

ABSTRACT

Infertility affects approximately 15% of couples globally. The most effective treatment today is in vitro fertilization. However, not all couples can be helped with the current techniques. To achieve better success, techniques of storage and in vitro maturation of ovarian follicles have to be improved. Meanwhile, understanding of the molecular mechanisms of follicle/oocyte maturation and embryo development would doubtlessly facilitate technique development. Nonetheless, little work has been done in these areas due to the limited availability of human research material. Therefore, we performed five studies on the collection, cryopreservation, culture and gene expression of human ovarian follicles/oocytes respectively.

In **Article I**, we examined if follicular aspirates obtained during oocyte retrieval for IVF were a good source of human ovarian follicles. The presence of follicles in the aspirates was examined by mechanical/enzymatic isolation, culturing and histological analysis. We found only 14 follicles in 86 aspirates. The results indicate that follicular aspirates are not a reliable source of human ovarian follicles.

In **Article II**, we evaluated whether serum-free cryoprotectants could be used for cryopreservation of human ovarian cortical tissue. Biopsies of ovarian cortical tissue donated by healthy women were frozen and thawed using two kinds of cryoprotectants containing either human serum or human serum albumin. Light microscopy, transmission electron microscopy and live/dead fluorescence assay were performed to evaluate the structure and viability of the follicles. The results showed that the majority of the follicles retained normal structure and viability after thawing. Cryoprotectants containing human serum albumin were equally effective as those containing human serum. Therefore, serum free cryoprotectants are suitable for the cryopreservation of human ovarian cortical tissue.

In **Articles III** and **Article IV**, we tested the effect of two secondary messengers, cGMP and cAMP, on human ovarian follicles cultured in ovarian cortical slices. Donated ovarian cortical biopsies from healthy women were cut into slices and cultured in parallel in the presence and absence of 8-br-cGMP or 8-br-cAMP for 1-3 weeks. Oestradiol production, developmental stage, size and viability of the follicles were recorded. The results showed that both 8-br-cGMP and 8-br-cAMP enhance the survival and development of human early follicles cultured in ovarian cortical tissue.

In **Article V**, to expose the gene expression profile of human germinal vesicle oocytes (hGVO) and reveal different gene expression patterns between hGVO, embryonic stem cells and foreskin fibroblasts, we performed microarray (Affymetrix U133 plus 2.0) analysis and RT-PCR. In total, 11,191 unigenes were expressed in normal human GV oocytes. Forty-nine percent of these genes are as yet unclassified by biological function. A few oocyte specific genes that are obligatory for oocyte maturation/early embryo development in animals were found expressed in hGVO for the first time. Furthermore, known components of MOS-MPF, TGF-beta superfamily, and WNT pathway were identified in hGVO. Last, twelve gene expression patterns were found between hGVO, embryonic stem cells and fibroblasts, suggesting potential candidate genes involved in oocyte maturation and embryonic development.

Our findings will help improve the technique of cryopreservation and culture of human ovarian follicles. Further, our last study provides a rich source for continued research in elucidating the molecular mechanism of oocyte maturation and embryo development in humans.

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1 LIST OF ABBREVIATIONS

AMH	Anti-müllerian hormone, also known as müllerian inhibiting substance (MIS)
AMHRII	AMH type II receptor
bFGF	Basic fibroblast growth factor
BMP	Bone morphogenetic protein
cAMP	Cyclic adenosine 3', 5'-monophosphate
CDC 2	Cell division cycle 2, G1 to S and G2 to M
cGMP	Cyclic guanosine 3', 5'-monophosphate
CPA	Cryoprotective agent
DHT	Dihydrotestosterone
DMSO	Dimethyl sulphoxide
EG	Ethylene glycol
FIGLA	Factor in the germline alpha
FSH	Follicle stimulating hormone
GDF-9	Growth differentiation factor-9
GDF-9B	Growth differentiation factor-9b, also named Bone morphogenetic protein 15 (BMP15)
GV	Germinal vesicle
GVBD	Germinal vesicle breakdown
hESC	Human embryonic stem cells
hFIB	Human foreskin fibroblasts
hGVO	Human germinal vesicle oocytes
HSA	Human serum albumin
IGF	Insulin-like growth factors
IP3	Inositol 1,4,5-trisphosphate
ITS	Insulin/transferrin/selenium
IVF	In vitro fertilization
KL	Kit ligand, also termed stem cell factor-SCF, mast cell factor or steel factor
LH	Luteinising hormone

LIF	Leukemia inhibitory factor
MAPK	Mitogen-activated protein kinase
MATER	Maternal antigen that embryos require
MOS	v-mos Moloney murine sarcoma viral oncogene homolog , also referred as cytostatic factor (CSF)
MPF	M-phase promoting factor or maturation promoting factor
MYT 1	Myelin transcription factor 1
MZT	Maternal embryonic transition
MII	Metaphase II
NAC	N-acetylcysteine
Nobox	Newborn ovary homeobox, also named Og2
NPM 2	Nucleoplasmin 2
p90rsk	Ribosomal S6 protein kinase
PKA	Protein kinase A
Plk 1	Polo-like kinase (Drosophila) 1
PrOH	1,2 propanediol/propylene glycol
SPY1	Speedy
TEM	Transmission electron microscopy
TGF	Transforming growth factor
XIAP	X-linked inhibitor of apoptosis protein
ZAR1	Zygote arrest 1
ZFP	Zinc finger protein
ZGA	Zygotic gene activation
ZP1, 2 and 3	Zona pellucida glycoprotein 1, 2 and 3

2 INTRODUCTION

The ovarian follicle is the basic functional unit of reproduction in the woman. It is located in the outer part of the ovary called the ovarian cortex. The follicle contains an oocyte, surrounded by granulosa cells and outer layers of thecal cells. Follicles develop through primordial, primary, secondary and preantral stages before acquiring an antral cavity. At the antral stage, most follicles undergo atretic degeneration, whereas a few of them, under the cyclic gonadotrophin stimulation that occurs after puberty, reach the preovulatory stage. In response to preovulatory gonadotrophin surges during each reproductive cycle, the dominant preovulatory follicle ovulates to release the mature oocyte for fertilization (Gougeon, 1996; McGee, EA *et al.*, 2000) (**Fig. 1**). In addition to providing mature oocytes, the ovarian follicles also contribute to the production of hormones and growth factors that are essential for initiating and maintaining female sexual characteristics and early embryonic development.

