

## SUPPLEMENTARY DATA

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## SUPPLEMENTARY DATA

### SUPPLEMENTARY METHODS

#### Imputation and quality control

All genome-wide association studies (GWAS) filtered out samples and single nucleotide polymorphisms (SNPs) with poor performance using different criteria. SNPs were discarded if they presented: (i) minor allele frequency (MAF) <0.01; (ii) distortion from Hardy-Weinberg equilibrium ( $P<10^{-4}$  to  $10^{-6}$ ); or (iii) call rate <95%. Samples were generally excluded by the following criteria: (i) call rate <95% or 97%; (ii) individual heterozygosity out of the sample-specific bounds; or (iii) ethnic outliers as identified by genome-wide principal components analysis and multi-dimensional scaling. After these quality control filters were applied, we used the HapMap II CEU phased reference panel to carry out imputation (expected genotypes of SNPs not present on the array) of approximately 2.5M autosomal SNPs with MACH (1) or IMPUTE (2). Imputation settings and post-imputation filters are specified as described in the Supplementary Table 1, including: (i) post-imputation SNP quality measures  $r^2\text{hat}<0.3$  (MACH) or  $\text{proper\_info}<0.4$  (IMPUTE); and (ii) exclusion of SNPs with ambiguous strand or mapping annotation. From a total of ~2.5M imputed SNPs, we included SNPs in the meta-analyses if they passed post-imputation quality control metrics and were available in at least 2,500 participants. Thus 2,499,255 SNPs were included in the meta-analysis.

#### Additional trait analyses

To characterize the manner by which elevations in proinsulin levels affect glycemia, we investigated associations between top hits identified in the proinsulin GWAS with other glucometabolic traits (fasting glucose [n ranging 44,601–46,186 depending on the SNP analyzed], two-hour glucose [n=15,088–15,252], fasting insulin [n=36,775–38,335], fasting C-peptide [n=1,537–2,956], two-hour insulin [n=6,923–7,083]), measures of beta-cell function (HOMA-B [n=35,046–36,606] and the insulinogenic index [n=10,902–14,956]), measures of insulin resistance/sensitivity (HOMA-IR [n=35,512–37,072] and the Matsuda index [n=7,055–9,561]), glycated hemoglobin (A1C) (n=33,736–44,731), and 32–33 split-proinsulin levels (n=4,103–6,343) in non-diabetic individuals using fixed effects meta-analysis methods and adjusting for age and sex. We also constructed a genotype score composed of the nine proinsulin-raising alleles and tested it for association with coronary artery disease in summary case-control data provided by the CARDIoGRAM (3) and C4D (4) consortia.

#### Gene expression studies

##### Human tissue panel

Genes at each locus were chosen on the basis of proximity to the index SNP and biological credibility: the probe chosen for each gene was designed to cover the widest range of known transcripts. Expression assays were performed using adult human total RNA obtained from a commercial tissue panel (Clontech: adrenal gland, bone marrow, whole brain, cerebellum, colon, heart, human reference, kidney, liver, lung, placenta, prostate, salivary gland, skeletal muscle, small intestine, spinal cord, spleen, stomach, testis, thymus, thyroid gland, trachea, uterus), fetal human total RNA obtained from spontaneous abortions available as part of a commercial tissue panel (Clontech: liver and brain), or extracted from existing collections at the University of Oxford with full ethical consent (pancreas n=3, omental adipose n=5, subcutaneous adipose n=5, islets n=3).

## SUPPLEMENTARY DATA

### Fluorescence-activated cell-sorted beta cells

Beta cells were obtained from three adult lean, normoglycemic organ donors in accordance with French regulations and with the local institutional ethical committee, as previously described (5). Briefly, pancreatic islets were isolated after ductal distension of the pancreata and digestion of the tissue with Liberase (Roche Diagnostics). Human beta cells were sorted by fluorescence-activated cell (FAC) sorting analysis of semi-purified preparations of islet cells using Newport Green, a specific zinc-fluorescent probe (5).

Total RNA was extracted from all tissues using Nucleospin RNA II kit (Macherey Nagel) according to the manufacturer's instructions. Samples were treated with DNase 1 (Ambion) to ensure residual genomic contamination was removed. For each tissue, 1 µg RNA was used to generate cDNA by random primed first strand synthesis according to manufacturer's protocols (Qiagen), including a DNase1 treatment to eliminate residual genomic DNA contamination. Reverse transcriptase-negative reactions were also performed to generate negative control samples. Each reaction used 4 µl of cDNA diluted at 1:50, 5 µl gene expression mastermix (Applied Biosystems), 0.5 µl VIC-labelled endogenous control assay and 0.5 µl FAM-labelled test assay (Applied Biosystems). TaqMan assay IDs available upon request. Reactions were performed in triplicate. A standard curve was generated by serially diluting pooled cDNA from all samples. Real-time PCR was performed on an AB7900 thermal cycler (Applied Biosystems) and fluorescence quantified using SDSv2.3 software (Applied Biosystems). Expression levels were determined with respect to the geometric mean of three endogenous control assays (*HPRT*, *B2M*, *PPIA*) and, for gene-specific plots only, normalized to expression level of that gene in the cDNA pool.

### Islets from donors with and without type 2 diabetes

Islets from cadaveric donors were provided by the Nordic network for clinical islets transplantation by the courtesy of Prof. Olle Korsgren, Uppsala University. Islets were obtained from 41 non-diabetic donors (14 women and 17 men), with a mean ( $\pm$ SD) age of  $57 \pm 12$  years, A1C  $5.0 \pm 0.5\%$ , body mass index (BMI)  $26 \pm 3$  kg/m $^2$ , purity  $75 \pm 12\%$ , and 6 diabetic donors (2 women, 4 men), age  $57 \pm 14$  years, A1C  $6.9 \pm 1.4\%$ , BMI  $28 \pm 4$  kg/m $^2$ , purity  $64 \pm 13\%$ . The islets were cultured in CMRL 1066 (ICN Biomedicals, Costa Mesa, CA, USA), supplemented with 10 mmol/L HEPES, 2 mmol/L L-glutamine, 50 µg/ml gentamicin, 0.25 µg/ml Fungizone (GIBCO, BRL, Gaithersburg, MD, USA), 20 µg/ml ciprofloxacin (Bayer Healthcare, Leverkusen, Germany), and 10 mmol/L nicotinamide at 37 °C (5% CO<sub>2</sub>) for 2-6 days prior to RNA preparation. All islet donors had given consent to donate organs for medical research. All procedures were approved by the ethical committees at Uppsala and Lund Universities.

