



Totipotency Cell loss during preimplantation development

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 Universitair Ziekenhuis Brussel

 Vrije Universiteit Brussel

Centrum voor Reproductieve Geneeskunde

Tours, April 11, 2008

Learning objectives

- Definitions
 - Totipotency
 - Plasticity
- Cell loss during preimplantation development
 - Fragmentation
 - Cryodamage
 - Biopsy for PGD/PGS

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The totipotent cell

is able to develop into normal fertile offspring



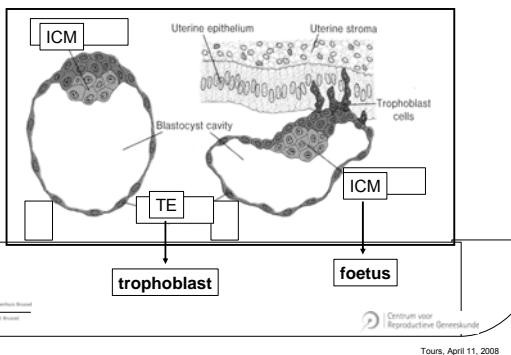
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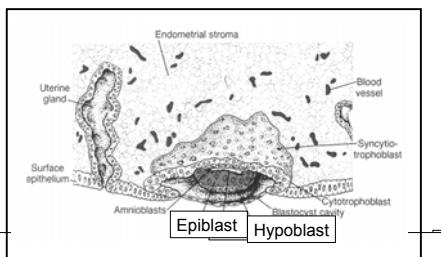
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The totipotent cell in the blastocyst (day 6)



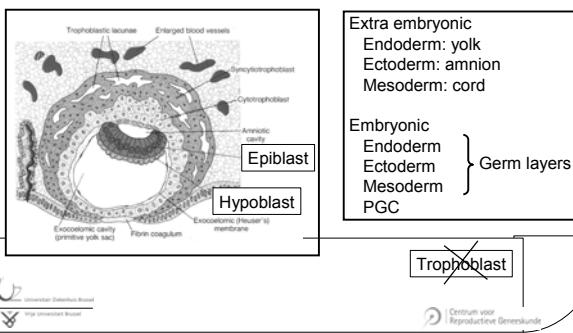
The invading blastocyst (day 8)

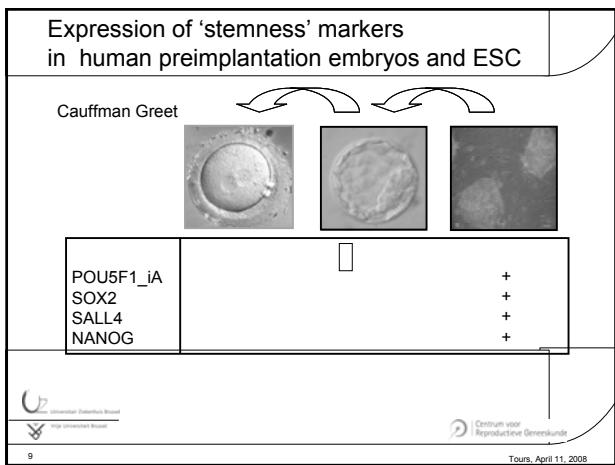
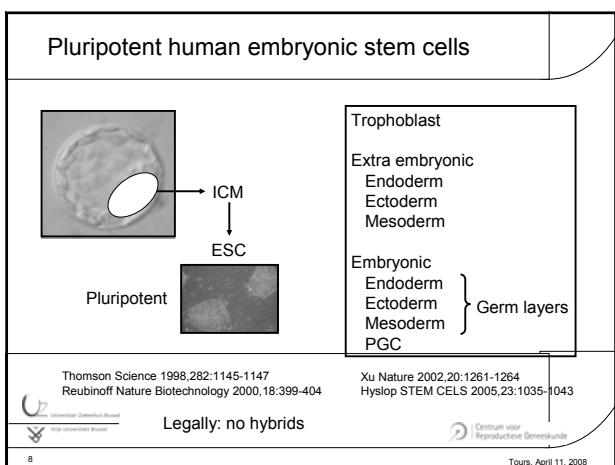
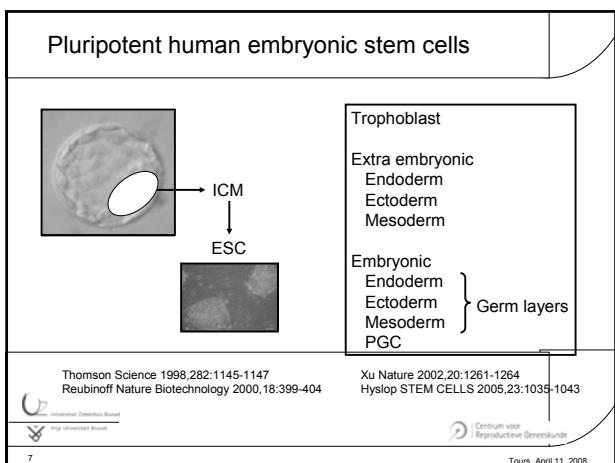
ICM → bilaminar germ disc: epiblast and hypoblast

