

PROTEOMIC COMPARISON BETWEEN MRP4 KNOCKOUT AND WILD TYPE
MOUSE BRAIN, LIVER, KIDNEY AND SERUM

THESIS

Presented to the Graduate Council of
Texas State University-San Marcos
in Partial Fulfillment
of the Requirements

for the Degree

Master of SCIENCE

by

Kris Ray Freeman, B.S.

San Marcos, Texas
August 2013

PROTEOMIC COMPARISON BETWEEN MRP4 KNOCKOUT AND WILD TYPE
MOUSE BRAIN, LIVER, KIDNEY AND SERUM

Committee Members Approved:

Dana García, Chair

Gary Aron

Corina Maeder

Approved:

J. Michael Willoughby
Dean of the Graduate College

COPYRIGHT

by

Kris Ray Freeman

2013

FAIR USE AND AUTHOR'S PERMISSION STATEMENT

Fair Use

This work is protected by the Copyright Laws of the United States (Public Law 94-553, section 107). Consistent with fair use as defined in the Copyright Laws, brief quotations from this material are allowed with proper acknowledgment. Use of this material for financial gain without the author's express written permission is not allowed.

Duplication Permission

As the copyright holder of this work I, Kris Ray Freeman, authorize duplication of this work, in whole or in part, for educational or scholarly purposes only.

ACKNOWLEDGEMENTS

First and foremost, I am truly indebted to my family and friends who have supported me throughout this chapter in my life. Their encouragement and assistance has helped me to get through countless long days and sleepless nights. I have always been grateful for their ability to clear school and work from my mind as well as remind me to enjoy life with the individuals that mean the world to me.

I would like to thank my thesis advisor, Dr. Dana García, for her unwavering guidance and support. She granted me the freedom and independence to pave my own path throughout my graduate career while always being available for scientific discussion and editorial review. Without her wisdom and insightfulness this thesis would not have been possible. During my graduate career I have been a full-time employee commuting 45 minutes to and from campus which presented several obstacles to overcome throughout these past two years. I am truly appreciative of Dr. García's patience, understanding and continual faith in me despite these situations.

In addition, I would like to express my gratitude to my committee members, Dr. Corina Maeder and Dr. Gary Aron, whose lectures, discussions and coursework contributed greatly to my approach and understanding of my thesis work. The enthusiasm and knowledge they possess for their fields of study is inspiring, and I am fortunate to have had their instruction.

I am also appreciative of MyriadRBM. The company permitted my rodent samples to be tested on their multi-analyte profiling platform. This contribution facilitated the comparative analysis and alleviated the final hurdle to finishing my thesis.

I thank my work colleagues and the students of the García lab for providing me with an avenue to discuss ideas and gain feedback throughout this project. Their constructive criticism and knowledge from different experiences allowed me to investigate new perspectives and ideas I may not have pursued otherwise.

I would also like to take this opportunity to acknowledge Dr. Schuetz at St. Jude Research Hospital (Memphis, Tennessee) for generously providing the MRP4 knockout mice. I am very appreciative of Dr. Benavidez and Dr. Perez at MD Anderson Cancer Center, Science Park Research Division (Smithville, Texas) for coordination of housing and tissue collection for this research.

This work was funded in part by Texas State University-San Marcos through a Research Enhancement Program grant to Dr. García.

This manuscript was submitted on April 23, 2013.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
ABSTRACT.....	x
CHAPTER	
I. INTRODUCTION.....	1
II. STUDY AIM.....	8
III. METHODS.....	9
IV. RESULTS.....	13
V. DISCUSSION.....	22
VI. CONCLUSION.....	32
APPENDIX.....	38
WORKS CITED.....	58

LIST OF TABLES

Table	Page
1. Analytes Tested from Rodent Discovery Product with p Value < 0.01	14
2. Serum Analytes Tested from Rodent Discovery Product with p Value < 0.01	15
3. Analytes Tested from Human Discovery Product with p Value < 0.01	16
4. Alignment Comparison between Human and Mouse Protein Analytes Tested from Human Discovery Product.....	18
5. Analytes Tested from all Products with p Value < 0.01 following Exclusion of Assays Not Specific for Mouse Protein	19

LIST OF FIGURES

Figure	Page
1. Log ₂ Fold Change among Analytes with <i>p</i> Value < 0.01 in the Kidney	21
2. Log ₂ Fold Change among Analytes with <i>p</i> Value < 0.01 in the Liver and Serum.....	21
3. Speculative Pathways and Analyte Interactions.....	33

ABSTRACT

PROTEOMIC COMPARISON BETWEEN MRP4 KNOCKOUT AND WILD TYPE MOUSE BRAIN, LIVER, KIDNEY AND SERUM

by

Kris Ray Freeman, B.S.

Texas State University-San Marcos

August 2013

SUPERVISING PROFESSOR: DANA GARCÍA

Multidrug resistance protein 4 (MRP4) is a transmembrane efflux protein capable of substrate-specific transport of endogenous and xenobiotic molecules across the cell membrane, including several drugs used in disease and cancer treatment. Changes in expression of MRP4 affect bioavailability and efficacy of treatment drugs. Expression changes also affect intracellular and extracellular levels of substrate molecules that participate in secondary messenger pathways (e.g. cAMP). The *MRP4 (ABCC4)* gene is highly polymorphic in the human population, and polymorphisms alter the function and expression of the protein. The aim of this study was to conduct a large-scale proteomic

analysis of *Mrp4* deficient mice to test if levels of other proteins and small molecules are altered in the absence of MRP4. This study focuses on protein expression in liver, kidney, brain and serum by utilizing proprietary multi-analyte profiling platforms at MyriadRBM (Austin, TX). Eight analytes in kidney, two in serum and one in liver were found to be significantly different in six-month old C57BL/6-*Mrp4* knockout mice. The changes are suggestive of tissue repair and inflammation in the kidney. These data suggest potential adverse effects due to the absence of MRP4.

I. INTRODUCTION

Multidrug Resistance Protein 4 (MRP4)

Multidrug resistance protein 4 (MRP4/ABCC4) is 1 of 12 members within the C subfamily of the ATP-binding cassette (ABC) transporter superfamily. Since genetic nomenclature varies from species to species, multidrug resistance protein 4 will be referred to henceforth using the conventions applied to human genes, *MRP4*, and proteins, MRP4. This transmembrane organic anion efflux transporter uses energy derived from ATP hydrolysis to transport endogenous and xenobiotic molecules as well as some of their metabolites up their concentration gradients [1].

Over the years, a number of substrates have been identified for MRP4, each with a different affinity and kinetic parameters compared to other members in the ABCC family [2]. MRP4 has been found to transport cyclic nucleotides, cAMP and cGMP, which are best known for their function as secondary, or intracellular, messengers [3]. Other physiological substrates of MRP4 include conjugated steroids, prostanoids, bile acids, folates, purine analogs, and proinflammatory mediators [3-10]. Transport of some substrates may be regulated by conjugation with glutathione (GSH), sulfates, and glucuronide as well as co-transport of GSH, particularly in the case of bile acids [8, 10-11]. MRP4's ability to transport molecules out of the cell extends to antiviral, antibiotic, cardiovascular, and cytotoxic drugs and some of their metabolites. Among antiviral drugs MRP4 has been found to transport nucleoside monophosphate analogs adefovir,

tenofovir, and glanciclovir [3, 5, 12-16] and antibiotics, including the cephalosporins ceftizoxime, cefazolin, cefotaxime, and cefmetazole [17-18]. Cardiovascular drug substrates include furosemide and thiazide as well as the angiotensin II receptor antagonist omesartan [19, 20]. Cytotoxic anticancer and chemotherapy drug substrates include methotrexate, topotecan, leucovorin, 6-mercaptopurine, and 6-thioguanine [3- 5, 14, 21-22]. Anti-retroviral drugs azidothymidine monophosphate (AZT), 9-(2-phosphonylmethoxyethyl)adenine (PMEA), and lamivudine are also substrates for MRP4 [5, 16, 23]. As the search for new substrates expands and new drugs are created, this list of substrates is bound to increase.

MRP4 expression and localization has been determined in mouse, rat, and human tissue. Within human tissue, MRP4 is found in all normal tissue at low levels and has been localized to the kidney, liver, erythrocytes, ovaries, testes, lung, bladder, intestine, adrenal gland, platelets, hematopoietic stem cells, macrophages, brain, and pancreas [3-4, 6-7, 10, 14, 21-22, 24-34]. Highest mRNA levels are found in the prostate [33]. In mice, tissue levels of mRNA have been determined to be highest in kidney while MRP4 is also expressed in liver, lung, stomach, intestine, brain, gonads, and placenta [35]. In rat, mRNA is also found highest in the kidney with expression in lung, liver, cerebral cortex, cerebellum, prostate, intestine, and stomach also observed [36].

MRP4: Implications of Drug Resistance and Efficacy

Upon entering the body, a drug has multiple barriers to face in order to provide its therapeutic effects. MRP4 has been localized to multiple organs that may prevent certain drugs from entering target tissue or may enhance their elimination. Within the liver, MRP4 is found on the basolateral membrane of hepatocytes, enabling excretion of

chemicals toward blood for elimination by the kidney [6]. In the kidney, MRP4 is localized to the apical membrane of renal epithelial cells [22]. This cellular location allows the export of drugs from the kidney to urine. In the intestine, a major barrier to drug absorption and bioavailability, MRP4 has been found on the apical membrane of enterocytes, which may restrict the absorption of drugs into the bloodstream [31, 34]. At the blood-brain barrier, MRP4 is found at the apical membrane of brain capillary endothelial cells, where its activity may inhibit drug absorption into the central nervous system [21, 29, 37]. It has also been localized to the basolateral membrane of the choroid plexus epithelium, which allows transport of substrates from cerebral spinal fluid toward blood capillaries [21]. Within the prostate, MRP4 is localized to the basolateral membrane of prostate tubuloacinar cells [14].

Researchers have found evidence that MRP4 over-expression can lead to lower net absorption of drugs by cells. The export of certain drugs and their metabolites decreases the efficacy of these drugs in tissues that may be the intended target of the drug and can lead to increased elimination from the systemic circulation. Studies have found that a human T-lymphoid cell line (CEMr-1) and human erythroleukemia cell line (K562) over-express MRP4. These cells are capable of the increased efflux of PMEAs used in antiviral treatment of HIV, herpes virus, and hepatitis B virus [12, 16].

Using the MRP4 over-expressing cell line CEMr-1, researchers found that accumulation of ganciclovir was reduced [12]. MRP4 has been found to be induced in macrophages following AZT treatment [38]. Observations of reduced absorption of anti-cancer drugs have also been made in other MRP4 over-expressing cell lines and MRP4 transfected cells [3-4, 11, 14, 21, 39]. Topotecan, an anticancer drug, and adefovir, an

antiretroviral drug, have been found at higher concentrations in brain tissue and cerebral spinal fluid of MRP4 knockout mice [21]. Knockout mice have similarly shown reduced excretion of diuretics, antiviral drugs, and cephalosporins in urine, which can be attributed to the lack of MRP4 for eliminating these drugs by way of the renal proximal tubules [13, 17, 19].

MRP4 Polymorphism

Single nucleotide polymorphisms (SNP) within a gene's coding region can sometimes result in changes that disrupt the protein's function. *MRP4* has been found previously to be highly polymorphic with many SNPs within the coding region of the gene. *MRP4* exhibits high polymorphism compared to other members of the *ABCC* family [40]. In the coding region, 22 SNPs are non-synonymous with two found to decrease function of MRP4. These SNPs are prevalent and highly conserved in the population [41]. Other researchers have found that different variants may either increase or decrease MRP4's ability to transport substrates [42, 43]. Some variants have been uncovered that have been linked to adverse drug reactions and poor prognosis in patients with esophageal adenocarcinoma [43-46]. Human polymorphisms may account for varying efficacies of treatment among patients. Exploring the proteomic effect of *MRP4* knockout mice may help elucidate the underlying causes of poor patient prognosis among patients with variants in *MRP4* with reduced or elevated function.

MRP4 Knockout Phenotype Studies

Knockout mice have been developed to help uncover the physiological roles of particular proteins as well as create models of human disease and pathogenesis. By removing a particular gene from the genome of an organism, one can elucidate the

function of the gene as well as determine the beneficial or detrimental effects the gene knockout has on other small molecules and proteins. MRP4 knockout mice and transgenic cell lines lacking MRP4 have been helpful in identifying substrates exported by the transmembrane protein and the effects that increasing or decreasing those substrates intracellularly or extracellularly as a result of the absence of MRP4 has on those organisms or cells. MRP4 knockout mice have been found to show no overt phenotypic difference from wild type mice. A mouse embryonic fibroblast transgenic cell line deficient in MRP4 has demonstrated increased intracellular cAMP levels, decreased extracellular cAMP levels, decreased protein kinase A (PKA) activity, decreased extracellular prostaglandin levels, as well as decreased expression of Cox-2 protein [47]. In vivo, many cAMP-, cAMP responsive element binding protein (CREB)-, or PKA-activated genes have been found to be expressed at reduced levels in the absence of MRP4 in Leydig cells of the testes. Additionally, MRP4 deficient testes show decreased testosterone concentrations [48]. Another study has indicated a lack of phenotype for MRP4 knockout mice at 3 months of age, but reported cardiac hypertrophy at 9 months. The authors attribute this phenomenon in cardiac myocytes to a compensatory increase in phosphodiesterase (PDE) production at 3 months that is lost at 9 months. Taken together, MRP4's role in cAMP homeostasis may be ameliorated by increased PDE activity in young mice due to the reduction of cAMP extrusion [49].

It has previously been shown that MRP4 and MRP4/5 knockout mice generate a sufficient immune response. Researchers discovered that MRP4 plays a role in dendritic cell migration for human immune response generation, but appears to not be important in

mice for eliciting an immune response, raising the possibility of different substrate specificity between the species [50-51].

Knockout mice of the ABC transporter protein family have also demonstrated adaptive regulation of other members of the MRPs in a compensatory role. MRP4 has been found to be up-regulated in MRP2 knockout mice kidneys [52-53]. MRP5 has exhibited induction following RNA interference of MRP4 in cultured Langerhans cells [50]. This compensation by other members due to shared substrates may facilitate a sufficient phenotypic response to prevent cytotoxicity and pathogenesis.

Proteomic Analysis

One way to evaluate the consequences of *MRP4* knockout on a wide variety of potential targets is through proteomic analysis. Proteomic analysis between knockout and wild type mice creates a vast array of information showing the changes resulting either directly or indirectly from gene-knockout. These differences can provide insight into functions previously unattributed to the gene of interest. Although microarrays have contributed to determining changes at the transcriptional level, not all changes in mRNA expression result in modifications of protein expression [54-57].

Many different techniques have been developed for proteomic analysis with varying sensitivity and specificity. Several limitations have been overcome with the use of multiplexed suspension arrays and sandwich techniques. By using a suspended bead based immunoassay, problems of antibody denaturation by the surface used to bind antibodies and high background binding can be prevented [58]. Using two different antibodies directed to different epitopes on the protein of interest, as in a sandwich technique, allows for higher specificity for the assay. Multiplexing antibodies with

suspended beads permits the detection of several different analytes within a single sample. One limitation to this technique is the amount of time and quality control necessary to evaluate cross reactivity between antibodies as the number of antibodies used increases.

To date, effects of *MRP4* knockout on protein expression has been directed toward a limited number of proteins per study. Microarray analysis has previously been conducted between *MRP4* knockout and wild type mouse liver and Leydig cells. The authors of the study focused primarily on steroid and cholesterol biosynthesis genes and cAMP-, PKA-, and CREB-regulated genes [48]. A large scale proteomic analysis has not been conducted comparing *MRP4* knockout mice to their wild type counterparts in different tissues.

II. STUDY AIM

This proteomic study aims to demonstrate expression of a wide variety of proteins which are either increased or decreased in the absence of MRP4. The data collected may provide insight into direct or indirect functions of MRP4 previously unidentified. This study focuses on protein expression of the liver, kidney, brain and serum. If changes in protein expression are discovered between wild type and knockout mice, the mechanism by which those changes are brought about could be investigated in future studies.

III. METHODS

Animals

MRP4 knockout mice were kindly provided by Dr. John Schuetz at St. Jude Research Hospital (Memphis, Tennessee). Generation of the specific knockout mice used in this study has been described elsewhere [21]. *MRP4* knockout mice were compared to age- and sex-matched mice of the same strain, C57B/6J, graciously provided by principal investigators at MD Anderson. Mice were housed in an Association for Assessment and Accreditation of Laboratory Animal Care accredited facility at MD Anderson Cancer Center, Science Park Research Division (Smithville, Texas) in a temperature- and humidity-controlled environment. Commercial rodent pelleted food and water were available ad libitum. All procedures were in compliance with the Public Health Service Guide for the Care and Use of Laboratory Animals. Mice arrived at MD Anderson and were acclimated for at least one month prior to tissue collection. Tissue collection from post mortem mice followed eye collection in accordance with the Institutional Animal Care and Use Committee (IACUC) approved protocol for a separate study; the IACUC protocol approval number for that study is 0913_1001_22.

Tissue Homogenization

Brain, liver and kidney from two male and four female knockout and wild type mice (total of twelve mice) were removed and snap-frozen immediately in liquid nitrogen prior to being stored at -80°C. Tissue homogenates were prepared using an IKA Ultra-

Turrax T8 variable speed homogenizer (Fisher Scientific) in lysis buffer containing 50 mM Tri-HCl and 2 mM EDTA, pH 7.4. Halt Protease Inhibitor Single-Use Cocktail (Thermo Scientific) was added shortly prior to tissue homogenization. Halt Protease Inhibitor contained 4-(2-aminoethyl) benzenesulfonyl fluoride hydrochloride (AEBSF; 1 mM), aprotinin (800 nM), bestatin (50 μ M), (1S,2S)-2-(((S)-1-((4-guanidinobutyl)amino)-4-methyl-1-oxopentan-2-yl) carbamoyl)cyclopropanecarboxylic acid (E64; 15 μ M), leupeptin (20 μ M) and pepstatin A (10 μ M) at final concentration. Tissue samples were added to 9X lysis buffer and protease inhibitor was added prior to homogenization. Homogenized samples were then centrifuged for five minutes at 3700xg in an Allegra X-15R centrifuge (Beckman Coulter). Supernatant was collected and aliquoted into vials which were subsequently stored at -80°C. Samples were centrifuged at 3700xg for five minutes prior to analysis.

Proteomic Analysis

This study utilized the proprietary multi-analyte profiling (MAP) platforms in a Clinical Laboratory Improved Amendments (CLIA)-certified laboratory at MyriadRBM (Austin, TX). The platforms on which the samples were tested were the RodentMAP version 3.0, Rat KidneyMAP version 1.0, Rodent MetabolicMAP version 1.0, collectively known as Rodent Discovery, and Human DiscoveryMAP 250+ version 2.0. All samples were stored at -80°C until tested. The samples were thawed at room temperature, vortexed, centrifuged at 3700xg for five minutes for clarification, and supernatant was removed for MAP analysis into a master microtiter plate. Using automated pipetting, an aliquot of each sample was introduced into one of the capture microsphere multiplexes of the CustomMAP. The mixture of sample, blocker and capture

microspheres were incubated without agitation at room temperature for one hour. Multiplexed cocktails of biotinylated, reporter antibodies for each multiplex were then added robotically and after thorough mixing, were incubated for an additional hour at room temperature. Multiplexes were developed using an excess of streptavidin-phycoerythrin solution which was thoroughly mixed into each multiplex and incubated for one hour at room temperature. The volume of each multiplexed reaction was reduced by vacuum filtration and then increased by dilution into matrix buffer for analysis. Analysis was performed in Luminex 100 or 200 instruments, and the resulting data stream was interpreted using proprietary data analysis software developed at MyriadRBM. For each multiplex, both calibrators and positive controls were included on each microtiter plate. The eight-point calibrators were run in the first and last column of each plate and assay performance controls were included in duplicate. Testing results were determined first for the high, medium and low controls for each multiplex to ensure proper assay performance. Unknown values for each of the analytes localized in a specific multiplex were determined using four- and five-parameter, weighted and non-weighted curve fitting algorithms included in the data analysis package.

The least detectable dose (LDD) for each analyte is determined as the mean \pm three standard deviations of twenty readings of assay blocker only. The lower limit of quantitation (LLOQ) is determined as the concentration of an analyte at which the coefficient of variation of replicate standard samples is 30%.

Protein Sequence Alignment Analysis

Human and homologous mouse protein sequences were identified with the use of the online UniProt Knowledgebase (<http://www.uniprot.org>) [59]. A search was

performed using the analyte name, and the human protein was selected. Alignment of the human and mouse protein amino acid sequences were performed using BLAST integrated into the UniProt knowledgebase. Information on the length of the two proteins was documented. The identity score, the percentage of exact amino acid matches in the alignment generated from the two proteins, and the positives score, the percent of amino acids that score positive based on the BLOSUM62 matrix algorithm, was documented with the positives score being used to evaluate conservation between the proteins.

Statistical Analysis

Data are presented as mean \pm standard error of the mean. Analytes for which quantification data was obtained were analyzed using the R computational environment software (<http://www.R-project.org>) [60]. Results were analyzed using the Mann-Whitney test. Statistical significance was inferred at p values of < 0.01 . A p value of 0.01 was chosen as a conservative approach to reduce the probability of making a type I error by falsely rejecting the null hypothesis. One wild type kidney sample was excluded from statistical analysis due to an error in over-diluting the sample in lysis buffer during tissue homogenization. Analytes reported as “low” were replaced by the LLOQ for that particular analyte as a conservative approach for statistical analysis of the data. Fold changes in analyte concentrations were calculated by taking the ratio of the MRP4 knockout mean value to the wild type mean value.

IV. RESULTS

Results from the Rodent Discovery Product

The wild type and MRP4 knockout mouse brain, liver and kidney samples were analyzed using the Rodent Discovery product. The product generated results from seventy-two analytes for quantitative analysis. Results for two analytes, beta-2-microglobulin and adiponectin, were reported as below the LLOQ for the assay in all tissues tested. This result indicates that the concentration for these analytes was too low to accurately report and suggests the analytes are either extremely low or not present in the tissues tested.

Based on statistical analysis, five analytes were found to be differentially expressed between the wild type and knockout samples (see Table 1). The kidney demonstrated the most differentially expressed analytes with four analytes showing statistically significant differences with a p value < 0.01 . These analytes were monocyte chemoattractant protein 1 (MCP-1) ($U = 0, p = 0.006$), myoglobin ($U = 29, p = 0.009$), vascular endothelial growth factor A (VEGF-A) ($U = 0, p = 0.004$) and testosterone ($U = 30, p = 0.006$). MCP-1 and VEGF-A concentrations were found to be increased in the MRP4 knockout mouse kidney while myoglobin and testosterone concentrations were decreased. In liver samples from knockout mice, cortisol was found to be statistically significantly higher relative to wild type controls ($U = 0, p = 0.002$). None of the analytes tested were found to be statistically different in the brain.

