

a subsequent 35 cycles of reaction at 94°C for 30 sec, 60°C for 30 sec, and 72°C for 1 min; the reaction conditions with KOD FX were an initial denaturation step of 94°C for 2min and a subsequent 35 cycles of reaction at 98°C for 10 sec, 60°C for 30 sec, and 68°C for 1 min. After purification, each PCR product was subjected to cycle sequencing with BigDye Terminator cycle sequencing FS (Applied Biosystems, Foster City, CA) using each forward and reverse primer. Reaction products were purified by ethanol precipitation and sequenced by ABI PRISM 3130 sequencer (Applied Biosystems).

#### *Estimation of haplotype frequencies and evaluation of pattern of LD in KLF11*

Haplotypes comprising tag SNPs and haplogenotypes were inferred by the expectation-maximization method by Haploview (<http://www.broad.mit.edu/personal/jcbarret/haploview>) and PHASE 2.1.1 (<http://www.stat.washington.edu/stephens/software.html>), respectively.

#### *Mutation screening and genotyping of frequent polymorphisms in KLF11*

We examined all of the coding regions and the putative promoter region of *KLF11* in 182 early-onset T2DM, 96 of the 553 late-onset T2DM patients (56 males and 40 females; age  $63.2 \pm 11.0$ yr, BMI,  $24.5 \pm 5.4$ kg/m<sup>2</sup>; HbA1c  $7.9 \pm 1.6$  %) and 96 of 563 control subjects (35 males and 61 females; age  $67.6 \pm 5.8$ yr; BMI,  $22.8 \pm 2.8$  kg/m<sup>2</sup>; HbA1c  $4.9 \pm 0.3$  %). We performed an additional screening for R29Q and S124F mutations in all late-onset T2DM patients and controls.

Association study was performed for tag SNPs (SNP2,-3,-5,-6) in the promoter region with 96 subjects each from 552 late-onset T2DM and 563 controls by direct sequencing. As it was extremely difficult to amplify the promoter region due to its high GC content, only 96 subjects from each group were examined. Association study for tag SNP 13 (rs6432053) was performed in the 552 late-onset T2DM patients and 563 controls by TaqMan assay (Applied Biosystems) on an ABI PRISM 7900HT sequence detector (Applied Biosystems). Thermal cycling conditions followed the manufacturer's instructions.

#### *Cell lines*

MIN6-m9 cells were maintained in DMEM containing 25 mM glucose, 10% heat-inactivated FBS, 50mM 2-mercaptoethanol, 100mg/l streptomycin sulfate, and 60.5mg/l penicillin G under a humidified condition of 5% CO<sub>2</sub>-95% air at 37°C [21]. HepG2 cells were maintained in DMEM supplemented with 10% heat-inactivated FBS, 100mg/l streptomycin sulfate, and 60.5mg/l penicillin G under a humidified condition of 5% CO<sub>2</sub>-95% air at 37°C.

#### *Identification of the minimal promoter region of human KLF11*

To establish the promoter activity of the 5' flanking region of *KLF11*, we designed luciferase expression vectors including a series of 5' deletion fragments. Three different length fragments, from -1389 to +162 bp, -896 to +162 bp and -250 to +162bp relative to the transcription start site, were prepared by PCR and inserted into the firefly luciferase reporter vector, pGL4.12-Basic (Promega, Madison, WI). The MIN6-m9 cells or HepG2 cells were seeded in 6-well culture plates. The confluency was 50-70% at the time of transfection. The reporter constructs (500 ng) were transfected to cells by using a ExGEN 500 *in vitro* Transfection Reagent (Fermentas, St. Leon-Rot, Germany). Transcriptional activity was normalized with a co-transfected control thymidine kinase (TK)-regulated Renilla luciferase vector, pRL-TK 17 ng (Promega). Transactivation activity was measured using Dual-Luciferase Reporter Assay system (Promega).



#### *Subcloning of human KLF11 and variants*

A cDNA identical to *KLF11* was retrieved from a human islet cDNA library and subcloned in pENTR/D-TOPO (Invitrogen, Carlsbad, CA) after amplification with Pfu (Stratagene, La Jolla, CA) and transferred for expression to pcDNA6.2-DEST (Invitrogen). The R29Q and S124F mutations were introduced by site-directed mutagenesis (Stratagene, La Jolla, CA) with pENTR/d-TOPO wild-type *KLF11* as template and confirmed by sequencing.

