# Involvement of local factors in aberrant follicle development

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## Involvement of local factors in aberrant follicle development

- Follicle development in the human ovary
- Disordered preantral follicle development in PCOS
- Local factors implicated in aberrant follicle development in PCOS





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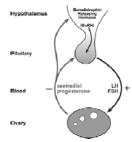


## Human follicle development Preantral Antral Gonadotropin "sensitive" (several months) Gonadotropin dependent (six weeks) 40 μm Graafian primordial primary secondary early antral (pre-ovulatory)

## Anovulation is a common cause of infertility

- Disorders of ovulation account for about 25% of causes of infertility
- Most are due to abnormal endocrine environment
- Most are treatable

### Causes of anovulation



- Primary ovarian failure (8%)
- Deficiency or disordered regulation of gonadotrophins (32%)

  - Functional: weight loss; exercise; idiopathic
     Organic: Kallmann's syndrome and its variants; prolactin excess
- Polycystic ovary syndrome (55%)
- Miscellaneous (5%)

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## Polycystic ovary syndrome

- Characterised by anovulation with clinical (hirsutism/acne) and/or biochemical evidence of androgen excess
- Typically presents during adolescence
- Affects >5% women of reproductive age
- Commonest cause of anovulatory infertility (>75% cases)
- Typical endocrine features are raised testosterone and LH
- Also associated with metabolic abnormalities and increased risk of type 2 diabetes





## Polycystic ovary syndrome

- Aetiology uncertain
- Genetic factors important

# Developmental origin of PCOS: an hypothesis

- Polycystic ovary syndrome is a genetically-determined, primary ovarian disorder resulting in excess androgen production
- $\bullet\;$  The capacity to hypersecrete androgens begins in fetal life
- Typical clinical and biochemical features of PCOS are "downstream" effects of exposure to androgen excess at or before puberty
- Phenotype may be influenced by other genes and by environment

Abbott, Dumesic & Franks, J Endocrinol 2002, 174 1-5

## A primate model for PCOS: evidence for a key role for androgens

Rhesus monkeys, exposed to high concentrations of androgens during fetal life, as adults show:

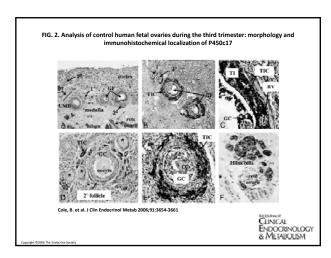
- Hypersecretion of LH
- Ovarian hyperandrogenism
- Insulin resistance
- Anovulation in relation to increased body weight

Abbott et al, Trends Endocrinol Metab 1998 9 62-7 Eisner et al, J Clin Endocrinol Metab 2000 **85** 1206-10 Eisner et al, Fertil Steril 2002 **77** 167-72

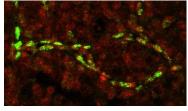
(Also sheep and rodent models)

# genetic predisposition to secrete excess androgen activation prenatally, in infancy & at puberty Testosterone insulin resistance/hyperinsulinaemia environment genes regulating folliculogenesis steroidogenesis steroidogenesis

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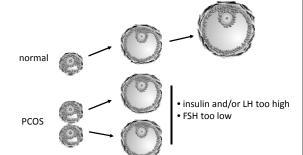
# Androgen receptor expression in 19w human fetal ovary



AR+ve somatic cells surround clusters of germ cells

Richard Anderson; from Fowler et al, Development of Steroid Signaling Pathways during Primordial Follicle Formation in the Human Fetal Ovary J Clin Endocrinol Metab, 2011 96 1754-62

# Arrested antral follicle development in PCOS

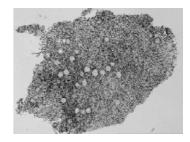


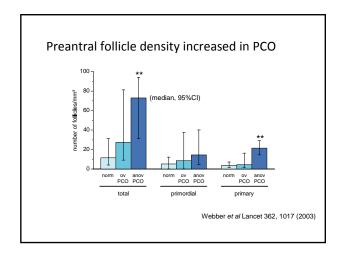
Preantral Gonadotropin "sensitive" (several months)			Antral Gonadotropin dependent (six weeks)	
0	O	0.5		
40 μm primordial	50 μm primary	>70 µm secondary	0.2 mm early antral	20 mm Graafian

