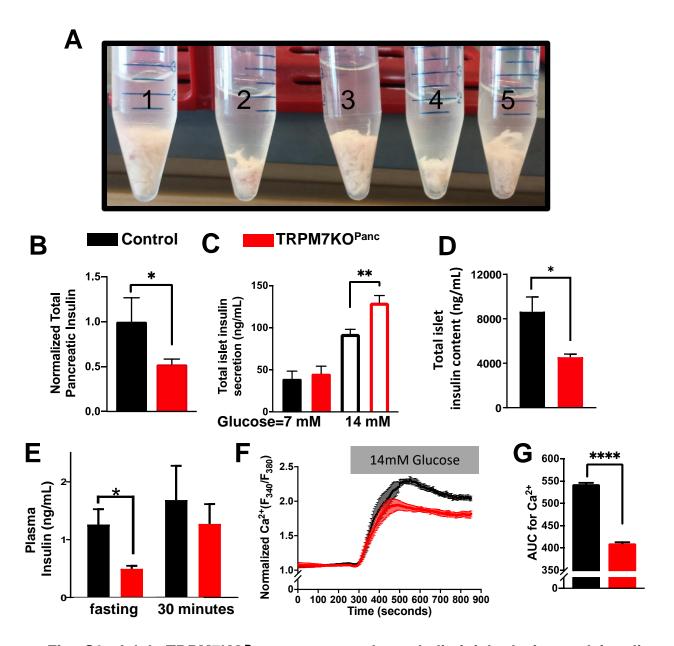
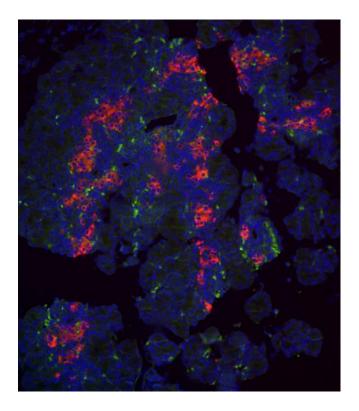


**Fig. S1. Mouse model design and confirmation of successful PDX knockout.**(A) Schematic of the transgenic design of mouse models with chronic (TRPM7KO<sup>Panc</sup> or TRPM7KO<sup>Endo</sup>) pancreatic specific and conditional β-cell specific tamoxifen-inducible (TRPM7KO<sup>MIPβ</sup> or TRPM7KO<sup>Insβ</sup>) TRPM7 ablation. (B) Islet genomic DNA from Pdx1-Cre or TRPM7KO<sup>Panc</sup> mice analyzed by PCR for TRPM7 exon 17 deletion. (C) Immunoprecipitation showing knockdown of TRPM7 protein in whole cell lysate from C57/B6 (C57) or TRPM7KO<sup>Panc</sup> mouse pancreas from 12-week animals. Black arrow indicates band associated with full length TRPM7 protein. L = load, W = wash, E = elution.



**Fig. S2.** Adult TRPM7KO<sup>Panc</sup> pancreata showed diminished size and insulin content. (A) Pancreata harvested from TRPM7KO<sup>Panc</sup> mice (2, 4) following distention appeared significantly smaller than those from control mice (1, 3, 5). (B) Total pancreatic insulin was significantly lower in TRPM7KO<sup>Panc</sup> mice compared to controls (47.39  $\pm$  15.75% reduction, n = 3 P < 0.05). (C) GSIS was significantly increased in TRPM7KO<sup>Panc</sup> mice compared to control (39.95  $\pm$  10.69%, n = 5). (D) Total islet insulin content was reduced in TRPM7KO<sup>Panc</sup> islets compared to controls (n = 3 mice each and 20 equivalent sized islets/mouse) (E) Fasting plasma insulin was reduced in TRPM7KO<sup>Panc</sup> mice, but 30 minutes post GTT glucose bolus plasma insulin was equivalent between TRPM7KO<sup>Panc</sup> mice and controls. Relative glucosestimulated (14 mM) cytosolic Ca<sup>2+</sup> responses (F) and total AUC (G) in control (black) and TRPM7KO<sup>Panc</sup> (red) islets. Where applicable analysis are mean  $\pm$  SEM. \*P < 0.05, \*\*P < 0.01, \*\*\*\*P < 0.001, \*\*\*\*P < 0.0001.



**Fig. S3. Cre expression in E16.5 TRPM7KO**<sup>Endo</sup> **mice**. Representative immunofluorescent image of pancreatic section from TRPM7KO<sup>Endo</sup> mouse (Cre -green, insulin - red) from a E16.5 pancreatic section.

