Assessment of Carbohydrate and Amino Acid Metabolism in Oocytes/Embryos

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Metabolism/Nutrition Profiling

- Ovarian follicles
- Oocytes (immature and mature)
- Embryos

Metabolic Bio-markers of Quality

- Carbohydrates, amino acids, oxygen.
- More complete understanding of metabolism profiles of follicles, oocytes and embryos in healthy and disease states, *in vitro* and *in vivo*.
- Non-invasive metabolic bio-markers are potentially useful to assist selection of embryos produced by ART.
- Metabolism profiling: identification of potential biomarkers.
 - Follicle: *in vitro* growth
 - Oocyte: *in vitro* maturation
 - Embryo: in vitro culture

Metabolic Bio-markers of quality

- Several studies.
- Useful research tool.
- Associations of metabolic and biochemical markers with:
 - Meiotic maturation
 - Fertilisation potential
 - Embryo development: slow, arrested
 - Live birth rate
 - Chromosome abnormalities



Prospect of long-term follicle culture for production of oocytes:

- Cancer patients unsuitable to re-graft potentially malignant tissue
- Source of oocytes for egg donation therapy
- Source of oocytes for SCNT, stem cell production
- Metabolism:
 - Basic biology involvement in selection processes?
 - Optimisation of culture protocols
 - Non-invasive bio-markers of quality?

Ovarian follicle development

- Complete follicle growth requires several months (approx. 4-5 weeks: mouse; approx. 6 months: human).
- Changing nutritional and metabolic needs of growing follicle and oocyte.
- Follicle metabolism is influenced by signals from the oocyte.
- Oocyte maturation is regulated by cumulus metabolism.













What pushes the metabolic switch?

- Small follicles use a combination of different pathways to metabolise glucose (glycolysis and aerobic metabolism).
 Sufficient oxygen reaches the oocyte.
- As follicles get bigger, diffusion of nutrients and oxygen to the centre becomes limited (Gosden & Byatt-Smith, 1986).
- To compensate, the follicle develops an antrum, increasing the effective surface area for diffusion over the follicle surface.
- The oocyte secretes factors (including BMP15 and FGFs) which promote follicular glycolysis (suglura et al., 2005).
- Oxygen is able to diffuse to the follicle core.





- In vitro growth of follicles: useful time period over which to assess developmental characteristics:
 - Follicle lactate production during growth *in vitro* is higher by follicles not destined to ovulate (Harris et al., 2007).





Culture environment influences follicle, oocyte and cumulus metabolism

- Quality of follicles cultured long-term influences metabolism of the mature mouse oocyte-cumulus complex (Harris et al., 2007).
 - Reduced follicle theca coverage: increased glycolytic index in mature OCCs (cell stress).
 - Reduced follicle oocyte-granulosa apposition: reduced lactate metabolism by mature OCCs.
- Effects of long-term follicle culture:
 - Increased glucose and lactate metabolism by mouse OCCs (Harris et al., 2007).
- Reduced oocyte pyruvate consumption (Harris et al., 2007).
- Follicle culture medium composition:
 - Low glucose concentration: reduced ability for follicle steroidogenesis (Boland et al., 1994).

Oocyte Metabolism and Nutrition

- During oogenesis, the oocyte obtains metabolites by direct uptake of metabolites from interstitial fluid/follicular fluid.
- Metabolites and molecules can also pass directly to the oocyte via gap junctions with granulosa/cumulus cells.















Mitochondria: role in oocyte quality

- Oocyte and preimplantation embryo metabolism: oxidative.
- Requirement for adequate cohort of good quality mitochondria.
- Bottleneck:
 - Mitochondria Restriction: expansion of a very small cohort of mitochondria.
 - mtDNA Segregation: expansion of a subset of segregated mitochondria.





Mitochondria quality

- Accumulation of mtDNA mutations (Hsieh et al., 2002).
- Mitochondria activity (Thouas et al., 2004).
- Spindle assembly (Wilding et al., 2003; Eichenlaub-Ritter et al., 2003) aneuploidy risk.
- Mitochondria morphology (Heng-Kien et al., 2005).
- MtDNA gene expression (Hsieh et al., 2004).
- Mitochondria density (May-Panloup et al., 2005; Santos et al., 2005).
- Repeated ovarian stimulation associated with mitochondria mutations in mouse oocytes (Chao et al., 2005).
- Ageing (Wilding et al., 2001).
- Ovarian failure (May-Panloup et al., 2005).
- Diabetes, insulin resistance (Sheratt et al., 1999; Kyu-Lee et al., 2005; Maassen et al., 2005).
- Cryopreservation (Jones et al., 2004).
- Identification of markers of mitochondria quality would be beneficial!

Metabolic profiling: identification of possible bio-markers of quality:

- Follicle: *in vitro* growth
- Oocyte: *in vitro* maturation
- Embryo: *in vitro* culture
- = Embryo. *In Vitro* culture

Oocyte meiotic maturation



Metabolism during meiotic maturation

- FSH stimulates PI3-K pathway. Translocation of GLUT-4 (Meetric et al., 2000).
- Ovulation induction stimulates glucose metabolism by the follicle (datad et al., 1994; Harris et al., 2007) and cumulus cells (Downs & Utecht, 1997).
- More glucose diverted to the pentose phosphate pathway (Down & Ullicht, 1999).
- Generation of purine precursors.
- Glucose hyaluronic acid synthesis cumulus expansion (suttor-McDowell et al. 200).
- Mouse oocyte pyruvate consumption rate changes during meiotic maturation (Denmi et al., 2003).









