

# **SUPPLEMENTARY ONLINE INFORMATION**

## **The use of Precision Diagnostics for Monogenic Diabetes: a Systematic Review and Expert Opinion**

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<b>Table of contents</b>	<b>Page</b>
Supplementary Table 1	1
Supplementary Table 2	8
Supplementary Figure 1	9
Supplementary Figure 2	10
Supplementary Table 3	12
Description of Supplementary Data Sets	18

**Supplementary Table 1: Search strategy using PubMed & Embase**

Question 1: Who should you test for monogenic diabetes	Number of References
Query	
<p><b>#1</b>  Diabetes Mellitus, Permanent Neonatal" [Supplementary Concept]) OR ( "Maturity-Onset Diabetes Of The Young, Type 9" [Supplementary Concept] OR "Maturity-Onset Diabetes of the Young, Type 7" [Supplementary Concept] OR "MODY, Type 6" [Supplementary Concept] OR "Maturity-Onset Diabetes of the Young, Type 8, with Exocrine Dysfunction" [Supplementary Concept] OR "Maturity-Onset Diabetes of the Young, Type 1" [Supplementary Concept] OR "Maturity-Onset Diabetes of the Young, Type 2" [Supplementary Concept] OR "Maturity-Onset Diabetes of the Young, Type 3" [Supplementary Concept] OR "Maturity-Onset Diabetes of the Young, Type 4" [Supplementary Concept] )) OR ( "Lipodystrophy, Congenital Generalized"[Mesh] OR "Diabetes Mellitus, Congenital Autoimmune" [Supplementary Concept] )) OR "Lipodystrophy"[Mesh]) OR "Pancreatic Agenesis, Congenital" [Supplementary Concept]) OR "Pancreatic Hypoplasia, Congenital, with Diabetes Mellitus and Congenital Heart Disease" [Supplementary Concept]) OR "Donohue Syndrome"[Mesh]) OR "Mason-Type Diabetes" [Supplementary Concept]) OR "Lipodystrophy, Familial Partial"[Mesh]) OR "Renal cysts and diabetes syndrome" [Supplementary Concept]) OR ( "Diabetes Mellitus, Transient Neonatal, 2" [Supplementary Concept] OR "Diabetes Mellitus, Transient Neonatal, 3" [Supplementary Concept] OR "Diabetes Mellitus, Transient Neonatal, 1" [Supplementary Concept] OR "6q24-Related Transient Neonatal Diabetes Mellitus" [Supplementary Concept] )) OR "Noninsulin-dependent diabetes mellitus with deafness" [Supplementary Concept] Filters: English</p>	<p><b>4731</b></p>
<p><b>#2</b>  "monogenic diabetes"[Title/Abstract] OR "neonatal diabetes"[Title/Abstract] OR "maturity onset diabetes of the young"[Title/Abstract] OR "maturity-onset diabetes of the young"[Title/Abstract] OR "infancy onset diabetes"[Title/Abstract] OR "infancy-onset diabetes"[Title/Abstract] OR "congenital diabetes"[Title/Abstract] OR TNDM OR PNDM* OR "early onset diabetes"[Title/Abstract] OR "early-onset diabetes"[Title/Abstract] OR "syndromic diabetes"[Title/Abstract] OR lipodystroph* OR "mitochondrial diabetes"[Title/Abstract] OR "pancreatic agenesis"[Title/Abstract] OR "pancreatic hypoplasia"[Title/Abstract] OR leprechaun* OR "donohue syndrome"[Title/Abstract] OR "rabson mendenhall"[Title/Abstract] OR rabson-mendenhall OR dunnigan OR "wolfram syndrome"[Title/Abstract] OR RCAD OR "renal cysts and diabetes"[Title/Abstract] OR "chromosome 17q12 deletion syndrome"[Title/Abstract] OR "chromosome-17q12 deletion syndrome"[Title/Abstract] OR "mason type diabetes"[Title/Abstract] OR "mason-type diabetes"[Title/Abstract] OR "transient neonatal diabetes"[Title/Abstract] OR "permanent neonatal diabetes"[Title/Abstract] OR maternally inherited diabetes and deafness OR "M.3243A&gt;G mutation"[Title/Abstract] OR "mitochondrial tRNA"[Title/Abstract] OR "MODY" Filters: English</p>	<p><b>14256</b></p>
<p><b>#3</b>  <b>#1 OR #2</b></p>	<p><b>14295</b></p>

<b>#4</b> "Hepatocyte Nuclear Factor 1-beta"[Mesh] OR "Hepatocyte Nuclear Factor 1-alpha"[Mesh] OR "Hepatocyte Nuclear Factor 4"[Mesh] Filters: English	<b>3585</b>
<b>#5</b> HNF1A OR HNF1-A OR "hepatocyte nuclear factor 1"[Title/Abstract] OR "hepatocyte nuclear factor 1a"[Title/Abstract] OR "hepatocyte nuclear factor 1 alpha"[Title/Abstract] OR "HNF1 alpha"[Title/Abstract] OR HNF1alpha OR HNF4A OR HNF4-A OR HNF-4A OR "hepatocyte nuclear factor 4"[Title/Abstract] OR "hepatocyte nuclear factor 4a"[Title/Abstract] OR "hepatocyte nuclear factor 4 alpha"[Title/Abstract] OR HNF4alpha OR GCK OR HNF1B OR HNF1-b OR HNF-1B OR "hepatocyte nuclear factor 1b"[Title/Abstract] OR "hepatocyte nuclear factor 1 beta"[Title/Abstract] OR HNF1beta OR "HNF-1 beta"[Title/Abstract] OR "INS gene"[Title/Abstract] OR "INS mutation"[Title/Abstract] OR KCNJ11[Title/Abstract] OR ABCC8[Title/Abstract] OR PDX1[Title/Abstract] OR CEL-MODY [Title/Abstract] OR "CEL gene"[Title/Abstract] OR "CEL mutation"[Title/Abstract] OR "carboxyl ester lipase"[Title/Abstract] OR NEUROD1[Title/Abstract] OR WFS1[Title/Abstract]	<b>11142</b>
<b>#6</b> (INSR[Title/Abstract]) AND (diabetes[Title/Abstract]) Filters: English	<b>273</b>
<b>#7</b> (LMNA[Title/Abstract] OR PPARG[Title/Abstract] OR PLIN1[Title/Abstract]) AND (lipodystrophy[Title/Abstract]) Filters: English	<b>347</b>
<b>#8</b> #4 OR #5 OR #6 OR #7	<b>11988</b>
<b>#9</b> #3 OR #8	<b>23982</b>
<b>#10</b> "Diagnosis"[Mesh] Filters: English	<b>7662064</b>
<b>#11</b> "Phenotype"[Mesh] Filters:English	<b>307182</b>
<b>#12</b> Neonatal Screening[Mesh] Filters:English	<b>9677</b>
<b>#13</b> "etiology" [Subheading] Filters:English	<b>8144644</b>