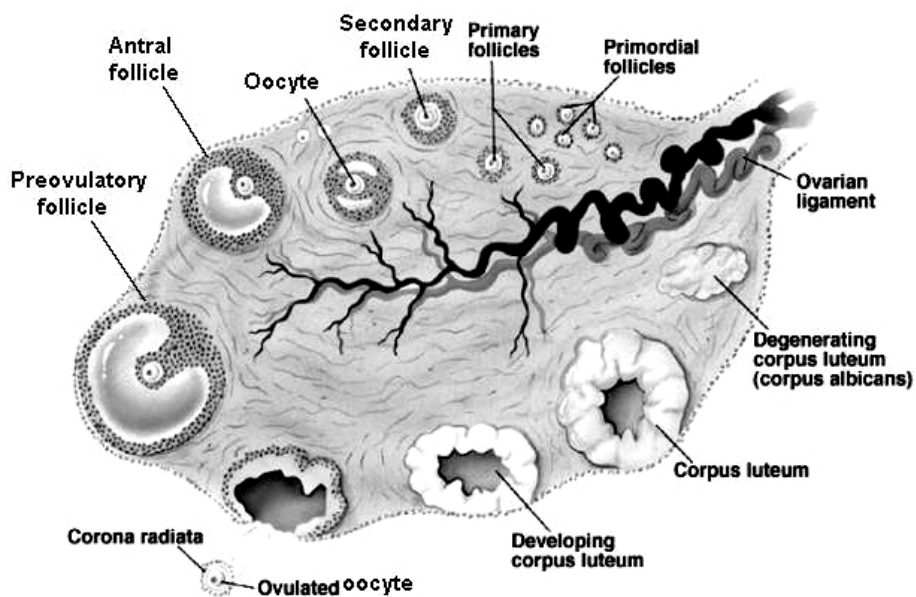


Figure 1. Location and development of ovarian follicles. Modified from “Structure of an ovary” produced by the McGraw-Hill Companies, Inc.

It has been believed for 50 years that a fixed reserve of ovarian follicles is endowed at birth in most mammals. However, a recent study suggests that germline stem cells exist in the postnatal mouse ovary and generate 77 new primordial follicles per ovary per day (Johnson *et al.*, 2004). Even with this new information, the number of ovarian follicles decreases with time, but the rate of decrease is slower according to the new discovery. In humans, the pool of follicles is approximately 7 million in fetal ovaries at 20 weeks gestation and the number decreases to 1 - 2 million at birth. The number steadily declines with age and there are approximately 400,000 follicles remaining at the onset of puberty. From the age of approximately 37 - 40 years, the follicle number declines abruptly and results in 1,000 follicles left at menopause (Faddy, 2000). The follicles are depleted from the ovary by repeated cycles of recruitment, atresia or ovulation. This depletion process is irreversible and is more rapid in women who undergo cytotoxic treatment or have genetic disorders.

Women lose their ovarian function and become infertile when the follicle stock is lower than 1,000. To date there are no treatments available to stop the follicle loss. However, ovarian function can be preserved by cryopreservation of ovarian follicles in cortical tissue (Hovatta, 2000). In cases where *in vivo* maturation is not possible, culturing of follicles in tissue slices could mature oocytes from cryopreserved tissue. A combination of cryopreservation and tissue culture could therefore solve infertility problems in many patients. However, to date only one livebirth is achieved from cryopreserved ovarian tissue (Donnez *et al.*, 2004) while complete *in vitro* development of primordial follicles into healthy ovulatory follicles has never been achieved in humans. Techniques of storage and *in vitro* maturation of ovarian follicles need to be optimized. Meanwhile, understanding of the molecular mechanisms of follicle/oocyte maturation and embryo development would doubtlessly facilitate the technique development. Nonetheless, little work has been done in these areas due to the limited availability of human research

material. Therefore, we performed five studies on the collection, cryopreservation, culture and gene expression of human ovarian follicles/oocytes respectively. The following sections will give a brief review on these four respects.

2.1 RESEARCH SOURCE OF HUMAN OVARIAN FOLLICLES AND OOCYTES

The lack of ovarian follicles/oocytes is always a problem in the research field of human reproduction.

Ovarian cortical tissue could be one source. First, adult ovarian tissue can be obtained from individuals undergoing sterilization or caesarean section (Hovatta *et al.*, 1997), infertile women at diagnostic laparoscopies, or patients having an ovariectomy due to an ovarian benign tumor. Second, fetal ovaries from abortion is another potential sources (Zhang, J *et al.*, 1995). In addition, ovarian tissue can also be obtained from patients undergoing gender reassignment (Van Den Broecke *et al.*, 2001). Although there are a number of ways to get ovarian tissue, the chance is rare and there is no guarantee that an ovarian biopsy will contain follicles. Moreover, some samples have limited application due to special treatment before the tissue is taken. Therefore, ovarian cortical tissue is not a sufficient source to fulfill the needs in reproduction research.

It has been shown that follicular aspirates obtained from in vitro fertilization (IVF) patients at oocyte retrieval may be a good source of immature follicles. Wu and coworkers obtained approximately 52 follicles per patient from this source (Wu, J *et al.*, 1998). We studied if this is repeatable, and we found only 14 follicles in total from 86 patients, 0.16 follicle per patient (Zhang, P *et al.*, 2002). At the same time, similar result is obtained by another group: they found 0.26 follicle per patient from follicular aspirates (Moskovtsev *et al.*, 2002).

It has been suggested that ovarian surface epithelium contains germline stem cells in postnatal mouse and these germline stem cells are able to generate new primordial follicles (Johnson *et al.*, 2004). This is, however, an unlike source of human follicles and oocytes.

Recently, primordial germ cells and male gametes have been derived from mouse embryonic stem cells (Geijsen *et al.*, 2004). Success in the generation of male gametes

suggests a possible way to produce follicles and oocytes. If follicles and oocytes could be cultured from human embryonic stem cells, it could become a research source.

2.2 CRYOPRESERVATION OF HUMAN OVARIAN TISSUE

2.2.1 Indications and significance

Incidence of cancer among females increased continuously by 0.4% per year (Jemal *et al.*, 2004). Approximately 8% of female cancer cases occur in women under 40 years of age (Oktay, KH *et al.*, 2002). As the survival rate increases (Jemal *et al.*, 2004), more and more young cancer females are facing infertility, as a consequence of anti-cancer treatment. Therefore, fertility preservation should be considered seriously before the treatment starts, although not all anti-cancer therapy is associated with infertility. (Sonmezer *et al.*, 2004). Currently, preservation of fertility can be achieved by three options: cryopreservation of embryos, cryopreservation of oocytes and cryopreservation of ovarian cortical tissue.

Cryopreservation of embryos is well established and commonly used in assisted reproduction centers worldwide. Survival rates per thawed embryo range between 35% - 90%, implantation rates between 8% - 30%, and cumulative pregnancy rates can be greater than 60% (Sonmezer *et al.*, 2004). Children (up to 18 months) born from cryopreserved embryos do not differ from those born after spontaneous pregnancies in growth and health (Wennerholm *et al.*, 1998). However, embryo cryopreservation is not applicable for female cancer patients who have no partners or do not have enough time for IVF stimulation prior to treatment.

Oocyte cryopreservation bypasses the legal and ethical debates associated with embryo cryopreservation. It is suitable for single women and also appropriate for couples that have no sperm available on the day of oocyte retrieval. Although the pregnancy rate is increasing with time, limited success is demonstrated by the small number of live births (Sonmezer *et al.*, 2004). In addition, oocyte cryopreservation also requires IVF

stimulation cycles, so patients who need immediate anti-cancer treatment cannot wait for this. Cryopreservation of immature oocytes does not require IVF stimulation, but the procedure is still in the experimental stages (Paynter, 2000; Wu, J *et al.*, 2001).