### eQTL analyses

For analyses in lymphoblastoid cell lines (LCL), skin and adipose tissue, mRNA transcript levels were measured using Illumina's whole-genome expression array HumanHT-12 version 3. Samples (156 LCL, 160 skin, 166 adipose) were derived simultaneously from a subset of well-phenotyped healthy female twins of the MuTHER resource (6). Genotyping of DNA from the same individuals was performed in parallel using Illumina's 1M-Duo and 1.2M-Duo custom chips. Log2 transformed expression signals were normalized separately per tissue as follows: quantile normalization was performed across three replicates of each individual followed by quantile normalization across all individuals, and the eQTL analysis was performed separately for each tissue. Within each tissue, twins from the same pair were separated by ID in two samples analyzed independently of each other. For each gene we tested for association between SNP genotype and normalized expression values using Spearman rank correlation, testing all SNPs mapping within a 2 MB window centered on the gene's

## SUPPLEMENTARY DATA

transcription site. Statistical significance was evaluated through permutations of expression phenotypes relative to genotypes (7), defining significance thresholds of 0.001 and 0.01.

For analyses in liver, sample selection for gene expression biobanks has been described previously (8). In brief, liver biopsies were collected from patients undergoing cardiac valve surgery. After hybridization of extracted RNA to Affymetrix ST 1.0 Exon arrays, data was RMA normalized and log<sub>2</sub> transformed. DNA was extracted from whole blood and genotyping was carried out using the Illumina 610w-Quad beadarray platform. An additive genetic model was used to test for association between SNPs and gene expression.

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## SUPPLEMENTARY DATA

Supplementary Table 2: SNPs with suggestive evidence of association that did not reach genome-wide significance on follow-up

SNP	Nearest gene	CHR	Position	Alleles (effect/ other)	Freq	Discovery P value (n=10530- 10701)	Beta (SE)	Replication P value (n=8902- 15757)	Combined P value (n=19432- 26451)	Heterogeneity $I^2$ in % (Q-test P-value)
rs12805658*	<i>FCHSD2</i>	11	72232948	A/C	0.25	$1.0 \times 10^{-6}$ (0.0109)	0.0038 (0.0109)	0.743	$1.0 \times 10^{-4}$	52.8 (0.031)
rs11897268	<i>CYS1</i>	2	10157626	A/G	0.18	$1.3 \times 10^{-6}$ (0.0062)	-0.0029 (0.0062)	0.639	0.002	42.2 (0.043)
rs3765542	<i>RAPGEF1</i>	9	133448199	T/C	0.44	$1.3 \times 10^{-6}$ (0.0046)	-0.0072 (0.0046)	0.116	$6.9 \times 10^{-5}$	37.1 (0.086)
rs306549	<i>DDX31</i>	9	134459997	C/G	0.24	$1.4 \times 10^{-6}$ (0.005)	0.0085 (0.005)	0.088	$7.9 \times 10^{-5}$	63.5 ( $4.5 \times 10^{-4}$ )
rs179456	<i>TRPS1</i>	8	116764286	A/G	0.22	$1.5 \times 10^{-6}$ (0.0053)	0.0084 (0.0053)	0.116	$9.3 \times 10^{-5}$	43.4 (0.048)
rs1874361	<i>SLC26A9</i>	1	204174809	A/C	0.49	$2.8 \times 10^{-6}$ (0.0046)	-0.0022 (0.0046)	0.632	0.003	56.9 ( $5.9 \times 10^{-3}$ )
rs16893121	<i>C5orf17</i>	5	24137801	T/C	0.05	$3.0 \times 10^{-6}$ (0.0092)	-0.0072 (0.0092)	0.439	0.091	56.0 ( $5.5 \times 10^{-3}$ )
rs283062	<i>SLC35F1</i>	6	118728149	A/G	0.58	$5.2 \times 10^{-6}$ (0.0046)	0.0028 (0.0046)	0.384	0.002	55.9 ( $7.2 \times 10^{-3}$ )
rs1877915	<i>ENSG00000201744</i>	4	97156018	T/G	0.09	$5.5 \times 10^{-6}$ (0.0046)	-0.0012 (0.0046)	0.796	0.226	65.0 ( $6.0 \times 10^{-4}$ )
rs7818040	<i>Q6ZRX2_HUMAN</i>	8	31998998	A/G	0.03	$7.0 \times 10^{-6}$ (0.0308)	0.0164 (0.0308)	0.404	0.004	50.9 (0.026)
rs11887728	<i>FN1</i>	2	216117604	A/G	0.22	$9.8 \times 10^{-6}$ (0.0054)	0.0015 (0.0054)	0.785	0.059	50.2 (0.020)
rs871906**	gene desert	1	216185134	A/C	0.68	$1.3 \times 10^{-5}$	-0.0035 (0.0047)	0.451	0.093	48.2 (0.026)
rs7605582**	<i>ASAP2</i>	2	9333541	A/G	0.65	$2.5 \times 10^{-5}$ (0.0047)	0.0046 (0.0047)	0.328	0.002	55.2 ( $8.2 \times 10^{-3}$ )