<b>#14</b> Biomarkers[MeSH] Filters:English	<b>760545</b>
<b>#15</b> #10 OR #11 OR #12 OR #13 OR #14	<b>7868628</b>
<b>#16</b> diagnosis[Title/Abstract] Filters: English	<b>1367001</b>
<b>#17</b> "clinical characterist*"[Title/Abstract] Filters: English	<b>72805</b>
<b>#18</b> "identif*"[Title/Abstract] Filters:English	<b>3418989</b>
<b>#19</b> phenotyp*[Title/Abstract] Filters: English	<b>613305</b>
<b>#20</b> "risk score*"[Title/Abstract] Filters: English	<b>25785</b>
<b>#21</b> "screening pathway*"[Title/Abstract] Filters: English	<b>127</b>
<b>#22</b> etiolog*[Title/Abstract] Filters: English	<b>258874</b>
<b>#23</b> "systematic assessment"[Title/Abstract] Filters: English	<b>2720</b>
<b>#24</b> biomarker*[Title/Abstract] Filters: English	<b>320083</b>
<b>#25</b> "clinical suspicion"[Title/Abstract] Filters: English	<b>12335</b>
<b>#26</b> #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25	<b>5290922</b>

<b>#27</b> #15 OR #26	<b>7868578</b>
<b>#28</b> #9 AND #27	<b>7487</b>
<b>#29</b> #28 Filters: English, Humans	<b>6119</b>
1990-2000: 626 2001-2010: 2138 2011-2021: 3025	
<b>Question 2 How should you test someone for monogenic diabetes</b>	
<b>#30</b> ((((("High-Throughput Nucleotide Sequencing"[Mesh]) OR "Whole Exome Sequencing"[Mesh]) OR "Multiplex Polymerase Chain Reaction"[Mesh]) OR "Real-Time Polymerase Chain Reaction"[Mesh]) OR "Chromatography, High Pressure Liquid"[Mesh]) OR "Polymorphism, Restriction Fragment Length"[Mesh] Filters: Humans, English	<b>156758</b>
<b>#31</b> "next generation sequencing"[Title/Abstract] OR "next-generation sequencing"[Title/Abstract] OR "sanger sequencing"[Title/Abstract] OR "dna sequencing"[Title/Abstract] OR "multigene panel"[Title/Abstract] OR "genetic testing"[Title/Abstract] OR "genetic screening"[Title/Abstract] OR "dna pooling"[Title/Abstract] OR "high-throughput sequencing"[Title/Abstract] OR "high throughput sequencing"[Title/Abstract] OR "targeted sequencing"[Title/Abstract] OR "target region capture sequencing"[Title/Abstract] OR "exome sequencing"[Title/Abstract] OR "genome sequencing"[Title/Abstract] OR mipa OR "dosage analysis"[Title/Abstract] OR "cnv detection"[Title/Abstract] OR "cnv analysis"[Title/Abstract] OR "allele specific pcr"[Title/Abstract] OR "real-time pcr"[Title/Abstract] OR "fluorescent pcr"[Title/Abstract] OR taqman OR sscp OR hplc OR rflp OR "chip n3 genotyping"[Title/Abstract] OR "whole exome sequencing"[Title/Abstract] OR "multiplex ligation dependent probe amplification"[Title/Abstract] OR "allele specific polymerase chain reaction"[Title/Abstract] OR "real time polymerase chain reaction"[Title/Abstract] OR "single strand conformation polymorphism"[Title/Abstract] OR "high performance liquid chromatography"[Title/Abstract] OR "restriction fragment length polymorphism"[Title/Abstract] Filters: Humans, English =304221	<b>304221</b>
<b>#32</b> #30 OR #31	<b>335251</b>
<b>#33</b> #9 AND #32	<b>1460</b>

