

## Maturity-Onset Diabetes of the Young and Neonatal Diabetes Panel, Sequencing

Maturity-onset diabetes of the young (MODY) typically occurs in adolescents or young adults <35 years of age. Affected individuals often have mild stable fasting hyperglycemia, weak response to pharmacologic therapy, a personal or family history of neonatal diabetes or neonatal hypoglycemia, and an autosomal dominant pattern of inheritance. Neonatal diabetes (ND) is defined by persistent hyperglycemia in infants <6 months of age. Molecular testing is recommended to guide treatment for MODY and ND.

### Disease Overview

#### Symptoms/Associated Disorders

Maturity-Onset Diabetes of the Young<sup>1</sup>:

- Early-onset diabetes in adolescents or young adults
- Absence of pancreatic islet autoantibodies
- Endogenous insulin production 5 years after onset
- Low insulin requirement
- Lack of ketoacidosis when insulin is omitted
- Lack of obesity or acanthosis nigricans
- Normal triglyceride and high-density lipoprotein levels

Neonatal Diabetes:

- Persistent hyperglycemia (>150-200 mg/dL) in infants <6 months of age
- Mean age of diagnosis: 7 weeks
- May present with intrauterine growth restriction, glucosuria, ketonuria, hyperketonemia, severe dehydration, and failure to thrive
- Decreased fecal elastase and increased fat in stool in infants with pancreatic hypoplasia

#### Etiology

Pathogenic variants in several overlapping genes for MODY and ND

- Pathogenic variants in *GCK* (30-50%),<sup>2</sup> *HNF1A* (30-65%),<sup>3,4</sup> *HNF4A* (5-10%),<sup>3</sup> and *HNF1B* (<5%)<sup>5</sup> are causative for at least 70% of MODY.
- Pathogenic variants in *GCK* (4%),<sup>4,6</sup> *INS* (20%),<sup>7,8</sup> *ABCC8* (19%),<sup>9</sup> and *KCNJ11* (30%)<sup>10</sup> are causative for 73% of ND.

#### Epidemiology/Prevalence

- Prevalence of MODY is estimated at 1-3%<sup>7,11</sup> in the U.S.
- Prevalence of ND is rare. The incidence has been reported between 1 in 160,000 in Austria to 1 in 215,000 in Slovakia.<sup>12,13</sup>

#### Inheritance

- Autosomal dominant (AD) for the main causative genes for MODY: *GCK*, *HNF1A*, *HNF4A*, and *HNF1B*
- AD and autosomal recessive (AR) for main causative genes for ND
  - AD: *INS*, *ABCC8*, and *KCNJ11*
  - AR: *GCK*

#### Tests to Consider

[MODY and Neonatal Diabetes Panel, Sequencing \(Not Orderable\) 3001593](#)

**Method:** Massively Parallel Sequencing

Regions of low coverage and reported variants are confirmed by Sanger sequencing as necessary

See [Related Tests](#)





## Penetrance

Dependent on the causative gene

- Pathogenic *HNF1A* variants are causative for 30-60% of MODY and have a 63% penetrance by age 25, 79% penetrance by 35, and 96% penetrance by age 55.
- Pathogenic variants in *KCNJ11* and *ABCC8* have shown reduced penetrance for ND.

## Test Description

### Clinical Sensitivity

At least 70% for MODY and 73% for ND (see [Etiology](#) above)

### Limitations

- A negative result does not exclude a diagnosis of MODY or ND.
- Diagnostic errors can occur due to rare sequence variations.
- Interpretation of the test result may be impacted if the patient has had an allogeneic stem cell transplantation.
- The following will not be evaluated:
  - Variants outside the coding regions and intron-exon boundaries of targeted genes
  - Most regulatory region and deep intronic variants
  - Noncoding transcripts
  - The following exons are not sequenced due to technical limitations of the assay:
    - *CEL* (NM\_001807) 1, 8, 9, 11
    - *ABCC8* (NM\_001351295) partial exon 14 (Chr11:17449973-17450018)
  - The following may not be detected:
    - Deletions/duplications/insertions of any size by massively parallel sequencing
    - Some variants due to technical limitations in the presence of pseudogenes, repetitive, or homologous regions
    - Low-level somatic variants

