

## Supporting Information for “Gain-of-function variants in *CLCN7* cause hypopigmentation and lysosomal storage disease”

**Table S1.** Studies of lysosomal enzymes and biomarkers in two patients with HOD-associated heterozygosity for *CLCN7* variants.

As the laboratory tests for patient 2 were carried more than 25 years ago, not all reference values from that time are still available (*n/a*). Therefore, the respective interpretation of the results is indicated by colors for **normal**, **borderline**, and **abnormal**.

Parameter	Patient 1	Reference range	Patient 2	Reference range	Units
<b>Serum</b>					
total hexosaminidase			3164	<i>n/a</i>	nmol/hr/ml
β-hexosaminidase A			151	<i>n/a</i>	nmol/hr/ml
β-galactosidase			72	<i>n/a</i>	nmol/hr/ml
α-mannosidase			normal	<i>n/a</i>	
α-fucosidase			normal	<i>n/a</i>	
α-galactosidase			normal	<i>n/a</i>	
chitotriosidase <sup>1)</sup>	18408	<150			nmol/hr/ml
<i>lyso</i> -SM-509 <sup>1)</sup>	normal	normal			
oxysterols <sup>1)</sup>	0.038	<0.05			ng/μl
<b>Urine</b>					
glucosaminoglycans	2...129	<34			mg/mmol <sub>crea</sub>
oligosaccharides <sup>2)</sup>	abnormal		normal		
neuraminic acid (bound)	181.5	19.8–48.6	57	39.0–116.8	nmol/μmol <sub>crea</sub>
neuraminic acid (free)	71	25.5–52.7	63.6	41.0–99.8	nmol/μmol <sub>crea</sub>
<b>Dried blood spots</b>					
total hexosaminidase	3.69	3-6			nmol/spot/21hrs
β-hexosaminidase A	0.9	0.6–2.4			nmol/spot/21hrs
β-galactosidase	0.65	0.5–3.2			nmol/spot/21hrs
α-glucosidase (with acarbose)	1.49	0.9–7.2			nmol/spot/21hrs
α-mannosidase	0.68	0.3–1.3			nmol/spot/21hrs
β-mannosidase	2.88	0.92–2.89			nmol/spot/21hrs
α-fucosidase	1.13	0.2–2.1			nmol/spot/21hrs
β-glucosidase	381	200–2000			pmol/spot/20hrs
acid sphingomyelinase	730	200–3500			pmol/spot/20hrs
α-galactosidase	148	160–2000			pmol/spot/20hrs
β-galactocerebrosidase	91	32–500			pmol/spot/20hrs
α-iduronidase	449	200–2614			pmol/spot/20hrs
iduronat-2-sulfatase	12.1	6–32			μmol/l/hr
N-acetylglucosaminidase	3.21	0.74–5.2			μmol/l/hr
galactosamin-6-sulfat sulfatase	1.39	0.8–4.4			μmol/l/hr
arylsulfatase B	16.36	10–110			μmol/l/hr
β-glucuronidase	21.62	15–52			μmol/l/hr
β-galactosidase	4.08	6–23			μmol/l/hr
total hexosaminidase	4.83	3–6			μmol/l/hr
β-hexosaminidase A	1.44	0.6–2.4			μmol/l/hr
palmitoylproteinthioesterase	0.76	0.25–2.5			μmol/l/hr
tripeptidylpeptidase	0.4	0.1–1.2			μmol/l/hr
acid lipase	1.08	0.2–2.0			μmol/l/hr
<b>Leukocytes</b>					
arylsulfatase A	12.35	7–33			nmol/hr/mg <sub>prot</sub>
heparan-N-sulfatase	3.47	1.5–20			nmol/21hrs/mg <sub>prot</sub>
β-galactosidase	1.31	0.2–4			nmol/min/mg <sub>prot</sub>
β-glucocerebrosidase <sup>3)</sup>	2.14	11.9–77.0			nmol/17hrs/mg <sub>prot</sub>
acid lipase			normal	<i>n/a</i>	