Paper per decade	1990-2000: 114 2001-2010: 301 2011-2021: 1041
<b>Question 6 What are the next steps after a diagnosis of monogenic diabetes</b>	
#91 ("Genetic Counseling"[Mesh]) OR "Cell-Free Nucleic Acids"[Mesh] Filters: Humans, English	16553
#92 "cascade testing"[Title/Abstract] OR "cascade screening"[Title/Abstract] OR "genetic counselling"[Title/Abstract] OR "cell-free dna"[Title/Abstract] OR "cell free dna"[Title/Abstract] OR "noninvasive prenatal testing"[Title/Abstract] OR "non-invasive prenatal testing"[Title/Abstract] Filters: Humans, English	<b>8338</b>
#93 #91 OR #92	21814
#94 #9 AND #93	<b>61</b>
#95 "Penetrance"[Mesh] OR "Oceanic Ancestry Group"[Mesh] OR "American Native Continental Ancestry Group"[Mesh] OR "Asian Continental Ancestry Group"[Mesh] OR "European Continental Ancestry Group"[Mesh] OR "African Continental Ancestry Group"[Mesh] OR "Economic evaluation"[Mesh] OR "Continental Population Groups"[Mesh] Filters: Humans, English	<b>223571</b>
#96 variant[Title/Abstract]) AND (unknown[Title/Abstract] OR significant*[Title/Abstract] OR ancestry group[Title/Abstract] OR penetrance[Title/Abstract] OR economic evaluation[Title/Abstract]) Filters: Humans, English	<b>4866</b>
#97 #95 OR #96	<b>2601031</b>
#98 #9 AND #97	<b>844</b>
<i>Papers per decade</i>	1990-2000: 87 2001-2010: 308 2011-2020: 492
<b>Question 7 What are the current challenges for the field in precision diagnostics?</b>	
#26 'variant'/exp OR 'ancestry group'/exp OR 'penetrance'/exp OR 'economic evaluation'/exp	992252
#27 ( 'variant of unknown significance':ab,ti OR 'variant n3':ab,ti) AND (unknown:ab,ti OR significant*:ab,ti) OR 'ancestry group':ab,ti OR penetrance:ab,ti OR 'economic evaluation':ab,ti	33291

<b>#28 #26 OR #27</b>	<b>992252</b>
Combined Search #35 #7 AND #28 2230 records AND [embase]/lim NOT ([embase]/lim AND [medline]/lim) 1004 records Filter Human, English 859 records NOT 'conference abstract':it	<b>201</b>
<i>Papers per decade</i>	1990-2000: 4 2001-2010: 32 2011-2020:165

**Supplementary Table 2 PICOTS**

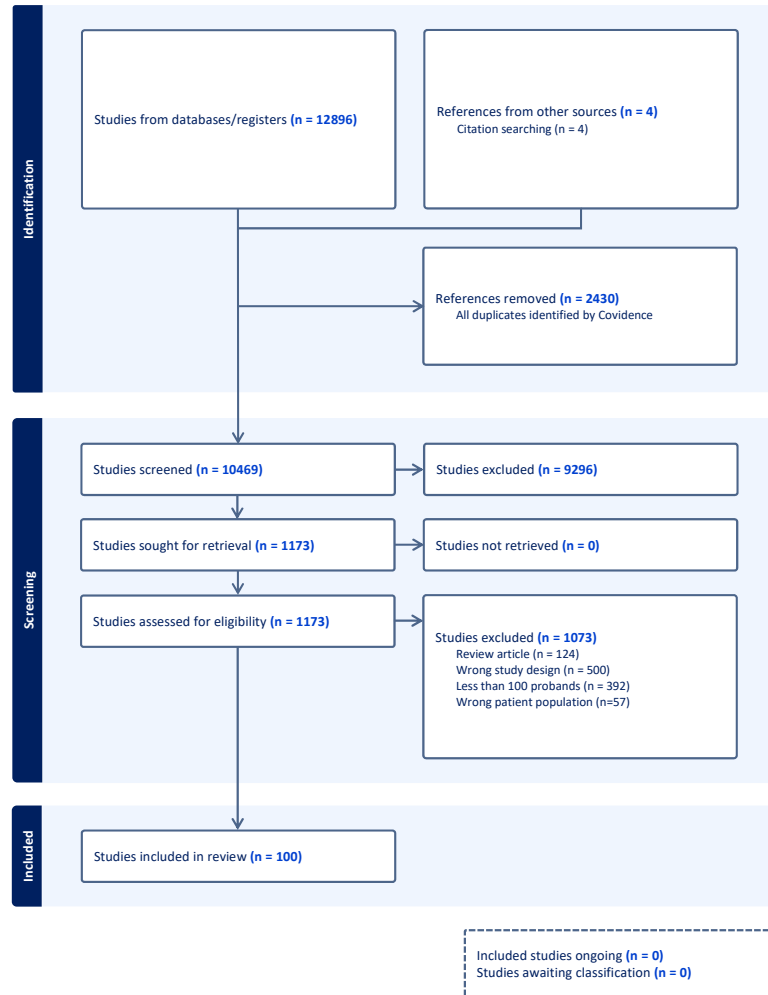
	Diagnostic validity
<b>Population</b>	Patients with diabetes
<b>Intervention</b>	Genetic testing for monogenic diabetes (using at least sequencing of a single gene if not multiple genes or whole exome or whole genome)
<b>Comparison</b>	Unselected vs selected cases using various clinical or biomarker criteria to increase yield of monogenic diabetes
<b>Outcomes</b>	<ul style="list-style-type: none"><li>· Diagnostic yield (fraction and percentage)</li><li>· Sensitivity/specificity (if thresholded)</li><li>· AUROC (if not thresholded)</li><li>· PPV/NPV</li></ul>
<b>Timing</b>	n/a
<b>Setting</b>	n/a