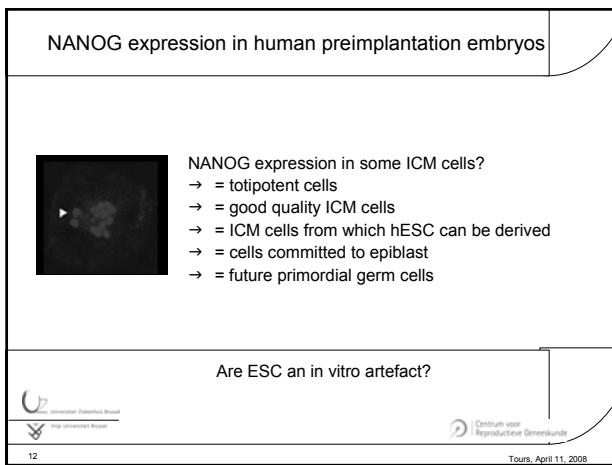
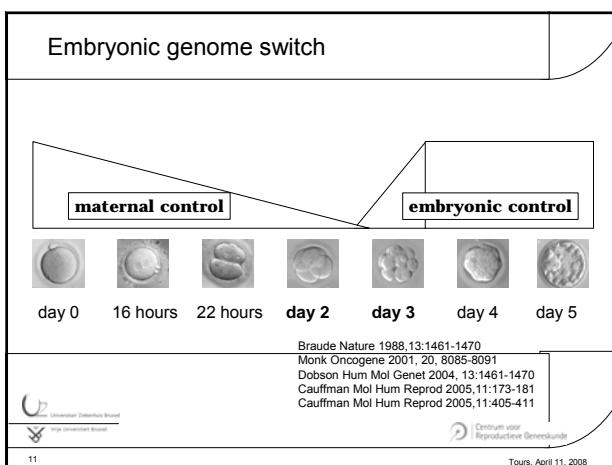
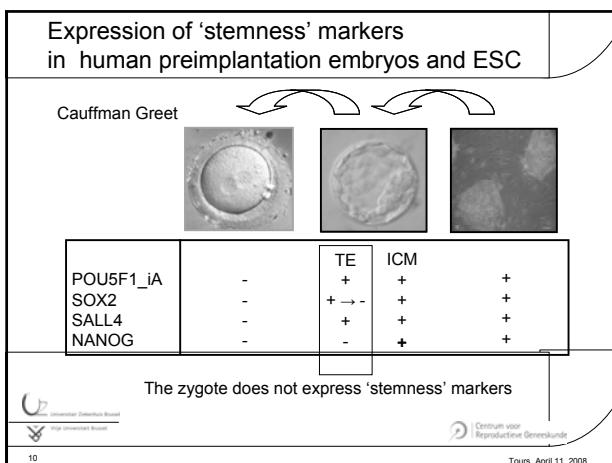


The embedded blastocyst (day 15)

ICM → trilaminar germ disc: gastrulation







Totipotency

- Conclusions
 - The zygote is the ultimate human totipotent cell
 - There is no marker for totipotency, there are 'stemness' markers
 - NANOG is the best marker for ICM cells
- Questions
 - What is an ESC? What is the origin of ESC?
 - Where is the totipotent cell in the embryo?



