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# **Hypothyroidism of gene-targeted mice lacking Kcnq1**

# **Henning Fröhlich**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

# **Krishna M. Boini**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

## **Guiscard Seebohm**,

Department of Biochemistry I, Ruhr-University Bochum, Universitaetsstrasse 150, 44780 Bochum, Germany

# **Nathalie Strutz-Seebohm**,

Department of Biochemistry I, Ruhr-University Bochum, Universitaetsstrasse 150, 44780 Bochum, Germany

# **Oana N. Ureche**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany. Department of Molecular Pathology, University of Tübingen, Tübingen, Germany

## **Michael Föller**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

## **Melanie Eichenmüller**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

# **Ekaterina Shumilina**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

# **Ganesh Pathare**,

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

# **Anurag Kumar Singh**,

Department of Gastroenterology, Hepatology, and Endocrinology, Medical University Hannover, Carl-Neuberg-Str. 1, 30625 Hannover, Germany

# **Ursula Seidler**,

Department of Gastroenterology, Hepatology, and Endocrinology, Medical University Hannover, Carl-Neuberg-Str. 1, 30625 Hannover, Germany

# **Karl E. Pfeifer**, and

Laboratory of Mammalian Genes and Development, NICHD/National Institutes of Health, Bethesda, MD, USA

# **Florian Lang**

Department of Physiology, University of Tübingen, Gmelinstr. 5, 72076 Tübingen, Germany

Florian Lang: florian.lang@uni-tuebingen.de

# **Abstract**

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Correspondence to: Florian Lang, florian.lang@uni-tuebingen.de.

Henning Fröhlich, Krishna M. Boini, and Guiscard Seebohm contributed equally and thus share first authorship.

Thyroid hormones T3/T4 participate in the fine tuning of development and performance. The formation of thyroid hormones requires the accumulation of I− by the electrogenic Na+/I<sup>−</sup> symporter, which depends on the electrochemical gradient across the cell membrane and thus on  $K^+$  channel activity. The present paper explored whether  $Kcnq1$ , a widely expressed voltage-gated  $K^+$  channel, participates in the regulation of thyroid function. To this end, Kcnq1 expression was determined by RT-PCR, confocal microscopy, and thyroid function analyzed in Kcnq1 deficient mice (*Kcnq1*<sup>-/-</sup>) and their wild-type littermates (*Kcnq1*<sup>+/+</sup>). Moreover, Kcnq1 abundance and current were determined in the thyroid FRTL-5 cell line. Furthermore, mRNA encoding KCNQ1 and the subunits KCNE1-5 were discovered in human thyroid tissue. According to patch-clamp TSH (10 mUnits/ml) induced a voltage-gated  $K^+$  current in FRTL-5 cells, which was inhibited by the Kcnq inhibitor chromanol (10  $\mu$ M). Despite a tendency of TSH plasma concentrations to be higher in  $Kcnq1^{-/-}$  than in  $Kcnq1^{+/+}$  mice, the T3 and T4 plasma concentrations were significantly smaller in  $Kcnq1^{-/-}$  than in  $Kcnq1^{+/+}$  mice. Moreover, body temperature was significantly lower in  $Kcnq1^{-/-}$  than in  $Kcnq1^{+/+}$  mice. In conclusion, Kcnq1 is required for proper function of thyroid glands.

## **Keywords**

K+ channels; Body temperature; Thyroid hormones; T3/T4; TSH; KCNE; Chromanol

## **Introduction**

The pore-forming  $K^+$  channel  $\alpha$ -subunit KCNQ1 (KvLQT1) is expressed in a wide variety of tissues including the heart [2, 30], skeletal muscle [10], stria vascularis [42], the renal proximal tubule [39], gastric parietal cells [7, 11, 14], intestine [7, 14, 26, 33, 35, 39], and liver [8, 20, 21].

KCNQ1 is important for a variety of crucial functions including cardiac rhythm [2, 25, 30], hearing [4, 23], gastric acid secretion [23, 32], as well as intestinal and renal transport [40]. Lack of KCNQ1 has been shown to enhance insulin sensitivity [3] and KCNQ1 polymorphisms were associated with diabetes [38, 43].

