





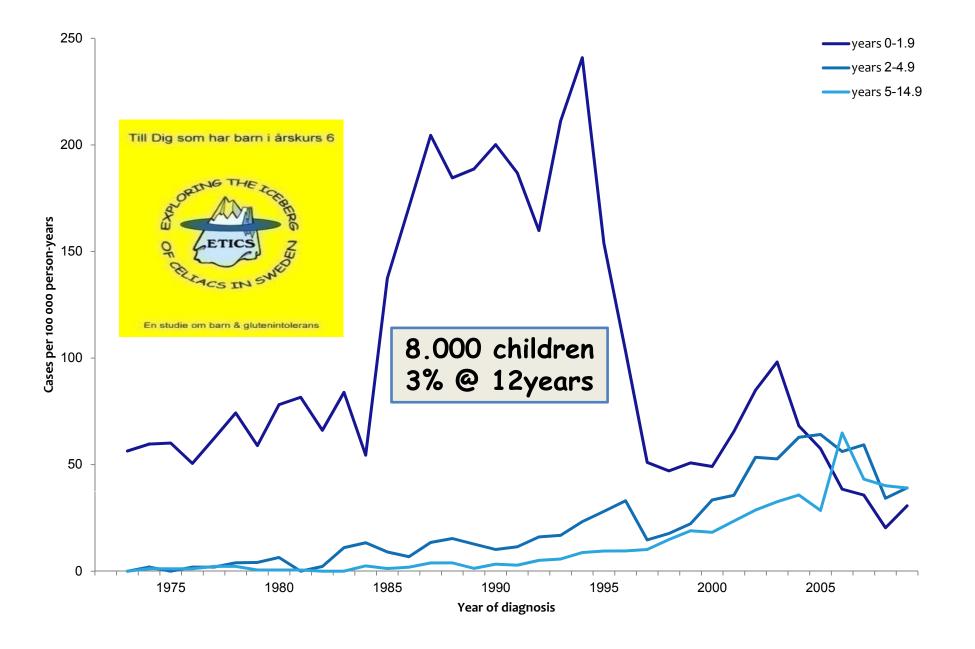


PREVENTCD: A PROSPECTIVE COHORT AT HIGH-RISK FOR CELIAC DISEASE. AN INTERIM REPORT

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Schneider Children's Medical Center, Tel-Aviv University, Israel, Leiden University, Medical Center, The Netherlands, European Laboratory for the Investigation of Food-Induced Diseases, University Federico II, Naples, Italy, University of Debrecen, and Heim Pál Children's Hospital, Budapest, Hungary.

כנס משותף לגסטרואנטרולוגיה, אילת, 7 לפברואר 2013



PreventCD Project

Hypothesis:

Childhood celiac disease may be prevented

By introduction of gluten

- in small amounts
- 4-6 months of age
- preferably while breastfeeding

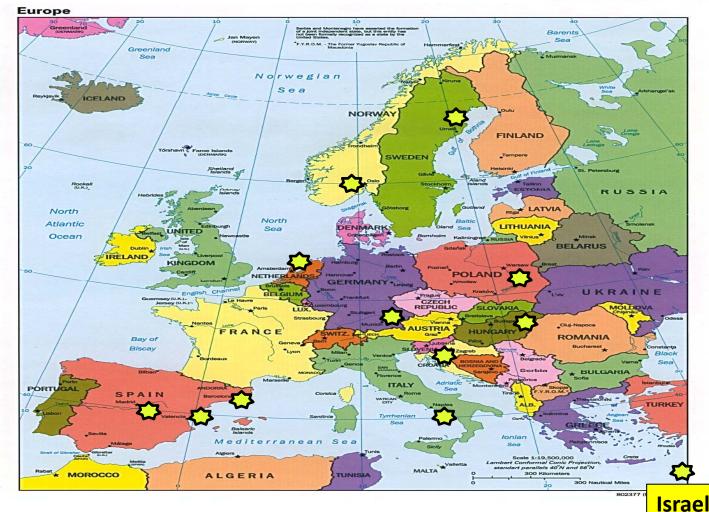




PreventCD www.preventcd.com







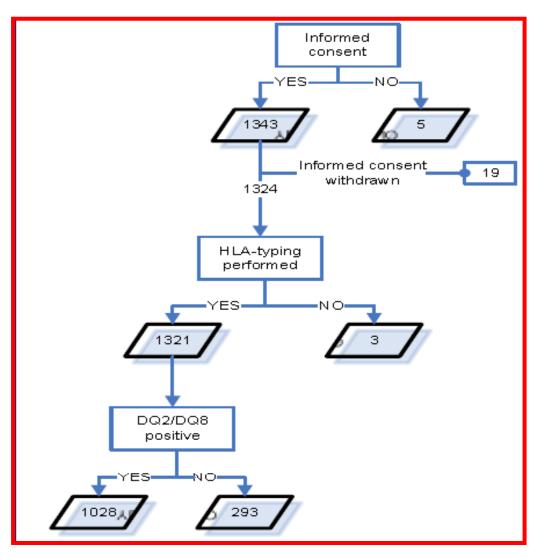




PreventCD intervention study