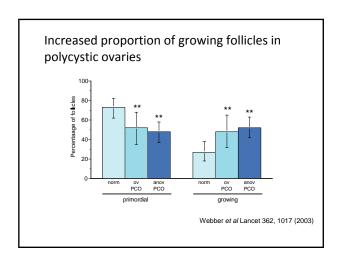
# What about preantral follicle development in PCOS?

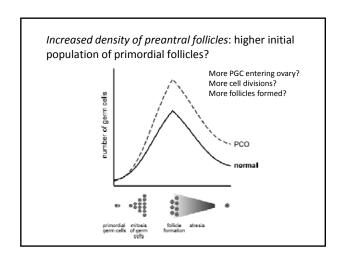
## Analysis of biopsies of ovarian cortex

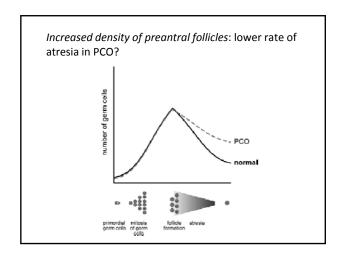
- Biopsies of ovarian cortex, fixed, serially sectioned & stained (H&E)
- Follicles:
  - counted
  - assessed for stage of development &
  - atresia/health

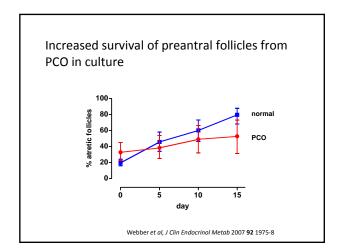


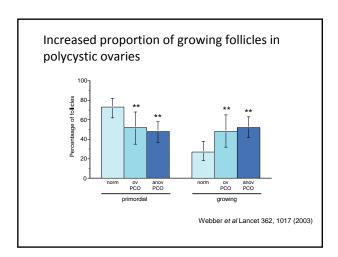










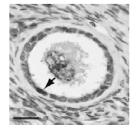


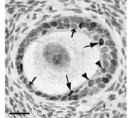
Reduced atresia may contribute to the higher density of preantral follicles in PCOS

But what factors are involved in increased activation?

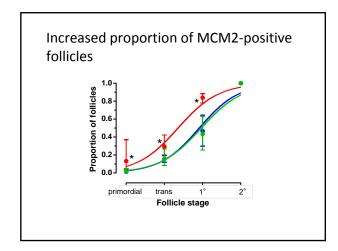
# More granulosa cells in PCO \*\*\*JanovPCO normal ovPCO no

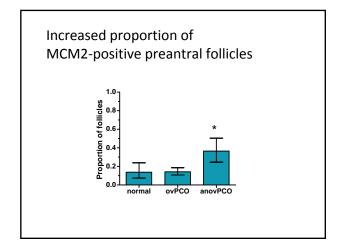
# MCM-2 (cell proliferation marker) in primary follicles

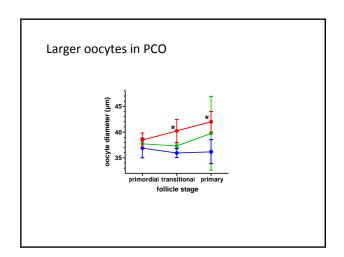




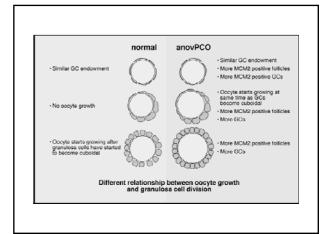
Stubbs SA, et al. 2007; J Clin Endocrinol Metab 92: 4418