#### *Functional analysis of KLF11 mutant proteins*

The reporter constructs for insulin, catalase1, or Smad7 promoter-pGL3 were prepared by cloning the human insulin (-365~+40 bp) [18], catalase1 (-734~+11 bp) [10], or Smad7 (-836~+74 bp) [11] gene promoter into the pGL3-Basic vector (Promega, Madison, WI). The MIN6-m9 cells ( $1 \times 10^5$  cells/well) were seeded in 6-well culture plates. The confluency was 50-70% at the time of transfection. Constructed plasmids, pcDNA6.2 wild-type hKLF11, or pcDNA6.2 mutant-type hKLF11 and each reporter construct were transfected to MIN6-m9 cells using ExGEN 500 *in vitro* Transfection Reagent (Fermentas, St. Leon-Rot, Germany). Transcriptional activity was normalized with a co-transfected control thymidine kinase (TK)-regulated Renilla luciferase vector, pRL-TK (Promega). Transactivation activity was measured using Dual-Luciferase Reporter Assay system. (Promega)

#### *Statistical analyses*

Statistical difference in allele frequencies between late-onset T2DM and control subjects was assessed by  $\chi^2$  test, and other categorical clinical variables were compared using *t* test or logistic regression analysis adjusted for relevant covariates. Statistical analysis was performed with StatView 5.0 software (SAS Institute, Inc., Cary, NC). Comparison of estimated haplotype frequencies was performed by conducting separate one-degree of freedom tests for a series of  $2 \times 2$  contingency tables testing the frequency of each specific haplotype vs all others between cases and controls, and omnibus testing of differences in haplotype frequency profiles between the cases and controls (statistical significance assessed empirically via permutation testing with PHASE 2.1.1 software). The present study had about 33-50% power to detect an OR of 1.20 when the frequency of a risk allele was 10-20% and *P*-value was less than 0.05 under a multiplicative model with 553 patients and 563 controls, while it had only 10-13% power to detect an OR of 1.20 when the frequency of a risk allele was 10-20% and *P*-value was less than 0.05 under a multiplicative model with 96 each of patients and controls.

## **Results**

#### *Identification of polymorphisms in KLF11*

Twelve of the random controls were examined to detect genetic variations in the entire region of *KLF11* including all 4 exons. A total of 17 polymorphisms, four of which are novel, were found as shown in Table 1; the locations of these polymorphisms are shown in Fig. 1 in relation to the genomic structure of *KLF11*. The additional two variants, R29Q and S124F were found by screening a large number of type 2 diabetic patients. Two coding variants, R29Q and S124F, are novel. In the 1552 bp (from -1389 to +162 bp) region of the *KLF11* promoter, a total of seven polymorphisms including four novel ones were identified.



#### *Evaluation of the pattern of LD in KLF11*

Sixteen polymorphisms with frequencies of more than 10% were used to define haplotypes and to evaluate the pattern of LD. As shown in Fig. 2, the single, large LD block appears in this region. Haplotype combinations were estimated with 96 control subjects. Four major haplotypes comprising tag SNPs (SNP-2, -3, -5, -6, -and -13) were inferred in the entire *KLF11* region.

#### *Mutation screening of KLF11 and association study in T2DM patients*

All exons and the putative promoter region (-1389 to +162 bp) of *KLF11* were examined in 182 early-onset T2DM patients, 96 late-onset T2DM patients, and 96 control subjects. A total of 3 cSNPs (R29Q, S124F and V395V), two of which, R29Q and S124F, are novel, were found (Table 2). R29Q mutation was found in five T2DM (3 from late-onset and 2 from early-onset) patients and in one control (Fisher's  $P$ -value = 0.245). S124F mutation was found in one early-onset T2DM patient and was not found in controls. An association study using tag SNPs in T2DM patients was performed, but no association of *KLF11* variants with T2DM was found (Table 3A&B). No haplotypes were found to be susceptible to T2DM by  $\chi^2$  test. Using permutation testing (100 permutations), no significant differences in haplotype frequencies between control and T2DM were found (Table 4).

#### *Functional analysis of KLF11 mutant proteins*

The results of alignment by CLUSTALW show that R29 of *KLF11* is conserved among human, mouse, and rat, while S124 is not conserved (Fig. 3). The transcriptional activity of the R29Q and S124F mutants of *KLF11* were therefore compared with that of wild type *KLF11*. *KLF11*, catalase1, or Smad7 expression in MIN6-m9 cells was first confirmed, and all of these genes were endogenously expressed in both MIN6-m9 cells (data not shown). Wild-type *KLF11* reduced all of these promoter activities to approximately 0.5-fold. Significantly reduced activity of R29Q mutant repression was found in catalase1 promoter, and reduced S124F mutant repression activity was found both in insulin and catalase1 promoter. However, the differences in activity between wild-type and these mutants of *KLF11* were very small (Fig. 4).

