TITLE: Sex differences in islet stress responses support female beta cell resilience

SHORT TITLE: Sex-specific beta cell stress responses

AUTHORS: George P. Brownrigg[1], Yi Han Xia[1], Chieh Min Jamie Chu[1], Su Wang[1], Charlotte Chao[1],

Jiashuo Aaron Zhang[1], Søs Skovsø[1], Evgeniy Panzhinskiy[1], Xiaoke Hu[1], James D. Johnson[1§],

Elizabeth J. Rideout[1§]

AFFILIATION: [1]Department of Cellular and Physiological Sciences, Life Sciences Institute, The

University of British Columbia, 2350 Health Sciences Mall, Vancouver, BC, V6T 1Z3, Canada

§ CO-CORRESPONDING AUTHORS: Department of Cellular and Physiological Sciences, Life

Sciences Institute, The University of British Columbia, 2350 Health Sciences Mall, Vancouver, BC,

V6T 1Z3, Canada. Email: elizabeth.rideout@ubc.ca & james.d.johnson@ubc.ca Phone: (604) 822-

0623 & (604) 822-7187. Fax: (604) 822-2316.

AUTHOR CONTRIBUTIONS

G. P. B. conceived studies, conducted experiments, interpreted experiments, wrote the manuscript

Y. X. performed bioinformatic analysis and data visualization

J. C. created custom R scripts (single-cell GFP tracking)

S. W. analyzed data (human RNAseq)

C. C. created custom R scripts (mouse RNAseq analysis)

J. A. Z. analyzed data (HPAP perifusions)

S. S. conducted experiments (*in vivo* physiology)

E. P. conducted experiments (islet western blots)

X. H. conducted experiments (dissections)

J. D. J. conceived studies, interpreted experiments, edited the manuscript

E. J. R. conceived studies, interpreted experiments, edited the manuscript, and is the guarantor of this

work

KEYWORDS: pancreatic islets, β cells, diabetes mellitus, endoplasmic reticulum stress, protein

synthesis, transcriptomics

ABSTRACT

Objective: Pancreatic β cells play a key role in glucose homeostasis; dysfunction of this critical cell type causes type 2 diabetes (T2D). Emerging evidence points to sex differences in β cells, but few studies have examined male-female differences in β cell stress responses and resilience across multiple contexts, including diabetes. Here, we address the need for high-quality information on sex differences in β cell/islet gene expression and function using both human and rodent samples.

Methods: We compared β cell gene expression and insulin secretion in donors living with T2D to non-diabetic donors in both males and females. In mice, we generated a well-powered islet RNAseq dataset from 20-week-old male and female siblings with equivalent insulin sensitivity. Because on our unbiased analysis of gene expression pointed to sex differences in endoplasmic reticulum (ER) stress response, we subjected islets isolated from age-matched male and female mice to thapsigargin treatment and monitored protein synthesis, cell death, and β cell insulin production and secretion. Transcriptomic and proteomic analyses were used to characterize sex differences in islet responses to ER stress.

Results: Our single-cell analysis of human β cells revealed sex-specific changes to gene expression and function in T2D, correlating with more robust insulin secretion in islets isolated from female donors living with T2D compared to male T2D donors. In mice, RNA sequencing revealed differential enrichment of unfolded protein response pathway-associated genes, where female islets showed higher expression of genes linked with protein synthesis, folding, and processing. This differential expression was biologically significant, as female islets were more resilient to ER stress induction with thapsigargin. Specifically, female islets maintained better insulin secretion and showed a distinct transcriptional response under ER stress compared with males.

Conclusions: Our data demonstrate that physiologically significant sex differences in β cell gene expression exist in both humans and mice, and that female β cells maintain better insulin production and secretion across multiple physiological and pathological contexts.

1. Introduction

Pancreatic β cells make and secrete insulin, an essential hormone required to maintain whole-body glucose homeostasis. Emerging evidence from multiple species suggests biological sex is an important, but often overlooked, factor that affects β cell biology (1–6). Large-scale surveys of gene expression in mice and humans show that differences exist between the sexes in the pancreas (7–9), in islets (10), and in β cells specifically (4,11). Humans also have a sex-specific β cell gene expression response to aging (12), and show male-female differences in pancreatic β cell number (6). With respect to β cell function, most data from rodent and human studies suggests glucose-stimulated insulin secretion is higher in females than in males (5,10,13–16). While male-female differences in peripheral insulin sensitivity (15,17–27) may contribute to these differences, sex-biased insulin secretion in humans persists in the context of equivalent insulin sensitivity between males and females (5). Whether sex differences in additional aspects of β cell gene expression and function similarly persist remains unclear, as insulin sensitivity is not routinely monitored across datasets showing sex differences in β cell biology.

Biological sex also affects the risk of developing T2D. Across many population groups, men are at a higher risk of developing T2D than women (28–31). Some of the differential risk is explained by lifestyle and cultural factors (31–33). Biological sex also plays a role, however, as the male-biased risk of developing diabetes-like phenotypes exists across multiple animal models (22,34–39). Despite a dominant role for β cell function in T2D pathogenesis (40,41), T2D- and stress-associated changes to β cell gene expression and function in each sex remain largely unexplored, as many studies on this topic did not include biological sex as a variable in their analysis (42–49). More detailed knowledge of β cell gene expression and function in physiological and pathological contexts is therefore a key first step toward understanding how sex differences in this important cell type may contribute to T2D risk.

The overall goal of our study was to provide detailed knowledge of β cell gene expression and function in both males and females across multiple contexts to advance our understanding of sex differences in this important cell type. Collectively, our data show significant sex differences in islet and β cell gene expression and stress responses in both humans and mice. These differences contribute to sex differences in β cell resilience, where we find female β cells maintain better insulin secretion in response to stress and T2D. Importantly, these differences cannot be fully explained by differential peripheral insulin

99   sensitivity between the sexes, suggesting biological sex is an important variable to consider in

100   studies on islet and β cell function.

2. Materials and methods

2.1. Animals

Mice were bred in-house or purchased from the Jackson Laboratory. Unless otherwise stated

mouse islets were isolated from C57BL/6J mice aged 20-24 weeks. Animals were housed

and studied in the UBC Modified Barrier Facility using protocols approved by the UBC Animal

Care Committee and in accordance with international guidelines. Mice were housed on a 12-

hour light/dark cycle with food and drinking water *ad libitum*. Mice were fed a regular chow

diet (LabDiet #5053); 24.5% energy from protein, 13.1% energy from fat, and 62.4% energy

from carbohydrates.

2.2. Islet Isolation, Culture, Dispersion and Treatment

Mouse islet isolations were performed by ductal collagenase injection followed by filtration

and hand-picking, using modifications of the protocol described by Salvalaggio (50). Islets

recovered overnight, in islet culture media (RPMI media with 11.1 mM D-glucose

supplemented with 10% vol/vol fetal bovine serum (FBS) (Thermo: 12483020) and 1% vol/vol

Penicillin-Streptomycin (P/S) (GIBCO: 15140-148)) at 37°C with 5% CO_2. After four washes

with Minimal Essential Medium [L-glutamine, calcium and magnesium free] (Corning: 15-015

CV) islets were dispersed with 0.01% trypsin and resuspended in islet culture media. Cell

seedings were done as per the experimental procedure (protein synthesis: 20,000 cells per

well, live cell imaging: 5,000 cells per well). ER stress was induced by treating islets with the

SERCA inhibitor thapsigargin. For assays less than 24 hours, we used (11.1 mM D-glucose

RPMI, 1% vol/vol P/S). For assays greater than 24 hours we used (11.1 mM D-glucose RPMI,

1% vol/vol P/S, 10% vol/vol FBS).

2.3. Analysis of protein synthesis

Dispersed islets were seeded into an optical 96-well plate (Perkin Elmer) at a density of

approximately 20,000 cells per well islet culture media (11.1 mM D-glucose RPMI, 1% vol/vol

P/S, 10% vol/vol FBS). 24 hours after seeding, treatments were applied in fresh islet culture

media (11.1 mM D-glucose RPMI, 1% vol/vol P/S). After incubation, fresh culture media was

applied (11.1 mM D-glucose RPMI, 1% vol/vol P/S), supplemented with 20 μM OPP

(Invitrogen) and respective drug treatments. The assay was performed according to

manufacturer's instructions; cells were then imaged at 10x with an ImageXpress[MICRO] high-

content imager and analyzed with MetaXpress (Molecular Devices) to quantify the integrated

staining intensity of OPP-Alexa Fluor 594 in cells identified by NuclearMask Blue Stain.

2.4. Live cell imaging

Dispersed islets were seeded into 384-well plates (Perkin Elmer) at a density of

approximately 5,000 cells per well and allowed to adhere for 48 hours in islet culture media

(11.1 mM D-glucose RPMI, 1% vol/vol P/S, 10% vol/vol FBS). Cells were stained with

Hoechst 33342 (Sigma-Aldrich) (0.05 µg/mL) and propidium iodide (Sigma-Aldrich) (0.5

µg/mL) for one hour in islet culture media (11.1 mM D-glucose RPMI, 1% vol/vol P/S, 10%

vol/vol FBS) prior to the addition of treatments and imaging. 384-well plates were placed into

environmentally controlled (37°C, 5% CO2) ImageXpress[MICRO] high content imaging system.

To measure cell death, islet cells were imaged every 2 hours for 84 hours, and MetaXpress

software was used to quantify cell death, defined as the number of Propidium Iodide-

positive/Hoechst 33342-positive cells. To measure *Ins2* gene activity, dispersed islets from

Ins2[GFP/WT] mice aged 21-23 weeks were used (51). Islet cells were imaged every 30 minutes

for 60 hours. MetaXpress analysis software and custom R scripts were used to perform

single-cell tracking of *Ins2*[GFP/WT] β cells as previously described (51).

2.5. Western blot

After a 24-hour treatment with 1 µM Tg in islet culture media (11.1 mM D-glucose RPMI, 1%

vol/vol P/S, 10% vol/vol FBS), mouse islets were sonicated in RIPA lysis buffer (150 mM

NaCl, 1% Nonidet P-40, 0.5% DOC, 0.1% SDS, 50 mM Tris (pH 7.4), 2 mM EGTA, 2 mM

Na_3VO_4, and 2 mM NaF supplemented with complete mini protease inhibitor cocktail (Roche,

Laval, QC)). Protein lysates were incubated in Laemmli loading buffer (Thermo, J61337AC) at

95°C for 5 minutes and resolved by SDS-PAGE. Proteins were then transferred to PVDF

membranes (BioRad, CA) and probed with antibodies against HSPA5 (1:1000, Cat. #3183,

Cell Signalling), eIF2α (1:1000, Cat. #2103, Cell Signalling), phospho-eIF2α (1:1000, Cat.

#3398, Cell Signalling), IRE1α (1:1000, Cat. #3294, Cell Signalling), phospho-IRE1α (1:1000,

Cat. #PA1-16927, Thermo Fisher Scientific), CHOP (1:1000, #ab11419, Abcam), β-actin

(1:1000, NB600-501, Novus Biologicals). The signals were detected by secondary HRP-

conjugated antibodies (Anti-mouse, Cat. #7076; Anti-rabbit, Cat. #7074; CST) and either

Pierce ECL Western Blotting Substrate (Thermo Fisher Scientific) or Forte (Immobilon).