## SUPPLEMENTARY DATA

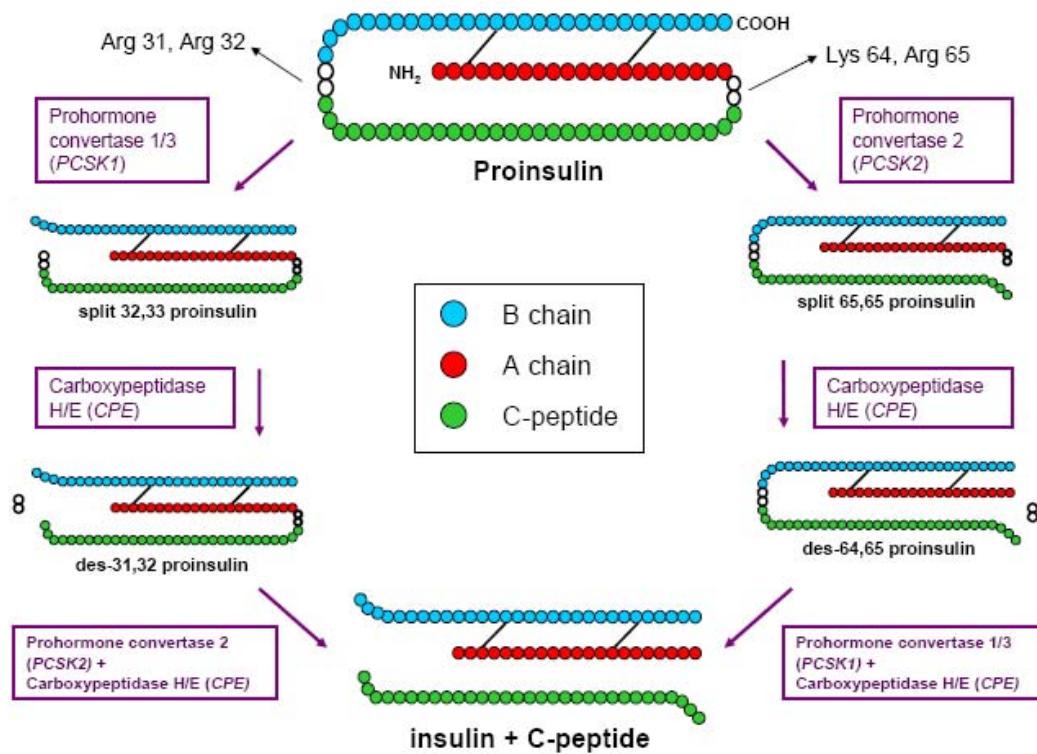
Beta coefficients for the effect allele are shown after adjustments for sex, age, geographic covariates (if applicable) and age squared (Framingham only).

\* This SNP near *ARAP1* was selected for further testing based on a suggestive *P* value ( $1.0 \times 10^{-6}$ ) when analyses for chromosome 11 were conditioned for the top two signals (*ARAP1* rs11603334 and *MADD* rs10501320). The conditional analysis results are shown.

\*\* The last two SNPs (those with  $P > 10^{-5}$  at discovery) were selected for follow-up based on the presumed biological role of nearby genes.

## SUPPLEMENTARY DATA

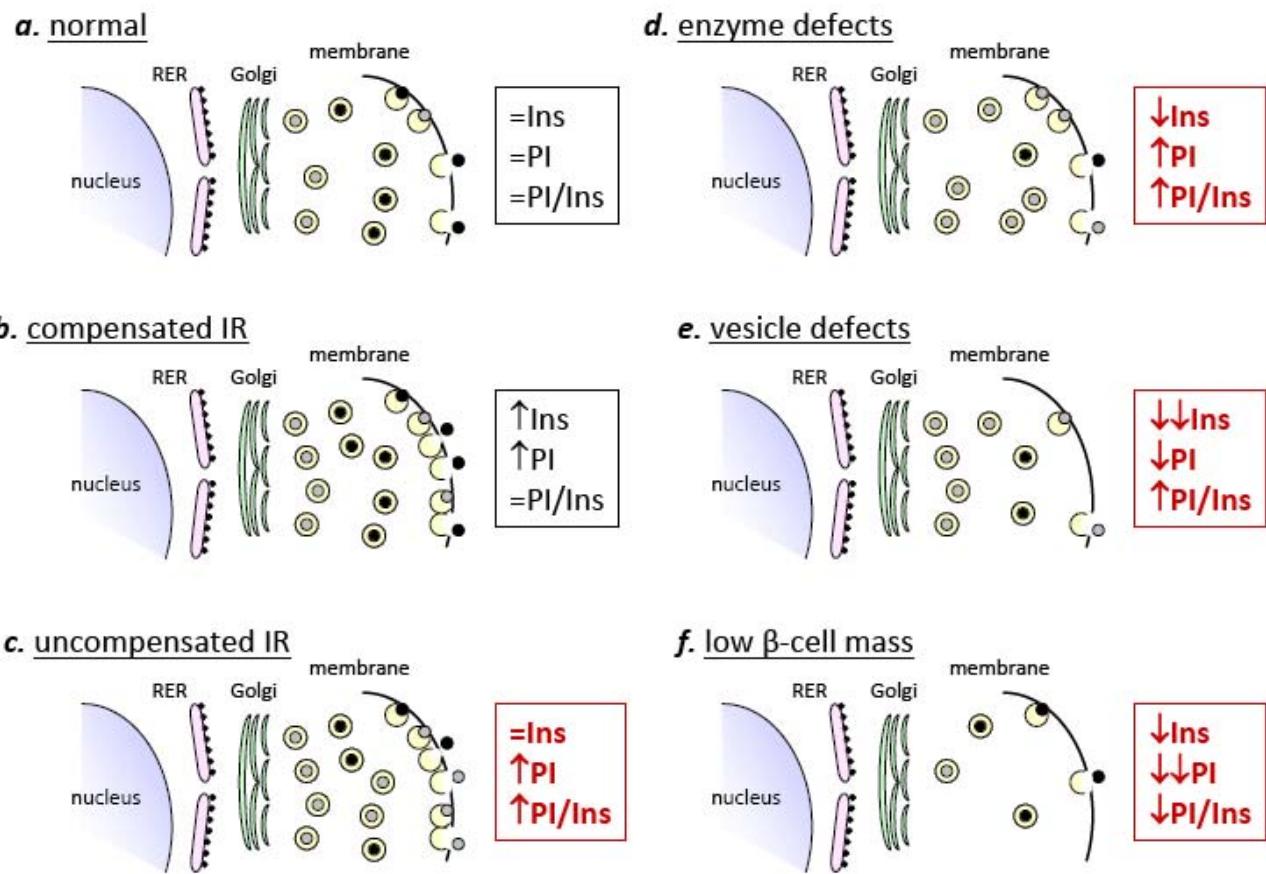
**Supplementary Figure 1: The proinsulin processing pathway.** Insulin biosynthesis via proinsulin processing occurs in secretory granules of the pancreatic beta cell. Proinsulin is composed of two chains, A and B, joined by a connecting peptide (C-peptide). Protein (*encoding gene*) shown. Prohormone convertase 1/3 (*PCSK1*) cleaves the carboxyl sites Arginine 31, Arginine 32 at the B/C chain junction and prohormone convertase 2 (*PCSK2*) cleaves the carboxyl sites Lysine 64, Arginine 65 at the A/C chain junction to produce split proinsulins. The prohormone convertase 1/3 pathway is predominant in the physiological state. Split fragments are further modified by carboxypeptidases to remove exposed basic residues, producing des-proinsulins. Finally, proinsulin is cleaved at the remaining carboxyl site to separate mature insulin and C-peptide molecules, which are secreted in equimolar amounts (modified from Assmann, A., Hinault, C. & Kulkarni, R.N. Growth factor control of pancreatic islet regeneration and function. *Pediatr Diabetes* 10, 14-32 (2009)).