#### *Identification of the minimal promoter region of human KLF11*

To identify the region essential for basal promoter activity of *KLF11*, the relative luciferase activity of the three sizes of 5' deletion reporter constructs was evaluated. As shown in Fig. 5, the shortest promoter construct comprising each of the four major haplotypes had basal activity both in MIN6-m9 cells and HepG2 cells, suggesting that the basal promoter is involved in the region between -250 and +162 bp. The second longest and longest promoter constructs had stronger activity in HepG2 cells, suggesting that the essential enhancer element for promoter activity of *KLF11* is incorporated in the region between -896 and -250 bp, while the second longest and longest promoter constructs had similar activity in MIN6-m9 cells. One of the promoter polymorphisms, SNP-4, is located at the sixth Sp1 binding site from the transcription start site, and is not incorporated in one of the major haplotypes, 1-3-1-1 (Table 4, Fig. 6). A significant difference in promoter activity between this haplotype and the other three major haplotypes was not detected in the promoter assay in MIN6-m9 cells. One of the major haplotypes, 2-2-2-2, showed the highest transcriptional activity with the longest and the second longest constructs (1.43  $\pm$  0.046 fold,  $P=0.0064$ ; 1.28  $\pm$  0.018 fold,  $P=0.0069$ ) (Fig. 5).



## Discussion

Genetic analysis of *KLF11* reveals two rare variants, A347S and T220M, which segregate in families with early-onset type 2 diabetes. In addition, analysis of 1,696 type 2 diabetic patients and 1,776 controls found one frequent polymorphic Q62R variant that significantly associates with late-onset type 2 diabetes in North European populations [17]. Florez *et al.* reported that *KLF11* Q62R polymorphism is not associated with late-onset type 2 diabetes in 8,676 subjects of northern-European ancestry, and both A347S and T220M rare variants also are not found [22]. Recently, Ma *et al.* reported that neither Q62R nor any other common variant in *KLF11* was associated with late-onset type 2 diabetes in the Pima population [23]. Normoglycemic R62 carriers showed a significantly decreased plasma insulin level at 60 and 120 min after oral glucose load, leanness, and increased insulin sensitivity [17]. These characteristics clearly differ from those of Caucasian patients with T2DM, which are often caused by impaired insulin action mainly due to obesity. Obesity and insulin resistance are closely associated with type 2 diabetes in Caucasians, while type 2 diabetes in Japanese is characterized primarily by pancreatic beta-cell dysfunction [24, 25]. Thus, *KLF11* is a candidate diabetogenic gene in Japanese. Tanahashi *et al.* reported identification of eight variants, but were unable to find any missense mutation or association of common *KLF11* variants in late-onset Type 2 diabetes in 1818 Japanese subjects [26].

In the present study, the minimal promoter region identified in this study, 5'UTR, coding region, 3'UTR, and flanking introns were screened for mutations in unrelated Japanese subjects with 182 early-onset and 96 late-onset T2DM patients. Our analysis revealed a novel missense mutation, R29Q (G>A), in exon2 in two early-onset type 2 diabetes patients and three late-onset T2DM patients in the heterozygous state and S124F in exon3 in one early-onset type 2 diabetes patient, but none of the A347S, T220M, Q62R, and promoter variant -1659G>C mutations previously identified in Northern Europeans in *KLF11*.

We examined about 13 kb covering the entire coding region of *KLF11* and identified a total of 19 genetic variations including 6 novel variants. We defined haplotypes based on the LD pattern estimated using the 16 most frequent SNPs, the frequencies of which were more than 10%, and performed an association study with T2DM. No association of *KLF11* variants with T2DM was found and no haplotypes were found to show susceptibility to T2DM. We examined one variant, rs4073397, located 21kb upstream from the coding region and outside of the LD block of the *KLF11* region, that shows a marginal association with T2DM in Japanese (26), but we could not replicate the association in this study with power similar to that of the former report ( $P = 0.268$  and  $0.576$  for allele and genotype analysis, respectively; OR 1.2; RAF 0.5;  $\alpha = 0.05$ ;  $1 - \beta = 63.9\%$ ).

