

Electronic supplementary material

This appendix has been provided by the authors to give readers additional information about their work

Supplement to: Turtinen M, Härkönen T, Parkkola A, Ilonen J, Knip M, and Finnish Pediatric Diabetes Register. **Characteristics of familial type 1 diabetes: Effects of the relationship to the affected family member on the phenotype and genotype at diagnosis**

ESM Methods

Autoantibody assays

The cut off limits for antibody positivity were 2.80 relative units (RU) for IAA, 5.36 RU for GADA, 0.77 RU for IA-2A and 0.50 RU for ZnT8A based on the 99th percentiles in more than 350 Finnish nondiabetic children and adolescents. Between 2003 and 2016, the disease sensitivities and specificities of these assays were 42-62% and 92-99% for IAA, 64-90% and 90-98% for GADA, 62-72% and 93-100% for IA-2A and 48-70% and 97-100% for ZnT8A 6.2 in the Diabetes Autoantibody Standardization Programs and the Islet Autoantibody Standardization Programs. The detection limit for ICA was 2.5 Juvenile Diabetes Foundation units (JDFU).

HLA typing

The DQA1*05-DQB1*02 haplotype was shortened as DR3-DQ2 and the HLA-DRB1*04:01/2/4/5-DQB1*03:02 haplotype as DR4-DQ8. The HLA susceptibility for each study subject was classified based on comparison of genotype frequencies between 2991 children with type 1 diabetes and their affected family based artificial controls formed from haplotypes not transmitted to the diabetic child. The susceptibility was graded into six risk groups from strongly decreased to high (risk group 0-5).

ESM Results

Birth order and number of children in the family

In 1006 families (21.1%), the index child was the only child at diagnosis of type 1 diabetes. The index child was the first born more often if they had an affected mother compared with sporadic cases (ESM Table 1). No such a difference was seen between index cases with an affected father and those with an affected mother or between those with an affected father and the sporadic cases. The number of children in the family at the time of diagnosis of an index case was similar between these three groups.

HLA genotypes

Because of the higher proportion of boys with a father with type 1 diabetes in comparison to boys with an affected mother, we compared the prevalence of susceptible and protective and HLA genes in these two groups to assess the frequency of various risk genotypes in boys with an affected father and in boys with an affected mother. However, no differences were found between the two groups of boys (susceptible genotypes: 83.4% vs. 79.4, neutral and protective genotypes 16.6% vs. 20.6%; $p = 0.476$).

ESM Table 1. The number of children in the family at diagnosis of an index child and the birth order of the index case in relation to the presence of affected father or mother compared to sporadic cases.

	1. Affected father, n=253	2. Affected mother, n=141	3. Sporadic, n=4474	p value
Number children				0.106
1, %	20.9	27.7	20.4	
2, %	47.4	46.8	43.9	
3, %	22.1	19.9	23.2	
4, %	6.7	3.5	7.4	
5-14, %	2.8	2.1	5.1	
Birth order of the index child				0.023*
1st, %	54.2	56.7	48.5	
2nd, %	29.2	34.0	32.9	
≥ 3th, %	16.6	9.2	18.6	
				2 vs. 3: <0.05

Cross tabulation and χ^2 test was used for comparing frequencies.
p values: *p < 0.05

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