Cryopreservation of ovarian tissue eliminates many disadvantages related with cryopreservation of embryos and oocytes. It is feasible in almost all cancer cases and it is the only option for pre-pubertal patients. Most follicles in ovarian tissue are at primordial stage. Primordial follicles have several characteristics that make them less vulnerable to cryodamage, such as small size (contain less water), low metabolic rate, less differentiated, lack of zona pellucida and metaphase spindle (Shaw *et al.*, 2000; Gosden *et al.*, 2002). Another advantage of primordial follicles is that they have more time to repair sub-lethal damage to organelles and other structures during their prolonged growth phase (Picton, HM *et al.*, 2000). Owing to the robust nature and abundant number of the primordial follicles in ovarian tissue, together with other advantages over the storage of embryos and oocytes, cryopreservation of ovarian tissue appears to be the most attractive strategy to preserve ovarian function for the time being. Banking of ovarian tissue benefits not only female cancer patients but also women who have a family history of premature ovarian failure (Hovatta, 2000). In the latter cases, ovarian tissue can be banked beforehand and used when the remaining ovary stops functioning.

2.2.2 Current achievements

Cryopreserved ovarian cortical tissue can be utilized in two ways (**Fig. 2**): grafting (transplantation) or in vitro culture. Human ovarian tissue can be transplanted to human (autografting) or non-human species (xenografting). In the case of autografting, grafting ovarian tissue to original ovary site is referred as orthotopic grafting, to non-ovary site is referred as heterotopic grafting.

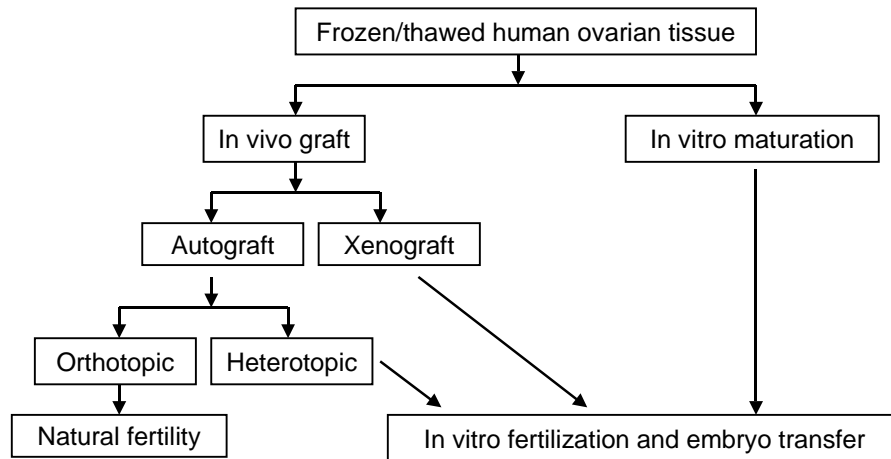


Figure 2 Current utilization of cryopreserved human ovarian tissue (Modified from Newton, 1998)

Orthotopic grafting after cryopreservation has been studied. In earlier reports, restoration of ovarian function after orthotopic grafting is indicated by follicle enlargement (up to 17-20 mm), ovulation, resumption of menstruation and secretion of estradiol and progesterone. Grafted ovarian tissue has been shown to begin functioning within 3 - 7 months after grafting and has continued to function for 2 - 7 months. The functioning duration depends on the quality and quantity of grafted ovarian tissue and the grafting technique (Oktay, K *et al.*, 2000; Callejo *et al.*, 2001; Radford *et al.*, 2001). Recently, the first live birth using this technique has been reported (Donnez *et al.*, 2004). In this report, cryopreserved ovarian tissue was orthotopically transplanted into a 32 year-old woman who suffered Hodgkin's lymphoma and had her ovarian tissue banked 7 years earlier, before the treatment started. Five months after the transplantation, the regular ovulatory cycle recovered, and 6 months later the woman got pregnant spontaneously. A healthy girl was born after full-term gestation (Donnez *et al.*, 2004).

To eliminate the complex procedures of anesthesia and surgery that are obligatory in orthotopic transplantation, **heterotopic transplantations** have been tested. Frozen/

thawed ovarian tissue was transplanted underneath lower abdominal skin. In addition to follicle development and oestrogen production, 20 oocytes were retrieved percutaneously. Of these 20 oocytes, eight were suitable for in-vitro fertilization and one fertilized normally and developed into a 4-cell embryo. No pregnancy occurred after transfer of the embryo (Oktay, K *et al.*, 2004). The same group also transplanted fresh ovarian tissue slices to forearm subcutaneously. Restoration of ovarian function is indicated by resumption of menstruation, decreased FSH and LH levels, elevated estradiol level, and development of follicles. Ovulation occurred spontaneously or after hormone stimulation. The grafts were active for three years (Oktay, K *et al.*, 2001). Heterotopic transplantation is easy to perform and convenient for monitoring follicular development and retrieving oocytes. Thus, it is a good alternative to autografting. Although live birth has not been achieved by this technique, the restoring of ovulatory cycles is already attractive enough, as patients can avoid hormonal replacement therapy by utilizing their own ovarian tissue.

Xenograftings has been a method used to study the function of the cryopreserved tissue. Xenografting is usually performed on immunodeficient mice, under the kidney capsule or subcutaneously (Oktay, K *et al.*, 2000; Gook *et al.*, 2001; Van den Broecke *et al.*, 2001; Abir *et al.*, 2003; Gook *et al.*, 2003). Follicles can grow to antral stages, up to 6 mm in diameter. Ovulation and corpus luteum formation have been observed occasionally (Kim *et al.*, 2002). The most promising result has been reported by Gook *et al.* They observed 14 MII oocytes in total after transplanting human cryopreserved ovarian tissue to immunodeficient mice (Gook *et al.*, 2003; Gook *et al.*, 2005). Application of xenografting in clinical use is under debate, concerning possible genetic mutations and transmission of animal pathogens to humans (Kim *et al.*, 2002). Nevertheless, xenografting is valuable in assessment of the post-thaw developmental potential of stored ovarian tissue (Gook *et al.*, 2005).

A potential risk of re-transmission of malignant cells to the recipient limits the application of autografting. This risk can be avoided by maturation of follicles in vitro. Without all the disadvantages of in vivo procedures, in vitro culturing would be a safe

and simple way to utilize banked ovarian tissue. Frozen-thawed human ovarian tissue has been cultured up to 15 days, and secondary follicles have been observed (Hovatta *et al.*, 1997). Optimal culture techniques are under development (see details in section 2.3).

