

An age-related exponential decline in the risk of multiple islet autoantibody seroconversion during childhood

Short running title: Islet autoimmunity risk declines exponentially

Ezio Bonifacio PhD^{*1,2}, Andreas Weiß MSc³, Christiane Winkler PhD^{3,4}, Markus Hippich PhD³, Marian J. Rewers MD⁵, Jorma Toppari MD⁶, Åke Lernmark PhD⁷, Jin-Xiong She⁸, William A. Hagopian⁹, Jeffrey P. Krischer¹⁰, Kendra Vehik¹⁰, Desmond A. Schatz¹¹, Beena Akolkar¹², Anette-Gabriele Ziegler MD^{*3,4,13} for the TEDDY Study Group

*Shared corresponding authorship

Online-Only Supplemental Material

The TEDDY Study Group members

HLA eligibility

Supplemental Table 1:

Characteristics of the study population (n = 8,556).

Supplemental Figure 1:

Flow diagram of study participants and islet autoantibody outcomes.

Supplemental Table 2:

Cumulative five-year horizon risk for any and multiple islet autoantibodies from respective landmark age.

Supplemental Table 3:

Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by first degree family history (FDR) status.

Supplemental Table 4:

Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by sex.

Supplemental Table 5:

Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by HLA genotype.

Supplemental Table 6:

Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by genetic risk score in general population children with the HLA DR3/4-DQ8 or DR4-DQ8/DR4-DQ8 genotypes.

Supplemental Figure 2:

Exponential risk decay curves for multiple islet autoantibodies stratified by children in European and U.S. sites, sex, and *INS* genotype; and relative 5-year risks for multiple islet autoantibodies.

Supplemental Table 7:

Relative cumulative five-year horizon risks for multiple islet autoantibodies and respective 95% confidence intervals at different timepoints.

Supplemental Table 8:

Cumulative five-year horizon risk for islet autoantibody phenotypes from respective landmark age.

Supplemental Figure 3:

Exponential risk decay curves for islet autoantibody phenotypes stratified by HLA genotype.

Supplemental Table 9:

Cumulative 5-year risk for islet autoantibody phenotypes from respective landmark age by HLA genotype.

Supplemental Table 10:

Sensitivity and positive predictive value of screening for islet autoantibodies.

Supplemental Figure 4:

Models of multiple islet autoantibody pathogenesis based on the landmark analysis of the TEDDY study.

The TEDDY Study Group

Colorado Clinical Center: Marian Rewers, M.D., Ph.D., PI^{1,4,5,6,9,10}, Aaron Barbour, Kimberly Bautista¹¹, Judith Baxter^{8,9,11}, Daniel Felipe-Morales, Kimberly Driscoll, Ph.D.⁸, Brigitte I. Frohnert, M.D.^{2,13}, Marisa Stahl, M.D.¹², Patricia Gesualdo^{2,6,11,13}, Michelle Hoffman^{11,12,13}, Rachel Karban¹¹, Edwin Liu, M.D.¹², Jill Norris, Ph.D.^{2,3,11}, Stesha Peacock, Hanan Shorosh, Andrea Steck, M.D.^{3,13}, Megan Stern, Erica Villegas², Kathleen Waugh^{6,7,11}. University of Colorado, Anschutz Medical Campus, Barbara Davis Center for Childhood Diabetes.

Finland Clinical Center: Jorma Toppari, M.D., Ph.D., PI^{¥^1,4,10,13}, Olli G. Simell, M.D., Ph.D., Annika Adamsson, Ph.D.^{^11}, Suvi Ahonen^{*±§}, Mari Åkerlund^{*±§}, Leena Hakola*, Anne Hekkala, M.D.^{μ±}, Henna Holappa^{μ±}, Heikki Hyöty, M.D., Ph.D.^{*±6}, Anni Ikonen^{μ±}, Jorma Ilonen, M.D., Ph.D.^{¥¶3}, Sinikka Jäminki^{*±}, Sanna Jokipuu[^], Leena Karlsson[^], Jukka Kero M.D., Ph.D.^{¥^}, Miia Kähönen^{μ±11,13}, Mikael Knip, M.D., Ph.D.^{*±5}, Minna-Liisa Koivikko^{μ±}, Merja Koskinen^{*±}, Mirva Koreasalo^{*±§2}, Kalle Kurppa, M.D., Ph.D.^{*±12}, Jarita Kytölä^{*±}, Jutta Laiho, Ph.D.^{*6}, Tiina Latva-aho^{μ±}, Katri Lindfors, Ph.D.^{*12}, Maria Lönnrot, M.D., Ph.D.^{*±6}, Elina Mäntymäki[^], Markus Mattila*, Maija Miettinen^{§2}, Katja Multasuo^{μ±}, Teija Mykkänen^{μ±}, Tiina Niininen^{±*11}, Sari Niinistö^{±§2}, Mia Nyblom^{*±}, Sami Oikarinen, Ph.D.^{*±6}, Paula Ollikainen^{μ±}, Zhian Othmani[^], Sirpa Pohjola^{μ±}, Petra Rajala[^], Jenna Rautanen^{±§}, Anne Riikonen^{*±§2}, Eija Riski[^], Miia Pekkola^{*±}, Minna Romo[^], Satu Ruohonen[^], Satu Simell, M.D., Ph.D.^{¥12}, Maija Sjöberg[^], Aino Stenius^{μ±11}, Päivi Tossavainen, M.D.^{μ±}, Mari Vähä-Mäkilä[¥], Sini Vainionpää[^], Eeva Varjonen^{^11}, Riitta Veijola, M.D., Ph.D.^{μ±13}, Irene Viinikangas^{μ±}, Suvi M. Virtanen, M.D., Ph.D.^{*±§2}.

¥University of Turku, *Tampere University, μUniversity of Oulu, ^Turku University Hospital, Hospital District of Southwest Finland, ±Tampere University Hospital, °Oulu University Hospital, §National Institute for Health and Welfare, Finland, ¶University of Kuopio.