Protein band intensities were quantified using Image Studio (LI-COR).

2.6. Islet Secretion and Content

Glucose-stimulated insulin/proinsulin production and secretion were assessed using size-

matched islets (five islets per well, in triplicate) seeded into 96-well V-bottom Tissue Culture

Treated Microplates (Corning: #CLS3894). Islets were allowed to adhere for 48 hours in

culture media (11.1 mM D-glucose RPMI, 1% vol/vol P/S, 10% vol/vol FBS). Islets were

washed with Krebs-Ringer Buffer (KRB; 129 mM NaCl, 4.8 mM KCl, 1.2 mM $MgSO_4$, 1.2 mM

KH_2PO_4, 2.5 mM $CaCl_2$, 5 mM $NaHCO_3$, 10 mM HEPES, 0.5% bovine serum albumin)

containing 3 mM glucose then pre-incubated for 4 hours in 3 mM glucose KRB. 1 μM Tg was

added to the 3 mM low glucose pre-incubation buffer 4 hours prior, 2 hours prior, or at the

start of the low glucose incubation period. Islets were incubated in KRB with 3 mM glucose

then 20 mM glucose for 45 minutes each. Supernatant was collected after each stimulation.

Islet insulin and proinsulin content was extracted by freeze-thawing in 100 μL of acid ethanol,

then the plates were shaken at 1200 rpm for 10 minutes at 4°C to lyse the islets. Insulin was

measured by Rodent Insulin Chemiluminescent ELISA (ALPCO: 80-INSMR) and proinsulin by

Rat/Mouse Proinsulin ELISA (Mercodia: 10-1232-01). Measurements were performed on a

Spark plate reader (TECAN).

2.7. Blood collection and in vivo analysis of glucose homeostasis and insulin secretion

Mice were fasted for 6 hours prior to glucose and insulin tolerance tests. During glucose and

insulin tolerance tests, tail blood was collected for blood glucose measurements using a

glucometer (One Touch Ultra 2 Glucometer, Lifescan, Canada). For intraperitoneal (i.p.)

glucose tolerance tests, the glucose dose was 2 g glucose/kg of body mass. For insulin

tolerance tests, the insulin dose was 0.75U insulin/kg body mass. For measurements of *in*

vivo glucose-stimulated insulin secretion, femoral blood was collected after i.p. injection of 2 g

glucose/kg body mass. Blood samples were kept on ice during collection, centrifuged at 2000

rpm for 10 minutes at 4°C and stored as plasma at -20°C. Plasma samples were analysed for

insulin using Rodent Insulin Chemiluminescent ELISA (ALPCO: 80-INSMR).

2.8. RNA sequencing

To assess basal transcriptional differences islets from male and female mice (n=9, 8) were
snap frozen and stored at -80°C until RNA extraction. To assess Tg-induced transcriptional
changes islets from each mouse were treated with DMSO or Tg for 6- or 12-hours in culture
media (11.1 mM D-glucose RPMI, 1% vol/vol P/S) (8 groups, n=3-4 per group, each n
represents pooled islet RNA from two mice). Islets were frozen at -80°C in 100 µL of RLT
buffer (Qiagen) with beta mercaptoethanol (1%). RNA was isolated using RNeasy Mini Kit
(Qiagen #74106) according to manufacturer's instructions. RNA sequencing was performed at
the UBC Biomedical Research Centre Sequencing Core. Sample quality control was
performed using the Agilent 2100 Bioanalyzer System (RNA Pico LabChip Kit). Qualifying
samples were prepped following the standard protocol for the NEBNext Ultra II Stranded
mRNA (New England Biolabs). Sequencing was performed on the Illumina NextSeq 500 with
Paired End 42bp × 42bp reads. Demultiplexed read sequences were then aligned to the
reference sequence (UCSC mm10) using STAR aligner (v 2.5.0b) (52). Gene differential
expression was analyzed using DESeq2 R package (53). Pathway enrichment analysis were
performed using Reactome (54). Over-representation analysis was performed using
NetworkAnalyst3.0 (www.networkanalyst.ca) (55).
213
2.9. Proteomics
Islets were treated with DMSO or Tg for 6 hours in islet culture media (11.1 mM D-glucose
RPMI, 1% vol/vol P/S) (4 groups, n=5-7 per group, each n represents pooled islets from two
mice). Islet pellets were frozen at -80°C in 100 µL of SDS lysis buffer (4% SDS, 100 mM Tris,
pH 8) and the proteins in each sample were precipitated using acetone. University of Victoria
proteomics service performed non-targeted quantitative proteomic analysis using data-
independent acquisition (DIA) with LC-MS/MS on an Orbitrap mass spectrometer. A mouse
FASTA database was downloaded from Uniprot (http://uniprot.org). This file was used with
the 6 gas phase fraction files from the analysis of the chromatogram library sample to create
a mouse islet specific chromatogram library using the EncyclopeDIA (v 1.2.2) software
package (Searle et al, 2018). This chromatogram library file was then used to perform
identification and quantitation of the proteins in the samples again using EncyclopeDIA with
Overlapping DIA as the acquisition type, trypsin used as the enzyme, CID/HCD as the
fragmentation, 10 ppm mass tolerances for the precursor, fragment, and library mass
tolerances. The Percolator version used was 3.10. The precursor FDR rate was set to 1%.
Protein abundances were log2 transformed, imputation was performed for missing values,

then proteins were normalized to median sample intensities. Gene differential expression was

analyzed using limma in Perseus (56).

2.10. Data from HPAP

234 To compare sex differences in dynamic insulin secretion, data acquired was from the Human

235 Pancreas Analysis Program (HPAP-RRID:SCR_016202) Database

236 (https://hpap.pmacs.upenn.edu), a Human Islet Research Network (RRID:SCR_014393)

237 consortium (UC4-DK-112217, U01-DK-123594, UC4-DK-112232, and U01-DK-123716).

2.11. Statistical Analysis

Statistical analyses and data presentation were carried out using GraphPad Prism 9

(GraphPad Software, San Diego, CA, USA) or R (v 4.1.1). Student's *t*-tests or two-way

ANOVAs were used for parametric data. A Mann-Whitney test was used for non-parametric

data. Statistical tests are indicated in the figure legends. For all statistical analyses,

differences were considered significant if the p-value was less than 0.05. *: $p<0.05$; ** $p<0.01$;

*** $p<0.001$. Data were presented as means ± SEM with individual data points from biological

replicates.

3. Results

3.1. Sex differences in β cell transcriptional and functional responses in ND and T2D human islets

To define β cell-specific gene expression changes in T2D in each sex, we used a recently

compiled meta-analysis of publicly available scRNAseq datasets from male and female

human islets (57). In line with prior reports (12), non-diabetic (ND) and T2D β cells showed

significant transcriptional differences. In β cells isolated from female T2D donors, mRNA

levels of 127 genes were significantly different from ND female donors (77 downregulated, 50

upregulated in T2D) (Figure 1A-C). In β cells isolated from male T2D donors, 462 genes were

differentially expressed compared with male ND donors (138 downregulated, 324 upregulated

in T2D) (Figure 1A-C). Of the 660 genes that were differentially regulated in T2D, 71 were

differentially regulated in both males and females (15 downregulated, 56 upregulated in T2D)

(Figure 1A-C); however, the fold change for these 71 shared genes was different between

males and females (Figure S1A; Supplementary file 1). This suggests that for shared genes,

the magnitude of gene expression changes in T2D was not the same between the sexes.

Beyond shared genes, we observed that the majority of differentially expressed genes in T2D

(589/660) were unique to either males or females (Figure S1B, C; Supplementary file 1).

Given that the most prominent gene expression changes in T2D were found in genes that

were unique to one sex (Figure S2A, B; Supplementary file 1), these data suggest there are

important sex differences in the β cell gene expression response to T2D.

To determine which biological pathways were altered in β cells of T2D donors in each sex,

we performed pathway enrichment analysis. Genes that were upregulated in β cells isolated

from T2D donors included genes involved in Golgi-ER transport and the unfolded protein

response (UPR) pathways (Figure 1D-F; Supplementary file 1). While these biological

pathways were significantly upregulated in T2D in both males and females, ~75% of the

differentially regulated genes in these categories were unique to each sex (Table 1). Genes

that were downregulated in β cells from T2D donors revealed further differences between the

sexes: biological pathways downregulated in β cells from female T2D donors included cellular

responses to stress and to stimuli (Figure 1E; Supplementary file 1), whereas β cells from

male T2D donors showed downregulation of pathways associated with respiratory electron

transport and translation initiation (Figure 1F; Supplementary file 1). Thus, our analysis

suggests that sex-biased β cell gene expression responses to T2D may influence different

cellular processes in males and females.

The sex-biased β cell transcriptional response in T2D prompted us to compare glucose-

stimulated insulin secretion in each sex from ND and T2D human islets using data from the

Human Pancreas Analysis Program database (58). In ND donors, islets from males and

females showed similar patterns of insulin secretion in response to various stimulatory media

(Figure 1G, H). In donors living with T2D, we found that insulin secretion was impaired to a

greater degree in islets from males than in females (Figure 1G-K). Indeed, in male but not

female islets, insulin secretion was significantly lower in donors with T2D following stimulation

with both high glucose and IBMX (Figure 1I, J), which potentiates insulin secretion by

increasing cAMP levels to a similar degree as the incretins (59). Human islets from female

donors living with T2D therefore show better β insulin release than islets from males living

with T2D (Figure 1K). Indeed, while diabetes status was the main donor characteristic that

correlated with changes in insulin secretion (Figure S3A), we noted that in T2D sex and age

were two donor characteristics showing trends toward an effect on insulin secretion (Figure

S3B). Combined with our β cell gene expression data, these findings suggest that β cell

transcriptional and functional responses in T2D are not shared between the sexes.

3.2. Sex differences in UPR-associated gene expression in mouse islets

Our unbiased analysis of human β cell gene expression and function in T2D revealed

differences between male and female donors living with T2D. Because human β cell gene

expression and function can be affected by factors such as peripheral insulin sensitivity,

disease processes, and medication (31,33), we investigated sex differences in β cell gene

expression and function in another context. We generated a well-powered islet RNAseq

dataset from 20-week-old male and female C57BL/6J mice, an age where we show insulin

sensitivity is equivalent between the sexes (Figure S4A). Principal component analysis and

unsupervised clustering clearly separated male and female islets on the basis of gene

expression (Figure 2A; Figure S5A). We found that 17.7% (3268/18938) of genes were

differentially expressed between the sexes (1648 upregulated in females, 1620 upregulated in

males), in line with estimates of sex-biased gene expression in other tissues (60,61).

Overrepresentation and pathway enrichment analysis both identified UPR-associated

pathways as a biological process that differed significantly between the sexes, where the

majority of genes in this category were enriched in female islets (Figure 2B, C;

Supplementary file 2). Additional genes that were enriched in female islets were those

associated with the gene ontology term "Cellular response to ER stress" (GO:0034976),

which included many genes involved in regulating protein synthesis (Figure 2D). For example,

females showed significantly higher levels of most ribosomal protein genes (Figure 2E).

Further genes enriched in females included those associated with protein folding, protein

processing, and quality control (Figure 2D). Given that protein synthesis, processing, and

folding capacity are intrinsically important for multiple islet cell types (62–65), including β cells

(66,67), this suggests female islets may have a larger protein production and folding capacity

than male islets.