2.2.3 Current methods

Cells undergoing cryopreservation are liable to be damaged mainly due to the formation of intracellular ice crystals. Protection from damage during freezing and thawing can be achieved by using cryoprotective agents. Cryoprotective agents (CPAs) create osmotic gradients and assist the cell in dehydration during freezing. Moreover, permeable CPAs can lower the freezing points of the extracellular solution, allowing cells enough time to become dehydrated before the temperature reach the freezing point of the cytoplasm. Therefore, the main function of CPAs is to avoid intracellular ice formation, the main cause of cryoinjury. Cryoprotective agents are also proposed to participate in the membrane modifications during freezing (from a relatively fluid state to a rigid state) (Rall *et al.*, 1984). Human ovarian tissue frozen- thawed without CPA was composed of only traces of fibrous tissue (Newton *et al.*, 1996).

For cryopreservation of human ovarian tissue, three permeable CPAs have been tested: dimethyl sulphoxide (DMSO), 1,2 propanediol/propylene glycol (PrOH) and ethylene glycol (EG). No significant difference has been found between DMSO and PrOH regarding morphology of the ovarian cells after cryopreservation (Hovatta *et al.*, 1996; Newton *et al.*, 1996). The largest success to date with DMSO procedure is the live birth after orthotopic transplantation of cryopreserved ovarian tissue (Donnez *et al.*, 2004), while the best achievement with PrOH is the growth of 17 mm follicle and stimulated ovulation following autografting of cryopreserved ovarian tissue (Oktay, K *et al.*, 2000). Ethylene glycol is more commonly used in vitrification than in slow freezing/rapid thawing of ovarian tissue (Newton *et al.*, 1998). Limited data leave the application of EG in cryopreservation of human ovarian tissue in question.

In addition to permeable CPAs, non-permeable additives such as serum, albumin and sucrose are also used in cryopreservation of ovarian tissue. They act as osmotic buffers against cell shrinking and swelling during freezing and thawing (Picton, HM *et al.*, 2000). The concentration of sucrose is usually 0.1-0.2 M while serum and albumin are used in a 'random' manner (See Table I in article II.). We showed that cryoprotectant solutions containing either serum or human serum albumin (HSA) are equally efficient in cryopreservation of human ovarian cortical tissue (Hreinsson, J *et al.*, 2003). Human serum is usually not subject to good quality control as commercially available human serum albumin, thus the albumin is recommended over serum in clinical work.

Slow freezing /rapid thawing is the most widely used procedure for cryopreservation of human ovarian cortical tissue. Ovarian tissue is cooled slowly in 2 - 3 hours from room temperature or 4°C to -196 °C using a programmable freezer and thawed rapidly (1 minute) from -196 °C to room temperature, followed by a warm bath for 2 - 5 min. Before the start of freezing, ovarian tissue is first equilibrated in cryoprotectant solution, allowing the cryoprotectant to penetrate the cells. For DMSO, the optimal equilibration temperature and time was 4°C for 30min (Newton *et al.*, 1998). PrOH penetrates the tissue slowly at 4°C while higher temperatures enhance the toxicity. PrOH has been used at room temperature, and the equilibration time varies between 15 - 90 min according to different experiences. Both DMSO and PrOH have been applied at the concentration of 1.5 M. **Table 1** demonstrates the standard protocol and basic principles of slow freezing/rapid thawing.

Table1. Standard protocol and basic principles of slow freezing/rapid thawing

Procedure	Principle
Stepwise equilibration: 1.5 M DMSO, 4°C, 30 min or 1.5 M PrOH, room temperature, 15 - 90min	Water moves out of the cell due to osmotic gradient
From 0°C or room temperature to -7°C, -2°C/min	Equilibration completed at the end of this step, no osmotic gradient between cytoplasm and extracellular solution, no water movement
Hold at -7°C for 10 min, seeding manually	Induce ice crystal formation in the extracellular solution
From -7°C to -40°C, -0.3°C/min	As the ice crystal gets bigger, the non-frozen part is concentrated and the osmotic pressure increases in extracellular solution. Water moves out of the cell. At the end of this step or earlier, all available water moves out of the cell and the cell is completely "dry". At the same time, cytoplasm gets frozen as the temperature reaches the freezing point of the cytoplasm.
From -40°C to -140°C, -30°C/min	Necessary? Some studies skip this step.
From -140°C to liquid nitrogen (-196°C)	Storage
Start thawing, from liquid nitrogen (-196°C) to room temperature, around 1min	Avoid intracellular ice formation
Warm water bath, 22°C to 37°C, 2-3 min	Necessary? Some studies skip this step.
Stepwise washing, progressive dilution of cryoprotectants (1.0M, 0.5M, 0M)	Gradually rehydration of the cell, reduce cell swell and avoid cell burst. At the end of this step, no cryoprotectant is left in the cell.
Post-thawing culture	May help cell recover to normal condition

Vitrification is another processes of cryopreservation using high concentration of cryoprotectant to solidify the cell in a glass state without formation of intracellular ice. Cells are cooled rapidly by direct immersion in liquid nitrogen. EG and DMSO have been

studied as cryoprotectants in vitrification of human ovarian tissue. Necrotic areas were always seen in the thawed tissue (Isachenko *et al.*, 2003; Rahimi *et al.*, 2003; Rahimi *et al.*, 2004). In addition to the high cytotoxic potential due to the high concentration of cryoprotectant, limited data on vitrification of human ovarian tissue make it impossible to draw any conclusion at the moment.

2.2.4 Perspective

Cryopreservation of human ovarian cortical tissue is a complex procedure, requiring preservation of multiple cell types that vary in volume and membrane permeability. Although a live birth has been achieved, cryopreservation still needs improvement.

An optimal freezing protocol should bear the best balance between the dehydration rate and the cooling rate. That is, as soon as the cells are completely dehydrated, the temperature decreases to the freezing point of the cytoplasm. Based on this consideration, the slow freezing /rapid thawing can be optimized at: the thickness of the tissue slice, the duration and temperature of the equilibration (for PrOH), the seeding temperature, and the cooling rate between -7°C and -30°C.

Ischaemic injury to the ovarian grafts occurs after transplantation. Therefore, improving the revascularization of the grafted tissue might benefit the utilization of frozen/thawed ovarian tissue. Study on sheep suggests that microvascular anastomosis of the ovarian vasculature after intact ovary cryopreservation could restore the vascular supply immediately and therefore minimize post-transplantation ischaemic follicular loss (Bedaiwy *et al.*, 2003). In fact, cryopreservation of intact human ovary has been tried recently. In that report, follicles, stromal cells and small vessels survived well with a considerable survival rate of follicles (75% after thawing vs. 99% before freezing) (Martinez-Madrid *et al.*, 2004). The result is promising considering the feasibility of revascularization in transplantation. This would, however, require the removal of a whole ovary and would only be indicated before high dose chemotherapy.

2.3 CULTURING OF OVARIAN CORTICAL TISSUE

2.3.1 Significance of human ovarian cortical tissue culture

Obtaining human mature oocytes from primordial follicles via complete in vitro culture can be achieved by two steps as in mice (Eppig *et al.*, 1996; O'Brien *et al.*, 2003). The first step is to mature primordial follicles to the preantral or antral stage, and the second step is to mature oocytes in oocyte-granulosa complexes that are isolated from preantral or antral follicles.