## SUPPLEMENTARY DATA

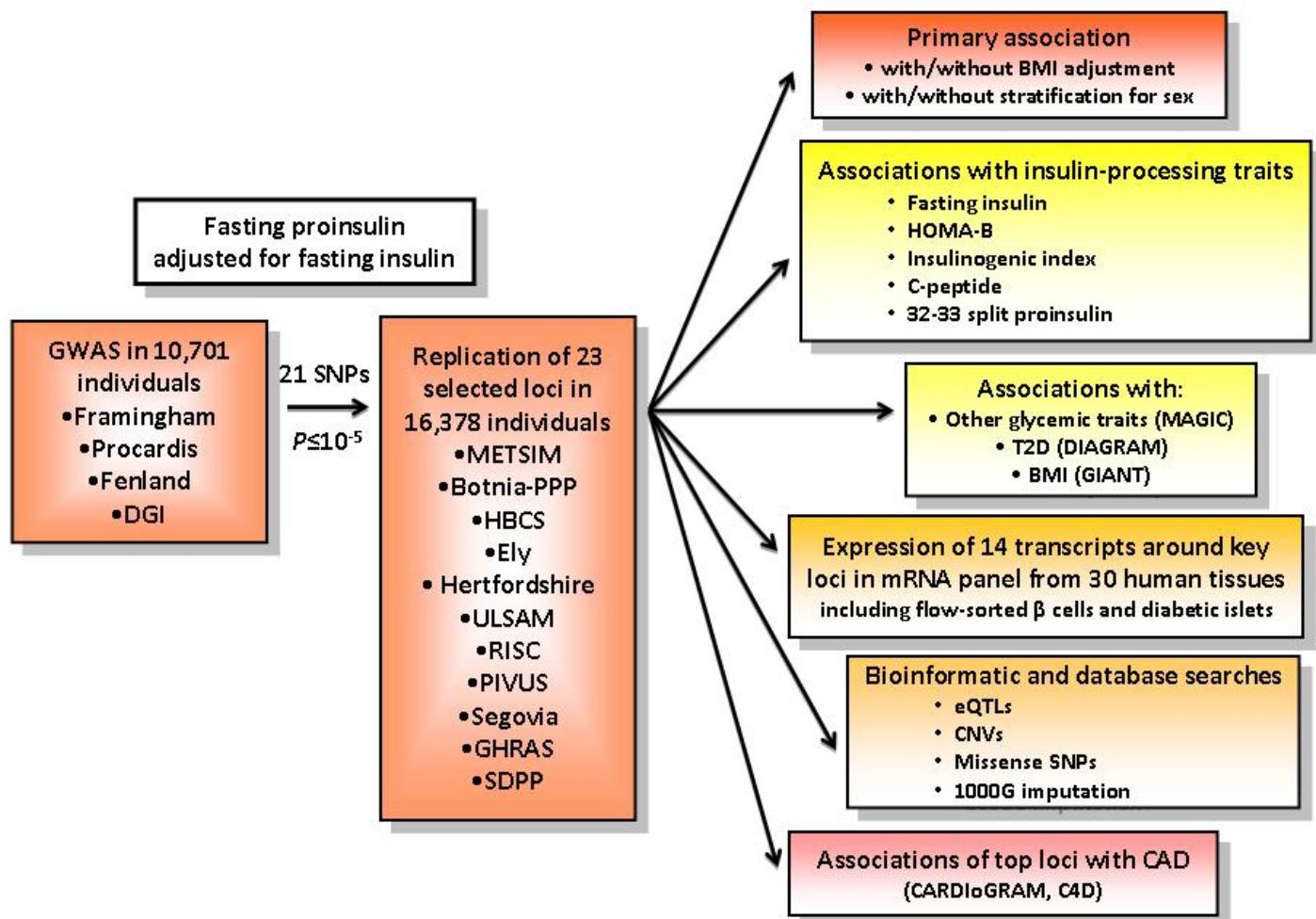
**Supplementary Figure 2: Conditions in which circulating proinsulin levels may be altered out of proportion to changes in fasting insulin.** *a.* The *INS* gene is transcribed in the nucleus and its mRNA is translated into preproinsulin by ribosomes in the rough endoplasmic reticulum (RER). The pre-peptide signal directs the peptide to the Golgi apparatus, and further proteolytic processing occurs as outlined in Supplementary Figure 1. Granules containing proinsulin (shown in gray) gradually progress into those containing mature insulin (shown in black), which is secreted in a glucose-dependent manner. Some proinsulin (PI) is also secreted, and a proinsulin/insulin ratio (PI/Ins) can thereby be derived. *b.* Under the increased demand of insulin resistance, more insulin is synthesized and secreted; if the beta cell is compensated, the PI/Ins ratio should not be altered substantially. If, however, the beta cell cannot keep up with insulin demand (*c.*), a greater number of immature vesicles reach exocytosis, resulting in an increase in the PI/Ins ratio. Similarly, enzyme defects in the proinsulin processing pathway (*d.*) or structural problems with vesicular trafficking (*e.*) could also result in a raised PI/Ins ratio. *f.* Conversely, a decrease in *effective* beta-cell mass (whether caused by deranged pancreatic beta-cell development, or early defects in the vesicular or proinsulin processing pathways that occur proximally to the proinsulin cleavage step) could result in beta cells that are capable of processing a reduced amount of insulin effectively but in insufficient amounts, leading to an insulin-deficient state which nonetheless is characterized by a decrease in the PI/Ins ratio. The latter four situations (highlighted in red) are relevant for diabetes pathophysiology. Not shown in this beta-cell centered diagram are situations in which the clearance of proinsulin or insulin are differentially affected.

