Influence of genetic background on albuminuria and kidney injury in \( \text{Ins2}^{+/\text{C96Y}} \) (Akita) mice

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Genetic determinants also seem to modulate the susceptibility to kidney injury from diabetes in mice. For example, we and others have identified significant strain differences affecting the severity of proteinuria and renal pathological changes in mice with chemically induced (STZ) diabetes (5, 18). Accordingly, we reasoned that genetic background might also influence the development of kidney injury in Akita mice. Identification of strains with enhanced susceptibility to kidney injury in diabetes should be useful for developing better mouse models of nephropathy. Moreover, these strains could be used to identify specific gene variants accelerating proteinuria and kidney injury in this setting.
Here, we provide evidence for genetic modifiers of albuminuria and other renal manifestations of diabetes in Akita mice. The C57BL/6 background confers resistance whereas the 129/SvEv and DBA/2 backgrounds are associated with enhanced susceptibility to kidney injury. Animals from an F1 intercross generated between the resistant strain and one of the susceptible strains (DBA/2) predominantly expressed the susceptible phenotype, consistent with dominant inheritance of genetic modifiers that increase the propensity for albuminuria in this model of type 1 diabetes.

MATERIALS AND METHODS

Animals. C57BL/6-Ins2+/C96Y (Akita) and wild-type DBA/2(J) mice were purchased from The Jackson Laboratory (Bar Harbor, ME), and wild-type 129/SvEv mice from Taconic Farms (Germantown, NY). Inbred DBA/2-Ins2Akita and 129SvEv-Ins2Akita mice were generated by successive backcrossing of the Akita mutation onto wild-type DBA/2 and 129/SvEv mice, respectively. For each of the strains, experiments were performed using mice generated after six successive backcrosses. Transmission of the C96Y point mutation was determined by PCR analysis of genomic DNA obtained from weanling mice (27). Mice were housed in an Association for the Assessment and Accreditation of Laboratory Animal Care-accredited animal facility at the Durham Veterans Affairs Medical Center under National Institutes of Health guidelines. Throughout the period of study, animals were provided free access to water and standard rodent chow (Lab Diet, Purina Mills, St. Louis, MO). Because of the limited hyperglycemia observed in diabetic, female mice, only male mice were studied.

Blood glucose measurements. Beginning at 10 wk of age, blood glucose was measured at monthly intervals using a Glucometer Elite testing system (Ascensia Bayer). After the tarsal area of the left leg was shaved, blood samples were obtained by puncturing the left lateral saphenous vein with a 25-gauge needle (8). Approximately 2 μl of blood was collected directly onto the testing strip for measurement.

Blood pressure measurements. During the last month of the study, systolic blood pressures were measured in conscious mice using a computerized tail-cuff system (Hatteras Instruments, Cary, NC) that determines systolic blood pressure using a photoelectric sensor as described (10, 11). This system allows measurements in four mice simultaneously and minimizes the potential for observer bias. Before measurements were initiated, mice were adapted to the apparatus for at least 10 days. Blood pressures were then measured for at least 15 days. The validity of this system has been established previously (10, 11).

Urinary albumin measurements. At the end of the study, 24-h urine collections were obtained from mice housed in individual metabolic cages with free access to water and food. Water intake, urine volume, and body weight were monitored to ensure baseline conditions. Urinary creatinine concentration was measured using a picric acid assay according to the manufacturer’s instructions (The Creatinine Companion, Exocell, Philadelphia, PA). Urinary albumin excretion was measured using an indirect competitive ELISA according to the manufacturer’s instructions (Albuwell M, Exocell).

Measurement of glomerular filtration rate. FITC-inulin clearance was measured in conscious mice as previously described (19). FITC-inulin (5%) was injected into the penile vein of mice that were briefly anesthetized with isoflurane. At 3, 7, 10, 15, 35, 55, and 75 min after the FITC-inulin injection, blood samples were obtained from the lateral saphenous vein (8). Fluorescence intensity was measured at 485 excitation/520 emission using a FLUOstar Omega plate reader (BMG Labtech). Plasma fluorescence was fitted to a two-phase exponential decay using nonlinear regression (GraphPad Prism), and glomerular filtration rate (GFR) was calculated as using standard formulas (18) and is reported as microliters per minute per gram body weight (7).