## Supplementary Figure 1

A

Monogenic diagnosis Q1

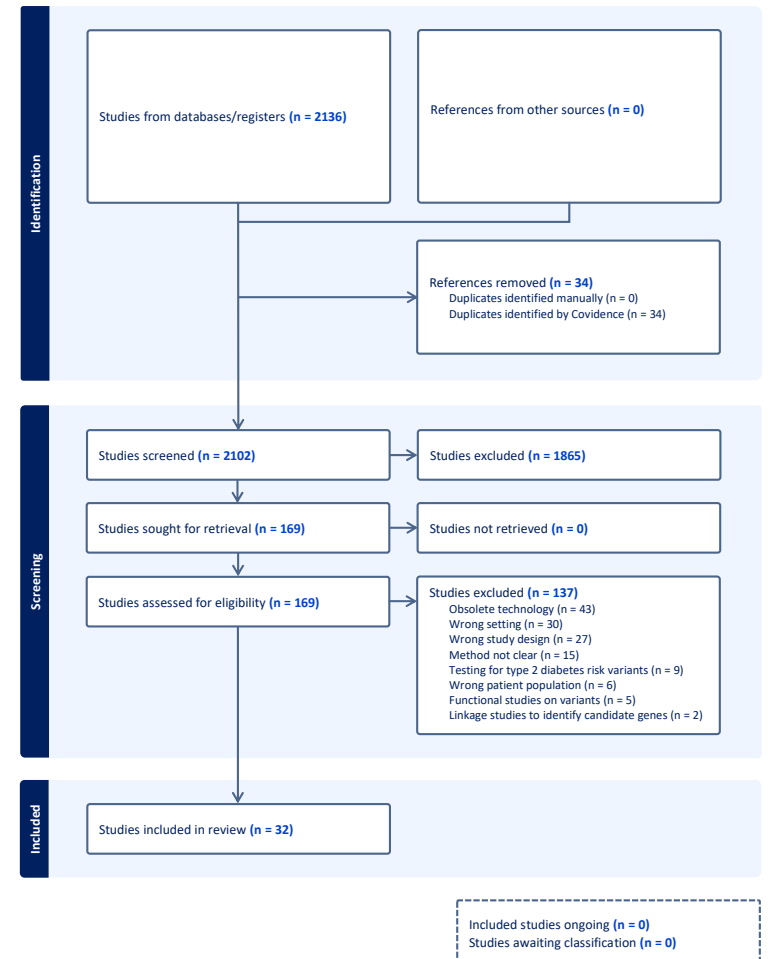


14th April 2023



B

Monogenic diagnosis Q2



8th April 2023



## Supplementary Figure 2. Critical appraisal 10-item checklist definitions, criteria for assigning levels of evidence and grades of recommendations on how to select probands with diabetes for monogenic diabetes genetic testing



**JBI CHECK LIST FOR EVALUATING DIAGNOSTIC ACCURACY**

**PATIENT SELECTION**

1. Was a consecutive or random sample of patients enrolled?

*Studies should state or describe their method of enrolment. If it is claimed that a random sample was chosen the method of randomization should be stated (and appropriate) for 'yes'. It is 'Yes' if studies do not say 'consecutive' but instead describe consecutive enrolment.*

2. Was a case control design avoided?

*If a study design involves recruiting participants who are already known by other means to have the diagnosis of interest (MD cases) and is investigating whether the test of interest correctly identifies them as such, the answer is 'No'.*

3. Did the study avoid inappropriate exclusions?

*If patients are excluded for reasons that would likely influence the conduct, interpretation or results of the index test, this may bias the results. Examples include: excluding patients on which the index test is difficult to conduct, excluding patients with borderline results, excluding patients with clear clinical indicators of the diagnosis of interest.*

**INDEX TEST**

4. Were the index test results interpreted without knowledge of the results of the reference standard?

*The results of the index test (biomarker, clinical signs) should be interpreted by someone who is blind to the results of the reference test (MD genetic result). The reference test may not have been conducted at the point that the index test is carried out, if so the answer to this question will be 'Yes'. Only if the person who interprets the index test also interpreted the reference genetic test will this question be answered 'No' (unlikely to apply in MD context).*

5. If a threshold was used, was it pre-specified?

*Diagnostic thresholds may be chosen based on what gives the optimum accuracy from the data, or they may be pre-specified.*

**REFERENCE TEST**

6. Is the reference standard likely to correctly classify the target condition?

*The reference test should be the gold standard for the diagnosis of monogenic diabetes and should include at least a 6 gene panel with optimal gene variant curation.*

7. Were the reference standard results interpreted without knowledge of the results of the index test?

*Similar to criteria 4: The results of the reference test (genetic result) should be interpreted by someone who is blind to the results of the index test (clinical/biomarker), even though ACMG curation requires some knowledge of clinical features. It is only if the person who interprets the reference test (genetic test) also interpreted the index test (clinical features) then this question will be answered 'No' – so we are unlikely to answer No for our studies.*

8. Was there an appropriate interval between index test and reference standard?

*The index test and the reference test should be carried out close enough together that the status of the patient could not have meaningfully changed. For our context this will be N/A.*

9. Did all patients receive the same reference standard?

*The reference standard (genetic test) by which patients are classified as having or not having the condition of interest (MD) should be the same for all patients – answer 'Yes'. But if the diagnostic approach is that the results of the index test (eg: antibody negativity or certain # of clinical signs) influences how or whether the reference test is used (i.e. genetic test is only offered to antibody negative individuals), then an apparent false negative may be detected so this may result in biased estimates of sensitivity and specificity. In this case the answer should be 'No'.*

10. Were all patients included in the analysis?

*Losses to follow up should be explained and their cause and frequency should be considered in whether they are likely to have had an effect on the results.*

**CRITERIA FOR ASSIGNING LEVELS OF EVIDENCE TO THE PUBLISHED STUDIES OF DIAGNOSIS**

Level	Criteria
Level 1	(a) independent interpretation of triage test results (without knowledge of the result of the diagnostic genetic test) – item 4 from JBI check list (assumed to be uniformly positive) (b) independent interpretation of the diagnostic genetic test (without knowledge of the triage test result) – item 7 from JBI check list (assumed to be uniformly positive) (c) selection of people suspected (but not known to have the disorder) – item 2 from JBI check list (d) reproducible description of the triage test and diagnostic genetic test – item 5 and 6 from the JBI checklist (e) at least 50 patients with and 50 patients without the disorder
Level 2	Meets 4 of the Level 1 criteria
Level 3	Meets 3 of the Level 1 criteria
Level 4	Meets 1 or 2 of the Level 1 criteria