## SUPPLEMENTARY DATA



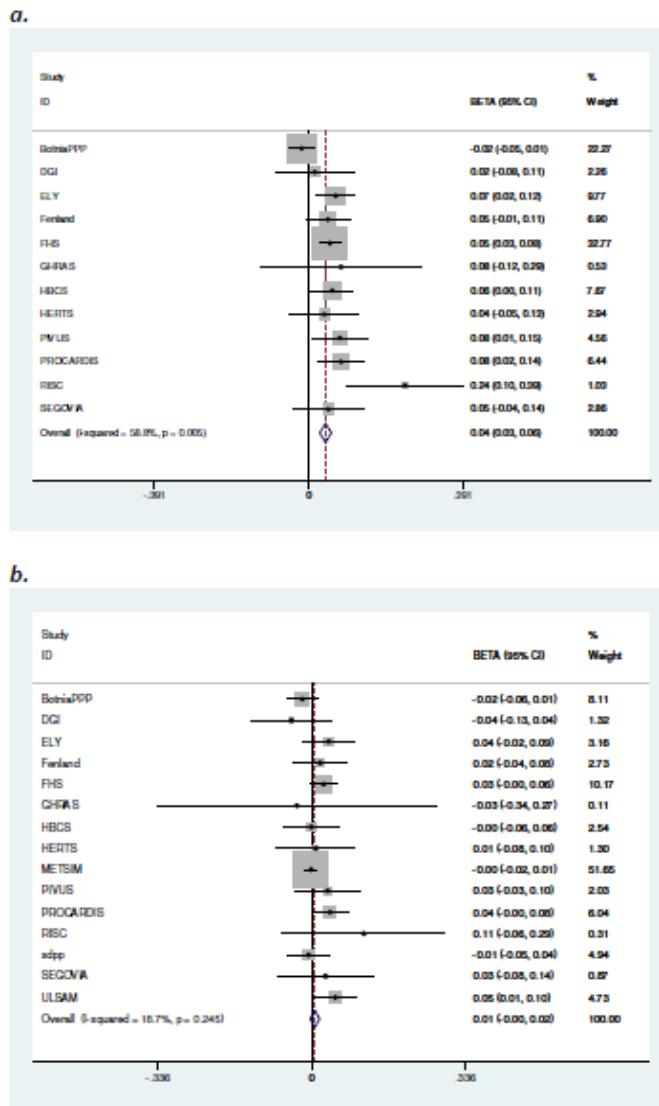
## SUPPLEMENTARY DATA

**Supplementary Figure 3: Flow chart detailing the study design.**



## SUPPLEMENTARY DATA

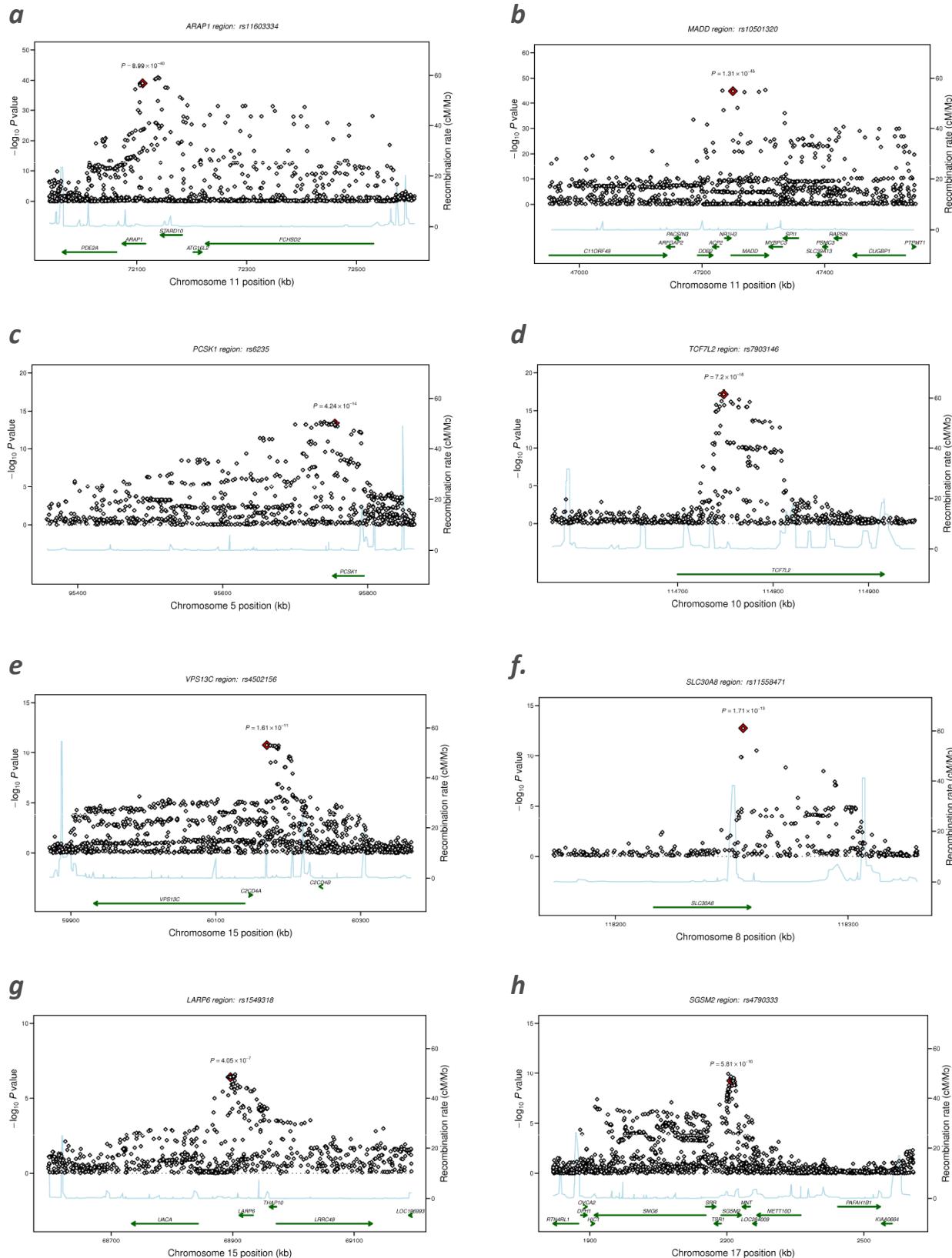
**Supplementary Figure 4: Meta-analyses demonstrating the sex-specific association at *DDX31*. The association of SNP rs306549 with proinsulin was seen in women ( $P=2.1 \times 10^{-8}$ , panel a.) but not men ( $P=0.17$ , panel b.). The  $P$ -value for sex interaction was  $8.9 \times 10^{-5}$ .**



