



# The TEDDY study – understanding diabetes in the young by combining big data and biobanking.

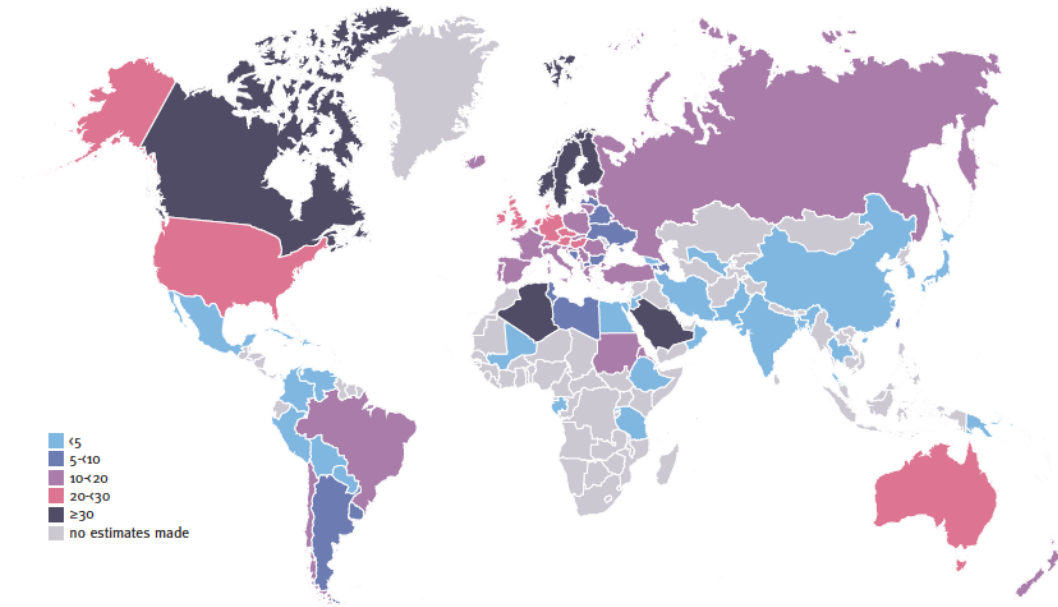
**Åke Lernmark, Lund University CRC, Malmö, Sweden**

Nordic Biobank Conference 2022

# Conflict of interest

Diamyd Medical AB, Stockholm, Sweden : member of the Scientific Advisory Board

# Autoimmune type 1 diabetes incidence rate is increasing worldwide



Incidence rate for 1-14 year old children.

The disease may develop at any age.

Insulin dependent for life.

The prognosis is poor in developing countries.

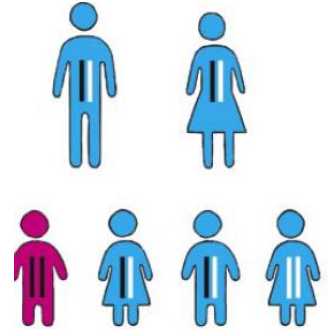
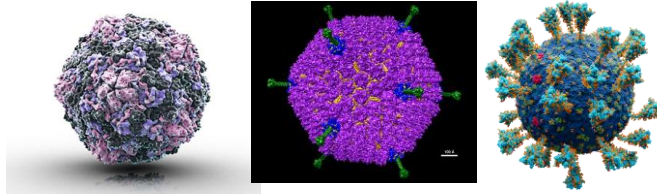
Life expectancy reduced by 10-15 years also in developed countries.

Complications are retinopathy, neuropathy, nephropathy and cardiovascular disease.

# Cause and effect

Two events – one is the trigger - the other is the effect of the trigger

- ETIOLOGY - the cause or origin of disease
  - Genetic etiology
  - Environmental factors



- PATHOGENESIS – the natural progression of the disease.
- DIAGNOSIS - diabetes is a late endpoint after years of symptom-free disease eradicating the pancreatic beta cells.

# PREREQUISITE 1

## GENETIC ETIOLOGY

SINCE THE 1990s:

HLA DR3-DQ2 OR DR4-DQ8 HAPLOTYPES ARE NECESSARY BUT NOT SUFFICIENT.

