

# The Regional Centre for Personalised Medicine: a Precision Medicine approach to Type 1 diabetes mellitus

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1240

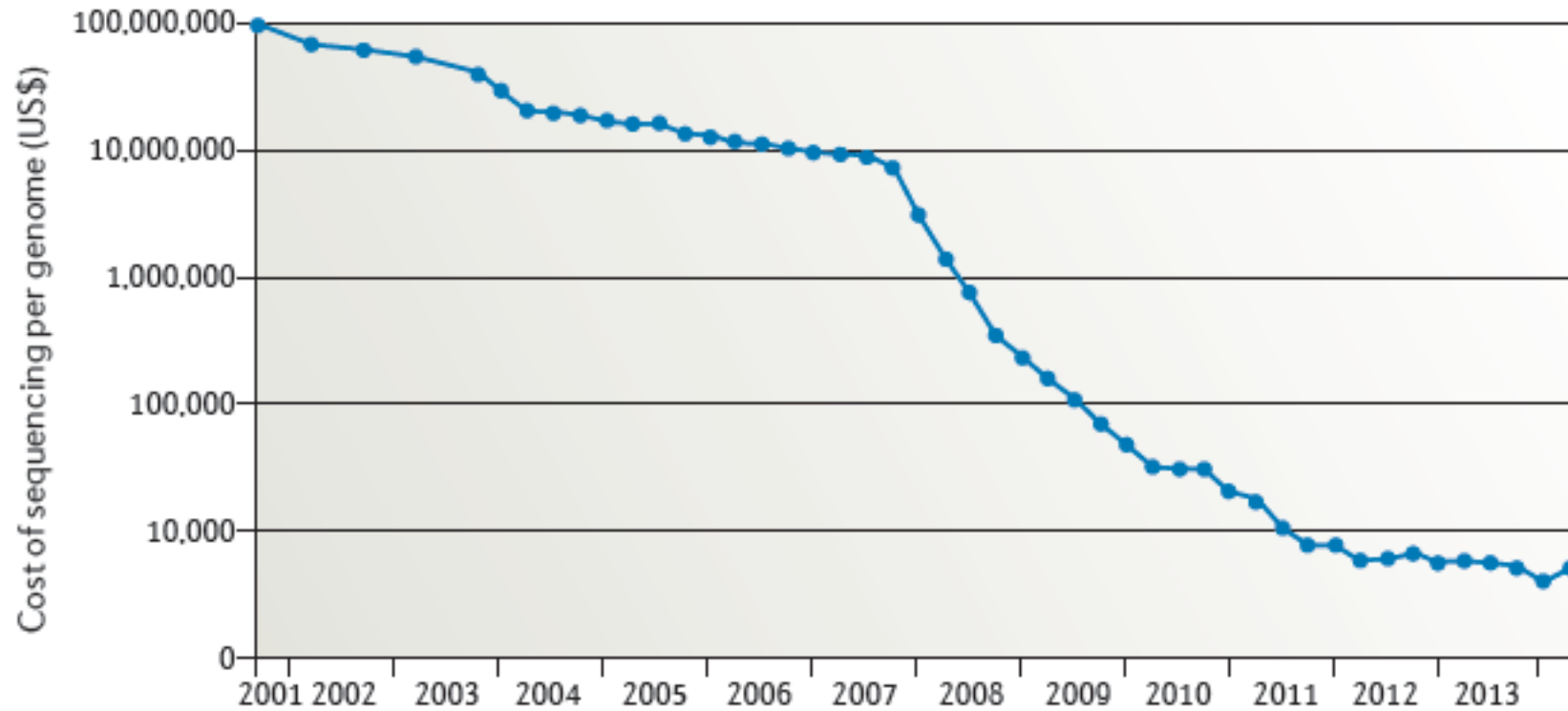


# The Next Challenge in Medicine: "Precision Medicine"

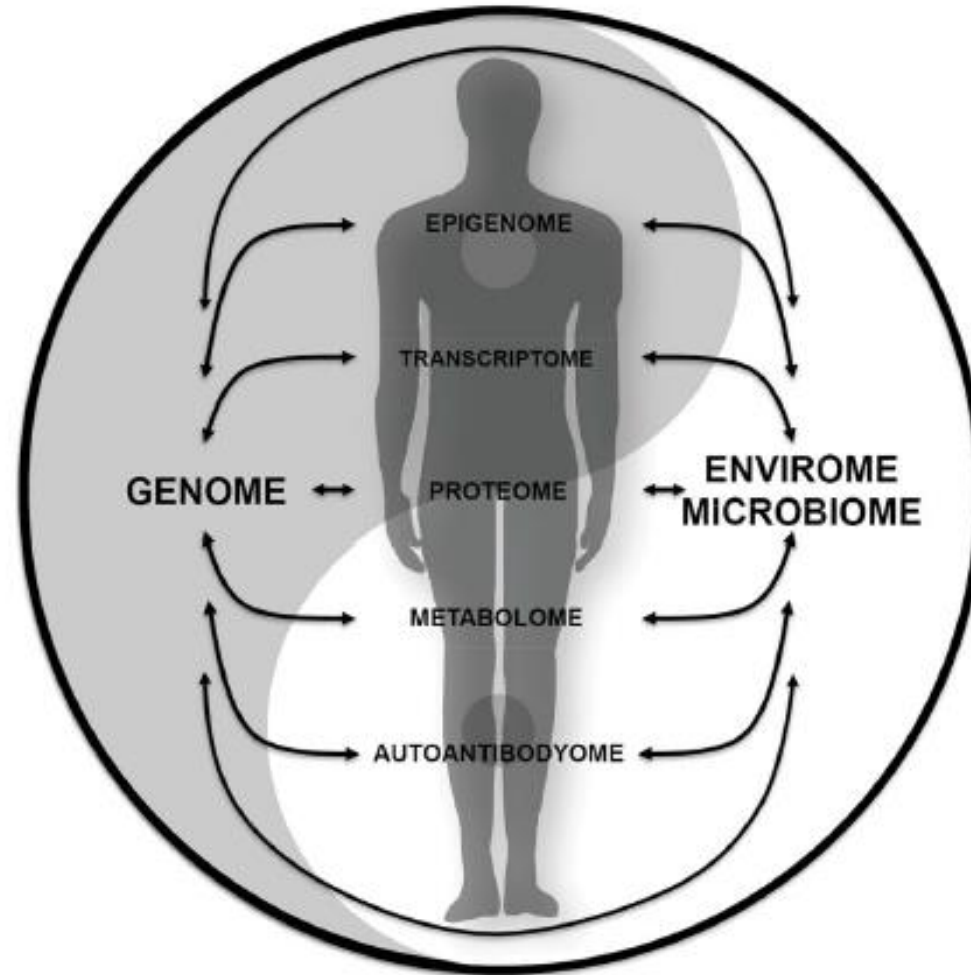
“Tonight, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes — and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”

— President Barack Obama, State of the Union Address, January 20, 2015

# Sequencing costs per genome

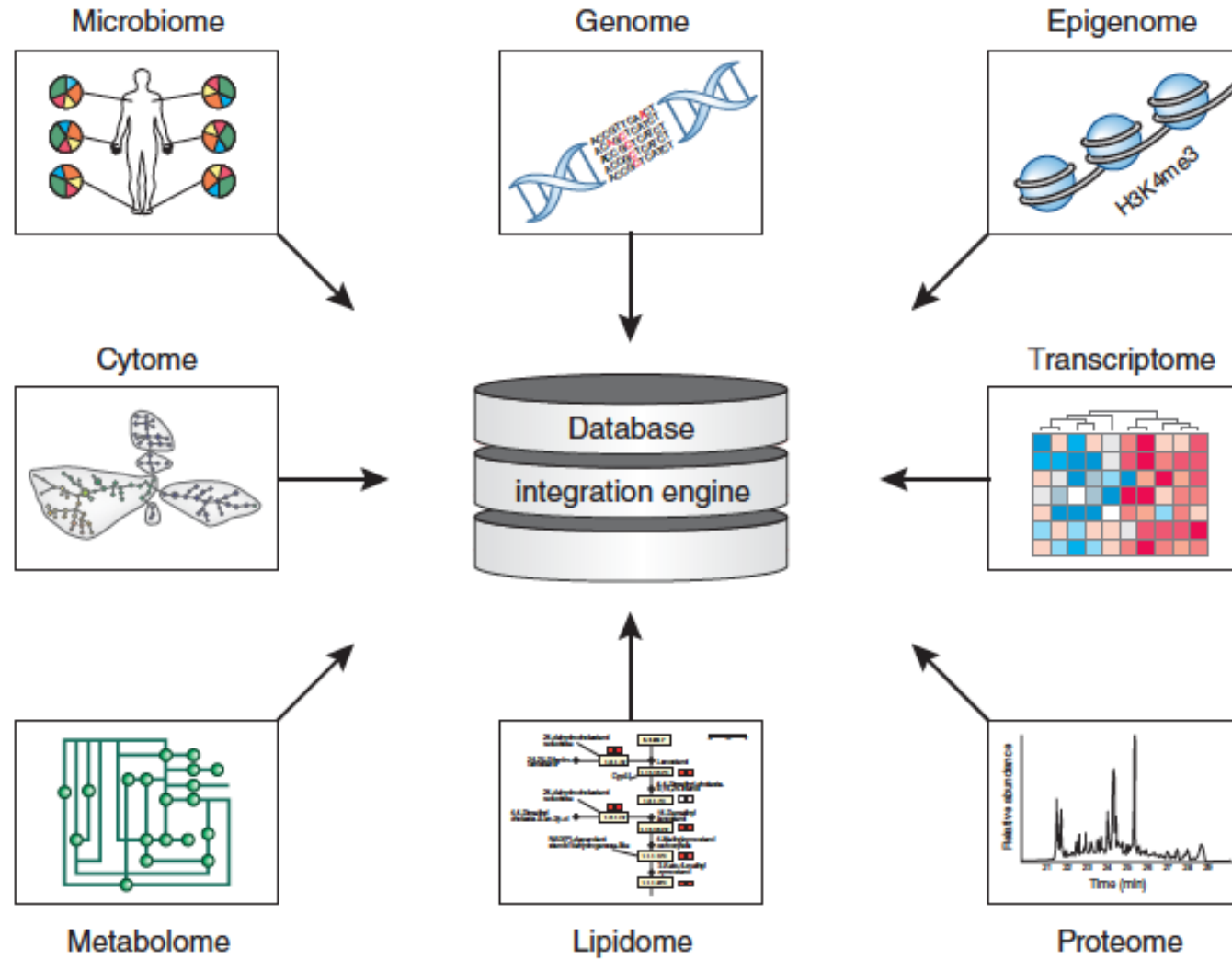


# A new era for Precision Medicine



- ✓ **Large-scale biological databases;**
- ✓ **Powerful "omics" patient characterization tools;**
- ✓ **Tools for Big Data management**