## SUPPLEMENTARY DATA

**Supplementary Figure 5: Regional plots of top proinsulin-associated loci after imputation using the 1000 Genomes CEU reference panel (August 2009), in the four discovery cohorts with GWAS data. None of the rare variants exert a much larger effect than that observed for the index variant at each locus (red diamond). Annotation is comparable to that provided for Figure 2 (see Fig. 2 legend for details). a. ARAP1 region, b. MADD region, c. PCSK1 region, d. TCF7L2 region, e. VPS13C/C2CD4A/B region, f. SLC30A8 region, g. LARP6 region, h. SGSM2 region.**

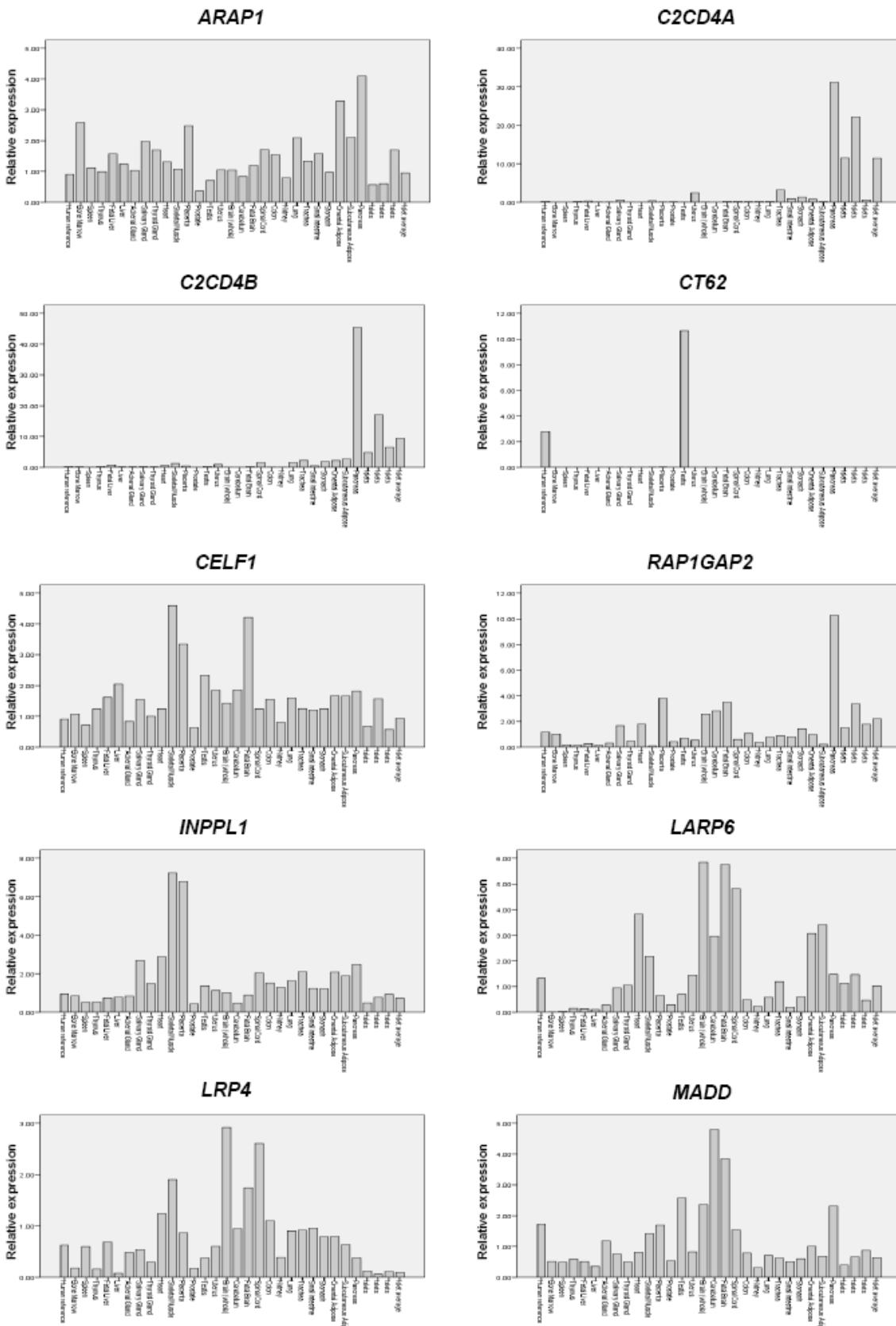
## SUPPLEMENTARY DATA



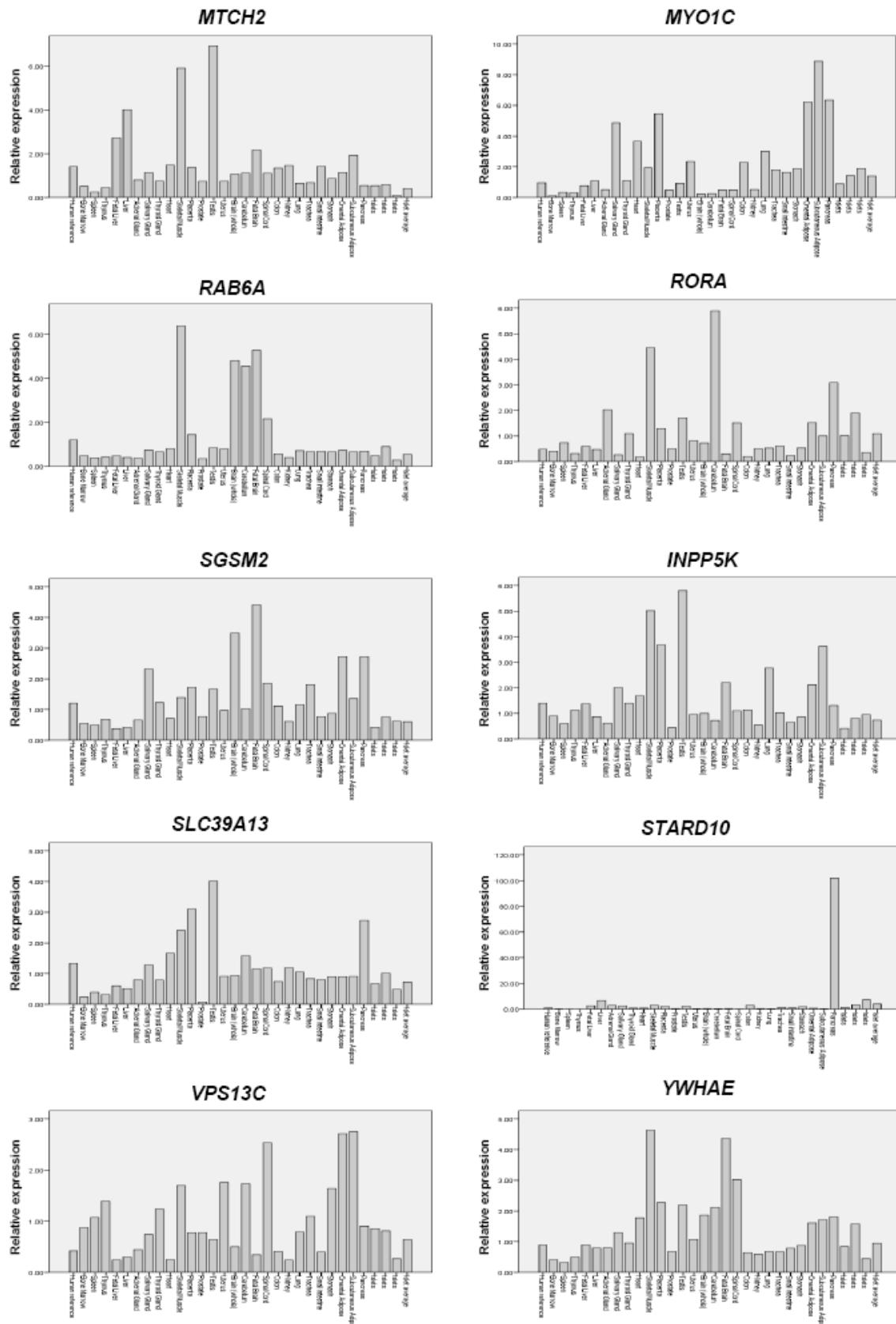
## SUPPLEMENTARY DATA

**Supplementary Figure 6: Expression profiles of biologically plausible genes within significant association signals across a range of human tissue types, including islet preparations from three donors. Expression levels determined with respect to the geometric mean of three endogenous control assays, and displayed relative to expression level in a sample cDNA pool.**

## SUPPLEMENTARY DATA



SUPPLEMENTARY DATA



## SUPPLEMENTARY DATA

### BOX: CANDIDATE GENES NEAREST TO LOCI ASSOCIATED WITH PROINSULIN LEVELS

**ARAP1** encodes a protein that contains SAM, ARF-GAP, RHO-GAP, ankyrin repeat, RAS-associating, and pleckstrin homology (PH) domains. *In vitro*, this protein displays RHO-GAP and phosphatidylinositol (3,4,5) trisphosphate (PIP3)-dependent ARF-GAP activity. The encoded protein associates with the Golgi apparatus, and the ARF-GAP activity mediates changes in the Golgi and the formation of filopodia. It is thought to regulate the cell-specific trafficking of receptor proteins involved in apoptosis. Multiple transcript variants encoding different isoforms have been found; there is moderate expression in pancreatic exocrine glands, and we have demonstrated expression in FAC-sorted beta cells, where it may influence the maturation of the secretory granule. Also at this locus, **STARD10** encodes a lipid transfer protein for phosphatidylethanolamine and phosphatidylcholine. Ser284 phosphorylation regulates level of lipid transfer activity by preventing