Table 1. Analytes Tested from Rodent Discovery Product with *p* Value < 0.01

Tissue	Analyte	Units	<i>MRP4</i> (+/+) Mean ± SE	<i>MRP4</i> (-/-) Mean ± SE	<i>p</i> Value	Increase / Decrease
Kidney	Monocyte Chemotactic Protein 1 (MCP-1)	pg/ml	2.8 ± 0.5	6.8 ± 0.5	0.006	Increase
Kidney	Myoglobin	ng/ml	18 ± 3	4 ± 2	0.009	Decrease
Kidney	Vascular Endothelial Growth Factor A (VEGF-A)	pg/ml	490 ± 30	640 ± 20	0.004	Increase
Kidney	Testosterone	ng/ml	31 ± 2	22 ± 1	0.006	Decrease
Liver	Cortisol	ng/ml	4.2 ± 0.5	7.8 ± 0.3	0.002	Increase

Serum samples from the wild type mice and *MRP4* knockout mice were analyzed using the Rodent Discovery product. The product provided data for seventy-nine different analytes for quantitative analysis. Values for calbindin, epidermal growth factor rat (EGF Rat), glutathione S-transferase alpha (GST-alpha) and kidney injury molecule-1 rat (KIM-1 Rat) were not reported due to insufficient sample volume. Results for nineteen analytes, glucagon, peptide YY (PYY), adiponectin, fibrinogen, fibroblast growth factor 9 (FGF-9), granulocyte-macrophage colony-stimulating factor (GM-CSF), insulin, interferon gamma (IFN- γ), interleukin-2 (IL-2), interleukin-3 (IL-3), interleukin-4 (IL-4), interleukin-5 (IL-5), interleukin-10 (IL-10), interleukin-12 subunit p70 (IL-12p70), interleukin-17A (IL-17A), tumor necrosis factor alpha (TNF-alpha), glutathione S-transferase mu (GST-Mu), neutrophil gelatinase-associated lipocalin (NGAL) and tissue inhibitor of metalloproteinases 1 rat (TIMP-1 Rat), were reported as below the LLOQ for the assay for all samples. The antibody pair used in the assay for detection of TIMP-1 Rat was found to not cross-react with the mouse protein based on testing by the manufacturer

documented on the antibody specification sheet. Otherwise, the other analyte concentrations were too low to accurately detect using the multi-analyte bead assay specific for the analyte.

Following statistical analysis, two analytes were found to be differentially expressed between the wild type and knockout serum samples (see Table 2). These analytes are macrophage inflammatory protein-1 gamma (MIP-1 γ) ($U = 2$, $p = 0.009$) and vascular cell adhesion molecule-1 (VCAM-1) ($U = 2$, $p = 0.004$). The mean concentration of both of the analytes was found to be increased in the MRP4 knockout serum.

Table 2. Serum Analytes Tested from Rodent Discovery Product with p Value < 0.01.

Analyte	Units	MRP4 (+/+) Mean \pm SE	MRP4 (-/-) Mean \pm SE	p Value	Increase / Decrease
Macrophage Inflammatory Protein-1 gamma (MIP-1 γ)	ng/ml	12 \pm 1	17 \pm 1	0.009	Increase
Vascular Cell Adhesion Molecule-1 (VCAM-1)	ng/ml	1100 \pm 100	1660 \pm 50	0.004	Increase

Results from the Human Discovery Product

The Human Discovery product allows for data to be collected on two hundred and forty-three analytes; however, for this study, results for only one hundred and eighty-four analytes were obtained. The discrepancy is due to duplicated analytes previously obtained from the Rodent Discovery product and analytes dropped to conserve sample volume since certain MAPs were known to only cross-react with human proteins. Analysis of brain, liver and kidney tissue homogenate samples from the wild type and MRP4 knockout mice indicated seven analytes were differentially expressed with a p value of <

0.01 (see Table 3). These analytes include cancer antigen 15-3 (CA-15-3) ($U = 29$, $p = 0.009$) in liver; epiregulin (EPR) ($U = 0$, $p = 0.006$), hepatocyte growth factor (HGF) ($U = 0$, $p = 0.005$), interleukin-15 (IL-15) ($U = 0$, $p = 0.006$), matrix metalloproteinase-9 (MMP-9) ($U = 0$, $p = 0.009$), and tenascin-C (TN-C) ($U = 0.5$, $p = 0.008$) in kidney; and T lymphocyte-secreted protein I-309 (I-309) ($U = 35$, $p = 0.006$) in brain.

Table 3. Analytes Tested from Human Discovery Product with p Value < 0.01.

Tissue	Analyte	Units	<i>MRP4</i> (+/+) Mean \pm SE	<i>MRP4</i> (-/-) Mean \pm SE	p Value	Increase / Decrease
Brain	T Lymphocyte-Secreted Protein I-309 (I-309)	pg/ml	76 \pm 7	45 \pm 3	0.006	Decrease
Kidney	Epiregulin (EPR)	pg/ml	26 \pm 1	32 \pm 1	0.006	Increase
Kidney	Hepatocyte Growth Factor (HGF)	ng/ml	0.86 \pm 0.08	1.23 \pm 0.02	0.005	Increase
Kidney	Interleukin-15 (IL-15)	ng/ml	0.23 \pm 0.01	0.34 \pm 0.02	0.006	Increase
Kidney	Matrix Metalloproteinase-9 (MMP-9)	ng/ml	0.9 \pm 0.1	1.23 \pm 0.06	0.009	Increase
Kidney	Tenascin-C (TN-C)	ng/ml	16 \pm 2	23 \pm 1	0.008	Increase
Liver	Cancer Antigen 15-3 (CA-15-3)	U/ml	8 \pm 4	0.7 \pm 0.3	0.009	Decrease

Results for sixteen analytes, alpha-1-antichymotrypsin, apolipoprotein B, apolipoprotein E, cellular fibronectin, endoglin, eotaxin-2, fibroblast growth factor 4, glucose-6-phosphate isomerase, hepatocyte growth factor receptor, human epidermal growth factor receptor, immunoglobulin E, platelet-derived growth factor BB, prostate-specific antigen, tissue plasminogen activator, vascular endothelial growth factor receptor

1 and vascular endothelial growth factor receptor 2 were reported as below the LLOQ for the assay in all tissues tested. These analyte concentrations were too low to accurately detect using the multi-analyte bead assay specific for the analyte, suggesting little or no analyte was present in the specific tissue.

Since the inability to detect the aforementioned analytes reliably may also have been a result of the antibodies used in the Human Discovery product assay not recognizing the mouse protein, the cross-reactivity of the select antibody pairs used in the assay as well as protein conservation between the human and mouse protein was evaluated. Analysis was conducted on analytes in which differences were detected with a $p < 0.01$ or analytes with $p < 0.05$ that also had a fold-change greater than ± 1.5 . Fifteen analytes were reviewed for cross-reactivity: CA-15-3, EPR, HGF, IL-15, interleukin-17 (IL-17), matrix metalloproteinase-7 (MMP-7), MMP-9, nerve growth factor beta (NGF-beta), neuron-specific enolase (NSE), osteoprotegerin (OPG), superoxide dismutase 1 (SOD-1), T lymphocyte-secreted protein I-309 (I-309), TN-C, vascular endothelial growth factor C (VEGF-C) and vitronectin (see Table 4). The analyte assay was considered invalid for use with rodent samples based on the following criteria: (1) the specification sheet and/or manufacturer of either primary or reporter antibody indicated through testing that the antibody does not cross-react with the mouse protein; or (2) the protein alignment in BLAST provided a positives score of $< 80\%$ unless the specification sheet and/or manufacturer indicated through testing that the antibody does cross-react with the mouse protein.

Table 4. Alignment Comparison between Human and Mouse Protein Analytes Tested from Human Discovery Product. * indicates proteins that were significantly different ($p < 0.01$) between *MRP4* knockout and wild type mice. Light grey shading indicates analytes with $< 80\%$ positives score compiled from BLAST.

Protein	Amino Acid Length (Human)	Amino Acid Length (Mouse)	Identity Score	Positives Score
I-309 *	96	92	42%	61%
CA-15-3 *	1255	630	50%	62%
IL-17	155	158	62%	74%
TN-C *	2110	2110	69%	79%
MMP-7	267	264	70%	82%
MMP-9 *	707	730	72%	82%
Vitronectin	478	478	75%	82%
IL-15 *	162	162	72%	84%
EPR *	169	162	80%	87%
SOD-1	154	154	83%	88%
NGF-beta	241	241	85%	91%
OPG	401	401	85%	91%
VEGF-C	419	415	85%	92%
HGF *	728	728	90%	96%
NSE	434	434	98%	99%

I-309, CA-15-3 and IL-17 alignments generated low positives scores. IL-15 was detected by an antibody, the supplier of which indicated that the antibody did not react with mouse proteins. TN-C was detected by antibodies, the manufacturer of which provided specification sheets for both antibodies indicating that they do cross-react with the mouse protein. The cross-reactivity analysis excluded three of the analytes previously determined to be statistically significantly different. These analytes are CA-15-3, IL-15 and I-309. Therefore, only four analytes were verified as statistically significantly different using the Human Discovery product. These analytes are EPR, HGF, MMP-9 and TN-C in the kidney. The mean values for the *MRP4* knockout mice kidney concentration was found to be elevated for each of the analytes. Liver and brain samples

from the mice provided no verifiably statistically significantly different results among the analytes tested using this product.

Summary of Results

Collectively, out of two hundred and sixty-three analytes tested, eleven analytes were found at significantly different levels in the *MRP4* knockout mice, following exclusion of analytes for which the antibodies used in the multi-analyte assay were not considered specific for the mouse protein. Eight analytes were found to be differentially expressed in the kidney, one in the liver and two in the serum without any overlap of statistically significant analytes across tissues and serum (see Table 5).

Table 5. Analytes Tested from all Products with *p* Value < 0.01 following Exclusion of Assays Not Specific for Mouse Protein.

Specimen Tested	Analyte	Units	MRP4 (+/+) Mean \pm SE	MRP4 (-/-) Mean \pm SE	<i>p</i> Value	Increase / Decrease
Kidney	Monocyte Chemotactic Protein 1 (MCP-1)	pg/ml	2.8 \pm 0.5	6.8 \pm 0.5	0.006	Increase
Kidney	Myoglobin	ng/ml	18 \pm 3	4 \pm 2	0.009	Decrease
Kidney	Vascular Endothelial Growth Factor A (VEGF-A)	pg/ml	490 \pm 30	640 \pm 20	0.004	Increase
Kidney	Testosterone	ng/ml	31 \pm 2	22 \pm 1	0.006	Decrease
Kidney	Epiregulin (EPR)	pg/ml	26 \pm 1	32 \pm 2	0.006	Increase
Kidney	Hepatocyte Growth Factor (HGF)	ng/ml	0.86 \pm 0.08	1.23 \pm 0.02	0.005	Increase
Kidney	Matrix Metalloproteinase-9 (MMP-9)	ng/ml	0.9 \pm 0.1	1.23 \pm 0.06	0.009	Increase

Table 5 Continued						
Specimen Tested	Analyte	Units	MRP4 (+/+) Mean \pm SE	MRP4 (-/-) Mean \pm SE	<i>p</i> Value	Increase / Decrease
Kidney	Tenascin-C (TN-C)	ng/ml	16 \pm 2	23 \pm 1	0.008	Increase
Serum	Macrophage Inflammatory Protein-1 gamma (MIP-1 γ)	ng/ml	12 \pm 1	17 \pm 1	0.009	Increase
Serum	Vascular Cell Adhesion Molecule-1 (VCAM-1)	ng/ml	1100 \pm 100	1660 \pm 50	0.004	Increase
Liver	Cortisol	ng/ml	4.2 \pm 0.5	7.8 \pm 0.3	0.002	Increase

Changes varied across analytes with seven analytes having elevated expression and two analytes having decreased expression in the *MRP4* knockout mice compared to wild type mice (see Figure 1 and Figure 2).

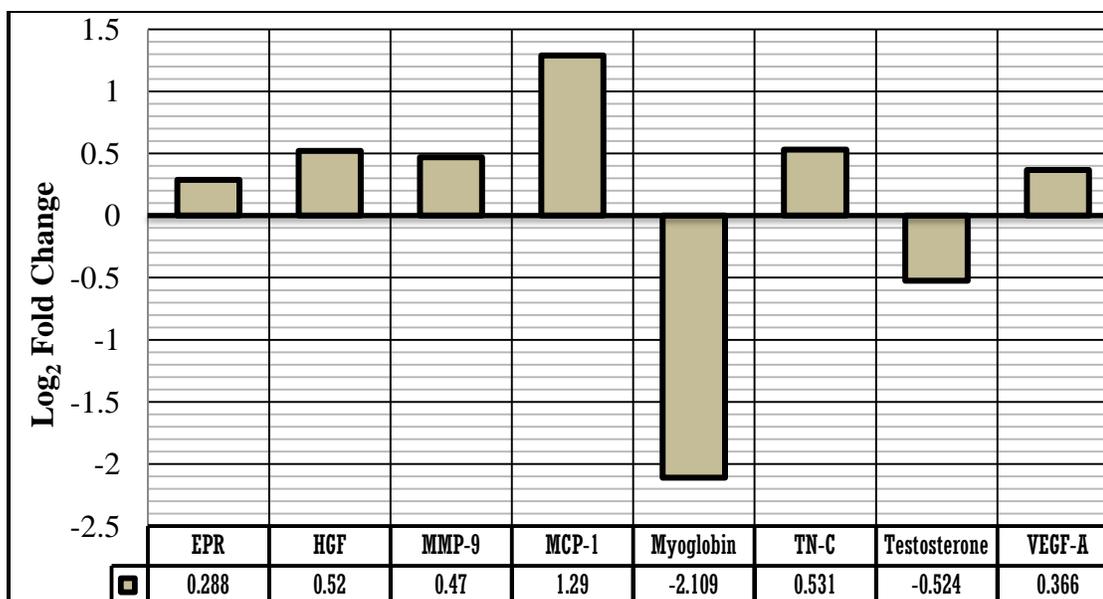


Figure 1. Log₂ Fold Change among Analytes with p Value < 0.01 in the Kidney. Fold changes in analyte concentrations were calculated by taking the ratio of the *MRP4* knockout mean value to the wild type mean value. The log base 2 of the fold-change is plotted above. A value of 1 indicates double while a value of -1 indicates half the mean protein concentration in the *MRP4* knockout relative to the wild type mice.

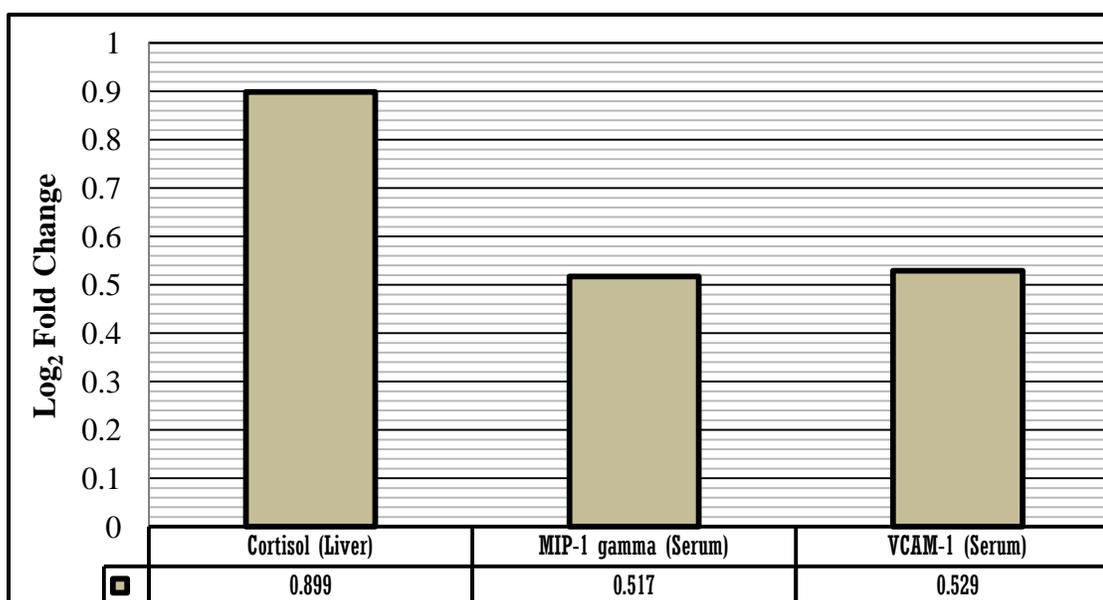


Figure 2. Log₂ Fold Change among Analytes with p Value < 0.01 in the Liver and Serum. Fold changes in analyte concentrations were calculated by taking the log base 2 of the ratio of the *MRP4* knockout mean value to the wild type mean value. A value of 1 indicates double the mean protein concentration in the *MRP4* knockout relative to the wild type mice.

V. DISCUSSION

Changes Observed in the Liver of MRP4 Knockout Mice

Cortisol is a major glucocorticoid which regulates protein, fat, and carbohydrate metabolism. One possible reason for a localized increase in this endocrine hormone could be the local expression of the enzyme 11-beta hydroxysteroid dehydrogenase type 1 (11 β -HSD1). 11 β -HSD1 regulates the conversion of circulating inactive cortisone to cortisol [61-64] and has been localized to liver and adipose tissue where it regulates the local concentration of cortisol with the highest concentration of the enzyme found in hepatocytes [63, 65-66]. Transgenic mice over expressing 11 β -HSD1 in liver and adipose tissue have exhibited insulin resistance, hyperlipidemia, hyperglycemia and hypertension [67-70]. The liver is the primary tissue for the production of cortisol through the conversion of cortisone to cortisol. 11 β -HSD1 modulates the local action of glucocorticoids independent of systemic changes in the concentration of circulating cortisol [65, 71-72]. This is consistent with our finding that the MRP4 knockout mice used in this study had an increase in cortisol concentration in the liver while the other tissues tested as well as serum concentration was unchanged relative to wild type mice. The increase in cortisol production may in time produce cumulative negative effects in the *MRP4* knockout mouse.

Changes in Protein Expression Observed in the Kidney of MRP4 Knockout Mice

Epiregulin (EPR) is a growth factor that plays a role in cell signaling by serving as a ligand for epidermal growth factor receptor (EGFR), a tyrosine kinase receptor [73]. EPR is a membrane protein that undergoes proteolysis and exits the plasma membrane, releasing growth factors [74-75]. EPR is one of the strongest activators of EGFR [73, 75]. In vitro studies have shown that EPR promotes proliferation of embryonic tissues, hepatocytes, smooth muscle cells and renal cells. In the kidney, EPR plays an important role in tissue regeneration in response to renal injury. After injury, kidney epithelial cells become undifferentiated, relocate to the injury site and differentiate into cells specific for the locale [75]. The increase in EPR levels in *MRP4* knockout mice kidney may suggest the cells increased the expression of EPR in response to renal injury.

Hepatocyte growth factor (HGF) is a mitogen involved in cell signaling by activating c-Met receptor tyrosine kinase, causing c-Met dimerization and autophosphorylation [76-78]. This activation triggers a cascade of events that results in cell migration and proliferation [77, 79]. HGF promotes angiogenesis and repairs damaged proximal renal tubules by inducing mitogenic events [80- 82]. HGF increases DNA synthesis in renal epithelial cells and up-regulates c-Met, allowing for more c-Met triggered events [82].

Additionally, HGF exhibits anti-fibrotic properties in the kidney by combating the buildup of excess extracellular matrix, which is characteristic of end-stage renal failure [80-81]. Specifically, HGF promotes the degradation of excess extracellular matrix by regulating MMP-9 in the kidney. Researchers have shown that the presence of HGF

increases the expression of MMP-9 and decreases the expression of tissue inhibitor of metalloproteinases 1 and 2 (TIMP-1 and TIMP-2) [80]. MMP-9 and HGF were found to be elevated in the MRP4 knockout mice kidney; however, TIMP-1 was not found to be statistically significantly changed in the kidney.

Studies have investigated the potential of using HGF as a therapeutic agent to combat renal failure. In addition to the benefits of HGF's role in renal cell proliferation, HGF has also shown to participate in the prevention of renal cell apoptosis [83]. Murine models with induced acute renal failure exhibited a significant increase in circulating HGF in plasma, which underscores HGF's importance as a defense mechanism in the kidney [82]. HGF concentration was not tested in *MRP4* knockout mice serum, so it is unknown if there is an increase corresponding with the increase observed in kidney tissue. HGF expression has been found to increase NF-E2 related factor-2 (Nrf2) expression in cultured liver cells [84]; however, Nrf2 expression was not evaluated in this study. Nrf2 is expressed in several tissues at low levels, but it is expressed at elevated levels upon oxidative stress [85]. Under oxidative stress, cells activate the transcription factor Nrf2 which then dissociates from Kelch-like ECH-associated protein 1 (Keap-1) [86]. Nrf2 then translocates to the nucleus where it binds to antioxidant response element (ARE) regions of genes responsible for the prevention of cell cytotoxicity [85-90]. These genes include drug metabolizing enzymes, GST, and antioxidant genes [91].

Increased cortisol levels in the liver could lead to high levels of systemic glucose as a result of gluconeogenesis. Elevated systemic glucose or other unknown mechanisms may increase oxidative stress in renal cells. In rat mesangial cells treated with high concentrations of glucose, HGF has been shown to suppress reactive oxygen species

(ROS) and could therefore work as an antioxidant mechanism in diabetic nephropathy [92]. The elevated concentration of HGF observed in *MRP4* knockout mice could be explained based on past studies of HGF: up-regulation of HGF compensates for the lack of MRP4 to defend renal cells.

Indeed, Nrf2 activators have been shown to induce expression of MRP4 [93-96]. An ARE region has been found in the regulatory sequence of *MRP4* and has been shown to bind to Nrf2 [95]. MRP4 has been observed to be elevated in the kidney of type 2 diabetic rats [97]. Presumably both MRP4 and HGF expression would increase under ROS conditions to combat cell toxicity.

The MMP family comprises zinc-dependent proteinases that engineer tissue remodeling and repair by degrading extracellular matrix (ECM) molecules, specifically proteoglycans and collagen [98-99]. MMP-9 in particular is well known for its ability to promote angiogenesis, cell invasion and cell migration by degrading gelatin, collagen and elastin in ECMs [100-104].

In the kidney, MMP-9 is integral to the prevention of renal fibrosis, which involves excess buildup of ECM. Murine studies have shown that a decrease in MMP-9 leads to apoptosis and a decrease in renal tissue repair [105]. As mentioned earlier, HGF induces MMP-9 and normally protects renal cells from fibrosis [80]. Thus an up-regulation of HGF would be expected to also be accompanied by an up-regulation of MMP-9. The increase in MMP-9 in *MRP4* knockout mice could therefore help maintain the integrity of the renal tissue in the absence of MRP4's protection.

Tenascin-C (TN-C) is another ECM protein with the ability to modulate the ECM through its interactions with fibronectin [106-108]. It has been observed to be up-

regulated during early inflammation within the kidney during immunoglobulin A (IgA)-induced nephropathy [109]. VEGF-A expression, which was found to be elevated in the *MRP4* knockout mice kidney, correlates with increased expression of TN-C in mammary epithelium [110].