Culturing ovarian cortical tissue is the only option to mature in vitro early stage (primordial, primary and secondary) follicles in humans. Culturing of isolated early stage follicle has been attempted but all ended with failure. Isolated follicles degenerate after 24 hours of culture and the whole life span of these follicles never exceed 48 hours (Abir *et al.*, 1999). The poor survival of follicles can be due to the breakdown of the basement membrane and other intrafollicular components during enzymatic and/or mechanical isolation (Hovatta *et al.*, 1999; Gosden *et al.*, 2002). In contrast, culturing follicles in ovarian cortical tissue slices maintains normal oocyte-granulosa-theca-stroma interactions and has achieved promising results. Follicles within the tissue slices can grow to secondary and sometimes small antral stages after 14 - 28 days in culture (Hovatta *et al.*, 1997; Hovatta *et al.*, 1999; Wright *et al.*, 1999; Louhio *et al.*, 2000; Hreinsson, JG *et al.*, 2002).

Currently, culturing of human ovarian cortical tissue is not optimal enough evidenced by the rare occurrence of small antral follicles in culture. Investigating the regulation of follicle development by testing different growths factors and hormones will aid the improvement of the techniques. If ovarian tissue culture succeeds, the potential clinical benefits are profound. This will not only provide an additional option of utilizing cryopreserved ovarian tissue but will also benefit IVF patients, allowing them to avoid hormone stimulation.

2.3.2 Factors studied in tissue culture

Early follicular development consists of two phases: the first is the recruitment of primordial follicles from quiescence into the growing pool, and the second is the proliferation and differentiation of granulosa cells and thecal cells accompanied by the growth of the oocytes. The first phase mainly depends on locally produced factors (autocrine or paracrine) while the second phase starts response to extraovarian (endocrine) factors. A wealth of information is available on the roles of growth factors and hormones in early follicle development. Here we focus on several well-known factors that have been tested in ovarian tissue culture.

Growth differentiation factor-9 (GDF-9)

GDF-9 is a member of TGF β (transforming growth factor β) superfamily. It is produced predominantly by oocytes and crucial throughout folliculogenesis (Mazerbourg *et al.*, 2003). In humans, both GDF-9 mRNA and protein are abundantly expressed in oocytes of primary follicles (Aaltonen *et al.*, 1999). Human ovarian tissue culture shows that GDF-9 recruits more primordial follicles into the growing pool, promotes the growth of activated follicle, and enhances the survival of the follicle during 14 days of culture (Hreinsson, JG *et al.*, 2002). Studies on animal also confirm the importance of GDF-9 in early follicular development. GDF-9 is expressed in rodent oocytes in follicles from early primary stage and onwards (McGrath *et al.*, 1995; Jaatinen *et al.*, 1999). An *in vivo* study shows that GDF-9 treatment led to a decreased number of primordial follicles and an increased number of primary and preantral follicles, indicating the enhanced initial activation of primordial follicles in rats (Vitt *et al.*, 2000). Female GDF-9 deficient mice were infertile and folliculogenesis was blocked at the primary stage (Dong *et al.*, 1996; Carabatsos *et al.*, 1998). In sheep and bovines, GDF-9 mRNA has been found in the oocytes of follicles at all stages of development, including primordial follicles (Bodensteiner *et al.*, 1999). Sheep with inactive GDF-9 only have a few follicles passed the primary stage (Juengel *et al.*, 2002).

Follicle stimulating hormone (FSH)

In addition to its well-known roles in the development and survival of preantral and antral follicle, FSH is also involved in earlier follicular development. FSH receptors are expressed in granulosa cells of the primary follicle and onward (Oktay, K *et al.*, 1997). Women with FSH receptor mutation are infertile due to impaired follicle development beyond primary stage (Aittomaki *et al.*, 1996). Human ovarian tissue culture shows that FSH increase the diameters of the follicles and improves the survival of follicles (Wright *et al.*, 1999). Human ovarian follicles growing in recipient mice after xenografting also require FSH to proceed to the early secondary stage (Oktay, K *et al.*, 1998). FSH and its receptor act through the adenylate cyclase pathway. Two secondary messengers of FSH, cGMP (cyclic guanosine 3', 5'-monophosphate), and cAMP (cyclic adenosine 3', 5'-monophosphate), are shown to be able to enhance the development and survival of the early stage follicles during 14 - 21 day cultures of human ovarian tissue (Scott *et al.*, 2004; Zhang, P *et al.*, 2004). Taken together, these data show that FSH seems not to affect initial recruitment of primordial follicles but does promote the growth and survival of activated follicles.

Kit ligand (KL) and c-kit

The interactions between c-kit and its ligand KL (Kit ligand, also termed stem cell factor-SCF, mast cell factor or steel factor) are essential for the initial recruitment of primordial follicles, follicular development until antral stage, oocyte maturation, and protection of preantral follicles from apoptosis (Driancourt *et al.*, 2000). Both in mice and sheep, KL is expressed in granulosa cells of primordial, preantral and antral follicles while c-kit is produced in all oocytes of follicles from primordial to antral stage (Driancourt *et al.*, 2000). During ovarian organ culture in rat, KL promotes the initial recruitment of primordial follicles while c-kit antibody completely blocks the activation of primordial follicles (Parrott *et al.*, 1999). Similarly, injection of c-kit antibody into mice results in disturbed onset of primordial follicle development and impaired growth of primary and preantral follicles (Yoshida *et al.*, 1997). In c-kit receptor knockout mice, follicle growth arrests at the primary stage (but initiation of primordial follicles appears not to be affected) (Kuroda *et al.*, 1988; Huang *et al.*, 1993). Mutation in KL gene causes sterility in female mice by affecting the initiation and maintenance of ovarian follicle

development (Bedell *et al.*, 1995). The effect of KL/c-kit on human early follicles has not been reported.

Anti-müllerian hormone (AMH)

AMH is also known as müllerian inhibiting substance (MIS) due to its repressive effect on the müllerian duct during male fetal development. AMH is a member of the TGF β superfamily and it plays an important role in the regulation of ovarian follicle growth. In both the mouse and rat ovary, AMH and its type II receptor (AMHRII) are expressed in granulosa cells follicles from primary to small antral stage (Baarends *et al.*, 1995). AMHRII may be expressed also in the granulosa cells of primordial follicles, as expression of AMHRII is found during the fetal period and remains present after birth when the ovary mainly contains primordial follicles (Durlinger *et al.*, 2002). A similar expression pattern is observed in humans: granulosa cells of primordial follicles do not express AMH, whereas granulosa cells of most primary follicles showed at least a weak signal in the granulosa cells. The highest level of AMH expression is present in the granulosa cells of secondary, preantral and small antral follicles (Weenen *et al.*, 2004). AMH inhibits initial recruitment of primordial follicles in mice evidenced by the studies using AMH null mice or ovary organ culture (Durlinger *et al.*, 1999; Durlinger *et al.*, 2002). In agreement with these data, our group has found that AMH at certain concentration inhibits the activation of human primordial follicles in tissue culture (Carlsson *et al.*, unpublished data). AMH also inhibits follicular growth by decreasing the sensitivity of ovarian follicles to FSH. In AMH-deficient mice, more follicles start to grow under the influence of exogenous FSH than in their wild-type littermates (Durlinger *et al.*, 2001).

