COMMENTS AND RESPONSES

Response to Comment on: McDonald et al. High-Sensitivity CRP Discriminates HNF1A-MODY From Other Subtypes of Diabetes. Diabetes Care 2011;34:1860–1862

We thank Blanco et al. (1) for their letter on our article, which confirmed the utility of high-sensitivity C-reactive protein (hs-CRP) as a clinical biomarker to discriminate patients with HNF1A-MODY from patients with type 2 diabetes (2).

We agree with the authors that the discrimination between HNF1A-MODY and type 2 diabetes is likely to be enhanced by elevated levels of hs-CRP in type 2 diabetes as a result of mild chronic inflammation and fatty liver in combination with the unique mechanism of decreased levels of CRP expression in HNF1A-MODY. This is consistent with our findings that hs-CRP has the greatest clinical utility to distinguish between HNF1A-MODY and type 2 diabetes than between other diabetes subgroups (2–4).

Since the initial article by Owen et al. (3), these results have been replicated in over 700 patients with confirmed HNF1A-MODY across nine European centers using five different hs-CRP analytical platforms. All of these studies found that hs-CRP distinguished HNF1A-MODY from type 2 diabetes with a high diagnostic accuracy, with the C-statistic ranging from 0.79 to 0.97 (2–5). These results indicate that hs-CRP is a robust test that can be used to aid in the identification of HNF1A-MODY patients. The wide availability and low-cost of the hs-CRP test means it could be readily used in routine clinical practice.

TIM J. MCDONALD, PHD[1,2]
KATHARINE R. OWEN, MD[3,4]
ANNA L. GLOYN, DPHIL[3,4]
ANDREW T. HATTERSLEY, DM[1]

From the [1]Institute of Biomedical and Clinical Science, Peninsula Medical School, University of Exeter, Exeter, U.K.; the [2]Department of Clinical Chemistry, Royal Devon and Exeter NHS Foundation Trust, Exeter, U.K.; the [3]Oxford Centre for Diabetes, Endocrinology and Metabolism, University of Oxford, Oxford, U.K.; and the [4]Oxford National Institute for Health Research Biomedical Research Centre, Churchill Hospital, Oxford, U.K.
Corresponding author: Tim J. McDonald, Tim.McDonald@rdeft.nhs.uk.
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No potential conflicts of interest relevant to this article were reported.

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