# Integrative omics for health and disease

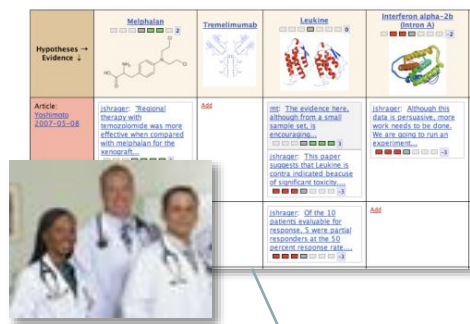


# Aggregating Information

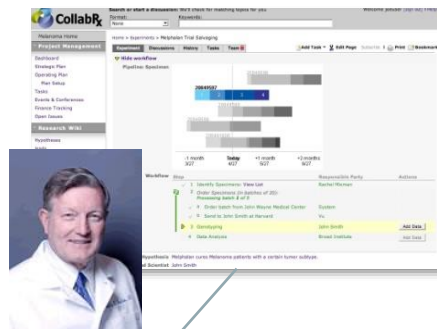
Scientists



Clinical Researchers



Physicians



Patients



Data



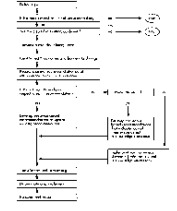
Molecular Disease Models



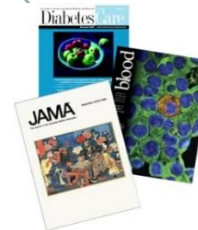
Trials



Treatments



Guidelines



Literature



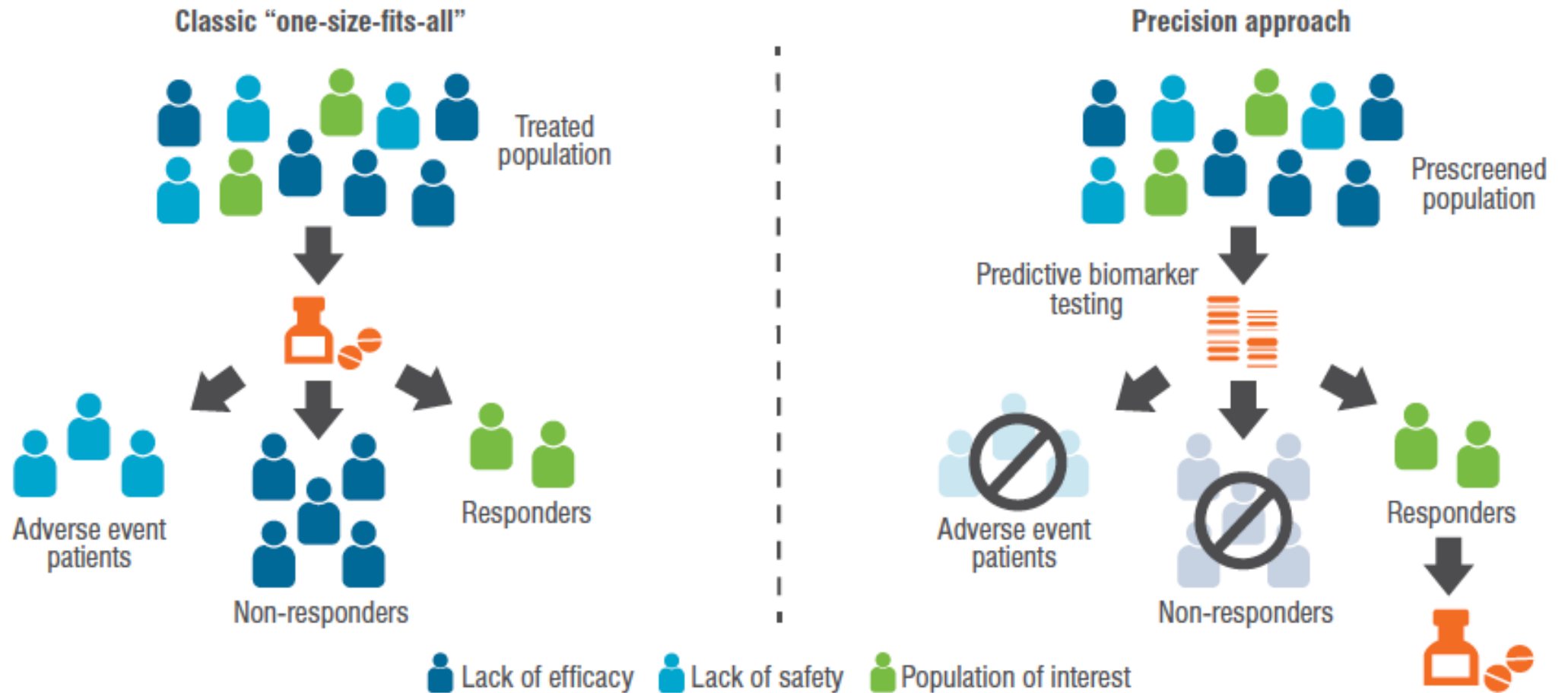
Tests



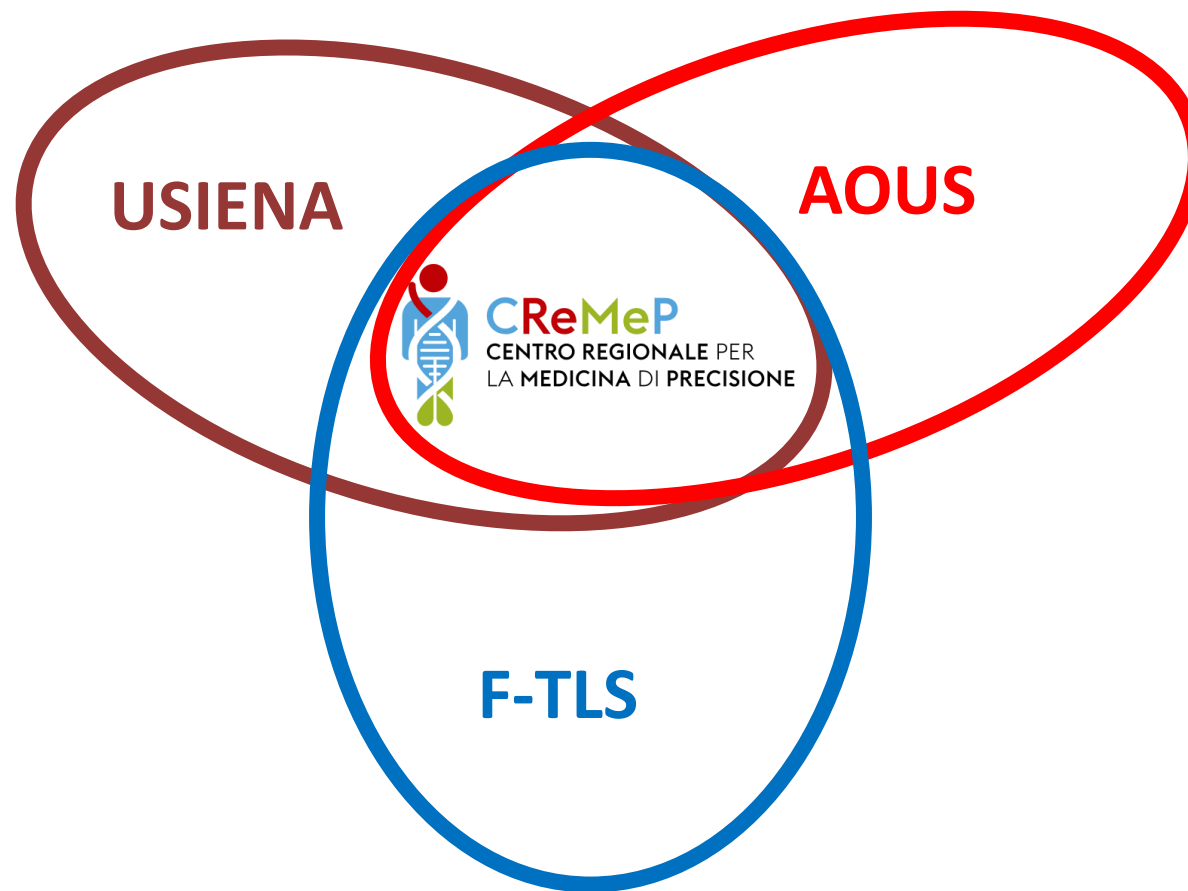
Cases

## Changing how drugs are delivered

Identify non-responders and safety issues before prescribing or treating



# Regional Center for Personalised Medicine





# Center for Precision Medicine

- **Open access technical platforms** (e.g. NGS, imaging, Nanostring, etc.)
- **Bio-Bank** (shared SOPs for sample collection)
- **Bioinformatics and Big data management;**
- **Promote translational research and biomarker discovery for disease prediction, diagnosis and staging**
- **Clinical trials (targeted trials, virtual trials)**



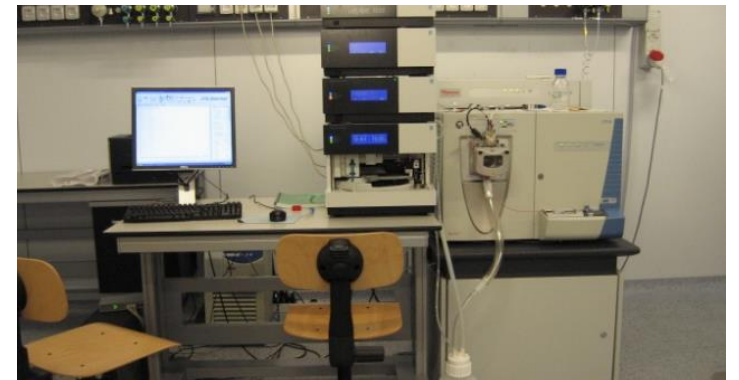
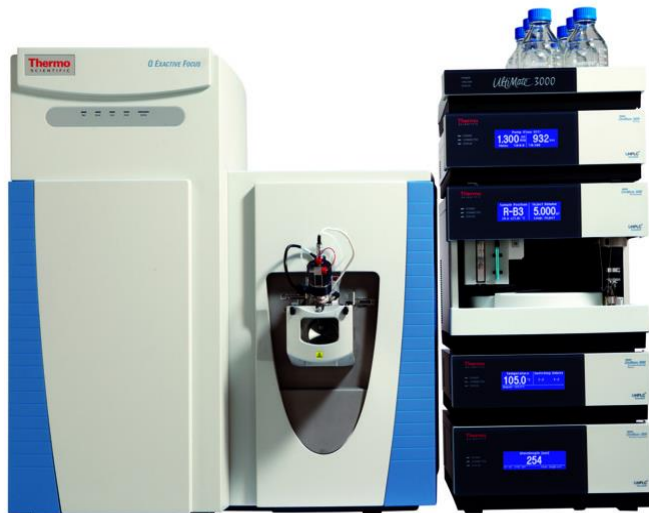
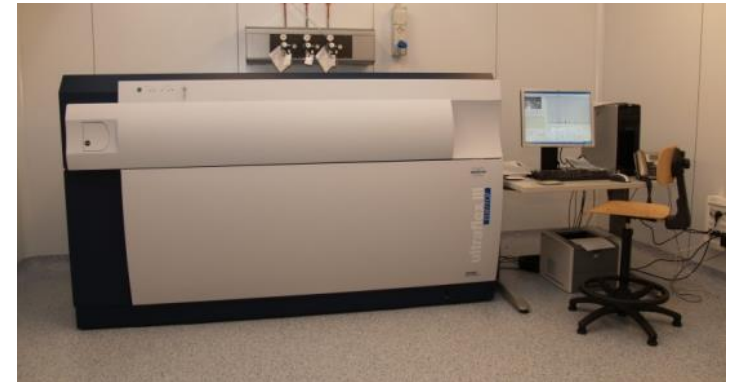
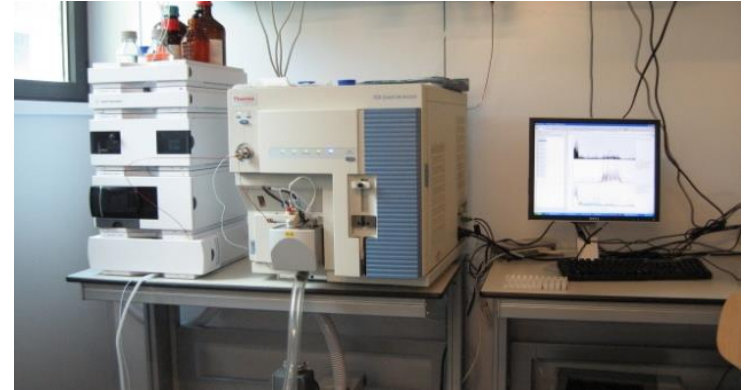
# Open access technical platforms

- **Nanostring nCounter FLEX Analysis System (Diatech Pharmacogenetics)**
- **Slide Scanner NanoZoomer mod.S60 (Nikon instruments)**
- **Quanterix SR-X Ultra-Sensitive Multiplexed Biomarker Detection Warranty & Service Programs (Quanterix)**
- **autoMACS Pro Separator – (Miltenyi Biotec).**
- **NovaSeq 6000**



