tablets	<input type="radio"/> Yes <input checked="" type="radio"/> No
Time to insulin treatment (if currently treated with insulin)	<input checked="" type="radio"/> Not currently treated with insulin <input type="radio"/> Within 6 months of diagnosis <input type="radio"/> Over 6 months after diagnosis
BMI (kg/m ²)	<input type="text" value="24.73"/>
HbA1c (%) or	<input type="text" value="6.5"/>
HbA1c mmol/mol	<input type="text"/>
Current Age (years)	<input type="text" value="20"/>
Parent affected with diabetes	<input checked="" type="radio"/> Yes <input type="radio"/> No
Ethnicity	<input checked="" type="radio"/> White <input type="radio"/> Non-white
Other	<input type="checkbox"/> Renal cysts <input type="checkbox"/> Deafness <input type="checkbox"/> Partial lipodystrophy <input type="checkbox"/> Severe Insulin Resistance in absence of obesity <input type="checkbox"/> Severe obesity with other syndromic features

MODY Results

Based on the clinical features entered into the calculator, the probability of your patient having MODY is



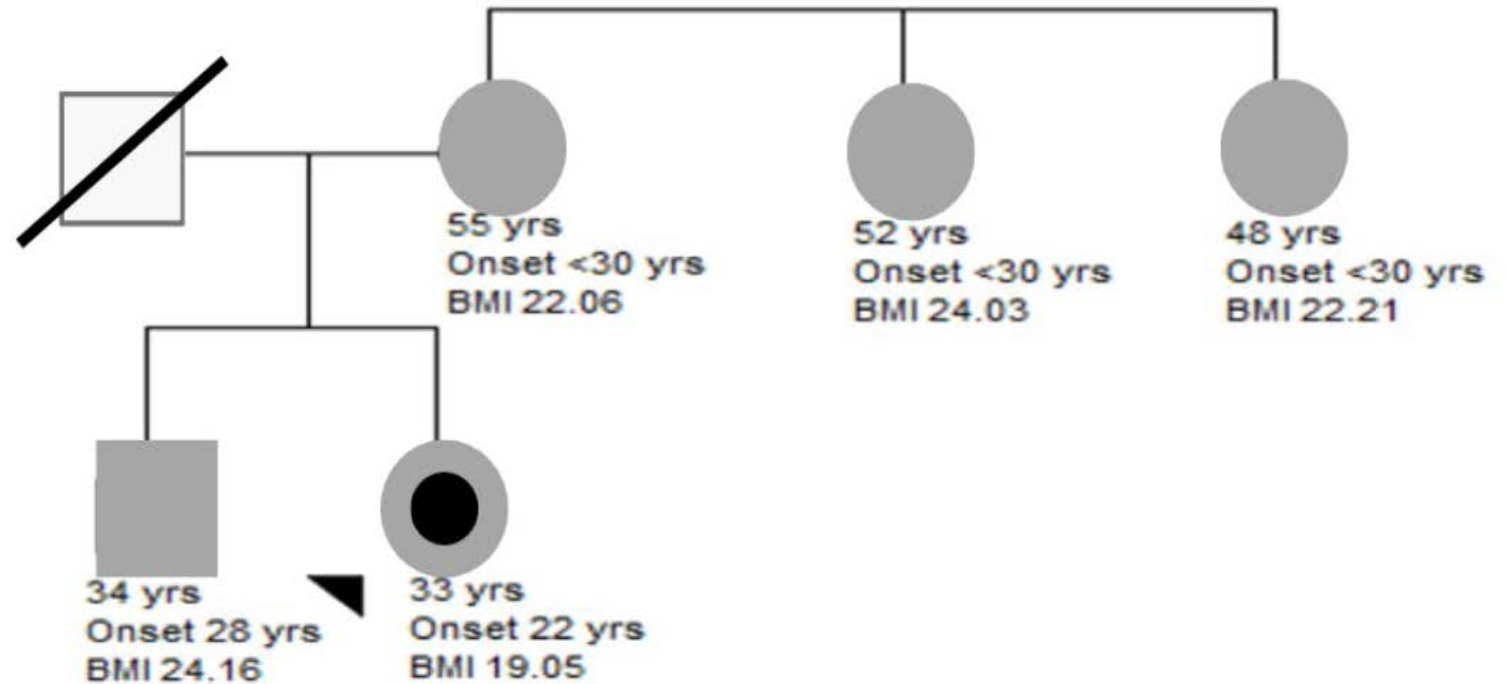
75.5% (a 1 in 1.3 chance of having MODY)



