Supported the 10122 (see a 1012520100) Jorge et al. 10.1073/pnas.1017539108

Fig. S1. Biophysical properties of mKv2.1 channels coexpressed with mKv8.2 subunits. (A) Voltage dependence of activation time constants for mKv2.1 coexpressed with Kv8.2 isoforms (*P < 0.05 compared with WT). Time constants were determined from monoexponential fits to the data. Currents recorded at voltages <0 mV were too small to determine time constants. Inset: Averaged current traces (blue, mKv2.1 + SJL-Kv8.2; black, mKv2.1 + B6-Kv8.2) recorded from 10 to 500 ms after a test pulse to 0 mV and normalized to current amplitude measured at 500 ms. (B) Voltage dependence of steady-state activation. Tailcurrent amplitudes were measured at −30 mV after a 2,000-ms activating pulse from −60 to +60 mV. Currents were normalized to peak amplitude and fit with Boltzmann functions. Values for activation $V_{1/2}$ were not significantly different between B6-Kv8.2 and SJL-Kv8.2.

Fig. S2. Cumulative inactivation of Kv2.1 channels coexpressed with Kv8.2. Current was measured during a train of 100 depolarizing pulses to +40 mV of 40-ms duration from a holding potential of –80 mV at a frequency of 17 Hz. Currents were normalized to peak current amplitude. Plotted points correspond to means \pm SEM of every fifth pulse for mouse (A) and human (B) Kv8.2 subunits coexpressed with mouse and human Kv2.1, respectively. Cumulative inactivation kinetics were estimated by monoexponential decay fit to each cell recording and averaged. No significant differences were observed.

Fig. S3. Relative whole-brain expression of Kv8.2 protein in Kcnv2 transgenic lines. (A) Representative immunoblot of Kv8.2 from Kcnv2 transgenic mice and nontransgenic littermates (WT). Brain membrane proteins (25 μg) were isolated at 6 wk of age and analyzed by immunoblotting with an affinity-purified rabbit polyclonal antiserum generated against the immunogenic peptide MLKQSNERRWSLSY (ProSci Inc.). The predicted molecular weight of Kv8.2 is 64 kDa (arrowhead). Protein loading is indicated by relative intensity of the nonspecific immunoreactive band at ≈80 kDa. All lanes are from the same exposure of a single blot. Isolation of membrane proteins and Western blotting was carried out as previously described (1). (B) Quantitative analysis of Kv8.2 relative protein levels normalized to the 80-kDa band ($n \geq 3$ per genotype).

1. Kearney et al. (2002) Molecular and pathological effects of a modifier gene on deficiency of the sodium channel Scn8a (Na(v)1.6). Hum Mol Genet 11:2765–2775.

Fig. S4. Human KCNV2 variants identified in epilepsy patients. (A) Evolutionary conservation of arginine 7. (B) Evolutionary conservation of methionine 285.

Patient DNAs ($n = 209$) were screened for KCNV2 variants by exon amplification, heteroduplex analysis, and sequencing. Two unique, nonsynonymous variants were identified (as noted) in unrelated patients and were subject to biophysical characterization. Nonsyn, nonsynonymous; NA, not available; Syn, synonymous.

*Position is based on the human GRCh37 assembly.

† Population minor allele frequencies are from dbSNP reports.

Table S2. Clinical features of epilepsy patients with unique, nonsynonymous KCNV2 coding variants

AEDs, antiepileptic drugs; NA, not available.

*GenBank accession no. BC10135.

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Table S3. SCN1A and SCN2A SNPs in patients with KCNV2 variants

Patients 1 and 2 were screened for SCN1A and SCN2A mutations by amplification and sequencing of the coding exons. No pathogenic variants were identified. Patient 1 is homozygous for the most common SCN1A haplotype (T,G,C,C,A), whereas patient 2 is heterozygous for a rare haplotype (C,A,C,C,A) (1). NA, not available.

*Heterozygote frequencies are from dbSNP reports unless otherwise noted.

[†]One of five SNPs that define SCN1A haplotypes.

Heterozygote frequency from Escayg et al. (2001) A novel SCN1A mutation associated with generalized epilepsy with febrile seizures plus—and prevalence of variants in patients with epilepsy. Am J Hum Genet 68:866–873.

1. Weiss LA, et al. (2003) Sodium channels SCN1A, SCN2A and SCN3A in familial autism. Mol Psychiatry 8:186–194.