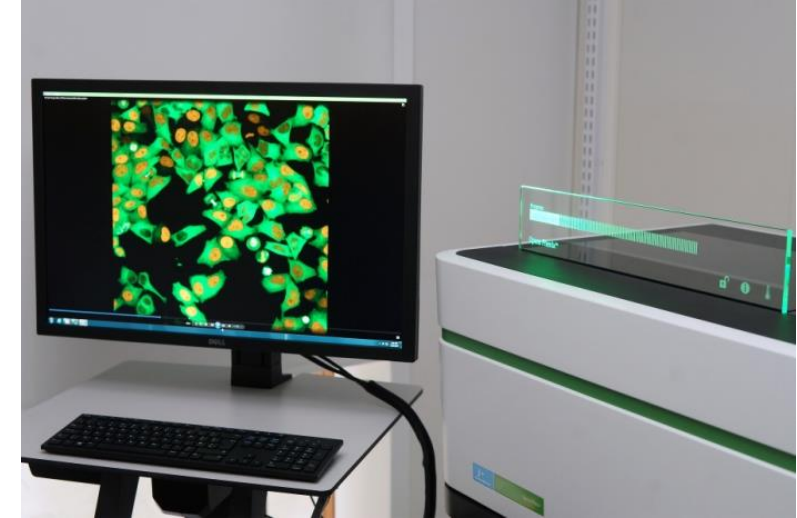
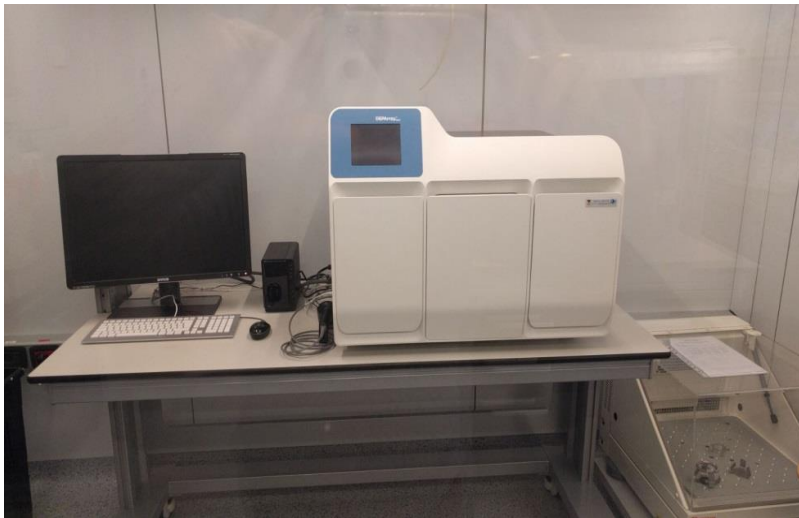
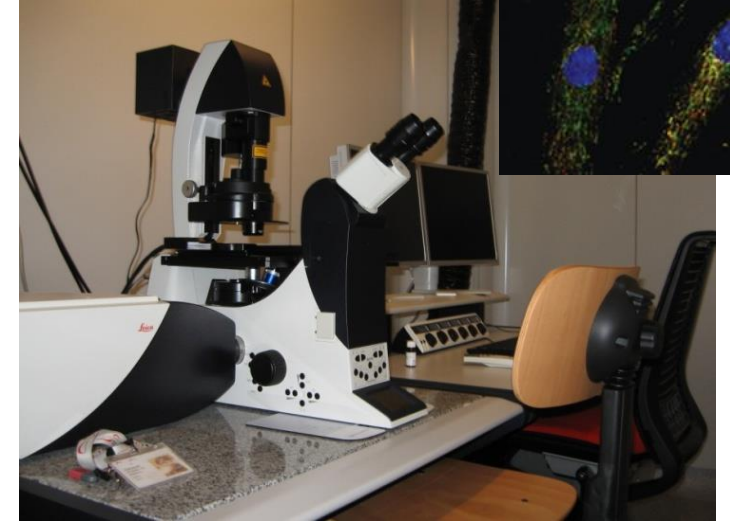


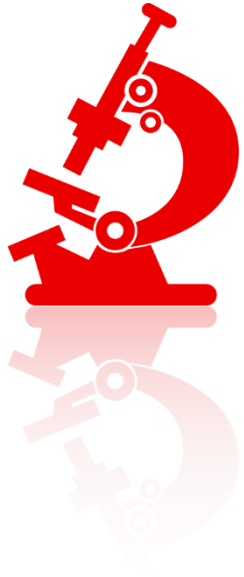
- Triple quadrupole Mass spectrometer
- MALDI-TOF/TOF Mass spectrometer
- 500Mhz dual channel NMR
- LTQ-Orbitrap mass spectrometer
- FT/MS Q Exactive Biopharma





- **DEPArray™ NxT Digital Cell-Sorting System**
- **Laser Capture Microdissector Arcturus XT**
- **BD FACS Canto TM II citofluorimetro (FACS)**
- **Confocal microscope LEICA TCS SP5**
- **Opera Phenix High-Content Screening System**





- Spectramax M2 Multi-modal microplate and cuvette readers
- Luminex Magpix Biorad - Multiplex immunoassay
- ViiA 7 Fast 96 Well Real Time PCR system
- FPLC - AKTA Explorer 100
- Droplet Digital PCR



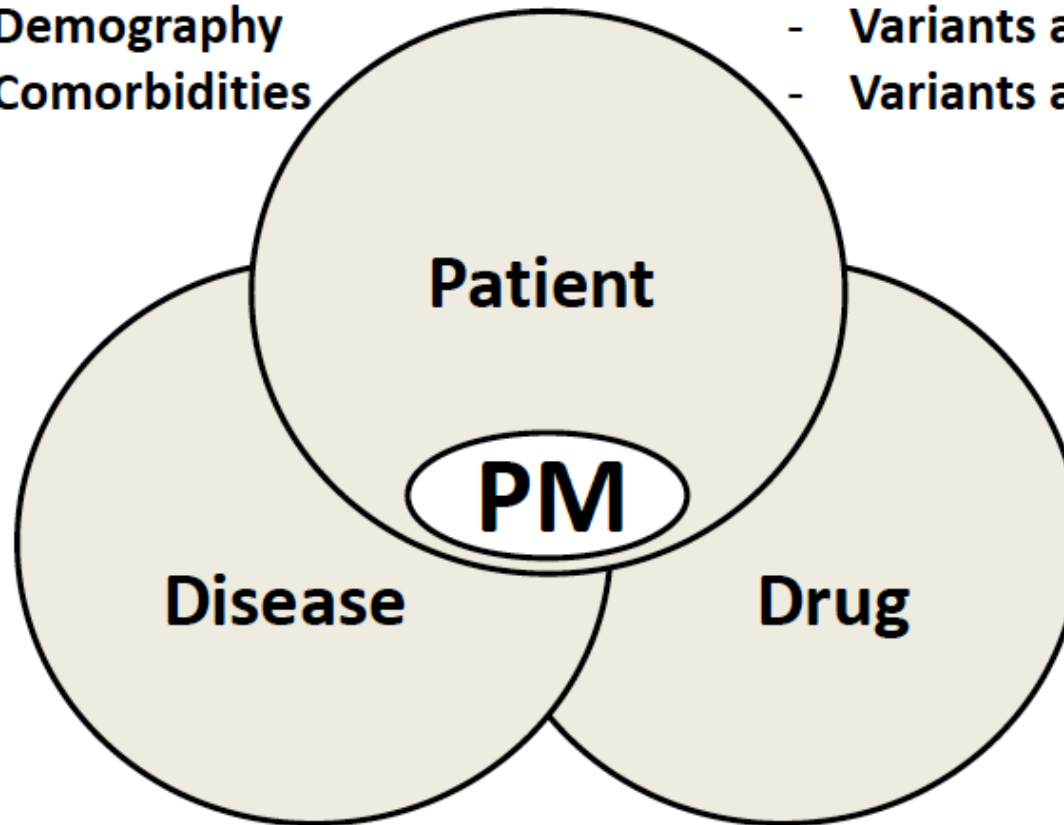
# Precision medicine: the future in diabetes care ?

## Phenotype

- Demography
- Comorbidities

## Genotype

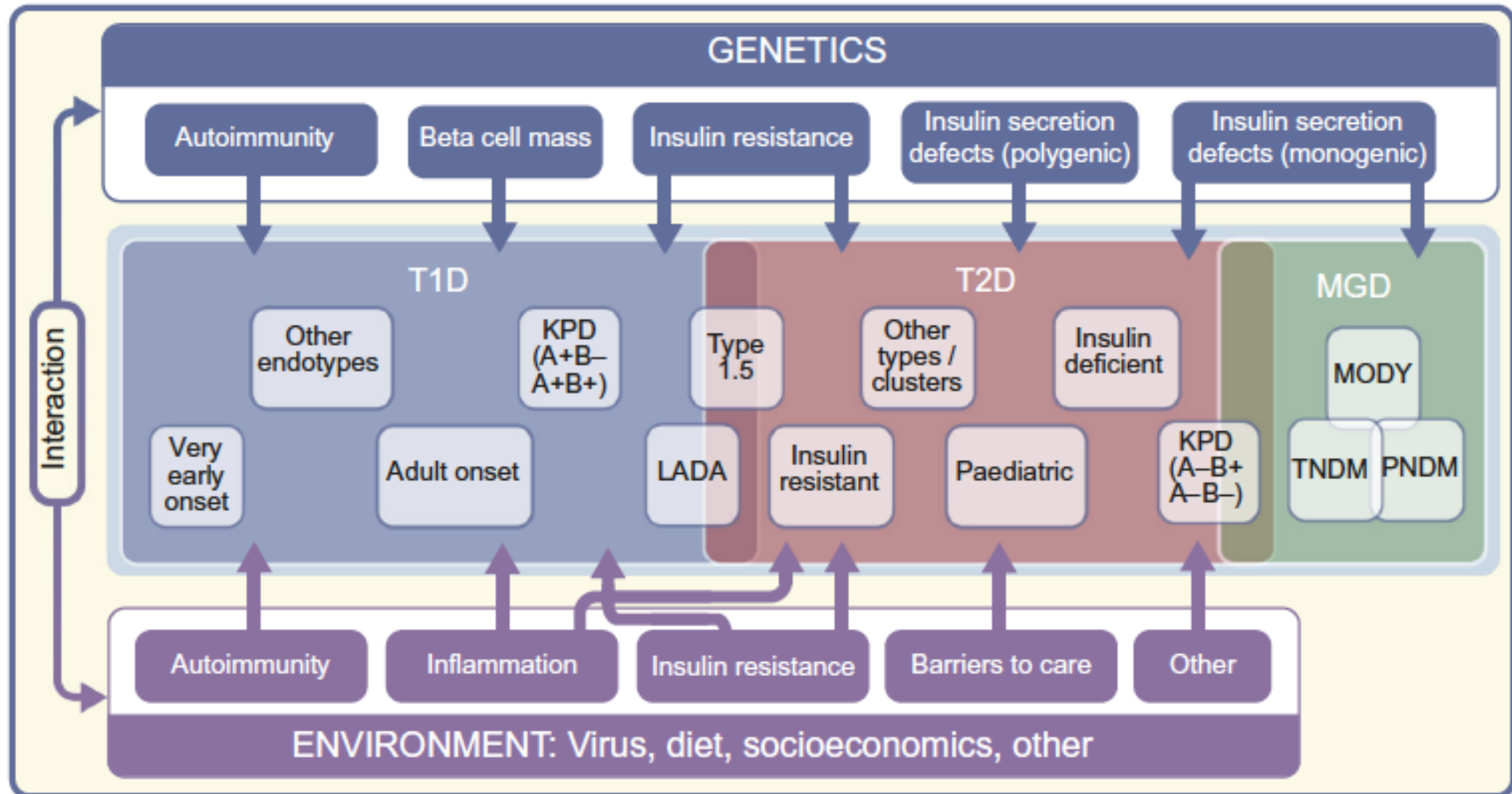
- Variants altering PK
- Variants altering PD



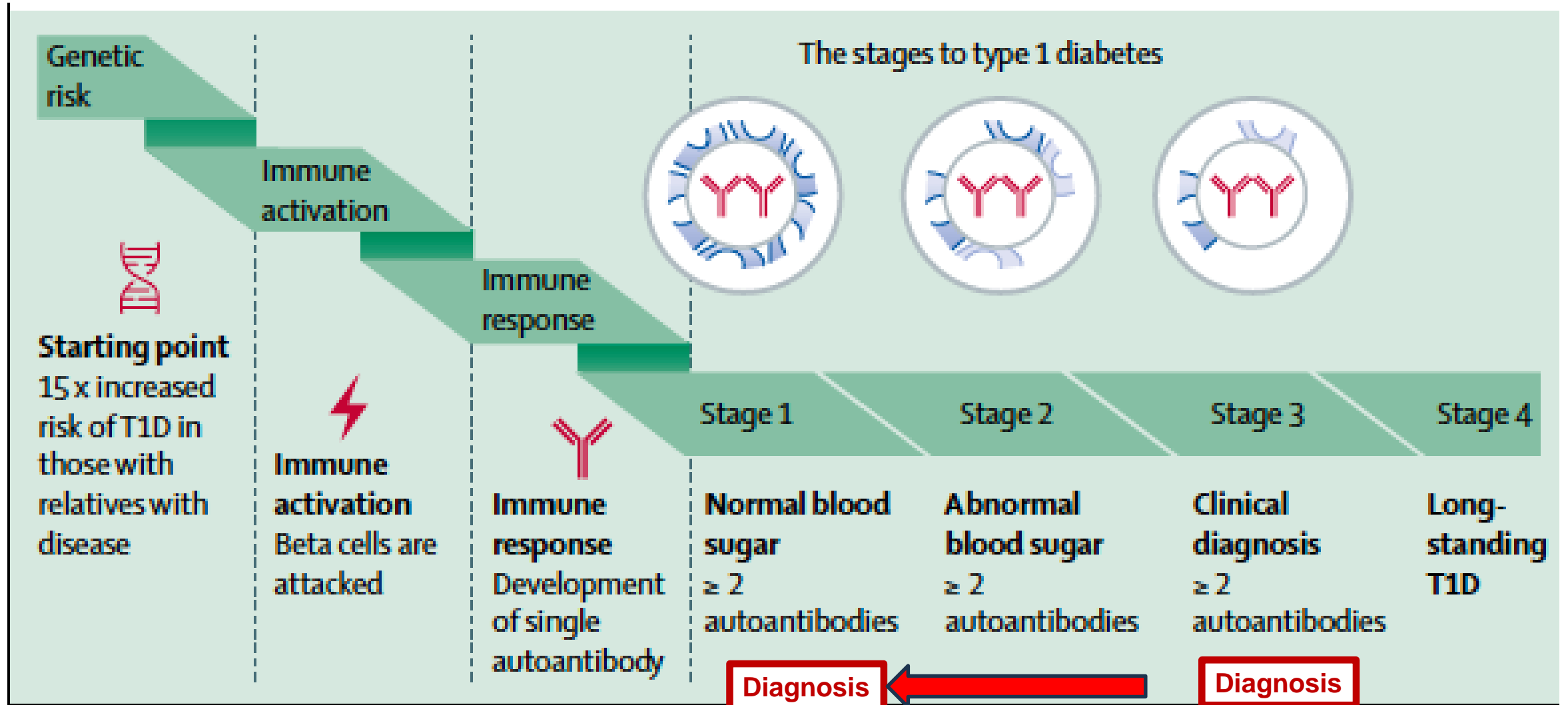
- Duration
- Severity (HbA1c)
- Fasting/postprandial
- Insulin secretion/resistance