MODY 1



- HNF4A
- Pathogenic variant
- Missense mutation
- p.Val108Ile
- One proband

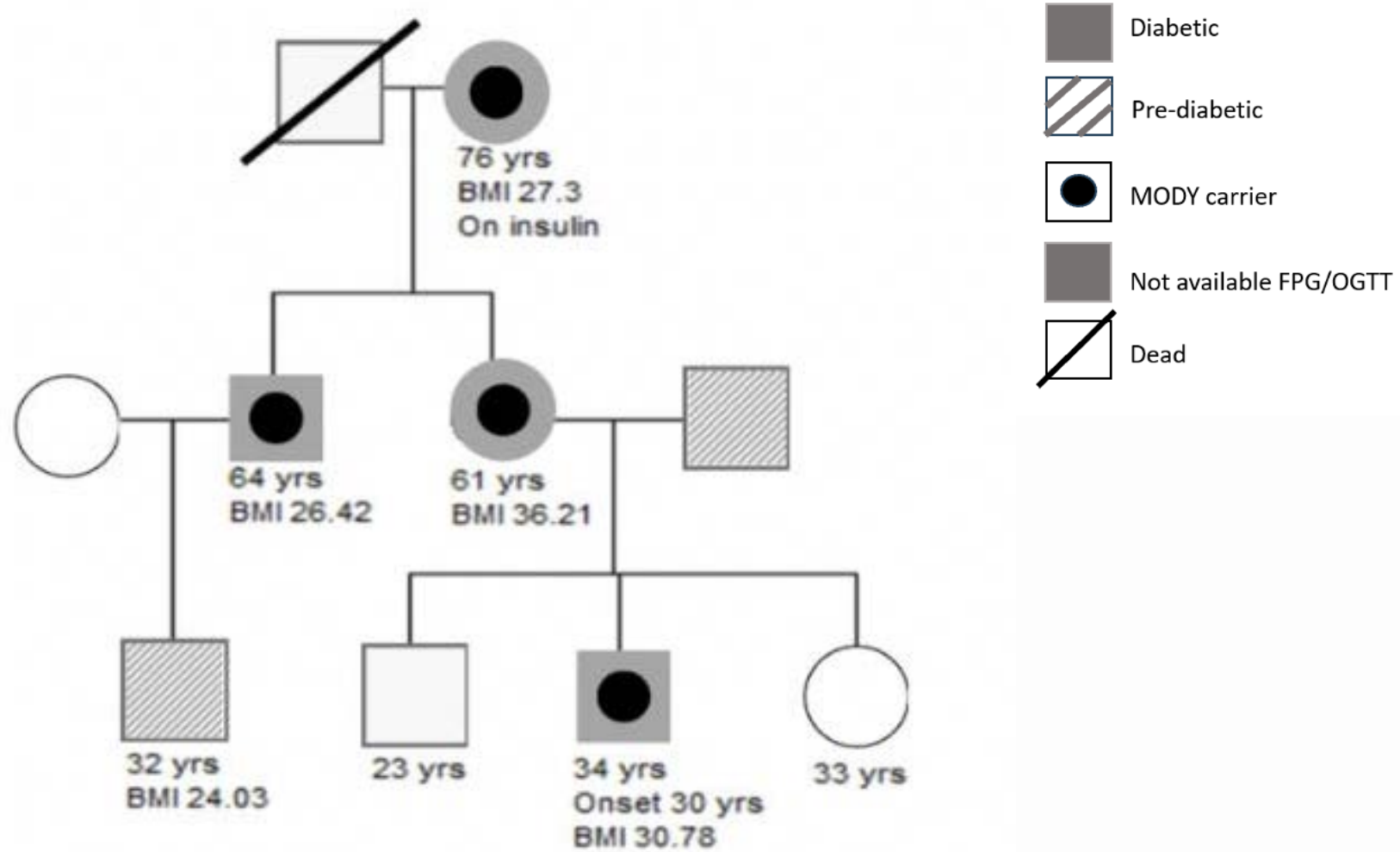




MODY 5 - novel



- A novel variant
- HNF1B
- Not reported in ClinVar
- Missense mutation
- Four cases from 1 family



