WHY NEOCEL?

944 newborns from families with one celiac proband were followed up from birth to 8 years in 10 European countries in the PREVENT-CD project. 103 of them developed Celiac Disease: comparing them with the 841 which did not develop the disease it was possible to discover the risk factors associated to the development of Celiac Disease, since the birth of infants. Infants that inherited from parents a double copy of the DQ2 HLA gene had a 25% risk to become celiac, as compared to a 7% risk for those who inherited one single copy of the same gene.

It is now possible to estimate the risk to become celiac at birth, by analysing the genotype of the parents and the newborns. This allows to establish a surveillance system tailored to the risk of the individual newborn, to reach the diagnosis before the onset of disturbing symptoms and growth failure.

This project is likely to reduce or completely avoid, in the vast majority of children, the onset of severe diarrhoea, growth failure, anaemia, anorexia and many other health problems, since it will be possible to start an intervention, through the analysis of anti-Transglutaminase Antibodies (tTGASE), much before the onset of symptoms.

The new NEOCEL project aims to transfer the results of the previous project to the clinical practice, in order to avoid the tragedy of the unexpected onset of severe symptoms in a small child.

We will take care of the new birth, in a couple with a celiac partner, since the very early pregnancy, or either before, from the day of marriage. We are indeed convinced that most of the celiac disease associated risk of the infant is generated before birth, from the combination and the expression of the gene of the parents, and also during the pregnancy.

Actually these early risk factors are unknown: the aim of NEOCEL is to explore the early risk factors, through complex analysis of epigenetic (how gene are expressed) and metabolic factors.

A simple blood sample will be sufficient for these analysis, and we will explore the individual microbiome on a fecal sample.

We encourage you to participate to NEOCEL with enthusiasm and commitment: you will get several advantages, but we do ask your constant involvement to participate to the time table (just for few controls/year), in order to contribute, on top of your benefit, to the increase of knowledge and understanding about celiac disease, so to benefit the whole community of gluten intolerant population.

Renata Auricchio, Riccardo Troncone e Luigi Greco insieme all’ AIC Campania

DOPO LA PAGINA DI PRESENTAZIONE HOME SI PUO’ ACCEDERE ALLA COMPILAZIONE DEL LIBRETTO O AL RICHIAMO DI UNA SCHEDA E CI VUOLE IN TESTA UNA FRASE :

‘Do you want to enrol a new family?’
‘Do you want to retrieve the log book of a family?’

Click as appropriate

PER CHI VUOLE APPROFONDIRE (da richiamare con un link sia con la list a che con I singoli articoli in pdf (Margherita))

Randomized feeding intervention in infants at high risk for celiac disease.
Respiratory Infections and the Risk of Celiac Disease.
Auricchio R, Cielo D, de Falco R, Galatola M, Bruno V, Malamisura B, Limongelli MG, Troncone R, Greco L.

Presymptomatic Diagnosis of Celiac Disease in Predisposed Children: The Role of Gene Expression Profile.

Gliadin-reactive T cells in Italian children from preventCD cohort at high risk of celiac disease.

Epigenetics in Paediatric Gastroenterology, Hepatology, and Nutrition: Present Trends and Future Perspectives.

Galatola M, Auricchio R, Greco L.