

04 SERVICE FLOW

STEP 1

Collect a specimen of 3ml EDTA anticoagulant blood or saliva*



STEP 2

The specimen will be delivered directly to our testing centre



STEP 3

Your health report will be completed in 50 working days



STEP 4

The report will be explained to you by your healthcare provider

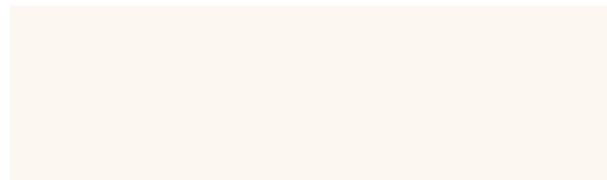


05 ABOUT US

GemVCare - committed to helping the public prevent chronic diseases and improving the health of patients.

With professional genetic testing technology for chronic diseases, medical professionals can customize precise treatments and management models according to your personal genetic profile and health conditions so that you can live your best life.

OUR PARTNERS



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General Disclaimer:

Gemomic® Technology is a patented technology adopted by GemVCare® Ltd. (‘GemVCare’) to assess the risks of diabetes & chronic diseases and its complications.

As the causes of metabolic diseases and its complications are complex, all related tests require professional interpretation. The Gemomic® Technology and any other GemVCare services mentioned in this document (collectively ‘services’) shall be used for reference purpose only. The service is not medical advice, diagnosis, therapeutic or prophylactic in general or for any particular individual case or patient and should not be treated as a substitute for professional medical diagnosis, advice, therapeutic or prophylactic. Users are reminded to seek professional advice and shall rely or make decisions based on the Service at their own risk.

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MD35

MONOGENIC DIABETES TEST

Do patients with monogenic diabetes require insulin therapy?



* Please check with your doctor or our service provider for sampling arrangements



01 ABOUT MONOGENIC DIABETES

Monogenic diabetes (MD) is a subtype of diabetes caused by a **single gene mutation**. Maturity Onset Diabetes of the Young (MODY) is the main form of monogenic diabetes and is usually diagnosed during **late childhood to adulthood**, accounting for 1-5% of diabetic patients. ¹ Mutations in the gene can reduce insulin production, causing the patient's blood sugar level to be persistently high. Since MODY is a genetic disease, family screening should be performed once a patient is diagnosed to understand the genetic risk to family members. ²

The clinical presentation of MODY usually overlaps with other types of diabetes, making **misdiagnosis common in children with MODY and young patients with diabetes**.

Who should get tested:

 <p>Diabetes patients diagnosed before the age of 25</p>	 <p>Those with a family history of diabetes</p>	 <p>Those with a negative antibodies test result, low to normal C-peptide level</p>
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Sources:

1. Kreider, K. E. (2019). The Diagnosis and Management of Atypical Types of Diabetes. The Journal for Nurse Practitioners, 15(2). doi:10.1016/j.nupra.2018.09.022
2. Hattersley, A. T., & Patel, K. A. (2017). Precision diabetes: Learning from monogenic diabetes. Diabetologia, 60(5), 769-777. doi:10.1007/s00125-017-4226-2

02 DISTINGUISH YOUR MD SUBTYPE

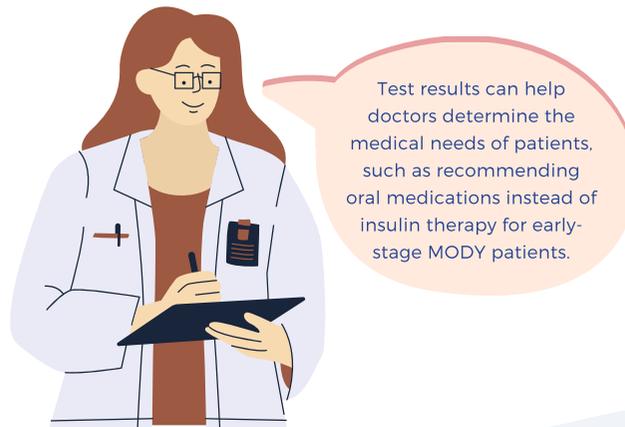
Correct identification of the monogenic diabetes subtype will help doctors provide patients with the most suitable treatment plan. According to a report jointly published by two reputable diabetes organizations, the **American Diabetes Association** and the **European Association for the Study of Diabetes**, genetic testing is the best way to distinguish the different subtypes. ¹

SOME COMMON GENES THAT CAUSE MD ²

● Maturity-onset diabetes of the young ● Major clinical phenotype
● Neonatal diabetes mellitus ● Rare clinical phenotype
● Syndrome

Gene Mutation	Clinical phenotype(s)	Recommended treatment option
ABCC8	● ●	High-dose oral sulfonylureas
GCK	●	No treatment needed for most patients
HNFA	●	Low-dose oral sulfonylureas
HNFB	●	Optimal treatment not well established
HNF4A	●	Low-dose oral sulfonylureas
INS	● ●	Early intensive insulin treatment
KCNJ11	● ●	High-dose oral sulfonylureas

Note: Diabetes is caused by a variety of factors, and the presence of other genetic or non-genetic factors will also affect treatment strategies.



Sources:

1. Chung, W.K., Erion, K., Florez, J.C. et al. (2020). Precision medicine in diabetes: a Consensus Report from the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia 63, 1671-1699. https://doi.org/10.1007/s00125-020-05181-w.
2. Riddle, M. C., Phillipson, L. H., Rich, S. S., Carlsson, A., Franks, P. W., Greeley, S., Nolan, J. J., Pearson, E. R., Zeitler, P. S., & Hattersley, A. T. (2020). Monogenic Diabetes: From Genetic Insights to Population-Based Precision in Care. Reflections From a Diabetes Care Editors' Expert Forum. Diabetes care, 43(12), 3117-3128. https://doi.org/10.2337/dci20-0065

03 GEMVCARE TEST



Tests 35 up-to-date genes related to MODY
34 sequenced genes + 1 hotspot (MtA3243G)



Double verification of results



Technical Accuracy - Validated by a local university research team (ranked No. 1 in Endocrinology and Metabolism in Asia)



Quality Assurance - periodical independent verification. GemVCare is a participant of the EMQN[#] programme



GemVCare has licensed the patent for monogenic diabetes testing

[#] EMQN (European Molecular Genetics Quality Network) is a reputable provider of molecular genetics quality assessment services in Europe.

Sources:

1. Best Global Universities for Endocrinology and Metabolism. U.S. News. https://www.usnews.com/education/best-global-universities/endocrinology-metabolism?region=asia. Published 2021.