McCann et all Supplementary Figures and Tables

Table 1. Demographic and biological variables of healthy individuals that are either carriers or noncarries of R832 and K952. Values reported are means and SD. Normal, healthy levels range from 16-24uM for serum Cu and 20-40mg/dL for serum Cp [3].

| | Mean | Standard Deviation |
|-------------------------------|---------|-----------------------|
| Age (years) | 65.19 | 12.857 |
| MMSE score | 28 | 1.91 |
| Copper (uM) | 13.5524 | 2.877 |
| Ceruloplasmin (mg/dL) | 25.6731 | 5.50615 |
| non-Ceruloplasmin copper (uM) | 1.4347 | 2.27155 |
| Copper:Ceruloplasmin | 7.0625 | 1.11833 |

| WD Mutation | ATP7B SNPs | Age of diagnosis | Sex | Phenotype | KF Ring | Serum Cu (µg/dL) | Cp (mg/dL) | Source |
|----------------------|---------------------|------------------|-----|--|---------|---------------------|---------------|-------------------------------|
| p.A990P | p.K832R | 14 | F | hepatic | Y | 22 | 5 | Prago at al 2007 |
| p.P768L | p.R952K | 28 | М | hepatic | Ν | 70 | 14 | Diage, et. 01, 2007 |
| p.G691R | p.K832R, p.R952K | 3 | F | liver cirrhosis, subclinical hepatitis | Y | N/A | N/A | Scvortova, et. al., |
| p.G691R | p.K832R, p.R952K | 12 | м | liver cirrhosis, subclinical hepatitis | Y | N/A | N/A | 2013 |
| N/A | p.K832R, p.R952K | 9 | F | trigonocephaly, biparietal widening, hypertelorism, hepatomegaly | N | 26 | 5 | Cogulu et al 2005 |
| N/A | p.K832R, p.R952K | 13 | м | trigonocephaly, biparietal widening, hypertelorism, hepatomegaly | N | 13.3 | 5 | Coguiu, <i>et. ut.</i> , 2005 |
| p. | p.K832R, p.R952K | 24 | F | ataxia, dystonia, tremor | Y | 0.111 | N/A | Lu <i>, et. al.</i> , 2014 |
| p.T1220M | p.K832R, p.R952K | N/A | N/A | hepatic | N/A | N/A | N/A | |
| c. 2008-2013 del | p.K832R | N/A | N/A | hepatic | N/A | N/A | N/A | Haas, <i>et. al.</i> , 1999 |
| p.R969Q, p.H1069Q | p.K832R | N/A | N/A | hepatic | N/A | N/A | N/A | |
| p.C985T, p.I1148T | p.R952K | N/A | N/A | hepatic | N/A | N/A | N/A | |
| pH1069Q | p.K832R | 17 | М | neurological, cirrhosis | Y | N/A | 3.5 | Cocoș <i>, et. al.</i> , 2014 |
| pH1069Q | p.K832R | 18 | М | neurological | Y | N/A | 0.9 | |
| pH1069Q | p.K832R | 19 | F | neurological | Y | N/A | 2.6 | |
| pH1069Q | p.K832R | 6 | М | high ALT and AST | N | N/A | 0.4 | |
| pH1069Q | p.K832R | 7 | F | high ALT and AST | N | N/A | 0.1 | |
| pH1069Q | p.K832R | 19 | М | neurological | Y | N/A | 1.2 | |
| pH1069Q | p.K832R | 20 | М | neurological, cirrhosis | Y | N/A | 2.3 | |

Table 2. Presence of R832 and K952 in patients with Wilson disease and corresponding clinical symptoms.

Supplementary Figure 1



Fig S1. MD simulations of the isolated A-domain.

(A) Root mean square deviation (RMSD) differs between the domain containing K832 or R832. The backbone RMSD of the 200 nanosecond all-atom MD simulation for K832 (black) and R832 (red). (B) Ribbon models of the isolated K832 and R832 A-domain with the K832R residues shown as sticks. *Top panel,* residues in the TGE motif—T858, G859, E860—are shown as sticks. *Bottom panel,* residues neighboring K832R in the β -sheet 3—I830, V831, V833, and V834—highlighted as sticks. (C) Effects of the 832 SNPs on the secondary structure of the A-domain. The secondary structural changes on the A-domain due to K832 (left) and R832 (right), shown as a DSSP secondary structure time series diagram.