3.3. Female islets are more resilient to endoplasmic reticulum stress in mice

The burden of insulin production causes endoplasmic reticulum (ER) stress in β cells (68–70).

ER stress is associated with an attenuation of mRNA translation (71), and, if ER stress is

prolonged, can lead to cell death (72–74). Given that female islets exhibited higher

expression of genes associated with protein synthesis, processing, and folding than males,

and higher expression of genes associated with the UPR, which is activated in response to

ER stress (75), we examined global protein synthesis rates in male and female islets under

basal conditions and under ER stress. We incubated islets with O-propargyl-puromycin

(OPP), which is incorporated into newly-translated proteins and can be ligated to a

fluorophore. Using this technique, we monitored the accumulation of newly-synthesized islet

proteins with single-cell resolution (Figure S6A). In basal culture conditions, male islet cells

had significantly greater protein synthesis rates compared with female islet cells (Figure S6B).

To investigate islet protein synthesis under ER stress in each sex, we treated islets with

thapsigargin (Tg), a specific inhibitor of the sarcoplasmic/endoplasmic reticulum Ca^{2+}-ATPase

(SERCA) that induces ER stress and the UPR by lowering ER calcium levels (72,76). At 2

hours post-Tg treatment, protein synthesis was repressed in both male and female islet cells

(Figure 3A, B; Figure S6C). At 24 hours post-Tg treatment, we found that protein synthesis

was restored to basal levels in female islet cells, but not in male islet cells (Figure 3A, B;

Figure S6C). Importantly, recovery from protein synthesis repression was significantly

different in males and females (sex:treatment interaction p=0.0115). This suggests that while

protein synthesis repression associated with ER stress was transient in female islets, this

phenotype persisted for longer in male islets. Because insulin biosynthesis accounts for

approximately half the total protein production in β cells (77), one potential explanation for the

sex-specific recovery from protein synthesis repression is a sex difference in transcriptional

changes to insulin. To test this, we quantified GFP levels in β cells isolated from male and

female mice with GFP knocked into the endogenous mouse *Ins2* locus (*Ins2*[GFP/WT])(51,78).

While ER stress induced a significant reduction in *Ins2* gene activity, this response was

equivalent between the sexes. This suggests *Ins2* transcriptional changes cannot fully explain

the sex difference in recovery from protein synthesis repression during ER stress (Figure S7).

Given the prolonged protein synthesis repression in males following ER stress, we next

quantified cell death, another ER stress-associated phenotype (75), in male and female islets.

Using a kinetic cell death analysis, we observed clear sex differences in Tg-induced cell death

at 0.1 µM and 1.0 µM Tg doses throughout the time course of the experiment (Figure 3C, D).

After 84 hours of Tg treatment, no significant increase in female islet cell apoptosis was

observed with either 0.1 µM or 1.0 µM Tg treatment compared with controls (Figure 3E). In

contrast, cell death was significantly increased at both the 0.1 µM and the 1.0 µM doses of Tg

in male islet cells compared with vehicle-only controls (Figure 3F). Importantly, our analysis

shows the magnitude of Tg-induced cell death was larger in male islet cells compared with

female islet cells (sex:treatment interaction p=0.0399 [0.1 µM], p=0.0007 [1.0 µM]). While one

possible explanation for these data is that female islets are resistant to Tg-induced cell death,

we found a significant increase in apoptosis in both female and male islet cells treated with 10

µM Tg (Figure 3G, H, sex:treatment interaction p=0.0996 [0.1 µM]). This suggests female

islets were more resilient to mild ER stress caused by low-dose Tg than male islets.

To determine whether this increased ER stress resilience was caused by differential UPR

signaling, we monitored levels of several protein markers of UPR activation including binding

immunoglobulin protein (BiP), phosphorylated inositol-requiring enzyme 1 (pIRE1),

phosphorylated eukaryotic initiation factor alpha (peIF2α), and C/EBP homologous protein

(CHOP) (79,80) after treating male and female islets with 1 µM Tg for 24 hours. We found no

sex difference in UPR protein markers between male and female islets without Tg treatment

(Figure S8A-D) and observed a significant increase in levels of pIRE1α and CHOP in islets

from both sexes and BiP in female islets after a 24-hour Tg treatment (Figure S8A-D). Lack of

a sex difference in protein markers suggests UPR activation by Tg treatment was similar

between male and female islets at 20 weeks of age. While this finding differs from other

studies showing male-biased UPR activation (37), we reproduced the male-biased induction

of BiP in islets isolated from 60-week-old male and female mice (Figure S8E-G), suggesting

that age plays a role in the sex difference in UPR activation. Together, our data indicate that

despite equivalent UPR activation in male and female islets treated with Tg, significant sex

differences exist in ER stress-associated protein synthesis repression and cell death.

3.4. Female islets retain greater β cell function during ER stress in mice

We next examined glucose-stimulated insulin secretion in islets cultured under basal

conditions and after Tg treatment (Figure 4A). In all conditions tested, high glucose

significantly stimulated insulin secretion in both sexes (Figure S9A); however, we identified

sex differences in how well islets sustained glucose-stimulated insulin secretion during longer

Tg treatments (Figure 4B, C, Figure S9A). Female islets, in both low and high glucose,

maintained robust insulin secretion during Tg treatment (Figure 4B). Specifically, we observed

a significant increase in insulin secretion after short Tg treatment (0 and 2 hours post-Tg),

with a return to basal secretion levels 4 hours post-Tg (Figure 4B). In contrast, male islets

showed no significant increase in insulin secretion after short Tg treatment, and there was a

significant drop in insulin secretion at 4 hours post-Tg treatment (Figure 4C). This suggests

female islets sustained insulin secretion for a longer period than male islets during ER stress.

Given that insulin content measurements showed insulin content significantly increased

during the 4-hour Tg treatment in female islets, but not male islets (Figure 4D), our data

suggest one reason female islets maintain insulin secretion during ER stress is by

augmenting islet insulin content. Proinsulin secretion followed similar trends to what we

observed with insulin secretion (Figure S9B), but Tg treatment reduced proinsulin content to a

greater degree in male islets (Figure 4E). This suggests that in addition to females

maintaining better insulin secretion during ER stress, they also show a larger increase in

insulin content and a smaller decrease in proinsulin content.

To determine whether female islets show improved β cell function under ER stress in other

contexts, we next monitored glucose-stimulated insulin secretion and glucose tolerance in

mice at 20 weeks, an age where we show insulin sensitivity was equivalent between the

sexes (Figure 4F-H; Figure S4). Despite higher fasting plasma insulin levels in males (Figure

4F), and similar glucose tolerance (Figure 4H), we found that the magnitude of glucose-

stimulated insulin secretion was greater in females (Figure 4G). Given that ER stress exists

even in normal physiological conditions due to the burden of insulin production (81), this adds

further support to a model in which female β cells maintain better insulin production than male

β cells under ER stress.

3.5. Sex differences in islet transcriptional and proteomic responses to ER stress in

mice

To gain insight into the differential ER stress-associated phenotypes in male and female

islets, we investigated global transcriptional changes after either a 6- or 12-hour Tg treatment

in each sex. Principal component analysis and unsupervised clustering shows that islets

clustered by sex, treatment, and treatment time (Figure 5A; Figure S10A). The majority of the

variance was explained by treatment (Figure 5B), and pathway enrichment analysis confirms

the UPR as the top upregulated pathway in Tg-treated male and female islets at both 6- and

12-hours after treatment (Figure S11A, B; Supplementary file 3). While some UPR-associated

genes differentially regulated by Tg treatment were shared between the sexes (6-hour: 29/36,

12-hour: 25/31), biological sex explained a large proportion of variance in the gene

expression response to ER stress. This suggests the transcriptional response to ER stress

was not fully shared between the sexes. Indeed, after a 6-hour Tg treatment, 32.6%

(2247/4655) of genes that were differentially expressed between DMSO and Tg were unique

to one sex (881 to females, 1376 to males). After a 12-hour Tg treatment, 29% (2259/7785)

were unique to one sex (1017 to males, 1242 to females).

To describe the transcriptional response of each sex to Tg treatment in more detail, we

used a two-way ANOVA to identify genes that were upregulated, downregulated, or

unchanged in male and female islets between 6- and 12-hours post-Tg (Supplementary file

4). By performing pathway enrichment analysis, we were able to determine which processes

were shared, and which processes differed, between the sexes during Tg treatment. For

example, we observed a significant increase in mRNA levels of genes corresponding to

pathways such as cellular responses to stimuli, stress, and starvation in both male and female

islets between 6- and 12-hour Tg treatments (Figure 5C; Supplementary file 4), suggesting Tg

has similar effects on genes related to these pathways in both sexes. In contrast, there was a

male-specific increase in mRNA levels of genes associated with translation during Tg

treatment (Figure 5C; Supplementary file 4). In females, there was a decrease in mRNA

levels of genes associated with β cell identity, such as *Pklr*, *Rfx6*, *Hnf4a*, *Slc2a2*, *Pdx1*, and

MafA (Figure S12A), and in genes linked with regulation of gene expression in β cells (Figure

5C). Neither of these categories were altered between 6- and 12-hour Tg treatments in males

(Figure 5C; Figure S12B). While this data suggests some aspects of the gene expression

response to ER stress were shared between the sexes, we found that many genes

corresponding to important cellular processes were differentially regulated during Tg

treatment in only one sex.

Beyond sex-specific transcriptional changes following Tg treatment, ER stress also had a

sex-specific effect on the islet proteome. Although the majority of proteins were

downregulated by Tg treatment due to the generalized repression of protein synthesis under

ER stress (Figure 5D), we identified 47 proteins (35 downregulated, 12 upregulated in Tg)

that were differentially expressed in female islets and 82 proteins (72 downregulated, 10

upregulated in Tg) that were differentially expressed after Tg treatment in male islets

(Supplementary table 1). Proteins downregulated only in females include proteins associated

with GO term 'endoplasmic reticulum to Golgi vesicle-mediated transport' (GO:0006888)

(BCAP31, COG5, COG3, GOSR1), whereas proteins downregulated only in males include

proteins associated with GO terms 'insulin secretion' (GO:0030073) (PTPRN2, CLTRN,

PTPRN) and 'lysosome pathway' (KEGG) (NPC2, CTSZ, LAMP2, PSAP, CLTA). Importantly,

only seven differentially expressed proteins were in common between the sexes (Figure 5D).

This suggests that as with our phenotypic and transcriptomic data, the proteomic response to

Tg treatment was largely not shared between the sexes.

4. Discussion

Emerging evidence shows biological sex affects many aspects of β cell gene expression and

function. Yet, many studies on β cells do not include both sexes, or fail to analyze male and

female data separately. To address this gap in knowledge, the goal of our study was to

provide detailed information on sex differences in islet and β cell gene expression and

function in multiple contexts. In humans, we used a large scRNAseq dataset from ND and

T2D donors to reveal significant male-female differences in the magnitude of gene expression

changes, and in the identity of genes that were differentially regulated, between ND and T2D

donors. This suggests β cell gene expression changes in T2D are not fully shared between

the sexes. Given that our analysis shows β cells from female donors living with T2D maintain

better insulin production than β cells from male donors living with T2D, our findings suggest

female β cells are more resilient than male β cells in the context of T2D. In mice, our

unbiased analysis of gene expression in islets from males and females with equivalent insulin

sensitivity revealed sex differences in genes associated with the UPR under normal

physiological conditions. This differential gene expression was significant, as female islets

were more resilient to phenotypes caused by ER stress and UPR activation than male islets,

showed sex-specific transcriptional and proteomic changes in this context, and maintained

better insulin secretion. Collectively, these data suggest that in rodents, β cells from females

are more resilient to ER stress. Considering the well-established links between ER stress and

T2D (79,82–84), our data suggests a model in which female β cells maintain better function in

T2D because they are more resilient to ER stress and UPR activation. While future studies

are needed to test this model, and to assess the relative contribution of sex differences in β

cells to the sex-biased risk of T2D, our findings highlight the importance of including both

sexes in islet and β cell studies.