- Pharmacokinetics (PK)
- Pharmacodynamics (PD)
- Cost

# Heterogeneity in different forms of diabetes



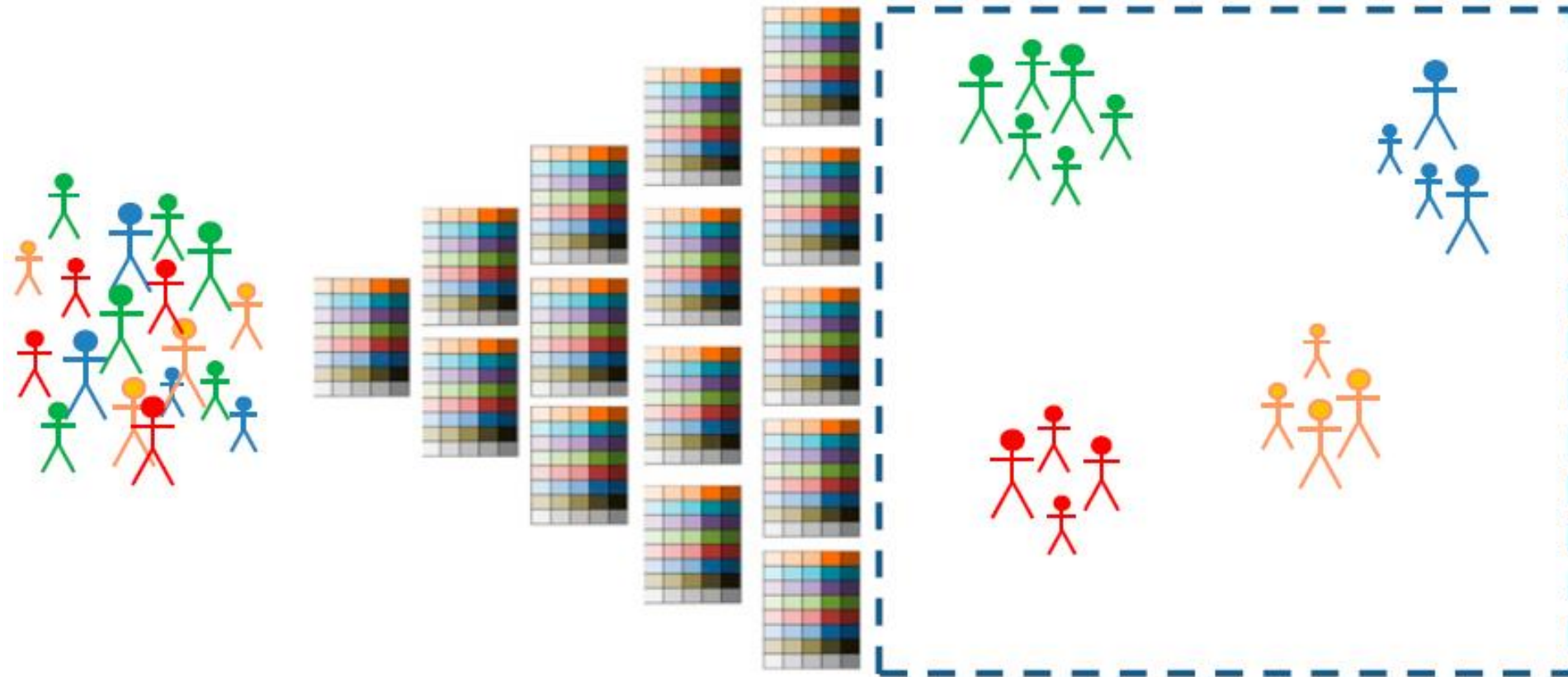
# Type 1 diabetes natural history





# Type 1 diabetes heterogeneity has implications for disease prediction, prevention, diagnosis and treatment

*Diabetologia*. 2020 October ; 63(10): 2040–2048. doi:10.1007/s00125-020-05211-7.



# T1D heterogeneity

## Clinical

- Age of onset of  $\beta$  cell–directed autoimmunity and hyperglycemia (from 6 months to adult); up to 40% onset in individuals over 30 years old
- Other autoimmune endocrinopathies or diseases (thyroid, adrenal, celiac, etc.)
- Degree and rate of development of diabetes-related complications (e.g., retinopathy, nephropathy, neuropathy)

## Genetic

- Presence of HLA DR3/DR4 haplotypes
- More than 50 genetic loci

## Immunological

- Autoantibody frequency, profile, and target epitopes
- Type 1 IFN, innate immunity, and T cell signatures

## Metabolic

- Rate of decline in  $\beta$  cell function and mass in stages 2 and 3
- Degree and duration of residual C-peptide production
- Response to immunomodulatory therapy

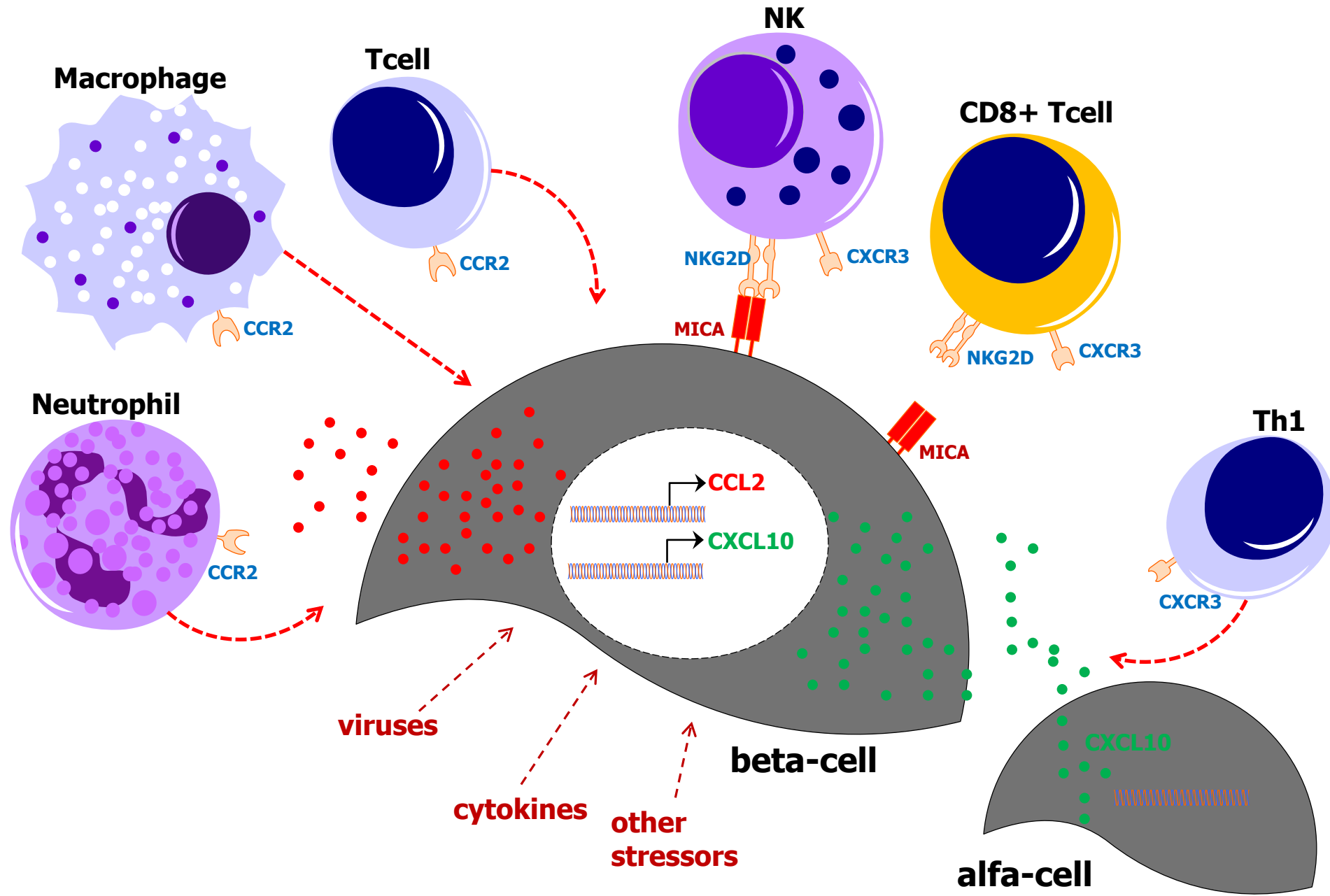
## Pathological

- Insulinitis (degree, location) differs between and within individuals
- CD20+ B lymphocytes in younger-onset T1D
- Degree of  $\beta$  cell loss
- Differences between insulin-negative islets and islets with  $\beta$  cells

**How do we find those who are at risk?  
How do we identify who to treat?... And with what strategies?**

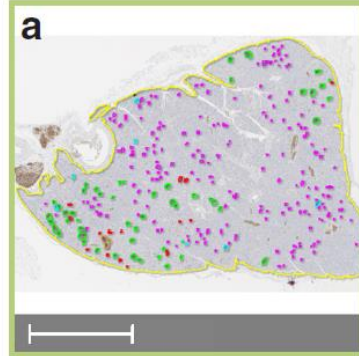


# Type 1 diabetes: Complex dialogue between islet and immune system



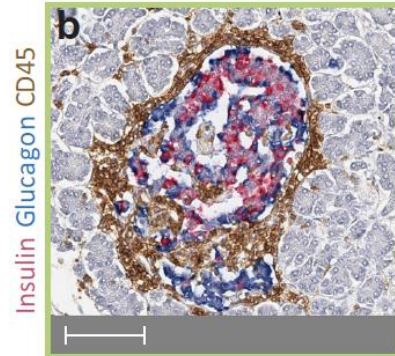
# Age-related T1D Endotypes

**T1DE1**  
Onset <13 years old



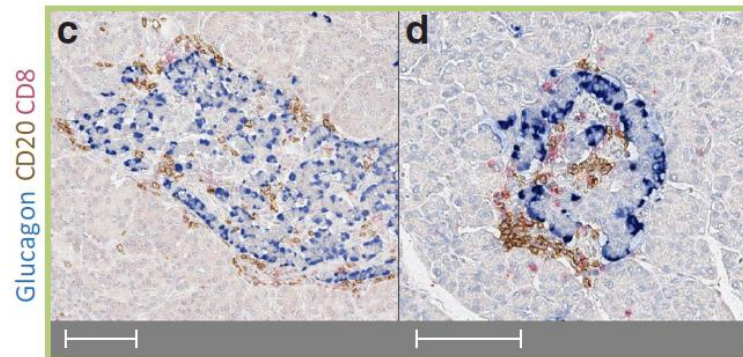
Key:  
Infiltrated ICIs  
Non-infiltrated ICIs  
Infiltrated non-ICIs  
Non-ICIs

Few residual ICIs, infiltrated (green)