Renal pathological examination. At 6 mo of age, kidneys were harvested for pathological examination. Before harvest, a cannula was placed in the left ventricle and the kidneys were perfused in situ with freshly prepared 4% paraformaldehyde (PFA) using a peristaltic pump (Peristaltic Pump P-1, Amersham Biosciences) at a rate of 7 ml/min. The right kidney was then removed, decapsulated, and weighed. Perfusion-fixed tissue was embedded in paraffin, and sections were stained with periodic acid-Schiff for examination by light microscopy. Glomerular volume was calculated from the mean cross-sectional area of 20 glomerular profiles of each animal using the method of Weibel (29). Glomerular mesangial area was scored from 0 to 3 on 25–40 glomerular profiles from a single section, and the mean was entered as the score for the animal.

Statistical analysis. The values for each parameter within a group are expressed as means ± SE. For comparisons between two experimental groups, an unpaired t-test was used to assess statistical significance, and a paired t-test was used for comparisons within a group. For comparisons among multiple groups, ANOVA with Tukey’s multiple comparisons test was used.

RESULTS

Equivalent hyperglycemia in Akita mouse lines. As shown in Fig. 1, blood glucose levels were significantly elevated in Ins2+/C96Y mice on all three genetic backgrounds compared with their respective wild-type (Ins2+++) controls. The marked levels of hyperglycemia were sustained from the beginning of the experiment when the animals were 8 wk old, through the entire 16-wk observation period. During the study period, there were no statistically significant differences in blood glucose levels among the inbred diabetic strains (P = 0.59 ANOVA + Tukey’s).

Throughout the entire study period, both C57BL/6-Ins2+/C96Y and 129SvEv-Ins2+/C96Y mice appeared healthy and gained weight normally such that their body weights remained similar to nondiabetic wild-type littermate controls. In contrast, the DBA/2-Ins2+/C96Y animals failed to gain weight and their mean body weights at the end of the study (22.9 ± 1.5 g) were not significantly different from the values at 2 mo of age when the study was initiated (23.9 ± 0.5 gm; P = 0.8). At the end of the study, body weights in the DBA/2-Ins2+/C96Y mice (22.9 ± 1.5 g) were significantly lower than DBA/2-Ins2++/+ nondiabetic controls (30.1 ± 0.8 g; P = 0.0003). As the study progressed, many of the DBA/2-Ins2+/C96Y animals appeared ill and >50%
had to be euthanized before completion of the study because of failure to thrive.

**Blood pressures in inbred Akita mice.** Since hypertension is a typical clinical feature associated with diabetic nephropathy in humans, we monitored systolic blood pressure in all of the groups of mice in this study. In the nondiabetic controls, we found significant strain differences in baseline blood pressures (Table 1). As shown in Fig. 2, systolic blood pressures were higher in both the nondiabetic 129/SvEv-Ins2+/+ (130 ± 4 mmHg) and DBA/2-Ins2+/+ animals (134 ± 2 mmHg) compared with the C57BL/6-Ins2+/+ group (103 ± 2 mmHg; P < 0.01, ANOVA). The blood pressure responses to diabetes also varied among strains. Systolic blood pressures were significantly higher in the C57BL/6-Ins2+/+ and DBA/2-Ins2+/+ strains compared with their respective Ins2+/+ wild-type littermates. In contrast, blood pressures were virtually identical in 6-mo-old DBA/2-Ins2+/+ and DBA/2-Ins2+/+ wild-type controls (134 ± 3 vs. 134 ± 2 mmHg; P = 0.89).

**Differences in albuminuria among strains of inbred Akita mice.** We measured 24-h albumin excretion and albumin-to-creatinine ratio as a marker of renal injury associated with diabetes. Among the nondiabetic wild-type (Ins2+/+) mice, there were strain differences in albumin excretion. Wild-type DBA/2 mice had significantly higher levels of albumin excretion (116 ± 28 μg/day) than wild-type C57BL/6 animals (14 ± 2 μg/day; P = 0.009) (Fig. 3), whereas albumin excretion rates varied among strains. Systolic blood pressures were significantly higher in the C57BL/6- and 129/SvEv-Ins2+/+ mice (113.3 ± 1.4 mg/kg body wt−1; P = 0.04). The levels of GFR increased significantly in Akita mice on both backgrounds compared with their respective nondiabetic, wild-type controls (Fig. 4, Table 2). Between the two strains of Akita mice, GFR was significantly higher in the 129-Ins2+/+ compared with the C57BL/6-Ins2+/+ mice (P = 0.0004). Thus, at similar levels of hyperglycemia, the magnitude of hyperfiltration differs between strains of Akita mice and higher levels of GFR are associated with more severe albuminuria.