Georgia/Florida Clinical Center: Jin-Xiong She, Ph.D., PI^{1,3,4,10}, Desmond Schatz, M.D.^{*4,5,7,8}, Diane Hopkins¹¹, Leigh Steed^{11,12,13}, Jennifer Bryant¹¹, Katherine Silvis², Michael Haller, M.D.^{*13}, Melissa Gardiner¹¹, Richard McIndoe, Ph.D., Ashok Sharma, Stephen W. Anderson, M.D.[^], Laura Jacobsen, M.D.^{*13}, John Marks, DHSc.^{*11,13}, P.D. Towe*. Center for Biotechnology and Genomic Medicine, Augusta University. *University of Florida, ^Pediatric Endocrine Associates, Atlanta.

Germany Clinical Center: Anette G. Ziegler, M.D., PI^{1,3,4,10}, Ezio Bonifacio Ph.D.^{*5}, Cigdem Gezgin, Anja Heublein, Eva Hohoff^{¥2}, Sandra Hummel, Ph.D.², Annette Knopff⁷, Charlotte Koch, Sibylle Koletzko, M.D.^{¶12}, Claudia Ramminger¹¹, Roswith Roth, Ph.D.⁸, Jennifer Schmidt, Marlon Scholz, Joanna Stock^{8,11,13}, Katharina Warncke, M.D.¹³, Lorena Wendel, Christiane Winkler, Ph.D.^{2,11}. Forschergruppe Diabetes e.V. and Institute of Diabetes Research, Helmholtz Zentrum München, Forschergruppe Diabetes, and Klinikum rechts der Isar, Technische Universität München. *Center for Regenerative Therapies, TU Dresden, ¶Dr. von Hauner

Children's Hospital, Department of Gastroenterology, Ludwig Maximillians University Munich,
¥University of Bonn, Department of Nutritional Epidemiology.

Sweden Clinical Center: Åke Lernmark, Ph.D., PI^{1,3,4,5,6,8,9,10}, Daniel Agardh, M.D., Ph.D.^{6,12}, Carin Andrén Aronsson, Ph.D.^{2,11,12}, Maria Ask, Rasmus Bennet, Corrado Cilio, Ph.D., M.D.^{5,6}, Susanne Dahlberg, Helene Engqvist, Emelie Ericson-Hallström, Annika Björne Fors, Lina Fransson, Thomas Gard, Monika Hansen, Hanna Jisser, Fredrik Johansen, Berglind Jonsdottir, M.D., Ph.D.¹¹, Helena Elding Larsson, M.D., Ph.D.^{6,13}, Marielle Lindström, Markus Lundgren, M.D., Ph.D.¹³, Marlena Maziarz, Ph.D., Maria Månsson-Martinez, Jessica Melin¹¹, Zeliha Mestan, Caroline Nilsson, Karin Ottosson, Kobra Rahmati, Anita Ramelius, Falastin Salami, Anette Sjöberg, Birgitta Sjöberg, Carina Törn, Ph.D.³, Åsa Wimar¹³. Lund University.

Washington Clinical Center: William A. Hagopian, M.D., Ph.D., PI^{1,3,4,5,6,7,10,12,13}, Michael Killian^{6,7,11,12}, Claire Cowen Crouch^{11,13}, Jennifer Skidmore², Masumeh Chavoshi, Arlene Meyer, Jocelyn Meyer, Denise Mulenga¹¹, Nole Powell, Jared Radtke, Matei Romancik, Shreya Roy, Davey Schmitt, Sarah Zink. Pacific Northwest Research Institute.

Pennsylvania Satellite Center: Dorothy Becker, M.D., Margaret Franciscus, MaryEllen Dalmagro-Elias Smith², Ashi Daftary, M.D., Mary Beth Klein, Chrystal Yates. Children's Hospital of Pittsburgh of UPMC.

Data Coordinating Center: Jeffrey P. Krischer, Ph.D., PI^{1,4,5,9,10}, Sarah Austin-Gonzalez, Maryouri Avendano, Sandra Baethke, Brant Burkhardt, Ph.D.^{5,6}, Martha Butterworth², Joanna Clasen, David Cuthbertson, Christopher Eberhard, Steven Fiske⁸, Jennifer Garmeson, Veena Gowda, Kathleen Heyman, Belinda Hsiao, Christina Karges, Francisco Perez Laras, Qian Li, Ph.D.^{2,3}, Shu Liu, Xiang Liu, Ph.D.^{2,3,8,13}, Kristian Lynch, Ph.D.^{5,6,8}, Jamie Malloy, Cristina McCarthy¹¹, Hemang Parikh, Ph.D.³, Cassandra Remedios, Chris Shaffer, Laura Smith, Ph.D.^{8,11}, Susan Smith¹¹, Noah Sulman, Ph.D., Roy Tamura, Ph.D.^{1,2,11,12,13}, Dena Tewey, Michael Toth, Ulla Uusitalo, Ph.D.², Kendra Vehik, Ph.D.^{4,5,6,8,13}, Ponni Vijayakandipan, Jimin Yang, Ph.D., R.D.². *Past staff: Michael Abbondandolo, Lori Ballard, Rasheedah Brown, Stephen Dankyi, David Hadley, Ph.D., Hye-Seung Lee, Ph.D., Colleen Maguire, Wendy McLeod, Aubrie Merrell, Steven Meulemans, Ryan Quigley.* University of South Florida.

Project scientist: Beena Akolkar, Ph.D.^{1,3,4,5,6,7,9,10}. National Institutes of Diabetes and Digestive and Kidney Diseases.

Autoantibody Reference Laboratories: Liping Yu, M.D.^{^5}, Dongmei Miao, M.D.[^], Polly Bingley, M.D., FRCP^{*5}, Alistair Williams*, Kyla Chandler*, Ilana Kelland*, Yassin Ben Khoud*, Huma Zahid*, Matthew Randell *. [^]Barbara Davis Center for Childhood Diabetes, University of Colorado Denver, *Bristol Medical School, University of Bristol, UK.

HLA Reference Laboratory: William Hagopian³, MD, PhD, Masumeh Chavoshi, Jared Radtke, Sarah Zink. Pacific Northwest Research Institute, Seattle WA. (Previously Henry Erlich, Ph.D.³, Steven J. Mack, Ph.D., Anna Lisa Fear. Center for Genetics, Children's Hospital Oakland Research Institute.)