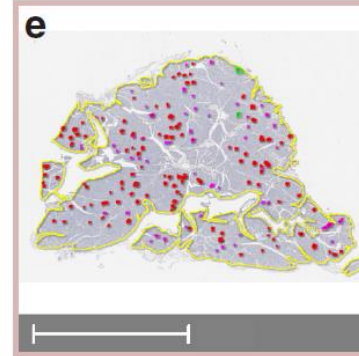


>15 CD45+ cells surrounding ICIs

Many CD20+ B cells and CD8+ T cells

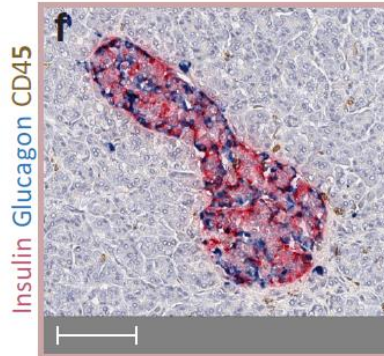


**T1DE2**  
Onset ≥13 years old



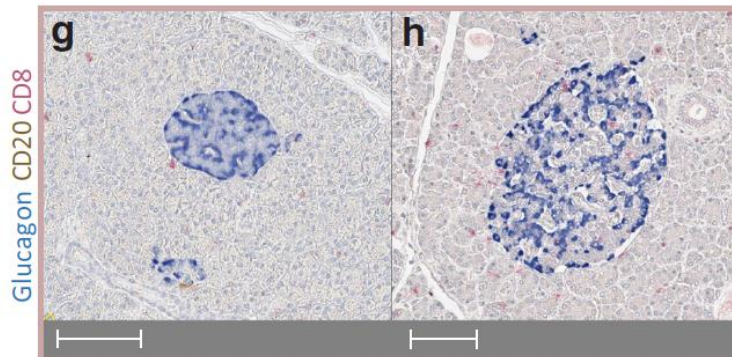
Key:  
Infiltrated ICIs  
Non-infiltrated ICIs  
Infiltrated non-ICIs  
Non-ICIs

Many residual ICIs, not infiltrated (red)

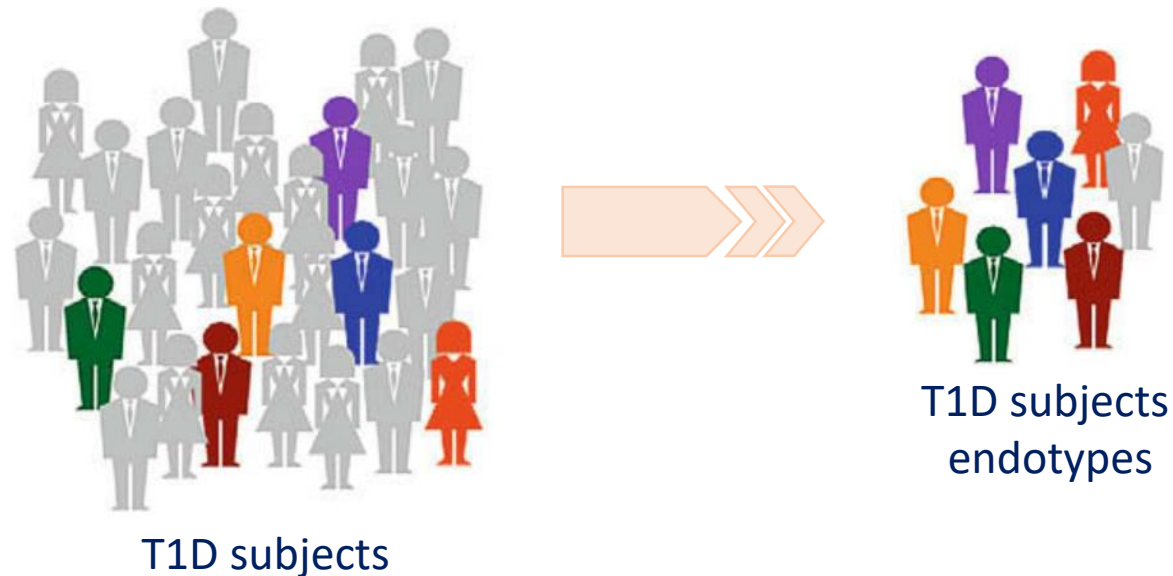


Few CD45+ cells surrounding ICIs

Few CD20+ B cells and CD8+ T cells



**Is it possible to identify specific endotypes of T1D subjects on the basis of the expression profiles of circulating biomarkers and their correlation with clinical parameters and other molecular features?**



# INNODIA Biomarkers Research study to identify novel T1D endotypes

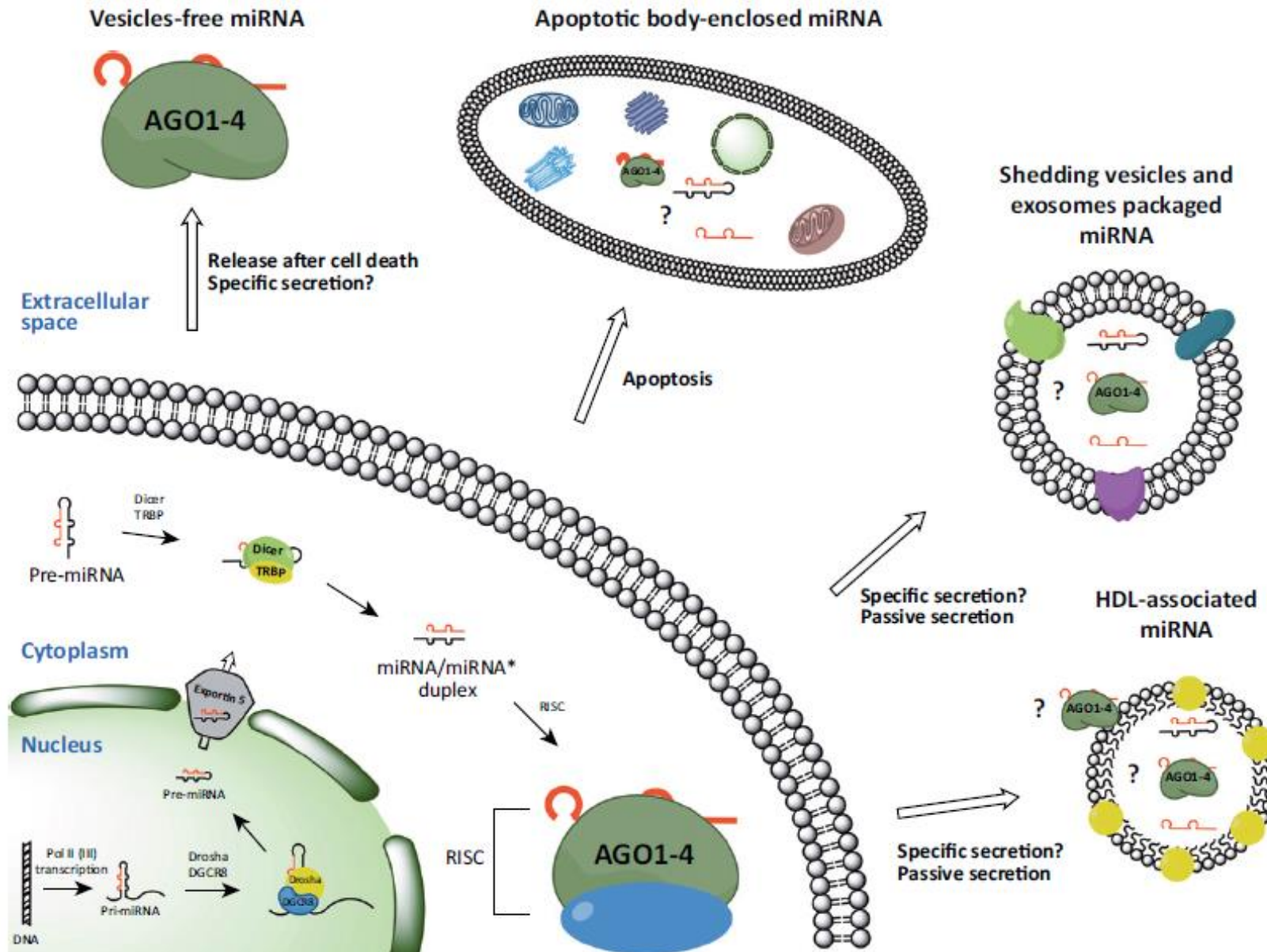


MMTT		✓	✓	✓	✓
C-pep	✓	✓	✓	✓	✓
Serum	✓	✓	✓	✓	✓
Cells	✓	✓	✓	✓	✓
AA	✓			✓	✓
Omics*	✓			✓	✓
Stool /urine	✓	✓	✓	✓	✓

\* Including micro-RNA and whole blood RNA

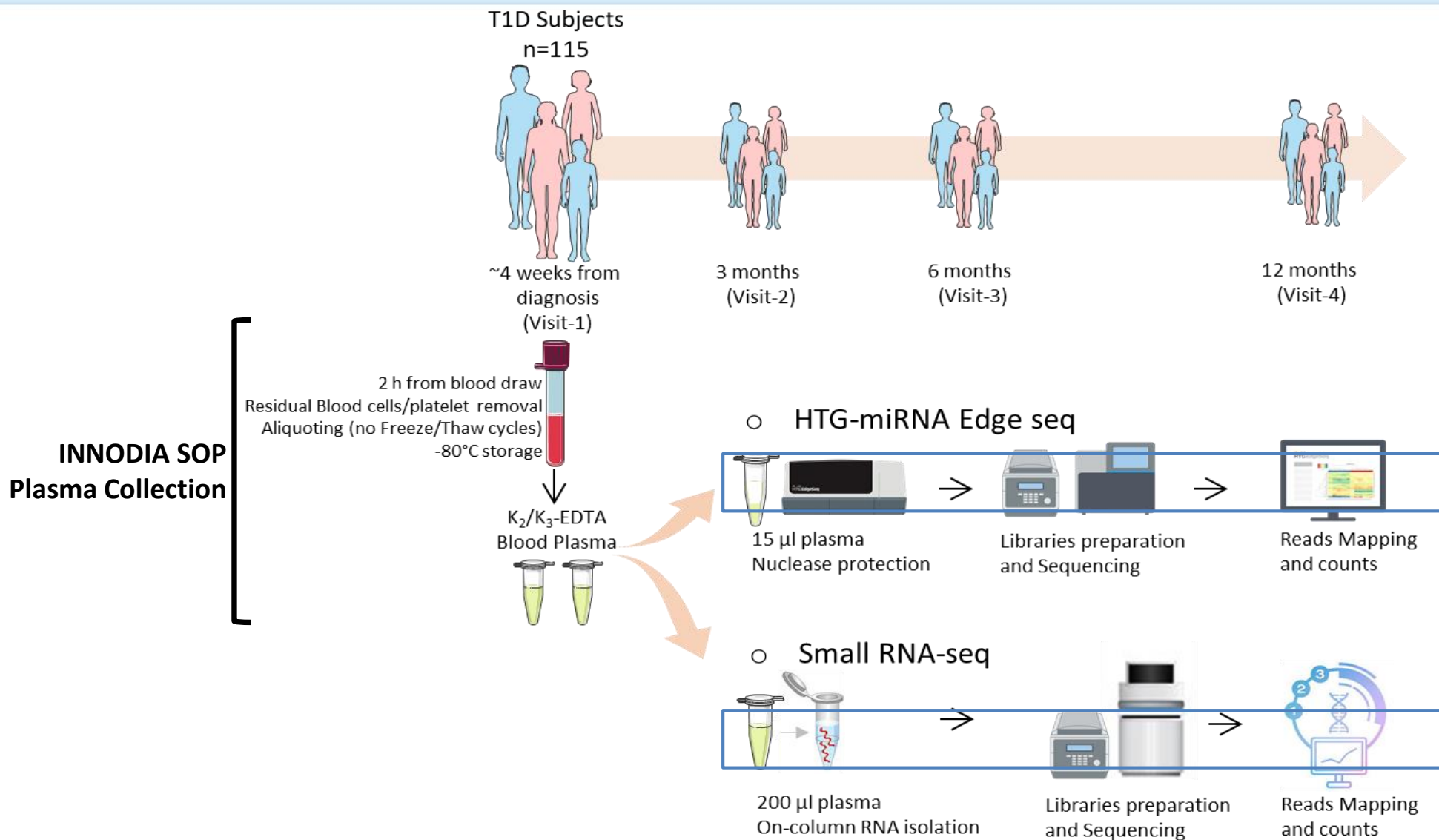
- Genotyping
- Immunomics
- Lipidomics
- Transcriptomics
- Proteomics
- Microbiome
- miRNA/Small RNAs