With respect to gene expression, including both sexes in our analysis of β cell gene

expression in human ND and T2D allowed us to uncover genes that were differentially

regulated in T2D in each sex. Because many of these genes may have been missed if the

scRNAseq data was not analyzed by sex, our findings advance knowledge of β cell changes

in T2D by identifying additional genes that are differentially regulated in this context. This

knowledge adds to a growing number of studies that identify sex differences in β cell gene

expression during aging in humans (12), and in mice fed either a normal (4,11) or a high fat

diet (11). Further, given that our RNAseq on islets from male and female mice with equivalent

insulin sensitivity identifies genes and biological pathways that align with previous studies on

sex differences in murine β cell gene expression (4,11), our data suggests that sex

differences in islet and β cell gene expression cannot be explained solely by a male-female

difference in peripheral insulin resistance. Instead, there is likely a basal sex difference in β

cell gene expression that forms the foundation for sex-specific transcriptional responses to

perturbations such as ER stress and T2D. By generating large gene expression datasets from

islet from male and female mice with equivalent peripheral insulin sensitivity and from islets

subjected to pharmacological induction of ER stress, our studies provide a foundation of

knowledge for future studies aimed at studying the causes and consequences of sex

differences in islet ER stress responses and β cell function following UPR activation. This will

provide deeper mechanistic insight into the sex-specific phenotypic effects reported in animal

models of β cell dysfunction (35–39,85–88) and the sex-biased risk of diseases such as T2D

that are associated with β cell dysfunction (12,22,89,90).

Beyond gene expression, our sex-based analysis of mouse islets allowed us to uncover

male-female differences in ER stress-associated phenotypes (*e.g.* protein synthesis

repression, cell death). While previous studies identify a sex difference in β cell loss in

diabetic mouse models (37,39,91), and show that estrogen plays a protective role via

estrogen receptor α (ERα) against ER stress to preserve β cell mass and prevent apoptosis in

cell lines, mouse models, and human islets (39,91,92), we extend prior findings by showing

that differences in ER stress-induced cell death were present in the context of equivalent

insulin sensitivity between the sexes. This suggests sex differences in ER stress-associated

phenotypes occur prior to male-female differences in peripheral insulin sensitivity. Indeed,

islets isolated from males and females with equivalent sensitivity also show a sex difference

in protein synthesis repression, a classical ER stress-associated phenotype (75). While

estrogen affects insulin biosynthesis via ERα (93), future studies will need to determine

whether estrogen also allows female islets to restore protein synthesis to basal levels faster

than male islets following ER stress. We currently lack this knowledge, as most studies on

UPR-mediated recovery from protein translation repression use single- and mixed-sex animal

groups, or cultured cells (94–99).

Assessing whether the recovery of protein synthesis contributes to reduced cell death in

female islets following ER stress will also be an important task for future studies, as prior

studies suggest the inability to recover from protein synthesis repression increases ER-stress

induced apoptosis (94). Ideally, this type of study would also monitor the activity of pathways

known to regulate protein synthesis repression during ER stress. For example, while we did

not detect any changes in levels of phosphorylated eIF2α (also known as Eif2s1), which is

known to mediate UPR-induced protein synthesis repression (75), our chosen timepoints did

not overlap with the rapid changes in phospho-eIF2α following ER stress published in other

studies (100,101). A more detailed time course will therefore be necessary to assess p-eIF2α

levels during ER stress in both sexes, and to test a role for phospho-eIF2α in mediating

differences in protein synthesis repression. Ultimately, a better understanding of sex

differences in ER stress-associated phenotypes in β cells will provide a mechanistic

explanation for the strongly male-biased onset of diabetes-like phenotypes in mouse models

of β cell ER stress (*e.g.* Akita, KINGS, Munich mice) (37,38,85). Given the known relationship

between ER stress, β cell death, and T2D, studies on the male-female difference in β cell ER

stress-associated phenotypes may also advance our understanding of the male-biased risk of

developing T2D in some population groups.

A further benefit of additional studies on the sex difference in β cell ER stress responses

will be to identify mechanisms that support β cell insulin production. In rodents, we found that

female islets maintained high glucose-stimulated insulin secretion and increased insulin

content following ER stress, whereas male islets showed significant repression of high

glucose-stimulated insulin secretion under the same conditions. In humans, while a study

using a mixed-sex group of T2D donors shows β cells experience ER stress associated with β

cell dysfunction (102), we found that changes to β cell insulin secretion in T2D were not the

same between the sexes. Specifically, the magnitude of the reduction in insulin release by β

cells from female donors living with T2D was smaller than in β cells from male donors living

with T2D. Together with our data from rodents, this suggests female β cells maintain

enhanced insulin production and/or secretion in multiple contexts, and the increased β cell

function cannot be solely attributed to a sex difference in peripheral insulin sensitivity.

Clues into potential ways that female β cells maintain improved insulin production and

secretion emerge from our examination of the transcriptional response to ER stress in each

sex. Our data shows that Tg treatment induces gene expression changes characteristic of ER

stress (103), and revealed similar biological pathways that were upregulated in T2D donors.

Furthermore, we identified significant differences between male and female islets in the transcriptional response to ER stress over time. One notable finding was that a greater number of β cell identity genes were downregulated between 6- and 12-hour Tg treatments in females, but not in males. Because most studies on the relationship between β cell identity and function used a mixed-sex pool of islets and β cells (68,104,105), more studies will be needed to test whether there are sex-specific changes to β cell identity during ER stress, and to determine the functional consequences of this sex-specific effect. Ultimately, a better understanding of changes to β cell gene expression and function in males and females will suggest effective ways to reverse disease-associated changes to this important cell type in each sex, improving equity in health outcomes (106).

4.1. Conclusions

Our study reports significant sex differences in islet and β cell gene expression and stress responses in both humans and mice. These differences likely contribute to sex differences in β cell resilience, allowing female β cells to maintain better insulin production across multiple contexts. This knowledge forms a foundation for future studies aimed at understanding how sex differences β cell function affect physiology and the pathophysiology of diseases such as T2D.

Funding

This study was supported by operating grants to E.J.R. from the Michael Smith Foundation for Health Research (16876), Canadian Institutes of Health Research (GS4-171365), the Canadian Foundation for Innovation (JELF-34879), and to J.D.J. (PJT-152999) from the Canadian Institutes of Health Research, and core support from the JDRF Centre of Excellence at UBC (3-COE-2022-1103-M-B). J.D.J. was funded by a Diabetes Investigator Award from Diabetes Canada.

Acknowledgements

We thank members of the Rideout and Johnson lab for valuable feedback. We thank our animal care staff for supporting our animal husbandry, UBC Biomedical Research Center for performing RNA sequencing, and UVic Genome BC Proteomics Center for performing

proteomics. We acknowledge that our research takes place on the traditional, ancestral, and

unceded territory of the Musqueam people; a privilege for which we are grateful.

Conflict of interest

The authors declare no competing interest.

Data Availability

Details of all statistical tests and *p*-values are provided in Supplementary file 5. All raw data

generated in this study are available in Supplementary file 6. RNAseq data is available in

Supplementary file 7 and Supplementary file 8.

REFERENCES

1. Parchami A, Kusha S. Effect of sex on histomorphometric properties of Langerhans islets in
native chickens. Vet Res Forum. 2015;6(4):327–30.

2. Rideout EJ, Narsaiya MS, Grewal SS. The Sex Determination Gene transformer Regulates Male-
Female Differences in Drosophila Body Size. PLOS Genet. 2015 Dec 28;11(12):e1005683.

3. Millington JW, Brownrigg GP, Chao C, Sun Z, Basner-Collins PJ, Wat LW, et al. Female-biased
upregulation of insulin pathway activity mediates the sex difference in Drosophila body size
plasticity. eLife. 2021 Jan 15;10:e58341.

4. Stancill JS, Osipovich AB, Cartailler JP, Magnuson MA. Transgene-associated human growth
hormone expression in pancreatic β-cells impairs identification of sex-based gene expression
differences. Am J Physiol Endocrinol Metab. 2019 Feb 1;316(2):E196–209.

5. Horie I, Abiru N, Eto M, Sako A, Akeshima J, Nakao T, et al. Sex differences in insulin and
glucagon responses for glucose homeostasis in young healthy Japanese adults. J Diabetes
Investig. 2018 Nov;9(6):1283–7.

6. Marchese E, Rodeghier C, Monson RS, McCracken B, Shi T, Schrock W, et al. Enumerating β-
Cells in Whole Human Islets: Sex Differences and Associations With Clinical Outcomes After
Islet Transplantation. Diabetes Care. 2015 Nov 1;38(11):e176–7.

7. Oliva M, Muñoz-Aguirre M, Kim-Hellmuth S, Wucher V, Gewirtz ADH, Cotter DJ, et al. The
impact of sex on gene expression across human tissues. Science [Internet]. 2020 Sep 11 [cited
2022 Feb 3]; Available from: https://www.science.org/doi/abs/10.1126/science.aba3066

8. Enge M, Arda HE, Mignardi M, Beausang J, Bottino R, Kim SK, et al. Single-Cell Analysis of
Human Pancreas Reveals Transcriptional Signatures of Aging and Somatic Mutation Patterns.
Cell. 2017 Oct 5;171(2):321-330.e14.

9. Schaum N, Lehallier B, Hahn O, Pálovics R, Hosseinzadeh S, Lee SE, et al. Aging hallmarks exhibit organ-specific temporal signatures. Nature. 2020 Jul;583(7817):596–602.

10. Hall E, Volkov P, Dayeh T, Esguerra JLS, Salö S, Eliasson L, et al. Sex differences in the genome-wide DNA methylation pattern and impact on gene expression, microRNA levels and insulin secretion in human pancreatic islets. Genome Biol. 2014 Dec 3;15(12):522.

11. Liu G, Li Y, Zhang T, Li M, Li S, He Q, et al. Single-cell RNA Sequencing Reveals Sexually Dimorphic Transcriptome and Type 2 Diabetes Genes in Mouse Islet β Cells. Genomics Proteomics Bioinformatics. 2021 Jun 1;19(3):408–22.

12. Arrojo e Drigo R, Erikson G, Tyagi S, Capitanio J, Lyon J, Spigelman AF, et al. Aging of human endocrine pancreatic cell types is heterogeneous and sex-specific [Internet]. Physiology; 2019 Aug [cited 2021 Jun 20]. Available from: http://biorxiv.org/lookup/doi/10.1101/729541

13. Li T, Jiao W, Li W, Li H. Sex effect on insulin secretion and mitochondrial function in pancreatic beta cells of elderly Wistar rats. Endocr Res. 2016 Jul 2;41(3):167–79.

