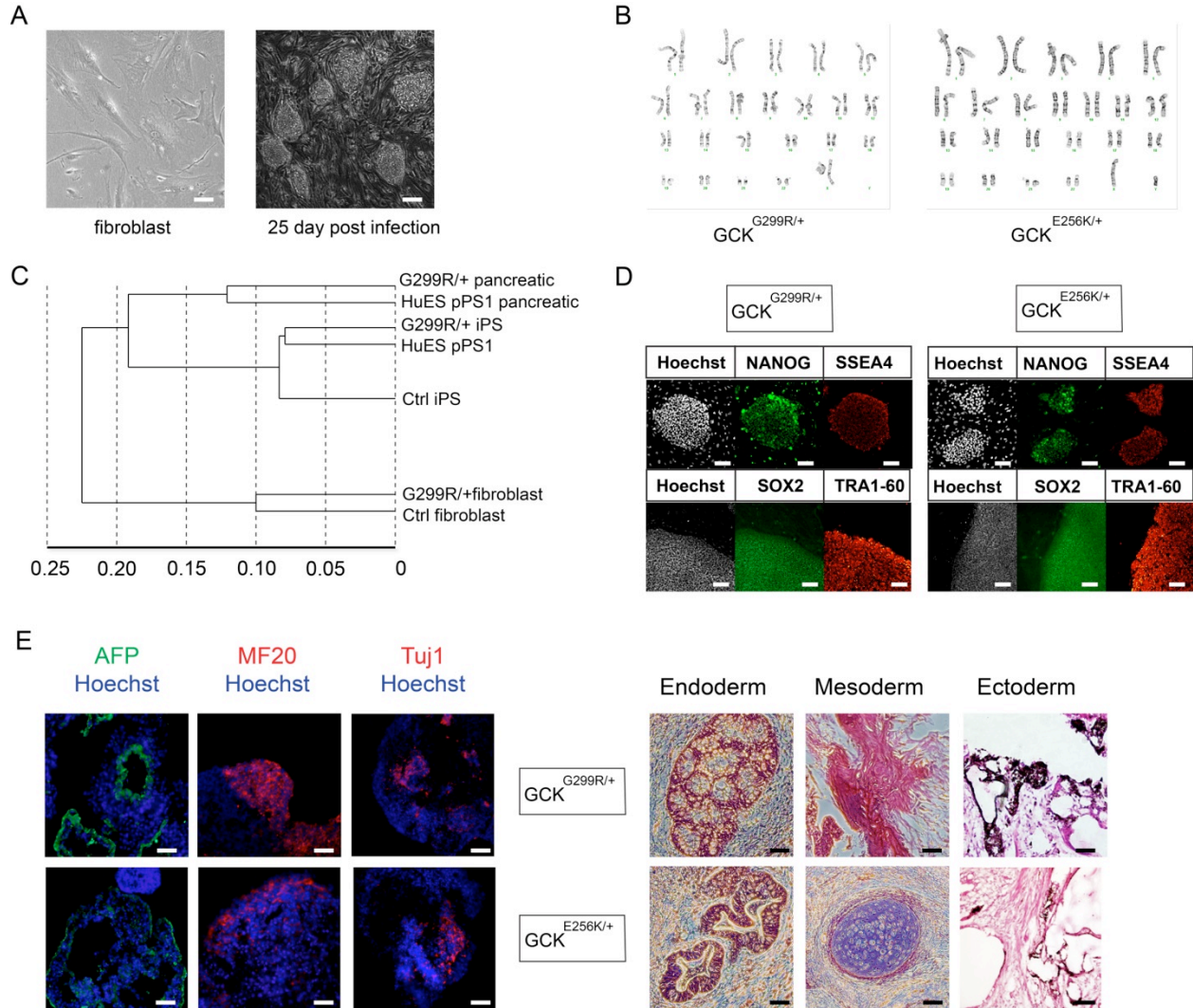