<b>Fibroblasts</b>					
LAMP-1 <sup>4)</sup>			~60	100	% of normal
LAMP-2 <sup>4)</sup>			~60	100	% of normal
neuraminidase <sup>4)</sup>					
age of culture 6 d			45	100	% of normal
age of culture 19 d			70	100	% of normal
age of culture 21 d <sup>5)</sup>			50	100	% of normal
$\beta$ -hexosaminidase A <sup>4)</sup>					
age of culture 6 d			100	100	% of normal
age of culture 19 d			180	100	% of normal
age of culture 21 d			205	100	% of normal
neuraminidase <sup>6)</sup>			0.8	5–15	nmol/hr/mg <sub>prot</sub>
neuraminidase <sup>7)</sup>			0.10	3–5	mU/mg <sub>prot</sub>
$\beta$ -galactosidase <sup>7)</sup>			14.0	n/a	mU/mg <sub>prot</sub>
$\beta$ -hexosaminidase A <sup>7)</sup>			80	n/a	mU/mg <sub>prot</sub>
neuraminidase <sup>3), 9)</sup>	0.6	0.55–3.1	0.115 <sup>8)</sup>	1.29–2.56	mU/mg <sub>prot</sub>
$\beta$ -galactosidase <sup>3), 9)</sup>	24.0	4.60–28.4	15.5	9.16–27.28	mU/mg <sub>prot</sub>
neuraminidase <sup>3)</sup>	46	42–237			% of normal
$\beta$ -galactosidase <sup>3)</sup>	237	45–279			% of normal
methylamine incorporation <sup>9), 10)</sup>			1.83	0.16–0.52	kBq/mg <sub>prot</sub>
neuraminic acid (bound) <sup>3), 9)</sup>	6.88	4.88–15.6	19.87	0.1–4.4	nmol/mg <sub>prot</sub>
neuraminic acid (free) <sup>3), 9)</sup>	4.67	1.12–13.9	2.02	2.2–14.9	nmol/mg <sub>prot</sub>

<sup>1)</sup> performed by pediatric metabolic laboratory Münster

<sup>2)</sup> pattern on thin layer chromatography

<sup>3)</sup> performed by pediatric metabolic laboratory Heidelberg

<sup>4)</sup> kindly performed by Kurt von Figura, Göttingen

<sup>5)</sup> an identical reduction of enzyme activity was found irrespective of a fluorometric assay (with 4-methylumbiliferone as a substrate) or a colorimetric assay (with fetuin as a substrate) was used.

<sup>6)</sup> kindly performed by Klaus Harzer, Tübingen

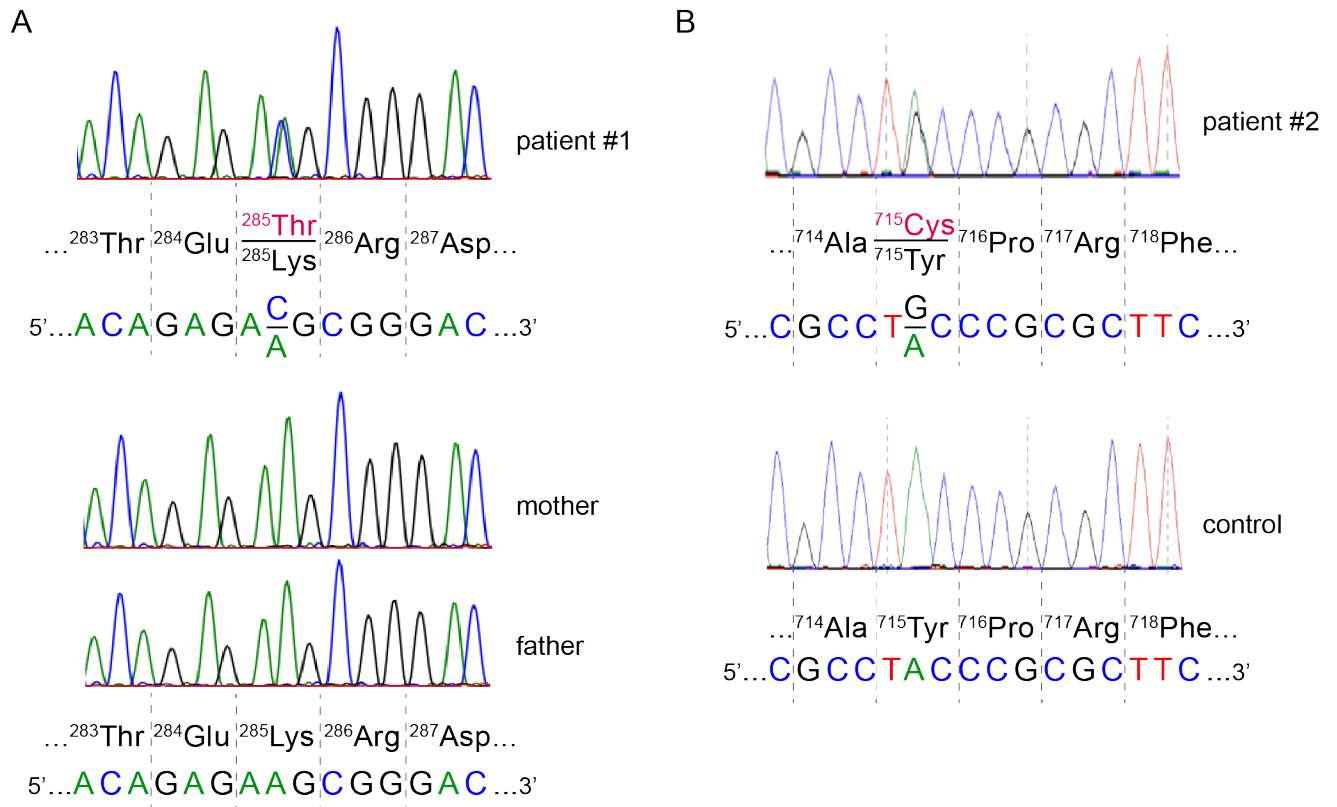
<sup>7)</sup> kindly performed by Hans Kresse†, Münster