In epithelia, KCNQ1 contributes to the maintenance of cell membrane potential, which is an important driving force for electrogenic transport [39]. In thyroid glands, an electrical driving force is required for proper function of the Na<sup>+</sup>-coupled iodide transporter NIS [5]. KCNQ1 further participates in the regulation of cell volume [1, 12, 20, 21, 41] and cell proliferation [16, 18, 24, 29, 31, 36, 37]. Cell proliferation plays a critical role in the regulation of thyroid follicular mass [9]. The thyroid-stimulating hormone (TSH) stimulates cell proliferation and thus increases the thyroid mass [9]. The increased number of T3/T4 secreting cells thus augments the release of the hormones.

The present study was performed to elucidate whether Kcnq1 is expressed in thyroid glands and whether the channel participates in the regulation of thyroid function. During the course of this study, Kcnq1 has indeed been indirectly implicated in thyroid function [28]. In that study, evidence was presented that lack of Kcne2 leads to hypothyroidism and it was suggested that this phenotype was likely due to loss of potassium channels formed by Kcne2/Kcnq1 heterodimers. Our results indeed demonstrate that Kcnq1 is expressed in the thyroid and that Kcnq1-deficient mice suffer from mild hypothyroidism.

# **Methods**

The mice were bred in the animal facilities of the University of Tübingen and Hannover Medical School. All animal experiments were conducted according to the German law for the welfare of animals and were approved by local authorities.

Experiments were performed in mice deficient in Kcnq1 ( $Kcnq1^{-/-}$ ) and their wild-type littermates ( $Kcnq1^{+/+}$ ) generated as previously described [4]. For the study, 4–10-month-old Kcnq1 knockout (Kcnq1<sup>-/-</sup>; 2–8 males, 2–7 females) and their wild-type littermates (Kcnq $1^{+/+}$ ; 3–8 males, 3–9 females) were selected (TSH levels were in addition measured in 3-week-old mice). Prior to the experiment, the age- and sex-matched mice were fed with control diet (1310/1314, Altromin, Lage, Germany) and were allowed free access to tap water.

To obtain blood specimens, animals were lightly anesthetized with diethylether (Roth, Karlsruhe, Germany) and about 200  $\mu$ l of blood were withdrawn into heparinized capillaries by puncturing the retro-orbital plexus. Plasma concentrations of free triiodothyronine (fT3), free thyroxine (fT4), and thyroid-stimulating hormone (TSH) were measured using ELISAkits (Alpha Diagnostics Intl. Inc, San Antonio, Texas, USA, Shibayagi Co., Ltd., Ishihara, Shibukawa, Gunma Pref., Japan). Body temperature was determined utilizing a thermosensor inserted through the anus into sigmoidal colon.

The *Kcnq1* transcript levels in mouse thyroid gland and in FRTL-5 cells as well as the KCNQ1 and KCNE1-5 transcript levels in human thyroid gland, colon, stomach, and heart (Stratagene—Agilent Technology, Waldbronn, Germany) were measured by Real-Time reverse transcription-polymerase chain reaction (RT-PCR). To this end total RNA was extracted from FRTL-5 cells and mouse thyroid tissue in TriFast (Peqlab, Erlangen, Germany) according to the manufacturer's instructions. Reverse transcription of total RNA (Stratagene, La Jolla, CA, USA) was performed using random hexamers (Roche Diagnostics, Penzberg, Germany) and SuperScriptII reverse transcriptase (Invitrogen, Carlsbad, CA, USA). PCR amplification of the respective genes were set up in a total volume of 20  $\mu$ l using 40 ng of cDNA, 500 nM forward and reverse primer and  $2\times$  iTaq Fast SYBR Green (Bio-Rad, Hercules, CA, USA) according to the manufacturer's protocol. Cycling conditions were performed as follows: initial denaturation at 95 C for 2 min, followed by 40 cycles of 95°C for 15 s, 55°C for 15 s and 68°C for 20 s. The primers used for amplification are listed in Table 1. Specificity of PCR products was confirmed by analysis of a melting curve. Real-time PCR amplifications were performed on a CFX96 cycler (Bio-Rad, München, Germany) and all experiments were done in doublets. Amplification of the housekeeping gene *Tbp* was performed to standardize the amount of sample RNA. Relative quantification of gene expression was performed using the ΔΔct method as described earlier [27].

