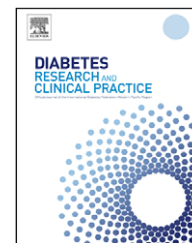


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# Association of polymorphisms in the insulin-degrading enzyme gene with type 2 diabetes in the Korean population

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## ABSTRACT

Insulin-degrading enzyme (IDE) is a metalloproteinase which degrades insulin and terminates its action. Homologous deletion of IDE gene resulted in hyperinsulinemia and glucose intolerance in a rat model of type 2 diabetes mellitus. Several genetic association studies examined IDE as a susceptibility gene for type 2 diabetes in European descents. Here we investigated the genetic association of IDE polymorphisms with the risk of type 2 diabetes and its related phenotypes in the Korean population. Among six single nucleotide polymorphisms analyzed, g.-179T > C (OR = 1.73, *P* = 0.04), and g.IVS18+99G > A (OR = 1.23, *P* = 0.02) revealed borderline association with increased risk of type 2 diabetes. Combining our results with previous data obtained from the European population, g.-179T > C (OR = 1.11, *P* = 0.03), and g.IVS24-64A > T (OR = 1.18, *P* = 0.005) showed significant association with type 2 diabetes. Haplotype consisting of common alleles of the six polymorphisms was associated with decreased risk of type 2 diabetes (OR = 0.82, *P* = 0.02). However, none of the polymorphisms was significantly associated with metabolic phenotypes. We can conclude that variations in IDE might contribute to diabetes susceptibility in the Korean population.

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## 1. Introduction

Insulin-degrading enzyme (IDE), a 110 kDa Zn<sup>2+</sup>-regulated metalloproteinase [1], plays a primary role in insulin degradation and initiating cellular insulin processing [2–5]. It is located at the cell surface, cytosol, peroxisomes, and endosomes of various insulin-responsive tissues. The substrates of IDE include amyloid β-protein, amylin, glucagons, and insulin which are capable of forming β-pleated sheet amyloid. Characterization of mice with homozygous deletions of the

IDE gene resulted in hyperinsulinemia and glucose intolerance, hallmark of type 2 diabetes [6]. Transferring an ~3.7 cM chromosomal region containing the IDE gene from an inbred diabetic Goto-Kakizaki (GK) rat model to a normoglycemic rat showed hyperinsulinemia and postprandial hyperglycemia [7]. The GK allele of IDE in this chromosomal region carries two missense mutations that results in 31% reduction in IDE activity [7]. These studies suggest that IDE polymorphisms, which result in hypofunction of IDE may be a pathogenic factor in type 2 diabetes. Chromosome 10q23–25, which

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encompasses the *IDE* gene has been pointed as the locus linked to mean fasting plasma glucose over 20 years, and fasting plasma glucose in Caucasian pedigrees by genome-wide scan [8].

These positional and functional candidacy led to several genetic association studies investigating *IDE* polymorphisms related to type 2 diabetes [9–12]. One study revealed that *IDE* polymorphisms were associated with HbA1c, fasting plasma glucose, and mean fasting plasma glucose measured over 20 years in Framingham Heart Study population [9]. *IDE* polymorphisms showed association to plasma insulin levels and correlated traits in a Swedish population [10]. Whereas other study consisting of U.K. population did not show compelling evidence that *IDE* polymorphisms contributed to diabetes susceptibility in humans [11,12]. Recently, study comprising of 4206 Caucasian subjects revealed no significant association between *IDE* polymorphisms and type 2 diabetes [12]. But there was no study regarding the Asian population. In this study, we examined the potential influence of *IDE* polymorphisms on type 2 diabetes susceptibility and metabolic phenotypes in the Korean population.

## 2. Patients and methods

### 2.1. Subjects

We studied 776 unrelated patients with type 2 diabetes and 637 non-diabetic control subjects. Type 2 diabetes was diagnosed