**Effects of Ins2+/+ mutation on kidney size and pathology.** Renal hypertrophy is a characteristic feature of human diabetes. Thus we compared the kidney sizes among the different strains of Akita mice. Interestingly, there were strain differences in kidney size among the 6-mo-old nondiabetic mice. The mean kidney weight-to-body weight ratio in the DBA/2-Ins2+/+ mice (9.63 ± 0.16) was significantly greater than that of the C57BL/6-Ins2+/+ mice (5.95 ± 0.1) or 129/SvEv animals (6.06 ± 0.1; P < 0.001 ANOVA). Compared with the kidney sizes in their respective wild-type control strains, all of the Ins2+/+ lines manifested significant renal hypertrophy by 6 mo of age, and among the diabetic animals, the kidney weight-to-body weight ratio was also highest in the DBA/2-Ins2+/+ group (P < 0.001, ANOVA, Table 3).

Along with the generalized increased kidney size seen with diabetes, increased glomerular volume is also typical of humans with diabetic nephropathy (3, 13). Among the Ins2+/+ controls, the glomerular volumes were significantly increased in the DBA/2 line compared with the other two strains (P < 0.001, ANOVA), and glomerular volumes were significantly higher in C57BL/6 wild-type mice compared with 129/SvEv (P < 0.001, ANOVA). The glomerular volumes were significantly higher in both the C57BL/6- and 129/SvEv-Ins2+/+ groups with diabetes compared with their respective nondiabetic controls (P < 0.0002). However, there was no difference in the glomerular volume between the DBA/2-Ins2+/+ and DBA/2-Ins2+/+ groups and, thus, despite the strain differences at baseline, glomerular volumes were very similar among the three diabetic lines at 6 mo of age (Table 4).

In general, the Ins2+/+ mutation caused only modest abnormalities of renal structure, largely confined to expansion described (19). Compared with the nondiabetic, wild-type mice, GFR was significantly higher in the 129/SvEv (18.2 ± 1.7 ml·min−1·g body wt−1) than the C57BL/6 (11.3 ± 1.4 ml·min−1·g body wt−1; P = 0.04). The levels of GFR increased significantly in Akita mice on both backgrounds compared with their respective nondiabetic, wild-type controls (Fig. 4, Table 2). Between the two strains of Akita mice, GFR was significantly higher in the 129-Ins2+/+ compared with the C57BL/6-Ins2+/+ mice (P = 0.0004). Thus, at similar levels of hyperglycemia, the magnitude of hyperfiltration differs between strains of Akita mice and higher levels of GFR are associated with more severe albuminuria.
of mesangial matrix, and the patterns of mesangial pathology were similar between the groups. As shown in Fig. 5, pathological changes were largely confined to the glomerulus in diabetic animals with preservation of normal morphology in the tubular and interstitial regions. To compare the severity of glomerular pathology between the Akita lines, the extent of mesangial expansion was scored on a scale of 0–3 as described previously (5). Representative glomeruli with severity scores of 0 (normal), 1 (mild), and 2 (moderate) are depicted in Fig. 5. Severely affected glomeruli (score of 3) were rarely observed. There were no significant differences in the mesangial pathology scores among the wild-type Ins2+/+ animals from the three strains (Table 4, Fig. 5, A and C). However, mesangial pathology scores were significantly higher in diabetic C57BL/6-Ins2+/C96Y and 129/SvEv-Ins2+/C96Y mice compared with their respective nondiabetic littermate controls (Table 4). The magnitude of increase was very similar between these two strains (2- to 2.5-fold). On the other hand, mesangial scores were virtually identical in 6-mo-old wild-type DBA/2 (Ins2+/+) and DBA/2-Ins2+/C96Y mice. Accordingly, Akita mice on the C57BL/6 and 129/SvEv backgrounds had more severe mesangial expansion than the DBA/2-Ins2+/C96Y animals (P < 0.001, ANOVA). Of note, several of the DBA/2-Ins2+/C96Y animals developed focal area interstitial inflammation consisting of substantial numbers of polymorphonuclear neutrophils along with other mononuclear inflammatory cells with an overall appearance suggestive of pyelonephritis and were excluded from analysis.