For immunohistochemistry, thyroid glands were fixed with 4% paraformaldehyde, thereafter incubated in 30% sucrose overnight and frozen in Tissue Tek (Polyscience). Then, 12-μm cryosections were prepared. For immunhistochemistry cryosections were air-dried, treated with a fixation solution (4% PFA/PBS, 0.2% Igepal, 0.1% Na-deoxycholate) for 5 min and then washed with PBS. Thereafter, the slides were incubated for 30 min at room temperature in blocking solution (3% NGS, 2% BSA, 0.5% Igepal) and then incubated overnight at  $4^{\circ}$ C with the primary antibodies diluted in carrier solution (2% BSA, 0.5% Igepal). On the next day, the slides were washed with PBS followed by another incubation step with blocking solution for 15 min at room temperature. Then, the second antibody diluted in carrier solution was added and the slides were incubated for 1 h at room temperature followed by washing with PBS. Finally, the sections were covered with mounting medium (ProLong<sup>®</sup>)

Gold Antifade Reagent, Invitrogen) and stored at 4°C in the dark until analysis. A primary antibody directed against Kcnq1 from Abcam (1:1000) was used. Secondary antibodies were Alexa Fluor 488 goat α-rabbit (1:2,000), Draq 5 (1:1,000; Biostatus limited) for nuclear staining, and rhodamine phalloidin (1:1,000; Invitrogen) for actin labeling.

For cell surface biotinylation of FRTL-5 cells, the cells were rinsed twice with ice-cold PBS buffer. Cells were then incubated for 30 min at 4°C in 0.5 mg/ml Sulfo-NHS-LC-Biotin (Pierce, Rockford, IL, USA) diluted in ice-cold PBS buffer. After washing twice with icecold PBS supplemented with  $0.1\%$  BSA ( $w/v$ ), the cells were dissolved in lysis buffer containing 20 mM Tris (pH 7.4), 5 mM  $MgCl<sub>2</sub>$ , 5 mM  $Na<sub>2</sub>HPO<sub>4</sub>$ , 1 mM EDTA (pH 8.0), 80 mM sucrose, 1 mM PMSF. Then the cells were rotated for 1 h at  $4^{\circ}$ C. Thereafter 600 µg of extracted protein was incubated overnight at 4°C with 50 μl neutravidin beads (Pierce). The next day the proteins with the beads were centrifugated at 13,000 rpm at 4°C for 2 min and the supernatant was removed. Then, to wash the beads 500  $\mu$ l of buffer (1% Triton X100, 0.1 M NaCl, 0,02 M Tris pH 7,4) supplemented with complete protease inhibitor (Roche, Basel, Switzerland) was added and thereafter another centrifugation step at 13,000 rpm at 4°C for 2 min was accomplished. This washing step was recapitulated for four times. Thereafter protein was eluted from the beads by incubation with 20  $\mu$ l dH<sub>2</sub>O and 5  $\mu$ l 4× protein loading buffer (Carl Roth, Karlsruhe, Germany). The biotinylated membrane protein was separated by 10% SDS-PAGE and transferred electrophoretically to a nitrocellulose membrane. After blocking with 5% nonfat dry milk in TBS (pH 7.4)/0.15% Tween 20 for 1 h at room temperature, the blots were incubated with the primary antibody (Abcam, rabbit polyclonal to Kcnq1) at 4°C overnight (1:1,000 in TBS/0.15% Tween 20/5% non-fat dry milk). After washing, the first antibody was detected by secondary goat anti-rabbit IgG antibody conjugated with horseradish peroxidase (1:2,000, Cell Signaling) for 1 h at room temperature. Antibody binding was detected via Western blotting detection reagent (GE Healthcare UK limited).

