

Figure S1

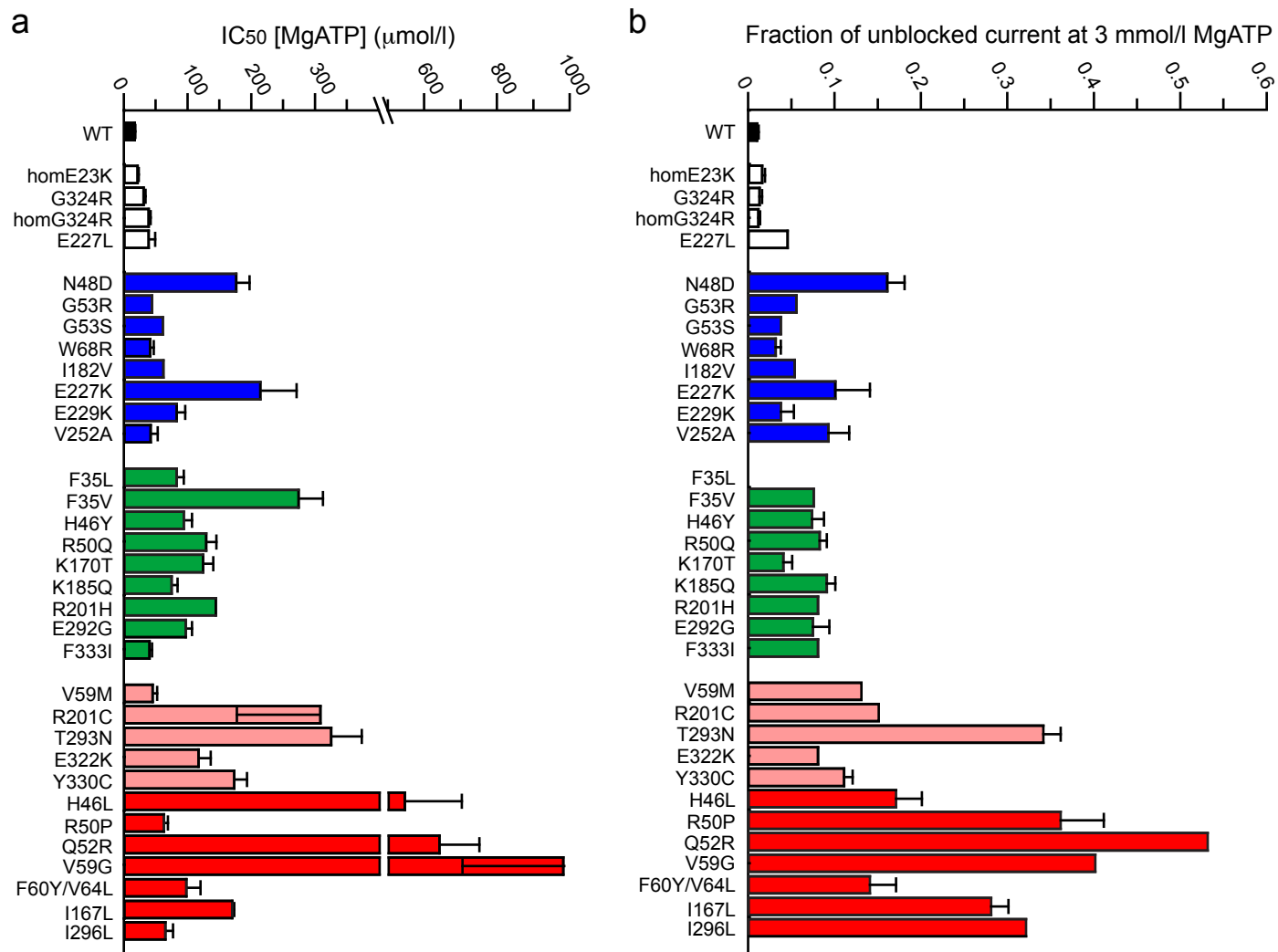


Fig. S1 Comparison of ATP sensitivities

(A) IC_{50} for MgATP inhibition, and (B) the fraction of unblocked current at 3mmol/l MgATP for WT and the indicated Kir6.2 mutant channels. Homomeric channels (E23K, G324R) are indicated by 'hom'; all other data are from pseudo-heterozygous K_{ATP} channels. White bars, mutations causing/predisposing to diabetes in later life (see text); blue bars, TNDM; green bars, PNDM; pink bars, iDEND syndrome; red bars, DEND syndrome. Data for mutations other than G324R and E23K are taken from previous studies (see below [1-16]). Note the IC_{50} values for some DEND mutations (A) do not adequately reflect the mutation/disease severity, as these channels exhibit a large pedestal of unblocked current at physiological ATP levels (as seen in B). Data are mean \pm SEM.