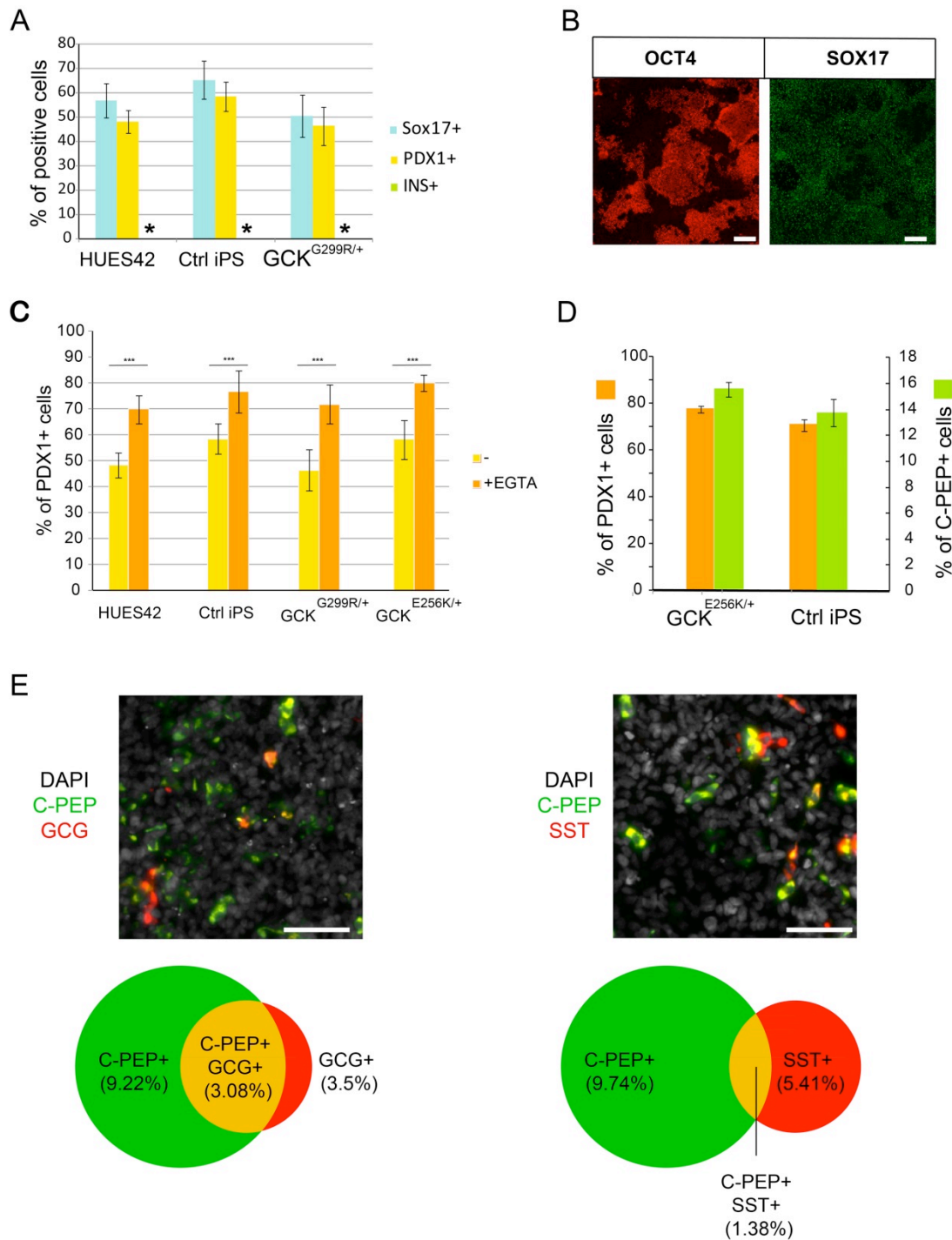


