SHORT COMMUNICATION

Genetic Analysis of Human Type 1 Protein Phosphatase Inhibitor 2 in Insulin-Resistant Pima Indians

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idative glucose disposal, glycogen synthase, has re- is a good predictor of the development of NIDDM (4). duced activity in insulin-resistant subjects at risk for
developing non-insulin-dependent diabetes mellitus
(NIDDM). The synthase-activating enzyme, type 1 pro-
tein phosphatase (PP1), also has an abnormally low
devel of a could contribute to insulin resistance in Pima Indians.
We determined that the authentic *PPP1R2* gene is lowed that the intervalse that the authentic *PPP1R2* gene is lowed that intervalse the predominant cated on chromo **The previously reported homologue of** *PPP1R2* **on** Indian population. **chromosome 5 is identified as an intronless pseu-** Several proteins that bind and regulate PP1C have **dogene. Comparative sequencing of** *PPP1R2* **exons and splice junctions revealed no mutations in insulin-resis-** a candidate enzyme responsible for insulin resistance, **tant Pima Indians. The information on the genomic** because upon binding to PP1C, it induces a conforma**structure of** *PPP1R2* **is important for exploring this** tional change and activation of the catalytic subunit gene as a potential candidate contributing to insulin
resistant Pima Indians suggests that conformational
resistance and NIDDM in other populations. \circ 1997 resistant Pima Indians suggests that conformational
ctates of

Inhibitor 2 (I-2) of type 1 protein phosphatase is a
thermostable cytosolic protein of 203 residues that
forms a heterodimer (PP1I) with the catalytic subunit
of protein phosphatase 1 (PP1C). The isolated cyto-
of protein be phosphorylated on Ser86, Ser120, and Ser121 *in* ticity. Subsequent information on its genetic structure *vivo*, as well as by casein kinase II *in vitro* (9). Ser86 enabled us to perform comparative sequencing of its p phosphorylation enhances the rate of Thr72 phosphorylation by GSK3 (7).
The prevalence of non-insulin-dependent diabetes Primers 5'-TGACTATAGTACGTTGCTTCTT-3' and

mellitus (NIDDM) in Pima Indians and other ethnic groups points to a strong genetic component in the de-bridize specifically to the 3' noncoding region of human
velopment of the disease (3). Longitudinal studies of *PPP1R2* gene (8), were used to screen the human forevelopment of the disease (3). Longitudinal studies of

the Pima Indian population suggest that resistance to **The rate-limiting enzyme in insulin-mediated nonox-** insulin-mediated glucose disposal (insulin resistance) **idative glucose disposal, glycogen synthase, has re-** is a good predictor of the development of NIDDM (4).

> states of PP1C could explain their abnormal phosphatase activity (13). An unusually larger proportion of

The prevalence of non-insulin-dependent diabetes Primers 5'-TGACTATAGTACGTTGCTTCTT-3' and
ellitus (NIDDM) in Pima Indians and other ethnic 5' - ATATCCTGTTGTTCAATTGGCT - 3', which hyskin fibroblast genomic library (Genome Systems, St. Sequence data from this article have been deposited with the Gen-
Bank Data Library under Accession Nos. U68106–U68111.
Contract the Matagine of the Matagine of the L.2 cDNA 1 To whom correspondence should be addressed at CNDS/NIH, quenced using primers designed from the I-2 cDNA To whom correspondence should be addressed at CNDS/NIH, quenced using primers designed from the I-2 cDNA 4212 Nor sequence (8, 17). Individual exons were PCR amplified 5341. Fax: (602) 200-5335. and sequenced using the solid phase Sequenase dye

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TABLE 1

Primers Used to Amplify *PPP1R2* **Exons and to Investigate Potential** *PPP1R2* **Locus on Human Chromosome 5 (Fig. 1)**

terminator DNA sequencing kit (Applied Biosystems) using *PPP1R2* genomic probe eliminated the probabilon an ABI Model 373A automated DNA sequencer (Per- ity of cross-hybridization to potential pseudogene locakin–Elmer). DNA sequences were analyzed with the tions. Sequencher 2.1 program (Gene Codes Corp., Ann Previously reported *in situ* hybridization using an I-Arbor, MI). The primer sets are tabulated in Table 1. 2 cDNA probe gave positive signals on chromosomes Both clones contained the complete human *PPP1R2* 3q29, 5q33, and 6p21.31 (17), and there have been suggene with coding sequences identical to that pre- gestions that the locus on chromosome 6 corresponds viously reported (8, 17). A total of six exons and the to a *PPP1R2* pseudogene (8, 17). To investigate the exon–intron boundaries were identified (Table 2). The genetic structure of the putative *PPP1R2* gene homosequences of the splice junctions show that the logue on human chromosome 5, PCR amplifications introns begin and end with the conserved GT-AG motif were carried out using primers (Table 1) that yielded