Patch-clamp experiments were performed on FRTL-5 cells 48 h after seeding at room temperature in voltage clamp, fast-whole-cell mode according to Hamill et al. [13]. The cells were continuously superfused through a flow system inserted into the dish. The bath was grounded via a bridge filled with NaCl Ringer solution. Borosilicate glass pipettes (1–3 MOhm tip resistance; GC 150 TF-10, Clark Medical Instruments, Pangbourne, UK) manufactured by a microprocessor-driven DMZ puller (Zeitz, Augsburg, Germany) were used in combination with a MS314 electrical micromanipulator (MW, Märzhäuser, Wetzlar, Germany). The currents were recorded by an EPC-9 amplifier (Heka, Lambrecht, Germany) using Pulse software (Heka) and an ITC-16 Interface (Instrutech, Port Washington, N.Y., USA). Whole-cell currents were elicited by 200 ms square-wave voltage pulses from −100 to +100 mV in 20 mV steps from a holding potential of −40 mV. All voltages were corrected for a liquid-junction potential of 8 mV. The currents were recorded with an acquisition frequency of 10 and 3 kHz low-pass filtered. The cells were superfused with a bath solution containing: 140 mM/l NaCl, 5 mM/l KCl, 1 mM/l MgCl<sub>2</sub>, 2 mM/l CaCl<sub>2</sub>, 20 mM/l glucose, and 10 mM/l HEPES/NaOH, pH 7.4. The patch-clamp pipettes were filled with an internal solution containing: 80 mM/l KCl, 60 mM/l K<sup>+</sup>-gluconate, 1 mM/l MgCl<sub>2</sub>, 1 mM/l Mg-ATP, 1 mM/l EGTA, 1 mM/l cAMP, 10 mM/l HEPES/KOH, pH 7.2. Where indicated chromanol (10  $\mu$ M, Tocris Bioscience, Bristol, UK) was added to the bath solution.

Data are provided as arithmetic means±SEM, n represents the number of independent experiments. All data were tested for significance using paired or unpaired Student t test, as applicable. Only results with  $p \times 0.05$  were considered as statistically significant.

# **Results**

RT-PCR was employed to determine whether Kcnq1 is expressed in thyroid glands and Kcnq1 transcripts could indeed be detected in the thyroid tissue (data not shown). The intrathyroid localization of Kcnq1 was determined by immunohistochemistry via confocal microscopy. As shown in Fig. 1, Kcnq1 protein is expressed in follicular cells. The staining extends throughout the follicular cells, which may reflect Kcnq1 protein expression in vesicles or in infoldings of the cell membrane. No staining was detected in thyroid tissue from the Kcnq1-deficient mice ( $Kcnq1^{-/-}$ ), indicating that the antibody bound exclusively to Kcnq1 protein.

In addition we also checked the expression of  $KCNO1$  and all known subunits  $(KCNE1-5)$ in the human thyroid via Real-time PCR (Fig. 2). We compared the relative expression of the investigated mRNAs in the human thyroid to the expression found in human colon, stomach, and heart. Similar as in mouse thyroid gland, KCNQ1 is highly expressed in human thyroid tissue. All five beta subunits (KCNE1-5) were expressed in the thyroid, the highest expression being found for KCNE4.

To investigate the Kcnq1 currents in thyroid cells we used the rat FRTL-5 cells. At first Kcnq1-expression in FRTL-5 cells was checked via Real-Time PCR, Western blot with cell surface biotinylation and immunocytochemistry/immunofluorescence (Fig. 3a, b, and c). All three applied methods showed a clear expression of Kcnq1 in the cells. The immunostaining confirmed that Kcnq1 is expressed both in intracellular vesicles and in the cell membrane (Fig. 3c), similar to what was observed in the thyroid follicular cells of the mouse.

Endogenous currents from FRTL-5 cells were measured using patch-clamp recording in the whole-cell configuration (Fig. 4). In accordance to a previous study [28],  $K^+$ -selective currents inhibited by a Kcnq-specific antagonist chromanol were recorded, when FRTL-5 cells were cultured in the presence of high TSH concentrations (10 mUnits/ml). The reversal potential in FRTL-5 cells was about −25 mV under control conditions and the reversal potential of the chromanol-sensitive current fraction was about −49 mV. No chromanolsensitive currents could be measured when no TSH was added in the culture medium (data not shown).

To determine the functional significance of Kcnq1, the plasma concentrations of T3 and T4 were determined in  $Kcnq1^{-/-}$  mice and their wild-type littermates  $(Kcnq1^{+/+})$ . As shown in Fig. 5b and c the plasma concentrations of both, T3 and T4, were indeed significantly lower in Kcnq1<sup>-/-</sup> than in Kcnq1<sup>+/+</sup> mice, confirming that Kcnq1 deficiency leads to hypothyroidism. In theory, the decreased release of thyroid hormones in  $Kcnq1^{-/-}$  mice could have resulted from decreased stimulation of the thyroids by the thyroid-stimulating hormone TSH. The plasma levels of TSH, tended to be higher in  $Kcnq1^{-/-}$  compared to  $Kcnq1^{+/+}$  mice, a difference, however, not reaching statistical significance (Fig. 5a). TSH levels in 3-week-old mice again tended to be higher in  $Kcnq1^{-/-}$  mice (4.0±0.1 µIU/ml,  $n=6$ ) as compared to  $KcnqI^{+/+}$  mice (3.5 $\pm$ 0.3  $\mu$ IU/ml,  $n=6$ ), a difference again not reaching statistical significance.

