

Table S2. Sod gene knockout mouse models and their phenotypes.

Gene	Type of mutation	Genotype	Phenotype	Oxidative stress	References
<i>Sod1</i>	Germline mutation	<i>Sod1</i> ^{-/-}	Grossly normal, increased incidence of hepatocarcinogenesis, distal motor axonopathy, locomotor defects, reduction in hind limb skeletal muscle mass and strength, acceleration of age-dependent skeletal muscle atrophy, hearing loss, delayed wound healing, accelerated age-related macular degeneration, a decrease in motivational behavior, impaired olfactory sexual signaling, lower fertility, increase in cellular senescence, higher levels of circulating cytokines, and a ~30% decrease in lifespan	Extensive oxidative damage in the cytoplasm	(Elchuri et al., 2005; Fischer et al., 2012; Flood et al., 1999; Garratt et al., 2014; Imamura et al., 2006; Iuchi et al., 2010; Matzuk et al., 1998; Muller et al., 2006; Reaume et al., 1996; Shi et al., 2014; Yoshihara et al., 2016; Zhang et al., 2017)
		<i>Sod1</i> ^{+/-}	Viable, fertile and grossly normal, increased vulnerability to facial nerve axotomy	Oxidative stress in the liver and prostate	(Bhusari et al., 2010; Reaume et al., 1996)
<i>Sod2</i>	Germline mutation	<i>Sod2</i> ^{-/-}	Die within 21 d after birth with cardiomyopathy, fatty liver, neurodegeneration, metabolic acidosis, anemia, increased susceptibility to oxygen toxicity, mitochondrial dysfunction, inhibition of ETC and TCA enzymes	Accumulation of oxidative DNA damage	(Asikainen et al., 2002; Huang et al., 2001; Lebovitz et al., 1996; Li et al., 1995; Melov et al., 1999)
		<i>Sod2</i> ^{+/-}	Phenotypically normal, normal lifespan, increased cancer incidence over lifespan, decreased respiratory function	Accelerated accumulation of oxidative damage	(Lebovitz et al., 1996; Li et al., 1995; Van Remmen et al., 2001; Van Remmen et al., 2003)
Conditional knockout	Heart and skeletal muscle (MCK-Cre; <i>Sod2</i> ^{fl/fl})		Growth retardation, cardiac myopathy, reduced lifespan with a median life span of 15.4 ± 4.0 wk, abnormal mitochondrial structure, loss of respiratory enzyme activities, reduced ATP production	Elevated mitochondrial ROS and oxidative damage in muscle tissues	(Nojiri et al., 2006)
	Skeletal muscle (HSA-Cre; <i>Sod2</i> ^{fl/fl})		Normal spontaneous motor activity and muscle strength, but reduced exercise activity, loss of enzymatic activity for mitochondrial respiratory chain complexes (especially complex II), reduced ATP production	Elevated mitochondrial ROS and an increase in oxidative DNA damage in the skeletal muscle	(Kuwahara et al., 2010)
	Type IIB skeletal muscle fibers (<i>TnI</i> FastCre; <i>Sod2</i> ^{fl/fl})		Decreased mitochondrial function, reduced complex II activity, reduced ATP production, decreased aconitase activity, impaired exercise capacity	Elevated mitochondrial oxidative stress and oxidative damage in the skeletal muscle	(Lustgarten et al., 2009; Lustgarten et al., 2011)
	Liver (Alb-Cre; <i>Sod2</i> ^{fl/fl})		No detected phenotype	No elevation of lipid peroxidation in the liver	(Ikegami et al., 2002)
	Liver (α -fetoprotein-Cre, <i>Sod2</i> ^{fl/fl})		Phenotypically normal, decreased liver to body weight ratio, sign of hepatocyte injury, increased likelihood of tumor formation in a chemically induced liver carcinogenesis model	Elevated oxidative damage in the liver	(Konzack et al., 2015; Lenart et al., 2007)

	Kidney (Ksp1.3/Cre; <i>Sod2</i> ^{f/f})	Phenotypically normal, mild renal damage and normal lifespan	Increased oxidative stress (tyrosine nitration)	(Parajuli et al., 2011)
	Cells of the neurogenic lineage mostly in the brain (nestin-Cre; <i>Sod2</i> ^{f/f})	Die by 25 d of age, growth retardation, spongiform neurodegeneration, loss of mitochondrial complex II activity	Higher intracellular superoxide levels and oxidative damage in the brain	(Izuo et al., 2015; Sasaki et al., 2011)
	Hematopoietic stem cells (vav-iCre; <i>Sod2</i> ^{f/f})	Impaired red blood cell development, systematic redistribution of iron, heme synthetic defect	An increase in superoxide in hematopoietic organs	(Case et al., 2013)
	Postnatal motor neuron (VACHT-Cre; <i>Sod2</i> ^{f/f})	No altered function in motor neurons, but accelerated disorganization of distal nerve axons following injury	No signs of oxidative damage in animals up to 1 yr after birth	(Misawa et al., 2006)
	Connective tissue (Col1a2-Cre; <i>Sod2</i> ^{f/f})	Weight loss, skin atrophy, kyphosis, muscle degeneration, and a reduced life span	Unknown	(Treiber et al., 2011)
	Mammary gland (MMTV-cre; <i>Sod2</i> ^{f/f})	Postnatal knockout: no gross abnormalities	Unknown	(Case and Domann, 2012)
	T cells (Lck-Cre; <i>Sod2</i> ^{f/f})	Increased apoptosis and aberrant T cell development and function	Elevated superoxide in the T cell population	(Case et al., 2011)
	Gastric parietal cells (Atp4b-Cre; <i>Sod2</i> ^{f/f})	Mitochondrial dysfunction and increased apoptosis in the gastric mucosa of the parietal cell	Increased gastric mucosal oxidative stress	(Jones et al., 2011)
<i>Sod3</i>	Germline mutation	<i>Sod3</i> ^{-/-}	Phenotypically normal under normal conditions, reduced survival time under high oxygen tension, exaggerated response to induced hypertension	Higher level of vascular superoxide (Carlsson et al., 1995; Jung et al., 2003)
	Inducible conditional KO	Global (<i>Tg</i> ^{cre/esr} ; <i>Sod3</i> ^{f/f})	Lung damage, die shortly after induction of <i>Sod3</i> KO	Increase of superoxide in the lung (Gongora et al., 2008)
		Vascular smooth muscle cells (<i>Tg</i> ^{cre/SMMC} ; <i>Sod3</i> ^{f/f})	Normal blood pressure, no augmented response to angiotensin II-induced hypertension	Increased vascular superoxide and reduced vascular NO levels (Lob et al., 2011)

Circumventricular organs (<i>Sod3</i> ^{fl/fl} +) intracerebroventricular injection of Cre adenovirus)	An elevation of blood pressure, hypertensive response to angiotensin II	Increased vascular superoxide production, T-cell activation	(Lob et al., 2010)
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