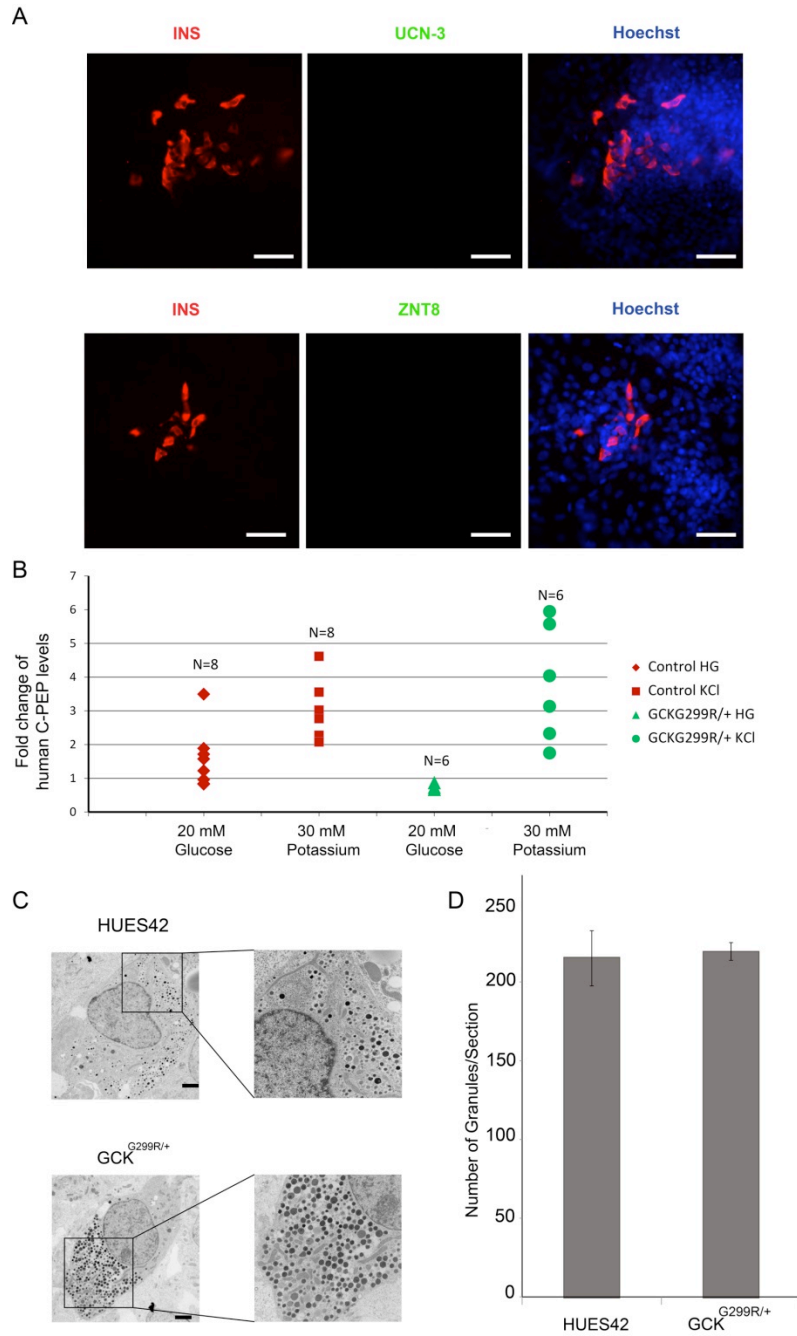
**Supplementary Figure 1** Pedigrees of the two MODY2 subjects that were studied (marked in red). DM, diabetes mellitus; MODY, maturity onset diabetes of the young.