14. Tura A, Pacini G, Moro E, Vrbíková J, Bendlová B, Kautzky-Willer A. Sex- and age-related differences of metabolic parameters in impaired glucose metabolism and type 2 diabetes compared to normal glucose tolerance. Diabetes Res Clin Pract. 2018 Dec 1;146:67–75.

15. Kautzky-Willer A, Brazzale AR, Moro E, Vrbíková J, Bendlova B, Sbrignadello S, et al. Influence of Increasing BMI on Insulin Sensitivity and Secretion in Normotolerant Men and Women of a Wide Age Span. Obesity. 2012;20(10):1966–73.

16. Basu R, Man CD, Campioni M, Basu A, Klee G, Toffolo G, et al. Effects of Age and Sex on Postprandial Glucose Metabolism: Differences in Glucose Turnover, Insulin Secretion, Insulin Action, and Hepatic Insulin Extraction. Diabetes. 2006 Jul 1;55(7):2001–14.

17. Nuutila P, Knuuti MJ, Mäki M, Laine H, Ruotsalainen U, Teräs M, et al. Gender and Insulin Sensitivity in the Heart and in Skeletal Muscles: Studies Using Positron Emission Tomography. Diabetes. 1995 Jan 1;44(1):31–6.

18. Lundsgaard AM, Kiens B. Gender Differences in Skeletal Muscle Substrate Metabolism – Molecular Mechanisms and Insulin Sensitivity. Front Endocrinol [Internet]. 2014 [cited 2022 Apr 27];5. Available from: https://www.frontiersin.org/article/10.3389/fendo.2014.00195

19. Borissova AM, Tankova T, Kirilov G, Koev D. Gender-dependent effect of ageing on peripheral insulin action. Int J Clin Pract. 2005;59(4):422–6.

20. Geer EB, Shen W. Gender differences in insulin resistance, body composition, and energy balance. Gend Med. 2009 Jan 1;6:60–75.

21. Færch K, Borch-Johnsen K, Vaag A, Jørgensen T, Witte DR. Sex differences in glucose levels: a consequence of physiology or methodological convenience? The Inter99 study. Diabetologia. 2010 May 1;53(5):858–65.

22. Gannon M, Kulkarni RN, Tse HM, Mauvais-Jarvis F. Sex differences underlying pancreatic islet biology and its dysfunction. Mol Metab. 2018 Sep;15:82–91.

23. Tramunt B, Smati S, Grandgeorge N, Lenfant F, Arnal JF, Montagner A, et al. Sex differences in metabolic regulation and diabetes susceptibility. Diabetologia [Internet]. 2019 Nov 21 [cited 2019 Dec 4]; Available from: https://doi.org/10.1007/s00125-019-05040-3

665   24.   Macotela Y, Boucher J, Tran TT, Kahn CR. Sex and Depot Differences in Adipocyte Insulin
666   Sensitivity and Glucose Metabolism. Diabetes. 2009 Apr;58(4):803–12.

667   25.   Rudnicki M, Abdifarkosh G, Rezvan O, Nwadozi E, Roudier E, Haas TL. Female Mice Have
668   Higher Angiogenesis in Perigonadal Adipose Tissue Than Males in Response to High-Fat Diet.
669   Front Physiol [Internet]. 2018 [cited 2022 May 5];9. Available from:
670   https://www.frontiersin.org/article/10.3389/fphys.2018.01452

671   26.   Millington JW, Biswas P, Chao C, Xia YH, Wat LW, Brownrigg GP, et al. A low sugar diet
672   enhances Drosophila body size in males and females via sex-specific mechanisms. Dev Camb
673   Engl. 2022 Feb 23;dev.200491.

674   27.   Mank JE, Rideout EJ. Developmental mechanisms of sex differences: from cells to organisms.
675   Development. 2021 Oct 14;148(19):dev199750.

676   28.   Oster RT, Johnson JA, Hemmelgarn BR, King M, Balko SU, Svenson LW, et al. Recent
677   epidemiologic trends of diabetes mellitus among status Aboriginal adults. CMAJ Can Med Assoc
678   J. 2011 Sep 6;183(12):E803–8.

679   29.   Dyck R, Osgood N, Lin TH, Gao A, Stang MR. Epidemiology of diabetes mellitus among First
680   Nations and non-First Nations adults. CMAJ Can Med Assoc J. 2010 Feb 23;182(3):249–56.

681   30.   Zhou B, Lu Y, Hajifathalian K, Bentham J, Cesare MD, Danaei G, et al. Worldwide trends in
682   diabetes since 1980: a pooled analysis of 751 population-based studies with 4·4 million
683   participants. The Lancet. 2016 Apr 9;387(10027):1513–30.

684   31.   Kautzky-Willer A, Harreiter J, Pacini G. Sex and Gender Differences in Risk, Pathophysiology
685   and Complications of Type 2 Diabetes Mellitus. Endocr Rev. 2016 Jun;37(3):278–316.

686   32.   Heise L, Greene ME, Opper N, Stavropoulou M, Harper C, Nascimento M, et al. Gender
687   inequality and restrictive gender norms: framing the challenges to health. Lancet Lond Engl. 2019
688   Jun 15;393(10189):2440–54.

689   33.   Kautzky-Willer A, Harreiter J. Sex and gender differences in therapy of type 2 diabetes. Diabetes
690   Res Clin Pract. 2017 Sep;131:230–41.

691   34.   Corsetti JP, Sparks JD, Peterson RG, Smith RL, Sparks CE. Effect of dietary fat on the
692   development of non-insulin dependent diabetes mellitus in obese Zucker diabetic fatty male and
693   female rats. Atherosclerosis. 2000 Feb;148(2):231–41.

694   35.   Paik SG, Michelis MA, Kim YT, Shin S. Induction of insulin-dependent diabetes by streptozotocin.
695   Inhibition by estrogens and potentiation by androgens. Diabetes. 1982 Aug;31(8 Pt 1):724–9.

696   36.   Verchere CB, D'Alessio DA, Palmiter RD, Weir GC, Bonner-Weir S, Baskin DG, et al. Islet
697   amyloid formation associated with hyperglycemia in transgenic mice with pancreatic beta cell
698   expression of human islet amyloid polypeptide. Proc Natl Acad Sci U S A. 1996 Apr
699   16;93(8):3492–6.

700   37.   Austin ALF, Daniels Gatward LF, Cnop M, Santos G, Andersson D, Sharp S, et al. The KINGS
701   Ins2+/G32S Mouse: A Novel Model of β-Cell Endoplasmic Reticulum Stress and Human
702   Diabetes. Diabetes. 2020 Dec;69(12):2667–77.

38.   Yoshioka M, Kayo T, Ikeda T, Koizuni A. A Novel Locus, Mody4, Distal to D7Mit189 on
Chromosome 7 Determines Early-Onset NIDDM in Nonobese C57BL/6 (Akita) Mutant Mice.
Diabetes. 1997 May 1;46(5):887–94.

39.   May CL, Chu K, Hu M, Ortega CS, Simpson ER, Korach KS, et al. Estrogens protect pancreatic
β-cells from apoptosis and prevent insulin-deficient diabetes mellitus in mice. Proc Natl Acad Sci
U S A. 2006 Jun 13;103(24):9232.

40.   Cohrs CM, Panzer JK, Drotar DM, Enos SJ, Kipke N, Chen C, et al. Dysfunction of Persisting β
Cells Is a Key Feature of Early Type 2 Diabetes Pathogenesis. Cell Rep. 2020 Apr
7;31(1):107469.

41.   Saisho Y. β-cell dysfunction: Its critical role in prevention and management of type 2 diabetes.
World J Diabetes. 2015 Feb 15;6(1):109–24.

42.   Segerstolpe Å, Palasantza A, Eliasson P, Andersson EM, Andréasson AC, Sun X, et al. Single-
Cell Transcriptome Profiling of Human Pancreatic Islets in Health and Type 2 Diabetes. Cell
Metab. 2016 Oct 11;24(4):593–607.

43.   Xin Y, Kim J, Okamoto H, Ni M, Wei Y, Adler C, et al. RNA Sequencing of Single Human Islet
Cells Reveals Type 2 Diabetes Genes. Cell Metab. 2016 Oct 11;24(4):608–15.

44.   Avrahami D, Wang YJ, Schug J, Feleke E, Gao L, Liu C, et al. Single-cell transcriptomics of
human islet ontogeny defines the molecular basis of β-cell dedifferentiation in T2D. Mol Metab.
2020 Jul 30;42:101057.

45.   Lawlor N, George J, Bolisetty M, Kursawe R, Sun L, Sivakamasundari V, et al. Single-cell
transcriptomes identify human islet cell signatures and reveal cell-type–specific expression
changes in type 2 diabetes. Genome Res. 2017 Feb 1;27(2):208–22.

46.   Baron M, Veres A, Wolock SL, Faust AL, Gaujoux R, Vetere A, et al. A Single-Cell
Transcriptomic Map of the Human and Mouse Pancreas Reveals Inter- and Intra-cell Population
Structure. Cell Syst. 2016 Oct 26;3(4):346-360.e4.

47.   Muraro MJ, Dharmadhikari G, Grün D, Groen N, Dielen T, Jansen E, et al. A Single-Cell
Transcriptome Atlas of the Human Pancreas. Cell Syst. 2016 Oct 26;3(4):385-394.e3.

48.   Deng S, Vatamaniuk M, Huang X, Doliba N, Lian MM, Frank A, et al. Structural and Functional
Abnormalities in the Islets Isolated From Type 2 Diabetic Subjects. Diabetes. 2004 Mar
1;53(3):624–32.

49.   Wu M, Lee MYY, Bahl V, Traum D, Schug J, Kusmartseva I, et al. Single-cell analysis of the
human pancreas in type 2 diabetes using multi-spectral imaging mass cytometry. Cell Rep. 2021
Nov 2;37(5):109919.

50.   Salvalaggio PRO, Deng S, Ariyan CE, Millet I, Zawalich WS, Basadonna GP, et al. Islet filtration:
a simple and rapid new purification procedure that avoids ficoll and improves islet mass and
function. Transplantation. 2002 Sep 27;74(6):877–9.

51.   Chu CMJ, Modi H, Skovsø S, Ellis C, Krentz NAJ, Zhao YB, et al. Dynamic Ins2 gene activity
defines β-cell maturity states [Internet]. bioRxiv; 2022 [cited 2022 Oct 6]. p. 702589. Available
from: https://www.biorxiv.org/content/10.1101/702589v3

52. Dobin A, Davis CA, Schlesinger F, Drenkow J, Zaleski C, Jha S, et al. STAR: ultrafast universal
RNA-seq aligner. Bioinforma Oxf Engl. 2013 Jan 1;29(1):15–21.

53. Love MI, Huber W, Anders S. Moderated estimation of fold change and dispersion for RNA-seq
data with DESeq2. Genome Biol. 2014 Dec 5;15(12):550.

54. Gillespie M, Jassal B, Stephan R, Milacic M, Rothfels K, Senff-Ribeiro A, et al. The reactome
pathway knowledgebase 2022. Nucleic Acids Res. 2022 Jan 7;50(D1):D687–92.

55. Zhou G, Soufan O, Ewald J, Hancock REW, Basu N, Xia J. NetworkAnalyst 3.0: a visual
analytics platform for comprehensive gene expression profiling and meta-analysis. Nucleic Acids
Res. 2019 Jul 2;47(W1):W234–41.