We searched for consensus sequences of transcription factor binding sites in the promoter region by using TFSEARCH. As shown in Fig. 6, no TATA-box and ten Sp1 binding sites were found, but there were no differences in haplotype frequencies of the *KLF11* promoter region between T2DM patients and controls. It is of interest that one of the promoter polymorphisms, SNP-4, is located at the sixth Sp1 binding site from the transcription start site and that this binding site is not incorporated in one of the major haplotypes, but significantly reduced promoter activity of this haplotype was not detected by promoter assay in MIN6-m9 cells. One of the major haplotypes comprising all of the minor alleles showed the highest transcriptional activity with the longest and the second longest constructs. No association of the haplotype with occurrence of T2DM was found, but the findings are inconclusive due to the low statistical power of this study. In any case, the effect of the *KLF11* expression level itself on the onset of type 2 diabetes should be slight, if any at all.



RT-PCR demonstrated endogenous *KLF11* mRNA expression in whole rat pancreas, human pancreas, and mouse MIN6-m9 cells (data not shown). We therefore examined whether the *KLF11* mutant affects transcriptional regulation of the human insulin gene. We found, contrary to Neve's report (17), that wild-type *KLF11* inhibited insulin promoter activity as Niu *et al.* reported [18], but no difference in activity between wild and *KLF11* mutants was found. Inhibition by wild-type *KLF11* was similar in the three beta cell lines, INS-1E, beta-TC3 in the previous study, and MIN6-m9 in this study, indicating stable performance of *KLF11* inhibition of insulin promoter activity in rodent beta cells.

*KLF11* is involved in the TGF- $\beta$  pathway, which plays a critical role in the development and homeostasis of exocrine and endocrine pancreas via Smad signaling [29]. *KLF11* may affect pancreatic beta cell function by modulating the expression of free radical scavengers such as superoxide dismutase (SOD) 2 and catalase1, recently identified as *KLF11* target genes [10]. Oxidative stress is generally believed to be involved in the progression of pancreatic beta cell dysfunction found in T2DM [30, 31]. Since a decreased expression level of these antioxidant enzyme genes might contribute to the occurrence of type 2 diabetes, we examined the effects of the *KLF11* R29Q and S124F variants on the expression levels of these target genes.

We then examined whether or not *KLF11* mutants affect transcriptional regulation of the catalase1 and Smad7 genes. A significant but small difference in promoter activity between wild-type and R29Q mutant was found in catalase1 only. R29Q mutation is located 12 amino acids upstream of SID (mSin3A interaction domain)/R1 domain, which determines repression activity of *KLF11* [10, 32–35]. This mutant of *KLF11*, although showing somewhat different activities in the catalase1 promoter, showed similar transcriptional activity compared with wild-type *KLF11*. Although it is inconclusive whether or not R29Q mutation contributes to the development of type 2 diabetes because of the small sample number in this study (Fisher's *P*-value = 0.245), our results suggest that the mutation does not contribute to the development of type 2 diabetes through alteration of the expression level of these target genes. No unusual clinical characteristics were found in subjects with R29Q mutation.

S124F mutation is located between the SID/R1 and R2 domain, and is not conserved among rat, mouse, and human, i.e., proline for rat and mouse and serine for human. Similar data were obtained from S124F mutant of *KLF11*, which showed somewhat different activities in insulin and catalase1 promoters and similar transcriptional activity compared with wild-type *KLF11*, suggesting little biological effect. No useful clinical information was available for the patient with S124F mutant.

In this study, we focused on the effects of *KLF11* on beta cell function. In addition, the caveolin-1 gene, which is highly expressed in adipose tissue, is repressed by *KLF11* in a cholesterol-dependent manner [36]. The findings that caveolin-1 binding to the insulin receptor stimulates both kinase activity and recruitment of the insulin receptor to lipid rafts at the plasma membrane, and that insulin receptor mutations impairing caveolin binding result in T2DM [37] indicate that caveolin 1 is essential for insulin signaling and suggest that *KLF11* might affect insulin sensitivity as well.

In conclusion, we identified two novel missense variants of *KLF11* and the minimal promoter region of *KLF11*, but neither of the variants nor the haplotypes identified in this study was associated with the occurrence of type 2 diabetes in Japanese, although the findings are inconclusive due to the low statistical power of the study. Further investigation with a larger sample number is required to determine the magnitude of the contribution of the R29Q and S124F mutations to the development of diabetes and the role of *KLF11* in normal pancreatic  $\beta$ -cell function. Identification of the minimal promoter region of *KLF11* should be useful in further elucidation of its transcriptional regulation mechanism.