Topics

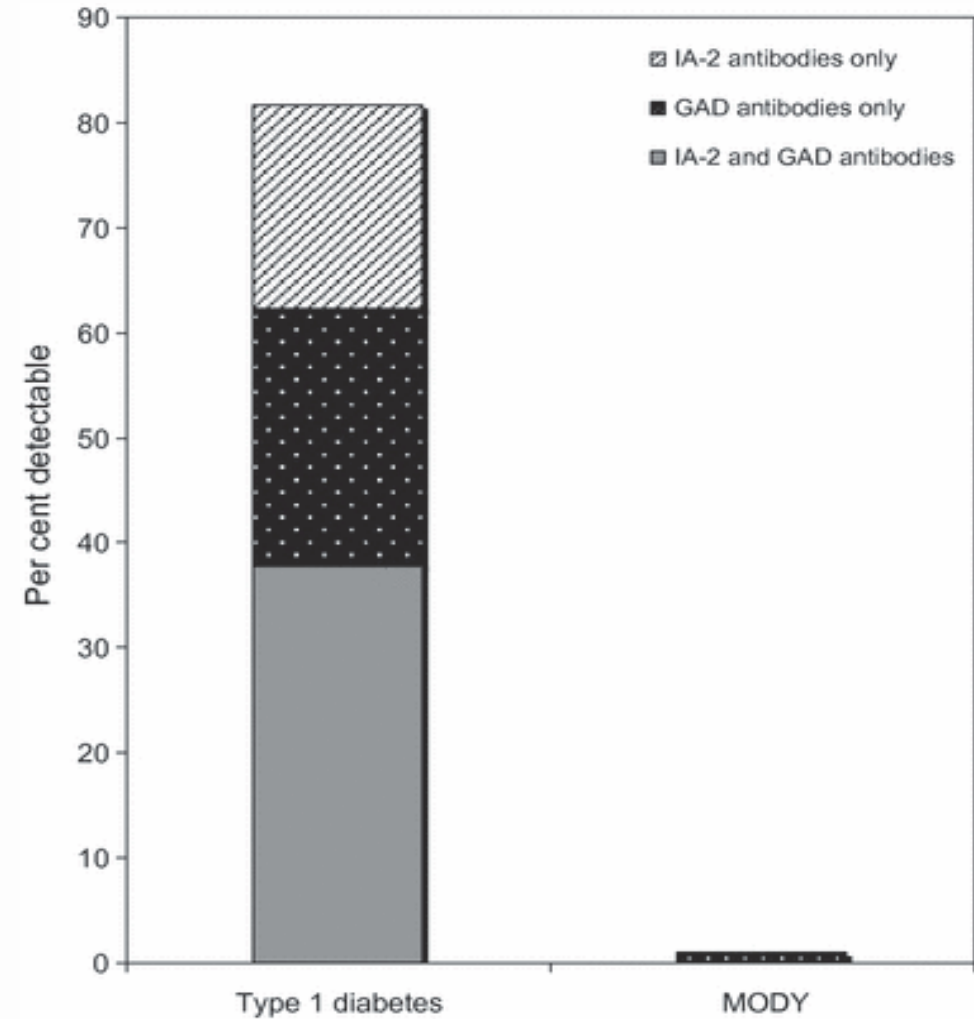


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What we need?



- C-peptide
- Auto antibody
 - islet cell antibodies
 - antibodies to glutamic acid decarboxylase (GAD)
- HBA1C
- Any glucose lowering agent?