56. Tyanova S, Temu T, Sinitcyn P, Carlson A, Hein MY, Geiger T, et al. The Perseus computational
platform for comprehensive analysis of (prote)omics data. Nat Methods. 2016 Sep;13(9):731–40.

57. Wang S, Flibotte S, Camunas-Soler J, MacDonald PE, Johnson JD. A New Hypothesis for Type
1 Diabetes Risk: The At-Risk Allele at rs3842753 Associates With Increased Beta-Cell INS
Messenger RNA in a Meta-Analysis of Single-Cell RNA-Sequencing Data. Can J Diabetes. 2021
Dec 1;45(8):775-784.e2.

58. Kaestner KH, Powers AC, Naji A, HPAP Consortium, Atkinson MA. NIH Initiative to Improve
Understanding of the Pancreas, Islet, and Autoimmunity in Type 1 Diabetes: The Human
Pancreas Analysis Program (HPAP). Diabetes. 2019 Jul;68(7):1394–402.

59. Hellman B, Idahl LÅ, Lernmark Å, Täljedal IB. The Pancreatic β-Cell Recognition of Insulin
Secretagogues: Does Cyclic AMP Mediate the Effect of Glucose? Proc Natl Acad Sci. 1974
Sep;71(9):3405–9.

60. Yang X, Schadt EE, Wang S, Wang H, Arnold AP, Ingram-Drake L, et al. Tissue-specific
expression and regulation of sexually dimorphic genes in mice. Genome Res. 2006 Aug
1;16(8):995–1004.

61. Lu T, Mar JC. Investigating transcriptome-wide sex dimorphism by multi-level analysis of single-
cell RNA sequencing data in ten mouse cell types. Biol Sex Differ. 2020 Nov 5;11(1):61.

62. Cottet-Dumoulin D, Lavallard V, Lebreton F, Wassmer CH, Bellofatto K, Parnaud G, et al.
Biosynthetic Activity Differs Between Islet Cell Types and in Beta Cells Is Modulated by Glucose
and Not by Secretion. Endocrinology. 2020 Dec 25;162(3):bqaa239.

63. Li N, Yang Z, Li Q, Yu Z, Chen X, Li JC, et al. Ablation of somatostatin cells leads to impaired
pancreatic islet function and neonatal death in rodents. Cell Death Dis. 2018 Jun 7;9(6):1–12.

64. Webb GC, Dey A, Wang J, Stein J, Milewski M, Steiner DF. Altered Proglucagon Processing in
an α-Cell Line Derived from Prohormone Convertase 2 Null Mouse Islets*. J Biol Chem. 2004 Jul
23;279(30):31068–75.

65. Garcia-Barrado MJ, Ravier MA, Rolland JF, Gilon P, Nenquin M, Henquin JC. Inhibition of
Protein Synthesis Sequentially Impairs Distinct Steps of Stimulus-secretion Coupling in
Pancreatic β Cells. Endocrinology. 2001 Jan 1;142(1):299–307.

66. Scheuner D, Mierde DV, Song B, Flamez D, Creemers JWM, Tsukamoto K, et al. Control of
mRNA translation preserves endoplasmic reticulum function in beta cells and maintains glucose
homeostasis. Nat Med. 2005 Jul;11(7):757–64.

67.   Izumi T, Yokota-Hashimoto H, Zhao S, Wang J, Halban PA, Takeuchi T. Dominant negative
783   pathogenesis by mutant proinsulin in the Akita diabetic mouse. Diabetes. 2003 Feb;52(2):409–
784   16.

785   68.   Xin Y, Dominguez Gutierrez G, Okamoto H, Kim J, Lee AH, Adler C, et al. Pseudotime Ordering
786   of Single Human β-Cells Reveals States of Insulin Production and Unfolded Protein Response.
787   Diabetes. 2018;67(9):1783–94.

788   69.   Lipson KL, Fonseca SG, Ishigaki S, Nguyen LX, Foss E, Bortell R, et al. Regulation of insulin
789   biosynthesis in pancreatic beta cells by an endoplasmic reticulum-resident protein kinase IRE1.
790   Cell Metab. 2006 Sep;4(3):245–54.

791   70.   Teodoro T, Odisho T, Sidorova E, Volchuk A. Pancreatic β-cells depend on basal expression of
792   active ATF6α-p50 for cell survival even under nonstress conditions. Am J Physiol-Cell Physiol.
793   2012 Apr;302(7):C992–1003.

794   71.   Scheuner D, Song B, McEwen E, Liu C, Laybutt R, Gillespie P, et al. Translational control is
795   required for the unfolded protein response and in vivo glucose homeostasis. Mol Cell. 2001
796   Jun;7(6):1165–76.

797   72.   Luciani DS, Gwiazda KS, Yang TLB, Kalynyak TB, Bychkivska Y, Frey MHZ, et al. Roles of IP3R
798   and RyR Ca2+ Channels in Endoplasmic Reticulum Stress and β-Cell Death. Diabetes. 2009
799   Feb 1;58(2):422–32.

800   73.   Riggs AC, Bernal-Mizrachi E, Ohsugi M, Wasson J, Fatrai S, Welling C, et al. Mice conditionally
801   lacking the Wolfram gene in pancreatic islet beta cells exhibit diabetes as a result of enhanced
802   endoplasmic reticulum stress and apoptosis. Diabetologia. 2005 Nov 1;48(11):2313–21.

803   74.   Li J, Lee B, Lee AS. Endoplasmic reticulum stress-induced apoptosis: multiple pathways and
804   activation of p53-up-regulated modulator of apoptosis (PUMA) and NOXA by p53. J Biol Chem.
805   2006 Mar 17;281(11):7260–70.

806   75.   Sharma RB, Landa-Galván HV, Alonso LC. Living Dangerously: Protective and Harmful ER
807   Stress Responses in Pancreatic β-Cells. Diabetes. 2021 Nov;70(11):2431.

808   76.   Gwiazda KS, Yang TLB, Lin Y, Johnson JD. Effects of palmitate on ER and cytosolic Ca2+
809   homeostasis in β-cells. Am J Physiol-Endocrinol Metab. 2009 Apr;296(4):E690–701.

810   77.   Fonseca SG, Gromada J, Urano F. Endoplasmic reticulum stress and pancreatic beta cell death.
811   Trends Endocrinol Metab TEM. 2011 Jul;22(7):266–74.

812   78.   Wakae-Takada N, Xuan S, Watanabe K, Meda P, Leibel RL. Molecular basis for the regulation of
813   islet beta cell mass in mice: the role of E-cadherin. Diabetologia. 2013 Apr;56(4):856–66.

814   79.   Shrestha N, Franco ED, Arvan P, Cnop M. Pathological β-Cell Endoplasmic Reticulum Stress in
815   Type 2 Diabetes: Current Evidence. Front Endocrinol [Internet]. 2021 [cited 2022 Jan 26];12.
816   Available from: https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8101261/

817   80.   Oyadomari S, Mori M. Roles of CHOP/GADD153 in endoplasmic reticulum stress. Cell Death
818   Differ. 2004 Apr;11(4):381–9.

819   81.   Szabat M, Page MM, Panzhinskiy E, Skovsø S, Mojibian M, Fernandez-Tajes J, et al. Reduced
820   Insulin Production Relieves Endoplasmic Reticulum Stress and Induces β Cell Proliferation. Cell
821   Metab. 2016 Jan 12;23(1):179–93.

822   82.   Laybutt DR, Preston AM, Åkerfeldt MC, Kench JG, Busch AK, Biankin AV, et al. Endoplasmic
823   reticulum stress contributes to beta cell apoptosis in type 2 diabetes. Diabetologia. 2007 Apr
824   1;50(4):752–63.

825   83.   Engin F, Nguyen T, Yermalovich A, Hotamisligil GS. Aberrant islet unfolded protein response in
826   type 2 diabetes. Sci Rep. 2014 Feb 11;4(1):4054.

827   84.   Huang C jiang, Lin C yu, Haataja L, Gurlo T, Butler AE, Rizza RA, et al. High expression rates of
828   human islet amyloid polypeptide induce endoplasmic reticulum stress mediated beta-cell
829   apoptosis, a characteristic of humans with type 2 but not type 1 diabetes. Diabetes. 2007
830   Aug;56(8):2016–27.

831   85.   Herbach N, Rathkolb B, Kemter E, Pichl L, Klaften M, de Angelis MH, et al. Dominant-Negative
832   Effects of a Novel Mutated Ins2 Allele Causes Early-Onset Diabetes and Severe β-Cell Loss in
833   Munich Ins2C95S Mutant Mice. Diabetes. 2007 May 1;56(5):1268–76.

834   86.   Tiano JP, Mauvais-Jarvis F. Importance of oestrogen receptors to preserve functional β-cell
835   mass in diabetes. Nat Rev Endocrinol. 2012 Jun;8(6):342–51.

836   87.   Janson J, Soeller WC, Roche PC, Nelson RT, Torchia AJ, Kreutter DK, et al. Spontaneous
837   diabetes mellitus in transgenic mice expressing human islet amyloid polypeptide. Proc Natl Acad
838   Sci U S A. 1996 Jul 9;93(14):7283–8.

839   88.   Walker EM, Cha J, Tong X, Guo M, Liu JH, Yu S, et al. Sex-biased islet β cell dysfunction is
840   caused by the MODY MAFA S64F variant by inducing premature aging and senescence in
841   males. Cell Rep. 2021 Oct 12;37(2):109813.

842   89.   Mauvais-Jarvis F, Sobngwi E, Porcher R, Riveline JP, Kevorkian JP, Vaisse C, et al. Ketosis-
843   Prone Type 2 Diabetes in Patients of Sub-Saharan African Origin: Clinical Pathophysiology and
844   Natural History of β-Cell Dysfunction and Insulin Resistance. Diabetes. 2004 Mar 1;53(3):645–
845   53.

846   90.   Iacovazzo D, Flanagan SE, Walker E, Quezado R, de Sousa Barros FA, Caswell R, et al. MAFA
847   missense mutation causes familial insulinomatosis and diabetes mellitus. Proc Natl Acad Sci U S
848   A. 2018 Jan 30;115(5):1027–32.

849   91.   Xu B, Allard C, Alvarez-Mercado AI, Fuselier T, Kim JH, Coons LA, et al. Estrogens Promote
850   Misfolded Proinsulin Degradation to Protect Insulin Production and Delay Diabetes. Cell Rep.
851   2018 Jul 3;24(1):181.

852   92.   Zhou Z, Ribas V, Rajbhandari P, Drew BG, Moore TM, Fluitt AH, et al. Estrogen receptor α
853   protects pancreatic β-cells from apoptosis by preserving mitochondrial function and suppressing
854   endoplasmic reticulum stress. J Biol Chem. 2018 Mar 30;293(13):4735.

855   93.   Alonso-Magdalena P, Ropero AB, Carrera MP, Cederroth CR, Baquié M, Gauthier BR, et al.
856   Pancreatic insulin content regulation by the estrogen receptor ER alpha. PloS One. 2008 Apr
857   30;3(4):e2069.

