# JDRF nPOD Newsletter. June 2013. Issue 17.

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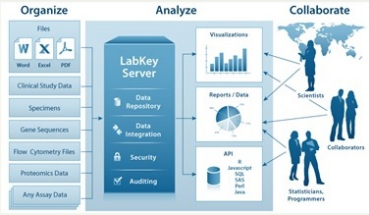
OPO Partners: Join us for the October 8-10 2013 Workshop. Click on Jayne Moraski's name to send her an email for more information.

## Join us for nPOD's DataShare webinar June 19, 2013




nPOD's DataShare program provides a means to improve collaboration through development of a web-based portal for data dissemination and review which is needed to accelerate discovery in the diabetes research community. This program was reviewed during the nPOD annual meeting, and is being used by the nPOD-V working group. We now invite you to attend a webinar on this subject on June 19th at 11 am Eastern Daylight.

Webinar Topic: nPOD DataShare
Date: Wednesday, June 19, 2013
Time: 11:00 am, Eastern Daylight Time (New York)
Meeting Number: 739 740 245
Meeting Password: diabetes

On the day of the meeting, click this link to join the visual portion through the computer, then call Call-in toll number (US/Canada): 1-650-479-3208
Access code:739 740 245. Contact Teresa Miller for more information or if you are having trouble accessing the WebEx system.

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## Website Overhaul


The nPOD website provides a portal for many users including investigators and partners. We are creating a new website with improved forms and functionality with a goal of completion by the first part of August, 2013. Stay tuned for more information at www.jdrfnpod.org.

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## Diabetes Criteria Update

The goal of the Network for Pancreatic Organ donors with Diabetes (nPOD) is to better understand how and why type 1 diabetes (T1D) develops by examining pancreas tissue from individuals with T1D. Towards this end, accurate classification of diabetes type (T1D, type 2, monogenic, secondary) among organ donors is essential. Unlike diagnosis in the clinic upon initial presentation of symptoms, diagnosis is difficult to retrospectively confirm at time of death, especially with long disease duration. With this obstacle in mind, the process of accurately diagnosing T1D in pancreas organ donors requires a different approach than that employed at disease onset.

nPOD's Desmond Schatz and Patrick Rowe at the UF Diabetes Center of Excellence have been reviewing information collected from organ donors to identify an approach that minimizes potential pitfalls associated with diagnosis years after onset.

- Islett autoantibodies, the principal diagnostic indicator of T1D, disappear over time and can, therefore, not be relied upon.
- Instead, laboratory measures of insulin production and medical charts indicate whether onset age corresponds more to childhood onset diabetes, i.e. T1D, and whether insulin therapy was due to insulin resistance associated with type 2 diabetes or complete loss of insulin production associated with T1D.
- In addition, genetic markers associated with risk for- or protection against T1D contribute to the evidence that either support or preclude a T1D diagnosis.

The advantage of diagnoses made in this way, rather than being based on pancreas pathology, is that it allows us to uncover potential heterogeneity of pancreas pathology.

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## Publications

Ahmed ST, Akirav E, Bradshaw E, Buckner J, McKinney E, Quintana FJ, Waldron-Lynch F, Nepom J. (2013). Immunological biomarkers: Catalysts for translational advances in autoimmune diabetes. *Clin Exp Immunol.,* 172(2):178-85.
[PubMed Abstract]

Butler AE, Campbell-Thompson M, Gurlo T, Dawson DW, Atkinson M, Butler PC. (2013). Marked Expansion of Exocrine and Endocrine Pancreas with Incretin Therapy in Humans with increased Exocrine Pancreas Dysplasia and the potential for Glucagon-producing Neuroendocrine Tumors. *Diabetes,* Mar 22. Epub ahead of print.
[PubMed Abstract]

## Abstracts & Oral Presentations

Pugliese, A. (2013). Islet Pathophysiology and Potential Targets for Therapy: Lessons from the JDRF nPOD. *Second Annual Manning Diabetes Symposium, University of Virginia.*
Richardson, S.J., Bone, A.J., Foulis, A.K., Morgan, N.G. (2013). VP1 expression in insulin-containing islets is associated with hyperexpression of Class I MHC in Type 1 diabetes. *Diabetic Medicine,* 30 (Suppl. 1):82.
Freeby M, Ichise M, Harris PE. (2012). Vesicular monoamine transporter, type 2 (vmat2) expression as it compares to insulin and pancreatic polypeptide in the head, body and tail of the human pancreas. *Islets.,* 4(6):393-397.
[PubMed Abstract]

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## nPOD Out and About-Conference Schedule

nPOD administrative core are going to be at the following meetings.

- American Diabetes Association, June 21-25 in Chicago; Booth #1881
- Association of Organ Procurement Organizations, June 18-21 in Indianapolis; Booth #7.
- North American Transplant Coordinators Organization, August 10 -13 in San Diego.

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## OPO Inclusion Criteria - What Donor Groups are Sought by nPOD?

1. Type 1 diabetes (T1D), ANY age, ANY disease duration
2. Autoantibody positive with no clinical diagnosis of type 1 diabetes for at least 1 or more autoantibodies (GADAb, IA-2Ab, or ZnT8), ≤ 30 years old (for those OPOs that screen with nPOD)
3. Type 2 diabetes (T2D)
   *T2D on Incretin medications for ≥ 12 months or
   *T2D donors 20 years old or younger
4. Pancreas or pancreas/kidney transplant recipients with a history of type 1 diabetes (ANY disease duration)
5. Diagnosis of cystic fibrosis-related diabetes or Prader-Willi.
6. Pregnancy at time of demise.
7. Donors with a history of bariatric (weight-loss surgery), such as gastric bypass, gastric banding, sleeve gastrectomy, etc.
8. Young donors (age 20 and under) with a BMI of ≥ 33

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|Quarterly Newsletter|

nPOD is a collaborative type 1 diabetes research project funded by JDRF. We support scientific investigators by providing, without cost, rare and difficult to obtain tissues beneficial to their research. nPOD currently supports over 90 type 1 diabetes-related scientific studies at institutions around the world. Our hope is that nPOD will prove a useful resource to the community of researchers dedicated to finding a cure for type 1 diabetes. For more information, please go to www.jdrfnpod.org