TN-C is also able to induce expression of MMPs, including MMP-9, which are capable of directing deposition of TN-C into matrices [111-112]. TN-C has been found to co-localize with inflammatory areas of immune cell infiltration and chronically inflamed tissues, and it promotes lymphocyte migration [113-118]. TN-C knockout mice displayed a reduced concentration of MCP-1 and MMP-9 [119]. If absence of TN-C leads to reduced MCP-1 and MMP-9 levels, perhaps elevated TN-C leads to increased MCP-1 and MMP-9 levels, explaining their concomitant increase of expression observed in the *MRP4* knockout mice kidney. TN-C has been observed to be up-regulated under conditions of oxidative stress through a pathway involving NF- κ B interaction with its promoter region [120-121]. It is interesting to speculate that in the absence of *MRP4* to help detoxify the cells, a buildup of ROS is occurring.

Monocyte chemotactic protein (MCP-1) is an important chemokine in the immune response and inflammatory process [122]. MCP-1 is one of the most bioactive ligands for CC chemokine receptor 2 (CCR2) and, when complexed with CCR2, triggers a sequence of events leading to monocyte/macrophage recruitment in the inflammatory response [122-124]. Elevated MCP-1 expression has been observed in patients with diabetic nephropathy despite relatively normal systemic MCP-1 concentrations [125]. MCP-1 expression was statistically significantly elevated in the *MRP4* knockout mouse kidney. This increase may be a result of increased ROS. A high level of glucose has been found

to induce MCP-1 expression in a variety of different cell types with some induction attributable to increased ROS [126-129]. Increase of MCP-1 and other chemoattractant protein expression has been found in a mouse model of crescentic nephritis responsible for inflammatory responses in the kidney [130].

Vascular endothelial growth factor A (VEGF-A) is the primary promoter and regulator of angiogenesis as well as a factor regulating the vascular permeability of endothelial cells [131-133]. VEGF-A is primarily produced by podocytes in Bowman's capsule in the kidney [134-136]. It has been found to be an important factor for podocyte survival [137]. Glucose induces VEGF-A expression in podocytes [138-140]. The increase in VEGF-A expression in *MRP4* knockout mice may be a consequence of the increased cortisol levels observed in the liver. This elevated cortisol could lead to gluconeogenesis as mentioned previously. The resulting rise in blood glucose may drive enhanced expression of VEGF-A within the kidney. Indeed, hyper-filtration and increased VEGF-A expression has been observed in the kidney in diabetic models [134, 138, 141]. Over-expression of VEGF-A in the kidney has been observed in different disorders including diabetic nephropathy and hypertension [142-143]. HGF in combination with its receptor induces expression of VEGF-A [144]. Therefore, VEGF-A expression may result from high-glucose/ROS induced HGF expression proposed earlier. MCP-1 has been found to stimulate angiogenesis by inducing VEGF-A [145]. MCP-1 and HGF are both elevated in the *MRP4* knockout mouse kidney.

An alternative hypothesis is that increased intracellular cAMP level in *MRP4* knockout mice may account for the elevated VEGF-A expression since it has been found induction of VEGF-A can occur through cAMP-mediated pathways [146-147]. However,

elevated VEGF-A expression was not observed in the liver or brain of the *MRP4* knockout mice where presumably cAMP levels were also elevated. That said, *MRP4* expression is highest in the rodent kidney which may account for this discrepancy. Yet another hypothesis arises from evidence that androgen deprivation increases expression of VEGF-A in endothelial cells [148]. Since testosterone was found to be decreased in the kidneys of *MRP4* knockout mice, it is possible that low testosterone may underlie the observed increase in VEGF-A expression.

Myoglobin is a protein responsible for oxygen binding in smooth, cardiac and skeletal muscles. Myoglobin plays a role in cellular respiration by delivering oxygen to myocyte mitochondria [149]. Myoglobin clearance is mediated by renal excretion with elevated systemic myoglobin levels typically resulting in renal damage by forming deposits that obstruct and damage tubular cells and decrease glomerular filtration rate [150-152]. In vitro studies have shown that myoglobin also promotes endoplasmic reticulum stress-induced apoptosis, though the mechanism is still unclear [153]. Myoglobin's cytotoxicity in renal cells continues even after initial myoglobin exposure: renal cell proliferation is suppressed by myoglobin, which prevents tubule repair [154]. In the *MRP4* knockout mice, myoglobin levels were decreased in the kidney. This result does not lead to a clear conclusion, but it can be postulated that the lack of *MRP4* proves beneficial in terms of myoglobin since elevated levels of myoglobin can prove detrimental to the kidney.

Testosterone binds to androgen receptors, which assist in the initiation of transcription. Studies on mice have shown that the binding of testosterone to its receptors regulates transcription in kidney cells by stimulating RNA polymerase activity [155-156].

Testosterone has been found to stimulate the production of cAMP; researchers have shown that testosterone increases fluid and solute secretion in canine kidney cells [157]. The decrease in testosterone levels in *MRP4* knockout mouse kidney may suggest that elevation of intracellular cAMP consequent to *MRP4* knockout obviates the need for testosterone-mediated generation of cAMP.

Testosterone production is impaired in *MRP4* knockout mice Leydig cells, and its metabolism in the liver is up-regulated in three week old *MRP4* knockout mice. However, this up-regulation in metabolism is absent in adult *MRP4* knockout mice which returns systemic testosterone concentrations to normal [48]. It remains unclear why testosterone concentration in the kidney of *MRP4* knockout mice observed in this study is decreased. As mentioned earlier, VEGF-A expression is induced by a decrease in testosterone [148]. Due to its participation in increasing induction of VEGF-A, reduced testosterone in the kidney may play a role in helping to alleviate any potential pathogenesis occurring within the kidney.

Protein Expression Changes Observed in the *MRP4* Knockout Mouse Serum

Vascular cell adhesion molecule-1 (VCAM-1) is a cellular adhesion molecule which is a member of the immunoglobulin-like superfamily. It facilitates the adhesion of leukocytes to endothelium at sites of inflammation and activation, and it is a marker for angiogenesis [158-162]. VCAM-1 is expressed on vascular endothelial cells but is also functional in soluble form in the blood through proteolytic cleavage [162]. Different potential roles of soluble VCAM-1 (sVCAM-1) have been proposed. One potential role is that cleavage provides a mechanism to decrease its expression at cell surfaces. Another potential role is to facilitate the binding of leukocytes in the circulation to prevent binding

and infiltration at endothelial cells [163]. No statistically significant differences in VCAM-1 expression were observed in the tissues of *MRP4* knockout mice, but VCAM-1 expression was statistically significantly elevated in the serum. This difference may indicate a mechanism to regulate leukocyte binding at tissue surfaces.

Up-regulation of VCAM-1 has been found in a number of different diseases and cancers [164-174]. A high level of glucose has been found to induce both sVCAM-1 and MCP-1 [175-177]. Hyperglycemia increases oxidative stress in endothelial cells [178-180]. ROS have been shown to increase activation of chemoattractant and cellular adhesion molecule expression [177, 181]. Thus, the observation of elevated sVCAM and MCP-1 may be attributed to the increased cortisol expression observed in the *MRP4* knockout mice potentially contributing to gluconeogenesis.

Macrophage inflammatory protein-1 gamma (MIP-1 γ) is a chemokine also known by three other names: MIP-related protein-2, CCF18, and CCL9 [182-184]. It has been localized to several different tissues and is found at relatively high concentrations in the normal mouse circulatory system compared to other chemokines [183]. MIP-1 γ has been found to be secreted by Langerhans' cells, dendritic cells, follicle-associated epithelium, macrophages and myeloid cell lines [182, 184-186]. It has been found to induce chemotaxis of monocytes, CD4⁺ and CD8⁺ T cells. MIP-1 γ is also found to activate calcium release in neutrophils and demonstrate pyrogenic properties [182, 185]. Little is known of MIP-1 γ 's role in vivo; however, one study has implicated elevated serum levels of MIP-1 γ and VCAM-1 as potential biomarkers of a mouse model for inflammatory bowel disease [187]. Both MIP-1 γ and VCAM-1 were elevated in the *MRP4* knockout mice serum. Elevated MIP-1 γ and MCP-1 has also been implicated in

late stage atherosclerosis, indicating chronic inflammation [188]. MCP-1 was elevated in *MRP4* knockout mouse serum although not statistically significantly. It is unclear at this time how the lack of MRP4 may be either directly or indirectly leading to the elevated response of MIP-1 γ in serum. However, with elevated levels of VCAM-1 and MIP-1 γ in the serum of *MRP4* knockout mice, it is tempting to speculate that the absence of MRP4 is causing an inflammatory response somewhere in the body, presumably in the kidney.

VI. CONCLUSION

The *MRP4* knockout mice at six months of age show changes in protein expression that could reflect detrimental effects in the kidney that in turn could lead to disease if pathology is not already present. Of the four tissues examined, the kidney manifested the most statistically significant differences in analytes tested. The kidney was expected to reveal the most changes in analyte expression in the absence of *MRP4*, because in rodent *MRP4* expression is known to be highest in the kidney.

Although some analytes were not found to differ statistically significantly, their low p value in combination with prior research implicating their involvement in regulation, correlation, or induction of analytes that were statistically different supports the observed results from this study. Other studies have observed compensatory mechanisms such as elevated PDE within the cell or up-regulation of other members of the MRP family that may help to modulate signaling and alleviate potential cytotoxicity in the absence of *MRP4*. Additionally, at least one study has documented that this compensation may diminish with age and that noticeable morphological changes may not be apparent till much later in life, beyond six months of age. One may postulate that many of the analytes with a low, but not statistically significant p values at six months of age may in fact fall below $p < 0.01$ at nine or twelve months. Similarly, the expression levels of many of the analytes that were found to be significantly differentially expressed in the knockout mice at six months of age may display more robust divergence from the

wild type expression levels with increasing age if their regulation is mediated by these compensatory mechanisms.

The analytes detected by the multi-analyte bead assays integrated into the Rodent and Human Discovery platforms are hormones, small molecules, metabolic proteins, angiogenic proteins, inflammatory proteins and potential biomarkers of toxicity. After comparing the wild type and knockout mouse liver, kidney, brain and serum concentrations on this wide array of analytes, potential mechanisms by which an absence of MRP4 is directly or indirectly influencing the differentially expressed analytes remains merely speculative. However, increased ROS was a reoccurring putative mechanism discovered while reviewing several of the proteins which may have influenced the observed expression changes. The analyte changes observed in this study as well as speculative pathways and analyte interactions are summarized in Figure 3.

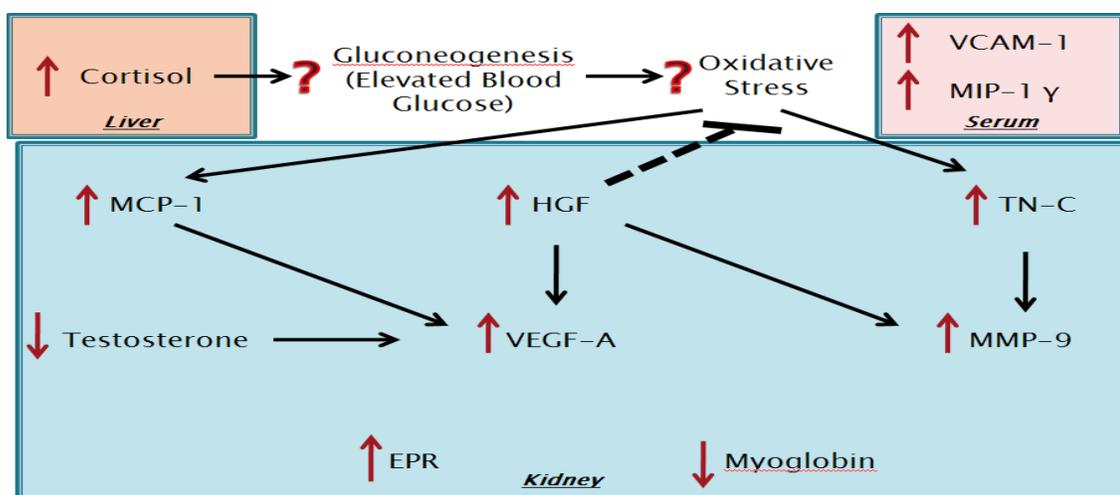


Figure 3. Speculative Pathways and Analyte Interactions. Analyte expression changes observed in the knockout mice are illustrated by red arrow. Interactions between analytes based on the literature review are illustrated by black arrows. Question marks represent events speculated to lead to the observed changes in analyte levels.

The elevated levels of cortisol in the liver may lead to elevated blood glucose levels in the *MRP4* knockout mouse, contributing to oxidative stress in renal cells. There are other mechanisms that are known to generate oxidative stress in cells such as deficiencies in antioxidant enzymes and impaired metabolism of antioxidants. Elevated glucose might be a more probable explanation since glucose is reabsorbed in the proximal tubules until a threshold is reached which no longer allows its absorption back into the blood stream. This potentially allows the effects from high levels of glucose to be exerted at the kidney. It is interesting to speculate that observed changes of expression levels found in the kidney would also be observed in other tissues with alternative methods of ROS generation. If cortisol and glucose are the primary initiators of the possible inflammation and nephropathy in the absence of *MRP4*, the factor inducing cortisol production remains unclear. However, I speculate that up-regulation of 11 β -HSD1 participates in this pathway to increase the local concentration of cortisol in the liver.

ROS and HGF are capable of inducing the expression of Nrf-2 which facilitates the increased transcription of genes responsible to help combat cellular toxicity. *MRP4* contains an ARE region in its promoter which Nrf-2 binds, indicating in wild type tissue HGF may indirectly elicit the help of *MRP4* during situations of renal inflammation and repair.

Elevated TN-C and HGF are each found to induce MMP-9 expression in the kidney, which helps to exert their anti-fibrotic properties. These elevations observed in the *MRP4* knockout kidney might indicate that a lack of *MRP4* is eliciting fibrosis of the kidney. These proteins also participate in ECM remodeling allowing for leukocyte

migration. Speculation that inflammation is occurring in the kidney of the knockout mice is further supported by the elevated expression of MCP-1 and EPR in concert with decreased expression of myoglobin.

MCP-1 is responsible for chemotaxis of leukocytes, which help guide inflammatory response molecules to the site they are needed. Leukocytes recruited by MCP-1 take advantage of the breakdown of the ECM facilitated by increased expression of MMP-9. Although a mechanism for elevated EPR and decreased myoglobin expression in the kidney was not derived from the literature review, the presence of EPR suggests that the kidney may be undergoing repair. The reduced presence of myoglobin may be indirectly helping to prevent oxidative stress-induced apoptosis and support renal tubule repair.

VEGF-A in the kidney was found to participate in the most interactions among all of the statistically significant analytes. VEGF-A is inducible by decreased testosterone levels and elevated MCP-1 and HGF expression. Its ability to promote and regulate angiogenesis as well as increase cell permeability is consistent with a model in which the *MRP4* knockout kidney is undergoing proliferation and repair accompanied by inflammation.

Collectively, these observations from this comparative analysis support the ability of *MRP4* to prevent detrimental effects, specifically in the kidney, which may be indirectly mediated in part by systemic blood glucose levels. If this conjecture is accurate, the *MRP4* knockout mice could potentially develop hyperglycemia leading to more extreme diseases of the kidney with age.

The results of this study has potential implications for individuals who are carriers of SNPs of *MRP4* which lead to truncation of the protein, rendering it nonfunctional, or decrease the expression of MRP4 in tissue. Care should be taken, however, before extrapolating these results to humans for several reasons, including that rodent proteins do not always perform the same functions as they do in humans. One should also be cautious when interpreting the results from the Human Discovery platform. Many of the antibodies used in the assay have not been independently tested for cross-reactivity with the mouse protein. The analysis performed on all of the statistically significantly different analytes in addition to some analytes not statistically significantly different carefully excluded antibodies which were known to not cross-react or proteins which were poorly conserved between human and mouse species. However, the exclusion criteria based on the comparison of the protein alignments were arbitrarily set, and it remains possible that the antibodies recognized a mouse protein not homologous to the human protein for which the assay has been characterized. It is reasonable to assume that the epitopes the monoclonal or polyclonal antibodies bind to may potentially be positioned in a region of low conservation between the human and mouse protein despite a high positives score generated by the alignment and vice versa.

Other limitations of this study includes the sample size and that the mice were not littermates. The small sample size used reduces the power of the statistical analysis and increases the probability of type 2 errors, otherwise known as false negatives. Therefore, using a small sample size reduced our ability to observe an effect that may indeed be present. Since the wild type mice and knockout mice were not siblings, unknown variables, such as epigenetic defects, were introduced that could account for some of the

difference observed. However, the strain of mouse used to generate the MRP4 knockout mice was identical to the strain of the wild type mice in the study. In addition, the mice were allowed to acclimate to identical settings in a controlled laboratory environment for a minimum of one month prior to obtaining samples for analysis.

In conclusion, this study uncovers the effects an absence of MRP4 has on other proteins and small molecules in the body. Many of the results observed in this study were in agreement or compatible with research conducted elsewhere. Future research is needed to further test several of the proposed mechanisms leading to the changes observed and unanswered questions resulting from this study. In addition, the observations made at six months of age as well as the literature review of the analytes has provided other interesting leads that can be investigated in the *MRP4* knockout mouse, including blood glucose levels and kidney histology. This study is soon to be followed up with an analysis of the *MRP4* knockout mice at 12 months of age to incorporate these observations. Considering the impact MRP4 has on intracellular/extracellular signaling and drug efficacy, more research is needed to fully understand the role of MRP4 in different tissues as well as the potential outcomes resulting from changes in its expression.

APPENDIX

Appendix Table 1: Serum Raw Data Results from Rodent Discovery Product.

The least detectable dose (LDD) is determined as the mean \pm three standard deviations of twenty blank readings. The LLOQ (Lower Limit of Quantitation) is the lowest concentration of an analyte in a sample that can be reliably detected and at which the total error meets the laboratory's requirements for accuracy. MyriadRBM laboratory's requirement for accuracy is the concentration of an analyte at which the coefficient of variation of replicate standard samples is 30%. NR indicates unable to report data meeting quality standards. QNS indicates sample quantity not sufficient for testing.

ALTD	Samples	Analytes	Units	Myriad RBM LDD	Myriad RBM LLOQ
13	Mouse 1 WT Serum	Apolipoprotein A-I (Apo A-I)	ug/mL	2.3	20
14	Mouse 2 WT Serum	C-Reactive Protein Mouse (CRP Mouse)	ug/mL	0.75	2.1
15	Mouse 3 WT Serum	CD40 (CD40)	pg/mL	6.7	13
16	Mouse 4 WT Serum	CD40 Ligand (CD40-L)	pg/mL	370	428
17	Mouse 5 WT Serum	Eotaxin	pg/mL	3.5	6.2
18	Mouse 6 WT Serum	Epidermal Growth Factor Mouse (EGF Mouse)	pg/mL	18	15
19	Mouse 1 KO Serum	Factor VII	ng/mL	25	19
20	Mouse 2 KO Serum	Fibrinogen	ug/mL	231	510
21	Mouse 3 KO Serum	Fibroblast Growth Factor 9 (FGF-9)	ng/mL	2.4	2.9
22	Mouse 4 KO Serum	Fibroblast Growth Factor basic (FGF-basic)	ng/mL	12	15
23	Mouse 5 KO Serum	Granulocyte Chemotactic Protein-2 Mouse (GCP-2 Mouse)	ng/mL	0.16	0.49
24	Mouse 6 KO Serum	Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)	pg/mL	4.1	6.8
		Growth Hormone (GH)	ng/mL	1.9	1.6
		Growth-Regulated Alpha Protein (KC/GRO)	ng/mL	0.012	0.026
		Haptoglobin	ug/mL	118	121
		Immunoglobulin A (IgA)	ug/mL	18	19
		Insulin	uIU/mL	4.1	6.3

Appendix Table 1 Continued

ALTD	Samples	Analyses	
		Units	Myriad RBM LDD
13	Mouse 1 WT Serum	<38	21
14	Mouse 2 WT Serum	<38	47
15	Mouse 3 WT Serum	<38	54
16	Mouse 4 WT Serum	<38	63
17	Mouse 5 WT Serum	<38	35
18	Mouse 6 WT Serum	<38	39
19	Mouse 1 KO Serum	<38	57
20	Mouse 2 KO Serum	<38	39
21	Mouse 3 KO Serum	<38	49
22	Mouse 4 KO Serum	<38	67
23	Mouse 5 KO Serum	<38	77
24	Mouse 6 KO Serum	<38	55
		141	156
		<3.5	<3.5
		<4.9	<4.9
		<4.3	<4.3
		<68	<68
		<0.75	<0.75
		<3.8	<3.8
		<0.12	<0.12
		<220	<220
		<70	<70
		<0.14	<0.14
		<0.0073	<0.0073
		27	11
		0.71	1.1
		1220	844
		1120	937
		1220	1120
		1030	1030
		2170	2170
		2260	2260
		132	132
		<3.5	<3.5
		<4.9	<4.9
		<4.3	<4.3
		<68	<68
		<0.75	<0.75
		<3.8	<3.8
		<0.12	<0.12
		<220	<220
		<70	<70
		<0.14	<0.14
		<0.0073	<0.0073
		24	24
		1.2	1.2
		1550	1550
		1080	1080
		38	38
		6.6	6.6
		108	108
		6.5	6.5
		25	25
		4.3	4.3
		52	52
		0.47	0.47
		2.6	2.6
		0.086	0.086
		91	91
		40	40
		0.12	0.12
		0.0071	0.0071
		6.2	6.2
		0.026	0.026
		0.053	0.053
		463	463

Appendix Table 1 Continued

ALTLID	Samples	Analytes	
		Units	pg/mL
		Myriad RBM LDD	Lymphotactin
		Myriad RBM LDD	Macrophage Colony-Stimulating Factor-1 (M-CSF-1)
		Myriad RBM LDD	Macrophage-Derived Chemokine (MDC)
		Myriad RBM LDD	Macrophage Inflammatory Protein-1alpha (MIP-1 alpha)
		Myriad RBM LDD	Macrophage Inflammatory Protein-1 beta (MIP-1 beta)
		Myriad RBM LDD	Macrophage Inflammatory Protein-1 gamma (MIP-1 gamma)
		Myriad RBM LDD	Macrophage Inflammatory Protein-2 (MIP-2)
		Myriad RBM LDD	Macrophage Inflammatory Protein-3 beta (MIP-3 beta)
		Myriad RBM LDD	Matrix Metalloproteinase-9 (MMP-9)
		Myriad RBM LDD	Monocyte Chemotactic Protein 1 (MCP-1)
		Myriad RBM LDD	Monocyte Chemotactic Protein 3 (MCP-3)
		Myriad RBM LDD	Monocyte Chemotactic Protein-5 (MCP-5)
		Myriad RBM LDD	Myeloperoxidase (MPO)
		Myriad RBM LDD	Myoglobin
		Myriad RBM LDD	Oncostatin-M (OSM)
		Myriad RBM LDD	Plasminogen Activator Inhibitor 1 (PAI-1)
		Myriad RBM LDD	Resistin
13	Mouse 1 WT Serum	34	5.9
14	Mouse 2 WT Serum	75	5.8
15	Mouse 3 WT Serum	79	5.2
16	Mouse 4 WT Serum	79	5.2
17	Mouse 5 WT Serum	85	6.9
18	Mouse 6 WT Serum	104	6.7
19	Mouse 1 KO Serum	87	7.7
20	Mouse 2 KO Serum	87	5.5
21	Mouse 3 KO Serum	83	5.6
22	Mouse 4 KO Serum	79	5.8
23	Mouse 5 KO Serum	138	7.1
24	Mouse 6 KO Serum	62	5.5
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2
			22
			2.7
			102
			17
			91
			7.0
			66
			388
			<0.21
			0.28
			<0.039
			474
			3.4
			80
			5.2