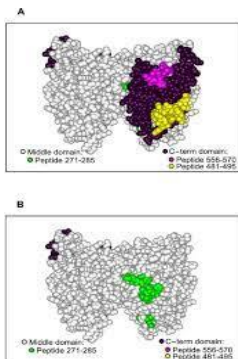
90% of newly diagnosed type 1 diabetes children

26% of the Scandinavian population

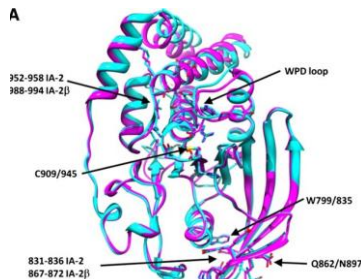
- The primary function of HLA molecules is **to present foreign antigens to elicit T helper cell responses.**
- HLA presentation of autoantigens may cause cell specific autoimmune disease.
- Self reactive CD4+, CD8+ T cells and B cells producing autoantibodies.

# PREREQUISITE 2

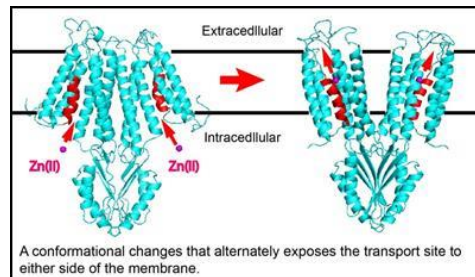
## AUTOANTIBODIES AS BIOMARKERS



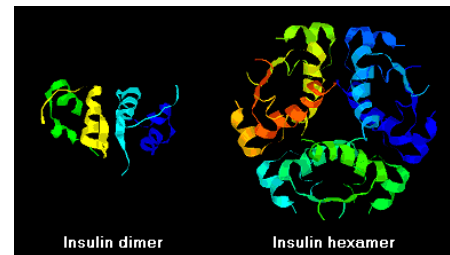
GAD65  
**GADA**



Islet Antigen-2  
**IA-2A**



Zn Transporter 8  
**ZnT8A**



Insulin  
**IAA**

Islet Autoantibodies as Enrichment Biomarkers for Type 1 Diabetes (T1D) Prevention Clinical Trials.

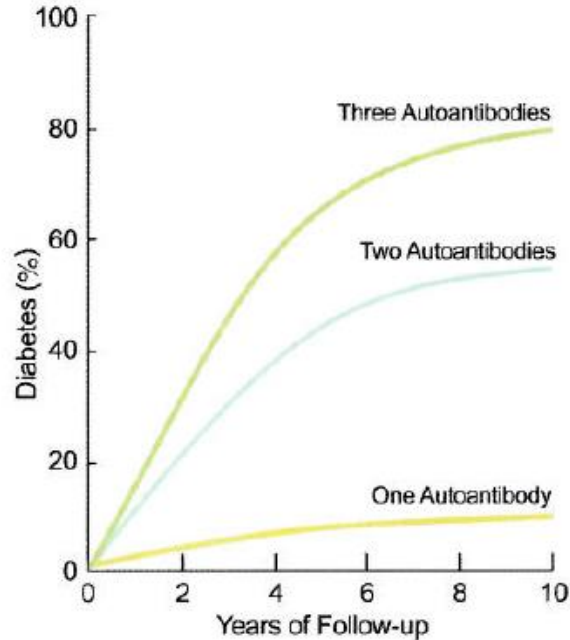
Start of public consultation November 2021.

Adopted by the Committee for Medicinal Products for Human Use March 2022.



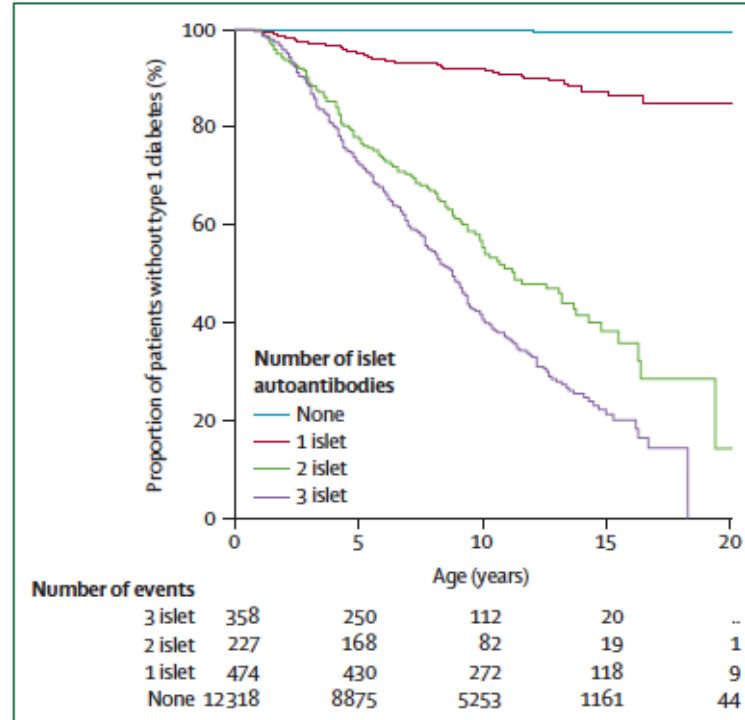
EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