### Analytical Sensitivity

For massively parallel sequencing:

Variant Class	Analytical Sensitivity (PPA) Estimate <sup>a</sup> (%)	Analytical Sensitivity (PPA) 95% Credibility Region <sup>a</sup> (%)
SNVs	99.2	96.9-99.4
Deletions 1-10 bp	93.8	84.3-98.2
Deletions 11-44 bp	99.9	87.8-100
Insertions 1-10 bp	94.8	86.8-98.5
Insertions 11-23 bp	99.9	62.1-100

<sup>a</sup> Genes included on this test are a subset of a larger methods-based validation from which the PPA values are derived.

bp, base pairs; PPA, positive percent agreement; SNVs, single nucleotide variants

### Genes Tested





Gene	MIM Number	Disorder	Inheritance
<i>ABCC8</i>	600509	NIDDM	AD
		Diabetes mellitus, permanent neonatal 3, with or without neurologic features	AD, AR
		Diabetes mellitus, transient neonatal 2	AD
		Hyperinsulinemic hypoglycemia, familial, 1	AD, AR
		Hypoglycemia of infancy, leucine sensitive	AD
<i>APPL1</i>	604299	MODY, type 14	AD
<i>BLK</i>	191305	MODY, type 11	AD
<i>CEL</i>	114840	MODY, type 8	AD
<i>EIF2AK3</i>	604032	Wolcott-Rallison syndrome	AR
<i>FOXP3</i>	300292	Immunodysregulation, polyendocrinopathy, and enteropathy, X-linked	XLR
<i>GATA4</i>	600576	Neonatal and childhood diabetes	AD
<i>GATA6</i>	601656	Pancreatic agenesis and congenital heart defects	AD
<i>GCK</i>	138079	NIDDM, late onset	AD
		Hyperinsulinemic hypoglycemia, familial, 3	AD
		MODY, type 2	AD
		Diabetes mellitus, permanent neonatal 1	AR
<i>HNF1A</i>	142410	NIDDM 2	AD
		IDDM 20	AD
		MODY, type 3	AD
<i>HNF1B</i>	189907	NIDDM	AD
		Renal cysts and diabetes syndrome	AD
<i>HNF4A</i>	600281	NIDDM	AD
		Fanconi renotubular syndrome 4, with MODY	AD
		MODY, type 1	AD





Gene	MIM Number	Disorder	Inheritance
<i>INS</i>	176730	IDDM2	AD
		Diabetes mellitus, permanent neonatal	AD, AR
		Hyperproinsulinemia	AD
		MODY, type 10	AD
<i>KCNJ11</i>	600937	Diabetes mellitus, transient neonatal, 3	AD
		Diabetes, permanent neonatal 2, with or without neurologic features	AD
		Hyperinsulinemic hypoglycemia, familial 2	AR
		MODY, type 13	AD
<i>KLF11</i>	603301	MODY, type 7	AD
<i>NEUROD1</i>	601724	MODY, type 6	AD
<i>NEUROG3</i>	604882	Diarrhea 4, malabsorptive, congenital	AR
<i>PAX4</i>	167413	Diabetes mellitus, type 2	AD
		MODY, type 9	AD
<i>PDX1</i>	600733	MODY, type 4	AD
		Pancreatic agenesis 1	AR
<i>RFX6</i>	612659	Mitchell-Riley syndrome	AR
<i>SLC19A2</i>	603941	Thiamine-responsive megaloblastic anemia syndrome	AR
<i>WFS1</i>	606201	NIDDM	AD
		Wolfram-like syndrome, AD	AD
		Wolfram syndrome 1	AR
<i>ZFP57</i>	612192	Diabetes mellitus, transient neonatal, 1	AD