PPP1R2 gene in the P1 clones, purified DNA of one hybridized to the first and the last exons gave rise to clone, P1-PPP1R2, was sent to Bios Laboratories (New a DNA fragment of 496 bp (Fig. 1, fragment a) from Haven, CT) for fluorescence *in situ* hybridization. The both genomic DNA and human/rodent somatic cell hy-DNA was dUTP-labeled and hybridized to normal hu- brid DNA containing human chromosome 5 (NA 10114, man metaphase chromosomes. Specific labeling of the Coriell Institute, Camden, NJ), but not from the P1 distal long arm of a group A chromosome consistent PPP1R2 clone or the rodent DNA control (Fig. 1, bottom with chromosome 3 showed up in 78 of 80 metaphase left). This fragment size was expected if there were no chromosomes. The identification was confirmed by co- intronic sequences between the primer hybridization hybridization of a chromosome 3 centromere-specific sites. To investigate the presence of 5' and 3' UTRs probe (D3Z1) with the labeled P1-PPP1R2 clone (data of I-2 cDNA sequence on human chromosome 5, PCR not shown). Measurements of the hybridized chromo- amplifications of different fragments (Fig.1, fragments somes showed that P1-PPP1R2 probe hybridized to an $b-e$) were carried out. The longest contiguous region area corresponding to band 3q29. Higher stringency amplified in NA 10114 (Fig. 1, bottom right, fragment

(Table 2). specific bands (Fig. 1, fragments b–d) from skeletal To determine the chromosomal localization of the muscle I-2 cDNA (data not shown). A primer set that

TABLE 2

Note. The splicing boundaries (denoted by "/") separate the coding sequences (capital letters) from the intronic sequences (lowercase). Splice donor and acceptor sites are in boldface. The complete coding regions and their respective flanking intronic sequences can be accessed through GenBank under Accession Nos. U68106–U68111.

^a Sizes of the coding regions only.

b, lane 2) extended from the first exon to the beginning To search for polymorphic markers that could be ben-

the human genome localized to chromosome 6p21.31 1R2 clone. The amplification utilized either 5*- $(8, 17)$ and to chromosome 5q33 (17; this report). Cou- $C_4(CA)_{11}$ -3' or 5'-G₄(GT)₁₁-3' primers (14) in combinapled with the information that the *PPP1R2* gene con- tion with one of the *Alu*-specific primers (18). Direct tained in the P1-PPP1R2 clone localizing to chromo- sequencing of the P1-PPP1R2 clone using degenerate some 3q29 has intronic sequences and 5' and 3' UTRs CA repeat primers (16, 19) as well as OligoScan probes (see above), these data indicate that the P1-PPP1R2 (Bios Laboratories) was performed with a doubleclone used in further analysis contained the authentic stranded cycle sequencing kit (GIBCO BRL, Gaithershuman *PPP1R2* gene. burg, MD). The degree of variation of the longest re-

of the 3* UTR (998 bp), suggesting that human chromo- eficial for association studies of the *PPP1R2* gene to some 5 contains a *PPP1R2* intronless pseudogene lack- different parameters of insulin action, including insuing the 5' UTR and part of the 3' UTR. lin resistance, *Alu*-PCR amplification and direct se-Thus, there are at least two *PPP1R2* pseudogenes in quencing procedures were performed on the P1-PPP-