SNP Laboratory: Stephen S. Rich, Ph.D.³, Wei-Min Chen, Ph.D.³, Suna Onengut-Gumuscu, Ph.D.³, Emily Farber, Rebecca Roche Pickin, Ph.D., Jonathan Davis, Jordan Davis, Dan Gallo, Jessica Bonnie, Paul Campolieto. Center for Public Health Genomics, University of Virginia.

Repository: Sandra Ke, Niveen Mulholland, Ph.D. NIDDK Biosample Repository at Fisher BioServices.

Other contributors: Thomas Briesse, Ph.D.⁶, Columbia University. Suzanne Bennett Johnson, Ph.D.^{8,11}, Florida State University. Eric Triplett, Ph.D.⁶, University of Florida.

Committees:

¹Ancillary Studies, ²Diet, ³Genetics, ⁴Human Subjects/Publicity/Publications, ⁵Immune Markers, ⁶Infectious Agents, ⁷Laboratory Implementation, ⁸Psychosocial, ⁹Quality Assurance, ¹⁰Steering, ¹¹Study Coordinators, ¹²Celiac Disease, ¹³Clinical Implementation.

HLA eligibility

The high-risk genotypes for participants screened from the general population were as follows: DRB1*04-DQA1*03-DQB1*03:02/DRB1*03-DQA1*05-DQB1*02:01 (DR3/4), DRB1*04-DQA1*03-DQB1*03:02/DRB1*04-DQA1*03-DQB1*03:02 (DR4/4), DRB1*04-DQA1*03-DQB1*03:02/DRB1*08-DQA1*04-DQB1*04:02 (DR4/8) and DRB1*03-DQA1*05-DQB1*02:01/DRB1*03-DQA1*05-DQB1*02:01 (DR3/3). Additional genotypes were included for first degree relatives (FDRs) of a subject with T1D: DRB1*04-DQA1*03-DQB1*03:02/DRB1*04-DQA1*03-DQB1*02:02 (DR4/4b), DRB1*04-DQA1*03-DQB1*03:02/DRB1*01-DQA1*01-DQB1*05:01 (DR4/1), DRB1*04-DQA1*03-DQB1*03:02/DRB1*13-DQA1*01-DQB1*06:04 (DR4/13), DRB1*04-DQA1*03-DQB1*03:02/DRB1*09-DQA1*03-DQB1*03:03 (DR4/9), and DRB1*03-DQA1*05-DQB1*02:01/DRB1*09-DQA1*03-DQB1*03:03 (DR3/9).

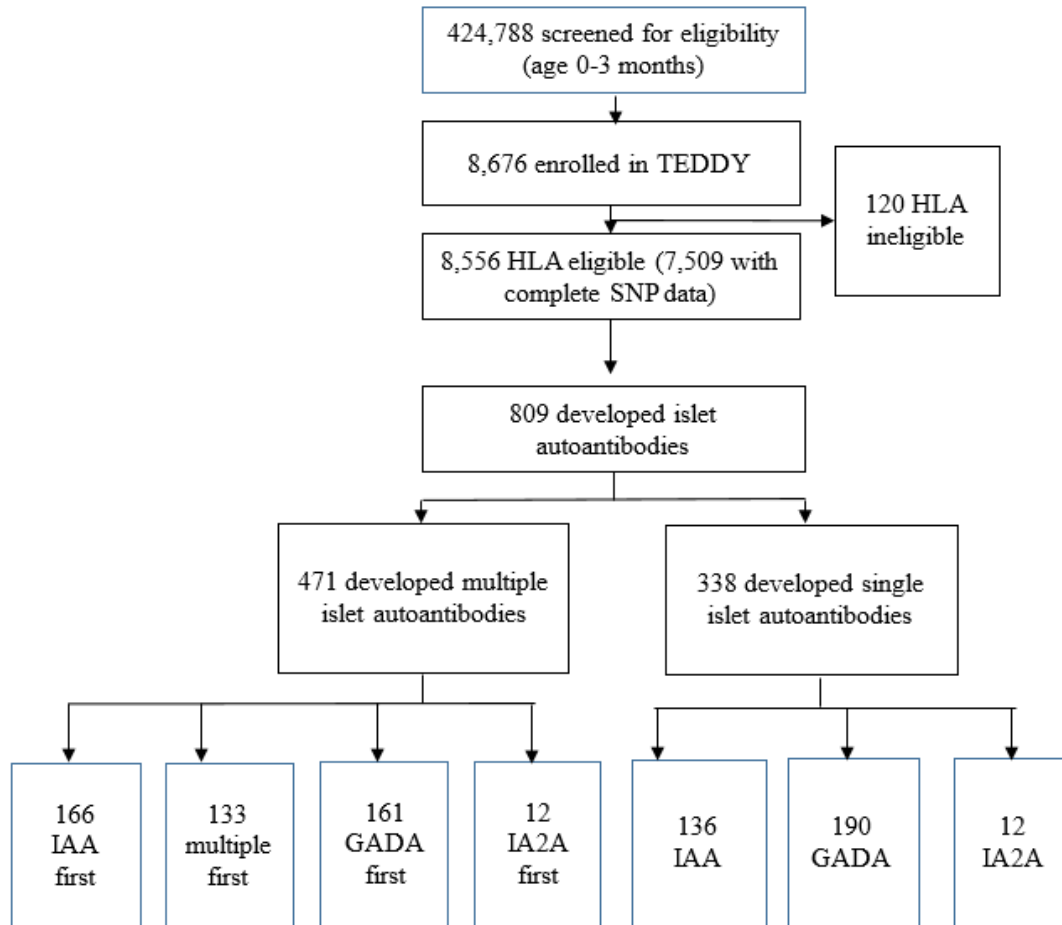
Supplemental Table 1: Characteristics of the study population ($n = 8,556$)