# MicroRNA circolanti



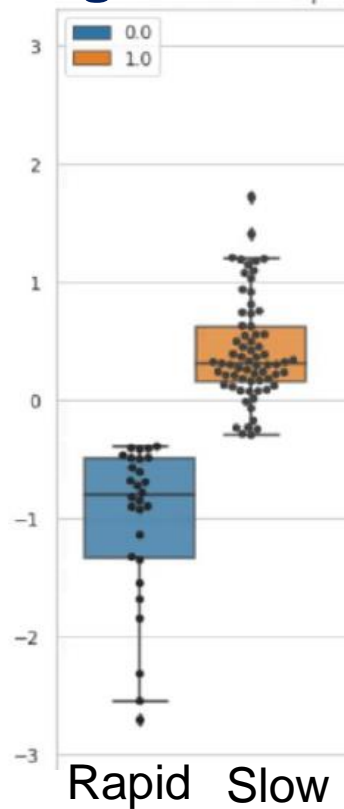


# Experimental Design for the analysis of miRNAs/small RNAs in T1D individuals

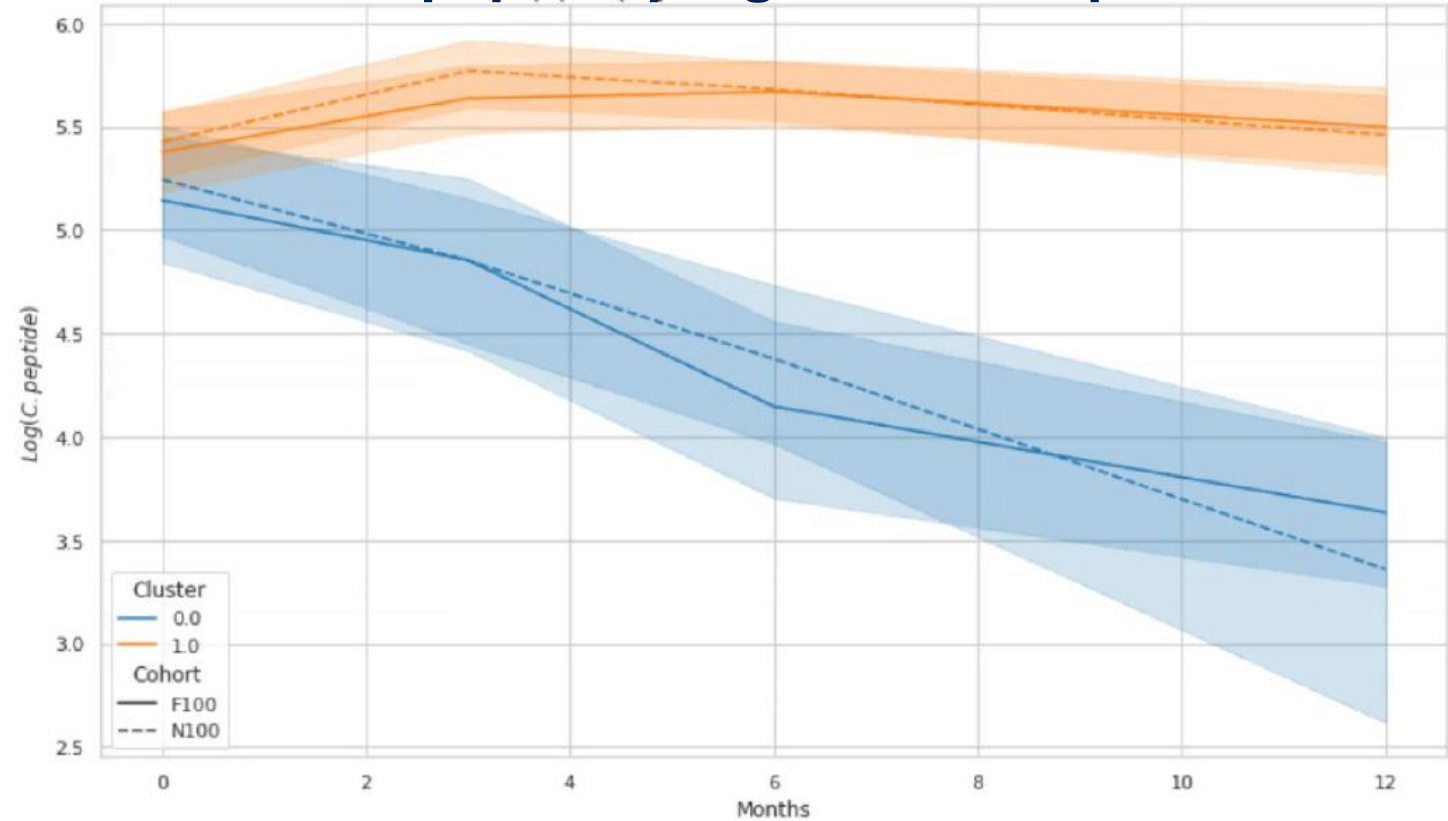


# Identification of Rapid Progressors and Slow progressor among T1D individuals of INNODIA 100s cohort

## Progression Clusters

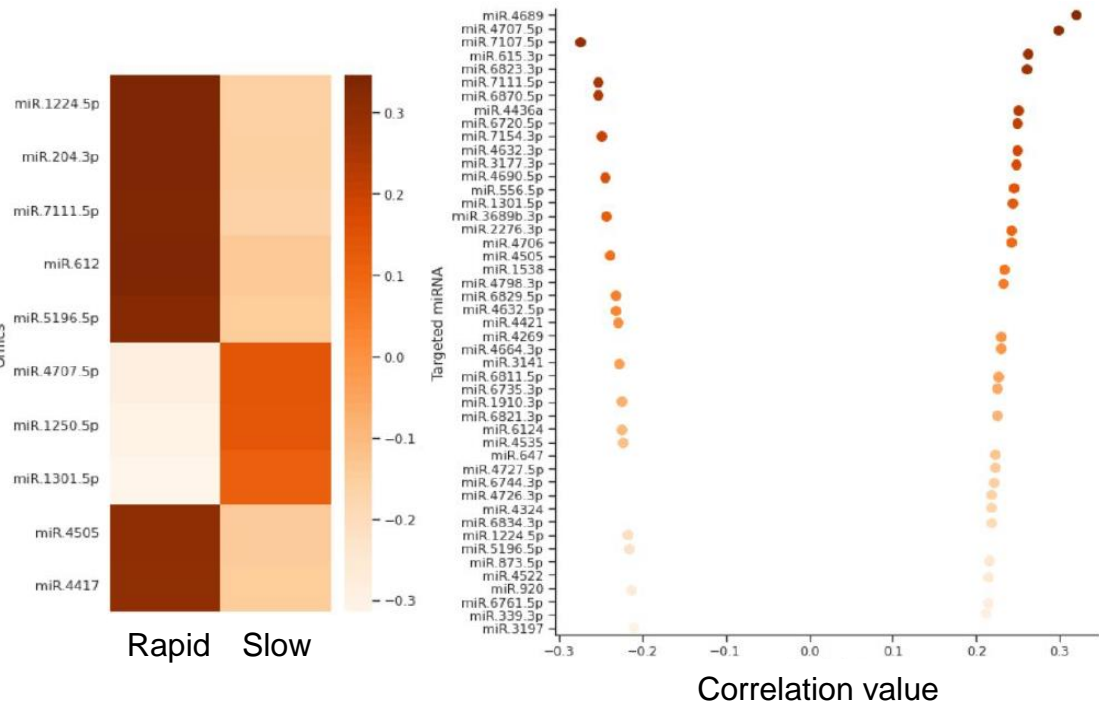


## C-peptide progression slopes

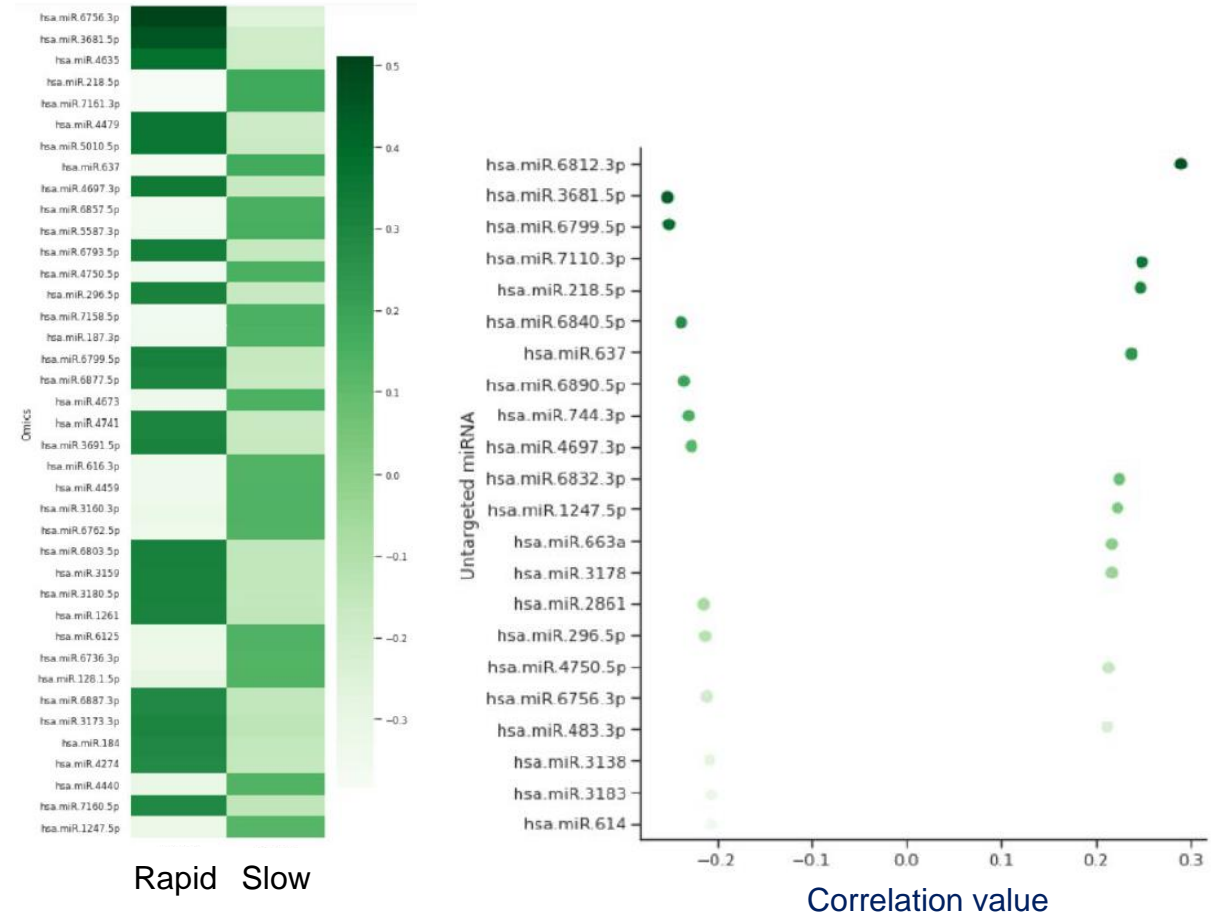


# Most significant microRNAs correlated with progression clusters or slopes of T1D individuals

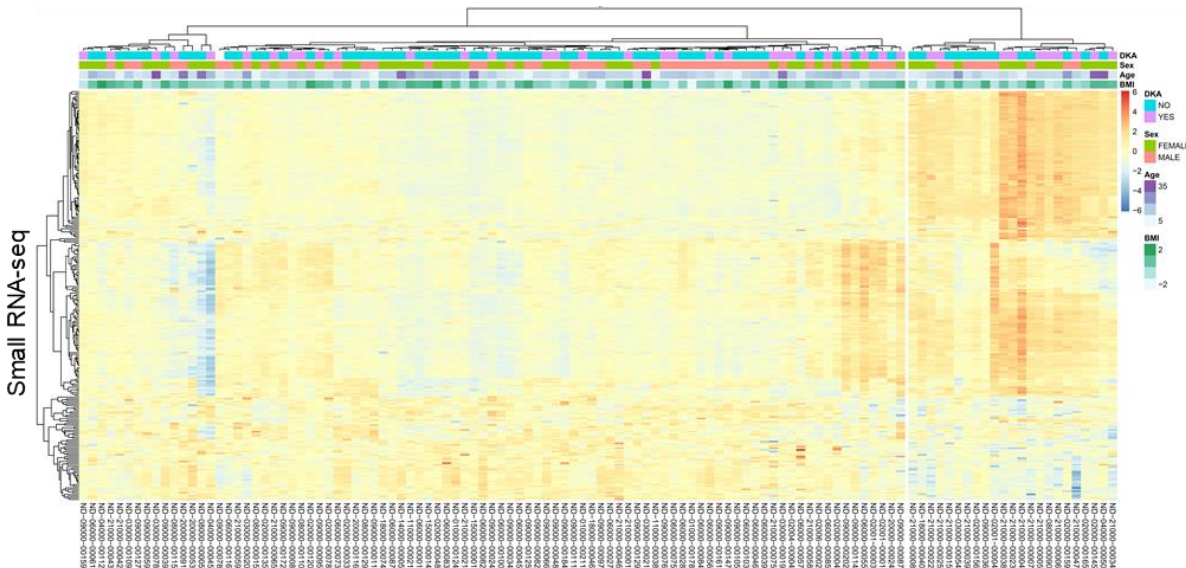
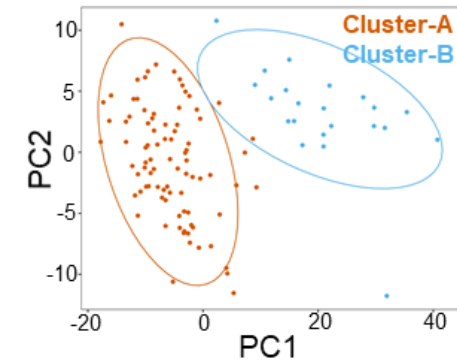
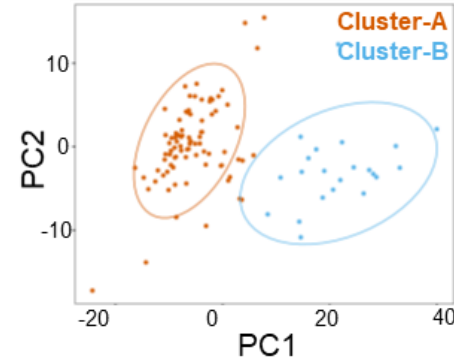
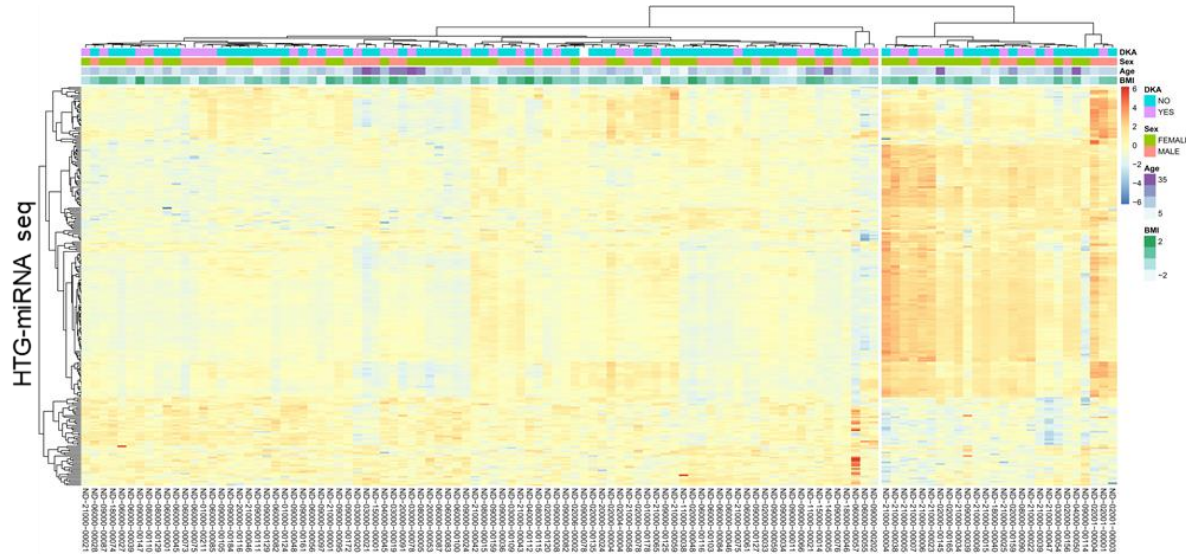