FIG. 1. Characterization of the *PPP1R2* locus on human chromosome 5. The top half represents a schematic diagram of the *PPP1R2* gene as characterized on chromosome 3q29 (upper line; not drawn to scale), in which closed blocks indicate coding regions, open ones untranslated regions (UTRs); and thin lines intronic sequences. Fragments a–e (lower lines) were selected for PCR amplification with the primers tabulated in Table 1. The primer sets have been successfully tested on I-2 cDNA from skeletal muscle total mRNA to give the expected fragments (data not shown). The PCR products were separated on 2.5% NuSieve GTG agarose gel. The bottom left shows that the size of fragment a amplified in genomic DNA (lane **1**) and in human/rodent somatic cell hybrid DNA containing human chromosome 5 (NA 10114; lane **2**) was 496 bp, as expected from contiguous coding exons. This fragment was not seen in parent rodent DNA control (NA 10908; lane **3**) or P1-PPP1R2 clone (lane **4**). Lane **5** contained the negative control in which the template DNA was substituted with water. The bottom right shows experiments to investigate the presence of *PPP1R2* 5' and 3' UTRs as well as intronic sequences on chromosome 5. PCR was carried out to amplify fragments b–e in a set of four samples using different templates: (**1**) parent rodent DNA (NA 10908), (**2**) human/rodent somatic cell hybrid DNA containing human chromosome 5 (NA 10114), (**3**) P1-PPP1R2 clone, and (**4**) water as the negative control.

	Insulin resistant	Insulin sensitive	P value
Males/females	8/6	6/7	NS
Age (years)	$+8$ 31	$26 + 4$	${<}0.05$
% Fat of body weight	$38 + 4$	$31 + 9$	${<}0.05$
Fasting glucose (mmol/L)	5.6 ± 0.6	4.7 ± 0.4	0.0001
2-h glucose (mmol/L)			
during OGTT	8.5 ± 1.7	$6.4 + 1.7$	${<}0.05$
Log_{10} fasting insulin			
(pmol/L)	$2.6 + 0.9$	$2.2 + 1.0$	< 0.0001
Low-dose M			
$(mg \cdot min^{-1} \cdot kg \text{ EMBS}^{-1})$	1.8 ± 0.3	4.5 ± 1.0	< 0.0001
High-dose M			
$(mg \cdot min^{-1} \cdot kg \text{ EMBS}^{-1})$	6.4 ± 1.3	10.8 ± 2.6	0.0001

Clinical Characteristics of Nondiabetic Pima Indians Selected for Comparative Analyses

Note. P values of the differences between groups are analyzed by Student's nonpaired t test. NS, nonsignificant. OGTT, oral glucose tolerance test; M, insulin-stimulated glucose uptake rates at insulin infusion rates of 40 (low dose) or 400 (high dose) mU \times m⁻² \times min⁻¹; EMBS, estimated metabolic body size determined from resting metabolic rate = fat free body mass + 17.7 (11). Values are means \pm SD.

peat, (AAAG)₅, was evaluated in 20 Pima Indians, and two alleles (157 and 161 bp) were identified with a heterozygosity of 5% (data not shown). This low level of polymorphism and the absence of other informative markers in the vicinity of the PPP1R2 gene underlined the importance of direct sequence analysis in searching for potential genetic alterations in the coding region.

Automated sequencing of the PPP1R2 exons was performed on genomic DNAs from 17 insulin-resistant and 13 insulin-sensitive Pima Indians, as well as on a control Caucasian. The Pima Indian nondiabetic subjects were grouped as either insulin sensitive or insulin resistant according to their insulin-mediated glucose uptake rates as determined by a two-step hyperinsulinemic euglycemic clamp as previously described (5). Characteristics of the two groups are summarized in Table 3. Genomic DNA was obtained as previously described (15). PCR amplification of *PPPIR2* exons utilized primers in Table 1. The products were sequenced and analyzed as above. Sequencing of the genomic DNA from all subjects did not detect any mutation in the coding or the splice junction regions of the *PPP1R2* gene that might implicate the role of the gene in insulin resistance (data not shown). Nevertheless, the gene transcription and translation control may still be abnormal in insulin-resistant subjects.

This study has determined that the authentic PPP-*IR2* gene consists of six exons and is localized on chromosome 3q29. The previously reported cross-hybridizing locus on chromosome 5 is a pseudogene. No mutations of the *PPP1R2* gene are detected in insulinresistant Pima Indians tested in this study. The information provided in this paper describing the molecular structure of PPP1R2, as well as the screening conditions for sequence variants, will make comparative studies for possible PPP1R2 mutations in other populations feasible.

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