Variable (n)	Category	Number (%)	Risk of multiple islet autoantibodies by age 12 years [95% CI]
Sex	Girls	4,226 (49.4)	5.2% [4.5 – 5.9]
	Boys	4,330 (50.6)	6.4% [5.6 – 7.2]
First-degree relative with type 1 diabetes	Yes	955 (11.2)	12.4% [10.2 – 14.6]
	No	7,601 (88.8)	5.0% [4.5 – 5.5]
Site	Europe	4,895 (57.2)	6.7 % [5.9 – 7.4]
	U.S.A.	3,661 (42.8)	4.7 % [3.9 – 5.5]
HLA genotype	<i>DR3/DR4-DQ8</i>	3,339 (39.0)	8.0% [7.0 – 8.9]
	<i>DR4-DQ8/DR4-DQ8</i>	1,674 (19.6)	6.2% [5.0 – 7.4]
	<i>DR4-DQ8/DR8</i>	1,474 (17.2)	4.5% [3.4 – 5.7]
	<i>DR3/DR3</i>	1,791 (20.9)	2.2% [1.4 – 3.0]
	Other*	278 (3.3)	7.3% [4.2 – 10.4]
Genetic risk score† (n=4,413)	Highest quartile	1,104 (25)	12.8% [10.8 – 14.8]
	2 nd and 3 rd quartiles	2,206 (50)	7.8% [6.6 – 8.9]
	Lowest quartile	1,103 (25)	4.1% [2.9 – 5.4]

*All of the other *HLA DR4-DQ8*-containing genotypes were in children with a first-degree relative with type 1 diabetes

†Only calculated in general population children with complete SNP data and the *HLA DR3/DR4-DQ8* or *DR4-DQ8/DR4-DQ8* genotypes

Supplemental Figure 1: Flow diagram of study participants and islet autoantibody outcomes.



Supplemental Table 2: Cumulative five-year horizon risk for any and multiple islet autoantibodies from respective landmark age

Landmark age	Any islet autoantibodies	Multiple islet autoantibodies
From 7.5 months	6.3% [5.7-6.8]	4.2% [3.8-4.7]
From 1.125 years	5.4% [4.9-5.9]	4.3% [3.9-4.7]
From 1.625 years	4.8% [4.3-5.2]	3.5% [3.1-3.9]
From 2.125 years	4.1% [3.7-4.5]	2.9% [2.6-3.3]
From 2.625 years	3.7% [3.3-4.2]	2.4% [2.1-2.8]
From 3.125 years	3.4% [3.0-3.8]	2.0% [1.7-2.3]
From 3.625 years	3.3% [2.9-3.7]	1.7% [1.4-2.0]
From 4.25 years	3.2% [2.8-3.6]	1.6% [1.3-1.9]
From 5.25 years	3.1% [2.7-3.5]	1.5% [1.2-1.8]
From 6.25 years	3.2% [2.7-3.6]	1.3% [1.0-1.5]
From 7.25 years	3.3% [2.7-3.9]	1.1% [0.8-1.3]
From 8.25 years	3.3% [2.5-4.0]	1.1% [0.8-1.5]

Supplemental Table 3: Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by first degree family history (FDR) status

Landmark age	Risk after 5 years of follow-up	Risk after 5 years of follow-up
	FDR	No FDR
From 7.5 months	9.9% [8.0-11.8]	3.6% [3.2-4.0]
From 1.125 years	7.7% [5.9-9.4]	3.0% [2.6-3.4]
From 1.625 years	6.2% [4.6-7.8]	2.5% [2.2-2.9]
From 2.125 years	4.9% [3.4-6.3]	2.1% [1.8-2.5]
From 2.625 years	4.0% [2.7-5.3]	1.8% [1.5-2.1]
From 3.125 years	3.2% [2.0-4.4]	1.5% [1.2-1.8]
From 3.625 years	3.3% [2.1-4.5]	1.4% [1.1-1.7]
From 4.25 years	2.9% [1.7-4.1]	1.3% [1.1-1.6]
From 5.25 years	2.0% [1.0-3.0]	1.2% [0.9-1.5]
From 6.25 years	1.9% [0.9-2.8]	1.0% [0.7-1.3]
From 7.25 years	1.8% [0.6-3.0]	1.0% [0.7-1.4]
From 8.25 years	1.5% [0.4-2.7]	0.8% [0.5-1.1]

Supplemental Table 4: Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by sex

Landmark age	Risk after 5 years of follow-up	Risk after 5 years of follow-up
	Male	Female
From 7.5 months	4.8% [4.1-5.4]	3.8% [3.2-4.4]
From 1.125 years	3.7% [3.2-4.3]	3.3% [2.7-3.8]
From 1.625 years	3.2% [2.7-3.8]	2.6% [2.1-3.1]
From 2.125 years	2.9% [2.4-3-4]	2.0% [1.5-2.4]
From 2.625 years	2.4% [1.9-2.8]	1.7% [1.3-2.1]
From 3.125 years	2.0% [1.5-2.4]	1.4% [1.0-1.7]
From 3.625 years	1.9% [1.4-2.3]	1.4% [1.0-1.7]
From 4.25 years	1.7% [1.3-2.1]	1.3% [0.9-1.7]
From 5.25 years	1.6% [1.2-2.1]	1.2% [0.8-1.5]
From 6.25 years	1.2% [0.8-1.7]	1.1% [0.7-1.7]
From 7.25 years	1.1% [0.6-1.5]	1.2% [0.7-1.7]
From 8.25 years	0.8% [0.4-1.1]	1.0% [0.5-1.5]