Basic fibroblast growth factor (Basic FGF)

Basic FGF has broad function in cell proliferation, differentiation and angiogenesis. In both the rat and bovine ovary, it is produced by oocytes of primordial and primary follicles and granulosa cells of antral follicle (van Wezel *et al.*, 1995; Nilsson, E *et al.*, 2001). Basic FGF induces the recruitment of primordial follicles during tissue culture in rat (Nilsson, E *et al.*, 2001; Nilsson, EE *et al.*, 2004). In the human ovary, bFGF mRNA

are detected in follicles from primordial to secondary stage while granulosa cells of preantral and antral follicles contains bFGF protein (Yamamoto *et al.*, 1997; Quennell *et al.*, 2004). The location of bFGF in the human ovary suggests the potential role of bFGF in follicular development.

Other factors

Insulin and IGF I and II (insulin-like growth factors I and II) have been shown to enhance the development and survival of early ovarian follicular development in human ovarian tissue culture (Louhio *et al.*, 2000). During organ culture of rat ovary, both LIF (leukemia inhibitory factor) and BMP-4 (bone morphogenetic protein 4) facilitate the transition from primordial to primary follicles (Nilsson, EE *et al.*, 2002; Nilsson, EE *et al.*, 2003). In addition, BMP-4 also suppresses the cellular apoptosis in the culture. In mouse ovary cultures, BMP-7 (bone morphogenetic protein 7) promotes the primordial-primary follicle transition and increases the expression of FSH receptor as well (Lee *et al.*, 2004).

2.3.3 Survival of ovarian cells in long-term culture

Survival of ovarian cells is a problem in long-term ovarian tissue culture. Ovarian cells begin to degenerate within 24 hours of culture. By the end of 21 days of culture, the proportion of healthy tissue is only 30% and the proportion of viable follicles decreased to 40% from almost 100% at the beginning of the culture (Ojala *et al.*, 2002).

Under physiological conditions, ovarian cells die through apoptosis. In adult human ovaries, apoptosis is detected in oocytes and granulosa cells of follicles from the primordial to pre-ovulatory stage (Tilly *et al.*, 1991; Mikkelsen *et al.*, 2001; Depalo *et al.*, 2003). Apoptosis also seems responsible for the cell death in ovarian tissue culture as suggested by the morphological criteria, detection of nuclear DNA fragmentation and activated caspase-3 in the ovarian cells (Ojala *et al.*, 2002). Therefore, in principle, any inhibitor of apoptosis would promote the survival of the ovarian cells in vitro.

Besides the survival factors mentioned above, such as FSH, GDF, cGMP, cAMP and BMP-4, dihydrotestosterone (**DHT**) is another promising candidate. DHT suppresses

stromal cell apoptosis in human ovarian tissue culture. This suppressive effect is blocked by the antagonist of androgen receptor, suggesting that DHT acts through androgen receptors that are localized in stromal cells and granulosa cells of primordial, primary and secondary follicles (Otala *et al.*, 2004). In addition to its role as a survival enhancer, DHT also stimulates the initial recruitment and sustained follicular growth in monkey ovaries (Vendola, KA *et al.*, 1998; Vendola, K *et al.*, 1999). A similar effect is observed in culturing of isolated mouse antral follicles: follicles develop faster in the presence of DHT and grow slower in the anti-androgen treatment (Murray *et al.*, 1998).

X-linked inhibitor of apoptosis protein (**XIAP**) can be another candidate for improving the survival of ovarian cells in tissue culture. XIAP is a powerful intrinsic inhibitor of cell death and it blocks apoptosis via various pathways. It has been observed that over expression of XIAP protects cells from various apoptotic triggers, including ultraviolet irradiation, radio irradiation and chemotherapy drugs (Holcik *et al.*, 2001). XIAP has been shown to be able to block the apoptosis of rat ovarian follicles (Wang, Y *et al.*, 2003) and ovarian cell lines (Sauerwald *et al.*, 2002) in culture. XIAP also mediates the anti-apoptosis effect of FSH (Wang, Y *et al.*, 2003).

Oxidative stress serves as a trigger for apoptosis. The generation of oxidative free radical occurs in all cells as a consequence of normal cellular metabolism. Excessive production of free oxygen radicals results in oxidative stress, apoptosis or necrosis (Fridovich, 1986; Yu, 1994). The survival of ovarian cells could be impaired by oxidative stress, as oxygen concentration is much higher in culture than the physiological level in vivo. It can be hypothesized that antioxidant would have the potential to improve cell survival. This hypothesis is verified by several studies. N-acetylcysteine (**NAC**), a free radical scavenger, reduces cell death in cultured human ovarian tissue (Otala *et al.*, 2002). **Ascorbic acid**, another free radical scavenger, decreases apoptosis in serum-free culturing of isolated preantral and antral follicles from mice (Murray *et al.*, 2001), rats (Tilly *et al.*, 1995) and bovine (Thomas *et al.*, 2001). Ascorbic acid is also found to be able to promote basement membrane integrity of isolated preantral follicles in culture both in mice (Murray *et al.*, 2001) and bovine (Thomas *et al.*, 2001). Two antioxidant

enzymes, including **superoxide dismutase** and **catalase**, also inhibit the apoptosis of isolated rat antral follicles when they are supplied in culture medium. The production of intrinsic antioxidant enzymes can be induced by FSH (Tilly *et al.*, 1995).

Culture medium significantly influences the viability of ovarian cells in tissue culture. In the culture medium that is used to achieve live births from mouse primordial follicles, fetuin is applied in all serum-free medium (O'Brien *et al.*, 2003). **Fetuin** is a glycoprotein first detected in fetal bovine serum and later shown to be a homologue of a human plasma protein: α_2 HS glycoprotein (Brown *et al.*, 1992). Fetuin is a major component of bovine fetal serum and comprises approximately 45% of the total serum proteins. It is synthesized in liver and degraded through lysosomal pathway. In vitro, fetuin is prepared from bovine serum and is soluble in water. Fetuin has been shown to promote the attachment, growth, and differentiation of various types of cells in serum-free culture systems, although it is not clear if the effects reside in fetuin itself or other contaminant(s) in fetuin preparation (Nie, 1992). Although it has been reported that follicles in tissue cultured for 10 days in serum-free medium are significantly larger and less atretic than those cultured with serum alone (Wright *et al.*, 1999), more supplements to serum-free medium, besides FSH, HSA and ITS (insulin/transferrin/selenium), may benefit long-term culture. Fetuin could be one of the supplemental candidates for human ovarian tissue culture, considering the success in mice.