Appendix Table 1 Continued

ALTI ID	Samples	Analyses	
		Units	Myriad RBM LLOQ
13	Mouse 1 WT Serum	QNS	0.82
	Mouse 2 WT Serum	NR	0.15
14	Mouse 3 WT Serum	QNS	0.36
	Mouse 4 WT Serum	NR	0.10
15	Mouse 5 WT Serum	QNS	0.78
	Mouse 6 WT Serum	NR	0.15
16	Mouse 1 KO Serum	QNS	0.36
	Mouse 2 KO Serum	NR	0.10
17	Mouse 3 KO Serum	QNS	0.78
	Mouse 4 KO Serum	NR	0.15
18	Mouse 5 KO Serum	QNS	0.36
	Mouse 6 KO Serum	NR	0.10
19	Mouse 1 WT Serum	QNS	0.82
	Mouse 2 WT Serum	NR	0.15
20	Mouse 3 WT Serum	QNS	0.36
	Mouse 4 WT Serum	NR	0.10
21	Mouse 5 WT Serum	QNS	0.78
	Mouse 6 WT Serum	NR	0.15
22	Mouse 1 KO Serum	QNS	0.36
	Mouse 2 KO Serum	NR	0.10
23	Mouse 3 KO Serum	QNS	0.78
	Mouse 4 KO Serum	NR	0.15
24	Mouse 5 KO Serum	QNS	0.36
	Mouse 6 KO Serum	NR	0.10

Appendix Table 2 Continued

ALT ID	Samples	Analyses	Units	Myriad RefM LLOQ	Myriad RefM LLOQ
25	Liver - wt-MHP3	Adiponectin	ug/mL	<0.00030	<0.00030
26	Liver - wt-MHP3	Insulin-Like Growth Factor I (IGF-I)	ng/mL	0.071	0.085
27	Liver - wt-MHP3	Beta-2-Microglobulin (B2M)	ng/mL	0.085	0.15
28	Liver - wt-MHP3	Calbindin	ng/mL	0.021	0.031
29	Liver - wt-MHP3	Clusterin (CLU)	ug/mL	2E-24	4E-24
30	Liver - wt-MHP3	Cystatin-C	ng/mL	0.029	0.029
31	Liver - KO-MHP3	Glutathione S-Transferase alpha (GST-alpha)	ng/mL	2.1	2.7
32	Liver - KO-MHP3	Glutathione S-Transferase Mu (GST-Mu)	ng/mL	3.0	3.0
33	Liver - KO-MHP3	Kidney Injury Molecule-1 Rat (KIM-1 Rat)	ng/mL	0.034	0.031
34	Liver - KO-MHP3	Neutrophil Gelatinase-Associated Lipocalin (NGAL)	ng/mL	0.0091	0.0020
35	Liver - KO-MHP3	Osteopontin	ng/mL	8E-24	0.002
36	Liver - KO-MHP3				
37	Kidney - wt-MHP3				
38	Kidney - wt-MHP3				
39	Kidney - wt-MHP3				
40	Kidney - wt-MHP3				
41	Kidney - wt-MHP3				
42	Kidney - wt-MHP3				
43	Kidney - KO-MHP3				
44	Kidney - KO-MHP3				
45	Kidney - KO-MHP3				
46	Kidney - KO-MHP3				
47	Kidney - KO-MHP3				
48	Kidney - KO-MHP3				
49	Brain - wt-MHP3				
50	Brain - wt-MHP3				
51	Brain - wt-MHP3				
52	Brain - wt-MHP3				
53	Brain - wt-MHP3				
54	Brain - wt-MHP3				
55	Brain - KO-MHP3				
56	Brain - KO-MHP3				
57	Brain - KO-MHP3				
58	Brain - KO-MHP3				
59	Brain - KO-MHP3				
60	Brain - KO-MHP3				

Appendix Table 3: Tissue Results from Human Discovery Product.

The single wild type kidney sample with red font was excluded from data analysis due to incorrect dilution of the tissue with lysis buffer during tissue homogenization. LDD, LLOQ, QNS and NR are explained in the caption for appendix table 1. Care should be taken prior to interpreting results from the Human Discovery product since the assays are designed to detect human protein and may not cross-react specifically with rodent protein.

ALT ID	Sample	Units	Myriad RBM LDD	Myriad RBM LLOQ	Agouti-Related Protein (AgRP)	Aldose Reductase	Alpha-1-Antichymotrypsin (AACT)	Alpha-1-Antitrypsin (AAT)	Alpha-1-Microglobulin (A1Micro)	Alpha-2-Macroglobulin (A2Macro)	Alpha-Fetoprotein (AFP)	Amphiregulin (AR)	Angiogenin	Angiotensin-2 (ANG-2)	Angiotensin-Converting Enzyme (ACE)	Angiotensinogen	Apoprotein(a) (Lp(a))	Apoprotein A-I (Apo A-I)	Apoprotein A-II (Apo A-II)	Apoprotein A-IV (Apo A-IV)	Apoprotein B (Apo B)	Apoprotein C-I (Apo C-I)	Apoprotein C-III (Apo C-III)	Apoprotein D (Apo D)	Apoprotein E (Apo E)	Apoprotein H (Apo H)	AXL Receptor Tyrosine Kinase (AXL)	B Cell-activating factor (BAFF)	B Lymphocyte Chemoattractant (BLC)	Betacellulin (BTC)	Brain-Derived Neurotrophic Factor (BDNF)		
25	Liver - wt-MiP3	pg/ml	8.2	24	<15	0.84	<2.5	0.000003	0.00016	0.00048	0.32	<186	<0.081	0.22	<12	6.4	<0.00091	<0.00091	0.000047	<0.19	<0.0021	0.032	0.000022	0.053	0.0004	0.000063	<0.10	<3.7	14	<2.7	<0.0072		
26	Liver - wt-MiP3	pg/ml	24	0.84	<15	0.84	<2.5	1.4E-07	0.00015	0.00032	0.21	<186	<0.081	0.19	<12	2.2	<0.00091	<0.00091	0.000066	<0.19	<0.0021	0.032	<1.1E-05	0.054	0.0004	0.000067	<0.10	<3.7	14	5.7	<0.0072		
27	Liver - wt-MiP3	pg/ml	24	0.84	<15	0.84	<2.5	2.1E-07	0.00014	0.00035	0.14	<186	<0.081	0.12	<12	1.6	<0.00091	<0.00091	0.000086	<0.19	<0.0021	0.036	<1.1E-05	0.052	0.0004	<0.2E-05	<0.10	<3.7	14	136	0.011	<0.0072	
28	Liver - wt-MiP3	pg/ml	33	1.4	<15	1.4	<2.5	2.7E-07	0.00025	0.00030	0.28	<186	<0.081	0.22	<12	3.9	<0.00091	<0.00091	0.000073	<0.19	<0.0021	0.035	<1.1E-05	0.072	0.0004	0.00007	<0.10	<3.7	14	4.6	<0.0072		
29	Liver - wt-MiP3	pg/ml	<15	0.84	<15	0.84	<2.5	1.9E-07	0.00017	0.00013	0.17	<186	<0.081	0.044	<12	3.9	<0.00091	<0.00091	0.000072	<0.19	<0.0021	0.038	0.000038	0.078	0.0004	0.00007	<0.10	<3.7	18	<2.7	<0.0072		
30	Liver - wt-MiP3	pg/ml	49	1.9	<15	1.9	<2.5	7.9E-07	0.00035	0.00032	0.17	<186	<0.081	0.31	<10	10	<0.00091	<0.00091	0.000092	<0.19	<0.0021	0.038	0.000044	0.088	0.0004	0.00012	0.022	<3.7	5.3	19	<2.7	<0.0072	
31	Liver - KO-MiP3	NR	<23	0.84	<15	0.84	<2.5	1.7E-07	0.00013	0.00013	0.12	<186	<0.081	0.68	<12	5.8	<0.00091	<0.00091	0.000043	<0.19	<0.0021	0.034	0.000033	0.091	0.0004	<0.2E-05	<0.10	<3.7	14	<2.7	<0.0072		
32	Liver - KO-MiP3	NR	0.84	0.84	<15	0.84	<2.5	2.9E-07	0.00019	0.00043	0.22	<186	<0.081	0.28	<12	3.8	<0.00091	<0.00091	0.000032	<0.19	<0.0021	0.032	<1.1E-05	0.080	0.0004	<0.2E-05	<0.10	<3.7	12	8.0	<2.7	<0.0072	
33	Liver - KO-MiP3	<15	<23	1.1	<15	1.1	<2.5	0.001018	0.00014	0.00024	0.31	<186	<0.081	0.28	<12	5.9	<0.00091	<0.00091	0.000041	<0.19	<0.0021	0.032	<1.1E-05	0.078	0.0004	0.00007	<0.10	<3.7	18	150	0.018	<0.0072	
34	Liver - KO-MiP3	<15	29	1.3	<15	1.3	<2.5	2.9E-07	0.00020	0.00024	0.17	<186	<0.081	0.34	<12	4.5	<0.00091	<0.00091	0.000037	<0.19	<0.0021	0.036	<1.1E-05	0.11	0.0004	<0.2E-05	<0.10	<3.7	18	197	0.015	<0.0072	
35	Liver - KO-MiP3	<15	39	1.3	<15	1.3	<2.5	2.9E-07	0.00020	0.00024	0.24	<186	<0.081	0.34	<12	3.3	<0.00091	<0.00091	0.000032	<0.19	<0.0021	0.032	<1.1E-05	0.058	0.0004	<0.2E-05	<0.10	<3.7	12	62.3	0.015	<0.0072	
36	Liver - KO-MiP3	<15	39	1.3	<15	1.3	<2.5	0.000003	0.00024	0.00038	0.24	<186	<0.081	0.38	<12	3.3	<0.00091	<0.00091	0.00002	<0.19	<0.0021	0.032	0.000012	0.097	0.0004	0.00012	0.022	<3.7	12	62.3	0.011	<0.0072	
37	Kidney - wt-MiP3	NR	24	3.1	<15	3.1	<2.5	0.0000016	0.00024	0.0002	0.48	<288	0.028	0.38	0.47	2.5	0.0029	8.2E-08	0.000044	<0.19	<0.0021	0.065	0.000069	0.092	0.0004	0.000079	<0.10	NR	27	<2.7	<0.0072		
38	Kidney - wt-MiP3	21	3.9	4.2	<15	4.2	<2.5	0.0000016	0.00024	0.0002	0.48	<288	0.028	0.38	0.47	2.5	0.0029	<0.00091	0.000035	<0.19	<0.0021	0.065	0.000014	0.081	0.0004	0.000079	<0.10	NR	27	<2.7	<0.0072		
39	Kidney - wt-MiP3	38	4.2	2.1	<15	2.1	<2.5	0.000012	0.00031	0.00027	0.75	<357	0.016	0.28	0.21	4.8	0.0050	<0.00091	0.000021	<0.19	<0.0021	0.020	<1.1E-05	0.052	0.0004	0.00011	0.021	6.6	20	<2.7	0.029	<0.0072	
40	Kidney - wt-MiP3	28	4.9	2.2	<15	2.2	<2.5	8.6E-07	0.00025	0.00022	0.89	<300	0.022	0.28	0.19	0.9	0.0045	<0.00091	0.000046	<0.19	<0.0021	0.021	0.00023	0.075	0.0004	0.00006	0.029	6.9	24	<2.7	0.058	<0.0072	
41	Kidney - wt-MiP3	28	3.9	2.6	<15	2.6	<2.5	0.0000011	0.00028	0.00022	0.89	<307	0.022	0.42	0.22	5.7	0.0045	<0.00091	0.000046	<0.19	<0.0021	0.015	0.00023	0.075	0.0004	0.00006	0.029	6.9	24	<2.7	0.058	<0.0072	
42	Kidney - wt-MiP3	84	150	3.8	<15	3.8	<2.5	0.0000031	0.00021	0.00038	2.0	<277	0.042	1.3	0.4	16	0.014	<0.00091	<0.00091	0.000046	<0.19	<0.0021	0.032	0.000016	0.13	0.0004	0.00012	0.025	8.1	24	<2.7	0.058	<0.0072
43	Kidney - KO-MiP3	48	2.1	2.2	<15	2.2	<2.5	0.0000012	0.00027	0.00024	0.73	<344	0.028	0.39	0.21	4.0	0.0045	<0.00091	0.000032	<0.19	<0.0021	0.025	<1.1E-05	0.058	0.0004	0.000076	0.024	6.3	22	<2.7	0.078	<0.0072	
44	Kidney - KO-MiP3	30	3.8	2.2	<15	2.2	<2.5	0.0000012	0.00027	0.00024	0.73	<447	0.028	0.31	0.21	4.0	0.0045	<0.00091	0.000032	<0.19	<0.0021	0.025	<1.1E-05	0.058	0.0004	0.000076	0.024	8.9	26	<2.7	0.058	<0.0072	
45	Kidney - KO-MiP3	20	4.9	2.1	<15	2.1	<2.5	0.0000014	0.00028	0.00025	0.90	<392	0.029	0.34	0.24	7.8	0.0055	<0.00091	0.000046	<0.19	<0.0021	0.015	0.00027	0.091	0.0004	0.00011	0.028	8.9	26	<2.7	0.058	<0.0072	
46	Kidney - KO-MiP3	20	4.9	2.1	<15	2.1	<2.5	0.0000014	0.00028	0.00025	0.90	<392	0.029	0.34	0.24	7.8	0.0055	<0.00091	0.000046	<0.19	<0.0021	0.015	0.00027	0.091	0.0004	0.00011	0.028	8.9	26	<2.7	0.058	<0.0072	
47	Kidney - KO-MiP3	40	4.2	2.1	<15	2.1	<2.5	6.1E-07	0.00027	0.00024	0.89	<388	0.028	0.28	0.26	2.5	0.0046	<0.00091	0.000046	<0.19	<0.0021	0.022	0.00028	0.078	0.0004	0.00011	0.028	8.1	26	<2.7	0.058	<0.0072	
48	Kidney - KO-MiP3	40	4.2	2.1	<15	2.1	<2.5	6.1E-07	0.00027	0.00024	0.89	<388	0.028	0.28	0.26	2.5	0.0046	<0.00091	0.000046	<0.19	<0.0021	0.022	0.00028	0.078	0.0004	0.00011	0.028	8.1	26	<2.7	0.058	<0.0072	
49	Kidney - KO-MiP3	31	2.0	2.0	<15	2.0	<2.5	0.0000011	0.00027	0.00024	0.89	<388	0.028	0.28	0.26	2.5	0.0046	<0.00091	0.000046	<0.19	<0.0021	0.022	0.00028	0.078	0.0004	0.00011	0.028	8.1	26	<2.7	0.058	<0.0072	
50	Brain - wt-MiP3	<15	24	<0.87	<15	<0.87	<2.5	8.9E-08	0.00007	0.00018	0.14	<186	<0.081	0.49	<12	0.074	<0.00091	<0.00091	<1.4E-05	<0.19	<0.0021	0.00051	<1.1E-05	0.040	0.0004	<0.2E-05	<0.10	<3.7	12	28	<2.7	0.15	<0.0072
51	Brain - wt-MiP3	<15	24	<0.87	<15	<0.87	<2.5	0.0000011	0.00007	0.00018	0.14	<186	<0.081	0.49	<12	0.11	<0.00091	<0.00091	<1.4E-05	<0.19	<0.0021	0.00051	<1.1E-05	0.047	0.0004	<0.2E-05	<0.10	<3.7	12	31	<2.7	0.15	<0.0072
52	Brain - wt-MiP3	<15	24	<0.87	<15	<0.87	<2.5	<2E-08	0.00006	0.00016	0.12	<186	<0.081	0.48	<12	0.14	<0.00091	<0.00091	<1.4E-05	<0.19	<0.0021	0.00057	<1.1E-05	0.037	0.0004	<0.2E-05	<0.10	<3.7	12	31	<2.7	0.14	<0.0072
53	Brain - wt-MiP3	<15	24	<0.87	<15	<0.87	<2.5	0.0000011	0.00006	0.00016	0.12	<186	<0.081	0.48	<12	0.14	<0.00091	<0.00091	<1.4E-05	<0.19	<0.0021	0.00057	<1.1E-05	0.037	0.0004	<0.2E-05	<0.10	<3.7	12	31	<2.7	0.14	<0.0072
54	Brain - wt-MiP3	<15	<23	<0.87	<15	<0.87	<2.5	0.0000001	0.00005	0.00035	0.14	<186	<0.081	0.54	<12	0.093	<0.00091	<0.00091	<1.4E-05	<0.19	<0.0021	0.00043	<1.1E-05	0.037	0.0004	<0.2E-05	<0.10	<3.7	12	34	<2.7	0.15	<0.0072
55	Brain - KO-MiP3	<15	24	<0.87	<15	<0.87	<2.5	1.3E-07	8.6E-05	0.00016	0.15	<186	<0.081	0.4																			

Appendix Table 3 Continued

AU ID	Sample	Analyte		Methylated RRM LDD	Methylated RRM LDD
		Unit	Unit		
25	Liver-wt-MIP3	U/ml	U/ml	0.46	0.78
26	Liver-wt-MIP3	U/ml	U/ml	0.056	0.090
27	Liver-wt-MIP3	U/ml	U/ml	0.056	0.090
28	Liver-wt-MIP3	U/ml	U/ml	0.056	0.090
29	Liver-wt-MIP3	U/ml	U/ml	0.056	0.090
30	Liver-wt-MIP3	U/ml	U/ml	0.056	0.090
31	Liver-KO-MIP3	U/ml	U/ml	0.056	0.090
32	Liver-KO-MIP3	U/ml	U/ml	0.056	0.090
33	Liver-KO-MIP3	U/ml	U/ml	0.056	0.090
34	Liver-KO-MIP3	U/ml	U/ml	0.056	0.090
35	Liver-KO-MIP3	U/ml	U/ml	0.056	0.090
36	Liver-KO-MIP3	U/ml	U/ml	0.056	0.090
37	Kidney-wt-MIP3	U/ml	U/ml	0.056	0.090
38	Kidney-wt-MIP3	U/ml	U/ml	0.056	0.090
39	Kidney-wt-MIP3	U/ml	U/ml	0.056	0.090
40	Kidney-wt-MIP3	U/ml	U/ml	0.056	0.090
41	Kidney-wt-MIP3	U/ml	U/ml	0.056	0.090
42	Kidney-wt-MIP3	U/ml	U/ml	0.056	0.090
43	Kidney-KO-MIP3	U/ml	U/ml	0.056	0.090
44	Kidney-KO-MIP3	U/ml	U/ml	0.056	0.090
45	Kidney-KO-MIP3	U/ml	U/ml	0.056	0.090
46	Kidney-KO-MIP3	U/ml	U/ml	0.056	0.090
47	Kidney-KO-MIP3	U/ml	U/ml	0.056	0.090
48	Kidney-KO-MIP3	U/ml	U/ml	0.056	0.090
49	Brain-wt-MIP3	U/ml	U/ml	0.056	0.090
50	Brain-wt-MIP3	U/ml	U/ml	0.056	0.090
51	Brain-wt-MIP3	U/ml	U/ml	0.056	0.090
52	Brain-wt-MIP3	U/ml	U/ml	0.056	0.090
53	Brain-wt-MIP3	U/ml	U/ml	0.056	0.090
54	Brain-wt-MIP3	U/ml	U/ml	0.056	0.090
55	Brain-KO-MIP3	U/ml	U/ml	0.056	0.090
56	Brain-KO-MIP3	U/ml	U/ml	0.056	0.090
57	Brain-KO-MIP3	U/ml	U/ml	0.056	0.090
58	Brain-KO-MIP3	U/ml	U/ml	0.056	0.090
59	Brain-KO-MIP3	U/ml	U/ml	0.056	0.090
60	Brain-KO-MIP3	U/ml	U/ml	0.056	0.090

Appendix Table 3 Continued

ALTD	Samples	Units	Mean ± SEM	LUO	Myriad RSN	LUO
25	Liver-wt-MIP3	Fatty Acid-Binding Protein, liver (FABP, liver)	7120	0.009	<0.00077	<0.00028
26	Liver-wt-MIP3	Ferritin (FRTN)	16000	0.27	<0.00062	<0.00019
27	Liver-wt-MIP3	Fetuin-A	15800	0.061	<0.00062	<0.00019
28	Liver-wt-MIP3	Fibroblast Growth Factor 4 (FGF-4)	35400	0.24	<0.00062	<0.00019
29	Liver-wt-MIP3	Fibulin-1C (Fib-1C)	25000	0.24	<0.00062	<0.00019
30	Liver-wt-MIP3	Follicle-Stimulating Hormone (FSH)	25000	0.44	0.0024	0.00068
31	Liver-KO-MIP3	Galactin-3	19300	0.12	0.00068	0.00021
32	Liver-KO-MIP3	Gelsolin	18300	0.16	0.00071	0.00021
33	Liver-KO-MIP3	Glucagon-like Peptide 1, active (GLP-1 active)	17200	0.38	0.0011	0.00027
34	Liver-KO-MIP3	Glucose-6-phosphate Isomerase (GPI)	39700	0.087	0.00071	0.00024
35	Liver-KO-MIP3	Glutathione S-Transferase Mu 1 (GST-M1)	35500	0.19	0.00071	0.00017
36	Liver-KO-MIP3	Granulocyte Colony-Stimulating Factor (G-CSF)	45000	0.19	<0.00092	<0.00021
37	Kidney-wt-MIP3	Growth Hormone (GH)	19	0.12	0.0047	0.00063
38	Kidney-wt-MIP3	HE4	ONS	0.22	0.0019	0.00063
39	Kidney-wt-MIP3	Heat Shock Protein 60 (HSP-60)	13	0.20	0.0023	0.00068
40	Kidney-wt-MIP3	Heparin-Binding EGF-Like Growth Factor (HB-EGF)	15	0.24	0.0022	0.00061
41	Kidney-wt-MIP3	Hepatocyte Growth Factor (HGF)	20	0.25	0.0027	0.00065
42	Kidney-wt-MIP3	Hepatocyte Growth Factor receptor (HGF receptor)	41	0.51	0.0083	0.00016
43	Kidney-KO-MIP3	Hepatic Growth Factor receptor (HGF receptor)	34	0.20	0.0025	0.00063
44	Kidney-KO-MIP3	Hepatin	19	0.21	0.0025	0.00063
45	Kidney-KO-MIP3	Human Chorionic Gonadotropin beta (hCG)	18	0.24	0.0031	0.00069
46	Kidney-KO-MIP3	Human Epidermal Growth Factor Receptor 2 (HER-2)	18	0.25	0.0030	0.00069
47	Kidney-KO-MIP3	Human Epidermal Growth Factor Receptor 2 (HER-2)	19	0.18	0.0028	0.00066
48	Kidney-KO-MIP3	Immunoglobulin E (IgE)	19	0.20	0.0028	0.00064
49	Brian-wt-MIP3	Immunoglobulin M (IgM)	<4.8	0.034	<0.00062	<0.00016
50	Brian-wt-MIP3	Insulin	<4.8	0.038	<0.00069	<0.00021
51	Brian-wt-MIP3	Insulin-like Growth Factor-Binding Protein 1 (IGFBP-1)	<4.8	0.038	<0.00069	<0.00021
52	Brian-wt-MIP3	Insulin-like Growth Factor-Binding Protein 2 (IGFBP-2)	<4.8	0.042	<0.00062	<0.00016
53	Brian-wt-MIP3	Insulin-like Growth Factor-Binding Protein 3 (IGFBP-3)	<4.8	0.050	0.00065	<0.00016
54	Brian-wt-MIP3	Insulin-like Growth Factor-Binding Protein 4 (IGFBP-4)	<4.8	<0.021	0.00065	<0.00016
55	Brian-KO-MIP3	Insulin-like Growth Factor-Binding Protein 5 (IGFBP-5)	4.9	0.050	0.00071	0.00020
56	Brian-KO-MIP3	Insulin-like Growth Factor-Binding Protein 6 (IGFBP-6)	<4.8	0.050	<0.00062	<0.00016
57	Brian-KO-MIP3	Insulin	<4.8	0.054	<0.00062	<0.00016
58	Brian-KO-MIP3	Insulin-like Growth Factor-Binding Protein 1 (IGFBP-1)	<4.8	0.058	<0.00062	<0.00016
59	Brian-KO-MIP3	Insulin-like Growth Factor-Binding Protein 2 (IGFBP-2)	<4.8	0.062	<0.00062	<0.00016
60	Brian-KO-MIP3	Insulin-like Growth Factor-Binding Protein 3 (IGFBP-3)	<4.8	0.042	0.00072	0.00019