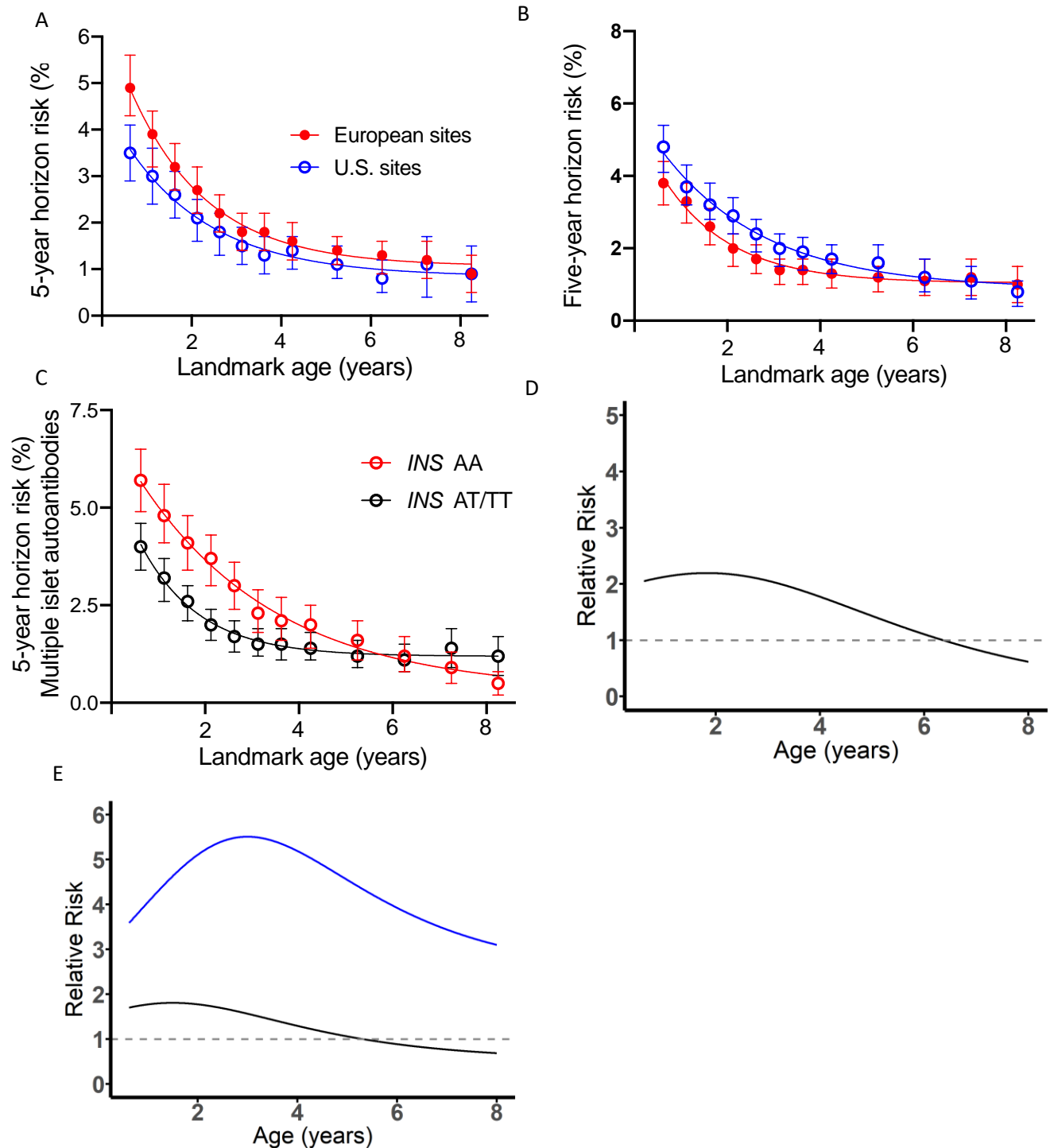
Supplemental Table 5: Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by *HLA* genotype

Landmark age	DR3/4-DQ8	DR4-DQ8/DR4-DQ8	DR4-DQ8/DR8	DR3/3
From 7.5	6.2% [5.3-7.0]	4.1% [3.2-5.1]	3.0% [2.2-3.9]	1.7% [1.1-2.3]
From 1.125	5.1% [4.3-5.9]	3.7% [2.8-4.6]	2.0% [1.3-2.8]	1.3% [0.7-1.8]
From 1.625	4.4% [3.7-5.1]	3.4% [2.5-4.3]	1.5% [0.9-2.1]	0.8% [0.4-1.2]
From 2.125	3.6% [3.0-4.3]	2.9% [2.1-3.7]	1.0% [0.5-1.6]	0.8% [0.4-1.2]
From 2.625	3.0% [2.4-3.6]	2.6% [1.9-3.4]	0.9% [0.4-1.4]	0.5% [0.2-0.9]
From 3.125	2.5% [1.9-3.1]	2.2% [1.4-2.9]	0.7% [0.3-1.2]	0.5% [0.1-0.8]
From 3.625	2.2% [1.7-2.8]	2.1% [1.4-2.8]	1.1% [0.5-1.6]	0.5% [0.2-0.9]
From 4.25 years	2.1% [1.6-2.6]	2.1% [1.4-2.8]	1.2% [0.6-1.7]	0.2% [0.0-0.5]
From 5.25 years	1.5% [1.1-2.0]	2.1% [1.3-2.8]	1.1% [0.5-1.7]	0.3% [0.0-0.6]
From 6.25 years	1.2% [0.8-1.7]	1.9% [1.1-2.6]	1.0% [0.4-1.6]	0.3% [0.0-0.9]
From 7.25 years	1.3% [0.7-1.8]	1.9% [0.9-2.9]	1.0% [0.3-1.8]	0.4% [0.0-0.9]
From 8.25 years	0.8% [0.3-1.3]	1.6% [0.7-2.6]	0.9% [0.2-1.6]	0.4% [0.0-0.8]

Supplemental Table 6: Cumulative five-year horizon risk for multiple islet autoantibodies from respective landmark age by genetic risk score in general population children with the HLA DR3/4-DQ8 or DR4-DQ8/DR4-DQ8 genotypes