## HTG-Edge Seq



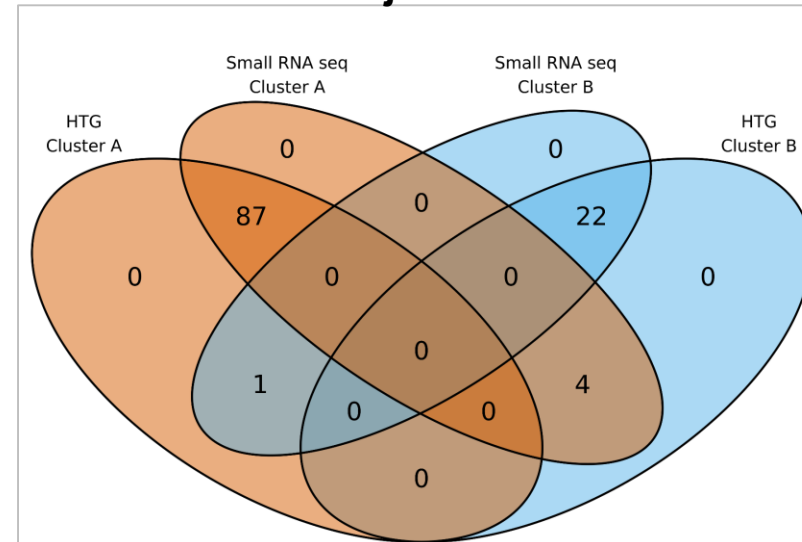
## Small RNA-seq



# Two-seq platforms profiling reveals two distinct T1D subjects groups



T1D subjects/Cluster

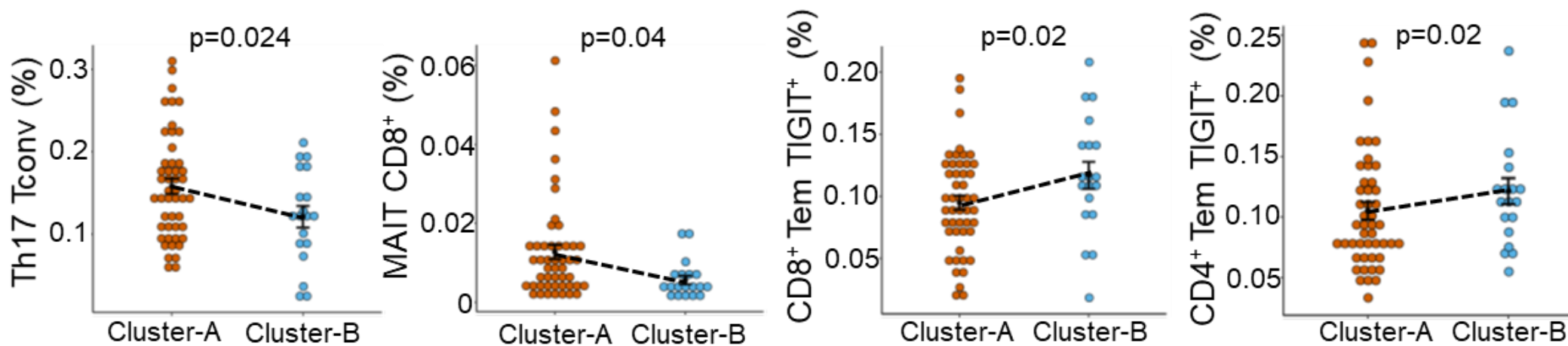
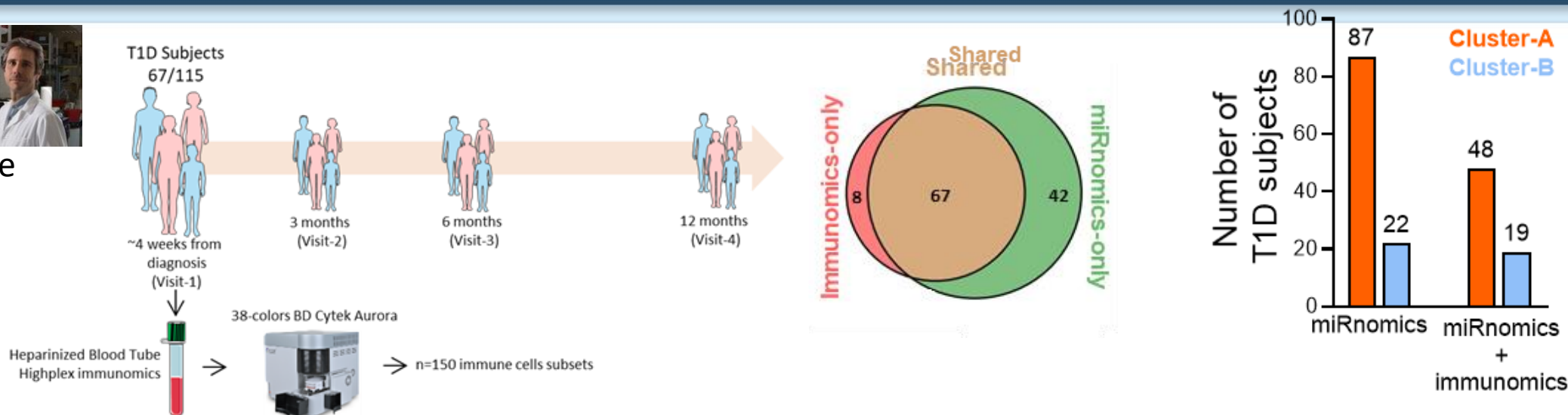


**109/115 were consistently included in Cluster-A or Cluster-B in both platforms**

# Can Immunomics tell us more about Cluster-A and Cluster-B T1D subjects?

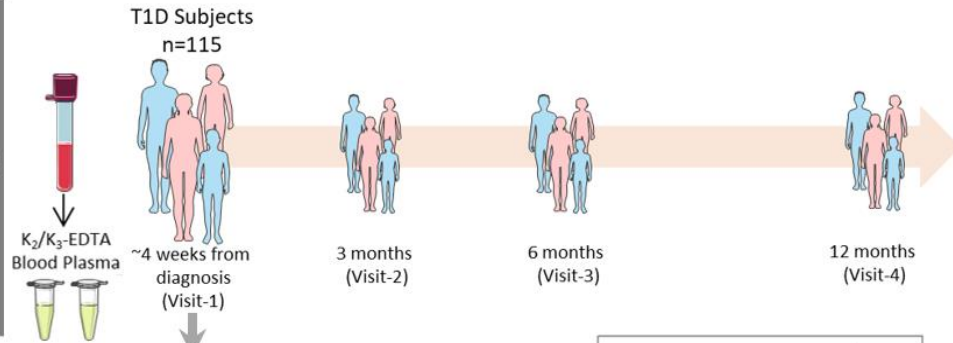


Tim Tree

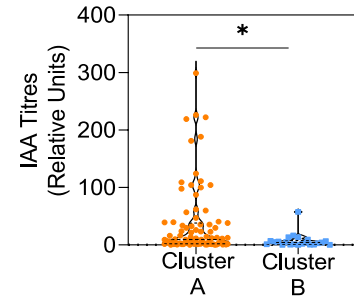
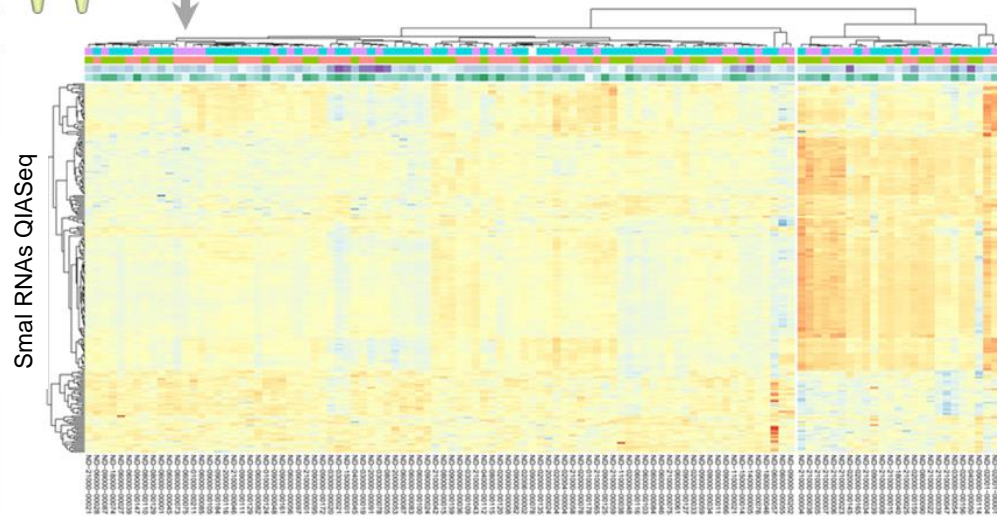


# Circulating MicroRNAs signatures and T1D heterogeneity

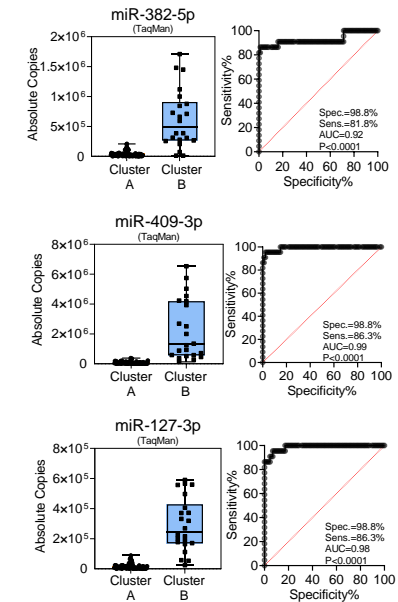
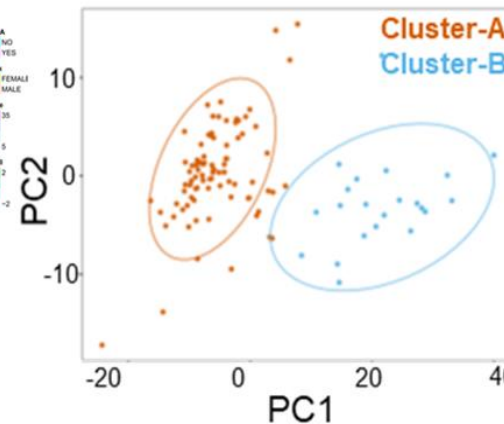
Patients recruitment and Follow-up