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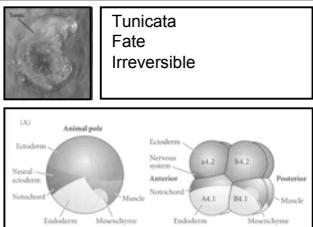


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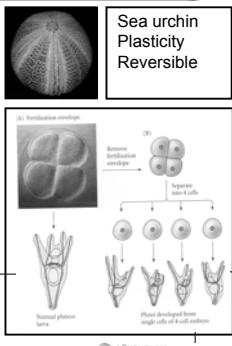
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Potency in invertebrates



Tunicata
Fate
Irreversible



Sea urchin
Plasticity
Reversible



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Edwards

Where is the totipotent cell?

Where is the totipotent cell?

- Splitting experiment human 4-cell stage embryo
- Approval Ethical Commity UZ Brussel May 11, 2006
- Informed consent
 - > 8 mature oocytes: 1 for research
 - Fresh mature oocytes if no sperm found in TESE
- ICSI with donor sperm
- Day 2: biopsy of 4 cells
- Each cell is manipulated and put into empty ZP
- In vitro culture day 2-day 6

Where is the totipotent cell?

- Can each cell of the 4-cell stage human embryo develop into blastocyst with ICM and TE?
- Do the blastomere-derived blastocysts express 'stemness marker' NANOG?
- Can we derive pluripotent embryonic stem cells from a 4-cell stage human embryo?

Klimanskaya Nature 2006;444:512
Blastomeres from human 8 cell-stage embryos: 2% derivation rate



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Where is the totipotent cell?

Human 4-cell stage preimplantation embryo



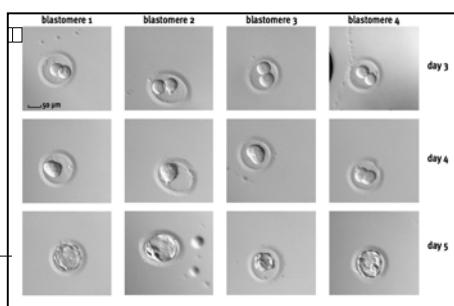
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Where is the totipotent cell?

In vitro development day 3-day 5

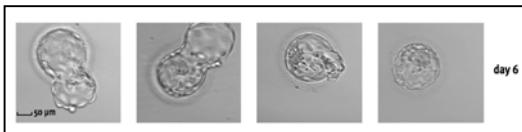


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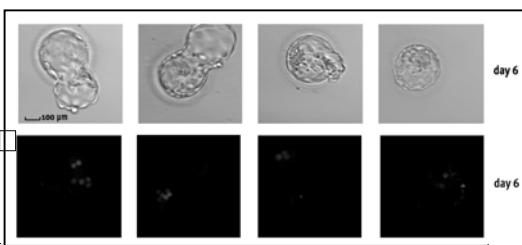
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Where is the totipotent cell?
In vitro development day 6



Where is the totipotent cell?
NANOG expression in ICM cells



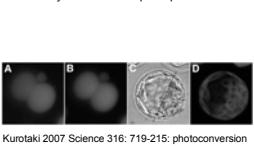
Where is the totipotent cell?
In vitro development day 2-day 6

Embryo	Day 2 Survived	Day 3 2-cell	Day 4 Compaction	Day 5 Cavity	Day 6 Full/expanded blastocyst (ICM/NANOG)
1	4	4	3	3	2 (1/ND)
2	4	4	3	3	3 (2/2)
3	3	3	3	3	3 (1/1)
4	4	4	4	4	4 (4/4)
5	4	3	3	3	3 (3/2)
6	4	1	3	3	1 (1/0)
Total	23	19	19	19	16 (12/9)

ND: not done because lost during fixation

4 cells develop into blastocysts with ICM and TE
no allocation

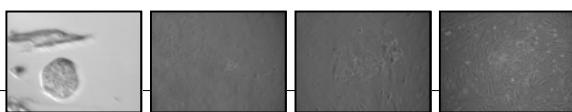
Where is the murine totipotent cell?
Prepatternning believers and non-believers