858   94.   Cnop M, Ladriere L, Hekerman P, Ortis F, Cardozo AK, Dogusan Z, et al. Selective Inhibition of
859   Eukaryotic Translation Initiation Factor 2α Dephosphorylation Potentiates Fatty Acid-induced
860   Endoplasmic Reticulum Stress and Causes Pancreatic β-Cell Dysfunction and Apoptosis *. J Biol
861   Chem. 2007 Feb 9;282(6):3989–97.

95. Oyadomari S, Koizumi A, Takeda K, Gotoh T, Akira S, Araki E, et al. Targeted disruption of the
Chop gene delays endoplasmic reticulum stress–mediated diabetes. J Clin Invest. 2002 Feb
15;109(4):525–32.

96. Han J, Back SH, Hur J, Lin YH, Gildersleeve R, Shan J, et al. ER-stress-induced transcriptional
regulation increases protein synthesis leading to cell death. Nat Cell Biol. 2013 May;15(5):481–
90.

97. Harding HP, Zeng H, Zhang Y, Jungries R, Chung P, Plesken H, et al. Diabetes Mellitus and
Exocrine Pancreatic Dysfunction in Perk−/− Mice Reveals a Role for Translational Control in
Secretory Cell Survival. Mol Cell. 2001 Jun 1;7(6):1153–63.

98. Novoa I, Zhang Y, Zeng H, Jungreis R, Harding HP, Ron D. Stress-induced gene expression
requires programmed recovery from translational repression. EMBO J. 2003 Mar 3;22(5):1180.

99. Ma Y, Hendershot LM. Delineation of a Negative Feedback Regulatory Loop That Controls
Protein Translation during Endoplasmic Reticulum Stress *. J Biol Chem. 2003 Sep
12;278(37):34864–73.

100. Panzhinskiy E, Skovsø S, Cen HH, Chu KY, MacDonald K, Soukhatcheva G, et al. Eukaryotic
translation initiation factor 2A protects pancreatic beta cells during endoplasmic reticulum stress
while rescuing translation inhibition. bioRxiv. 2021 Jan 1;2021.02.17.431676.

101. Cnop M, Toivonen S, Igoillo-Esteve M, Salpea P. Endoplasmic reticulum stress and eIF2α
phosphorylation: The Achilles heel of pancreatic β cells. Mol Metab. 2017 Jul 12;6(9):1024–39.

102. Marchetti P, Bugliani M, Lupi R, Marselli L, Masini M, Boggi U, et al. The endoplasmic reticulum
in pancreatic beta cells of type 2 diabetes patients. Diabetologia. 2007 Dec 1;50(12):2486–94.

103. Sharma RB, Darko C, Alonso LC. Intersection of the ATF6 and XBP1 ER stress pathways in
mouse islet cells. J Biol Chem. 2020 Oct 9;295(41):14164–77.

104. Nasteska D, Fine NHF, Ashford FB, Cuozzo F, Viloria K, Smith G, et al. PDX1LOW MAFALOW
β-cells contribute to islet function and insulin release. Nat Commun. 2021 Jan 29;12(1):674.

105. Talchai C, Xuan S, Lin HV, Sussel L, Accili D. Pancreatic β-Cell Dedifferentiation As Mechanism
Of Diabetic β-Cell Failure. Cell. 2012 Sep 14;150(6):1223.

106. Manicardi V, Russo G, Napoli A, Torlone E, Li Volsi P, Giorda CB, et al. Gender-Disparities in
Adults with Type 1 Diabetes: More Than a Quality of Care Issue. A Cross-Sectional
Observational Study from the AMD Annals Initiative. PLoS ONE. 2016 Oct 3;11(10):e0162960.

892
893
FIGURE LEGENDS

Figure 1. Sex differences in human islet transcriptomic and functional responses in

type 2 diabetes. scRNAseq data from male and female human β cells. For donor metadata

see Supplementary file 6. (A-C) Venn diagrams compare the number of significantly

differentially expressed genes between ND and T2D donors (*p*-adj<0.05). All differentially

expressed genes (A), downregulated genes (B), upregulated genes (C) in T2D human β cells.

For complete gene lists see Supplementary file 1. (D-F) Top 10 significantly enriched

Reactome pathways (ND vs T2D) from non-sex-specific (D), female (E), or male (F)

significantly differentially expressed genes (p-adj< 0.05). Gene ratio is calculated as k/n,

where k is the number of genes identified in each Reactome pathway, and n is the number of

genes from the submitted gene list participating in any Reactome pathway. For complete

Reactome pathway lists see Supplementary file 1. (G-K) Human islet perifusion data from the

Human Pancreas Analysis Program in ND and T2D donor islets in females (F, I) and males

(G, H). 3 mM glucose (3 mM G); 16.7 mM glucose (16.7 mM G); 0.1 mM

isobutylmethylxanthine (0.1 mM IBMX); 30 mM potassium chloride (30 mM KCl); 4 mM amino

acid mixture (4 mM AAM; mM: 0.44 alanine, 0.19 arginine, 0.038 aspartate, 0.094 citrulline,

0.12 glutamate, 0.30 glycine, 0.077 histidine, 0.094 isoleucine, 0.16 leucine, 0.37 lysine, 0.05

methionine, 0.70 ornithine, 0.08 phenylalanine, 0.35 proline, 0.57 serine, 0.27 threonine,

0.073 tryptophan, and 0.20 valine, 2 mM glutamine). (I-K) Quantification of area under the

curve (AUC) is shown for the various stimulatory media in females (I), males (J) and donors

with T2D (K). (I) In females, insulin secretion from ND islets was not significantly higher than

T2D islets. (J) In males, insulin secretion from ND islets was significantly higher than T2D

islets under 4 mM AAM +16.7 mM glucose (HG) + 0.1 mM IBMX stimulation (p=0.0442;

unpaired Student's t-test). (K) Total insulin secretion was lower in T2D male islets than ND

male islets (p=0.0503; unpaired Student's t-test). * indicates p<0.05; ns indicates not

significant; error bars indicate SEM.

Figure 2. Sex-biased gene expression in mouse islet bulk RNAseq. (A) Principal

component analysis (PCA) of RNAseq data from male and female mouse islets. (B) Over-

representation analysis (ORA) of all significantly differentially expressed genes (p-adj < 0.01)

from male and female mouse islets. Top 30 enriched KEGG pathways (large nodes; size =

proportional to connections, darker red color = greater significance) and associated genes

(small nodes; green = male enriched, yellow = female enriched). (C) Top significantly

enriched Reactome pathways from the top 1000 significantly differentially expressed genes.

(p-adj < 0.01) for males and females. Gene ratio is calculated as k/n, where k is the number of

genes identified in each Reactome pathway, and n is the number of genes from the submitted

gene list participating in any Reactome pathway. For complete Reactome pathway lists see

Supplementary file 1. (D) All transcripts of differentially expressed genes under the gene

ontology term "Cellular response to ER stress" (GO:0034976) and genes labeled by their role

in transcription, translation, protein processing, protein folding, secretion and protein quality

control. (E) All transcripts of differentially expressed ribosomal genes.

Figure 3. Sex differences in mouse islet ER stress-associated phenotypes. (A) Protein

synthesis was quantified in dispersed islet cells from 20-week-old male and female B6 mice

after treatment with 1 µM Tg for 2- or 24-hours. In female islet cells, protein synthesis was

significantly lower after a 2-hour Tg treatment compared to control (p=0.0152; paired

Student's *t*-test) and significantly higher after a 24-hour Tg treatment compared to a 2-hour Tg

treatment (p=0.0027; paired Student's *t*-test). In male islet cells, protein synthesis was

significantly lower after a 2- and 24-hour Tg treatment compared to control (p=0.0289 [0-2

hour] and p=0.0485 [0-24 hour]; paired Student's *t*-test). (B) In both male and female islet

cells protein synthesis was repressed after 2 hours. By 24 hours, protein synthesis repression

was resolved in female, but not male islet cells. (C-H) Quantification of propidium iodide (PI)

cell death assay of dispersed islets from 20-week-old male and female B6 mice treated with

thapsigargin (0.1 µM, 1 µM or 10 µM Tg) or DMSO for 84 hours. n=4-5 mice, >1000 cells per

group. Percentage (%) of PI positive cells was quantified as the number of PI-

positive/Hoechst 33342-positive cells in female (C) and male (D) islet cells. Relative cell death

at 84 hr in Tg treatments compared with DMSO treatment in females (E, G) and males (F, H).

In female islet cells, cell death was significantly higher in 10 µM Tg compared to control

(p<0.0001; unpaired Student's *t*-test). In male islet cells, cell death was significantly higher in

0.1, 1.0 and 10 µM Tg compared to control (p=0.0230 [0.1 µM], p<0.0001 [1 µM] and

p<0.0001 [10 µM]; unpaired Student's *t*-test) (D). For E-H, at 84 hours the % of PI positive

cells for each treatment was normalized to the DMSO control avg for each sex. * indicates

p<0.05, ** indicates p<0.01, **** indicates p<0.0001; ns indicates not significant; error bars

indicate SEM.

Figure 4. Sex differences in *ex vivo* and *in vivo* insulin secretion. (A) Experimental

workflow of static glucose-stimulated insulin secretion. (B, C) Relative high glucose (20 mM;

high glucose, HG) in treatments compared with DMSO in female (B) and male (C) islets.

Female islet HG secretion was significantly higher compared with control after 0- and 2-hour

Tg pre-treatments (p=0.0083 [0-hour] and p=0.0371 [2-hour]; Mann Whitney test). Male islet

HG secretion was significantly lower compared with control after a 4-hour Tg pre-treatment

(p=0.0013; Mann Whitney test). (D) Insulin content. Female islet insulin content was

significantly higher compared with control after a 4-hour Tg pre-treatment (p=0.0269; Mann
Whitney test). (E) Proinsulin content. Female islet proinsulin content was significantly lower
compared with control after a 2-hour Tg pre-treatment (p=0.0437; Mann Whitney test). Male
islet proinsulin content was significantly lower compared with control after 2- and 4-hour Tg
pre-treatments (p=0.0014 [2-hour] and p=0.0005 [4-hour]; Mann Whitney test). (F-H)
Physiology measurements after a 6-hour fast in 20-week-old male and female B6 mice. (F, G)
Insulin levels from glucose-stimulated insulin secretion tests (F: nM, G: % basal insulin)
following a single glucose injection (2 g glucose/kg body weight, i.p). Area under the curve
(AUC) calculations (n=13 females, n=18 males). (F) Insulin levels were significantly higher in
male mice at 0 minutes and 30 minutes post injection (p=0.0063 [0 minutes] and p=0.0009
[30 minutes]; Student's *t*-test). AUC was significantly higher in males (p=0.0159; Student's *t*-
test). (G) Insulin levels (% baseline). Glucose-stimulated insulin secretion was significantly
higher in female mice 15 minutes post injection (p=0.0279; Student's *t*-test). (H) Glucose
levels from glucose tolerance tests following a single glucose injection (2 g glucose/kg body
weight). AUC calculations (n=11 females, n=11 males). For B-E, grey triangles indicate the
concentration of insulin or proinsulin from five islets, black circles indicate the average values
per mouse. For B, ## indicates p<0.01 and ### indicates p<0.001 for comparisons between
treatments and DMSO in low glucose. For all other figures, * indicates p<0.05, ** indicates
p<0.01, *** indicates p<0.001; ns indicates not significant; error bars indicate SEM.

