

Genetics in Diabetes
Type 2 Diabetes and Related Traits

Frontiers in Diabetes

Vol. 23

Series Editors

M. Porta Turin

F.M. Matschinsky Philadelphia, Pa.

Genetics in Diabetes

Type 2 Diabetes and Related Traits

Volume Editors

Anna L. Gloyn Oxford

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27 figures, 7 in color and 14 tables, 2014

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Frontiers in Diabetes

Founded 1981 by F. Belfiore, Catania

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Library of Congress Cataloging-in-Publication Data

Genetics in diabetes : type 2 diabetes and related traits / volume editors,
Anna L. Gloyn, Mark I. McCarthy.

p. ; cm. -- (Frontiers in diabetes, ISSN 0251-5342 ; vol. 23)

Includes bibliographical references and indexes.

ISBN 978-3-318-02699-3 (alk. paper) -- ISBN 978-3-318-02700-6 (e-ISBN)

I. Gloyn, Anna L., editor. II. McCarthy, Mark I., editor. III. Series:

Frontiers in diabetes ; v. 23. 0251-5342

[DNLM: 1. Diabetes Mellitus, Type 2--genetics. 2. Diabetes Mellitus,
Type 2--metabolism. 3. Genome-Wide Association Study--methods. W1 FR945X
v. 23 2014 / WK 810]

RC662.18

616.4'624042--dc23

2014016091

Bibliographic Indices. This publication is listed in bibliographic services.

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www.karger.com

Printed in Germany on acid-free and non-aging paper (ISO 9706) by Kraft Druck GmbH, Ettlingen

ISSN 0251-5342

e-ISSN 1662-2995

ISBN 978-3-318-02699-3

e-ISBN 978-3-318-02700-6

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Preface

In the 1960s, the American Geneticist J.V. Neel referred to diabetes as the ‘geneticists nightmare’ owing to the high probability that the phenotype was heterogeneous, not clearly defined with a variable age of onset and a strong environmental influence. In the 1970s, the distinction between autoimmune (type 1 diabetes) and non-autoimmune (type 2 diabetes) was made clarifying a major cause of the disease heterogeneity. Through the 1990s, the discovery of the genes involved in mendelian forms of diabetes demonstrated the enormous power of human genetics to uncover fundamental insights into glucose homeostasis and to inform on treatment and prognosis for patients with particular genetic subtypes of diabetes. The genetic basis of type 2 diabetes, however, remained elusive.

In recent years, the field of human genetics discovery has been revolutionised by publically funded initiatives such as the Human Genome Project, HapMap and 1000 Genomes projects. These, in tandem with technological advances such as array genotyping and next-generation sequencing, have enabled genome-wide studies of genetic variation in previously unimaginable sample numbers. This has in turn led to an explosion in the number of genetic loci robustly implicated in type 2 diabetes risk.

In writing this book, we have called upon a number of our colleagues who, over the years, have been part of highly collaborative international efforts to advance our understanding of the genetic basis of type 2 diabetes and related traits. We are indebted to them for agreeing to help us with capturing this journey. They have described the huge progress that has been made, whilst at the same time outlining the substantial challenges that lie ahead if we are to fully capitalise on the these discoveries and translate our improved understanding of the genetic basis of type 2 diabetes into advances in clinical care.

Anna L. Gloyn, Oxford
Mark I. McCarthy, Oxford

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