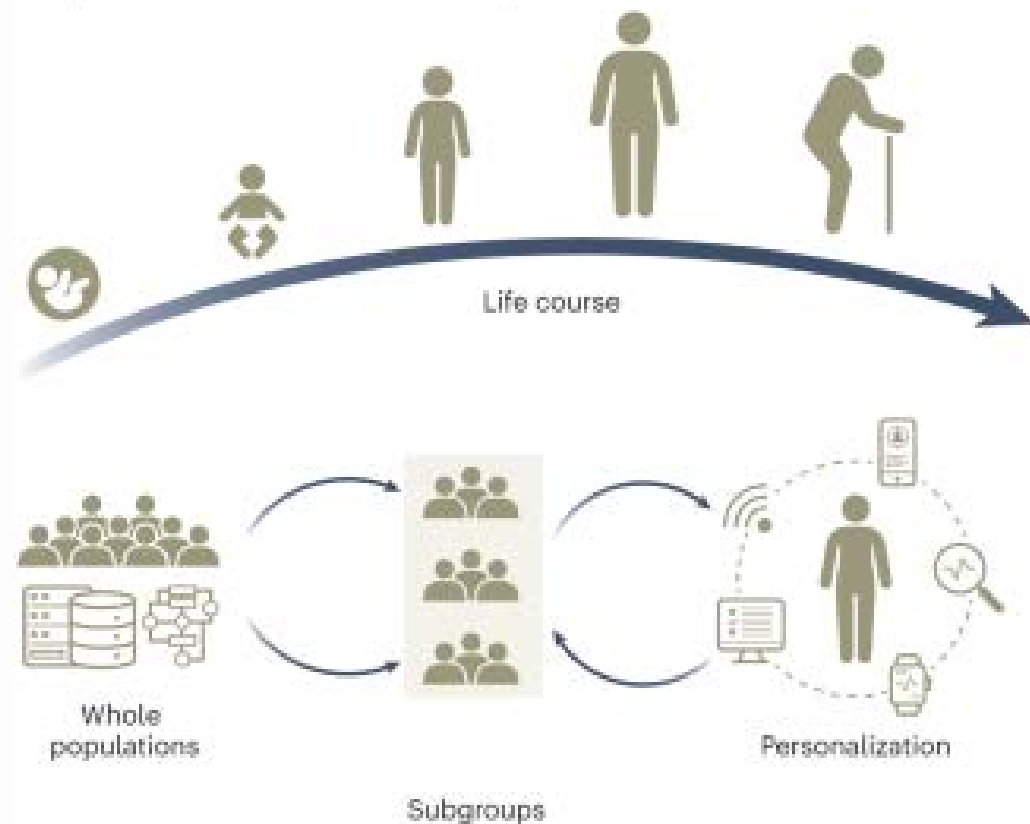


Precision medicine across the life

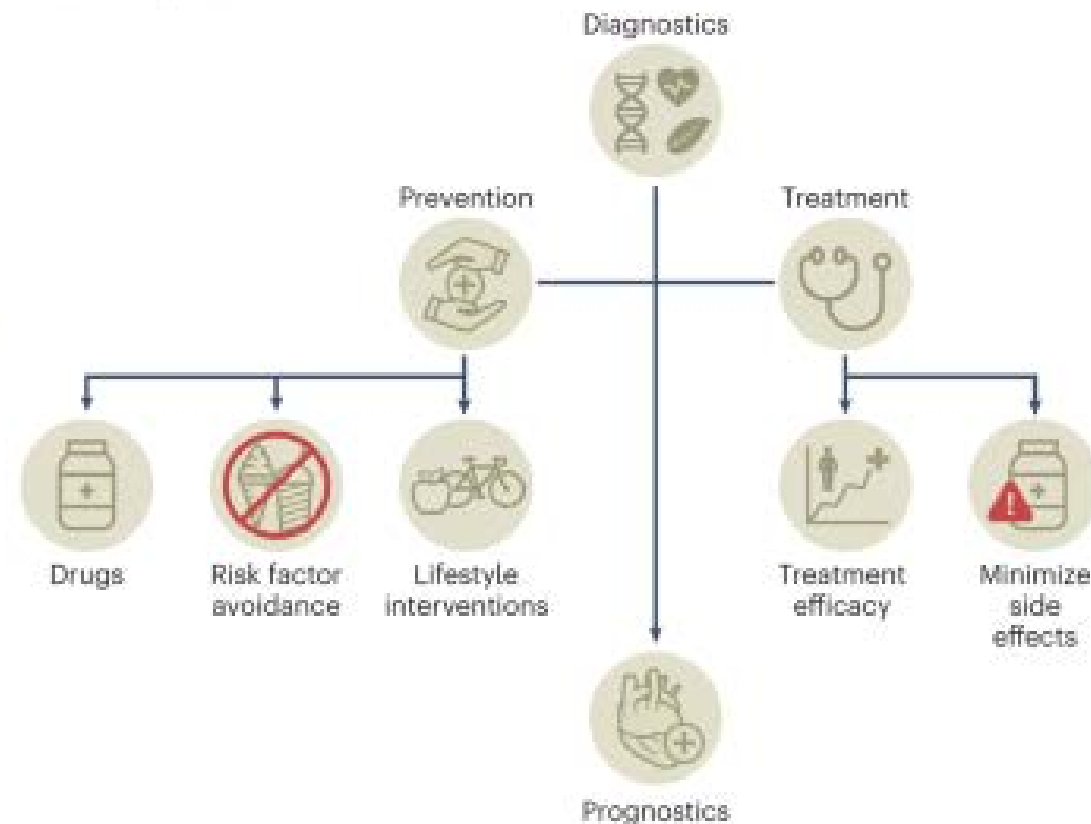


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Early risk determination and follow-up



Pillars of precision medicine





THANKS FOR YOUR ATTENTION



MODY 7 - novel

- in 5 probands from 3 families.
- except one individual who was a child (12 year old boy), all of them were diabetic indicating complete disease penetrance of this variation in our population.
- the AD inheritance for diabetic phenotype were not confirmed.

MODY 9 - novel

- in one proband
- diagnosed with diabetes giving this variant a complete penetrance.
- The variant transmission was unreachable as the only family member of the carrier in our cohort, was his 8 years old child whose glycemic status was not available in our data.

MODY 5

- One HNF1B
- Pathogenic variant
- Synonymous mutation
- p.Tyr172_Val173=
- Eight proband from three family
- There were no reported special clinical manifestation for Renal cysts and diabetes syndrome (RCAD) (malformation of the pancreas, exocrine pancreatic dysfunction, urogenital abnormalities, impaired renal function, renal cysts, hypomagnesaemia elevated liver enzymes, and neurocognitive defects) in any of our carriers for this variation

- CEL
- Likely pathogenic variant
- Frameshift mutation
- Duplication p.Val593fs
- One proband
- A 38-year-old Iranian man, was the only carrier of this mutation. He was normoglycemic in all follow up sections. Although genetic sequencing data for his other family members were not available, as no one in this pedigree were diabetic, it seems that this variant hasn't causative impact for MODY presentation in our population.