NIDDM, noninsulin-dependent diabetes mellitus; IDDM, insulin-dependent diabetes mellitus; XLR, X-linked recessive

## References



1. Chakera AJ, Spyer G, Vincent N, et al. [The 0.1% of the population with glucokinase monogenic diabetes can be recognized by clinical characteristics in pregnancy: the Atlantic Diabetes in Pregnancy cohort](#). *Diabetes Care*. 2014;37(5):1230-1236.
2. Garin I, Rica I, Estalella I, et al. [Haploinsufficiency at GCK gene is not a frequent event in MODY2 patients](#). *Clin Endocrinol (Oxf)*. 2008;68(6):873-878.
3. Colclough K, Bellanne-Chantelot C, Saint-Martin C, et al. [Mutations in the genes encoding the transcription factors hepatocyte nuclear factor 1 alpha and 4 alpha in maturity-onset diabetes of the young and hyperinsulinemic hypoglycemia](#). *Hum Mutat*. 2013;34(5):669-685.
4. Njølstad PR, Sagén JV, Bjørkhaug L, et al. [Permanent neonatal diabetes caused by glucokinase deficiency: inborn error of the glucose-insulin signaling pathway](#). *Diabetes*. 2003;52(11):2854-2860.
5. Bellanné-Chantelot C, Clauin S, Chauveau D, et al. [Large genomic rearrangements in the hepatocyte nuclear factor-1beta \(TCF2\) gene are the most frequent cause of maturity-onset diabetes of the young type 5](#). *Diabetes*. 2005;54(11):3126-3132.
6. Njølstad PR, Søvik O, Cuesta-Muñoz A, et al. [Neonatal diabetes mellitus due to complete glucokinase deficiency](#). *N Engl J Med*. 2001;344(21):1588-92.
7. Pihoker C, Gilliam LK, Ellard S, et al. [Prevalence, characteristics and clinical diagnosis of maturity onset diabetes of the young due to mutations in HNF1A, HNF4A, and glucokinase: results from the SEARCH for Diabetes in Youth](#). *J Clin Endocrinol Metab*. 2013;98(10):4055-62.
8. Støy J, Edghill EL, Flanagan SE, et al. [Insulin gene mutations as a cause of permanent neonatal diabetes](#). *Proc Natl Acad Sci U S A*. 2007;104(38):15040-15044.
9. Babenko AP, Polak M, Cavé H, et al. [Activating mutations in the ABCC8 gene in neonatal diabetes mellitus](#). *N Engl J Med*. 2006;355(5):456-66.
10. Ellard S, Flanagan SE, Girard CA, et al. [Permanent neonatal diabetes caused by dominant, recessive, or compound heterozygous SUR1 mutations with opposite functional effects](#). *Am J Hum Genet*. 2007;81(2):375-382.
11. Shepherd M, Ellis I, Ahmad AM, et al. [Predictive genetic testing in maturity-onset diabetes of the young \(MODY\)](#). *Diabet Med*. 2001;18(5):417-21.
12. Stanik J, Gasperikova D, Paskova M, et al. [Prevalence of permanent neonatal diabetes in Slovakia and successful replacement of insulin with sulfonylurea therapy in KCNJ11 and ABCC8 mutation carriers](#). *J Clin Endocrinol Metab*. 2007;92(4):1276-1282.
13. Wiedemann B, Schober E, Waldhoer T, et al. [Incidence of neonatal diabetes in Austria—calculation based on the Austrian Diabetes Register](#). *Pediatr Diabetes*. 2010;11(1):18-23.

## Related Information

[Diabetes Mellitus](#)  
[Inherited Insulin Resistance Syndromes \(INSR\) Genetic Testing](#)

## Related Tests

[Inherited Insulin Resistance Syndromes \(INSR\) Sequencing 2006274](#)

**Method:** Polymerase Chain Reaction/Sequencing

[Insulin, Fasting 0070063](#)

**Method:** Quantitative Chemiluminescent Immunoassay

[Glucose, Plasma or Serum 0020024](#)

**Method:** Quantitative Enzymatic

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