<sup>8)</sup> with normal  $K_m$ , reference range from (74)

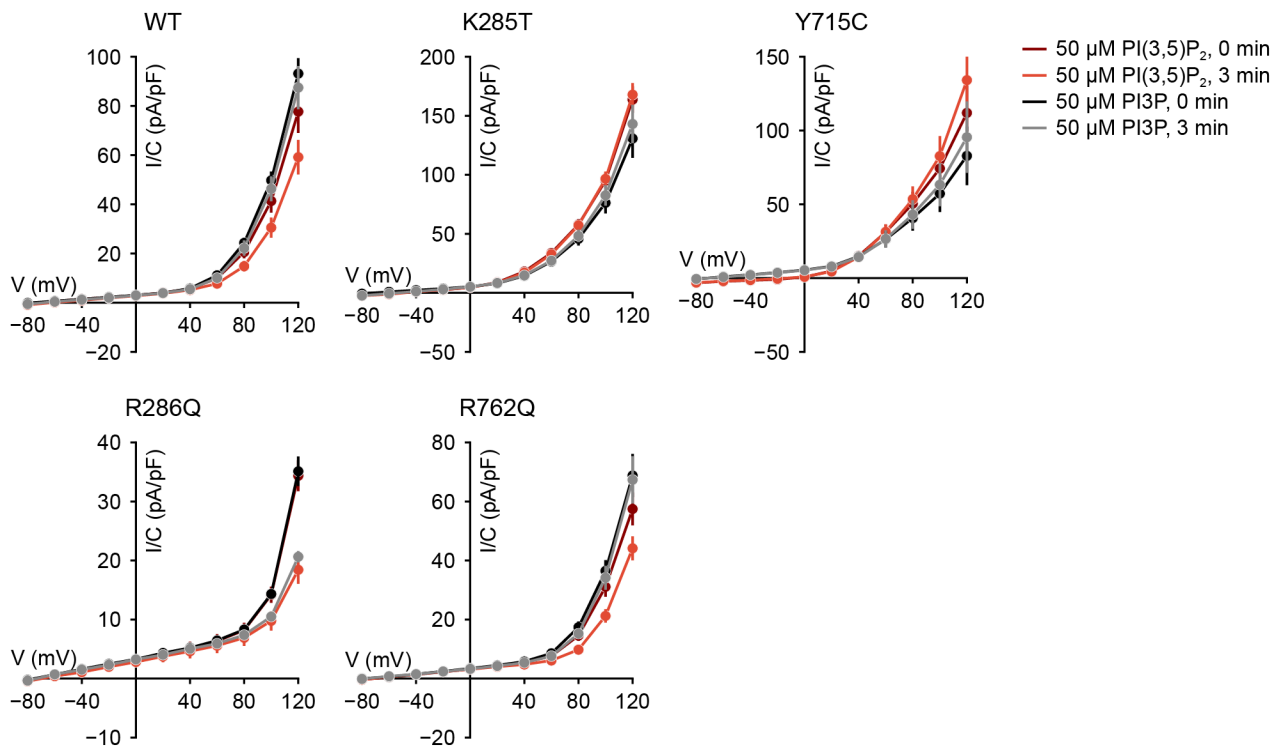
<sup>9)</sup> kindly performed by Michael Cantz, Heidelberg