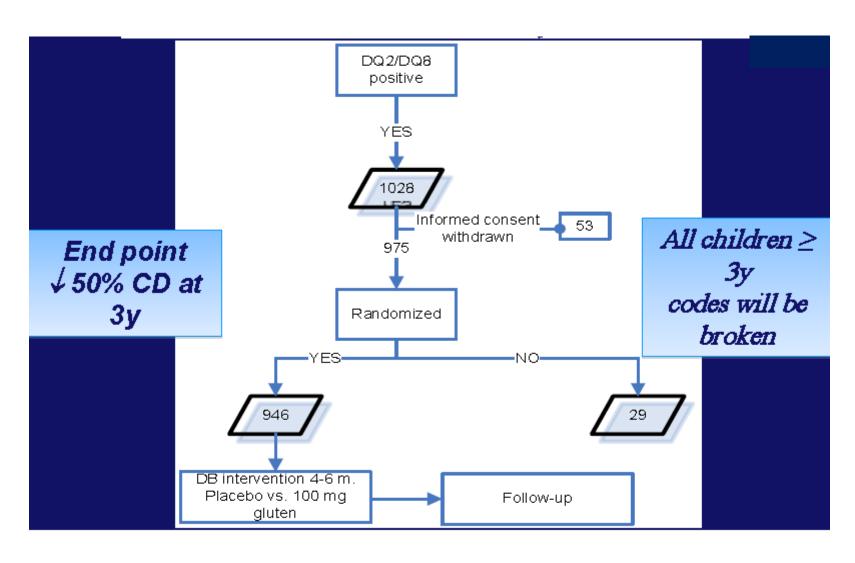




PreventCD intervention study



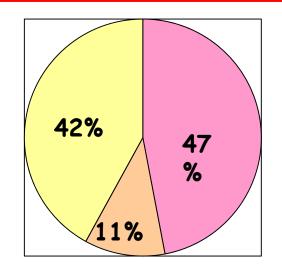




PreventCD cohort (n=946) Current mean age of the cohort is 4.3y



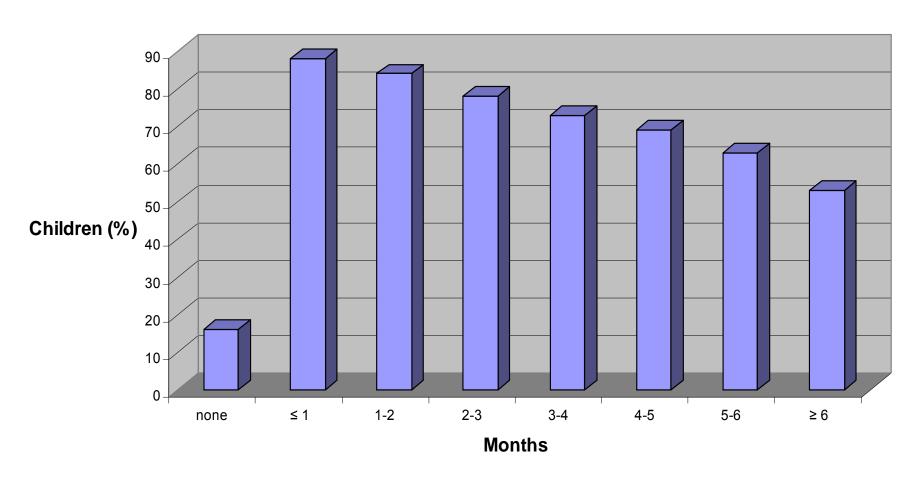
Gender	%
Male	52
Female	48

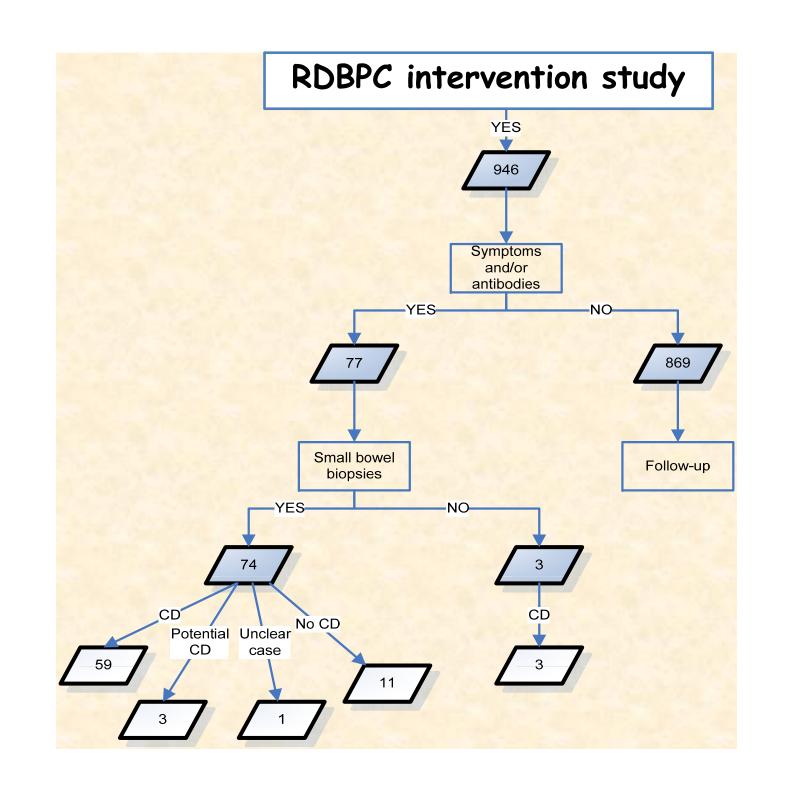


■ Mother
□Father
□ Sibling