**Supplementary Figure 2** *GCK* mutant iPS cells are pluripotent. (A) Fibroblast cell line (scale bar, 10 $\mu$ m) and induced pluripotent cells (scale bar, 100 $\mu$ m) were derived from a MODY2 subject carrying a hypomorphic mutation (G299R) in the glucokinase gene (*GCK*). (B) iPS cells from the two MODY2 subjects had normal karyotypes. (C) A cluster tree showing global gene expression profiles of iPS cells and fibroblast cells of control and MODY2 subjects and pancreatic cells differentiated from MODY2 iPS and human ES cells (pPS1, (Noggle et al., 2011)). (D) Pluripotency marker genes expressed in the stem cells generated from two MODY2 subjects. Scale bar, 50  $\mu$ m. (E) Embryoid bodies formed by *GCK* mutant stem cells contained three germ layers- endoderm (AFP+), mesoderm (MF20+) and ectoderm (Tuj1+) (left panel). *GCK* mutant stem cells formed teratomas that contained tissue structures from three germ layers (right panel). Scale bar, 200  $\mu$ m.



**Supplementary Figure 3** Differentiation of stem cells into beta cells *in vitro*. (A) Efficiency of generating pancreatic progenitors and insulin-producing cells using a published protocol (D'Amour et al., 2006). \* indicates no insulin positive cells. (B) Distribution of SOX17<sup>+</sup> and OCT4<sup>+</sup> cells after 3 days of differentiation following the published protocol. Scale bar, 50  $\mu$ m. (C) Quantification of pancreatic progenitor cells (PDX1<sup>+</sup>) after 8 days of differentiation. \*\*\*:  $P < 0.001$ . (D) Differentiation efficiency of GCK<sup>E256K/+</sup> and control cells. (E) Expression of endocrine hormones after 12 days of differentiation and diagrams showing proportion of insulin and glucagon (left) or insulin and somatostatin (right)-producing cells. Scale bar, 100  $\mu$ m. C-PEP: C-peptide, GCG: glucagon, SST: somatostatin.



**Supplementary Figure 4** Beta cells derived *in vitro* were not fully mature yet displayed insulin secretion defect specific to glucose. (A) Immunostaining of *in vitro* differentiated beta cells. INS: insulin, UCN-3: urocotin-3, ZNT8: zinc transporter 8. Scale bar, 100  $\mu$ m. (B) Insulin (C-peptide) secretion of *in vitro* derived beta cells in response to glucose (20mM) and potassium (30 mM). The basal condition was 2.5 mM glucose and 4.8 mM potassium. 5 out of 8 control replicas showed response to glucose while none of the *GCK* mutant replicas did. All the control and *GCK* mutant replicas showed response to potassium. (C) Electron microscope (EM) images of insulin producing cells derived from ES cells and *GCK*<sup>G299R/+</sup> cells. Scale bar, 2  $\mu$ m (D) Quantification by EM of insulin granule numbers per insulin-producing cell, by genotype. (n=3 per genotype).

**Supplementary Table 1** Summary of clinical characteristics of the 2 MODY2 subjects.

Genetic Diagnosis	Age at Clinical Diagnosis	Anti-GAD Antibodies	BMI	Race	Family history of diabetes	Controlled with oral agents
GCK mutation gly229>arg	21	Neg	21	Caucasian	3 generations	yes
GCK mutation glu256>lys	47	Neg	26	Caucasian	2 generations	yes

**Supplementary Table 2** Primer sequences.

primer	sequences
GCK-5arm-forward	ccgctcgagcgggtgcatcttccagct
GCK-5arm-reverse	cccaagcttgggcaccttccctgcct
GCK-3arm-forward	ccgctcgagcgggctggaatcaattccaga
GCK-3arm-reverse	cggaaattccgcgtgatgctgttccagagaa
GCK-correction-forward	ccgctcgagcgggtcccaagacacttccacat
GCK-correction-reverse	ggactagtccataggcgttccactgacagg
P1	gcatcttccagctcttcgac
P2	ctaaagcgcgatgctccagac
P3	aggccctagtttcccatcc
Southern Probe forward	tccagatgctcctgtcagtg
Southern Probe reverse	gagccaaagcaattccacat
INS RTPCR forward	ttctacacaccaagaccg
INS RTPCR reverse	caatgccacgcttctgc
GCK RTPCR forward	ctgaacctcaaaccctaac
GCK RTPCR reverse	tgccaggatctgcttacct
GLUT2 RTPCR forward	catgtgccacactcacacia
GLUT2 RTPCR reverse	atccaaactggaaggaccc

**Supplementary Table 3** Beta-cell differentiation medium compositions.

Stage	Day	Basic Medium	Supplement
Stage 1: Definitive Endoderm	1	RPMI	Activin A (100 ng/ml) Wnt3A (25 ng/ml) 75 uM EGTA
	2-3	RPMI	Activin A (100 ng/ml), 0.2% FBS
Stage 2: Primitive Gut Tube	4-5	RPMI	FGF10 (50 ng/ml), KAAD-cyclopamine (0.25 uM) 2% FBS
Stage 3: Posterior Foregut	6-8	DMEM	FGF10 (50 ng/ml), KAAD-cyclopamine (0.25 uM) Retinoic acid (2 uM) LDN-193189 (250 nM) B27
Stage 4: Pancreatic Endoderm	9-12	CMRL	Exendin-4 (50 ng/ml) SB431542 (2uM) B27
Stage 5: Endocrine	13+	CMRL	B27

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- Noggle, S., Fung, H.L., Gore, A., Martinez, H., Satriani, K.C., Prosser, R., Oum, K., Paull, D., Druckenmiller, S., Freeby, M., *et al.* (2011). Human oocytes reprogram somatic cells to a pluripotent state. *Nature* 478, 70-75.