Landmark age	≤ 1st quartile of genetic risk score	> 1st and < 3rd quartile of genetic risk score	≥ 3rd quartile of genetic risk score
From 7.5 months	2.3% [1.4-3.3]	4.5% [3.6-5.4]	9.8% [7.9-11.7]
From 1.125 years	1.9% [1.0-2.7]	3.9% [3.0-4.7]	8.9% [7.0-10.7]
From 1.625 years	1.7% [0.9-2.5]	3.2% [2.4-4.0]	7.8% [6.1-9.5]
From 2.125 years	1.2% [0.5-1.9]	2.8% [2.1-3.6]	6.8% [5.2-8.4]
From 2.625 years	0.9% [0.3-1.5]	2.4% [1.7-3.1]	5.9% [4.4-7.5]
From 3.125 years	0.8% [0.3-1.4]	2.0% [1.4-2.6]	5.0% [3.6-6.5]
From 3.625 years	1.0% [0.4-1.7]	1.8% [1.2-2.4]	4.0% [2.6-5.2]
From 4.25 years	1.3% [0.6-2.0]	1.9% [1.3-2.5]	3.3% [2.1-4.5]
From 5.25 years	1.2% [0.5-1.9]	1.9% [1.3-2.6]	2.0% [1.1-3.0]
From 6.25 years	1.4% [0.6-2.3]	1.6% [0.9-2.2]	1.1% [0.4-1.8]
From 7.25 years	1.9% [0.5-3.2]	1.7% [0.8-2.5]	0.9% [0.2-1.5]
From 8.25 years	1.6% [0.3-2.9]	1.4% [0.6-2.2]	0.1% [0.0-0.4]

Supplemental Figure 2: Exponential risk decay curves for multiple islet autoantibodies stratified by (A) children in European and U.S. sites, (B) sex, and (C) *INS* genotype. The relative 5-year risks for multiple islet autoantibodies is also shown for (D) children with the *INS* AA genotype as compared to other *INS* genotypes, and (E) for children with the *HLA* DR3/DR4-DQ8 genotype compared to children with the *HLA* DR4-DQ8/DR4-DQ8 or DR4-DQ8/DR8 genotypes (black line) and compared to children with the DR3/3 genotypes (blue line).



Supplemental Table 7: Relative cumulative five-year horizon risks for multiple islet autoantibodies and respective 95% confidence intervals at different timepoints

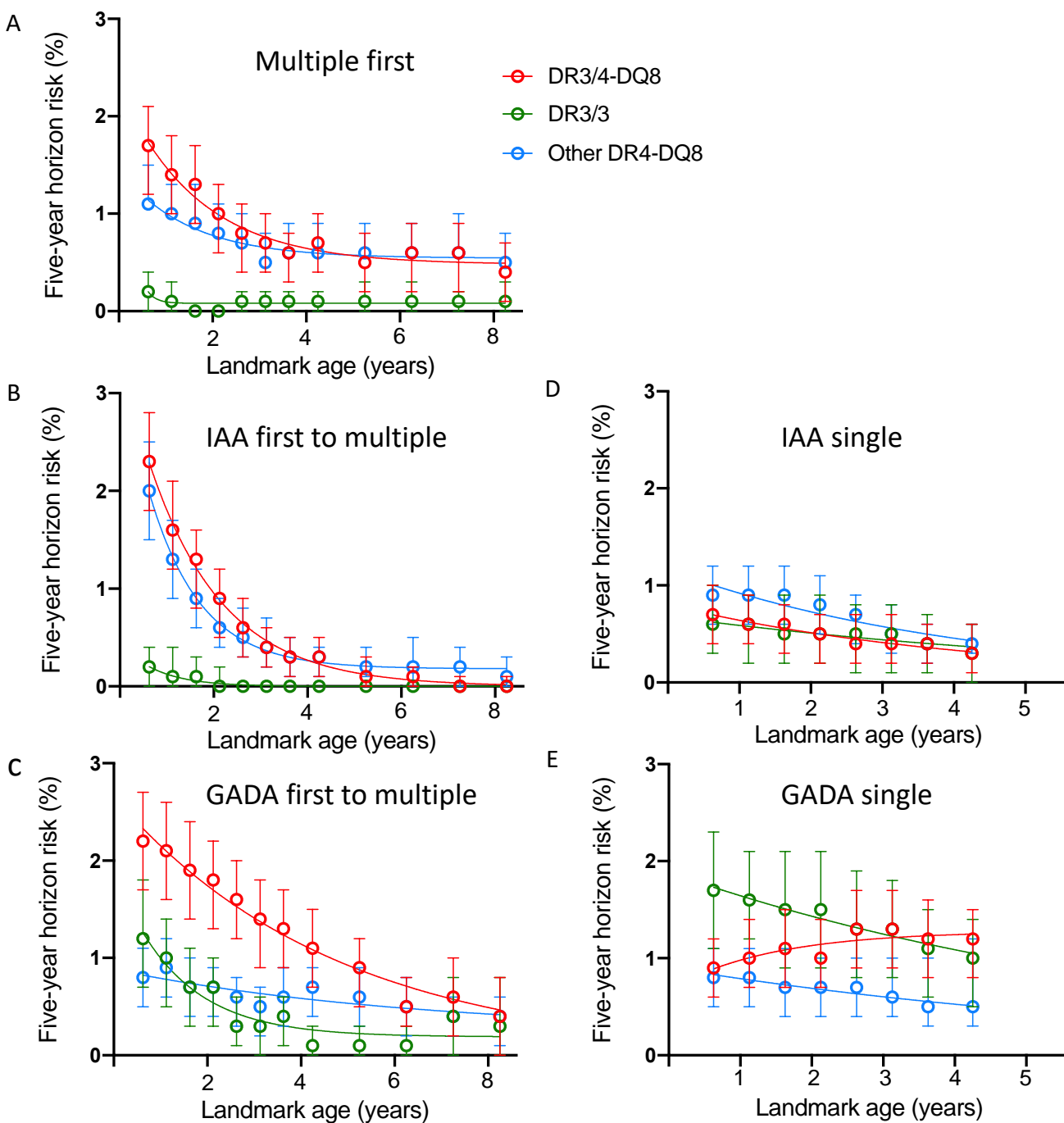
Age	GRS highest quartile vs. lowest quartile	GRS highest quartile vs. middle quartiles	DR3/4-DQ8 vs. DR3/3	DR3/4-DQ8 vs. DR4-DQ8/DR4-DQ8 or DR4-DQ8/DR8
0.625 years	4.2 [2.7-6.5]	2.2 [1.6-2.9]	3.6 [2.5-5.3]	1.7 [1.4-2.1]
2.125 years	5.7 [3.1-10.5]	2.4 [1.7-3.5]	4.5 [2.6-7.8]	1.8 [1.3-2.5]
5.25 years	1.8 [0.8-3.8]	1.1 [0.6-2.0]**	5.0 [2.0-12.5]	1.0 [0.6-1.5]***
6.25 years	1.0 [0.4-2.3]*	0.8 [0.4-1.8]***	3.5 [1.4-9.0]	0.8 [0.5-1.4]***