Deficient diffusion of nutrients and metabolites could be another cause that hinders the cell survival in tissue culture. This is supported by the observations that almost all the well-developed follicles, such as large secondary or small antral follicles, are located at the peripheral sites of the tissue slice. It has been shown that ovarian follicles cultured in tissue cubes grow and survive better than those cultured in tissue slices, possibly because the larger surface area to volume ratio of the cubes facilitates substance transfer (Scott *et al.*, 2004).

2.3.4 Perspective

Culturing of human ovarian cortical tissue is still in its infant stage. In addition to testing different factors that are necessary for early follicular development, improvement of ovarian cell survival also requires more work.

The localization of growth factors, hormones and their receptors in the human ovary can provide good candidates that might benefit ovarian tissue culture. Lessons can be taken from other species. However, species difference should always be kept in mind, especially regarding the dense fibrous nature of the human ovarian tissue, which hinders the exchange of the metabolites between cells and culture medium. In this sense, ovarian tissue from domestic animals would be a good model to investigate, as the ovarian tissue has a similar structure to the human ovary.

2.4 MOLECULAR MECHANISMS OF OOCYTE MATURATION AND MZT

“Oogenesis is the foundation of embryogenesis” (Gosden, 2002). Maternal products that accumulate during oocyte maturation direct and support the early embryonic development, especially before maternal embryonic transition (MZT) is completed. The developmental potential of an embryo is decided by the developmental potential of the oocyte that is acquired during oocyte maturation. Oocyte maturation consists of a long phase of cytoplasmic maturation and a short dramatic nuclear maturation at the end. This part of the review will outline the current understanding of the molecular mechanism of oocyte maturation and MZT, with emphasis on nuclear maturation of the oocyte.

2.4.1 Cytoplasmic maturation of the oocyte

In mammals, the oocytes in the primordial follicles can arrest at the prophase stage of first meiosis for weeks (as in mice) to decades (as in humans). Very little is known about the transcriptional activity in these non-growing oocytes. It is generally thought that these oocytes are transcriptionally quiescent. However, one study reveals that 95 genes are highly expressed in the monkey primordial oocytes (Arraztoa *et al.*, 2004), suggesting

possible transcription activity in the primordial oocytes. When follicular growth initiates, the oocytes inside the follicles begin growing as well. During oocyte growth, the oocyte diameter expands from 35 μm to 120 μm and the volume of the oocyte increases 100-fold (Gougeon, 1996; Picton, H *et al.*, 1998). It has been estimated that a human oocyte takes approximately 200 days to grow to its full size (Gougeon, 1986). Oocyte RNA and proteins accumulate in both cytoplasm and nucleus with time. The RNA and protein synthesis are high at the early and middle growth phases, and then become reduced during the late growth period of the oocyte.

Total RNA synthesis ceases when the oocyte reaches full size. A fully-grown GV oocyte contains 0.6 ng of total RNA in mice (Sternlicht *et al.*, 1981), and 2.0 ng of total RNA in the human (Neilson *et al.*, 2000). Eight percent of total RNA in oocytes is mRNA, which is rather more than that in somatic cells (Gosden, 2002). The fate of RNA transcribed during oocyte growth can differ considerably. Much of the RNA is degraded during meiotic maturation of the oocyte. Mouse MII oocytes contain 19% less total RNA than fully-grown germinal vesicle (GV) oocytes (Bachvarova, R *et al.*, 1985). A similar decline pattern is observed in human oocytes as well: MII oocytes contain approximately 40% less mRNA than fully-grown GV oocytes (Dobson *et al.*, 2004). Some mRNA is immediately translated, and others are temporally stored and recruited for translation at a defined period of oogenesis or embryogenesis. The mRNA transcripts with long poly-A tails of $\sim 150\text{A}$ residues are for immediate use, whereas the mRNAs with shorter poly-A tails of $< 90\text{A}$ constitute a storage form of RNA to be used only following elongation of the poly-A tail (Bachvarova, RF, 1992).

The nucleolus enlarges while the oocyte grows. Nuclear proteins, such as fibrillarin, nucleophosmin, nucleolin, RNA polymerase I, and nucleolar upstream binding factor, are synthesized during this time. In addition to the accumulation of RNAs and proteins, the oocyte also acquires polarization (Edwards, 2003), genomic imprinting (Lucifero *et al.*, 2004) and multiplying of cytoplasmic organelles during its growth.

The capacity of the oocyte to mature and constitute a high quality embryo after fertilization is finely controlled by a timed and spatially programmed gene expression. Notably, several oocyte-specific genes have been found to play crucial roles in oocyte development (well reviewed by Hennebold and Rajkovic) (Rajkovic *et al.*, 2002; Hennebold, 2004). They are *Gdf9*, *Gdf9B*, *Zp1*, *Zp2*, *Zp3* (zona pellucida glycoproteins), *Figla* (factor in the germline alpha), *Connexin 37* (Amleh *et al.*, 2002), *Nobox* (newborn ovary homeobox, also named *Og2*) (Rajkovic *et al.*, 2004), *Zfp 393* (zinc finger protein 393) (Yan *et al.*, 2002), and *ePab* (embryonic polyA-binding protein) (Seli *et al.*, 2005).

2.4.2 First meiosis: from GV to MII

A fully-grown GV oocyte stores all transcripts and proteins that are necessary for the first zygotic cell divisions and later zygotic genome activation (Henery *et al.*, 1995; Nothias *et al.*, 1995). Most transcription stops and translation of mRNA are reduced in the GV oocyte (Bachvarova, RF, 1992). The silence remains through oocyte meiotic resumption, fertilization and the first zygotic cell cycles. Despite the fully matured cytoplasm, the nucleus in the GV oocyte remains immature.

Resumption and completion of the first meiosis occurs by the time of ovulation, shortly after the LH surge. The LH surge triggers a decline of the intra-oocyte concentration of cAMP, leading to the activation of *MPF* (M-phase promoting factor or maturation promoting factor). The activated *MPF* precedes GVBD, therefore the GV oocyte completes first meiosis and matures to MII (metaphase II).

Cyclic AMP, produced by the granulosa cells and transported via gap junctions (composed of *connexin 37*) into the oocytes, has an important role in maintaining the meiotic arrest of the oocyte at the GV stage prior to ovulation (Tornell *et al.*, 1993; Downs, 1995). LH surge triggers the decline of the intra-oocyte cAMP via two ways: disruption of the gap junction between the oocyte and the granulosa cells (Heikinheimo *et al.*, 1998); and decreasing cAMP production in granulosa cells by *Ins13-Lgr8* system (*Ins13*: Leydig insulin-like 3; *Lgr8*: leucine-rich repeat-containing G protein-coupled receptor 8) (Kawamura *et al.*, 2004). Activation of *Pde3A* (phosphodiesterase 3A) in the

oocyte may also account for the cAMP decline (Conti *et al.*, 1998; Richard *et al.*, 2001), because oocytes arrest at the GV stage in *Pde3A* deficient mice (Masciarelli *et al.*, 2004). It has been shown that cAMP-dependent protein kinase A (*PKA*) results in phosphorylation of the p34^{cdc2} subunit of *MPF* and therefore maintains *MPF* inactivated (Rime *et al.*, 1992). Associated with this function, cAMP-*PKA* also inhibit the activity of *c-Mos*, a *MPF* activator (Lazar *et al.*, 2002). Therefore, when the cAMP level decreases, the inhibition is removed and *MPF* becomes activated.