Believers oocyte, zygote, 2-cell stage  Piotrowska 2001, Development 128: 3739-3748; dye  Torres-Padilla 2006 Nature 445: 214-218 <small>Gardner 1997 Development 124: 289-301 Gardner 2001 Development 128: 839-847 Gardner 2005 Hum. Reprod. Piotrowska 2001 Nature 409: 517-521</small>	Non-believers inside-outside hypothesis Tarkowsky 1967 J Em Exp Morph 18: 155-180  Kurotaki 2007 Science 316: 719-215; photoconversion in vitro and in vivo <small>Hiragi 2006 Int. J. Dev. Biol. 50: 581-588 Motsugi 2006 PLoS 4: 799-804 Van de Velde Hum Reprod in press</small>
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Where is the pluripotent cell? hESC derivation from single blastomeres of 4-cell stage embryos

- Splitting experiment human 4-cell stage embryo
- Day 2: biopsy of 4 cells
- Each cell is manipulated and not put into empty ZP
- In vitro culture day 4 (small morula)
- Mouse feeder layer



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Where is the pluripotent cell? hESC derivation from single blastomeres of 4-cell stage embryos

Geens Mieke
Mateizel Ileana
Spits Claudia

Derivation 2/16 cells from 4 embryos:
VUB_26 QUATRO
 passage 45
 expresses stemness markers
 teratoma, characterized (3 germ layers)
 CGH: 46 XX, dup 7q33-ter, del 18q23-ter

VUB_27 PATRU
 passage 19
 expresses stemness markers
 no teratoma yet
 CGH: 46 XY

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Where is the totipotent cell?
Human 8-cell stage preimplantation embryo

4 embryos
32 cells
14/32 little blastocysts
4/14 small ICM

Learning objectives

- The cells of the 4-cell stage human embryo are
 - potentially totipotent
 - equivalent; individually able to develop into blastocysts with ICM and TE
 - no allocation to ICM or TE: plasticity
- At least one cell of a 4-cell stage human embryo can develop into ESC
 - potentially pluripotent

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Implantation rate after SET

- Van Royen 1999 Hum Rep 14,2345-2349
Van Royen 2001 Hum Rep 16,326-332
→ SET: IR 100% versus 0%
- Top quality on day 3: theoretical IR 47%
 - 4 or 5 blastomeres on day 2
 - at least 7 cells on day 3
 - ≤ 20% fragmentation
 - no multinucleation
- Gerris 2002 Hum Rep 17,2626-2631
→ Top quality on day 3: IR 35.1%



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Fragmentation degree and pattern

Fragmentation day 3	BI rate	SET IR
no	27.5%	48%
0-5% minimal	19.9%	25%
6-15% localized, small 1 blastomere	13.9%	29%
6-15% scattered, small	8.8%	11%
15-25% whole blastomeres	0%	0%
>35% necrotic	0%	0%



Stone Am J Obst Gynecol 2005;192:2014-2020

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Fragmentation: degree and pattern

- Alikani Fertil Steril 1999;71:836-842
→ Large localized fragments:
loss of cells is correlated with poor implantation rate
→ Fragment removal improves implantation rate
→ No prospective randomized controlled study
- Hardarson RBMOnline 2002;5:36-38
→ Small scattered fragments are generated during divisions
→ Fragments can be reabsorbed



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Day 3 implantation rate (IR) according to cell stage

2004-2007
1969 cycles
SET

IR=FHB/ET
Overall 23.7%
8-cell stage 26.0%

Cell stage	n	Implantation rate (%)
4	n=3	~12
5	n=4	~8
6	n=26	~9
7	n=72	~15
8	n=19	~23
9, 10, 11, 13, 14	n=15	~33
Modula	n=69	~31
All	n=969	~22

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Day 3 IR according to cell stage, fragmentation and size of the blastomeres