* $P=0.003$ vs 0.625 years; ** $P=0.001$ vs 0.625 years; *** $p<0.0001$ vs 0.625 years

Supplemental Table 8: Cumulative five-year horizon risk for islet autoantibody phenotypes from respective landmark age

Landmark age	IAA first to multiple	Multiple first	GADA first to multiple	Single IAA	Single GADA
From 7.5 months	1.7% [1.5-2.0]	1.2% [0.9-1.4]	1.4% [1.2-1.7]	0.8% [0.6-1.0]	1.0% [0.8-1.2]
From 13.5 months	1.2% [0.9-1.4]	1.0% [0.7-1.2]	1.4% [1.1-1.6]	0.7% [0.5-0.9]	1.0% [0.8-1.3]
From 19.5 months	0.8% [0.6-1.0]	0.9% [0.7-1.1]	1.2% [0.9-1.4]	0.7% [0.5-0.9]	1.0% [0.8-1.3]
From 25.5 months	0.6% [0.4-0.8]	0.7% [0.5-0.9]	1.1% [0.9-1.3]	0.6% [0.4-0.8]	1.0% [0.8-1.2]
From 31.5 months	0.4% [0.3-0.6]	0.6% [0.4-0.7]	0.9% [0.7-1.1]	0.5% [0.4-0.7]	1.0% [0.8-1.3]
From 37.5 months	0.3% [0.2-0.5]	0.5% [0.3-0.6]	0.8% [0.6-1.0]	0.5% [0.3-0.6]	1.0% [0.8-1.3]
From 43.5 months	0.2% [0.1-0.3]	0.5% [0.3-0.6]	0.8% [0.6-1.0]	0.4% [0.3-0.5]	0.9% [0.7-1.1]
From 51 months	0.2% [0.1-0.3]	0.5% [0.3-0.7]	0.7% [0.5-0.9]	0.4% [0.3-0.5]	0.9% [0.7-1.1]
From 63 months	0.2% [0.1-0.2]	0.5% [0.3-0.6]	0.6% [0.4-0.8]		
From 75 months	0.1% [0.0-0.2]	0.5% [0.3-0.7]	0.4% [0.3-0.6]		
From 87 months	0.1% [0.0-0.2]	0.5% [0.3-0.7]	0.5% [0.3-0.7]		
From 99 months	0.1% [0.0-0.1]	0.4% [0.2-0.6]	0.4% [0.2-0.6]		

Supplemental Figure 3: Exponential risk decay curves for islet autoantibody phenotypes stratified by HLA genotype.



Supplemental Table 9: Cumulative 5-year risk for islet autoantibody phenotypes from respective landmark age by *HLA* genotype

<i>Landmark age</i>	<i>Risk after 5 years of follow-up</i>	<i>Risk after 5 years of follow-up</i>	<i>Risk after 5 years of follow-up</i>
	<i>DR3/DR4-DQ8</i>	<i>DR3/DR3</i>	<i>Other HLA genotype</i>
IAA first to multiple			
From 0.625 years	2.3% [1.8-2.8]	0.2% [0.0-0.4]	2.0% [1.5-2.5]
From 1.125 years	1.6% [1.2-2.1]	0.1% [0.0-0.3]	1.3% [0.9-1.7]
From 1.625 years	1.2% [0.8-1.6]	0.1% [0.0-0.2]	0.9% [0.6-1.2]
From 2.125 years	0.9% [0.5-1.2]	0% [0-0]	0.6% [0.4-0.9]
From 2.625 years	0.6% [0.3-0.9]	0% [0-0]	0.5% [0.3-0.8]
From 3.125 years	0.4% [0.2-0.6]	0% [0-0]	0.4% [0.2-0.7]
From 3.625 years	0.3% [0.1-0.5]	0% [0-0]	0.3% [0.1-0.5]
From 4.25 years	0.3% [0.1-0.5]	0% [0-0]	0.3% [0.1-0.4]
From 5.25 years	0.1% [0.0-0.3]	0% [0-0]	0.2% [0.1-0.4]
From 6.25 years	0.1% [0.0-0.2]	0% [0-0]	0.2% [0.0-0.5]
From 7.25 years	0.0% [0.0-0.1]	0% [0-0]	0.2% [0.0-0.4]
From 8.25 years	0.0% [0.0-0.1]	0% [0-0]	0.1% [0.0-0.3]
Multiple first			
From 0.625 years	1.7% [1.2-2.1]	0.2% [0.0-0.4]	1.1% [0.8-1.5]
From 1.125 years	1.4% [1.0-1.8]	0.1% [0.0-0.3]	1.0% [0.6-1.3]
From 1.625 years	1.3% [0.9-1.7]	0% [0-0]	0.9% [0.6-1.3]
From 2.125 years	1.0% [0.6-1.3]	0% [0-0]	0.8% [0.5-1.1]
From 2.625 years	0.8% [0.4-1.1]	0.1% [0.0-0.2]	0.7% [0.4-1.0]
From 3.125 years	0.7% [0.4-1.0]	0.1% [0.0-0.2]	0.5% [0.3-0.8]
From 3.625 years	0.6% [0.3-0.8]	0.1% [0.0-0.2]	0.6% [0.3-0.9]
From 4.25 years	0.7% [0.4-1.0]	0.1% [0.0-0.2]	0.6% [0.3-0.9]
From 5.25 years	0.5% [0.2-0.8]	0.1% [0.0-0.3]	0.6% [0.3-0.9]
From 6.25 years	0.6% [0.2-0.9]	0.1% [0.0-0.3]	0.6% [0.3-0.9]
From 7.25 years	0.6% [0.2-0.9]	0.1% [0.0-0.2]	0.6% [0.2-1.0]
From 8.25 years	0.4% [0.1-0.7]	0.1% [0.0-0.2]	0.5% [0.2-0.8]
GADA first to multiple			
From 0.625 years	2.2% [1.7-2.7]	1.2% [0.7-1.8]	0.8% [0.5-1.1]
From 1.125 years	2.1% [1.6-2.6]	1.0% [0.5-1.4]	0.9% [0.6-1.2]
From 1.625 years	1.9% [1.4-2.4]	0.7% [0.3-1.1]	0.7% [0.4-1.0]
From 2.125 years	1.8% [1.3-2.2]	0.7% [0.3-1.1]	0.6% [0.4-0.9]
From 2.625 years	1.6% [1.2-2.0]	0.3% [0.1-0.6]	0.6% [0.3-0.8]
From 3.125 years	1.4% [0.9-1.8]	0.3% [0.0-0.6]	0.5% [0.2-0.7]
From 3.625 years	1.3% [0.9-1.7]	0.4% [0.1-0.6]	0.6% [0.3-0.9]
From 4.25 years	1.1% [0.7-1.5]	0.1% [0.0-0.3]	0.7% [0.4-0.9]
From 5.25 years	0.9% [0.5-1.2]	0.1% [0.0-0.3]	0.6% [0.3-0.9]