<sup>10)</sup> (73)

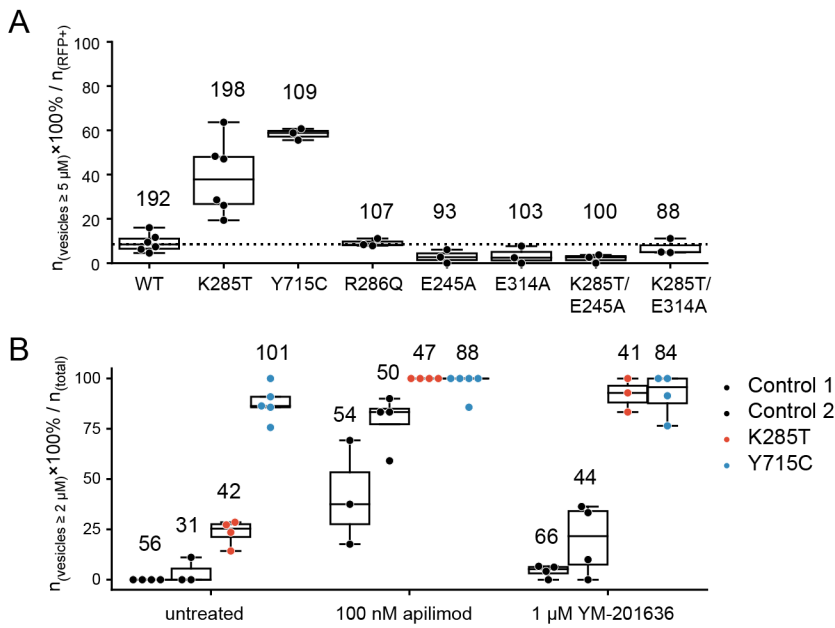
## Supplementary Figures



**Figure S1.** Sanger sequencing to verify the heterozygous mutations of the *CLCN7* gene in patient #1 (A) and patient #2 (B). **A**, Sanger sequencing traces of the patient #1 (above) and his parents (below) reveal *de novo* p.Lys285Thr variant. **B**, Sanger sequencing traces of the patient #2 (above) and an unaffected control (below) show the previously published p.Tyr715Cys variant.



**Figure S2.** Current-voltage relationship of the currents presented in Figure 3B–E. Error bars represent standard error of the mean (SEM).



**Figure S3.** Quantification of microscopic images presented in Figure 4 (A) and 5A (B). **A**, Percentage of transfected (OSTM1-RFP-positive) cells that have at least one vesicle at least 5  $\mu\text{m}$  in diameter. Each data point represents one independent experiment ( $n=3-6$ ) with 5–11 fields of view per dish. **B**, Percentage of all fibroblasts that carry at least 5 LAMP1-positive vesicles that are over 2  $\mu\text{m}$  in diameter. Each data point represents one cover-slip ( $n=3-6$ ) with 3–11 fields of view. Boxes indicate the median and quartiles of the distribution. Numbers above the boxes represent the total number of cells in each condition.

## Supplemental Note

### Implications of extreme voltage dependence of ClC-6 and possible role of small CLC currents at less negative luminal voltages