8 cell-stage
Fragmentation
Size of the blastomeres: normal or abnormal

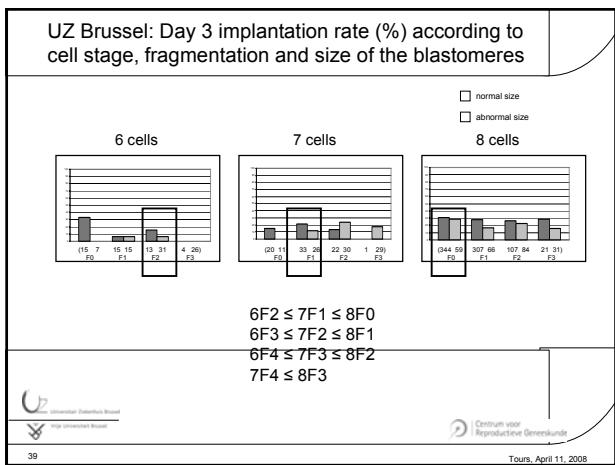
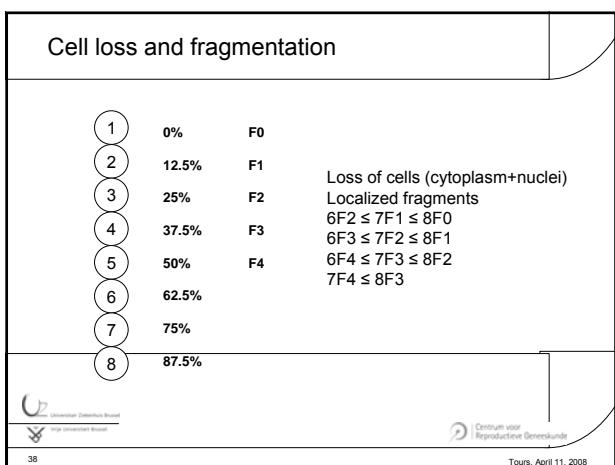
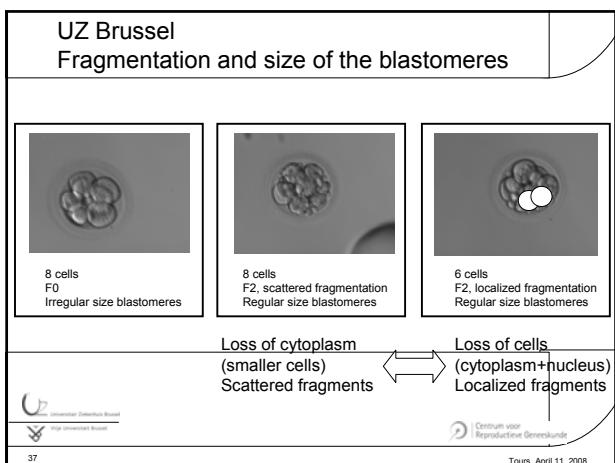
Cell stage	n	Normal (%)	Abnormal (%)
F0	403	~30	~30
F1	373	~28	~16
F2	191	~25	~22
F3	52	~29	~19

Implantation rate (%)

Legend: normal (dark grey), abnormal (light grey)

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Blastocyst development and fragmentation

Della Ragione, Verheyen
Rep Biol Endocrinol 2007;5:2

Fragmentation on day 3
P=0.03

stage	IR
Top BI3AA and BI3AB	28.3%
Top BI4AA and BI4AB	52.4%

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Damage after cryopreservation

- Veiga Hum Reprod 1987;2:321-323
 - Case report 1/4, pregnancy
- Van den Abbeel Hum Reprod 1997;12:2006-2010
 - Case report 3/4, born
 - Case report 1/4, biochemical pregnancy
 - obstructive (and/or toxic) effect damaged cell
- Van Landuyt and Van den Abbeel, in preparation
 - Case report 4/8, born
 - Case report 4/8, clinical pregnancy

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Damage after cryopreservation

Edgar 2007 RBMOnline 14: 718-723	Tang 2006 Hum reprod 21: 1179-1183
ET Day 2 IR sFET	ET Day 3 IR sFET
4/4 26.0%	8/8, 7/7, 6/6 10.3%
3/4 27.5%	7/8, 6/7, 5/6 11.1%
2/4 9.4%	6/8, 5/7, 4/6 4.2%

Resumption of mitosis

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Damage after cryopreservation

Van Landuyt and Van den Abbeel
2004-2007: 530 sFET cycles,
cryo day 3, ET day 4

Category	0	-1	-2
8-cell stage	~16%	~21%	~12%
overall	~21%	~24%	~18%

n=175 n=43 n=17 n=382 n=86 n=34

Resumption of mitosis

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Damage after cryopreservation

Removal of lysed blastomeres on day 3
no prospective randomized study
→ Nagy Fertil Steril 2005;84:1606-1612

→ Rienzi Fertil Steril 2005;84:888-894

	0 lost	1-2 lost	3-4 lost	P value
Cleavage rate	81.3%	76.8%	67.5%	NS
IR	21.6%	21.4%	17.2%	NS
LBR	34.4%	34.0%	29.4%	NS