Appendix Table 3 Continued

ALT ID	Samples	Units	Myriad RBM1 LOD	Myriad RBM1 LOD	Analyses	Units	Myriad RBM1 LOD	Myriad RBM1 LOD
25	Liver-wt-MIP3	ng/ml	1.0	8.6	Interleukin-1 receptor antagonist (IL-1Ra)	pg/ml	1.0	8.6
26	Liver-wt-MIP3	ng/ml	1.1	8.4	Interleukin-2 receptor alpha (IL-2 receptor alpha)	pg/ml	1.1	8.4
27	Liver-wt-MIP3	ng/ml	1.0	8.6	Interleukin-6 receptor subunit beta (IL-6R beta)	pg/ml	1.0	8.6
28	Liver-wt-MIP3	ng/ml	0.98	8.2	Interleukin-8 (IL-8)	pg/ml	0.98	8.2
29	Liver-wt-MIP3	ng/ml	2.5	8.2	Interleukin-12 Subunit p40 (IL-12p40)	pg/ml	2.5	8.2
30	Liver-wt-MIP3	ng/ml	2.0	14	Interleukin-13 (IL-13)	pg/ml	2.0	14
31	Liver-HO-MIP3	ng/ml	1.4	NR	Interleukin-15 (IL-15)	pg/ml	1.4	NR
32	Liver-HO-MIP3	ng/ml	1.1	6.0	Interleukin-16 (IL-16)	pg/ml	1.1	6.0
33	Liver-HO-MIP3	ng/ml	1.2	11	Interleukin-17 (IL-17)	pg/ml	1.2	11
34	Liver-HO-MIP3	ng/ml	1.1	12	Interleukin-23 (IL-23)	pg/ml	1.1	12
35	Liver-HO-MIP3	ng/ml	1.1	47	Kallicrein 5	pg/ml	1.1	47
36	Liver-HO-MIP3	ng/ml	1.1	13	Kallicrein-7 (KLK-7)	pg/ml	1.1	13
37	Kidney-wt-MIP3	ng/ml	1.7	NR	Kidney Injury Molecule-1 (KIM-1)	ng/ml	1.7	NR
38	Kidney-wt-MIP3	ng/ml	1.9	11	Lactoyglutathione lyase (LGL)	ng/ml	1.9	11
39	Kidney-wt-MIP3	ng/ml	2.1	9.4	Latency-Associated Peptide of Transforming Growth Factor beta 1 (LAPTGF-β1)	ng/ml	2.1	9.4
40	Kidney-wt-MIP3	ng/ml	2.1	21	Leptin	ng/ml	2.1	21
41	Kidney-wt-MIP3	ng/ml	2.1	21	Luteinizing Hormone (LH)	mIU/ml	2.1	21
42	Kidney-wt-MIP3	ng/ml	6.0	60	Macrophage Colony-Stimulating Factor 1 (M-CSF)	pg/ml	6.0	60
43	Kidney-HO-MIP3	ng/ml	1.9	15	Macrophage Inflammatory Protein-3 alpha (MIP-3 alpha)	pg/ml	1.9	15
44	Kidney-HO-MIP3	ng/ml	2.0	12	Macrophage Migration Inhibitory Factor (MIF)	ng/ml	2.0	12
45	Kidney-HO-MIP3	ng/ml	2.1	20	Macrophage-Stimulating Protein (MSP)	ng/ml	2.1	20
46	Kidney-HO-MIP3	ng/ml	2.1	23	Maspin	ng/ml	2.1	23
47	Kidney-HO-MIP3	ng/ml	1.9	19	Matrix Metalloproteinase-1 (MMP-1)	ng/ml	1.9	19
48	Kidney-HO-MIP3	ng/ml	1.9	19	Matrix Metalloproteinase-3 (MMP-3)	ng/ml	1.9	19
49	Brain-wt-MIP3	ng/ml	0.68	4.2	Matrix Metalloproteinase-7 (MMP-7)	ng/ml	0.68	4.2
50	Brain-wt-MIP3	ng/ml	0.85	4.2	Matrix Metalloproteinase-9, total (MMP-9, total)	ng/ml	0.85	4.2
51	Brain-wt-MIP3	ng/ml	0.73	4.2	Matrix Metalloproteinase-10 (MMP-10)	ng/ml	0.73	4.2
52	Brain-wt-MIP3	ng/ml	0.85	4.2	Mesothelin (MSLN)	ng/ml	0.85	4.2
53	Brain-wt-MIP3	ng/ml	NR	NR				
54	Brain-wt-MIP3	ng/ml	0.77	4.2				
55	Brain-HO-MIP3	ng/ml	0.68	4.2				
56	Brain-HO-MIP3	ng/ml	0.58	4.2				
57	Brain-HO-MIP3	ng/ml	0.63	4.2				
58	Brain-HO-MIP3	ng/ml	0.77	4.2				
59	Brain-HO-MIP3	ng/ml	0.58	4.2				
60	Brain-HO-MIP3	ng/ml	0.83	4.2				

Appendix Table 3 Continued

ALTD	Samples	Analyses		MHC class I chain-related protein A (MCA)	Monocyte Chemoattractant Protein 2 (MCP-2)	Monocyte Chemoattractant Protein 4 (MCP-4)	Monokine Induced by Gamma Interferon (MIG)	Myeloid Progenitor Inhibitory Factor 1 (MPlF-1)	Nerve Growth Factor beta (NGF-beta)	Neuron-Specific Enolase (NSE)	Neuronal Cell Adhesion Molecule (N-CAM)	Neurotrophin-1	Osteopontin (OPG)	Pancreatic Polypeptide (PPP)	Pepsinogen I (PGI)	Phosphoserine Aminotransferase (PSAT)	Placenta Growth Factor (PLGF)	Plasminogen Activator Inhibitor 1 (PAI-1)	Platelet-Derived Growth Factor BB (PDGF-BB)	Proinsulin, Intact	Proinsulin, Total	Prolactin (PRL)	Prostatein	Prostate-Specific Antigen, Free (PSA-f)	Protein S100-A4 (S100-A4)	Pulmonary and Activation-Regulated Chemokine (PARC)	Receptor for advanced glycosylation end products (RAGE)	Receptor tyrosine-protein kinase erbB-3 (ErbB3)	Resistin	S100 calcium-binding protein B (S100-B)	Serotransferrin (Transferrin)	Sex Hormone-Binding Globulin (SHBG)	Sortilin	Squamous Cell Carcinoma Antigen-1 (SCCA-1)	
		Units	RM																																
25	Liver-wt-MlFP3	<15	2.3	104	<22	0.073	0.50	0.33	0.15	0.070	0.025	0.039	0.13	1.3	0.040	0.15	<11	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
26	Liver-wt-MlFP3	<15	2.3	104	<22	0.049	0.034	2.0	0.070	0.025	0.039	0.13	1.3	0.040	0.15	<11	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22	
27	Liver-wt-MlFP3	18	2.7	<89	<22	0.032	0.032	1.7	0.061	0.055	0.11	0.80	0.029	0.11	0.86	0.089	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
28	Liver-wt-MlFP3	38	2.3	132	<22	0.058	0.052	1.3	0.067	0.028	0.11	0.86	0.029	0.11	0.86	0.089	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
29	Liver-wt-MlFP3	31	4.1	104	<22	0.032	0.017	3.0	0.042	0.11	0.12	0.59	0.041	0.12	0.59	0.041	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
30	Liver-wt-MlFP3	59	4.6	180	<22	0.14	0.089	3.0	0.050	0.040	0.28	0.14	0.077	0.11	0.74	0.077	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
31	Liver-KO-MlFP3	20	1.9	<89	<22	<0.028	<0.016	1.1	<0.040	0.025	0.066	0.80	0.051	0.12	0.52	0.051	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
32	Liver-KO-MlFP3	<15	2.3	132	<22	0.054	<0.016	1.6	0.079	0.025	0.066	0.80	0.051	0.12	0.52	0.051	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
33	Liver-KO-MlFP3	22	2.7	132	<22	0.073	0.037	0.22	0.12	0.085	0.15	1.5	0.041	0.15	1.5	0.041	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
34	Liver-KO-MlFP3	45	2.7	157	<22	0.032	<0.016	0.44	0.13	0.044	<0.001	0.74	0.084	<0.12	0.41	0.084	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
35	Liver-KO-MlFP3	29	2.7	104	<22	0.066	0.019	0.19	0.079	0.038	<0.001	0.74	0.084	<0.12	0.41	0.084	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
36	Liver-KO-MlFP3	45	3.1	132	<22	<0.028	<0.016	0.31	0.079	0.083	0.11	0.74	0.077	0.11	0.74	0.077	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
37	Kidney-wt-MlFP3	189	4.6	104	<22	0.045	0.025	1.7	0.41	0.011	0.12	3.2	0.12	0.12	0.12	0.12	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
38	Kidney-wt-MlFP3	86	4.0	189	24	0.16	0.083	2.2	0.26	0.043	0.22	2.7	0.18	0.13	1.4	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
39	Kidney-wt-MlFP3	86	4.0	189	24	0.16	0.083	2.2	0.26	0.043	0.22	2.7	0.18	0.13	1.4	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
40	Kidney-wt-MlFP3	72	3.7	157	<22	0.17	0.073	1.7	0.26	0.055	0.28	2.6	0.18	0.18	1.7	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
41	Kidney-wt-MlFP3	77	4.0	145	<22	0.16	0.062	1.8	0.29	0.051	0.32	2.6	0.18	0.18	1.7	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
42	Kidney-wt-MlFP3	289	13	650	57	0.49	0.231	5.7	0.67	0.13	0.74	7.7	0.43	0.50	5.0	0.44	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
43	Kidney-KO-MlFP3	86	4.0	180	39	0.16	0.070	2.1	0.29	0.050	0.34	3.0	0.15	0.14	1.6	0.019	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
44	Kidney-KO-MlFP3	86	3.7	157	<22	0.18	0.070	2.1	0.27	0.037	0.36	3.1	0.18	0.20	2.1	0.022	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
45	Kidney-KO-MlFP3	86	4.6	202	39	0.19	0.081	2.1	0.34	0.046	0.39	3.5	0.18	0.18	1.8	0.028	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
46	Kidney-KO-MlFP3	117	4.0	212	31	0.21	0.089	2.1	0.36	0.062	0.41	3.6	0.18	0.18	1.7	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
47	Kidney-KO-MlFP3	70	3.1	157	<22	0.19	0.074	2.1	0.29	0.033	0.39	3.0	0.18	0.18	1.7	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
48	Kidney-KO-MlFP3	90	4.6	202	39	0.19	0.077	2.1	0.35	0.058	0.39	3.1	0.18	0.18	1.7	0.030	<0.12	<11	<11	<144	3.5	18	<0.082	1.1	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22
49	Brain-wt-MlFP3	<15	<1.3	<89	<22	<0.028	<0.025	57.0	0.642	0.005	<0.001	0.32	0.041	<0.12	<11	<11	<11	<11	<144	8.1	26	<0.082	0.43	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22	
50	Brain-wt-MlFP3	<15	<1.3	<89	<22	0.044	0.025	56.0	0.651	0.012	<0.001	0.36	0.029	<0.12	<11	<11	<11	<11	<144	8.1	26	<0.082	0.43	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22	
51	Brain-wt-MlFP3	<15	<1.3	104	<22	0.041	0.016	49.0	0.651	0.009	<0.001	0.32	0.029	<0.12	<11	<11	<11	<11	<144	8.1	26	<0.082	0.43	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22	
52	Brain-wt-MlFP3	<15	<1.3	104	<22	0.032	0.019	51.0	0.651	0.016	<0.001	0.36	0.029	<0.12	<11	<11	<11	<11	<144	8.1	26	<0.082	0.43	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22	
53	Brain-wt-MlFP3	<15	<1.3	<89	<22	0.041	0.017	49.0	0.642	0.006	<0.001	0.46	0.051	<0.12	<11	<11	<11	<11	<144	8.1	26	<0.082	0.43	<0.0027	<1.9	<1.2	<0.009	0.012	0.015	<0.046	<4.7E-05	<0.0010	0.13	<0.22	
54	Brain-wt-MlFP3	<15	<1.3	104	<22	0.032	0.017	27.0	0.642	0.010	<0.001	0.32	0.029																						

Appendix Table 3 Continued

ALTO	Samples	Analyses		
		Myriad RBM LDD	Myriad RBM L100	Myriad RBM L100
		Vitamin D-Binding Protein (VDBP)	Vitamin K-Dependent Protein S (VKDPS)	Vitronectin
		up/down	up/down	up/down
		0.00002	0.00021	0.013
		2.8E-05	0.00022	0.028
				0.0073
				VKL-40
26	Liver - wt-MIP3	8.4E-05	0.00010	0.049
27	Liver - wt-MIP3	5.3E-05	0.00082	0.040
27	Liver - wt-MIP3	0.0001	0.00068	0.031
28	Liver - wt-MIP3	8.4E-05	0.00085	0.042
29	Liver - wt-MIP3	7.2E-05	0.00113	<0.028
30	Liver - wt-MIP3	0.00027	0.00028	0.072
31	Liver - KO-MIP3	4.7E-05	0.00018	<0.028
32	Liver - KO-MIP3	7.8E-05	0.00011	0.031
33	Liver - KO-MIP3	0.00009	0.00015	0.037
34	Liver - KO-MIP3	0.00009	0.00015	0.081
35	Liver - KO-MIP3	0.0001	0.00010	0.084
36	Liver - KO-MIP3	0.00009	0.00014	0.086
37	Kidney - wt-MIP3	0.00080	0.00042	<0.028
38	Kidney - wt-MIP3	0.00058	0.00021	0.028
39	Kidney - wt-MIP3	0.00039	0.00024	0.030
40	Kidney - wt-MIP3	0.00037	0.00043	0.080
41	Kidney - wt-MIP3	0.00030	0.00061	0.11
42	Kidney - wt-MIP3	0.00046	0.00020	0.32
43	Kidney - wt-MIP3	0.00030	0.00042	0.012
44	Kidney - KO-MIP3	0.00041	0.00021	0.059
45	Kidney - KO-MIP3	0.00040	0.00077	0.143
46	Kidney - KO-MIP3	0.00034	0.00061	0.097
47	Kidney - KO-MIP3	0.00031	0.00028	0.082
48	Kidney - KO-MIP3	0.00031	0.00068	0.13
49	Brian - wt-MIP3	6.6E-05	0.00022	<0.028
50	Brian - wt-MIP3	0.00010	0.00022	<0.028
51	Brian - wt-MIP3	8.6E-05	0.00025	<0.028
52	Brian - wt-MIP3	0.00005	0.00022	<0.028
53	Brian - wt-MIP3	6.6E-05	0.00033	<0.028
54	Brian - wt-MIP3	0.00004	0.00003	<0.028
55	Brian - KO-MIP3	0.1E-05	0.00027	<0.028
56	Brian - KO-MIP3	0.00004	0.00035	<0.028
57	Brian - KO-MIP3	0.00005	0.00022	<0.028
58	Brian - KO-MIP3	0.00005	0.00022	<0.028
59	Brian - KO-MIP3	0.00005	0.00022	<0.028
60	Brian - KO-MIP3	0.00026	0.00037	<0.028

Appendix Table 4: Statistical Analysis of Results from Rodent Discovery Product.

The table contains analytes with p value < 0.05 following statistical analysis.

Specimen Tested	Analyte	MRP4 (+/+) Mean \pm SE	MRP4 (-/-) Mean \pm SE	p Value	Increase / Decrease
Brain	Calbindin	2140 \pm 60 ng/mL	2490 \pm 80 ng/mL	0.01	Increase
Brain	CD40	6.3 \pm 0.5 pg/mL	4.6 \pm 0.3 pg/mL	0.02	Decrease
Brain	von Willebrand factor (vWF)	4.3 \pm 0.1 ng/mL	5.3 \pm 0.4 ng/mL	0.02	Increase
Brain	Clusterin (CLU)	1.32 \pm 0.05 ug/mL	1.10 \pm 0.06 ug/mL	0.02	Decrease
Brain	Interleukin-1 alpha (IL-1 alpha)	34 \pm 2 pg/mL	27 \pm 1 pg/mL	0.03	Decrease
Brain	Myeloperoxidase (MPO)	0.9 \pm 0.3 ng/mL	2.1 \pm 0.5 ng/mL	0.04	Increase
Brain	Factor VII	5.4 \pm 0.2 ng/mL	6.5 \pm 0.4 ng/mL	0.04	Increase
Kidney	Vascular Endothelial Growth Factor A (VEGF-A)	490 \pm 30 pg/mL	640 \pm 20 pg/mL	0.004	Increase
Kidney	Monocyte Chemotactic Protein 1 (MCP-1)	2.8 \pm 0.5 pg/mL	6.8 \pm 0.5 pg/mL	0.006	Increase
Kidney	Testosterone, Total	31 \pm 2 ng/mL	22 \pm 1 ng/mL	0.006	Decrease
Kidney	Myoglobin	18 \pm 3 ng/mL	4 \pm 2 ng/mL	0.009	Decrease
Kidney	Immunoglobulin A (IgA)	5.4 \pm 0.4 ug/mL	11 \pm 2 ug/mL	0.02	Increase
Kidney	Myeloperoxidase (MPO)	1.8 \pm 0.4 ng/mL	3.1 \pm 0.2 ng/mL	0.02	Increase
Kidney	CD40 Ligand (CD40-L)	900 \pm 100 pg/mL	1400 \pm 100 pg/mL	0.02	Increase
Kidney	T-Cell-Specific Protein RANTES (RANTES)	0.037 \pm 0.008 pg/mL	0.062 \pm 0.003 pg/mL	0.02	Increase
Kidney	Fibroblast Growth Factor 9 (FGF-9)	3.0 \pm 0.4 ng/mL	4.3 \pm 0.3 ng/mL	0.02	Increase
Kidney	Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)	1.6 \pm 0.1 pg/mL	2.4 \pm 0.2 pg/mL	0.03	Increase
Kidney	Interleukin-1 beta (IL-1 beta)	2.4 \pm 0.3 ng/mL	3.6 \pm 0.2 ng/mL	0.03	Increase
Kidney	Interleukin-11 (IL-11)	23 \pm 4 pg/mL	41 \pm 4 pg/mL	0.03	Increase

Appendix Table 4 Continued					
Specimen Tested	Analyte	MRP4 (+/+) Mean ± SE	MRP4 (-/-) Mean ± SE	p Value	Increase / Decrease
Kidney	Monocyte Chemotactic Protein-5 (MCP-5)	2.9 ± 0.6 pg/mL	4.3 ± 0.2 pg/mL	0.03	Increase
Kidney	Macrophage Inflammatory Protein-1 beta (MIP-1 beta)	110 ± 20 pg/mL	170 ± 10 pg/mL	0.03	Increase
Kidney	Growth-Regulated Alpha Protein (KC/GRO)	0.0057 ± 0.0003 ng/mL	0.0081 ± 0.0009 ng/mL	0.03	Increase
Kidney	Glucagon	140 ± 20 pg/mL	190 ± 10 pg/mL	0.03	Increase
Kidney	Kidney Injury Molecule-1	0.12 ± 0.02 ng/mL	0.19 ± 0.01 ng/mL	0.03	Increase
Kidney	Interleukin-5 (IL-5)	0.22 ± 0.04 ng/mL	0.36 ± 0.03 ng/mL	0.04	Increase
Kidney	Lymphotoctin	62 ± 6 pg/mL	78 ± 3 pg/mL	0.04	Increase
Liver	Cortisol	4.2 ± 0.5 ng/mL	7.8 ± 0.3 ng/mL	0.002	Increase
Liver	Monocyte Chemotactic Protein 1 (MCP-1)	2.9 ± 0.5 pg/mL	8 ± 2 pg/mL	0.01	Increase
Liver	Myoglobin	3800 ± 900 ng/mL	1300 ± 800 ng/mL	0.03	Decrease
Serum	Progesterone	20 ± 3 ng/mL	33 ± 2 ng/mL	0.01	Increase
Serum	Macrophage Inflammatory Protein-1 gamma (MIP-1 γ)	12 ± 1 ng/mL	17 ± 1 ng/mL	0.009	Increase
Serum	Monocyte Chemotactic Protein 1 (MCP-1)	31 ± 5 pg/mL	53 ± 7 pg/mL	0.03	Increase
Serum	Vascular Cell Adhesion Molecule-1 (VCAM-1)	1100 ± 100 ng/mL	1660 ± 50 ng/mL	0.004	Increase

Appendix Table 5: Statistical Analysis of Results from Human Discovery Product.

The table contains analytes with p value < 0.05 following statistical analysis. Care should be taken prior to interpreting results from the Human Discovery product since the assays are designed to detect human protein and may not cross-react specifically with rodent protein.