membrane association (1). We show strong expression in pancreas, where it could play a role in vesicle fusion or lipid sensitivity. **PDE2A** encodes a cyclic nucleotide phosphodiesterase that regulates the cellular concentrations of the cyclic nucleotides cAMP and cGMP, both of which function as essential second messengers and modulate a large number of cellular pathways, including insulin secretion (2); it is weakly expressed in islets. **RAB6A** is abundantly expressed in exocytic vesicles targeted to the plasma membrane (3); we have shown it is expressed in FAC-sorted beta cells, where it may influence insulin secretion. **INPPL1** encodes an SH2-containing 5'-inositol phosphatase involved in insulin signalling; we have demonstrated expression in FAC-sorted beta cells. Finally, **ATG16L2** is an autophagy-related gene localized to the cytoplasm and involved in protein transport (4), and **FCHSD2** contains FCH, FBH, two SH3 and C-terminal Proline-rich domains, and is distantly related to formin-binding proteins (5).

**MADD** encodes mitogen-activated protein kinase (MAPK) activating death domain, an adaptor protein that interacts with the tumor necrosis factor  $\alpha$  receptor to activate MAPK and propagate apoptotic signals. MADD was first identified as insulinoma-glucagonoma clone 20 (IG20) through cDNA analysis of insulinoma cells (6). Both PKC and MAPK have been implicated in the proliferation of beta cells induced by GLP-1 (7), suggesting that **MADD** may contribute to beta-cell mass and insulin secretion in this manner as well. Also in this region, **SLC39A13** encodes a putative zinc transporter required for connective tissue development and BMP/TGF- $\beta$  signaling (8); it is expressed in FAC-sorted beta cells (9), where the zinc transport and T2D-associated gene **SLC30A8** is also thought to exert its effects. Finally, **MTCH2** is ~312 kb upstream of **MADD** and encodes a putative mitochondrial carrier protein potentially involved in cellular apoptosis. This locus has been associated with BMI (10), although the BMI-associated SNP (rs10838738) is in low LD with the proinsulin-associated SNP ( $r^2=0.21$  in HapMap CEU).