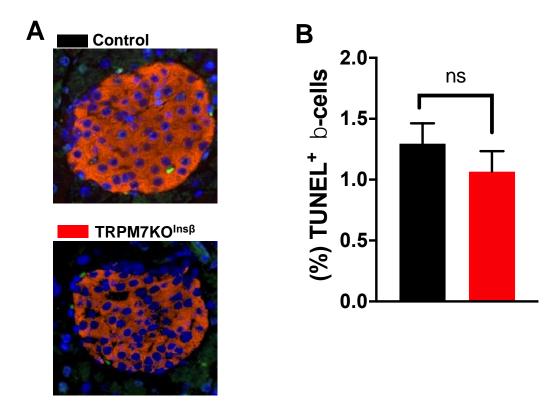
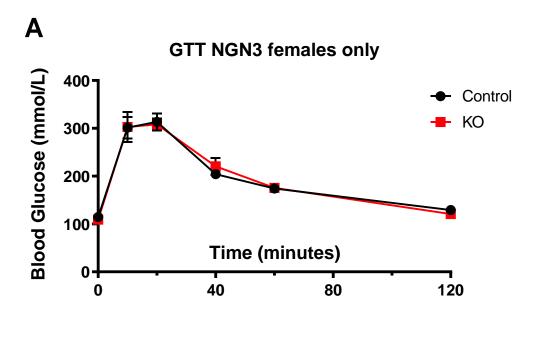


Fig. S4. β-cell specific ablation of TRPM7 (TRPM7KO<sup>Insβ</sup>) did not affect apoptosis (HFD). Representative images of pancreas sections immunostained for insulin (red), TUNEL (green) and DAPI (blue) from control and TRPM7KO<sup>Insβ</sup> mice. (B) Percentage of TUNEL+ β-cells (n=3, P=0.385). Where applicable analysis are mean ± SEM.



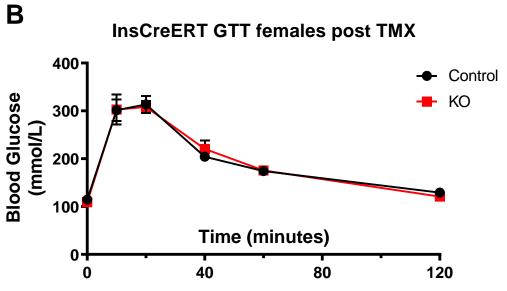


Fig. S5. Female TRPM7KO<sup>Endo</sup> and TRPM7KO<sup>INSβ</sup> show normal glucose tolerance. Glucose tolerance of 12-week-old female TRPM7KO<sup>Endo</sup> (A) and TRPM7KO<sup>INSβ</sup> (B) mice compared to controls. TRPM7KO<sup>INSβ</sup> mice and their controls were treated with tamoxifen and allowed 2 weeks recovery post tamoxifen before GTT.

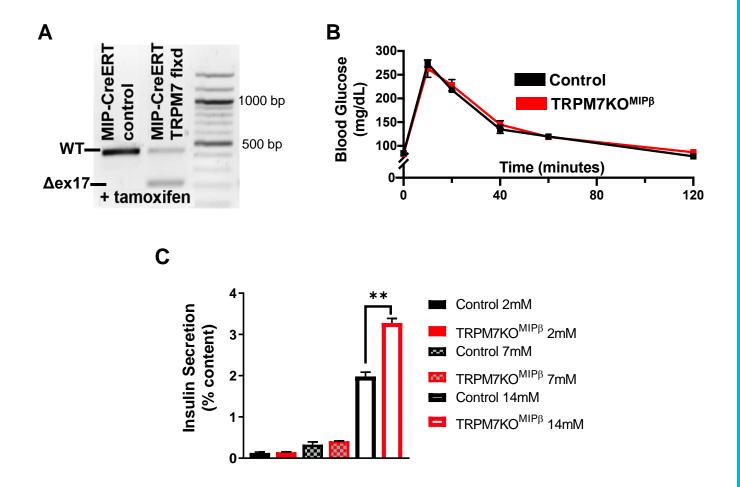
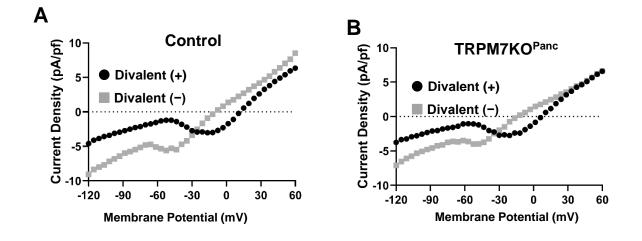


Fig. S6. β-cell knockdown of TRPM7 (TRPM7KO<sup>MIPβ</sup>) enhances GSIS but not GTT. (A) Islet genomic DNA from MIP-CreERT or TRPM7KO<sup>MIPβ</sup> mice analyzed by PCR for TRPM7 exon 17 deletion post-tamoxifen treatment. (B) Glucose tolerance from 12-week-old MIP-CreERT and TRPM7KO<sup>MIPβ</sup> males (n= 5 each). (C) Insulin secretion from TRPM7KO<sup>MIPβ</sup> islets compared to controls normalized to content. Where applicable analysis are mean  $\pm$  SEM. \*\*P<0.01.