Tissue	Analyte	<i>MRP4</i> (+/+) Mean \pm SE	<i>MRP4</i> (-/-) Mean \pm SE	p Value	Increase / Decrease
Brain	T Lymphocyte-Secreted Protein I-309 (I-309)	76 \pm 7 pg/mL	45 \pm 3 pg/mL	0.006	Decrease
Brain	Heat Shock Protein 60 (HSP-60)	4300 \pm 200 ng/mL	5700 \pm 600 ng/mL	0.02	Increase
Brain	Alpha-Fetoprotein (AFP)	0.127 \pm 0.006 ng/mL	0.152 \pm 0.009 ng/mL	0.03	Increase
Brain	Myeloid Progenitor Inhibitory Factor 1 (MPlF-1)	0.036 \pm 0.002 ng/mL	0.044 \pm 0.002 ng/mL	0.03	Increase
Brain	Insulin-like Growth Factor Binding Protein 6 (IGFBP6)	2.0 \pm 0.1 ng/mL	2.32 \pm 0.09 ng/mL	0.04	Increase
Brain	Stromal cell-derived factor-1 (SDF-1)	203 \pm 2 pg/mL	219 \pm 8 pg/mL	0.04	Increase
Brain	Tumor Necrosis Factor Receptor I (TNF RI)	7.13 \pm 0.02 pg/mL	7.9 \pm 0.3 pg/mL	0.04	Increase
Kidney	Hepatocyte Growth Factor (HGF)	0.86 \pm 0.08 ng/mL	1.23 \pm 0.02 ng/mL	0.005	Increase
Kidney	Epiregulin (EPR)	26 \pm 1 pg/mL	32 \pm 1 pg/mL	0.006	Increase
Kidney	Interleukin-15 (IL-15)	0.23 \pm 0.01 ng/mL	0.34 \pm 0.02 ng/mL	0.006	Increase
Kidney	Tenascin-C (TN-C)	16 \pm 2 ng/mL	23 \pm 1 ng/mL	0.008	Increase
Kidney	Cancer Antigen 125 (CA-125)	4.8 \pm 0.3 U/mL	6.9 \pm 0.4 U/mL	0.009	Increase
Kidney	Matrix Metalloproteinase-9, total (MMP-9, total)	0.9 \pm 0.1 ng/mL	1.23 \pm 0.06 ng/mL	0.009	Increase
Kidney	Transforming Growth Factor beta-3 (TGF-beta-3)	28 \pm 3 pg/mL	42 \pm 2 pg/mL	0.01	Increase
Kidney	Vascular Endothelial Growth Factor C (VEGF-C)	3.7 \pm 0.9 ng/mL	5.6 \pm 0.2 ng/mL	0.01	Increase
Kidney	Chemokine CC-4 (HCC-4)	0.022 \pm 0.002 ng/mL	0.0262 \pm 0.0005 ng/mL	0.02	Increase

Appendix Table 5 Continued					
Tissue	Analyte	MRP4 (+/+) Mean ± SE	MRP4 (-/-) Mean ± SE	p Value	Increase / Decrease
Kidney	Interleukin-12 Subunit p40 (IL-12p40)	0.22 ± 0.04 ng/mL	0.302 ± 0.007 ng/mL	0.02	Increase
Kidney	Interleukin-13 (IL-13)	5.6 ± 0.8 pg/mL	7.6 ± 0.2 pg/mL	0.02	Increase
Kidney	Nerve Growth Factor beta (NGF-beta)	0.055 ± 0.008 ng/mL	0.077 ± 0.003 ng/mL	0.02	Increase
Kidney	Thyroid-Stimulating Hormone (TSH)	0.05 ± 0.01 uIU/mL	0.067 ± 0.003 uIU/mL	0.02	Increase
Kidney	Vascular endothelial growth factor receptor 3 (VEGFR-3)	1.5 ± 0.1 ng/mL	1.87 ± 0.05 ng/mL	0.02	Increase
Kidney	CD5 Antigen-like (CD5L)	0.028 ± 0.004 ng/mL	0.040 ± 0.002 ng/mL	0.03	Increase
Kidney	Eotaxin-1	31 ± 2 pg/mL	37 ± 2 pg/mL	0.03	Increase
Kidney	Insulin-like Growth Factor-Binding Protein 3 (IGFBP-3)	14.0 ± 0.7 ng/mL	16.5 ± 0.6 ng/mL	0.03	Increase
Kidney	Myeloid Progenitor Inhibitory Factor 1 (MPlF-1)	0.13 ± 0.03 ng/mL	0.187 ± 0.007 ng/mL	0.03	Increase
Kidney	Osteoprotegerin (OPG)	0.23 ± 0.04 pM	0.36 ± 0.03 pM	0.03	Increase
Kidney	Superoxide Dismutase 1, soluble (SOD-1)	0.037 ± 0.005 ng/mL	0.062 ± 0.008 ng/mL	0.03	Increase
Kidney	YKL-40	0.0095 ± 0.0006 ng/mL	0.0122 ± 0.0008 ng/mL	0.03	Increase
Kidney	Interleukin-17 (IL-17)	2.0 ± 0.4 pg/mL	3.4 ± 0.3 pg/mL	0.04	Increase
Kidney	Matrix Metalloproteinase-7 (MMP-7)	0.09 ± 0.02 ng/mL	0.14 ± 0.01 ng/mL	0.04	Increase
Kidney	Vitronectin	0.06 ± 0.02 ug/mL	0.10 ± 0.01 ug/mL	0.04	Increase
Liver	Cancer Antigen 15-3 (CA-15-3)	8 ± 4 U/mL	0.7 ± 0.3 U/mL	0.009	Decrease

Appendix Table 5 Continued					
Tissue	Analyte	MRP4 (+/+) Mean ± SE	MRP4 (-/-) Mean ± SE	p Value	Increase / Decrease
Liver	Nerve Growth Factor beta (NGF-beta)	0.13 ± 0.08 ng/mL	0.020 ± 0.003 ng/mL	0.01	Decrease
Liver	Apolipoprotein A-II (Apo A-II)	0.000071 ± 0.000007 ng/mL	0.000048 ± 0.000005 ng/mL	0.04	Decrease
Liver	Neuron-Specific Enolase (NSE)	1.6 ± 0.4 ng/mL	0.6 ± 0.2 ng/mL	0.04	Decrease

WORKS CITED

1. Russel, F. G., J. B. Koenderink, and R. Masereeuw. "Multidrug Resistance Protein 4 (MRP4/ABCC4): A Versatile Efflux Transporter for Drugs and Signalling Molecules." *Trends in Pharmacological Sciences* 29.4 (2008): 200-7.
2. Deeley, R. G., C. Westlake, and S. P. Cole. "Transmembrane Transport of Endo- and Xenobiotics by Mammalian ATP-Binding Cassette Multidrug Resistance Proteins." *Physiological Reviews* 86 (2006): 849-99.
3. Chen, Z. S., K. Lee, and G. D. Kruh. "Transport of Cyclic Nucleotides and Estradiol 17- β -D-Glucuronide by Multidrug Resistance Protein 4." *Journal of Biological Chemistry* 276.36 (2001): 33747-54.
4. Chen, Z. S., K. Lee, S. Walther, R. B. Raftogianis, M. Kuwano, H. Zeng, and G. D. Kruh. "Analysis of Methotrexate and Folate Transport by Multidrug Resistance Protein 4 (ABCC4): MRP4 Is a Component of the Methotrexate Efflux System." *Cancer Research* 62 (2002): 3144-50.
5. Reid, G., P. Wielinga, N. Zelcher, I. van der Heijden, A. Kuil, M. de Haas, J. Wijnholds, and P. Borst. "The Human Multidrug Resistance Protein MRP4 Functions as a Prostaglandin Efflux Transporter and Is Inhibited by Nonsteroidal Antiinflammatory Drugs." *Proceedings of the National Academy of Sciences* 100.16 (2003): 9244-9.

6. Rius, M., A. T. Nies, Jo. Hummel-Eisenbeiss, G. Jedlitschky, and D. Keppler. "Cotransport of Reduced Glutathione with Bile Salts by MRP4 (ABCC4) Localized to the Basolateral Hepatocyte Membrane." *Hepatology* 38.2 (2003): 374-84.
7. Rius, M., J. Hummel-Eisenbeiss, and D. Keppler. "ATP-Dependent Transport of Leukotrienes B4 and C4 by the Multidrug Resistance Protein ABCC4 (MRP4)." *Journal of Pharmacology and Experimental Therapeutics* 324.1 (2007): 86-94.
8. Rius, M., W. F. Thon, D. Keppler, and A. T. Nies. "Prostanoid Transport by Multidrug Resistance Protein 4 (MRP4/ABCC4) Localized in Tissues of the Human Urogenital Tract." *Journal of Urology* 174.6 (2005): 2409-14.
9. Van Aobel, R. A., P. H. Smeets, J. J. van den Heuvel, and F. G. Russel. "Human Organic Anion Transporter MRP4 (ABCC4) Is an Efflux Pump for the Purine End Metabolite Urate with Multiple Allosteric Substrate Binding Sites." *American Journal of Physiology : Renal Physiology* 288 (2005): F327-33.
10. Zelcher, N., G. Reid, P. Wielinga, A. Kuil, I. van der Heijden, J. D. Schuetz, and P. Borst. "Steroid and Bile Acid Conjugates Are Substrates of Human Multidrug-resistance Protein (MRP) 4 (ATP-binding Cassette C4)." *Biochemical Journal* 371 (2003): 361-7.
11. Lai, L., and T. M. Tan. "Role of Glutathione in the Multidrug Resistance Protein 4 (MRP4/ABCC4)-Mediated Efflux of CAMP and Resistance to Purine Analogues." *Biochemical Journal* 361 (2002): 497-503.

12. Adachi, M., J. Sampath, L. B. Lan, D. Sun, P. Hargrove, R. Flatley, A. Tatum, M. Z. Edwards, M. Wezeman, L. Matherly, R. Drake, and J. Schuetz. "Expression of MRP4 Confers Resistance to Ganciclovir and Compromises Bystander Cell Killing." *Journal of Biological Chemistry* 277.41 (2002): 38998-9004.
13. Imaoka, T., H. Kusuhara, M. Adachi, J. D. Schuetz, K. Takeuchi, and Y. Sugiyama. "Functional Involvement of Multidrug Resistance-Associated Protein 4 (MRP4/ABCC4) in the Renal Elimination of the Antiviral Drugs Adefovir and Tenofovir." *Molecular Pharmacology* 71.2 (2007): 619-27.
14. Lee, K., A. J. Klein-Szanto, and G. D. Kruh. "Analysis of the MRP4 Drug Resistance Profile in Transfected NIH3T3 Cells." *Journal of the National Cancer Institute* 92.23 (2000): 1934-40.
15. Ray, A. S., T. Cihlar, K. L. Robinson, L. Tong, J. E. Vela, M. D. Fuller, L. M. Wieman, E. J. Eisenberg, and G. R. Rhodes. "Mechanism of Active Renal Tubular Efflux of Tenofovir." *Antimicrobial Agents and Chemotherapy* 50.10 (2006): 3297-304.
16. Schuetz, J. D., M. C. Connelly, D. Sun, S. G. Paibir, P. M. Flynn, R.V. Srinivas, A. Kumar, and A. Fridland. "MRP4: A Previously Unidentified Factor in Resistance to Nucleoside-Based Antiviral Drugs." *Nature Medicine* 5.9 (1999): 1048-51.
17. Ci, L., H. Kusuhara, M. Adachi, J. D. Schuetz, K. Takeuchi, and Y. Sugiyama. "Involvement of MRP4 (ABCC4) in the Luminal Efflux of Ceftizoxime and Cefazolin in the Kidney." *Molecular Pharmacology* 71.6 (2007): 1591-7.

18. Uchida, Y., J. Kamiie, S. Ohtsuki, and T. Terasaki. "Multichannel Liquid Chromatography–Tandem Mass Spectrometry Cocktail Method for Comprehensive Substrate Characterization of Multidrug Resistance-Associated Protein 4 Transporter." *Pharmaceutical Research* 24.12 (2007): 2281-96.
19. Hasegawa, M., H. Kusuhara, M. Adachi, J. D. Schuetz, K. Takeuchi, and Y. Sugiyama. "Multidrug Resistance-Associated Protein 4 Is Involved in the Urinary Excretion of Hydrochlorothiazide and Furosemide." *Journal of the American Society of Nephrology* 18 (2007): 37-45.
20. Yamada, A., K. Maeda, E. Kamiyama, D. Sugiyama, T. Kondo, Y. Shiroyanagi, H. Nakazawa, T. Okano, M. Adachi, J. D. Schuetz, Y. Adachi, Z. Hu, H. Kusuhara, and Y. Sugiyama. "Multiple Human Isoforms of Drug Transporters Contribute to the Hepatic and Renal Transport of Olmesartan, a Selective Antagonist of the Angiotensin II AT1-Receptor." *Drug Metabolism and Disposition* 35.12 (2007): 2166-76.
21. Leggas, M., M. Adachi, G. L. Scheffer, D. Sun, O. Wielinga, G. Du, K. E. Mercer, Y. Zhuang, J. C. Panetta, B. Johnston, R. J. Scheper, C. F. Stewart, and J. D. Schuetz. "Mrp4 Confers Resistance to Topotecan and Protects the Brain from Chemotherapy." *Molecular and Cellular Biology* 24.17 (2004): 7612-21.
22. Van Aubel, R. A., P. H. Smeets, J. G. Peters, R. J. Bindels, and F. G. Russel. "The MRP4/ABCC4 Gene Encodes a Novel Apical Organic Anion Transporter in Human Kidney Proximal Tubules: Putative Efflux Pump for Urinary cAMP and cGMP." *Journal of the American Society of Nephrology* 13 (2002): 595-603.

23. Turriziani, O., P. Pagnotti, A. Pierangeli, F. Foher, C. Baranello, F. Bellomi, F. Falasca, J. Morgan, J. D. Schuetz, and G. Antonelli. "The Effects of Prolonged Treatment with Zidovudine, Lamivudine, and Abacavir on a T-Lymphoblastoid Cell Line." *AIDS Research and Human Retroviruses* 22.10 (2006): 960-7.
24. Jedlitschky, G., K. Tirschmann, L. E. Lubenow, H. K. Nieuwenhuis, J. W. Akkerman, A. Greinacher, and H. K. Kroemer. "The Nucleotide Transporter MRP4 (ABCC4) Is Highly Expressed in Human Platelets and Present in Dense Granules, Indicating a Role in Mediator Storage." *Blood* 104.12 (2004): 3603-10.
25. Jorajuria, S., N. Dereuddre-Bosquet, K. Naissant-Storck, D. Dormont, and P. Clayette. "Differential Expression Levels of MRP1, MRP4, and MRP5 in Response to Human Immunodeficiency Virus Infection in Human Macrophages." *Antimicrobial Agents and Chemotherapy* 48.5 (2004): 1889-91.
26. Klokouzas, A., C. P. Wu, H. W. van Veen, M. A. Barrand, and S. B. Hladky. "cGMP and Glutathione-conjugate Transport in Human Erythrocytes." *European Journal of Biochemistry* 270 (2003): 3696-708.
27. König, J., M. Hartel, A. T. Nies, M. E. Martignoni, J. Guo, M. W. Büchler, H. Friess, and D. Keppler. "Expression and Localization of Human Multidrug Resistance Protein (ABCC) Family Members in Pancreatic Carcinoma." *International Journal of Cancer* 115.3 (2005): 359-67.
28. Kool, M., M. de Haas, G. L. Scheffer, R. J. Scheper, M. J. van Eijk, J. A. Juijn, F. k Baas, and P. Borst. "Analysis of Expression of CMOAT (MRP2), MRP3, MRP4, and MRP5, Homologues of the Multidrug Resistance-associated Protein Gene (MRP1), in Human Cancer Cell Lines." *Cancer Research* 57 (1997): 3537-47.

29. Nies, A. T., G. Jedlitschky, J. König, C. Herold-Mende, H. H. Steiner, H. P. Schmitt, and D. Keppler. "Expression and Immunolocalization of the Multidrug Resistance Proteins, MRP1–MRP6 (ABCC1–ABCC6), in Human Brain." *Neuroscience* 129 (2004): 349-60.
30. Robillard, K. R., T. Hoque, and R. Bendayan. "Expression of ATP-Binding Cassette Membrane Transporters in Rodent and Human Sertoli Cells: Relevance to the Permeability of Antiretroviral Therapy at the Blood-Testis Barrier." *Journal of Pharmacology and Experimental Therapeutics* 340.1 (2012): 96-108.
31. Taipalensuu, J., H. Törnblom, G. Lindberg, C. Einarsson, F. Sjöqvist, H. Melhus, P. Garberg, B. Sjöstrom, B. Lundgren, and P. Artursson. "Correlation of Gene Expression of Ten Drug Efflux Proteins of the ATP-Binding Cassette Transporter Family in Normal Human Jejunum and in Human Intestinal Epithelial Caco-2 Cell Monolayers." *Journal of Pharmacology and Experimental Therapeutics* 299.1 (2001): 164-70.
32. Torkey, A. R., E. Stehfest, K. Viehweger, C. Taege, and H. Foth. "Immunohistochemical Detection of MRPs in Human Lung Cells in Culture." *Toxicology* 207 (2005): 437-50.
33. Lee, K., M. G. Belinsky, D. W. Bell, J. R. Testa, and G. D. Kruh. "Isolation of MOAT-B, a Widely Expressed Multidrug Resistance-Associated Protein/Canalicular Multispecific Organic Anion Transporter-Related Transporter." *Cancer Research* 58.13 (1998): 2741-7.

34. Ming, X., and D. R. Thakker. "Role of Basolateral Efflux Transporter MRP4 in the Intestinal Absorption of the Antiviral Drug Adefovir Dipivoxil." *Biochemical Pharmacology* 79 (2010): 455-62.
35. Maher, J. M., A. L. Slitt, N. J. Cherrington, X. Cheng, and C. D. Klaassen. "Tissue Distribution and Hepatic and Renal Ontogeny Of The Multidrug Resistance-Associated Protein (MRP) Family In Mice." *Drug Metabolism and Disposition* 33.7 (2005): 947-55.
36. Chen, C., and C. D. Klaassen. "Rat Multidrug Resistance Protein 4 (Mrp4, Abcc4): Molecular Cloning, Organ Distribution, Postnatal Renal Expression, and Chemical Inducibility." *Biochemical and Biophysical Research Communications* 317 (2004): 46-53.
37. Zhang, Y., J. D. Schuetz, W. F. Elmquist, and D. W. Miller. "Plasma Membrane Localization of Multidrug Resistance-Associated Protein Homologs in Brain Capillary Endothelial Cells." *Journal of Pharmacology and Experimental Therapeutics* 311.2 (2004): 449-55.
38. Jorajuria, S., N. Dereuddre-Bosquet, F. Becher, S. Martin, F. Porcheray, A. Garigues, A. Mabondzo, H. Benech, J. Grassi, S. Orłowski, D. Dormont, and P. Clayette. "ATP Binding Cassette Multidrug Transporters Limit the Anti-HIV Activity of Zidovudine and Indinavir in Infected Human Macrophages." *Antiviral Therapy* 9 (2004): 519-28.

39. Wielinga, P. R., G. Reid, E. E. Challa, I. van der Heijden, L. van Deemter, M. de Haas, C. Mol, A. J. Kuil, E. Groeneveld, J. D. Schuetz, C. Brouwer, R. A. De Abreu, J. Wijnholds, J. H. Beijnen, and P. Borst. "Thiopurine Metabolism and Identification of the Thiopurine Metabolites Transported by MRP4 and MRP5 Overexpressed in Human Embryonic Kidney Cells." *Molecular Pharmacology* 62.6 (2002): 1321-31.
40. Saito, S., A. Iida, A. Sekine, Y. Miura, C. Ogawa, S. Kawauchi, S. Higuchi, and Y. Nakamura. "Identification of 779 Genetic Variations in Eight Genes Encoding Members of the ATP-binding Cassette, Subfamily C (ABCC/MRP/CFTR)." *Journal of Human Genetics* 47.4 (2002): 147-71.
41. Abla, N., L. W. Chinn, T. Nakamura, L. Liu, C. C. Huang, S. J. Johns, M. Kawamoto, D. Stryke, T. R. Taylor, T. E. Ferrin, K. M. Giacomini, and D. L. Kroetz. "The Human Multidrug Resistance Protein 4 (MRP4, ABCC4): Functional Analysis of a Highly Polymorphic Gene." *Journal of Pharmacology and Experimental Therapeutics* 325.3 (2008): 859-68.
42. Janke, D., S. Mehralivand, D. Strand, U. Gödtel-Armbrust, A. Habermeier, U. Gradhand, C. Fischer, M. R. Toliat, P. Fritz, U. M. Zanger, M. Schwab, M. F. Fromm, P. Nürnberg, L. Wojnowski, E. I. Closs, and T. Lang. "6-Mercaptopurine and 9-(2-Phosphonyl-Methoxyethyl) Adenine (PMEA) Transport Altered by Two Missense Mutations in the Drug Transporter Gene ABCC4." *Human Mutation* 29.5 (2008): 659-69.

43. Ban, H., A. Andoh, H. Imaeda, A. Kobori, S. Bamba, T. Tsujikawa, M. Sasaki, Y. Saito, and Y. Fujiyama. "The Multidrug-resistance Protein 4 Polymorphism Is a New Factor Accounting for Thiopurine Sensitivity in Japanese Patients with Inflammatory Bowel Disease." *Journal of Gastroenterology* 45.10 (2010): 1014-21.
44. Krishnamurthy, P., M. Schwab, K. Takenaka, D. Nachagari, J. Morgan, M. Leslie, W. Du, K. Boyd, M. Cheok, H. Nakauchi, C. Marzolini, R. B. Kim, B. Poonkuzhali, E. Schuetz, W. Evans, M. Relling, and J. D. Schuetz. "Transporter-Mediated Protection against Thiopurine-Induced Hematopoietic Toxicity." *Cancer Research* 68.13 (2008): 4983-9.
45. Low, S. K., K. Kiyotani, T. Mushiroda, Y. Daigo, Y. Nakamura, and H. Zembutsu. "Association Study of Genetic Polymorphism in ABCC4 with Cyclophosphamide-induced Adverse Drug Reactions in Breast Cancer Patients." *Journal of Human Genetics* 54.10 (2009): 564-71.
46. Pasello, G., S. Agata, L. Bonaldi, A. Corradin, M. Montagna, R. Zamarchi, A. Parenti, M. Cagol, G. Zaninotto, A. Ruol, E. Ancona, A. Amadori, and D. Saggiolo. "DNA Copy Number Alterations Correlate with Survival of Esophageal Adenocarcinoma Patients." *Modern Pathology* 22.1 (2009): 58-65.
47. Lin, Z. P., Y. L. Zhu, D. R. Johnson, K. P. Rice, T. Nottoli, B. C. Hains, J. McGrath, S. G. Waxman, and A. C. Sartorelli. "Disruption of cAMP and Prostaglandin E2 Transport by Multidrug Resistance Protein 4 Deficiency Alters cAMP-Mediated Signaling and Nociceptive Response." *Molecular Pharmacology* 73.1 (2008): 243-51.

48. Morgan, J. A., S. B. Cheepala, Y. Wang, G. Neale, M. Adachi, D. Nachagari, M. Leggas, W. Zhao, K. Boyd, R. Venkataramanan, and J. D. Schuetz. "Deregulated Hepatic Metabolism Exacerbates Impaired Testosterone Production in Mrp4-Deficient Mice." *Journal of Biological Chemistry* 287.18 (2012): 14456-66.
49. Sassi, Y., A. Abi-Gerges, J. Fauconnier, N. Mougenot, S. Reiken, K. Haghighi, E. G. Kranias, A. R. Marks, A. Lacampagne, S. Engelhardt, S. N. Hatem, A. M. Lompre, and J. S. Hulot. "Regulation of cAMP Homeostasis by the Efflux Protein MRP4 in Cardiac Myocytes." *Federation of American Societies for Experimental Biology Journal* 26.3 (2012): 1009-17.
50. Van de Ven, R., G. L. Scheffer, A. W. Reurs, J. J. Lindenberg, R. Oerlemans, G. Jansen, J. P. Gillet, J. N. Glasgow, A. Pereboev, D. T. Curiel, R. J. Scheper, and T. D. de Gruijl. "A Role for Multidrug Resistance Protein 4 (MRP4; ABCC4) in Human Dendritic Cell Migration." *Blood* 112.6 (2008): 2353-9.
51. Van de Ven, R., J. de Groot, A. W. Reurs, P. G. Wijnands, K. van de Wetering, J. D. Schuetz, T. D. de Gruijl, R. J. Scheper, and G. L. Scheffer. "Unimpaired Immune Functions in the Absence of Mrp4 (Abcc4)." *Immunology Letters* 124.2 (2009): 81-7.
52. Chu, X. Y., J. R. Strauss, M. A. Mariano, J. Li, D. J. Newton, X. Cai, R. W. Wang, J. Yabut, D. P. Hartley, D. C. Evans, and R. Evers. "Characterization of Mice Lacking the Multidrug Resistance Protein Mrp2 (Abcc2)." *Journal of Pharmacology and Experimental Therapeutics* 317.2 (2006): 579-89.