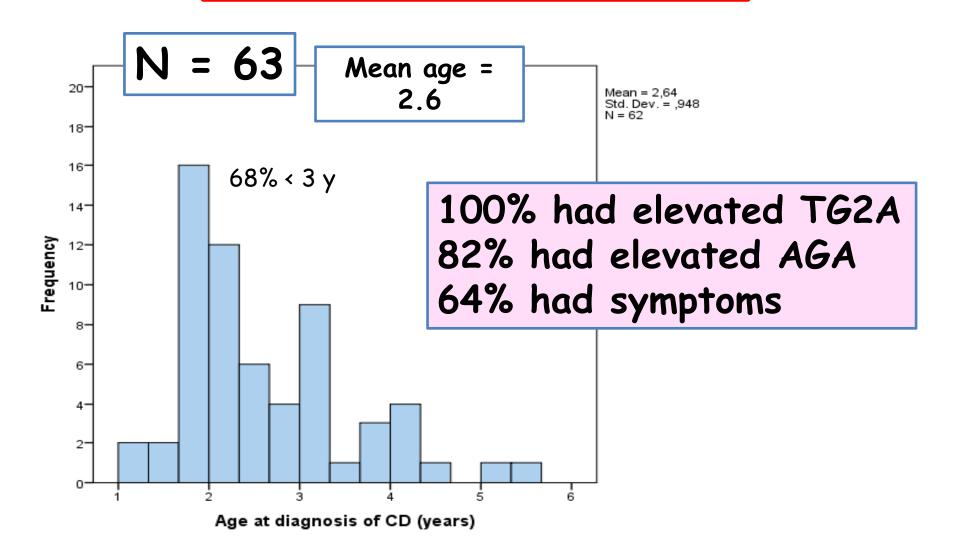
HLA-type	%
DQ2	80
DQ8	10
DQ2 &	10
DQ8	

Duration of breastfeeding

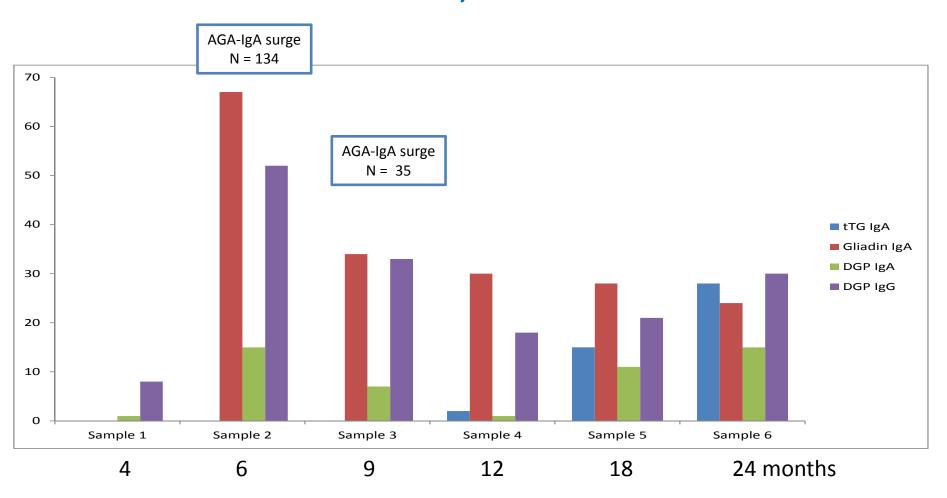




PreventCD cohort Children with CD

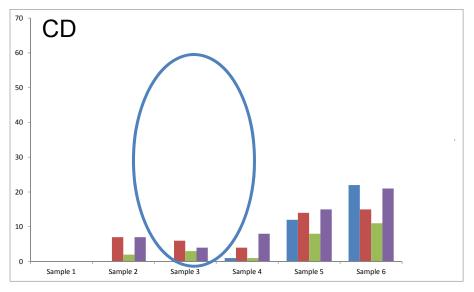


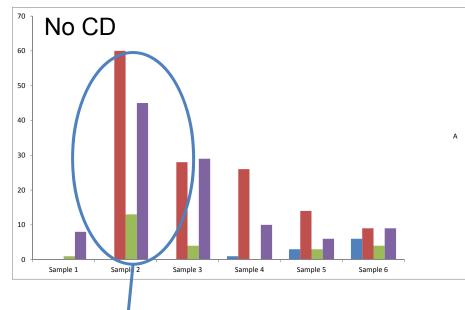
Hide slide PreventCD cohort, celiac antibodies