From 6.25 years	0.5% [0.3-0.8]	0.1% [0.0-0.3]	0.5% [0.2-0.8]
From 7.25 years	0.6% [0.2-1.0]	0.4% [0.0-0.8]	0.4% [0.2-0.6]
From 8.25 years	0.4% [0.0-0.8]	0.3% [0.0-0.8]	0.4% [0.1-0.6]
Single IAA			
From 0.625 years	0.7% [0.4-1.1]	0.6% [0.3-1.0]	0.9% [0.6-1.2]
From 1.125 years	0.6% [0.4-0.9]	0.6% [0.2-0.9]	0.9% [0.6-1.2]
From 1.625 years	0.6% [0.3-0.8]	0.5% [0.2-0.9]	0.9% [0.6-1.2]
From 2.125 years	0.5% [0.2-0.7]	0.5% [0.2-0.9]	0.8% [0.5-1.1]
From 2.625 years	0.4% [0.2-0.7]	0.5% [0.1-0.8]	0.7% [0.4-0.9]
From 3.125 years	0.4% [0.2-0.7]	0.5% [0.1-0.8]	0.5% [0.3-0.8]
From 3.625 years	0.4% [0.2-0.6]	0.4% [0.1-0.7]	0.4% [0.2-0.6]
From 4.25 years	0.3% [0.1-0.6]	0.3% [0.1-0.7]	0.4% [0.2-0.6]
Single GADA			
From 0.625 years	0.9% [0.6-1.2]	1.7% [1.1-2.3]	0.8% [0.5-1.1]
From 1.125 years	1.0% [0.7-1.4]	1.6% [1.0-2.1]	0.8% [0.5-1.1]
From 1.625 years	1.1% [0.7-1.5]	1.5% [0.9-2.1]	0.8% [0.5-1.1]
From 2.125 years	1.0% [0.7-1.4]	1.5% [0.9-2.1]	0.7% [0.4-1.0]
From 2.625 years	1.3% [0.9-1.7]	1.3% [0.8-1.8]	0.7% [0.4-0.9]
From 3.125 years	1.3% [1.0-1.8]	1.3% [0.8-1.8]	0.7% [0.4-0.9]
From 3.625 years	1.2% [0.8-1.6]	1.1% [0.6-1.5]	0.6% [0.4-0.9]
From 4.25 years	1.2% [0.8-1.5]	1.0% [0.5-1.4]	0.5% [0.3-0.8]

Supplemental Table 10: Sensitivity and positive predictive value of screening for islet autoantibodies

Screening Age	Positive predictive value* [95 % CI]	Sensitivity † [95% CI]
Multiple autoantibodies as positive		
1 year	84.0% [60.7-93.5]	6.6% [4.3-10.0]
2 years	68.1% [57.6-76.0]	24.2% [19.7-29.2]
3 years	55.5% [47.0-62.6]	33.5% [29.5-38.9]
4 years	51.6% [44.1-58.1]	37.2% [32.0-42.6]
5 years	49.6% [42.1-56.1]	34.1% [29.1-39.6]
6 years	47.7% [40.0-54.4]	30.8% [25.9-36.1]
7 years	47.7% [39.4-55.0]	26.9% [22.3-32.1]
8 years	49.4% [39.3-57.7]	20.8% [16.7-25.7]
Any autoantibodies as positive		
1 year	49.5% [39.1-58.2]	19.3% [15.3-24.1]
2 years	41.8% [35.0-47.9]	37.2% [32.0-42.6]
3 years	33.9% [28.4-39.0]	45.3% [39.9-50.9]
4 years	32.8% [27.9-37.4]	46.2% [40.8-51.8]
5 years	29.1% [24.4-33.6]	41.1% [35.8-46.6]
6 years	27.9% [23.1-32.4]	35.3% [30.2-40.8]
7 years	28.5% [23.3-33.4]	30.8% [25.9-36.1]
8 years	29.7% [23.4-35.5]	23.9% [19.5-28.9]
Single autoantibodies as positive		
1 year	24.5% [20.5-28.2]	12.4% [9.1-16.5]
2 years	14.9% [11.3-18.3]	13.0% [17.2-26.3]
3 years	12.2% [8.7-15.6]	11.8% [8.6-15.9]
4 years	11.5% [7.9-14.9]	9.1% [6.3-12.8]
5 years	9.2% [5.8-12.5]	6.9% [4.6- 10.4]
6 years	10.3% [6.4-14.1]	4.5% [2.7-7.5]
7 years	11.6% [6.8-16.1]	3.9% [2.2-6.8]
8 years	11.8% [5.8-17.4]	3.0% [1.5-5.7]

* Positive predictive value refers to the five-year horizon risk to develop type 1 diabetes from the screening age.

† Sensitivity was calculated as the proportion of the total number of children in the TEDDY study who developed type 1 diabetes by age 12 years.

Supplemental Figure 4: Models of multiple islet autoantibody pathogenesis based on the landmark analysis of the TEDDY study.