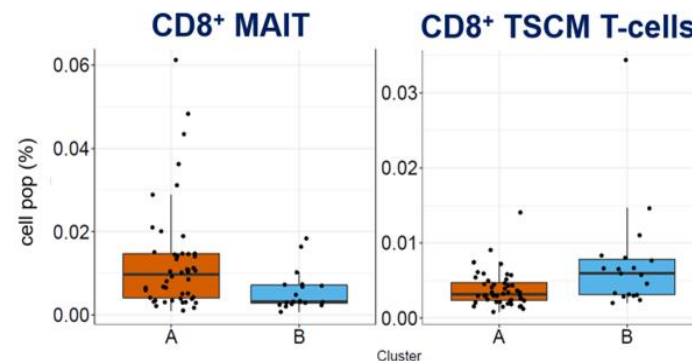
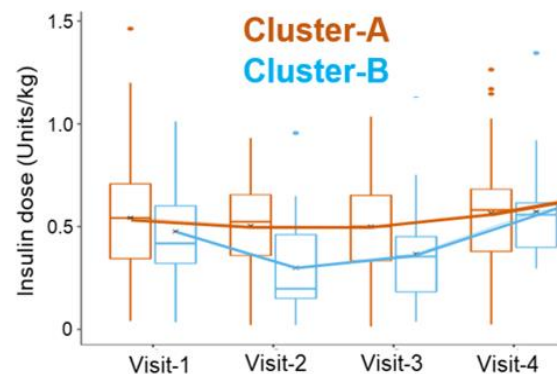
Circulating RNA analysis and patients stratification



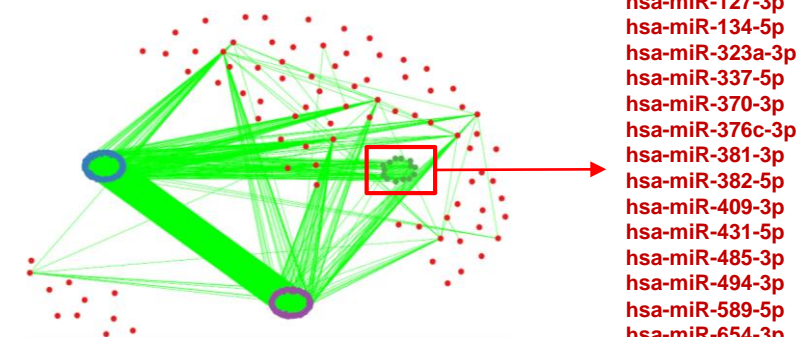
A set of microRNAs from chromosome 14q32 (miR-382, miR-409 and miR-127) distinguishes Cluster A and Cluster B: ddPCR validation



Clinical outcome prediction

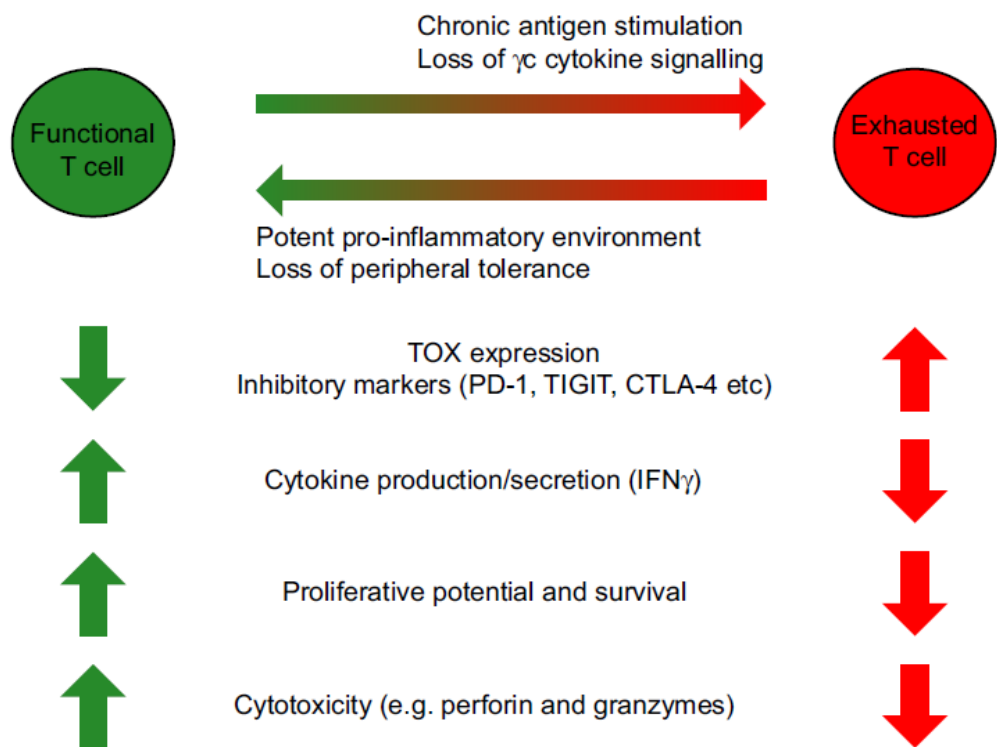


Cluster B is enriched of 14q32 miRNAs

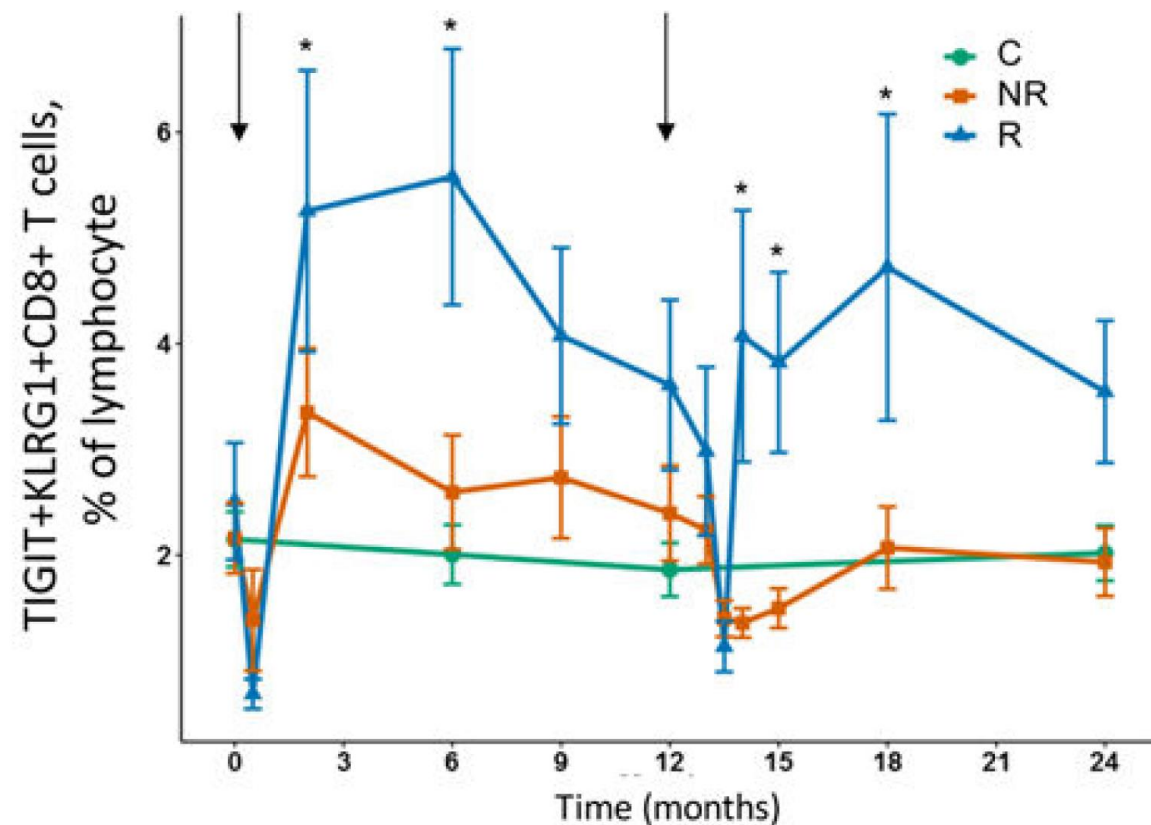


# T-cell exhaustion in T1D

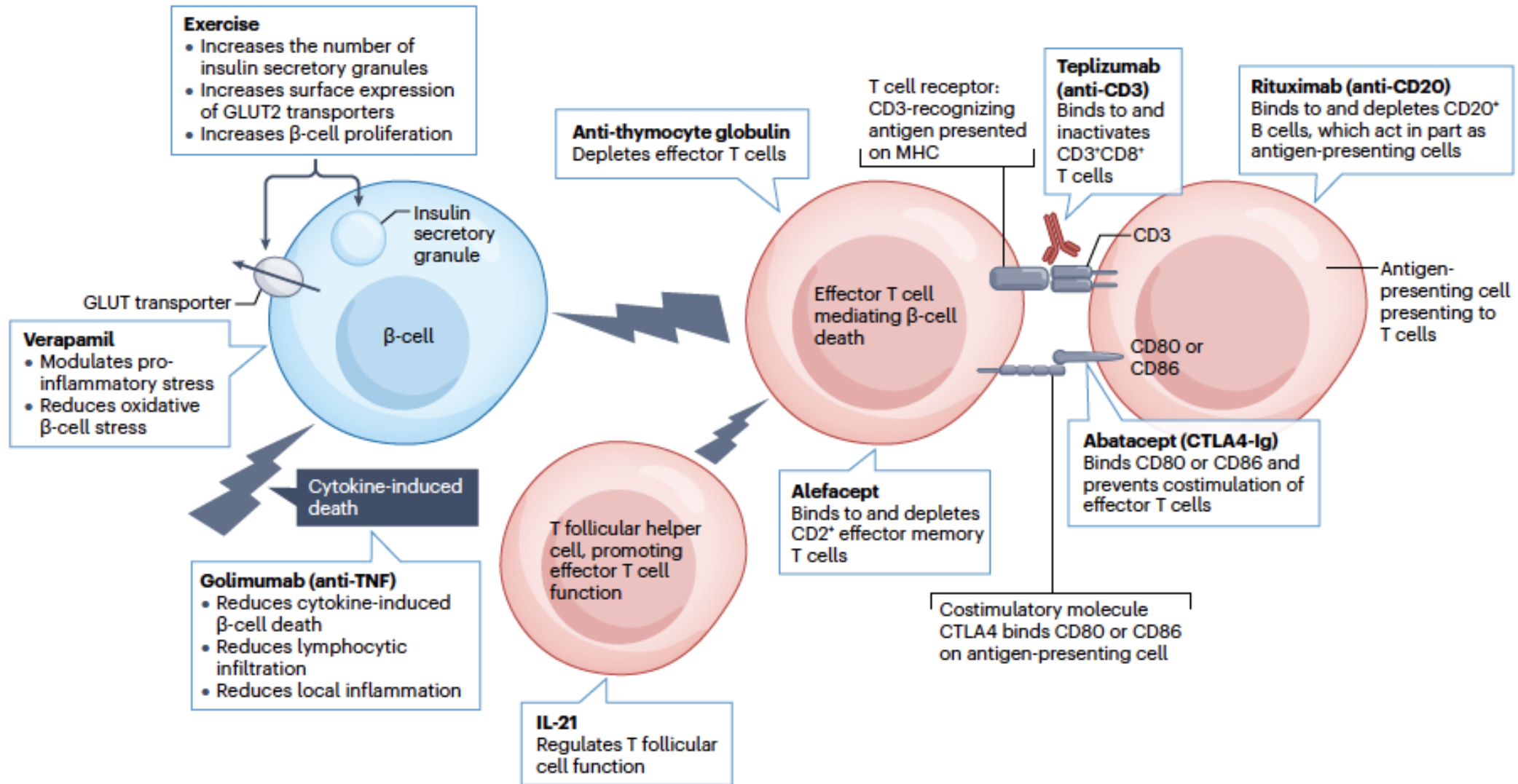
T-cell exhaustion is associated with reduced cytokines production



T1D subjects, **RESPONDERS** to aCD3 immunotherapy, showed higher levels of partially exhausted CD8 Tem KLRG1<sup>+</sup> TIGIT<sup>+</sup>



# Sites of action of therapeutic interventions for $\beta$ -cell preservation.





# Acknowledgements



## Siena Team

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## Cambridge Team

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Sylvaine Bruggaber  
Asmaa Qureshi

## INNODIA Team Science, T1D subjects and their families



## JDRF T1D-miRNA project Team

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Carmella Evans-Molina (Indianapolis, USA)