MODY 10

- GCK
- pathogenic variant
- Missense mutation
- p.Ile225Met
- 13 proband from seven families
- INS
- Pathogenic
- Missense mutation
- p.Arg6Cys
- 21 proband from 11 families

The AD inheritance for diabetic phenotype were not seen, and the disease penetrance was 38%, it seems that this variant hasn't causative impact for MODY presentation.

MODY 3



PABYACN	PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5	PHASE 6
AGE	6	11	15	16	20	24
STATUS	missing	Normal	Diabetes	missing	Diabetes	missing
FBS	-	87	128	-	171	-
OGTT	-	-	-	-	-	-
BMI	-	24.73	25	-	25	-

The Genetic Spectrum of Maturity-Onset Diabetes of the Young (MODY) in Qatar, a Population-Based Study

[Asma A. Elashi](#),¹ [Salman M. Toor](#),¹ [Ilhame Diboun](#), Methodology, Investigation,^{1,2} [Yasser Al-Sarraj](#), Methodology, Investigation,³ [Shahrad Taheri](#), Resources, Writing – review & editing, Funding acquisition,⁴ [Karsten Suhre](#), Resources, Writing – review & editing, Funding acquisition,^{5,6} [Abdul Badi Abou-Samra](#), Resources, Writing – review & editing, Funding acquisition,⁴ and [Omar M. E. Albagha](#)^{1,7,*}

[Nat Commun](#). 2017; 8: 888.

Published online 2017 Oct 12. doi: [10.1038/s41467-017-00895-9](https://doi.org/10.1038/s41467-017-00895-9)

PMCID: PMC5638866

PMID: [29026101](https://pubmed.ncbi.nlm.nih.gov/29026101/)

Heterozygous *RFX6* protein truncating variants are associated with MODY with reduced penetrance

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Comprehensive genomic analysis identifies pathogenic variants in maturity-onset diabetes of the young (MODY) patients in South India

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