Figure 5. Sex-specific transcriptomic and proteomic profiles following ER stress in
mouse islets. (A) Principal component analysis (PCA) of RNAseq data from male and female
mouse islets treated with DMSO or 1 μM Tg for 6- or 12-hours. (B) Spearman correlation
depicting the variance for the first 5 principal components. (C) Top significantly enriched
Reactome pathways from the top 1000 significantly differentially expressed genes (*p*-
adj<0.01) for females and males that were upregulated or downregulated between 6-12 hours
of Tg treatment. Gene ratio is calculated as k/n, where k is the number of genes identified in
each Reactome pathway, and n is the number of genes from the submitted gene list
participating in any Reactome pathway. (D) Protein abundance from proteomics data of
female and male mouse islets treated with DMSO or 1 μM Tg for 6 hours. Top 45 differentially
expressed proteins are shown (p< 0.05).

Table 1 – Human β cell pathway gene numbers. The number of genes corresponding to each T2D upregulated pathway in males, females or both sexes.

SUPPLEMENTAL FIGURE LEGENDS

Figure S1. Sex-specific and non-sex-specific differentially expressed genes in T2D. scRNAseq data from male and female human β cells. (A-C) Top 60 significantly differentially expressed genes (p-adj < 0.05). Non-sex-specific (A), female-specific (B), or male-specific (C). For complete gene lists see Supplementary file 1.

Figure S2. Gene expression changes in T2D. scRNAseq data from male and female human β cells. (A, B) Top 60 differentially expressed genes (p-adj < 0.05) in females (A) and males (B). Sex-specific genes are indicated in red text. For complete gene lists see Supplementary file 1.

Figure S3. Correlations between donor attributes and insulin secretion. Pearson correlation of all human donors (A), or all donors with Type 2 Diabetes. Significant correlations are denoted with a star (*). For donor metadata see Supplementary file 6.

Figure S4. Equivalent insulin sensitivity in male and female mice. (A) Insulin tolerance test (ITT). 20-week-old female and male B6 mice were fasted for 6 hours. Glucose levels (% baseline) from insulin tolerance tests (ITT) following a single insulin injection (0.75U insulin/kg body weight). AUC calculations (n=11 females, n=11 males). ns indicates not significant; error bars indicate SEM.

Figure S5. Mouse islet gene expression clusters by sex. (A) Unsupervised hierarchical clustering of RNAseq data from female and male mouse islets. Sorting was based on all genes where the total count was >10 across all samples.

Figure S6. ER stress-induced protein synthesis repression persists in male mouse islet cells. (A) Representative images of dispersed islets stained with nuclear mask and OPP labeled with Alexa Fluor 594. (B, C) Integrated staining intensity of Alexa Fluor 594 in nuclear mask positive islet cells in control media (B, FBS+) or after treatment with DMSO control or 1 μM Tg for 2- or 24-hours (C, FBS-). Protein synthesis is displayed on a per cell basis from

data shown in Figure 3. n=4-5 mice, >1000 cells per group. Mean values are indicated under

each group. (B) Protein synthesis was significantly higher in male islet cells than female islet

cells in control media, 3.9% (p=0.027; unpaired Student's t-test). (C) In female islet cells,

protein synthesis was significantly repressed from control-2 hour treatments (p=<0.0001;

unpaired Student's t-test) and significantly increased from both control-24 hour treatments

and 2-24 hour treatments (p=<0.0001; unpaired Student's t-test). In male islet cells, protein

synthesis was significantly repressed from control-2 hour treatments (p=<0.0001; unpaired

Student's t-test) and control-24 hour treatments (p=<0.0001; unpaired Student's t-test);

however, was not significantly different between 2-24 hour treatments (p=0.07; unpaired

Student's t-test). * indicates p<0.05, *** indicates p<0.001; ns indicates not significant; error

bars indicate SEM.

1042

Figure S7. *Ins2* gene activity is repressed by ER stress induction. *Ins2* gene activity in β

cells from 20-week-old male and female B6 mice treated with Tg (0.1 μM or 1 μM Tg) or

DMSO for 60 hours (n=6 mice per sex, > 1000 cells per group). (A, B) Average change in

fluorescence intensity from all GFP expressing female (A) and male (B) β cells over time.

Data was normalized to the first 2 hours to examine relative change in *Ins2* gene activity. (C,

D) Density plot of *Ins2*$^{GFP/WT}$ β cell GFP fluorescence intensity, log transformed. Data is

shown for each run for females (C) and males (D). (E-H) Average change in high (E, F) and

low (G,H) GFP *Ins2*$^{GFP/WT}$ β cells fluorescence over time from females (E, G) and males (F,

H). Data was normalized to the first two hours to examine relative change in *Ins2* gene

activity.

1053

Figure S8. Representative western blot images of UPR protein markers. (A-D) Levels of

ER stress proteins were quantified in isolated islets from 20-week-old male and female B6

mice cultured in DMSO or 1 μM Tg for 24 hours. (A) BiP levels were significantly upregulated

in female Tg vs DMSO (p=0.0011; paired Student's t-test) but not male Tg vs DMSO

(p=0.1187; paired Student's t-test). (B) pIRE1α levels were significantly upregulated in female

Tg vs DMSO (p=0.0001; paired Student's t-test) and in male Tg vs DMSO (p=0.0148; paired

Student's t-test). (C) CHOP levels were significantly upregulated in female Tg vs DMSO

(p=0.0333; paired Student's t-test) and in male Tg vs DMSO (p=0.0164; paired Student's t-

test). (D) p-eIF2α levels were not significantly upregulated in either sex. (E-G) Levels of ER

stress proteins were quantified in isolated islets from 60-week-old male and female B6 mice

cultured in DMSO or 1 µM Tg for 24 hours. (E) BiP levels were significantly upregulated in male Tg vs DMSO (p=0.0048; paired Student's *t*-test) but not in female Tg vs DMSO (p=0.3319; paired Student's *t*-test). (F) p-IRE1α levels were not significantly upregulated in either sex (p=0.9257 [female] and p=0.8273 [male]; paired Student's *t*-test). (G) p-eIF2α levels were not significantly upregulated in either sex (p=0.8451 [female] and p=0.3076 [male]; paired Student's *t*-test). (H) Representative western blot images of 20-week Tg treated mouse islets. (I) Representative western blot images of 60-week Tg treated mouse islets. * indicates p<0.05, ** indicates p<0.01; ns indicates not significant.

Figure S9. Female mouse islets retain greater insulin secretion during ER stress. (A) Insulin secretion at basal (3 mM; low glucose, LG) and stimulatory (20 mM; high glucose, HG) glucose. Female islet LG secretion was significantly higher compared with control after 2- and 4-hour Tg pre-treatments (p=0.0047 [2-hour] and p=0.0003 [4-hour]; Mann Whitney test). Female islet HG secretion was significantly higher compared with control after 0- and 2-hour Tg pre-treatments (p=0.0012 [0-hour] and p=0.0061 [2-hour]; Mann Whitney test). Male islet LG secretion was significantly higher compared with control after a 0-hour Tg pre-treatment (p=0.0371; Mann Whitney test). Male islet HG secretion was significantly lower compared with control after a 4-hour Tg pre-treatment (p=0.0012; Mann Whitney test). (B) Proinsulin secretion at basal (3 mM) and stimulatory (20 mM) glucose. Female islet HG secretion was significantly higher compared with control after 0- and 2-hour Tg pre-treatments (p=0.0075 [0-hour] and p=0.0437 [2-hour],; Mann Whitney test). Male islet HG secretion was significantly lower compared with control after a 4-hour Tg pre-treatment (p=0.0025; Mann Whitney test). * indicates p<0.05, ** indicates p<0.01; ns indicates not significant; error bars indicate SEM.

Figure S10. Mouse islet gene expression clusters by sex, treatment and time. (A) Unsupervised hierarchical clustering of RNAseq data from female and male DMSO or Tg treated mouse islets. Sorting was based on all genes where the total count >10 across all samples.

Figure S11. Female and Male mouse islets are enriched in similar pathways following 6- and 12-hour Tg treatments. (A, B) Most significantly enriched Reactome pathways from the top 1000 significantly differentially expressed genes. (*p*-adj < 0.01) for females and males between DMSO vs Tg after 6 hours (A) or 12 hours (B) of Tg treatment. Gene ratio is

1097 calculated as k/n, where k is the number of genes identified in each Reactome pathway, and

1098 n is the number of genes from the submitted gene list participating in any Reactome pathway.

1099

1100 **Figure S12. A greater number of β cell identity genes are downregulated between 6-**

1101 **and 12- hour Tg treatment times in female mouse islets.** (A, B) Treatment:Time interaction

1102 plots of female islet (A) and male islet (B) β cell identity genes in Reactome pathway

1103 "Regulation of gene expression in β cells". The fold change (FC) for DMSO vs Tg was

1104 calculated for each sex and time point (Female 6-hour, Female 12-hour, Male 6-hour, Male

1105 12-hour). The change in FC values (12-hour FC – 6-hour FC) were plotted according to p-adj

1106 values. In females, FC values between 6- and 12-hours are represented by orange and

1107 purple dots, respectively. In males, FC values at 6- and 12-hours are represented by green

1108 and blue dots, respectively. A solid black line connecting the dots indicates genes with a

1109 significant treatment:time interaction.

Figure 1

Figure 2

Figure 4

A

B

C *Islet Pathway Enrichment [up/downregulated genes 6-12 hr]*

D *Differentially Expressed Islet Proteins*

Figure 5

Pathway Name	Number of Pathway Genes		
	Unique Male	Common	Unique Female
Asparagine N-linked glycosylation	16	9	4
Cellular responses to stimuli	49	9	6
Cellular responses to stress	47	9	6
COPI-dependent Golgi-to-ER retrograde traffic	7	6	2
COPI-mediated anterograde transport	7	5	2
ER to Golgi Anterograde Transport	10	5	2
Golgi-to-ER retrograde transport	7	6	2
Hedgehog ligand biogenesis	12	4	1
Hh mutants abrogate ligand secretion	12	3	1
Hh mutants are degraded by ERAD	12	3	1
IRE1alpha activates chaperones	9	3	1
Metabolism of proteins	69	20	13
Signaling by Hedgehog	16	6	2
The role of GTSE1 in G2/M progression after G2 checkpoint	14	4	1
Unfolded Protein Response (UPR)	13	3	1
XBP1(S) activates chaperone genes	8	3	1

Table 1

A Non-Sex-Specific Differentially Expressed Genes in β Cells

B Female-Specific Differentially Expressed Genes in β Cells

C Male-Specific Differentially Expressed Genes in β Cells

Figure S1

A *Top 60 Differentially Expressed Genes in Female β Cells*

B *Top 60 Differentially Expressed Genes in Male β Cells*

Figure S2

A

A

Unsupervised Hierarchical Clustering of Mouse Islet Genes

A *Representative Protein Synthesis Staining Images*

B *Protein Synthesis per Cell*

C *Protein Synthesis per Cell*

A *Ins2 Gene Activity - Female*

B *Ins2 Gene Activity - Male*

Figure S7

A *Insulin Secretion*

B *Proinsulin Secretion*

Figure S9

A

A

Islet Pathway Enrichment
[6 hr, DMSO vs Tg]

B

Islet Pathway Enrichment
[12 hr, DMSO vs Tg]

Figure S11

A *β cell identity genes - Female*

B *β cell identity genes - Male*

Figure S12