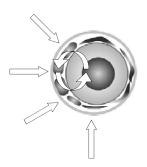


# Altered relationship between oocyte growth and GC proliferation State of the state



## Implications:

- Intrinsic defect in early follicle development in PCO, which may involve
  - altered inter-follicular signalling
  - altered intra-follicular signalling



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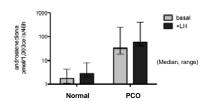




## Increased activation of primordial follicles in PCO

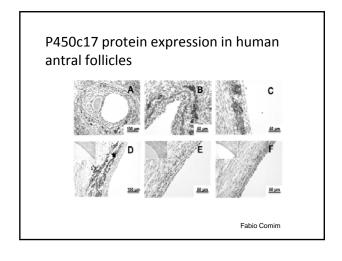
- less inhibitor?
  - Reduced AMH expression in early preantral follicles
- increased stimulator?
  - IGFs
  - androgens

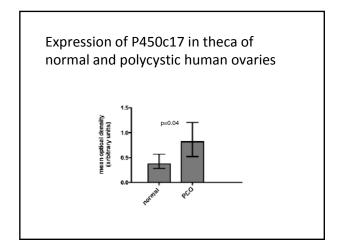
## Source of excess androgen in PCOS



PCO theca cells produce 20-fold more androstenedione in culture than normal theca; phenotype is maintained after several passages

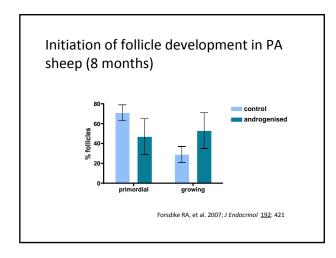
Gilling-Smith et al, 1994, Nelson et al, 2001

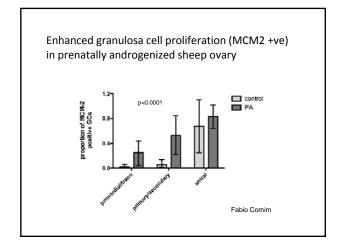


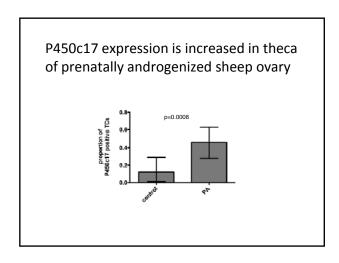


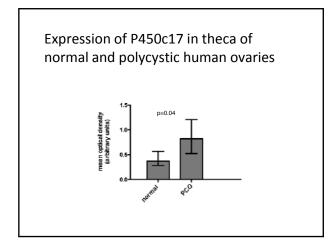
Androgens and preantral follicle development

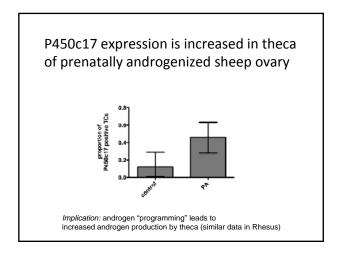
Lessons from the prenatally andogenized sheep

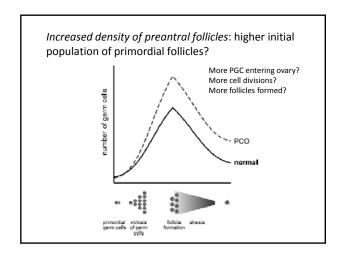




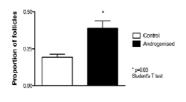








# Proportion of germ cells in follicles in fetal sheep ovary (d90)



# Androgens and aberrant follicle development in PCOS

- Prenatal exposure to excess androgen in sheep affects follicle formation and early follicle development
- Is this relevant to PCOS?
  - AR in fetal and adult follicles
  - abberant follicle development shows many features similar to effects of PA in sheep
- Where does excess androgen come from in human PCOS, what causes it and when is it manifest?

### Summary

- Preantral follicle development depends largely on local ovarian factors
- Preantral follicle development is abnormal in PCOS
- The local factors involved remain unclear but exposure to excess androgen in early life may be a key event

What comes first - abnormal early follicle development or increased ovarian androgen production?	
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