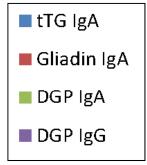


www.preventcd.com

Antibody development Celiacs vs. non-celiacs

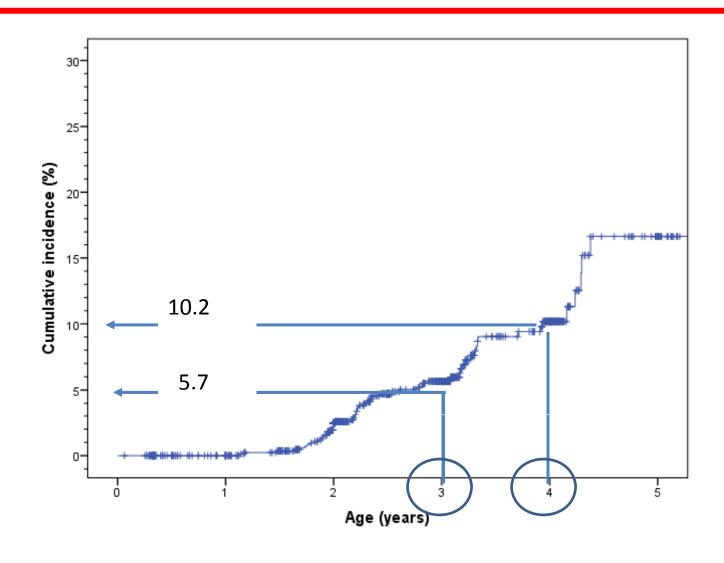




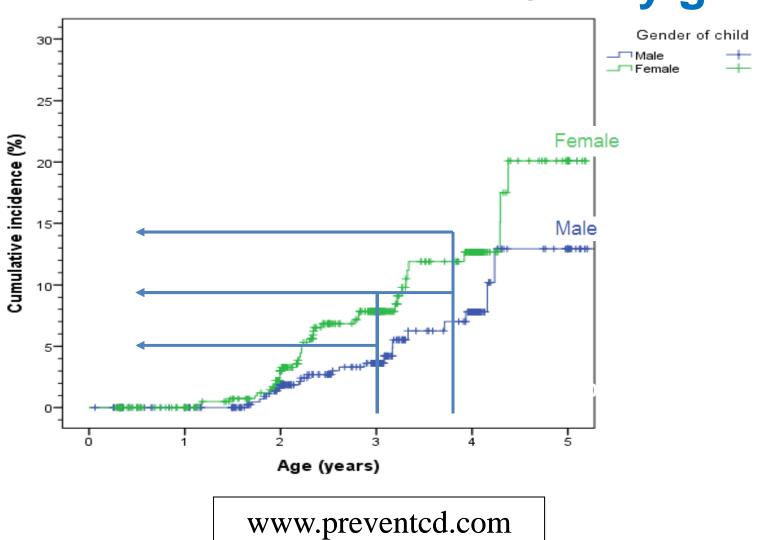


Early IgA antigliadin response X5 above baseline

Cummulative incidence of CD



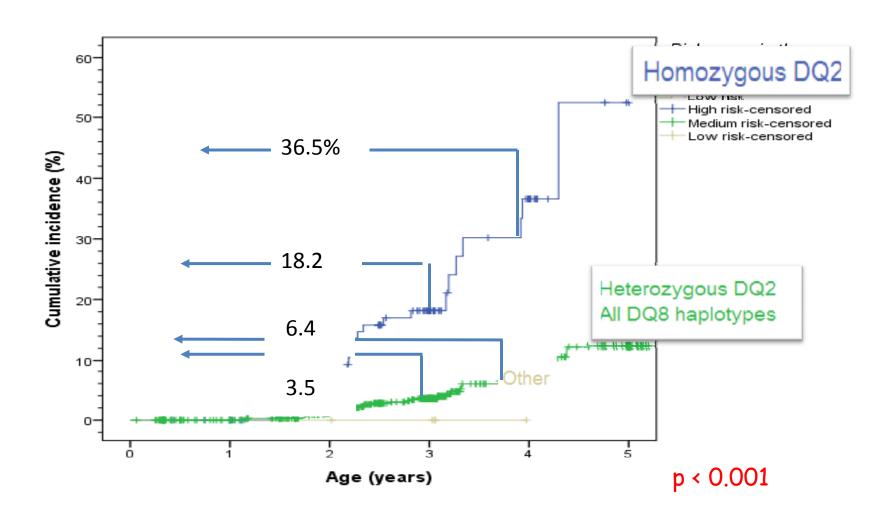
Hide slide Cumulative incidence of CD by gender



Cummulative incidence of CD by HLA genotype

HLA genotypes	Frequency (%)	<i>C</i> I at 3y (%)
DR3-DQ2/DR3-DQ2	4.9	25.3
DR3-DQ2/DR7-DQ2	7.9	14.3
DR3-DQ2/DR5-DQ7	11.2	6.9
DR7-DQ2/DR7-DQ2	3.2	4.5
DR3-DQ2/DQX	31.6	3.5
DR7-DQ2/DR5-DQ7	8.6	3.5
DR7-DQ2/DQX	12.3	2.4
DR3-DQ2/DR4-DQ8	6.0	2.4
Other	14.4	0

Cumulative incidence of CD by HLA genotype



Conclusions (1)

These preliminary results show that:

Fenetically susceptible children from high-risk families develop CD at a very young age and that this is significantly associated with homozygosity for DQ2

Conclusions

- Both AGA and DGP had low predictive value for CD in these children. An early IgA AGA response at 6 mo. or earlier seems to be beneficial while at 9 mo.or later is associated with higher CD risk
- In contrast to the old paradigm, even in very young children, presence of TTG2Ab is a powerful predictor of CD

Thanking All participating children and parents and all partners:



Supported by a grant from the Azrieli Foundation



Schneider Children's Medical Center of large

Save the Date 21-22 November 2013



Embassy of Italy Tel Aviv

בתאריכים 22-22 לנובמבר 2013 יתקיים הכנס האיטלקי ישראלי הראשון בנושא:

> מחלת הצליאק-תפיסות ואסטרטגיות חדשות

הכנס מתקיים בחסות שגרירות איטליה בישראל

פרטים בהמשד

נשמח לראותכם

	Encoded by		Risk for celiac	Expression in cis	Part of common
HLA-DQ molecule D(DQA1*	DQB1*	disease	or trans position	cis haplotype
HLA-DQ2.5	05	02	High	cis, trans	DR3DQ2
HLA-DQ2.2	02	02	Low	cis, (trans)	DR7DQ2
HLA-DQ2.3	03	02	Likely lowa	trans, (cis) ^b	
HLA-DQ7.5	05	03:01	Very low	cis, (trans)	DR5DQ7
HLA-DQ8	03	03:02	Low	cis	DR4DQ8
HLA-DQ8.5	05	03:02	Likely lowa	trans, (cis) ^b	

This is the study demonstrating better to expose at 1 year



Proof of Concept of Microbiome-Metabolome Analysis and Delayed Gluten Exposure on Celiac Disease Autoimmunity in Genetically At-Risk Infants

Selitto et al. PLoS 2012