A key feature of hypothyroidism is decreased metabolic rate with decreased body temperature. As shown in Fig. 5d, the body temperature was indeed significantly lower in the Kcnq1<sup>-/-</sup> than in the Kcnq1<sup>+/+</sup> mice. The body weight was similar in Kcnq1<sup>+/+</sup> mice  $(22.7 \pm 1.4 \text{ g}, n=7)$  and in  $Kcnq1^{-/-}$  mice  $(21.1 \pm 1.2 \text{ g}, n=7)$ .

## **Discussion**

The present study reveals that Kcnq1 is expressed in the cell membrane of thyroid follicular cells and plays a significant role in thyroid function. Despite the tendency of increased TSH plasma levels, the plasma concentrations of T3/T4 are lower in Kcnq1 knockout (Kcnq1<sup>-/-</sup>) mice than in their wild-type littermates ( $Kcnq1^{+/+}$ ). The hypothyroidism of the  $Kcnq1^{-/-}$ mice results in hypothermia, reflecting a decreased metabolic rate.

Signs of hypothyroidism include alopecia, impaired hearing, bradycardia, constipation, weight gain, and weakness [15, 19]. In amphibians, T3/T4 are known to be required for the metamorphosis [6]. The phenotype of  $KcnqI^{-/-}$  mice includes deafness and movement disorders [4, 23], defective gastric acid secretion [23, 32], defective renal and intestinal nutrient and electrolyte transport with arterial hypotension, vitamin  $B_{12}$  deficiency with anemia [40], as well as enhanced insulin sensitivity [3]. Hypothyroidism could contribute to several of the disorders encountered in  $Kcnq1^{-/-}$  mice. It is noteworthy in this respect that the coincidence of hypothyroidism and torsade de points has been reported [34]. However, as Kcnq1 is expressed in the respective tissues the phenotype of the  $Kcnq1^{-/-}$  mice is presumably in large part secondary to the lack of Kcnq1 in the affected organs rather than the result of the moderate hypothyroidism.

In the course of this study the expression of Kcnq1 has been observed in thyroid glands and shown to form, together with Kcne2, a heteromeric  $K^+$  channel complex maintaining iodide uptake [28]. Kcne2 deficient (*Kcne2<sup>-/-</sup>*) offspring of *Kcne2<sup>-/-</sup>* dams developed impaired iodide uptake and hypothyroidism, dwarfism, alopecia, and goiter [28]. The phenotype of the  $Kcne2^{-/-}$  offspring was in large part due to impaired maternal milk ejection of the Kcne $2^{-/-}$  dams and was alleviated or lacking in Kcne $2^{-/-}$  mice from heterozygous Kcne $2^{+/-}$ dams [28]. Our animals have been generated by heterozygous breeding explaining the lack of dwarfism and alopecia despite a similar impairment of T3/T4 release. Nevertheless, both mice have the hypothyroidism in common thus highlighting the importance of the Kcne2/ Kcnq1 complex for proper thyroid function.

Kcne2 and Kcnq1 may influence thyroid function in two ways. On the one hand, the  $K^+$ channel presumably participates in the maintenance of the cell membrane potential and thus the electrical driving force for  $Na^+$ -coupled iodide transporter NIS [5]. Lack of Kcne2/ Kcnq1 may thus impair T3, T4 formation by compromising iodide uptake into the thyroid, what has indeed been shown in  $Kcne2^{-/-}$  mice [28]. On the other hand, Kcnq1 may participate in the machinery of cell proliferation [16, 18, 24, 29, 31, 36, 37], which is critically dependent on  $K^+$  channel activity [17, 22]. Impaired cell proliferation would be expected to reduce thyroid mass. In contrast to the goiter observed in  $Kcne2^{-/-}$  offspring from Kcne $2^{-/-}$  dams, the size of the thyroids is not appreciably increased in Kcnq1<sup>-/-</sup> mice (not shown). Accordingly, the goiter of  $Kcne2^{-/-}$  offspring from  $Kcne2^{-/-}$  dams may have been due to decreased availability of maternal iodine with subsequent stimulation of thyroid growth by TSH. The lack of increase of thyroid mass in  $KcnqI^{-/-}$  mice despite the similarly increased TSH levels could indicate that Kcnq1 does not only participate in the maintenance of the driving force for NIS (Slc5a5) but similarly participates in the regulation of cell proliferation. It should be kept in mind that for this latter function, Kcnq1 could in theory form heteromeric complexes with subunits other than Kcne2. The role of additional partners of KCNQ1 needs to be addressed in future studies.