Intercross of strains with differential susceptibilities to diabetic kidney injury. Our initial studies suggested the presence of strain-specific modifiers affecting susceptibility to albuminuria and kidney injury associated with the Ins2+/C96Y mutation. To assess the heritability of these traits, we carried out an intercross between a strain that was relatively resistant to albuminuria (C57BL/6) and a more susceptible strain (DBA/2). We then analyzed diabetes-related phenotypes of a cohort of F1(DBA/2 x C57BL/6)Ins2+/C96Y mice. As shown in Figs. 1 and 6, these F1 animals developed levels of sustained and robust hyperglycemia that were similar to the other lines throughout the study period and were not different from the parental DBA/2-Ins2+/C96Y lines at 6 mo of age. At the end of the study period, F1-Ins2+/C96Y mice, like the parental DBA/2-Ins2+/C96Y group, weighed significantly less than their wild-type littermates (30.3 ± 0.4 vs. 38 ± 1.0 g; P < 0.0001). Compared with the F1-Ins2+/+ controls, the diabetic F1-Ins2+/C96Y animals tended to have elevated blood pressure (138 ± 5 vs. 127 ± 4 mmHg; P = 0.06) (Fig. 2). Moreover, the level of blood pressure in the F1-Ins2+/C96Y animals was significantly higher than the parental C57BL/6-Ins2+/C96Y line (127 ± 4 vs. 112 ± 3 mmHg; P < 0.001, ANOVA) and similar to the DBA/2-Ins2+/C96Y group (134 ± 3 mmHg). The F1(DBA/2 x C57BL/6)-Ins2+/C96Y mice also developed a more than sixfold increase in albuminuria compared with their littermate Ins2+/+ controls (283 ± 48 vs. 43 ± 10 μg/day; P < 0.0001, Fig. 6B). This level of albuminuria was significantly higher than the C57BL/6-Ins2+/C96Y animals (P = 0.02), but was not different from the DBA/2-Ins2+/C96Y mice. Interestingly, in a comparison of nondiabetic controls, the level of albuminuria in the nondiabetic F1(DBA/2 x C57BL/6)-Ins2+/+ mice was intermediate (43 ± 10 μg/day) between that of the two parental lines, which had significantly different levels of baseline albumin excretion: 14 ± 2 μg/day for C57BL/6-Ins2+/+ and 116 ± 27 μg/day for DBA/2-Ins2+/+ (P = 0.002 ANOVA).

We also measured GFR in wild-type and Akita mice on the F1(DBA/2 x C57BL/6) background. In the wild-type F1 mice, levels of GFR were similar to the parental C57BL/6 strain but significantly lower than wild-type 129/SvEv mice (Fig. 4,
Table 2. Urine studies and glomerular filtration rate measurements

<table>
<thead>
<tr>
<th>Strain</th>
<th>Glomerular Filtration Rate, μl/min/g body wt</th>
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<tbody>
<tr>
<td></td>
<td>Control</td>
</tr>
<tr>
<td>C57BL/6</td>
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</tr>
<tr>
<td>DBA/2</td>
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</tr>
<tr>
<td>129/SvEv</td>
<td>0.0001</td>
</tr>
<tr>
<td>F1(DBA/2×C57BL/6)</td>
<td>0.0001</td>
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</tbody>
</table>

Values are means ± SE. *P < 0.05 between diabetic and wild-type. †P < 0.03 between 129 wild-type vs. C57BL/6 wild-type and F1(D2:B6) wild-type. ‡P < 0.0001 ANOVA between 129/SvEv-Ins2+/C96Y and C57BL/6-Ins2+/C96Y.