# KNOWN SINCE THE 1990s – autoantibodies predict clinical onset of diabetes.



Notkins & Lernmark J Clin Invest 2001

SCREENING OF FIRST DEGREE RELATIVES



Ziegler et al. JAMA 2013

CHILDREN WITH DR3-DQ2, DR4-DQ8, OR BOTH,  
FOLLOWED FROM BIRTH

# ETIOLOGY

WHAT IS THE TRIGGER OF A FIRST APPEARING AUTOANTIBODY?

THE FIRST APPEARING AUTOANTIBODY IS THE ENDPOINT  
IN INVESTIGATING THE ETIOLOGY OF TYPE 1 DIABETES.

SMALLER STUDIES HAVE TRIED (DIPP, BABY DIAB, DAISY, DIPIS, DEW-IT, PANDA)  
BUT DID NOT HAVE THE STATISTICAL POWER

THE TEDDY (**THE ENVIRONMENTAL TRIGGERS OF DIABETES IN THE YOUNG**)  
STUDY WAS DESIGNED TO PROVIDE SUFFICIENT POWER.

## Funded by:

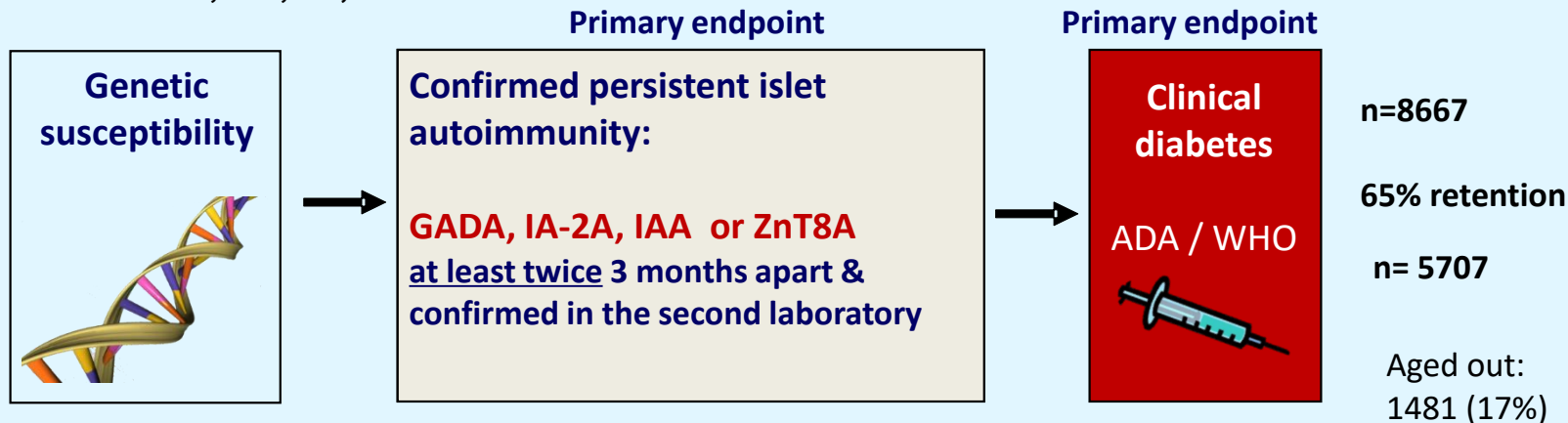
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- National Institute of Allergy and Infectious Diseases (NIAID)
- National Institute of Child Health and Human Development (NICHD)
- National Institute of Environmental Health Sciences (NIEHS)
- Centers for Disease Control and Prevention (CDC)
- JDRF
- Supported in part by the NIH/NCATS Clinical and Translational Science Awards to the University of Florida and the University of Colorado

# Development of autoantibodies is the first primary endpoint in the TEDDY study

2004-201:

440,000 newborns screened

HLA DQ 2/2; 2/8; 8/8, 4/8



Nov. 2012

n=450

n=127

Nov. 2013

n=520

n=169

Sep. 2015

n=655

n=225

Mar. 2016

n=675

n=241

Sep. 2022

n=891

n=436

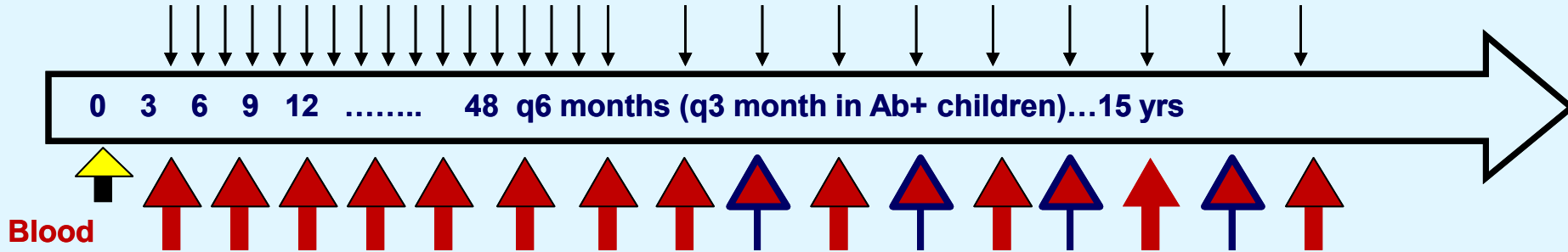
Expected by age 15:

n~800

n~428

# TEDDY STUDY – Methods

Stool samples collected monthly -> quarterly



Clinic visits every 3 months (including ab+ children older than 4):

**Blood for:** GADA, IAA, IA-2A, ZnT8A; DNA, mRNA, infectious agents, HbA1c, PBMC, erythrocytes, storage plasma/serum; **urine** samples;

**Nasal** swabs, tap water, toenail clippings, and **salivary** cortisol.

**Interviews:** maternal pregnancy diet (FFQ of selected foods), infection and smoking; child's 24 hr recall, 3 day food record; negative life events, parental anxiety, depression, records of infections, medications, immunizations; family history, DNA from FDRs; Physical activity assessment; Re-enrollment of subjects lost

# TEDDY – Outcome measures

There are two primary outcome measures:

- (1) the first appearance of one or more islet cell autoantibodies (GADA, IAA, IA-2A, ZnT8A), confirmed at two consecutive visits,
- (2) development of T1D.

Additionally, there are two secondary outcome measures in TEDDY:

- (1) celiac disease autoimmunity (CDA)(tTGA) and celiac disease (CD);
- (2) Thyroid autoimmunity (TPOAb, TGAb) and autoimmune thyroid disease.

# TEDDY OMICS ANALYSES AND DATA

Compressed data storage (as of October 2019): ~1 PB

- Activity Data – 73 variables (16 TB)  $10^{15}$
- Clinical Data – 9,943 variables (1.3 TB)  $10^{12}$
- Dietary Biomarkers – 42 biomarkers (10 MB)  $10^6$
- Exome chip – 641,241 variants (1 TB)
- Gene Expression – 47,231 probes (1 TB)
- HLA Sequencing – ~300 alleles (70 GB)  $10^9$
- ImmunoChip SNPs – 176,662 variants (400 GB)
- Inflammatory biomarkers – 92 proteins (3 GB)
- Metabolomics – 1,365 metabolites/lipids (105 TB)
- Microbiome/Metagenomics – 8,814 species & pathways (340 TB)
- Proteomics – 36,252 peptides (4 TB)
- RNA Sequencing – 23,000 genes (130 TB)
- Urinary Biomarkers – 41 analytes (2 MB)
- Whole Genome Sequencing – ~38 million variants (428 TB)

# TEDDY – data is available to all

The TEDDY study group has published 145 peer-reviewed articles. More to come.....

Non-TEDDY investigators are beginning to publish:

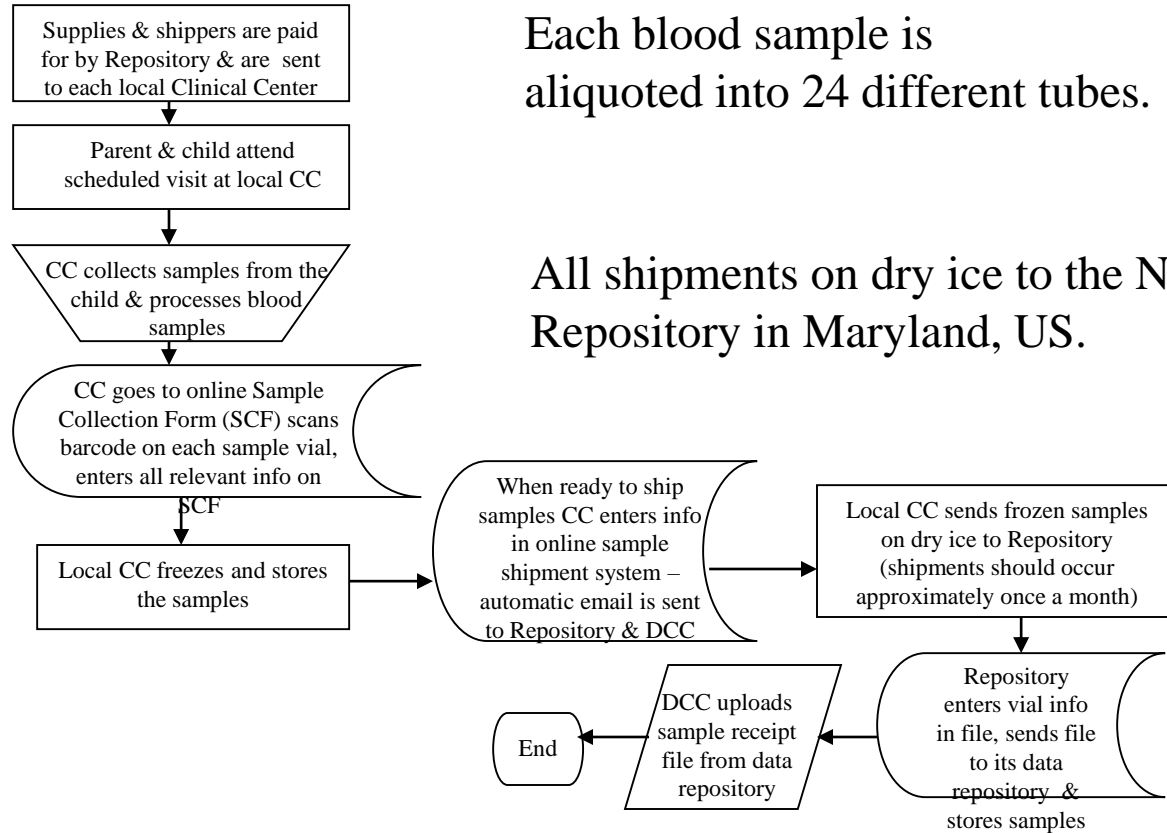
- Zhang *et al.* Oklahoma University: Islet autoantibody seroconversion in type-1 diabetes is associated with metagenome-assembled genomes in infant gut microbiomes.

*Nat Commun.* 2022 Jun 21;13(1):3551.

OMICS data is uploaded to the NIDDK Central Repository free to download as the data has been quality controlled!

- Data request - available through:  
<https://repository.niddk.nih.gov/studies/teddy/>
- Biospecimen requests available through collaboration – ancillary investigation - with the TEDDY study:  
<https://teddy.epi.usf.edu/research/#datacollect>

# Blood, Water & Toenail Samples from Local Clinical Centers to Repository



Each blood sample is aliquoted into 24 different tubes.

All shipments on dry ice to the NIDDK Central Repository in Maryland, US.

# TEDDY – samples available in 2022

• Plasma	1,728,125	Tap water	155,395
• Serum	1,175,592	Nasal Swabs	135,529
• RNA	1,124,853	RBC	113,084
• PBMC	243,825	Buffy coat	60,666
• Stool	199,035	Saliva	36,221
• Urine	179,715	Nail clipping	32,624
• DNA	173,939	Primary tooth	1, 349

These 14 examples are followed by 6 additional items.

The last TEDDY child is turning 15 years of age in March 2025.

# NIDDK Central Repository

The National Institute of Diabetes and Digestive and Kidney Diseases

**FISCHER BIOSERVICES  
MORGANTOWN , MD**



**TEDDY** 

# TEDDY NIDDK Central Repository



# SAMPLES ARE BEING USED!

- TEDDY NIDDK CENTRAL LABORATORIES ARE CONTACTED BY THE DATA COORDINATING CENTER (DCC) IN TAMPA, FL FOR SAMPLE RETRIEVAL. COMES AT A COST.
- WATCH OUT FOR NIH TEDDY RFA (Request For Applications)
- LATEST RFA: **RFA-DK-22-021**

<https://grants.nih.gov/grants/guide/rfa-files/RFA-DK-22-021.html>

- Collaborative Research Using Biosamples from TEDDY
- Foreign applicants are welcome

# TEDDY – what have we learned?

- Insulin autoantibodies–IAA–appeared during the first two years of life, may be associated with enterovirus infection presence and persistence.
- GAD65 autoantibodies–GADA –appeared later and attained a steady incidence rate –signals indicating an association with viral infections require more study to elucidate.
- About 60% of first autoantibody positive children developed a second autoantibody within one year.
- About 70% of children with two or more autoantibodies progress to clinical onset within 10 years.
- Similar pattern of disease etiology and pathogenesis for Celiac disease and autoimmune thyroid disease.

# Thank you!



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