In conclusion, the present study discloses a critical role of Kcnq1 in thyroid growth and function. The hypothyroidism may add to the phenotypic alterations of organ function in Kcnq1-deficient mice.

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#### **Fig. 1.**

Expression of Kcnq1 in the thyroid gland. **a**–**d** Immunofluorescence localization of Kcnq1 in the thyroid follicular cells: A Kcnq1 specific antibody (green), a nuclear labeling with Draq5 (blue, pseudocolor—as Draq5 emits in the red spectrum) and actin staining with phalloidin (red) were used. Colocalization of Kcnq1 and actin yields yellow color. **a** expression of Kcnq1 in thyroid follicular cells (arrows) of WT mice. **c** Higher magnification of the expression of Kcnq1 in follicular cells of the thyroid gland. **b**, **d** the Kcnq1 antibody does not yield any staining in thyroid tissue from Kcnq1-deficient mice as negative controls. The *scale bar* in **a** corresponds to 20  $\mu$ m in **a** and **b** and the *scale bar* in **c** corresponds to 5 μm in **c** and **d**



# **Fig. 2.**

Expression of KCNQ1 and KCNE1-5 in human colon, stomach heart, and thyroid tissue. KCNQ1 and KCNE1-KCNE5 mRNA expression in human colon, stomach, heart, and thyroid gland was measured by Real-Time PCR. Expression of the housekeeping gene TBP served as a calibrator and a control. Representative photographs are shown. **a** Gel pictures of the amplified mRNA. **b** The figure shows the relative expression of KCNQ1 and KCNE1-5 in human thyroid gland compared to colon, stomach, and heart



75 kDa



## **Fig. 3.**

Expression of Kcnq1 in FRTL-5 cells. **a** Real-time PCR showing Kcnq1-mRNA expression in relation to the housekeeping gene Tbp. **b** Western blot representing membrane expression of Kcnq1. **c** Confocal picture of FRTL-5 cells showing the Kcnq1-localization. Arrows mark the Kcnq1 expression in the cell membrane



### **Fig. 4.**

**a** Representative whole-cell patch-clamp recording of  $K^+$  currents from a FRTL-5 cell under control conditions and following application of chromanol (10  $\mu$ M). The currents were elicited by 200-ms depolarizing pulses ranging from −108 to +92 mV in 20-mV increments from a holding potential of −48 mV. Zero current level is indicated by the dashed line. **b** Mean current-voltage (I–V) relationships ( $n=16$ ) of peak K<sup>+</sup> current density in FRTL5 cells under control conditions (*open symbols*) and after application of chromanol (10  $\mu$ M, *closed* symbols)



## **Fig. 5.**

Plasma concentrations of TSH, T3/T4 and body temperature in Kcnq1−/− and Kcnq1+/+ mice. Arithmetic means±SEM of plasma concentrations of **a** thyroid-stimulating hormone TSH ( $n=20-21$ ), of **b** free T3 ( $n=7-8$ ) and of **c** T4 ( $n=7-8$ ) in Kcnq1-deficient mice (*Kcnq1<sup>-/-</sup>, closed bars*) and their wild-type littermates (*Kcnq1*<sup>+/+</sup>, *open bars*). **d** Arithmetic means±SEM ( $n=9-10$ ) of body temperature in Kcnq1-deficient mice (Kcnq1<sup>-/-</sup>, closed bars) and their wild-type littermates (*Kcnq1<sup>+/+</sup>*, *open bars*). Asterisk (\*) Significant difference ( $p$ <0.05) between *Kcnq1<sup>-/-</sup>* and *Kcnq1<sup>+/+</sup>* mice

## **Table 1**

Primers used for the amplification  $(5' \rightarrow 3'$  orientation)