**CRITERIA FOR ASSIGNING GRADES OF RECOMMENDATIONS FOR CLINICAL PRACTICE**

Grade	Criteria
Grade A	The best evidence was at Level 1
Grade B	The best evidence was at Level 2
Grade C	The best evidence was at Level 3
Grade D	The best evidence was at Level 4 or consensus

### JBI CHECK LIST FOR EVALUATING DIAGNOSTIC ACCURACY

#### PATIENT SELECTION

##### 1. Was a consecutive or random sample of patients enrolled?

*Studies should state or describe their method of enrolment. If it is claimed that a random sample was chosen the method of randomization should be stated (and appropriate) for 'yes'. It is 'Yes' if studies do not say 'consecutive' but instead describe consecutive enrolment.*

##### 2. Was a case control design avoided?

*If a study design involves recruiting participants who are already known by other means to have the diagnosis of interest (MD cases) and is investigating whether the test of interest correctly identifies them as such, the answer is 'No'.*

##### 3. Did the study avoid inappropriate exclusions?

*If patients are excluded for reasons that would likely influence the conduct, interpretation or results of the index test, this may bias the results. Examples include: excluding patients on which the index test is difficult to conduct, excluding patients with borderline results, excluding patients with clear clinical indicators of the diagnosis of interest.*

#### INDEX TEST

##### 4. Were the index test results interpreted without knowledge of the results of the reference standard?

*The results of the index test (biomarker, clinical signs) should be interpreted by someone who is blind to the results of the reference test (MD genetic result). The reference test may not have been conducted at the point that the index test is carried out, if so the answer to this question will be 'Yes'. Only if the person who interprets the index test also interpreted the reference genetic test will this question be answered 'No' (unlikely to apply in MD context).*

##### 5. If a threshold was used, was it pre-specified?

*Diagnostic thresholds may be chosen based on what gives the optimum accuracy from the data, or they may be pre-specified.*

#### REFERENCE TEST

##### 6. Is the reference standard likely to correctly classify the target condition?

*The reference test should be the gold standard for the diagnosis of monogenic diabetes and should include at least a 6 gene panel with optimal gene variant curation.*

##### 7. Were the reference standard results interpreted without knowledge of the results of the index test?

*Similar to criteria 4: The results of the reference test (genetic result) should be interpreted by someone who is blind to the results of the index test (clinical/biomarker), even though ACMG curation requires some knowledge of clinical features. It is only if the person who interprets the reference test (genetic test) also interpreted the index test (clinical features) then this question will be answered 'No' – so we are unlikely to answer No for our studies.*

##### 8. Was there an appropriate interval between index test and reference standard?

*The index test and the reference test should be carried out close enough together that the status of the patient could not have meaningfully changed. For our context this will be N/A.*

##### 9. Did all patients receive the same reference standard?

*The reference standard (genetic test) by which patients are classified as having or not having the condition of interest (MD) should be the same for all patients – answer 'Yes'. But if the diagnostic approach is that the results of the index test (eg: antibody negativity or certain # of clinical signs) influences how or whether the reference test is used (i.e. genetic test is only offered to antibody negative individuals), then an apparent false negative may be detected so this may result in biased estimates of sensitivity and specificity. In this case the answer should be 'No'.*

##### 10. Were all patients included in the analysis?

*Losses to follow up should be explained and their cause and frequency should be considered in whether they are likely to have had an effect on the results.*



## CRITERIA FOR ASSIGNING LEVELS OF EVIDENCE TO THE PUBLISHED STUDIES OF DIAGNOSIS

Level	Criteria
Level 1	(a) independent interpretation of triage test results (without knowledge of the result of the diagnostic genetic test) – <i>item 4 from JBI check list [assumed to be uniformly positive]</i> (b) independent interpretation of the diagnostic genetic test (without knowledge of the triage test result) – <i>item 7 from JBI check list [assumed to be uniformly positive]</i> (c) selection of people suspected (but not known to have the disorder) - <i>item 2 from JBI check list</i> (d) reproducible description of the triage test and diagnostic genetic test - <i>item 5 and 6 from the JBI checklist</i> (d) at least 50 patients with and 50 patients without the disorder
Level 2	Meets 4 of the Level 1 criteria
Level 3	Meets 3 of the Level 1 criteria
Level 4	Meets 1 or 2 of the Level 1 criteria

