Appendix to:

Life-long impairment of glucose homeostasis upon prenatal exposure to psychostimulants

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Appendix Figures S1-S6 and their Legends, References.



Determinants of psychostimulant sensitivity in pancreatic islets.

(A) Reverse-transcription PCR products for *Tph2* and *Sert* in E14.5 mouse pancreata.
(B) Prenatal drug exposure does not affect glucagon immunoreactivity at birth (P0). Data from triplicate experiments shown as means ± s.d.



Psychostimulants decrease insulin expression in cultured embryonic pancreas.

(A) To verify that pancreas explants (Serafimidis *et al.*, 2017) are appropriate as a cellular model of psychostimulant effects, we exposed such explants to amphetamine (10 μ M), cocaine (10 μ M), methamphetamine (10 μ M) or 5-HT (500 nM) for 3 days *in vitro*, mimicking the *in vivo* drug-treatment paradigm. (overall drug effect by ANOVA: $F_{(4,23)} = 6.93$, p = 0.0008; A1) Not only amphetamine (p < 0.01) and methamphetamine (p < 0.001) but also exogenous 5-HT (p < 0.001) reduced intracellular insulin content significantly. These data suggest that disrupted 5-HT signaling (note that psychoactive drugs do not induce long-lasting 5-HT accumulation intracellularly; *data not shown*) either enhances the release of insulin or instead impairs its expression through a transcriptional program. Data were expressed as means \pm s.d. *Scale bars* = 20 μ m and 6 μ m (*insets*).



Generation of SERT (SIc6a4) null offspring.

We crossed *Slc6a4*^{Cre/+} heterozygous knock-in mice (Zhuang *et al.*, 2005) to produce phenotypically SERT null offspring. This strategy allowed us to directly compare littermates carrying different *Slc6a4* genotypes. Here, a representative Western blot on the loss of SERT protein is shown with $n \ge 4$ mice/genotype. Note that heterozygous mice (M01-M06) have halved SERT protein content in their cerebral cortex. Numbers are internal mouse identifiers. β -Actin was used as loading control. Data on SERT lossof-function in *Slc6a4*^{Cre/Cre} mice have been published elsewhere (Reisinger *et al.*, 2019).



Prenatal psychostimulant exposure does not affect islet composition, glucagon content, body weight but does so for insulin⁺ β cells at 1-year of age.

(A) Prenatal exposure to psychostimulants did not affect β and α cell numbers in the pancreas of 6-week old mice (β cells: $F_{(3,19)} = 1.029$, p = 0.402; α cells: $F_{(3,19)} = 0.53$, p = 0.668). (B) Prenatal exposure to psychostimulants did not affect glucagon immunoreactivity in the pancreata of either female or male (6-week old) offspring. Data were expressed as means \pm s.d. from $n \ge 3$ mice/group (except for amphetamine and cocaine in males; n = 1), one-way ANOVA. (C) Bodyweight of adult mice with *in utero* drug history. Data were expressed as means \pm s.d. from $n \ge 3$ mice/group (one-way ANOVA for females: $F_{(3,23)} = 0.75$, p = 0.533; for males: $F_{(3,37)} = 0.199$, p = 0.896). (D) Intrauterine amphetamine exposure significantly increased the number of insulin⁺ β cells in male but not female offspring (p < 0.05; n = 56 mice/group; Student's *t*-test). The number of α cells in this age group did not change as a factor of either amphetamine treatment or sex.



FEV expression and its relation to type 2 diabetes in humans.

(A) Transcriptome analysis (bulk) of human pancreatic islets for *FEV* in control *vs*. patients with with type 2 diabetes (T2D). Data were expressed as $log_2counts$ per million (CPM) and normalized to control. (A1) Co-expression analysis of *FEV vs*. glucose tolerance status. Samples were stratified according to glucose tolerance estimated from HbA1c, i.e. donors with normal glucose tolerance (HbA1c < 6%, *n* = 114), impaired glucose tolerance (IGT, 6% ≤ HbA1c < 6.5%, *n* = 30) and T2D (HbA1c ≥ 6.5%, *n* = 24). Single data points denote outliers. Boxes represent 25th percentiles ± 90th percentiles, horizontal lines correspond to median values.



SLC18A2 and *SLC6A4* expression and their relation to type 2 diabetes in humans. Transcriptome analysis (bulk) of human pancreatic islets for *SLC18A2* (**A**) and *SLC6A4* (**B**) in control *vs.* patients with with type 2 diabetes (T2D). Data were presented as log₂counts per million (CPM), normalized to control. For subsequent analysis, all samples were stratified according to glucose tolerance estimated from HbA1c, i.e. donors with normal glucose tolerance (HbA1c < 6%, *n* = 114, black label in co-expression analysis), impaired glucose tolerance (IGT, 6% ≤ HbA1c < 6.5%, *n* = 30, blue label in co-expression analysis). Co-expression analysis of *SLC18A2* (**A1**) and *SLC6A4* (**B1**) *vs.* glucose tolerance status. Single data points denote outliers. Boxes represent 25th percentiles ± 90th percentiles, horizontal lines represent median values. Co-expression analysis of *SLC18A2 vs. INS* (**A2**) or *GCG* (**A3**) and *SLC6A4 vs. INS* (**B2**) or *GCG* (**B3**).

References

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