Unlike ClC-3, -4, -5 and -7, which activate at around  $-20$  to  $-30$  mV (lumen-negative), ClC-6 needs  $V_{\text{lum}}$  more negative than  $< -100$  to  $-120$  mV for steep activation. We deem it highly unlikely that this value reflects physiological, steady state values of  $V_{\text{lum}}$ . A probably rather remote possibility would be that voltages  $< -100$  mV may be achieved transiently. Based on their lysosomal and cytosolic concentrations, passive fluxes of  $\text{Na}^+$ ,  $\text{K}^+$ , and  $\text{Cl}^-$  cannot generate such negative voltages. We propose that such voltages may be reached transiently upon the sudden release of  $\text{Ca}^{2+}$  from the lysosomes. A lysosomal  $[\text{Ca}^{2+}]_{\text{lum}} \approx 500$   $\mu\text{M}$  (71, 75, 76) and cytosolic  $[\text{Ca}^{2+}]_{\text{lum}} \approx 100$  nM, compute the  $\text{Ca}^{2+}$  equilibrium potential to be  $V_{\text{lum}} \approx -110$  mV, approaching the threshold of plasma membrane-expressed ClC-6 (54). By shunting the  $\text{Ca}^{2+}$ -current induced voltage change, ClC-6 might increase net  $\text{Ca}^{2+}$ -efflux. This consideration is relevant for WT ClC-6 and its potential LoF mutants in Kufs disease (54, 77), but not for its activating mutation in severe neurological disease (39). Here, mutations shift the activation threshold to between  $-20$  to  $-30$  mV.

On the other hand, WT ClC-6 also yields small currents at  $-20$  to  $-30$  mV (61). These currents are barely above background, but have been supported by mutagenesis studies and may be physiologically relevant. ClC-7 may also yield small currents in this voltage range, as it seems unlikely that it is completely inactivated by the combination of the acidic luminal pH and  $\text{PI}(3,5)\text{P}_2$  in its native environment. At moderately cytosolic-positive or -negative voltages (up to  $\pm 20$  mV), plasma membrane expressed ClC-7, which is not subject to inhibition by pH or  $\text{PI}(3,5)\text{P}_2$ , does not give currents that are distinguishable from background in the whole-cell configuration.

May small CLC currents at voltages where CLCs are mostly inactive have physiological effects? We estimated whether sub-background currents may still be sufficient for  $\text{Cl}^-$  accumulation in the lysosome. A HeLa cell of 20 pF has a surface area  $A = 20 \text{ pF} / 0.01 \text{ pF}/\mu\text{m}^2 = 2000 \mu\text{m}^2$  (72), while a lysosome is  $\sim 5500$  times smaller, with a typical volume of  $0.021 \mu\text{m}^3$  (i.e.  $A = 0.37 \mu\text{m}^2$ ) (70). Along the endolysosomal pathway, luminal  $\text{Cl}^-$  concentration rises from  $\sim 20$  mM (78) to  $\sim 120$  mM (67), that is by 100 mM, or  $100 \times 10^{-3} \text{ mol/l} \times 0.021 \times 10^{-15} \text{ l} \times N_{\text{A}} \times \text{mol}^{-1} = 1.3 \times 10^6$   $\text{Cl}^-$  ions in one lysosome. If complete lysosomal maturation takes one hour,  $1.3 \times 10^6$  ions / 3600 s = 351  $\text{Cl}^-$  ions have to be transported through the lysosomal membrane per second. Taking into account the exchange ratio of 1:2, i.e.  $\text{Cl}^-$  accounts for 2/3 of the transported elementary charges,  $\sim 530$  charges have to be transported per second per lysosome, or  $530 \times 1.6 \times 10^{-19} \text{ C/s} = 8.5 \times 10^{-17}$  A. If the density of the overexpressed transporter on the plasma membrane is assumed to be the same as the density of ClC-7 in native lysosomes, this would correspond to a whole-cell current of  $8.5 \times 10^{-17} \text{ A} \times 5500 = 4.7 \times 10^{-13}$  A, or  $\sim 0.5$  pA. At 0 mV, the background conductance in our heterologous expression system is  $\sim 50$  pA, 100-fold higher than the potentially physiologically relevant current amplitude of  $\sim 0.5$  pA. Even if overexpression yields a transporter density 10-fold higher than the native levels, the expected physiological current density would still be 10-fold lower than the observed background. Furthermore, a recent report suggests that ClC-7 is paradoxically activated by lowering extracellular/luminal  $\text{Cl}^-$  concentration even at acidic pH (11).

Thus, we cannot exclude that the small chloride currents masked by background currents under our experimental conditions may play a physiological role – a consideration of particular relevance for WT ClC-6 and ClC-7 in their native environments (i.e. largely inhibited by  $\text{PI}(3,5)\text{P}_2$  and luminal acidic pH for ClC-7). However, the concordant voltage-dependence of most endo-lysosomal CLCs and many vesicular cation channels, as well as the pathological effects of mutations shifting the voltage-dependence, strongly suggests their voltage-dependent activation at luminal negative potentials plays a pivotal biological role.