**Supplementary Table 3: Complete set of papers extracted for question 2. How to test for monogenic diabetes**

Study Details	Individuals tested	Test methodology and number of different genes tested	Genes analysed	Individuals diagnosed, diagnostic yield and number of different genetic subtypes diagnosed	Number of patients diagnosed by subtype:
Abbasi, 2018 Iran [1]	60 neonates with NDM	Sanger sequencing; 4	<i>ABCC8</i> ; <i>EIF2AK3</i> ; <i>INS</i> ; <i>KCNJ11</i>	11 (18%); all <i>EIF2AK3</i>	11 <i>EIF2AK3</i>
Al-Senani, 2018 Oman [2]	18 neonates with NDM	tNGS (RNA baits) and MS-PCR; 24	<i>6q24</i> ; <i>ABCC8</i> ; <i>EIF2AK3</i> ; <i>FOXP3</i> ; <i>GATA4</i> ; <i>GATA6</i> ; <i>GCK</i> ; <i>GLIS3</i> ; <i>HNF1B</i> ; <i>INS</i> ; <i>KCNJ11</i> ; <i>IER3IP1</i> ; <i>IL2RA</i> ; <i>LRBA</i> ; <i>NEUROD1</i> ; <i>NEUROG3</i> ; <i>NKX2-2</i> ; <i>PDX1</i> ; <i>PTF1A</i> ; <i>RFX6</i> ; <i>SLC2A2</i> ; <i>SLC19A2</i> ; <i>STAT3</i> ; <i>WFS1</i> ; <i>ZFP57</i>	9 (50%); 2	5 <i>GCK</i> , 1 <i>KCNJ11</i>
Al-Kandari, 2021 Kuwait [3]	31 children with suspected MODY	MLPA and targeted exome sequencing (gene panel); 22	<i>ABCC8</i> ; <i>CISD2</i> ; <i>CEL</i> ; <i>GATA6</i> ; <i>GCK</i> ; <i>HNF1A</i> ; <i>HNF4A</i> ; <i>HNF1B</i> ; <i>INS</i> ; <i>INSR</i> ; <i>KCNJ11</i> ; <i>LMNA</i> ; <i>NEUROD1</i> ; m.3243A>G; <i>PAX6</i> ; <i>PDX1</i> ; <i>PLIN1</i> ; <i>PPARG</i> ; <i>RFX6</i> ; <i>WFS1</i> ; <i>ZFP57</i>	7 (23%); 5	1 <i>GCK</i> , 2 <i>HNF1A</i> , 1 <i>HNF4A</i> , 2 <i>HNF1B</i> , 1 <i>PDX</i>
Al-Khawaga, 2019 Qatar [4]	7 neonates with NDM	WES (gene agnostic), WGS (gene agnostic) and CNV analysis as part of tNGS/exome/genome sequencing; Not Stated	Whole exome; Whole genome	7 (100%); 6	1 <i>GCK</i> , 1 <i>HNF1B</i> , 2 <i>INS</i> , 1 <i>EIF2AK3</i> , 1 <i>PTF1A</i>
Alkorta-Aranburu, 2014 USA [5]	44 children and adults with suspected MODY and 32 with neonates with NDM	WES (gene agnostic), WGS (gene agnostic) and CNV analysis as part of tNGS/exome/genome sequencing; Not Stated	<i>ABCC8</i> ; <i>AKT2</i> ; <i>ALMS1</i> ; <i>BLK</i> ; <i>CISD2</i> ; <i>CEL</i> ; <i>CP</i> ; <i>DCAF17</i> ; <i>EIF2AK3</i> ; <i>FOXP3</i> ; <i>GATA6</i> ; <i>GCK</i> ; <i>GLIS3</i> ; <i>GLUD1</i> ; <i>HADH</i> ; <i>HNF1A</i> ; <i>HNF4A</i> ; <i>HNF1B</i> ; <i>IER3IP1</i> ; <i>INS</i> ; <i>INSR</i> ; <i>KCNJ11</i> ; <i>NEUROD1</i> ; <i>NEUROG3</i> ; <i>PAX4</i> ; <i>PAX6</i> ; <i>PDX1</i> ; <i>PTF1A</i> ; <i>RFX6</i> ; <i>SLC2A2</i> ; <i>SLC19A2</i> ; <i>SLC29A3</i> ; <i>TBC1D4</i> ; <i>WFS1</i> ; <i>ZFP57</i>	12 with MODY (27%); 2 and 7 with NDM (22%); 5	11 <i>GCK</i> , 2 <i>HNF1A</i> , 1 <i>ABCC8</i> , 2 <i>KCNJ11</i> , 2 <i>INS</i> , 1 <i>EIF2AK3</i>
Alkorta-Aranburu, 2016 USA [6]	22 neonates with NDM	MS-MLPA and tNGS (RNA baits); 11	<i>6q24</i> ; <i>ABCC8</i> ; <i>EIF2AK3</i> ; <i>FOXP3</i> ; <i>GATA4</i> ; <i>GCK</i> ; <i>INS</i> ; <i>KCNJ11</i> ; <i>MXN1</i> ; <i>NKX2-2</i> ; <i>PDX1</i> ; <i>ZFP57</i>	14 (64%); 5	2 <i>ABCC8</i> , 2 <i>KCNJ11</i> , 1 <i>INS</i> , 1 <i>FOXP3</i> , 1 <i>6q24</i>
Ang, 2016 Singapore [7]	84 adults with suspected MODY	tNGS (PCR using Ion AmpliSeq) and Genotyping (TaqMan); 16	<i>ABCC8</i> ; <i>BLK</i> ; <i>CEL</i> ; <i>GCK</i> ; <i>HNF1A</i> ; <i>HNF4A</i> ; <i>HNF1B</i> ; <i>INS</i> ; <i>INSR</i> ; <i>KCNJ11</i> ; <i>KLF11</i> ; <i>LMNA</i> ; <i>NEUROD1</i> ; m.3243A>G; <i>PAX4</i> ; <i>PDX1</i> ; <i>PPARG</i>	13 (16%); 7	1 <i>GCK</i> , 4 <i>HNF1A</i> , 1 <i>HNF4A</i> , 1 <i>ABCC8</i> , 1 <i>KCNJ11</i> , 2 m.3243A>G
Anik, 2015 Turkey [8]	42 children with suspected MODY	tNGS (PCR using Illumina Nextera XT); 11	<i>BLK</i> ; <i>CEL</i> ; <i>GCK</i> ; <i>HNF1A</i> ; <i>HNF4A</i> ; <i>HNF1B</i> ; <i>INS</i> ; <i>KLF11</i> ; <i>NEUROD1</i> ; <i>PAX4</i> ; <i>PDX1</i>	12 (29%); 5	8 <i>GCK</i> , 1 <i>HNF1A</i> , 1 <i>HNF1B</i> , 1 <i>PDX1</i> , 1 <i>BLK</i>
Antosik, 2016 Poland [9]	1 neonate with NDM	tNGS (RNA baits); 1	<i>GCK</i>	1 (100%); 1	1 <i>GCK</i>