53. Vlaming, M. L., K. Mohrmann, E. Wagenaar, D. R. de Waart, R. P. Elferink, J. S. Lagas, O. van Tellingen, L. D. Vainchtein, H. Rosing, J. H. Beijnen, J. H. Schellens, and A. H. Schinkel. "Carcinogen and Anticancer Drug Transport by Mrp2 in vivo: Studies using Mrp2 (Abcc2) Knockout Mice." *Journal of Pharmacology and Experimental Therapeutics* 318.1 (2006): 319-27.
54. Baek, D., J. Villén, C. Shin, F. D. Camargo, S. P. Gygi, and D. P. Bartel. "The Impact of MicroRNAs on Protein Output." *Nature* 455.7209 (2008): 64-71.
55. Guo, Y., P. Xiao, S. Lei, F. Deng, G. G. Xiao, Y. Liu, X. Chen, L. Li, S. Wu, Y. Chen, H. Jiang, L. Tan, J. Xie, X. Zhu, S. Liang, and H. Deng. "How Is MRNA Expression Predictive for Protein Expression? A Correlation Study on Human Circulating Monocytes." *Acta Biochimica Et Biophysica Sinica* 40.5 (2008): 426-36.
56. Lu, P., C. Vogel, R. Wang, X. Yao, and E. M. Marcotte. "Absolute Protein Expression Profiling Estimates the Relative Contributions of Transcriptional and Translational Regulation." *Nature Biotechnology* 25.1 (2007): 117-24.
57. Pascal, L. E., L. D. True, D. S. Campbell, E. W. Deutsch, M. Risk, I. M. Coleman, L. J. Eichner, P. S. Nelson, and A. Y. Liu. "Correlation of MRNA and Protein Levels: Cell Type-Specific Gene Expression of Cluster Designation Antigens in the Prostate." *BMC Genomics* 9 (2008): 246-58.
58. Seurynek-Servoss, S. L., A. M. White, C. L. Baird, K. D. Rodland, and R. C. Zangar. "Evaluation of Surface Chemistries for Antibody Microarrays." *Analytical Biochemistry* 371.1 (2007): 105-15.
59. UniProt Consortium. "Reorganizing the Protein Space at the Universal Protein Resource (UniProt)." *Nucleic Acids Research* 40 (2012): D71-5.

60. R Core Team. "R: A Language and Environment for Statistical Computing." R Foundation for Statistical Computing, Vienna, Austria. <http://www.R-project.org/> (accessed March 23, 2013).
61. Lakshmi, V., and C. Monder. "Purification and Characterization of the Corticosteroid 11 β -Dehydrogenase Component of the Rat Liver 11 β -Hydroxysteroid Dehydrogenase Complex." *Endocrinology* 123.5 (1988): 2390-8.
62. Rajan, V., K. E. Chapman, V. Lyons, P. Jamieson, J. J. Mullins, C. R. Edwards, and J. K. Seckl. "Cloning, Sequencing and Tissue-Distribution of Mouse 11 β -Hydroxysteroid Dehydrogenase-1 cDNA." *Journal of Steroid Biochemistry and Molecular Biology* 52.2 (1995): 141-7.
63. Ricketts, M. L., K. J. Shoesmith, M. Hewison, A. Strain, M. C. Eggo, and P. M. Stewart. "Regulation of 11 β -Hydroxysteroid Dehydrogenase Type 1 in Primary Cultures of Rat and Human Hepatocytes." *Journal of Endocrinology* 156.1 (1998): 159-68.
64. Stewart, P. M., A. Boulton, S. Kumar, P. M. Clark, and C. H. Shackleton. "Cortisol Metabolism in Human Obesity: Impaired Cortisone-Cortisol Conversion in Subjects with Central Adiposity." *Journal of Clinical Endocrinology & Metabolism* 84.3 (1999): 1022-7.
65. Basu, R., A. Basu, M. Grudzien, P. Jung, P. Jacobson, M. Johnson, R. Singh, M. Sarr, and R. A. Rizza. "Liver Is the Site of Splanchnic Cortisol Production in Obese Nondiabetic Humans." *Diabetes* 58.1 (2009): 39-45.

66. Paulmyer-Lacroix, O., S. Boullu, C. Oliver, M. C. Alessi, and M. Grino. "Expression of the mRNA Coding for 11 β -Hydroxysteroid Dehydrogenase Type 1 in Adipose Tissue from Obese Patients: An in Situ Hybridization Study." *Journal of Clinical Endocrinology and Metabolism* 87.6 (2002): 2701-5.
67. Liu, Y., Y. Nakagawa, Y. Wang, R. Sakurai, P. V. Tripathi, K. Lutfy, and T. C. Friedman. "Increased Glucocorticoid Receptor and 11 β -Hydroxysteroid Dehydrogenase Type 1 Expression in Hepatocytes may Contribute to the Phenotype of Type 2 Diabetes in Db/db Mice." *Diabetes* 54.1 (2005): 32-40.
68. Paterson, J. M., N. M. Morton, C. Fievet, C. J. Kenyon, M. C. Holmes, B. Staels, J. R. Seckl, and J. J. Mullins. "Metabolic Syndrome without Obesity: Hepatic Overexpression of 11 β -Hydroxysteroid Dehydrogenase Type 1 in Transgenic Mice." *Proceedings of the National Academy of Sciences* 101.18 (2004): 7088-93.
69. Masuzaki, H., H. Yamamoto, C. J. Kenyon, J. K. Elmquist, N. M. Morton, J. M. Paterson, H. Shinyama, M. G. Sharp, S. Fleming, J. J. Mullins, J. R. Seckl, and J. S. Flier. "Transgenic Amplification of Glucocorticoid Action in Adipose Tissue Causes High Blood Pressure in Mice." *Journal of Clinical Investigation* 112.1 (2003): 83-90.
70. Masuzaki, H., J. Paterson, H. Shinyama, N. M. Morton, J. J. Mullins, J. R. Seckl, and J. S. Flier. "A Transgenic Model of Visceral Obesity and the Metabolic Syndrome." *Science* 294.5549 (2001): 2166-70.
71. Basu, R., D. S. Edgerton, R. J. Singh, A. Cherrington, and R. A. Rizza. "Splanchnic Cortisol Production in Dogs Occurs Primarily in the Liver: Evidence for Substantial Hepatic Specific 11 β Hydroxysteroid Dehydrogenase Type 1 Activity." *Diabetes* 55.11 (2006): 3013-9.

72. Basu, R., R. J. Singh, A. Basu, E. G. Chittilapilly, C. M. Johnson, G. Toffolo, C. Cobelli, and R. A. Rizza. "Splanchnic Cortisol Production Occurs in Humans Evidence for Conversion of Cortisone to Cortisol Via the 11- β Hydroxysteroid Dehydrogenase (11 β -HSD) Type 1 Pathway." *Diabetes* 53.8 (2004): 2051-9.
73. Komurasaki, T., H. Toyoda, D. Uchida, and S. Morimoto. "Epiregulin Binds to Epidermal Growth Factor Receptor and ErbB-4 and Induces Tyrosine Phosphorylation of Epidermal Growth Factor Receptor, ErbB-2, ErbB-3 and ErbB-4." *Oncogene* 15.23 (1997): 2841-8.
74. Baldys, A., M. Gooz, T. A. Morinelli, M. H. Lee, J. R. Raymond, Jr., L. M. Luttrell, and J. R. Raymond, Sr. "Essential Role of C-Cbl in Amphiregulin-Induced Recycling and Signaling of the Endogenous Epidermal Growth Factor Receptor." *Biochemistry* 48.7 (2009): 1462-73.
75. Zhuang, S., Y. Yan, R. A. Daubert, and R. G. Schnellmann. "Epiregulin Promotes Proliferation and Migration of Renal Proximal Tubular Cells." *American Journal of Physiology: Renal Physiology* 293.1 (2007): F219-26.
76. Bottaro, D. P., J. S. Rubin, D. L. Faletto, A. M. Chan, T. E. Kmieciak, G. F. Vande Woude, and S. A. Aaronson. "Identification of the Hepatocyte Growth Factor Receptor as the C-Met Proto-Oncogene Product." *Science* 251.4995 (1991): 802-4.
77. Johnson, H., R. S. Lescarbeau, J. A. Gutierrez, and F. M. White. "Phosphotyrosine Profiling of NSCLC Cells in Response to EGF and HGF Reveals Network Specific Mediators of Invasion." *Journal of Proteome Research* 12.4 (2013): 1856-67.

78. Naldini, L., E. Vigna, R. P. Narsimhan, G. Gaudino, R. Zarnegar, G. K. Michalopoulos, and P. M. Comoglio. "Hepatocyte Growth Factor (HGF) Stimulates the Tyrosine Kinase Activity of the Receptor Encoded by the Proto-Oncogene C-MET." *Oncogene* 6.4 (1991): 501-4.
79. Brinkmann, V., H. Foroutan, M. Sachs, K. M. Weidner, and W. Birchmeier. "Hepatocyte Growth Factor/Scatter Factor Induces a Variety of Tissue-Specific Morphogenic Programs in Epithelial Cells." *Journal of Cell Biology* 131.6 (1995): 1573-86.
80. Liu, Y., K. Rajur, E. Tolbert, and L. D. Dworkin. "Endogenous Hepatocyte Growth Factor Ameliorates Chronic Renal Injury by Activating Matrix Degradation Pathways." *Kidney International* 58.5 (2000): 2028-43.
81. Stewart, N., and A. R. Chade. "Renoprotective Effects of Hepatocyte Growth Factor in the Stenotic Kidney." *American Journal of Physiology: Renal Physiology* 304.6 (2013): F625-33.
82. Vargas, G. A., A. Hoeflich, and P. M. Jehle. "Hepatocyte Growth Factor in Renal Failure: Promise and Reality." *Kidney International* 57.4 (2000): 1426-36.
83. Nakamura, S., R. Morishita, A. Moriguchi, Y. Yo, Y. Nakamura, S. Hayashi, K. Matsumoto, K. Matsumoto, T. Nakamura, J. Higaki, and T. Ogihara. "Hepatocyte Growth Factor as a Potential Index of Complication in Diabetes Mellitus." *Journal of Hypertension* 16.12 (1998): 2019-26.
84. Yang, H., N. Magilnick, M. Xia, and S. C. Lu. "Effects of Hepatocyte Growth Factor on Glutathione Synthesis, Growth, and Apoptosis Is Cell Density-Dependent." *Experimental Cell Research* 314.2 (2008): 398-412.

85. Nguyen, T., C. S. Yang, and C. B. Pickett. "The Pathways and Molecular Mechanisms Regulating Nrf2 Activation in Response to Chemical Stress." *Free Radical Biology and Medicine* 37.4 (2004): 433-41.
86. Itoh, K., N. Wakabayashi, Y. Katoh, T. Ishii, K. Igarashi, J. D. Engel, and M. Yamamoto. "Keap1 Represses Nuclear Activation of Antioxidant Responsive Elements by Nrf2 through Binding to the Amino-Terminal Neh2 Domain." *Genes & Development* 13.1 (1999): 76-86.
87. Friling, R. S., A. Bensimon, Y. Tichauer, and V. Daniel. "Xenobiotic-Inducible Expression of Murine Glutathione S-Transferase Ya Subunit Gene Is Controlled by an Electrophile-Responsive Element." *Proceedings of the National Academy of Sciences* 87.16 (1990): 6258-62.
88. Huang, H. C., T. Nguyen, and C. B. Pickett. "Regulation of the Antioxidant Response Element by Protein Kinase C-Mediated Phosphorylation of NF-E2-Related Factor 2." *Proceedings of the National Academy of Sciences* 97.23 (2000): 12475-80.
89. Nguyen, T., P. J. Sherratt, H. C. Huang, C. S. Yang, and C. B. Pickett. "Increased Protein Stability as a Mechanism that Enhances Nrf2-Mediated Transcriptional Activation of the Antioxidant Response Element." *Journal of Biological Chemistry* 278.7 (2003): 4536-41.
90. Rushmore, T. H., M. R. Morton, and C. B. Pickett. "The Antioxidant Responsive Element: Activation by Oxidative Stress and Identification of the DNA Consensus Sequence Required for Functional Activity." *Journal of Biological Chemistry* 266.18 (1991): 11632-9.

91. Wasserman, W. W., and W. E. Fahl. "Comprehensive Analysis of Proteins which Interact with the Antioxidant Responsive Element: Correlation of ARE-BP-1 with the Chemoprotective Induction Response." *Archives of Biochemistry and Biophysics* 344.2 (1997): 387-96.
92. Guoguo, S., T. Akaike, J. Tao, C. Qi, Z. Nong, and L. Hui. "HGF-Mediated Inhibition of Oxidative Stress by 8-nitro-cGMP in High Glucose-Treated Rat Mesangial Cells." *Free Radical Research* 46.10 (2012): 1238-48.
93. Aleksunes, L. M., A. L. Slitt, J. M. Maher, L. M. Augustine, M. J. Goedken, J. Y. Chan, N. J. Cherrington, C. D. Klaassen, and J. E. Manautou. "Induction of Mrp3 and Mrp4 Transporters during Acetaminophen Hepatotoxicity Is Dependent on Nrf2." *Toxicology and Applied Pharmacology* 226.1 (2008): 74-83.
94. Maher, J. M., L. M. Aleksunes, M. Z. Dieter, Y. Tanaka, J. M. Peters, J. E. Manautou, and C. D. Klaassen. "Nrf2- and PPAR α -Mediated Regulation of Hepatic Mrp Transporters after Exposure to Perfluorooctanoic Acid and Perfluorodecanoic Acid." *Toxicological Sciences* 106.2 (2008): 319-28.
95. Maher, J. M., M. Z. Dieter, L. M. Aleksunes, A. L. Slitt, G. Guo, Y. Tanaka, G. L. Scheffer, J. Y. Chan, J. E. Manautou, Y. Chen, T. y P. Dalton, M. Yamamoto, and C. D. Klaassen. "Oxidative and Electrophilic Stress Induces Multidrug Resistance-Associated Protein Transporters via the Nuclear Factor-E2-Related Factor-2 Transcriptional Pathway." *Hepatology* 46.5 (2007): 1597-610.

96. Maher, J. M., X. Cheng, A. L. Slitt, M. Z. Dieter, and C. D. Klaassen. "Induction of the Multidrug Resistance-Associated Protein Family of Transporters by Chemical Activators of Receptor-Mediated Pathways in Mouse Liver." *Drug Metabolism and Disposition* 33.7 (2005): 956-62.
97. Nowicki, M. T., L. M. Aleksunes, S. P. Sawant, A. V. Dnyanmote, H. M. Mehendale, and J. E. Manautou. "Renal and Hepatic Transporter Expression in Type 2 Diabetic Rats." *Drug Metabolism Letters* 2.1 (2008): 11-7.
98. Sternlicht, M. D., and Z. Werb. "How Matrix Metalloproteinases Regulate Cell Behavior." *Annual Review of Cell and Developmental Biology* 17 (2001): 463-516.
99. Yong, V. W., C. A. Krekoski, P. A. Forsyth, R. Bell, and D. R. Edwards. "Matrix Metalloproteinases and Diseases of the CNS." *Trends in Neurosciences* 21.2 (1998): 75-80.
100. Kluger, M. A., G. Zahner, H. J. Paust, M. Schaper, T. Magnus, U. Panzer, and R. A. Stahl. "Leukocyte-Derived MMP9 Is Crucial for the Recruitment of Proinflammatory Macrophages in Experimental Glomerulonephritis." *Kidney International* (2013): doi:10.1038/ki.2012.483. [Epub ahead of print].
101. Mishra, P. K., V. Chavali, N. Metreveli, and S. C. Tyagi. "Ablation of MMP9 Induces Survival and Differentiation of Cardiac Stem Cells into Cardiomyocytes in the Heart of Diabetics: A Role of Extracellular Matrix." *Canadian Journal of Physiology and Pharmacology* 90.3 (2012): 353-60.

102. Monsonego-Ornan, E., J. Kosonovsky, A. Bar, L. Roth, V. Fraggi-Rankis, S. Simsa, A. Kohl, and D. Sela-Donenfeld. "Matrix Metalloproteinase 9/Gelatinase B Is Required for Neural Crest Cell Migration." *Developmental Biology* 364.2 (2012): 162-77.
103. Rhee, J. W., K. W. Lee, W. J. Sohn, Y. Lee, O. H. Jeon, H. J. Kwon, and D. S. Kim. "Regulation of Matrix Metalloproteinase-9 Gene Expression and Cell Migration by NF-kappaB in Response to CpG-Oligodeoxynucleotides in RAW 264.7 Cells." *Molecular Immunology* 44.6 (2007): 1393-400.
104. Vu, T. H., J. M. Shipley, G. Bergers, J. E. Berger, J. A. Helms, D. Hanahan, S. D. Shapiro, R. M. Senior, and Z. Werb. "MMP-9/Gelatinase B Is a Key Regulator of Growth Plate Angiogenesis and Apoptosis of Hypertrophic Chondrocytes." *Cell* 93.3 (1998): 411-22.
105. Tsai, J. P., J. H. Liou, W. T. Kao, S. C. Wang, J. D. Lian, and H. R. Chang. "Increased Expression of Intranuclear Matrix Metalloproteinase 9 in Atrophic Renal Tubules is Associated with Renal Fibrosis." *PLoS One* 7.10 (2012): E48164.
106. Chung, C. Y., L. Zardi, and H. P. Erickson. "Binding of Tenascin-C to Soluble Fibronectin and Matrix Fibrils." *Journal of Biological Chemistry* 270.48 (1995): 29012-7.
107. Huang, W., R. Chiquet-Ehrismann, J. V. Moyano, A. Garcia-Pardo, and G. Orend. "Interference of Tenascin-C with Syndecan-4 Binding to Fibronectin Blocks Cell Adhesion and Stimulates Tumor Cell Proliferation." *Cancer Research* 61.23 (2001): 8586-94.

108. Midwood, K. S., L. V. Valenick, H. C. Hsia, and J. E. Schwarzbauer. "Coregulation of Fibronectin Signaling and Matrix Contraction by Tenascin-C and Syndecan-4." *Molecular Biology of the Cell* 15.12 (2004): 5670-7.
109. Masaki, T., N. Yorioka, Y. Taniguchi, H. Oda, and M. Yamakido. "Tenascin Expression may Reflect the Activity and Chronicity of Human IgA Nephropathy." *Clinical Nephrology* 50.4 (1998): 205-13.
110. Calvo, A., R. Catena, M. S. Noble, D. Carbott, I. Gil-Bazo, O. Gonzalez-Moreno, J. I. Huh, R. Sharp, T. H. Qiu, M. R. Anver, G. Merlino, R. B. Dickson, M. D. Johnson, and J. E. Green. "Identification of VEGF-Regulated Genes Associated with Increased Lung Metastatic Potential: Functional Involvement of Tenascin-C in Tumor Growth and Lung Metastasis." *Oncogene* 27.40 (2008): 5373-84.
111. Dang, D., Y. Yang, X. Li, A. Atakilit, J. Regezi, D. Eisele, D. Ellis, and D. M. Ramos. "Matrix Metalloproteinases and TGF β 1 Modulate Oral Tumor Cell Matrix." *Biochemical and Biophysical Research Communications* 316.3 (2004): 937-42.
112. Tremble, P., R. Chiquet-Ehrismann, and Z. Werb. "The Extracellular Matrix Ligands Fibronectin and Tenascin Collaborate in Regulating Collagenase Gene Expression in Fibroblasts." *Molecular Biology of the Cell* 5.4 (1994): 439-53.
113. Chilosi, M., M. Lestani, A. Benedetti, L. Montagna, S. Pedron, A. Scarpa, F. Menestrina, S. Hirohashi, G. Pizzolo, and G. Semenzato. "Constitutive Expression of Tenascin in T-Dependent Zones of Human Lymphoid Tissues." *American Journal of Pathology* 143.5 (1993): 1348-55.
114. Clark, R. A., H. P. Erickson, and T. A. Springer. "Tenascin Supports Lymphocyte Rolling." *Journal of Cell Biology* 137.3 (1997): 755-65.

115. El-Karef, A., T. Yoshida, E. C. Gabazza, T. Nishioka, H. Inada, T. Sakakura, and K. Imanaka-Yoshida. "Deficiency of Tenascin-C Attenuates Liver Fibrosis in Immune-mediated Chronic Hepatitis in Mice." *Journal of Pathology* 211.1 (2007): 86-94.
116. Gundersen, D., C. Trân-Thang, B. Sordat, F. Mourali, and C. Rüegg. "Plasmin-Induced Proteolysis of Tenascin-C: Modulation by T Lymphocyte-Derived Urokinase-Type Plasminogen Activator and Effect on T Lymphocyte Adhesion, Activation, and Cell Clustering." *Journal of Immunology* 158.3 (1997): 1051-60.
117. Seyger, M. M., J. P. Van Pelt, J. Van Den Born, M. A. Latijnhouwers, and E. M. De Jong. "Epicutaneous Application of Leukotriene B4 Induces Patterns of Tenascin and a Heparan Sulfate Proteoglycan Epitope that are Typical for Psoriatic Lesions." *Archives of Dermatological Research* 289.6 (1997): 331-6.
118. Tsukada, B., F. Terasaki, H. Shimomura, K. Otsuka, K. Otsuka, T. Katashima, S. Fujita, K. Imanaka-Yoshida, T. Yoshida, M. Hiroe, and Y. Kitaura. "High Prevalence of Chronic Myocarditis in Dilated Cardiomyopathy Referred for Left Ventriculoplasty: Expression of Tenascin C as a Possible Marker for Inflammation." *Human Pathology* 40.7 (2009): 1015-22.
119. Nakahara, H., E. C. Gabazza, H. Fujimoto, Y. Nishii, C. N. D'Alessandro-Gabazza, N. E. Bruno, T. Takagi, T. Hayashi, J. Maruyama, K. Maruyama, K. Imanaka-Yoshida, K. Suzuki, T. Yoshida, Y. Adachi, and O. Taguchi. "Deficiency of Tenascin C Attenuates Allergen-Induced Bronchial Asthma in the Mouse." *European Journal of Immunology* 36.12 (2006): 3334-45.