**Fig. S7. TRPM7 alters β-cell whole cell currents.** Representative TRPM7 currents recorded from control (A) and TRPM7KO<sup>Panc</sup> (B) β-cells in the presence (black circles) or absence (grey squares) of divalent cations. Data analysis for these recordings can be found in Figure 4A.

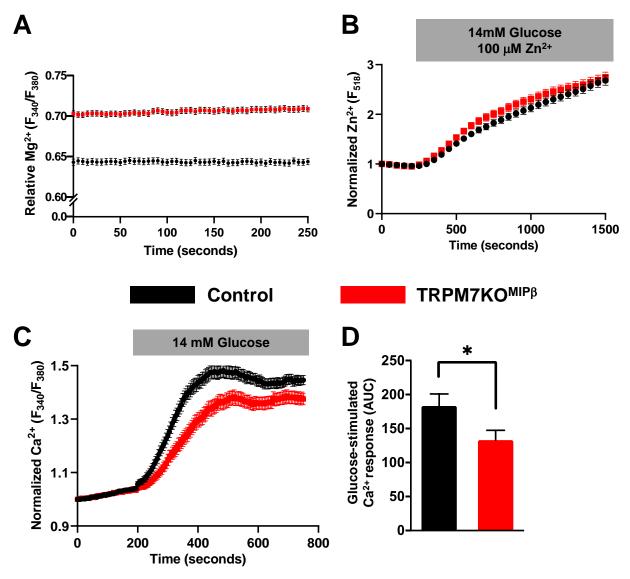


Fig. S8. β-cell specific ablation of TRPM7 (TRPM7KO<sup>MIPβ</sup>) decreases Ca<sup>2+</sup> influx and Mg<sup>2+</sup> efflux. (A) Relative intracellular Mg<sup>2+</sup> levels in β-cells from control (black) and TRPM7KO<sup>MIPβ</sup> (red) in the absence of extracellular Mg<sup>2+</sup>. (B) Relative β-cell intracellular Zn<sup>2+</sup> levels from TRPM7KO<sup>MIPβ</sup> and control mice after in response to 100  $\mu$ M Zn<sup>2+</sup> and 14 mM glucose (grey bar). (C) Glucose-stimulated (14 mM) islet Ca<sup>2+</sup> responses and corresponding total AUC (D, 24.21 ± 10.91% reduction, P<0.05) from control and TRPM7KO<sup>MIPβ</sup> mice. Where applicable, data are mean ± SEM and significance is calculated with a two-tailed Student's t-test. \*t<0.05.

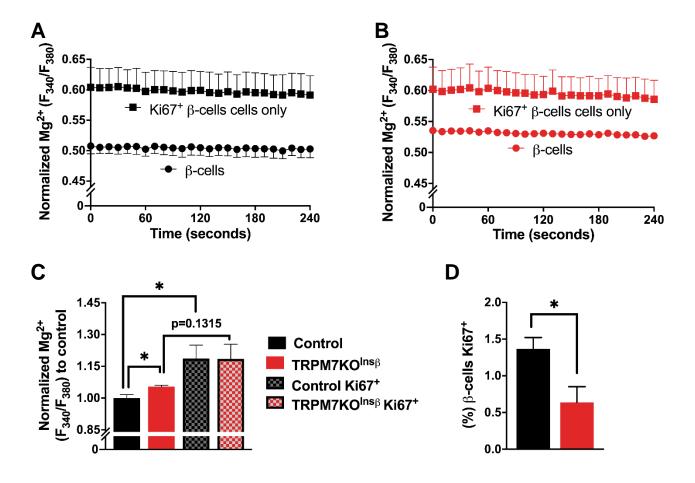


Fig. S9. TRPM7 lowers  $Mg^{2+}$  levels within nonproliferating single β-cells as well as β-cells with islet cell clusters. β-cell  $Mg^{2+}$  levels recorded from non-proliferating( $\bullet$ ) and proliferating( $\bullet$ ) cells; the β-cell were from control (A) and TRPM7KO<sup>lnsβ</sup> (B) mice 2 weeks post exposure to HFD. Note: this data combines  $Mg^{2+}$  levels from both single β-cells and from those within islet cell clusters. (C) Fold change in  $Mg^{2+}$  levels for the indicated β-cell cohorts normalized to non-proliferating controls (β-cells from islets of animals fed a HFD for 2-weeks). (D) Percent of Ki67-positive β-cells from cohorts shown in A and B. Data are mean±SEM, \*P<0.05.