Table 3. Kidney weights

<table>
<thead>
<tr>
<th>Strain</th>
<th>Left Kidney Weight, mg</th>
<th>Kidney Weight-to-Body Weight Ratio, mg/g</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
<td>Diabetic</td>
</tr>
<tr>
<td>C57BL/6</td>
<td>162.2 ± 3.5 (n = 7)</td>
<td>217.4 ± 4.3* (n = 6)</td>
</tr>
<tr>
<td>129/SvEv</td>
<td>150.7 ± 5.1 (n = 7)</td>
<td>258.4 ± 12.7* (n = 5)</td>
</tr>
<tr>
<td>DBA/2</td>
<td>292.5 ± 4.9† (n = 10)</td>
<td>297.8 ± 13.2† (n = 6)</td>
</tr>
<tr>
<td>F1(DBA/2×C57BL/6)</td>
<td>267 ± 9.8 (n = 20)</td>
<td>378 ± 12.9*(n = 22)</td>
</tr>
</tbody>
</table>

Values are means ± SE. n. No. of mice. *P < 0.001 between diabetic and wild-type. †P < 0.001 vs. other strains. ‡P = 0.002 vs. C57BL/6.
similar effects in the Ins2/H11001/C96Y model. Accordingly, we generated novel lines of inbred Ins2/H11001/C96Y mice by successive generations of back-crossing. Since our objective was to produce Akita mouse lines with enhanced renal injury, we chose the DBA/2 strain, based on its enhanced susceptibility for albuminuria in the STZ model (5, 18), and the 129/SvEv strain, which has been demonstrated to have enhanced propensity for kidney injury in nondiabetic models (9, 21).

We carried out extensive phenotyping of the inbred Ins2/H11001/C96Y lines with a primary focus on albuminuria, an early clinical indicator of renal involvement in humans with diabetes (15) where it is also a potent marker of increased cardiovascular risk (4, 22). Even among the nondiabetic wild-type control groups, we found significant strain differences in albuminuria, with the highest levels observed in the DBA/2 strain. This is consistent with a recent study that also found increased albuminuria in wild-type DBA/2 mice and mapped several, interacting quantitative trait loci (QTL) influencing this trait to mouse chromosome 2 (24). One of these loci overlaps a QTL for albuminuria previously identified in rats (33) and humans (34). We find that exaggerated albuminuria in the wild-type, nondiabetic DBA/2 mice was associated with increased kidney size and higher glomerular volumes, but no evidence of structural changes in the kidney. Because of the loss of some the DBA/2 Akita cohort before the study was completed, it is possible that our data might reflect selection against more severely affected diabetic mice. However, we were able to collect urine for albumin measurements in all but one mouse in this group. Furthermore, even with this possible skewing, the levels of albuminuria in the DBA/2-Ins2/H11001/C96Y animals were significantly greater than in the C57BL/6 or 129 strains. Moreover, a similar phenotype was observed in the F1(DBA/2 x C57BL/6)-Ins2/H11001/C96Y animals, which were harder and survived the entire study period.

The Ins2/H11001/C96Y mutation caused robust and equivalent levels of hyperglycemia in each of the strains. However, the manifestations of diabetes in the kidney were quite variable, suggesting differences in genetic susceptibilities to diabetes-induced renal injury. While albumin excretion was increased in each of the three Ins2/H11001/C96Y strains compared with their respective wild-type controls, levels of albuminuria were significantly higher in the 129/SvEv-Ins2/H11001/C96Y and DBA/2-Ins2/H11001/C96Y lines compared with the C57BL/6-Ins2/H11001/C96Y animals. Similar to our previous study using the STZ model of diabetes, the highest levels of albumin excretion were observed with Ins2/H11001/C96Y mutation on the DBA/2 background. However, because of the high

<table>
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<tr>
<th>Strain</th>
<th>Control</th>
<th>Diabetic</th>
<th>Control</th>
<th>Diabetic</th>
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</thead>
<tbody>
<tr>
<td>C57BL/6</td>
<td>0.37 ± 0.04</td>
<td>0.94 ± 0.06*</td>
<td>0.26 ± 0.01</td>
<td>0.36 ± 0.1*</td>
</tr>
<tr>
<td>129/SvEv</td>
<td>0.48 ± 0.07</td>
<td>1.05 ± 0.06*</td>
<td>0.18 ± 0.01</td>
<td>0.30 ± 0.02*</td>
</tr>
<tr>
<td>DBA/2</td>
<td>0.56 ± 0.09</td>
<td>0.56 ± 0.06</td>
<td>0.32 ± 0.02</td>
<td>0.36 ± 0.03*</td>
</tr>
<tr>
<td>F1(D2:B6)</td>
<td>0.51 ± 0.05</td>
<td>0.91 ± 0.06*</td>
<td>0.27 ± 0.01</td>
<td>0.38 ± 0.01*</td>
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Values are means ± SE. *P < 0.0002 between diabetic and wild-type.
baseline level of albuminuria in the DBA/2-Ins2<sup>+/+</sup> controls, the relative change in albuminuria was only about threefold in the DBA/2-Ins2<sup>+/C96Y</sup> line compared with almost fivefold in the 129/SvEv-Ins2<sup>+/C96Y</sup> group.