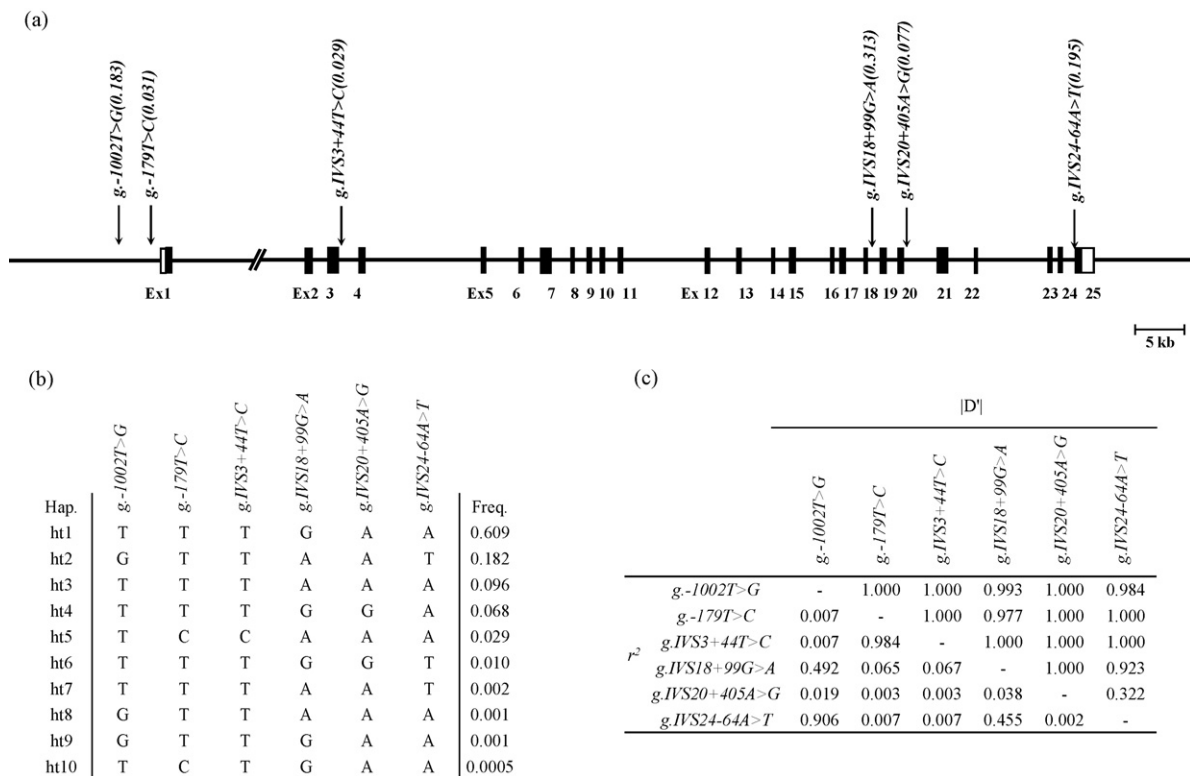
according to the World Health Organization criteria. To select the non-diabetic control subjects, the following criteria were used: 60 or more years of age, no past history of diabetes, no diabetes in their first-degree relatives, a fasting plasma glucose level <6.1 mmol/L, and a HbA1c level <5.8%. Institutional Review Board of Clinical Research Institute in Seoul National University Hospital approved the study protocol and informed consent for genetic analysis was obtained from each subject.

### 2.2. Selection of polymorphisms

As we were interested in replicating the result of Groves et al. we adopted the same SNPs from their study [11]. Six previously reported polymorphisms of *IDE* gene [11] were genotyped in *IDE*: four in intron and two in 5' UTR: g.-1002T > G (position in NCBI: 94324758, dbSNP ID; rs3758505), g.-179T > C (position in NCBI: 94323935, dbSNP ID; rs4646953), g.IVS3+44T > C (position in NCBI: 94284270, dbSNP ID; rs4646955), g.IVS18+99G > A (position in NCBI: 94219892, dbSNP ID; rs4646957), g.IVS20+405A > G (position in NCBI: 94214145, dbSNP ID; rs1887922), and g.IVS24-64A > T (position in NCBI: 94204339, dbSNP ID; rs4646958). The locations and allele frequencies of identified polymorphic sites are shown in Fig. 1.

### 2.3. Genotyping of polymorphisms

Genomic DNA was isolated with a commercial kit (Gentra Systems, Minneapolis, MN). For genotyping of polymorphic



**Fig. 1 – Gene map and haplotypes of the *IDE* gene (NM\_004969). (a) Map of *IDE* (insulin-degrading enzyme) on chromosome 10q23–25: 120kb. Polymorphisms identified in *IDE*. Coding exons are marked by shaded blocks and 5' and 3' UTR by white blocks. First base of transcription start site is denoted as nucleotide +1. (b) Haplotypes of *IDE* in Korean. (c) LD coefficients ( $|D'|$  and  $r^2$ ) among SNPs in *IDE*.**

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