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**Table 1.** Polymorphisms identified in *KLF11* region in this study

SNP No.	Position genome	db SNP ID	Variation	Location	Frequencies of minor allele
1	-1348	rs4669520	G>A	5' flanking	0.134
2	-1025	rs35035311	ins G	5' flanking	0.132
3	-530	novel	(CCG)*	5' flanking	4: 0.744 2: 0.139 5: 0.117
4	-499	novel	del (CCCCGCCG)	5' flanking	0.114
5	-446	novel	del/ins (CCCCCTCCG)	5' flanking	0.276
6	-278	novel	del/ins (GGCCGGGCACG)	5' flanking	0.138
7	-86		del/ins (GCC)	5' UTR	0.128
8	1467	rs6717092	C>G	Intron 1	0.136
9	2477	novel	G>A (R29Q)	Exon2	n.d
10	3992	novel	C>A (S124F)	Exon3	n.d
11	4806	rs11687357	T>A (V395V)	Exon3	0.133
12	5856	rs6432052	C>T	Intron 3	0.129
13	5992	rs6432053	T>C	Intron 3	0.268
14	6272	rs6721191	G>A	Intron 3	0.128
15	6741	rs4614909	T>A	Intron 3	0.263
16	8199	rs2487	T>C	Intron 3	0.135
17	10349	rs4669522	C>T	3' UTR	0.145
18	10644	rs7632	C>T	3' UTR	0.274
19	11224	rs6432055	C>T	3' flanking	0.259

\*Triallelic variant with 2,4,5 CCG repeats. The nucleotide indicates the location of the SNP relative to the A of ATG of the initiator Met of *KLF11* (GenBank No. NT\_005334.15). The frequencies of minor alleles in this table are observed in 96 random control samples except SNP 9, and 10. n.d: not detected.



**Table 2.** Frequencies of coding SNPs in *KLF11* in controls and in patients with T2DM

SNP No.	Position genome	db SNP ID	Nucleotide change	Exon	minor allele number		
					Controls (n=563)	Late-onset T2DM (n=553)	Early-onset T2DM (n=182)
9	2477	novel	G>A (R29Q)	2	1	3	2
10	3922	novel	C>A (S124F)	3	0	0	1
11	4806	rs11687357	T>A (V395V)	3	26 (n=96)	21 (n=96)	56

The nucleotide indicates the location of the SNP relative to the A of ATG of initiator Met of *KLF11*



**Table 3A.** Association study using tag SNPs in *KLF11* in patients with late-onset T2DM and controls

SNP	Frequencies of genotype		Frequencies of alleles		allele		genotype		dominant		recessive			
	Control	T2DM	Control	T2DM	$\chi^2$	P	$\chi^2$	P	$\chi^2$	P	$\chi^2$	P		
2	W/W	0.747	0.773	W	0.868	0.882	0.159	0.689	0.237	0.888	0.208	0.647	0.006	0.936
	W/M	0.242	0.214	M	0.132	0.117								
	M/M	0.01	0.011											
5	W/W	0.564	0.492	W	0.724	0.725	0.0003	0.984	4.81	0.09	0.755	0.384	2.684	0.101
	W/M	0.320	0.464	M	0.276	0.274								
	M/M	0.115	0.042											
6	W/W	0.734	0.732	W	0.861	0.854	0.036	0.848	0.451	0.797	0.0005	0.982	0.436	0.508
	W/M	0.255	0.244	M	0.138	0.145								
	M/M	0.01	0.023											
13	W/W	0.486	0.505	W	0.707	0.698	0.224	0.636	0.517	0.772	0.042	0.839	0.517	0.472
	W/M	0.418	0.415	M	0.293	0.302								
	M/M	0.094	0.078											

Association study was performed for the SNPs (SNP2, 5, and 6) in the promoter region with 96 subjects each from 553 T2DM and 563 controls by direct sequencing, and for SNP (SNP13) in the 553 T2DM patients and 563 controls by TaqMan assay. M, Mutant; W, wild type.



