Whole exome sequencing on a large cohort of severely-obese individuals to investigate pancreatic  $\beta$ -cell function related protein-coding variants potentially protective against type 2 diabetes in the metabolically healthy non-diabetic group

Dr Angela Moh<sup>1</sup>, Miss Michelle Lian<sup>1</sup>, Dr Su Fen Ang<sup>1</sup>, Mr Melvin Wong<sup>1</sup>, Dr Xiao Zhang<sup>1</sup>, <u>Dr Su Chi Lim<sup>1</sup></u>

<sup>1</sup>Khoo Teck Puat Hospital, Singapore, Singapore

Objective: A non-trivial population of individuals manages to maintain non-diabetic range euglycemia despite being severely obese i.e. metabolically healthy obese (MHO). Our objective is to investigate protein-coding variants related to  $\beta$ -cell function that are potentially protective against type 2 diabetes (T2D) in a large group of severely obese individuals with and without T2D.

Materials and methods: Whole exome sequencing was performed on 186 subjects (104 non-T2D and 82 T2D; Age:41 $\pm$ 10 years; 54.3% females; BMI:42.3 $\pm$ 9.2kg/m²). Mutations in 16  $\beta$ -cell-related genes (HNF1 $\alpha$ , HNF1 $\beta$ , HNF4 $\alpha$ , GCK, NEUROD1, PDX1, ABCC8, PPARG, KLF11, PAX4, INS, INSR, CEL, BLK, LMNA, and KCNJ11) known to cause monogenic diabetes were analyzed, stratified by diabetes status. Additionally, individual risk scores assigned to 8 variants in 5  $\beta$ -cell genes encoding transcription factors (HNF1 $\alpha$ /HNF1 $\beta$ /HNF4 $\alpha$ /PAX4/PDX1) were combined into a single genetic risk score. Test for association was performed using Chi-square and Mann-Whitney tests.

Results: Non-T2D obese subjects showed robust  $\beta$ -cell compensation with declining insulin sensitivity, accounting for the higher glucose disposition index (p<0.001) compared to their T2D counterparts. There was no significant difference in the frequency of mutations in the 16 genes between subjects with and without T2D (all p>0.05). Twenty-six non-T2D and 19 T2D subjects had at least one potentially functional variant in the 5 transcription factor genes (prevalence p=0.772), and produced an aggregate risk score of 16.5 and 11 (p=0.697), respectively.

Conclusion: Non-T2D subjects demonstrated robust  $\beta$ -cell compensation in face of deteriorating insulin sensitivity. However, this cannot be explained by difference in protein-coding variants related to  $\beta$ -cell function candidate genes.