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Biopsy for PGD/PGS



Hardy 1990 Hum Reprod 5,708-714
ICM/TE ratio is not altered

Goossens, De Ryck and De Vos 2007
Hum Reprod in press
Prospective randomized controlled study
n=592

1-cell versus 2-cell biopsy

Biopsy day 3, ET day 5
Life birth rate
no diagnosis, misdiagnosis



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Biopsy for PGD/PGS Randomized controlled study

Goossens, De Ryck and De Vos
Prospective randomized controlled study, 1-cell versus 2-cell biopsy

	1 cell	2 cells	P value
Cycles	288	304	
Transfer rate	77.1%	75.3%	NS
Implantation rate	23.5%	17.3%	NS
Miscarriage rate	34.0%	28.0%	NS
LBR	26.2%	22.8%	NS

1 less delivery following 2-cell biopsy every 33 cycles

In vitro development (Br rate):
1-cell biopsy > 2-cell biopsy ($p=0.007$)
Embryo quality on day 3 ($p<0.0001$)



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Biopsy for PGD
Sub-analysis SET

De Vos Anick
ICSI, PGD/PGS, 1-cell versus 2-cell biopsy

Category	n	LBR rate (%)	Biopsy Type
8-cell stage	46	~30	1-cell
8-cell stage	58	~12	2-cell
overall	90	~28	1-cell
overall	106	~18	2-cell

Legend: □ 1-cell
■ 2-cell

eSET
= cryo ≥ 1

Case report 8-4: born

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Conclusions

- The cells of the 4-cell stage human embryo are
 - Potentially totipotent
 - Equivalent (plasticity)
- Severe cell loss ($>25\%$) is detrimental for implantation
 - Fragmentation: scattered versus localized
 - Cryodamage: $8/8 = 7/8 \geq 6/8$
 - Biopsy for PGD/PGS: 8-1 \geq 8-2

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Cell loss during preimplantation development

- Two hypothesis on cell loss:
 - Loss of large volume (nuclei and/or cytoplasm)
 - Abnormal cell-cell contact (obstruction and/or toxic):
 - compaction
 - cavitation
 - blastulation

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Cell loss during preimplantation development

- Clinical experiments
 - Look carefully and score
 - Time lapse
 - Randomized controlled studies removing
 - fragments
 - cryodamaged cells
 - Combinations (fragmentation and biopsy, fragmentation and cryodamage)

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Thanks

Geertrui Bocken Heidi Van Ranst Nadine Franceus An Vankelecom Sabrina Vitrier Griet Meersdom Saar Bijnens Johan Sterckx Walter Meul Yves Guns Etienne Van den Abeel Anick De Vos Lisbet Van Landuyt Greta Verheyen Ronny Janssens	Greet Cauffman Mieke Geens Ileana Matezel Claudia Spits An Verloes Herman Tournaye Paul Devroey Martine De Rycke Karen Sermon Josiane Van der Elst Inge Liebaers
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Stemness markers in hESC lines

Richards 2004 STEM CELLS 22: 51-64

+ KLF4 + c-MYC
Takahashi 2007 Cell 131:1-12

Yu 2007 Science

= reprogramming differentiated somatic cells into pluripotent state

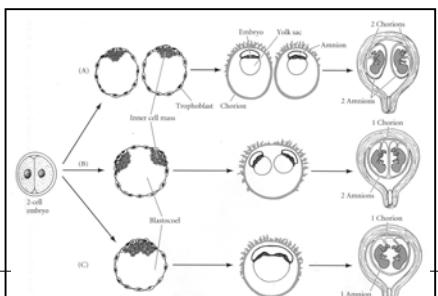
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Proof of the model?

Monozygotic bichorionic biamniotic twinning

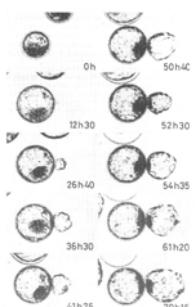


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Monozygotic bichorionic biamniotic twinning and ART



Massip et al. 1983
Abnormal ZP thinning
Alikani Hum Reprod 2003;18:1937-1943
Hall Lancet 2003;362:735-743
Allegra J Ass Reprod Genet 2005;22:437-441

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