References

1. D'Amato E, Tamaro P, Craig TJ, et al (2008) Variable phenotypic spectrum of diabetes mellitus in a family carrying a novel *KCNJ11* gene mutation. *Diabet Med* 25:651-656
2. Gloyn AL, Reimann F, Girard C, et al (2005) Relapsing diabetes can result from moderately activating mutations in *KCNJ11*. *Hum Mol Genet* 14:925-934
3. Girard CA, Shimomura K, Proks P, et al (2006) Functional analysis of six Kir6.2 (*KCNJ11*) mutations causing neonatal diabetes. *Pflugers Arch* 453:323-332
4. Mlynarski W, Tarasov AI, Gach A, et al (2007) Sulfonylurea improves CNS function in a case of intermediate DEND syndrome caused by a mutation in *KCNJ11*. *Nat Clin Pract Neurol* 3:640-645
5. Männikkö R, Jefferies C, Flanagan SE, et al (2010) Interaction between mutations in the slide helix of Kir6.2 associated with neonatal diabetes and neurological symptoms. *Hum Mol Genet* 19:963-972
6. Männikkö R, Stansfeld PJ, Ashcroft AS, et al (2011) A conserved tryptophan at the membrane-water interface acts as a gatekeeper for Kir6.2/SUR1 channels and causes neonatal diabetes when mutated. *J Physiol* 589:3071-3083
7. Proks P, Girard C, Ashcroft FM (2005) Functional effects of *KCNJ11* mutations causing neonatal diabetes: enhanced activation by MgATP. *Hum Mol Genet* 14:2717-2726
8. Proks P, Girard C, Haider S, et al (2005) A gating mutation at the internal mouth of the Kir6.2 pore is associated with DEND syndrome. *EMBO Rep* 6:470-475
9. Proks P, Girard C, Baevre H, et al (2006) Functional effects of mutations at F35 in the

- NH₂-terminus of Kir6.2 (*KCNJ11*), causing neonatal diabetes, and response to sulfonylurea therapy. *Diabetes* 55:1731-1737
10. Shimomura K, Girard CA, Proks P, et al (2006) Mutations at the same residue (R50) of Kir6.2 (*KCNJ11*) that cause neonatal diabetes produce different functional effects. *Diabetes* 55:1705-1712
 11. Shimomura K, Hörster F, de Wet H, et al (2007) A novel mutation causing DEND syndrome: a treatable channelopathy of pancreas and brain. *Neurology* 69:1342-1349
 12. Shimomura K, Flanagan SE, Zadek B, et al (2009) Adjacent mutations in the gating loop of Kir6.2 produce neonatal diabetes and hyperinsulinism. *EMBO Mol Med* 1:166-177
 13. Shimomura K, de Nanclares GP, Foutinou C, et al (2010) The first clinical case of a mutation at residue K185 of Kir6.2 (*KCNJ11*): a major ATP-binding residue. *Diabet Med* 27:225-229
 14. Tamaro P, Girard C, Molnes J, et al (2005) Kir6.2 mutations causing neonatal diabetes provide new insights into Kir6.2-SUR1 interactions. *EMBO J* 24:2318-2330
 15. Tamaro P, Proks P, Ashcroft FM (2006) Functional effects of naturally occurring *KCNJ11* mutations causing neonatal diabetes on cloned cardiac K_{ATP} channels. *J Physiol* 571:3-14
 16. Tarasov AI, Girard CA, Larkin B, et al (2007) Functional analysis of two Kir6.2 (*KCNJ11*) mutations, K170T and E322K, causing neonatal diabetes. *Diabetes Obes Metab* 9:46-55