Ateş, 2021 Turkey [10]	182 adults with suspected MODY	tNGS (PCR using Agilent MODY-MASTR assay); 7	ABCC8; GCK; HNF1A; HNF4A; HNF1B; INS; KCNJ11	30 (17%), 6	10 GCK, 9 HNF1A, 2 HNF4A, 2 HNF1B, 6 ABCC8, 1 KCNJ11
Bansal, 2017 USA [11]	4016 adults with type 2 DM	tNGS (RNA baits); 22	ABCC8; BLK; CEL; EIF2AK3; GATA6; GCK; GLIS3; HNF1A; HNF4A; HNF1B; INS; KCNJ11; KLF11; NEUROD1; NEUROG3; PAX4; PAX6; PDX1; PPARG; RFX6; SLC19A2; WFS1	53 (1%), 8	21 GCK, 17 HNF1A, 5 HNF4A, 1 HNF1B, 6 ABCC8, 1 INS, 1 WFS1, 1 PPARG
Berberich, 2021 Canada [12]	57 children and adults with suspected MODY	tNGS (DNA baits) and CNV analysis as part of tNGS; 14	ABCC8; CEL; GCK; HNF1A; HNF4A; HNF1B; INS; INSR; KCNJ11; LMNA; NEUROD1; PDX1; PPARG; RFX6	3 (5%), 1	3 HNF1B
Carette, 2010 France [13]	84 children and adults with suspected MODY	Sanger sequencing and MLPA; 2	HNF1A; HNF4A	8 (10%), 2	2 HNF1A, 6 HNF4A
Caswell, 2020 UK [14]	33 at-risk pregnancies	Droplet digital PCR; 1	GCK	21 (64%), 1	21 GCK
Chambers, 2016 USA [15]	97 children and adults with suspected MODY	Sanger sequencing; 5	GCK; HNF1A; HNF4A; HNF1B; PDX1	20 (21%), 3	8 GCK, 9 HNF1A, 3 HNF4A
Colclough, 2022 UK [16]	1280 children and adults with suspected MODY	tNGS (RNA baits) and CNV analysis as part of tNGS; 27	ABCC8; CISD2; CEL; GATA4; GATA6; GCK; HNF1A; HNF4A; HNF1B; INS; INSR; KCNJ11; LMNA; NEUROD1; m.3243A>G; PAX6; PCBD1; PDX1; PLIN1; POLD1; PPARG; RFX6; SLC29A3; TRMT10A; WFS1; ZBTB20; ZFP57	297 (23%), 17	66 GCK, 98 HNF1A, 42 HNF4A, 18 HNF1B, 11 ABCC8, 5 KCNJ11, 6 INS, 8 RFX6, 3 NEUROD1, 2 PDX1, 24 m.3243A>G, 6 WFS1, 4 INSR, 1 PPARG, 1 TRMT10A, 1 SLC29A3, 1 GATA6
De Franco, 2015 UK [17]	1020 neonates with NDM	Sanger sequencing, MS-MLPA) and tNGS (RNA baits) and CNV analysis as part of tNGS; 23	6q24; ABCC8; EIF2AK3; FOXP3; GATA4; GATA6; GCK; GLIS3; HNF1B; IER3IP1; INS; KCNJ11; IER3IP1; MNX1; NEUROD1; NEUROG3; NKX2-2; PDX1; PTF1A; RFX6; SLC2A2; SLC19A2; ZFP57	840 (82%), 22	30 GCK, 2 HNF1B, 150 ABCC8, 240 KCNJ11, 110 INS, 1 RFX6, 3 NEUROD1, 6 PDX1, 76 EIF2AK3, 22 PTF1A, 14 FOXP3, 113 6q24, 7 SLC19A2, 4 GATA6, 9 GLIS3, 1 IER3IP1, 1 MNX1, 1 NEUROG3, 2 NKX2-2, 6 SLC2A2, 12 ZFP57
Donath, 2019 France [18]	1564 children and adults with suspected MODY	MLPA and tNGS (PCR using Agilent MODY-MASTR assay); 7	ABCC8; GCK; HNF1A; HNF4A; HNF1B; INS; KCNJ11	254 (16%), 7	109 GCK, 82 HNF1A, 25 HNF4A, 15 HNF1B, 8 ABCC8, 3 KCNJ11, 7 INS,
Ellard, 2013 UK [19]	33 children with suspected MODY and 49 neonates with NDM	tNGS (RNA baits) and CNV analysis as part of tNGS; 29	ABCC8; BLK; CEL; EIF2AK3; FOXP3; GATA4; GATA6; GCK; GLIS3; HNF1A; HNF4A; HNF1B; INS; KCNJ11; KLF11; IER3IP1; LMNA; NEUROD1; NEUROG3; m.3243A>G; PAX6; PDX1; PPARG; PTF1A; RFX6; SLC2A2; SLC19A2; WFS1; ZFP57	5 with MODY (15%), 4 and 9 with NDM (18%), 6	3 GCK, 1 HNF4A, 1 HNF1B, 1 ABCC8, 1 PDX1, 2 m.3243A>G, 1 EIF2AK3, 2 SLC19A2, 2 GATA6