**Table 3B.** Association study using tag SNPs in *KLF11* in patients with late-onset T2DM and controls

SNP3	Frequencies of genotype					P <sup>*1</sup>
	1 1	1 2	1 3	2 2	2 3	
Control	0.515	0.252	0.178	0.021	0.021	0.010
T2DM	0.559	0.178	0.166	0	0.071	0.023

SNP3	Frequencies of allele		P <sup>*2</sup>
	1	3	
Control	0.731	0.110	0.491
T2DM	0.732	0.125	0.142

SNP3	Frequencies of genotype		Frequencies of genotype	P <sup>*4</sup>
	2 2	non 2 2		
Control	0.021	0.978	0.181	0.989
T2DM	0	1	0.023	0.976

SNP3	Frequencies of genotype			Frequencies of genotype	P <sup>*6</sup>
	2 2 + 1 2 + 2 3	1 1 + 1 3 + 3 3	3 3 + 1 3 + 2 3		
Control	0.294	0.705	0.502	0.789	0.418
T2DM	0.250	0.750	0.261	0.738	

Association study was performed for SNP3.

Allele 1 indicates 4 CCG repeats. Allele 2 indicates 2 CCG repeats. Allele 3 indicates 5 CCG repeats.

\*1 Triallelic variant was analyzed in a 2x6 contingency table with genotype frequencies.

\*2 Triallelic variant was analyzed in a 2x3 contingency table with allele frequencies.

\*3 Analyses in the recessive model of 2 2 genotype vs. others.

\*4 Analyses in the recessive model of 3 3 genotype vs. others.

\*5 Analyses in the dominant model of 2 2 + 1 2 + 2 3 genotypes vs. 1 1 + 1 3 + 3 3 genotypes.

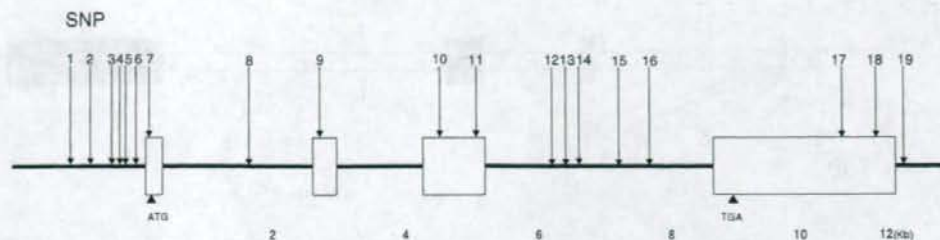
\*6 Analyses in the dominant model of 3 3 + 1 3 + 2 3 genotypes vs. 1 1 + 1 2 + 2 2 genotypes.



**Table 4.** Major haplotypes and its combinations in *KLF11* and risk of late-onset T2DM

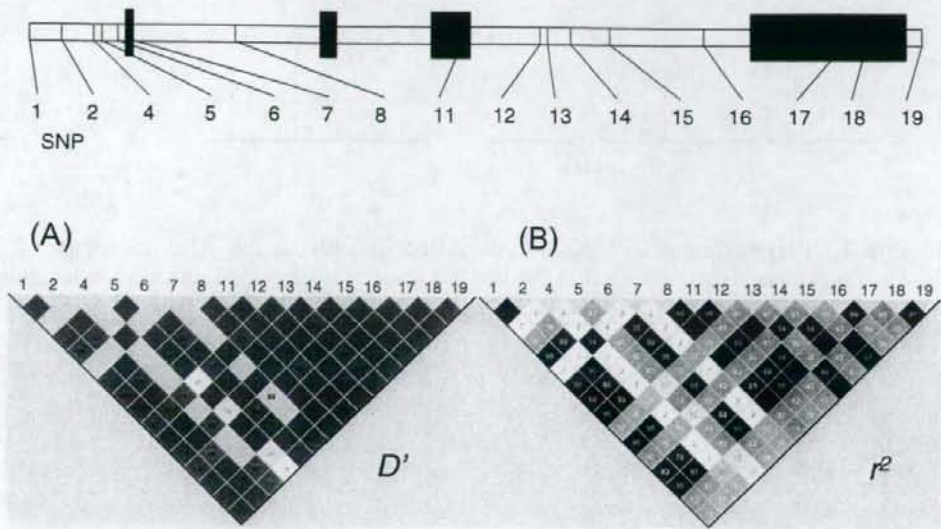
SNP 2 3 5 6 13	Haplotype frequencies		P-value
	Control	T2DM	
11111	0.59	0.57	0.463
11211	0.127	0.125	0.504
13112	0.113	0.129	0.985
22222	0.119	0.113	0.640
Haplotype combination	Risk (O.R.)	95% C.I.	
11111/11111	1.29	0.71-2.35	
11111/11211	1.43	0.55-3.75	
11111/13112	0.60	0.26-1.36	
11111/22222	0.75	0.32-1.77	
11211/11211	0.32	0.03-3.19	
11211/13112	2.02	0.18-22.75	
11211/22222	0.19	0.02-1.67	
13112/13112	1.00	0.06-16.3	
13112/22222	6.38	0.75-54.13	