**PCSK1** encodes proprotein convertase subtilisin/kexin type 1 (more commonly known as prohormone convertase 1/3; PC1/3), an enzyme expressed in neuroendocrine cells that mediates the processing of

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prohormones into their mature forms. PCSK1 processes hormones influencing glucose/insulin homeostasis such as insulin, glucagon and glucagon-like-peptide 1 (GLP-1), as well as hormones involved in appetite control (11-13). Previous studies have shown associations between SNPs in *PCSK1* and obesity (14; 15), resting energy expenditure (16) and fat oxidation rate (17). Both *PCSK1* SNPs rs6234 and rs6235 encode missense mutations, although neither polymorphism results in a change in enzyme activity, protein maturation or protein secretion. Both SNPs are located in the C-terminus, important for correct targeting and specificity of the enzyme (18).

**TCF7L2** encodes the transcription factor 7-like 2, whose intronic SNP rs7903146 harbors the strongest association signal for T2D reported to date (19). It contributes to T2D susceptibility by reducing insulin secretion, perhaps by impairing the beta cell response to incretins (20). The same SNP has been shown to alter an enhancer element which affects transcriptional activity (21).

At the **VPS13C/C2CD4A/B locus**, the SNP most significantly associated with proinsulin levels lies in an intergenic region between two genes. **VPS13C** encodes vacuolar protein sorting-associated protein, a member of a family of proteins involved in trafficking of membrane proteins between the trans-Golgi network and the pre-vacuolar compartment (22). Expression profiles of *VPS13C* show the presence of transcripts in brain, adipose tissue, liver, pancreas, and most strongly, in sorted beta cells (23). **C2CD4A** (also known as *NLF1* or *FAM148A*) belongs to a gene family encoding nuclear factors which are up-regulated in response to inflammatory signals and may regulate other genes which control cellular architecture (24). Expression of *C2CD4A* and **C2CD4B** is much higher in pancreas than in other human tissues, and we have demonstrated the presence of both transcripts in FAC-sorted beta cells. A correlated SNP in *C2CD4A/B* has been recently associated with T2D in Japanese (25). Finally, **RORA** encodes a retinoic acid receptor-related orphan receptor which is a member of the NR1 subfamily of nuclear hormone receptors. Its target genes include the core mammalian circadian clock component NPAS2 (BMAL1/clock) (26); it also regulates the expression and secretion of fibroblast growth factor 21, a hepatic hormone that regulates peripheral glucose tolerance and hepatic lipid metabolism (27).

**SLC30A8** encodes ZnT-8, a zinc transporter localized in insulin vesicle membranes that transports zinc from the cytoplasm into insulin secretory granules (28). Insulin is stored as a hexamer bound to two zinc ions, and ZnT-8 provides zinc to allow for insulin storage and secretion (29). It is expressed almost exclusively in pancreatic islets with low levels in the cortex and thyroid (30). Overexpression of *SLC30A8* in insulinoma cells increases glucose-stimulated insulin secretion (31). The *SLC30A8* non-synonymous SNP rs13266634 (in near-perfect LD with the SNP reported here,  $r^2 = 0.957$  in HapMap CEU) results in a non-synonymous R325W substitution. It was identified as a T2D association signal by the first GWAS in this disease (32) and has been replicated by subsequent studies (33-35); it has been shown to impair insulin secretion (36; 37).

**LARP6** encodes La ribonucleoprotein domain family, member 6, a protein first described to be involved in programmed cell death of intersegmental muscles of the moth *Manduca sexta* (38). More recently LARP6 has been shown to bind to the conserved 5' stem-loop of collagen mRNAs thereby regulating translation of mRNAs encoding type I collagen (39). Also in this region, **UACA** encodes autoantigen with

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coiled-coil domains and ankyrin repeats, a protein which appears to be involved in stress-induced apoptosis (40). Mice rendered null for this protein develop hepatitis, hepatocellular carcinoma and hypercholesterolemia (41). **THAP10** (THAP domain containing 10) and **LRRC49** (leucine rich repeat containing 49) are two genes that encode proteins of little known function that are downregulated and hypermethylated in breast cancer (42). Here we have shown that **CT62** is only expressed in human testis, and is therefore an unlikely biological candidate. Finally, **THSD4** encodes thrombospondin, type I, domain containing 4, a protein with homology with members of the thrombospondin family of extracellular calcium-binding proteins that modulate cellular attachment, proliferation and migration. Proteins in this family have been implicated in wound healing, inflammation and angiogenesis. SNPs at this locus (~536 kb away from our index SNP) have been associated with lung function (43).

**SGSM2** encodes the small G protein signaling modulator 2, which interacts with RAB4 and RAB11 in sorting and recycling of vacuoles between early endosome and the plasma membrane (44). GLUT4 and the glucagon receptor illustrate proteins that are recycled through RAB4 and RAB11 positive vesicles (45-48). Also in this region, **YWHAE** encodes the tyrosine 3-monooxygenase/tryptophan 5-monooxygenase activation protein, epsilon polypeptide. This protein belongs to the 14-3-3 family of proteins, which mediate signal transduction by binding to phosphoserine-containing proteins. It interacts with CDC25 phosphatases, RAF1 and IRS1, suggesting a role in diverse biochemical activities related to signal transduction, such as cell division and regulation of insulin sensitivity (49; 50). **INPP5K** (skeletal muscle- and kidney-enriched inositol phosphatase) hydrolyzes the D5 position of inositol phosphates and corresponding phospholipids. It thus negatively regulates insulin signaling by inhibiting phosphorylation of downstream targets such as Akt and p70 S6 kinase. Knockdown of endogenous **SKIP** expression increases insulin-induced GLUT4 translocation, membrane ruffle formation and glycogen synthesis in rat myocytes (51). **MYO1C** (myosin 1 C) belongs to the unconventional myosins. Myosins are molecular motors that utilize energy from ATP hydrolysis to generate mechanical force. **MYO1C** is highly expressed in adipocytes where it functions in an insulin signaling pathway that controls the movement of GLUT4-containing vesicles to the plasma membrane (52). Finally, **RAP1GAP2** (RAP1 GTPase activating protein 2) encodes a GTPase-activating protein that activates the small guanine-nucleotide-binding protein Rap1 in platelets (53). The protein also interacts with synaptotagmin-like protein 1 and Rab27 and regulates secretion of dense granules from platelets at sites of endothelial damage (54). In the pancreas Rap1 is essential in regulation of insulin granule dynamics by cAMP (55).

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