Ellard, 2007 UK [20]	90 children and adults with suspected MODY	MLPA; 3	GCK; HNF1A; HNF4A	6 (7%), 2	1 GCK, 5 HNF1A
Johansson, 2012 Norway [21]	9 children and adults with suspected MODY	targeted exome sequencing (gene panel); 109	ABCC8; BLK; CISD2; CEL; EIF2AK3; GATA4; GATA6; GCK; GLIS3; HADH; HNF1A; HNF4A; HNF1B; INSR; KCNJ11; KLF11; LMNA; MNX1; NEUROD1; NEUROG3; NKX2-2; PAX4; PAX6; PDX1; POLD1; PPARG; PTF1A; RFX6; SLC2A2; WFS1	3 (33%), 3	1 HNF4A, 1 ABCC8, 1 PPARG
Laimon, 2021 Egypt [22]	26 neonates with NDM	Sanger sequencing, tNGS (RNA baits) and CNV analysis as part of tNGS; 22	ABCC8; EIF2AK3; FOXP3; GATA4; GATA6; GCK; GLIS3; HNF1B; INS; KCNJ11; IER3IP1; NEUROD1; NEUROG3; NKX2-2; PDX1; PTF1A; RFX6; SLC2A2; SLC19A2; STAT3; WFS1	14 (54%), 7	1 GCK, 2 ABCC8, 2 KCNJ11, 4 INS, 3 EIF2AK3, 1 SLC19A2, 1 INSR
Patel, 2022 Greece [23]	236 children with suspected MODY	tNGS (RNA baits) and CNV analysis as part of tNGS; 51	ABCC8; AGPAT2; AKT2; APPL1; BSCL2; CISD2; CEL; COQ2; CTLA4; EIF2AK3; FOXP3; GATA4; GATA6; GCK; GLIS3; HNF1A; HNF4A; HNF1B; IER3IP1; IL2RA; INS; INSR; ITCH; KCNJ11; LMNA; LRBA; MNX1; NEUROD1; NEUROG3; NKX2-2; m.3243A>G; PAX6; PCBD1; PDX1; PIK3R1; PLIN1; POLD1; PPARG; PTF1A; RFX6; SIRT1; SLC2A2; SLC19A2; SLC29A3; STAT1; STAT3; STAT5B; TRMT10A; WFS1; ZFP57	34 (14%), 12	11 GCK, 3 HNF1A, 1 HNF4A, 2 HNF1B, 1 KCNJ11, 2 INS, 1 m.3243A>G, 1 PTF1A, 7 WFS1, 3 SLC19A2, 1 SLC29A3, 1 TRMT10A
Patouni, 2021 Greece [24]	1 child with type 1 DM	Sanger sequencing and MLPA; 3	GCK; HNF1A; HNF1B	1 (100%), 2	1 HNF1A, 1 HNF1B
Pruhova, 2010 Czech Republic [25]	140 children and adults with suspected MODY	Sanger sequencing and MLPA; 1	GCK	103 (74%), 1	103 GCK
Saint-Martin, 2022 France [26]	1676 children and adults with suspected MODY	tNGS (RNA baits) and CNV analysis as part of tNGS; 18	ABCC8; CISD2; GATA4; GATA6; GCK; HNF1A; HNF4A; HNF1B; INS; INSR; KCNJ11; NEUROD1; PDX1; PLIN1; RFX6; TRMT10A; WFS1	307 (18%), 13	124 GCK, 63 HNF1A, 35 HNF4A, 18 HNF1B, 8 ABCC8, 1 KCNJ11, 4 INS, 7 RFX6, 5 NEUROD1, 7 PDX1, 24 m.3243A>G, 9 WFS1, 2 INSR
Singh, 2006 UK [27]	230 adults with type 2 DM and a negative m.3243A>G result using PCR-RFLP	Genotyping (TaqMan); 1	m.3243A>G	0 (0%), 0	
Støy, 2008 USA [28]	77 neonates with NDM	Sanger sequencing and MS-MLPA; 4	6q24; ABCC8; INS; KCNJ11	23 (30%), 3	14 KCNJ11, 7 INS, 2 6q24
Tosur, 2021 USA [29]	10 children with suspected MODY	targeted exome sequencing (gene panel); 70	ABCC8; AGPAT2; AIRE; AKT2; APPL1; BLK; BSCL2; CDKN1C; CISD2; CEL; COQ2; COQ9; CP; CTLA4; DCAF17; DNAJC3; EIF2AK3;	2 (20%), 2	1 INS, 1 RFX6

			<i>EIF2S3; FOXP3; GATA4; GATA6; GCK; GLIS3; GLUD1; HADH; HNF1A; HNF4A; HNF1B; IER3IP1; IL2RA; INS; INSR; ITCH; KCNJ11; KLF11; LMNA; LPL; LRBA; MNX1; NEUROD1; NEUROG3; NKX2; NKX2-2; m.3243A&gt;G; PAX4; PAX6; PCBD1; PDX1; PIK3R1; PLIN1; POLD1; PPARG; PTF1A; RFX6; SIRT1; SLC2A2; SLC19A2; SLC29A3; STAT1; STAT3; STAT5B; TNFAIP3; TRMT10A; WFS1; ZBTB20; ZFP57</i>		
Weedon, 2014 UK [30]	22 neonates with NDM	targeted genome sequencing (homozygosity mapping); 1	<i>PTF1A</i>	10 (48%), 1	10 <i>PTF1A</i>
Yan, 2014 China [31]	57 adults with suspected MIDD	Sanger sequencing and genotyping by Pyrosequencing, RFLP and HRM; 1	m.3243A>G	47 (83%), 1	47 m.3243A>G
Zmysłowska, 2022 Poland [32]	542 children with suspected MODY	tNGS (RNA baits); 35	<i>ABCC8; AIRE; APPL1; BLK; CISD2; CEL; EIF2AK3; FOXP3; GATA4; GATA6; GCK; GCKR; GLIS3; GLUD1; HADH; HNF1A; HNF4A; HNF1B; INS; ISL1; KCNJ11; KLF11; MAFA; MAFB; MNX1; NEUROD1; NEUROG3; NKX2-2; NKX6-1; PAX4; PAX6; PDX1; PTF1A; RFX6; WFS1</i>	198 (37%), 11	<i>GCK</i> 148, <i>HNF1A</i> 19, <i>HNF4A</i> 5, <i>HNF1B</i> 6, <i>ABCC8</i> 2, <i>KCNJ11</i> 8, <i>RFX6</i> 1, <i>PDX1</i> 5, <i>WFS1</i> 1, <i>MAFA</i> 1, <i>APPL1</i> 2

## Supplementary References

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## **Description of Supplementary Data Sets**

Supplementary Data Set 1: Complete set of papers extracted for question 1. Who to test for monogenic diabetes.

Supplementary Data Set 2 : Complete set of papers extracted for question 2. How to test for monogenic diabetes