The haplotype frequencies were estimated from the genotype of 96 controls and 96 T2DM subjects. The O.R and 95% C.I. of each haplotype combination relative to the other haplotype combinations as a group are shown. The numbers 1 and 2 indicate major allele and minor allele (SNP 2, SNP 5, SNP 6, SNP 13). SNP 3; allele 1 indicates 4 CCG repeats, allele 2 indicates 2 CCG repeats, and allele 3 indicates 5 CCG repeats.



**Fig. 1.** Polymorphisms of *KLF11* identified in this study. The locations of the polymorphisms described in the text are shown. Nucleotide indicates the location of the SNP relative to the A of ATG of the initiator Met of *KLF11*.





**Fig. 2.** Pairwise LD of KLF11 evaluated by  $D'$  and  $r^2$ . The panel shows a Haploview representation of LD ( $D'$  and  $r^2$ ) based on genotyping data with 16 polymorphisms from control subjects ( $n = 96$ ) (A) Pairwise combination with LD of  $D' = 1$  and  $\text{LOD} \geq 2$ ,  $D' = 1$  and  $\text{LOD} < 2$ ,  $D' < 1$  and  $\text{LOD} \geq 2$ ,  $D' < 1$  and  $\text{LOD} < 2$  is shown with red, blue, pink and white. (B) Pairwise combination with LD of  $r^2 = 1$ ,  $0 < r^2 < 1$ ,  $r^2 = 0$  is shown in black, gray and white.

(A) R29Q(Exon2, G>A)

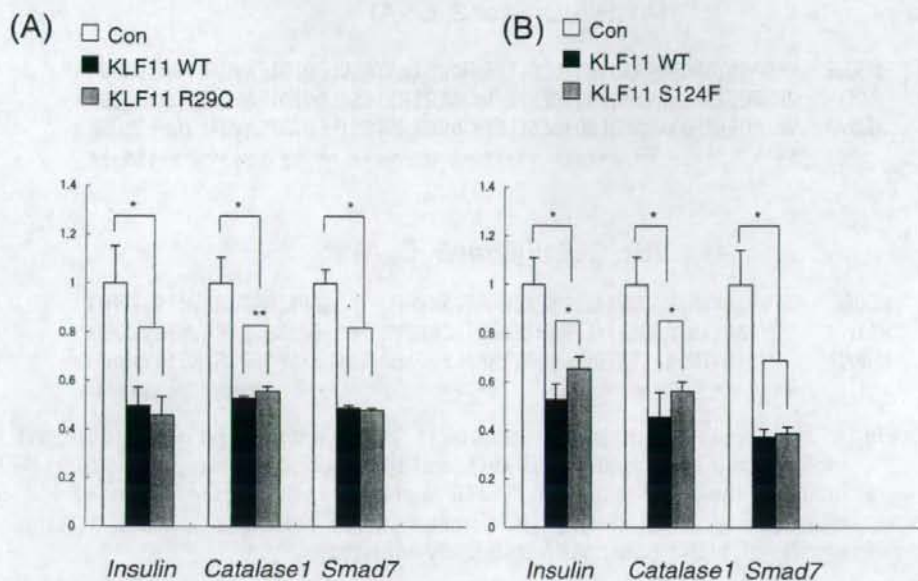
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MOUSE MHSPGSTGPGDGRAADIMDICESILERKRHDSESTGSVLEQTDIEAVEALVCMSSWGQR
RAT   MHSPGSTGPGDARAADIMDICESILERKRHDSESTGSILEQTDIEAVEALVCMSSWGQR
HUMAN MHTPDFAGPDDARAVIDIMDICESILERKRHDSESTGSILEQTDMEAVEALVCMSSWGQR
**.*. .**.*.**.*****:*****:*****
```

(B) S124F(Exon3, C>A)

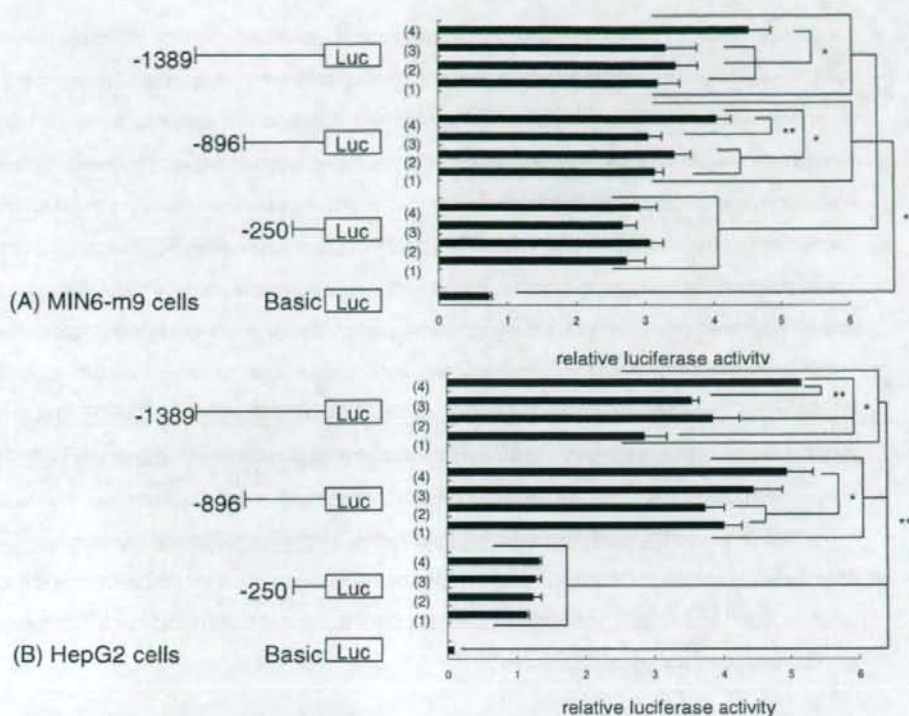
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MOUSE TPVPSQVVNSKGCMTALPPSPAGGPRTLKREPL-----EPASGSSCRAVMTSVIRHTG
RAT   TPVPSQVINSQGCMTALPPSPTGGPRTLKGEPP-----EPSSESSCRAVMTSVIRHTG
HUMAN TPVSPQVTDSKACTATDVLQSSAVVARALSGGAERGLLGLPEVPSSPCRAKGTSVIRHTG
***.**.*:*.**.*:*:*:*:**          **.*.** *****
```