Metabolic markers during IVM

- IVM time window for metabolism analysis.
- Human oocytes competent to mature to MII have greater glutamine consumption (vyjayanthi et al., 2007).
- Human oocytes with intermediate pyruvate consumption more likely to implant (Turner et al., 1994).
- Higher rates of mouse OCC glucose and lactate metabolism during maturation associated with oocyte fertilisation (Pres et al., 2005).









Metabolic disturbances during IVM

- Reduction in mouse cumulus PPP glucose metabolism in diabetes – reduced oocyte maturation rate (colton et al., 2003).
- Altered oocyte carbohydrate metabolism in polycystic ovary syndrome (PCOS) (Harris et al., in prep.).





- Altered metabolism observed in oocytes from patients with different aetiologies (e.g. PCOS).
- Focus on certain patient groups?
- Is metabolism disturbed in other cases?
- Chromosome abnormality?

Oocyte chromosome abnormalities

- High proportion of mature human oocytes harbour chromosome abnormalities.
- Arise from errors in meiosis I:
 - NondisjunctionPremature Separation of Sister Chromatids (PSSC).
- Aneuploidy in embryo.
- Chromosome segregation and polar body formation are energydependent.
- Age-related increase in chromosome abnormalities.
- Associated with age-related decrease in mitochondria quality? (Schon et al., 2000).
- Non-invasive markers to predict chromosome abnormality?

















Markers?

- FF oxygen content (Van Blerkom et al., 1998).
- Follicular vascularity (Van Blerkom et al., 1998).
 - Embryo chromosome abnormalities.

Metabolic profiling: identification of possible bio-markers of quality:

- Follicle: *in vitro* growth
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Embryo culture



Culture environment influences oocyte, cumulus and embryo metabolism and developmental capacity

- Embryo culture medium nutrient composition affects:
 - Embryo metabolism: cell stress responses are alleviated by using more physiological culture medium (Gardner and Leese, 1990; Gardner and Sakkas, 1993).
 - Blastocyst formation (Rose-Hellekant et al., 1998).
 - Cell number (Van Soom et al., 1996).
 - Implantation rate (Barak et al., 1998).

Metabolic markers of embryo development

- Pyruvate metabolism associated with:
 - Human embryo implantation rate (Conaghan et al., 1993).
 - Human embryo development, polyspermy, parthenogenesis (Hardy et al., 1989).
- Mouse blastocyst glycolytic profile and glucose consumption associated with pregnancy outcome (Lane & Gardner, 1996).
- Mitochondria activity correlated with glutamine turnover (Harris et al., in prep.).
- Too much variation to be used reliably.

Biomarkers: Embryo Metabolism

- Net turnover of certain amino acids (Alanine, Arginine, Glutamine, Methionine, Asparagine & Leucine) by cleavage stage embryos (day 2-3) predicts blastocyst development *in vitro* (reception et al., 2002).
- Turnover of 3 key amino acids (Asparagine, Glycine & Leucine) on day 1-2 was significantly correlated with pregnancy and live birth (data from 52 patients) (Brison et al., 2004).



Embryo Chromosome Abnormalities

- Up to 50% of embryos produced *in vitro* have chromosomal abnormalities, including: aneuploidy and mosaicism.
- 13, 18, 21, X and Y are responsible for 65% of embryo chromosome abnormalities and >95% of chromosome aberrations in live births.
- Chromosome abnormalities cause approx. 50% of embryo wastage before implantation.
- Embryo chromosome errors can be introduced during:
- Oogenesis (in cases of gonadal mosaicism)
- Meiosis (segregation errors, non-disjuncion, premature chromatid separation)
 Embryo cleavage divisions (failed mitotic checkpoints)
- Maternal/Paternal balanced translocations causing germ cell unbalanced translocations



5 probe FISH on an embryo blastomere, assessing for the presence of chromosomes 13, 18, 21 , X and Y. Red = 13 Aqua = 18

Green = 21 Blue = X Gold = Y

This blastomere nucleus was from a male embryo and had normal counts for the chromosomes analysed.









- Plasma Lysine higher in children with Trisomy 21 (Lejuene et al., 1992; HJ Heggarty et al., 1996)
- Deficiencies in <u>Glutathione</u>, <u>Serine</u> and <u>Tryptophan</u> (Lejuene *et al.*, 1992)
- Increased <u>Methionine</u> requirement (K McLeod, 1996)
- Trisomy (chr16) in mice certain up-regulates genes involved in metabolism of <u>Glutamate</u>, <u>Aspartate</u>, <u>Alanine</u>, <u>Arginine</u>, <u>Tyrosine</u>, <u>Phenylalanine</u> & <u>Tryptophan</u> metabolism (Vaisman *et al.* 1981)

Summary

- Metabolic and mitochondria activity may aid follicle/oocyte selection mechanisms during development *in vivo*.
- Metabolic profiling *in vitro* may prove to be beneficial in the selection of oocytes and embryos in ART.
- Patient groups? E.g. Diabetes, PCOS, advanced maternal age?
- Metabolic profiling is a useful for optimisation of culture conditions in vitro.
- Prospective, controlled studies: further advances?

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