We also observed strain-related differences in GFR, both in the wild-type animals and with diabetes. Wild-type 129 mice had a higher GFR than wild-type C57BL/6 male mice of the same age (Fig. 4). In the presence of diabetes, hyperfiltration developed in all strains tested, with the largest increase occurring in F1(DBA/2 x C57BL/6)-Ins2<sup>+/C96Y</sup> mice, the strain with the highest albuminuria. Increased GFR is an almost universal finding in the early phases of diabetes. Moreover, glomerular hyperfiltration has been suggested to play an important role in the pathogenesis of progression to overt nephropathy (13, 14, 20, 32). Compared with their respective wild-type controls, each of the Akita strains developed hyperfiltration and the extent of the GFR increase roughly correlated with the severity of albuminuria.

Across the strains, there was a variable level of correlation between levels of albuminuria and alterations in GFR or extent of mesangial pathology. The C57BL/6-Ins2<sup>+/C96Y</sup> mice had the lowest levels of proteinuria, but among the highest mesangial pathology scores. By contrast, the DBA/2-Ins2<sup>+/C96Y</sup> line with the most albuminuria had the least mesangial pathology. Accordingly, the 129/SvEv-Ins2<sup>+/C96Y</sup> line may have advantages for modeling kidney injury based on their combination of robust diabetes-induced albuminuria, glomerular hyperfiltration, and mesangial pathology. Moreover, the majority of modified mouse lines generated by gene targeting are derived from substrains of 129, and inbred diabetic animals could be generated with a simple cross. Furthermore, despite substantial elevation in their serum glucose levels, the 129/SvEv-Ins2<sup>+/C96Y</sup> animals remained vigorous and healthy throughout the study period. On the other hand, the DBA/2 mice, which had the highest levels of albuminuria, did not gain weight normally, appeared frail, and a significant percentage did not survive to the end of the study. Several of the experimental animals also developed renal pathological lesions resembling pyelonephritis, which could confound interpretation of their kidney phenotype.

Our studies provide clear-cut evidence for strain-specific genetic modifiers affecting kidney phenotypes associated with the Ins2<sup>+/C96Y</sup> mutation. These include differences in susceptibility to albuminuria and mesangial pathology, as well as variable renal and glomerular hypertrophic responses. To assess the heritability of these traits and focusing on albuminuria, we carried out an intercross between the strain with relative resistance to albuminuria, C57BL/6, and one of the more susceptible strains, DBA/2. The level of albumin excretion in the F1 Akita mice generated by this intercross was very similar to the parental DBA/2 line, suggesting a dominant pattern of inheritance for albumin susceptibility alleles. However, the enhanced mesangial pathology in the F1 mice most closely resembled the C57BL/6 parental line, indicating that genetic control of diabetic mesangial expansion may be distinct from that of albuminuria. Based on the observed segregation of these traits in the F1 animals, mapping of susceptibility loci could be possible through F1 intercrosses or backcrosses with the individual parental lines. Finally, because the F1 mice are easily generated by a single cross between commercially available C57BL/6-Ins2<sup>+/C96Y</sup> and DBA/2-Ins2<sup>+/+</sup> mice, these animals may be useful as a mouse model of type 1 diabetes developing relatively high levels of albuminuria along with mesangial expansion.

In summary, we have generated novel lines of inbred Ins2<sup>+/C96Y</sup> mice and have demonstrated strong genetic modifiers influencing albuminuria and renal injury. These strains could be used to map these naturally occurring modifiers of renal disease in diabetes.
We suggest that the 129/SvEv-Ins2+/C96Y line may be particularly useful for further model development, especially in combination with other genetic manipulations carried out in embryonic stem cells derived from 129 substrains that may accelerate or exaggerate the development of glomerulosclerosis and renal failure in diabetes.

GRANTS

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DISCLOSURES

No conflicts of interest are declared by the authors.

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