120. Mettouchi, A., F. Cabon, N. Montreau, V. Dejong, P. Vernier, R. Gherzi, G. Mercier, and B. Binétruy. "The C-Jun-Induced Transformation Process Involves Complex Regulation of Tenascin-C Expression." *Molecular and Cellular Biology* 17.6 (1997): 3202-9.
121. Yamamoto, K., Q. N. Dang, S. P. Kennedy, R. Osathanondh, R. A. Kelly, and R. T. Lee. "Induction of Tenascin-C in Cardiac Myocytes by Mechanical Deformation. Role of Reactive Oxygen Species." *Journal of Biological Chemistry* 274.31 (1999): 21840-6.
122. Boring, L., J. Gosling, M. Cleary, and I. F. Charo. "Decreased Lesion Formation in CCR2^{-/-} Mice Reveals a Role for Chemokines in the Initiation of Atherosclerosis." *Nature* 394.6696 (1998): 894-7.
123. Okuma, T., Y. Terasaki, N. Sakashita, K. Kaikita, H. Kobayashi, T. Hayasaki, W. A. Kuziel, H. Baba, and M. Takeya. "MCP-1/CCR2 Signalling Pathway Regulates Hyperoxia-Induced Acute Lung Injury via Nitric Oxide Production." *International Journal of Experimental Pathology* 87.6 (2006): 475-83.
124. Ta, M. H., D. C. Harris, and G. K. Rangan. "Role of Interstitial Inflammation in the Pathogenesis of Polycystic Kidney Disease." *Nephrology* 18.5 (2013): 317-30.
125. Wada, T., K. Furuichi, N. Sakai, Y. Iwata, K. Yoshimoto, M. Shimizu, S. I. Takeda, K. Takasawa, M. Yoshimura, H. Kida, K. I. Kobayashi, N. Mukaida, T. Naito, K. Matsushima, and H. Yokoyama. "Up-Regulation of Monocyte Chemoattractant Protein-1 in Tubulointerstitial Lesions of Human Diabetic Nephropathy." *Kidney International* 58.4 (2000): 1492-9.

126. Ihm, C. G., J. K. Park, S. P. Hong, T. W. Lee, B. S. Cho, M. J. Kim, D. R. Cha, and H. Ha. "A High Glucose Concentration Stimulates the Expression of Monocyte Chemotactic Peptide 1 in Human Mesangial Cells." *Nephron* 79.1 (1998): 33-7.
127. Shanmugam, N., M. A. Reddy, M. Guha, and R. Natarajan. "High Glucose-Induced Expression of Proinflammatory Cytokine and Chemokine Genes in Monocytic Cells." *Diabetes* 52.5 (2003): 1256-64.
128. Takaishi, H., T. Taniguchi, A. Takahashi, Y. Ishikawa, and M. Yokoyama. "High Glucose Accelerates MCP-1 Production via P38 MAPK in Vascular Endothelial Cells." *Biochemical and Biophysical Research Communications* 305.1 (2003): 122-8.
129. Younce, C. W., K. Wang, and P. E. Kolattukudy. "Hyperglycaemia-Induced Cardiomyocyte Death Is Mediated via MCP-1 Production and Induction of a Novel Zinc-Finger Protein MCPIP." *Cardiovascular Research* 87.4 (2010): 665-74.
130. Lloyd, C. M., A. W. Minto, M. E. Dorf, A. Proudfoot, T. N. Wells, D. J. Salant, and J. C. Gutierrez-Ramos. "RANTES and Monocyte Chemoattractant Protein-1 (MCP-1) Play an Important Role in the Inflammatory Phase of Crescentic Nephritis, but Only MCP-1 is Involved in Crescent Formation and Interstitial Fibrosis." *Journal of Experimental Medicine* 185.7 (1997): 1371-80.
131. Coultas, L., K. Chawengsaksophak, and J. Rossant. "Endothelial Cells and VEGF in Vascular Development." *Nature* 438.7070 (2005): 937-45.
132. Ferrara, N. "Role of Vascular Endothelial Growth Factor in the Regulation of Angiogenesis." *Kidney International* 56.3 (1999): 794-814.

133. Keck, P. J., S. D. Hauser, G. Krivi, K. Sanzo, T. Warren, J. Feder, and D. T. Connolly. "Vascular Permeability Factor, an Endothelial Cell Mitogen Related to PDGF." *Science* 246.4935 (1989): 1309-12.
134. Cooper, M. E., D. Vranes, S. Youssef, S. A. Stacker, A. J. Cox, B. Rizkalla, D. J. Casley, L. A. Bach, D. J. Kelly, and R. E. Gilbert. "Increased Renal Expression of Vascular Endothelial Growth Factor (VEGF) and its Receptor VEGFR-2 in Experimental Diabetes." *Diabetes* 48.11 (1999): 2229-39.
135. Monacci, W. T., M. J. Merrill, and E. H. Oldfield. "Expression of Vascular Permeability Factor/Vascular Endothelial Growth Factor in Normal Rat Tissues." *American Journal of Physiology* 264.4 (1993): C995-1002.
136. Simon, M., W. Röckl, C. Hornig, E. F. Gröne, H. Theis, H. A. Weich, E. Fuchs, A. Yayon, and H. J. Gröne. "Receptors of Vascular Endothelial Growth Factor/Vascular Permeability Factor (VEGF/VPF) in Fetal and Adult Human Kidney: Localization and [125I]VEGF Binding Sites." *Journal of the American Society of Nephrology* 9.6 (1998): 1032-44.
137. Foster, R. R., M. A. Saleem, P. W. Mathieson, D. O. Bates, and S. J. Harper. "Vascular Endothelial Growth Factor and Nephrin Interact and Reduce Apoptosis in Human Podocytes." *American Journal of Physiology: Renal Physiology* 288.1 (2005): F48-57.
138. Cha, D. R., N. H. Kim, J. W. Yoon, S. K. Jo, W. Y. Cho, H. K. Kim, and N. H. Won. "Role of Vascular Endothelial Growth Factor in Diabetic Nephropathy." *Kidney International, Supplement* 77 (2000): S104-12.

139. Hoshi, S., K. Nomoto, J. Kuromitsu, S. Tomari, and M. Nagata. "High Glucose Induced VEGF Expression via PKC and ERK in Glomerular Podocytes." *Biochemical and Biophysical Research Communications* 290.1 (2002): 177-84.
140. Williams, B., B. Gallacher, H. Patel, and C. Orme. "Glucose-Induced Protein Kinase C Activation Regulates Vascular Permeability Factor mRNA Expression and Peptide Production by Human Vascular Smooth Muscle Cells in vitro." *Diabetes* 46.9 (1997): 1497-503.
141. De Vriese, A. S., R. G. Tilton, C. C. Stephan, and N. H. Lameire. "Vascular Endothelial Growth Factor is Essential for Hyperglycemia-Induced Structural and Functional Alterations of the Peritoneal Membrane." *Journal of the American Society of Nephrology* 12.8 (2001): 1734-41.
142. Advani, A., D. J. Kelly, S. L. Advani, A. J. Cox, K. Thai, Y. Zhang, K. E. White, R. M. Gow, S. M. Marshall, B. M. Steer, P. A. Marsden, P. E. Rakoczy, and R. E. Gilbert. "Role of VEGF in Maintaining Renal Structure and Function under Normotensive and Hypertensive Conditions." *Proceedings of the National Academy of Sciences* 104.36 (2007): 14448-53.
143. Hohenstein, B., B. Hausknecht, K. Boehmer, R. Riess, R. A. Brekken, and C. P. Hugo. "Local VEGF Activity but not VEGF Expression is Tightly Regulated during Diabetic Nephropathy in Man." *Kidney International* 69.9 (2006): 1654-61.
144. Lin, Y. M., Y. L. Huang, Y. C. Fong, C. H. Tsai, M. C. Chou, and C. H. Tang. "Hepatocyte Growth Factor Increases Vascular Endothelial Growth Factor-A Production in Human Synovial Fibroblasts through C-Met Receptor Pathway." *PLoS One* 7.11 (2012): E50924.

145. Hong, K. H., J. Ryu, and K. H. Han. "Monocyte Chemoattractant Protein-1-Induced Angiogenesis is Mediated by Vascular Endothelial Growth Factor-A." *Blood* 105.4 (2005): 1405-7.
146. Harada, S., J. A. Nagy, K. A. Sullivan, K. A. Thomas, N. Endo, G. A. Rodan, and S. B. Rodan. "Induction of Vascular Endothelial Growth Factor Expression by Prostaglandin E2 and E1 in Osteoblasts." *Journal of Clinical Investigation* 93.6 (1994): 2490-6.
147. Höper, M. M., N. F. Voelkel, T. O. Bates, J. D. Allard, M. Horan, D. Shepherd, and R. M. Tuder. "Prostaglandins Induce Vascular Endothelial Growth Factor in a Human Monocytic Cell Line and Rat Lungs via cAMP." *American Journal of Respiratory Cell and Molecular Biology* 17.6 (1997): 748-56.
148. Godoy, A., V. P. Montecinos, D. R. Gray, P. Sotomayor, J. M. Yau, R. R. Vethanayagam, S. Singh, J. L. Mohler, and G. J. Smith. "Androgen Deprivation Induces Rapid Involution and Recovery of Human Prostate Vasculature." *American Journal of Physiology: Endocrinology and Metabolism* 300.2 (2011): E263-75.
149. Wittenberg, J. B., and B. A. Wittenberg. "Myoglobin Function Reassessed." *Journal of Experimental Biology* 206 (2003): 2011-20.
150. Lenglet, A., S. Liabeuf, L. Desjardins, N. Neiryck, G. Glorieux, H. D. Lemke, R. Vanholder, M. Brazier, G. Choukroun, and Z. A. Massy. "Prognostic Implications of Plasma Myoglobin Levels in Patients with Chronic Kidney Disease." *International Journal of Artificial Organs* 35.11 (2012): 959-68.

151. Sanders, P. W., G. A. Herrera, A. Chen, B. B. Booker, and J. H. Galla. "Differential Nephrotoxicity of Low Molecular Weight Proteins including Bence Jones Proteins in the Perfused Rat Nephron in vivo." *Journal of Clinical Investigation* 82.6 (1988): 2086-96.
152. Mikkelsen, T. S., and P. Toft. "Prognostic Value, Kinetics and Effect of CVVHDF on Serum of the Myoglobin and Creatine Kinase in Critically Ill Patients with Rhabdomyolysis." *Acta Anaesthesiologica Scandinavica* 49.6 (2005): 859-64.
153. Zhou, J., D. Kong, X. Zhang, Y. Wang, Z. Feng, X. Zhang, L. Zhang, Y. Wang, Y. Xie, and X. Chen. "Myoglobin-Induced Apoptosis: Two Pathways Related to Endoplasmic Reticulum Stress." *Therapeutic Apheresis and Dialysis* 16.3 (2012): 272-80.
154. Iwata, M., and R. A. Zager. "Myoglobin Inhibits Proliferation of Cultured Human Proximal Tubular (HK-2) Cells." *Kidney International* 50.3 (1996): 796-804.
155. Jänne, O., L. P. Bullock, C. W. Bardin, and S. T. Jacob. "Early Androgen Action in Kidney of Normal and Androgen-Insensitive (tfm/y) Mice. Changes in RNA Polymerase and Chromatin Template Activities." *Biochimica Et Biophysica Acta* 418.3 (1976): 330-43.
156. Lin, Y. C., L. P. Bullock, C. W. Bardin, and S. T. Jacob. "Effect of Medroxyprogesterone Acetate and Testosterone on Solubilized RNA Polymerases and Chromatin Template Activity in Kidney from Normal and Androgen-Insensitive (Tfm/Y) Mice." *Biochemistry* 17.22 (1978): 4833-8.

157. Sandhu, S., S. R. Silbiger, J. Lei, and J. Neugarten. "Effects of Sex Hormones on Fluid and Solute Transport in Madin-Darby Canine Kidney Cells." *Kidney International* 51.5 (1997): 1535-9.
158. Koch, A. E., M. M. Halloran, C. J. Haskell, M. R. Shah, and P. J. Polverini. "Angiogenesis Mediated by Soluble Forms of E-Selectin and Vascular Cell Adhesion Molecule-1." *Nature* 376.6540 (1995): 517-9.
159. Osborn, L., C. Hession, R. Tizard, C. Vassallo, S. Luhowskyj, G. Chi-Rosso, and R. Lobb. "Direct Expression Cloning of Vascular Cell Adhesion Molecule 1, a Cytokine-Induced Endothelial Protein that Binds to Lymphocytes." *Cell* 59.6 (1989): 1203-11.
160. Byrne, G. J., A. Ghellal, J. Iddon, A. D. Blann, V. Venizelos, S. Kumar, A. Howell, and N. J. Bundred. "Serum Soluble Vascular Cell Adhesion Molecule-1: Role as a Surrogate Marker of Angiogenesis." *Journal of the National Cancer Institute* 92.16 (2000): 1329-36.
161. Deem, T. L., H. Abdala-Valencia, and J. M. Cook-Mills. "VCAM-1 Activation of Endothelial Cell Protein Tyrosine Phosphatase 1B." *Journal of Immunology* 178.6 (2007): 3865-73.
162. Pigott, R., L. P. Dillon, I. H. Hemingway, and A. J. Gearing. "Soluble Forms of E-Selectin, ICAM-1 and VCAM-1 Are Present in the Supernatants of Cytokine Activated Cultured Endothelial Cells." *Biochemical and Biophysical Research Communications* 187.2 (1992): 584-9.

163. Garton, K. J., P. J. Gough, J. Philalay, P. T. Wille, C. P. Blobel, R. H. Whitehead, P. J. Dempsey, and E. W. Raines. "Stimulated Shedding of Vascular Cell Adhesion Molecule 1 (VCAM-1) is Mediated by Tumor Necrosis Factor- α -Converting Enzyme (ADAM 17)." *Journal of Biological Chemistry* 278.39 (2003): 37459-64.
164. Alexiou, D., A. J. Karayiannakis, K. N. Syrigos, A. Zbar, A. Kremmyda, I. Bramis, and C. Tsigris. "Serum Levels of E-Selectin, ICAM-1 and VCAM-1 in Colorectal Cancer Patients: Correlations with Clinicopathological Features, Patient Survival and Tumour Surgery." *European Journal of Cancer* 37.18 (2001): 2392-7.
165. Alexiou, D., A. J. Karayiannakis, K. N. Syrigos, A. Zbar, E. Sekara, P. Michail, T. Rosenberg, and T. Diamantis. "Clinical Significance of Serum Levels of E-Selectin, Intercellular Adhesion Molecule-1, and Vascular Cell Adhesion Molecule-1 in Gastric Cancer Patients." *American Journal of Gastroenterology* 98.2 (2003): 478-85.
166. Christiansen, I., C. Sundström, and T. H. Tötterman. "Elevated Serum Levels of Soluble Vascular Cell Adhesion Molecule-1 (sVCAM-1) Closely Reflect Tumour Burden in Chronic B-Lymphocytic Leukaemia." *British Journal of Haematology* 103.4 (1998): 1129-37.
167. Christiansen, I., C. Sundström, G. Enblad, and T. H. Tötterman. "Soluble Vascular Cell Adhesion Molecule-1 (sVCAM-1) is an Independent Prognostic Marker in Hodgkin's Disease." *British Journal of Haematology* 102.3 (1998): 701-9.
168. Girón-González, J. A., C. Martínez-Sierra, C. Rodríguez-Ramos, P. Rendón, M. A. Macías, C. Fernández-Gutiérrez, F. Díaz, and L. Martín-Herrera. "Adhesion Molecules as a Prognostic Marker of Liver Cirrhosis." *Scandinavian Journal of Gastroenterology* 40.2 (2005): 217-24.

169. Haruta, I., K. Tokushige, T. Komatsu, I. Ikeda, K. Yamauchi, and N. Hayashi. "Clinical Implication of Vascular Cell Adhesion Molecule-1 and Very Late Activation Antigen-4 Interaction, and Matrix Metalloproteinase-2 Production in Patients with Liver Disease." *Canadian Journal of Gastroenterology* 13.9 (1999): 721-7.
170. Ho, J. W., R. T. Poon, C. S. Tong, and S. T. Fan. "Clinical Significance of Serum Vascular Cell Adhesion Molecule-1 Levels in Patients with Hepatocellular Carcinoma." *World Journal of Gastroenterology* 10.14 (2004): 2014-8.
171. Lim, A. G., R. P. Jazrawi, J. H. Levy, M. L. Petroni, A. C. Douds, J. D. Maxwell, and T. C. Northfield. "Soluble E-Selectin and Vascular Cell Adhesion Molecule-1 (VCAM-1) in Primary Biliary Cirrhosis." *Journal of Hepatology* 22.4 (1995): 416-22.
172. Lo Iacono, O., D. Rincón, A. Hernando, C. Ripoll, M. V. Catalina, M. Salcedo, G. Clemente, J. Gomez, O. Nuñez, A. Matilla, and R. Bañares. "Serum Levels of Soluble Vascular Cell Adhesion Molecule are Related to Hyperdynamic Circulation in Patients with Liver Cirrhosis." *Liver International* 28.8 (2008): 1129-35.
173. O'Hanlon, D. M., H. Fitzsimons, J. Lynch, S. Tormey, C. Malone, and H. F. Given. "Soluble Adhesion Molecules (E-Selectin, ICAM-1 and VCAM-1) in Breast Carcinoma." *European Journal of Cancer* 38.17 (2002): 2252-7.
174. Pirisi, M., C. Fabris, E. Falletti, G. Soardo, P. Toniutto, D. Vitulli, F. Gonano, and E. Bartoli. "Serum Soluble Vascular-Cell Adhesion Molecule-1 (VCAM-1) in Patients with Acute and Chronic Liver Diseases." *Disease Markers* 13.1 (1996): 11-7.

175. Li, H., W. Peng, W. Jian, Y. Li, Q. Li, W. Li, and Y. Xu. "ROCK Inhibitor Fasudil Attenuated High Glucose-Induced MCP-1 and VCAM-1 Expression and Monocyte-Endothelial Cell Adhesion." *Cardiovascular Diabetology* 11:65 (2012): 1-10.
176. Manduteanu, I., M. Voinea, F. Antohe, E. Dragomir, M. Capraru, L. Radulescu, and M. Simionescu. "Effect of Enoxaparin on High Glucose-Induced Activation of Endothelial Cells." *European Journal of Pharmacology* 477.3 (2003): 269-76.
177. Piga, R., Y. Naito, S. Kokura, O. Handa, and T. Yoshikawa. "Short-term High Glucose Exposure Induces Monocyte-Endothelial Cells Adhesion and Transmigration by Increasing VCAM-1 and MCP-1 Expression in Human Aortic Endothelial Cells." *Atherosclerosis* 193.2 (2007): 328-34.
178. Nishikawa, T., D. Edelstein, X. L. Du, S. Yamagishi, T. Matsumura, Y. Kaneda, M. A. Yorek, D. Beebe, P. J. Oates, H. P. Hammes, I. Giardino, and M. Brownlee. "Normalizing Mitochondrial Superoxide Production Blocks Three Pathways of Hyperglycaemic Damage." *Nature* 404.6779 (2000): 787-90.
179. Tsuruta, R., M. Fujita, T. Ono, Y. Koda, Y. Koga, T. Yamamoto, M. Nanba, M. Shitara, S. Kasaoka, I. Maruyama, M. Yuasa, and T. Maekawa. "Hyperglycemia Enhances Excessive Superoxide Anion Radical Generation, Oxidative Stress, Early Inflammation, and Endothelial Injury in Forebrain Ischemia/Reperfusion Rats." *Brain Research* 1309 (2010): 155-63.

180. Yano, M., G. Hasegawa, M. Ishii, M. Yamasaki, M. Fukui, N. Nakamura, and T. Yoshikawa. "Short-term Exposure of High Glucose Concentration Induces Generation of Reactive Oxygen Species in Endothelial Cells: Implication for the Oxidative Stress Associated with Postprandial Hyperglycemia." *Redox Report* 9.2 (2004): 111-6.
181. Rajesh, M., P. Mukhopadhyay, S. Batkai, G. Hasko, L. Liaudet, V. R. Drel, I. G. Obrosova, and P. Pacher. "Cannabidiol Attenuates High Glucose-Induced Endothelial Cell Inflammatory Response and Barrier Disruption." *American Journal of Physiology: Heart and Circulatory Physiology* 293.1 (2007): H610-9.
182. Hara, T., K. B. Bacon, L. C. Cho, A. Yoshimura, Y. Morikawa, N. G. Copeland, D. J. Gilbert, N. A. Jenkins, T. J. Schall, and A. Miyajima. "Molecular Cloning and Functional Characterization of a Novel Member of the C-C Chemokine Family." *Journal of Immunology* 155.11 (1995): 5352-8.
183. Poltorak, A. N., F. Bazzoni, I. I. Smirnova, E. Alejos, P. Thompson, G. Luheshi, N. Rothwell, and B. Beutler. "MIP-1 Gamma: Molecular Cloning, Expression, and Biological Activities of a Novel CC Chemokine that is Constitutively Secreted in vivo." *Journal of Inflammation* 45.3 (1995): 207-19.
184. Youn, B. S., I. K. Jang, H. E. Borxmeyer, S. Cooper, N. A. Jenkins, D. J. Gilbert, N. G. Copeland, T. A. Elick, M. J. Fraser, Jr., and B. S. Kwon. "A Novel Chemokine, Macrophage Inflammatory Protein-Related Protein-2, Inhibits Colony Formation of Bone Marrow Myeloid Progenitors." *Journal of Immunology* 155.5 (1995): 2661-7.

185. Mohamadzadeh, M., A. N. Poltorak, P. R. Bergstressor, B. Beutler, and A. Takashima. "Dendritic Cells Produce Macrophage Inflammatory Protein-1 Gamma, a New Member of the CC Chemokine Family." *Journal of Immunology* 156.9 (1996): 3102-6.
186. Zhao, X., A. Sato, C. S. Dela Cruz, M. Linehan, A. Luegering, T. Kucharzik, A. K. Shirakawa, G. Marquez, J. M. Farber, I. Williams, and A. Iwasaki. "CCL9 Is Secreted by the Follicle-Associated Epithelium and Recruits Dome Region Peyer's Patch CD11b+ Dendritic Cells." *Journal of Immunology* 171.6 (2003): 2797-803.
187. Torrence, A. E., T. Brabb, J. L. Viney, H. Bielefeldt-Ohmann, P. Treuting, A. Seamons, R. Drivdahl, W. Zeng, and L. Maggio-Price. "Serum Biomarkers in a Mouse Model of Bacterial-Induced Inflammatory Bowel Disease." *Inflammatory Bowel Diseases* 14.4 (2008): 480-90.
188. Yu, R., J. S. Park, T. Kawada, and B. S. Kwon. "Alteration of a Macrophages Inflammatory Protein-Related Protein-2 (MRP-2) Response by High Fat and Cholesterol Diet in Mice." *Life Sciences* 70.21 (2002): 2535-45.

VITA

Kris R. Freeman was raised in Tyler, Texas, and received his Bachelor of Science in Neurobiology from the University of Texas at Austin in 2009. Since that time he has been employed full-time as a research associate in the testing and automation departments at MyriadRBM in Austin, Texas. In 2011, he entered the Graduate College of Texas State University-San Marcos to pursue his M.S. in Biology. Kris will be attending the World Biotechnology Congress 2013 in Boston, Massachusetts to present his thesis research.

Permanent Email: FreemanK.UT@gmail.com

This thesis was typed by Kris Ray Freeman.