**Fig. 3.** The results of alignment of KLF11 among human, rat and mouse. A) Red indicates the novel mutation, R29Q, and blue indicates the region of SID. B) Red indicates the novel mutation, S124F, and blue indicates the region of R2. SID: mSin3A interaction domain; R2: transcriptional repression domain \* completely conserved, highly conserved, moderately conserved.





**Fig. 4.** Transactivation activity of mutant KLF11. Transcription activity with empty vector, wild type, and mutant KLF11 (500ng) was analyzed by co-transfection assay using reporter vector of Insulin, Catalase-1 and Smad7 promoter-PGL3 (500ng) and a Renilla luciferase (17ng) as internal control. (A) The results of R29Q mutant (n=6) (B) The results of S124F mutant (n=6) Data are expressed as means  $\pm$  SD. \*  $P < 0.005$ , \*\*  $P < 0.05$



**Fig. 5.** Identification of *KLF11* promoter region using relative luciferase assays. The four haplotypes of the promoter region are indicated by (1) 1-1-1-1 (2) 1-1-2-1 (3) 1-3-1-1 (4) 2-2-2-2. The numerals 1 and 2 indicate major allele and minor allele (SNP 2, SNP 3, SNP 5, SNP 6). SNP 3, allele 1 indicates 4 CCG repeats, allele 2 indicates 2 CCG repeats, allele 3 indicates 5 CCG repeats. (A) The result in MIN6-m9 cells (n=3) (B) The result in HepG2 cells (n=3). Results are expressed as means  $\pm$  SD of a representative of experiments performed in triplicate. \* P < 0.05, \*\* P < 0.005



```
ttacacacagaacacctgcgcccctcagagcctccgggtctcatgagcaggttatcacgggtcttctgcttaaacacctctactattcagcaaacacctctcctc
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+1
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SNP 7
CTTTGTTGCTCCCGGCCGCTGCACGATG
*
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**Fig. 6.** Nucleotide sequence of the promoter region of KLF11 from transcription start site to -1389 bp of 5' flanking region. Consensus sequences for Sp1 are boxed. Red color indicates the sites of polymorphisms. Large characters indicate 5' UTR region of KLF11 and +1 denotes a transcription start site. Asterisk indicates the A of ATG of the initiator Met of KLF11.