MPF is a cell cycle modulator comprised of two subunits, p34^{cdc2} (cell division cycle 2, G1 to S and G2 to M) serine/threonine kinase and *cyclin B1*, and is responsible for inducing spindle assembly, chromatin condensation and nuclear envelope breakdown (Dunphy *et al.*, 1988; Gautier *et al.*, 1988; Pines *et al.*, 1989; Gautier *et al.*, 1990; Moreno *et al.*, 1990). *MPF* activity is low in GV oocytes. It increases during the first meiosis and reaches its first peak at metaphase I, and then the activity decreases progressively, retaining a low level. *MPF* activity re-increases at the onset of the second meiosis with the second peak at metaphase II. The high activity maintains until fertilization (Fulka *et al.*, 1992; Wu, B *et al.*, 1997). It is proposed that the decline of *MPF* activity during the transition between the two meiotic divisions is necessary for the extrusion of the first polar body (Ledan *et al.*, 2001).

MPF is regulated by several molecules and remains inactive via phosphorylation of p34^{cdc2}. Despite cAMP mentioned above, *Wee1* and *Mik1* kinases are two other phosphorylation inhibitors (Lundgren *et al.*, 1991; McGowan *et al.*, 1993). *MPF* becomes active when the p34^{cdc2} subunit is dephosphorylated. Cdc25-phosphatase activates *MPF* (Gautier *et al.*, 1991; Millar *et al.*, 1992), likely through *Plk1* (polo-like kinase 1) (Anger *et al.*, 2004). In turn, activated *MPF* can enhance the activation of cdc25-phosphatase (Galaktionov *et al.*, 1991; Hoffmann *et al.*, 1993), forming an auto-amplification loop between cdc25-phosphatase and *MPF*. *C-Mos* kinase, also referred as cytosolic factor (*CSF*), is another enhancer of *MPF* activity. Besides *MAPK*, the most common pathway to activate *MPF*, *Mos* also activates *MPF* via *myt1* in xenopus oocytes (Peter *et al.*, 2002). Two TIS11 zinc finger-containing proteins, *Oma1* and *Oma2*, act upstream of

myt1 in *c. elegans* oocyte meiosis (Detwiler *et al.*, 2001), but the relationship between *mos* and *oma* is not yet known. In addition, Mos can inhibit degradation (proteolysis) of cyclin-B (O'Keefe *et al.*, 1991). Again, activated MPF induces *c*-Mos stability, forming another positive loop. *JNK*, *PI-3K* (Mood *et al.*, 2004) and *XGef* (Reverte *et al.*, 2003) may be involved in this loop as well. Ras activates MPF via either raf1-MAPK pathway (Lu *et al.*, 1995) or rasGAP (Ras-GTPase-activating protein) (Pomerance *et al.*, 1996). In addition, speedy (*spy1*) (Lenormand *et al.*, 1999) and *leptin* (Craig *et al.*, 2004) also active *MPF* via *MAPK*. Ribosomal S6 protein kinase (*p90rsk*) is proposed to be a downstream factor of *MAPK* (Bhatt *et al.*, 1999; Gross *et al.*, 1999). The degradation of *MPF* is mediated by *APC* (anaphase-promoting complex)-ubiquitin-proteasome pathway (Huo *et al.*, 2004).

Some targets of *MPF* are known. They are thought to be histon H1, nuclear laminins, pp60c-src kinase and RNA polymerase II (Heikinheimo *et al.*, 1998).

The *mos*-*MAPK*-*MPF* pathway is questioned by several experiments. These data suggest a reversed sequential order: *MPF*-*mos*-*MAPK*, as elevated *MPF* activity is observed prior to *MAPK* activation (Verlhac *et al.*, 1994; Zernicka-Goetz *et al.*, 1997) and *c*-*mos* action is inhibited in oocytes with low *MPF* activity (Josefsberg *et al.*, 2003; Lazar *et al.*, 2004). Taken together with other information, instead of concluding that “*MPF* governs *mos*-*MAPK*”, these data are more consistent with the existence of *mos* and/or *MAPK* independent pathways and a positive feed back loop between *c*-*mos* and *MPF*. **Figure 3** Illustrates the activation (+) and inhibition (-) of Mos-MPF pathway.

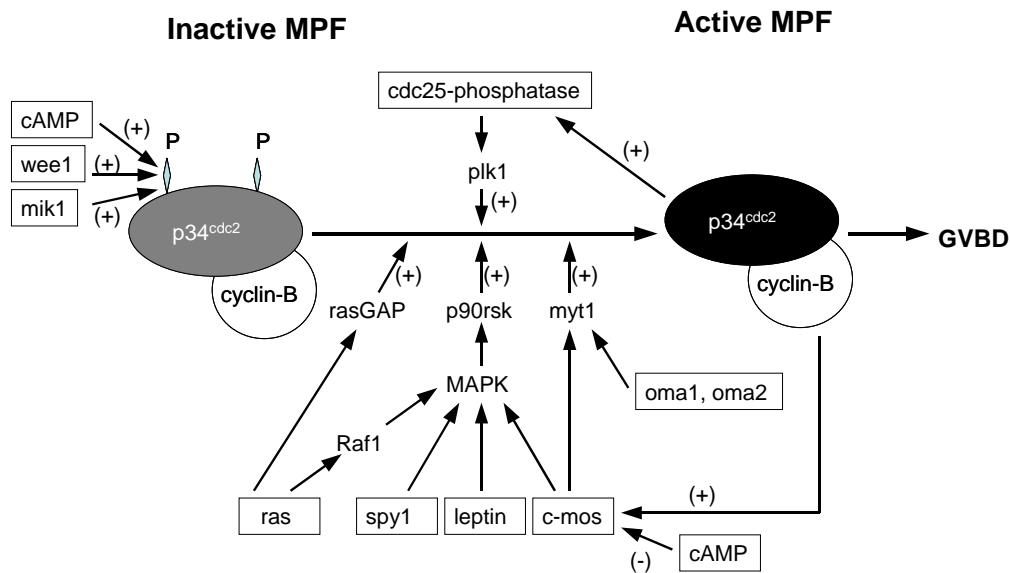


Figure 3. Activation (+) and inhibition (-) of Mos-MPF pathway

The activation of *mos-MAPK-MPF* pathway is not only crucial for the completion of the first meiotic division, but also important for maintaining oocytes at MII stage (the second meiotic metaphase arrest) before fertilization. Parthenogenetic activation of unfertilized oocytes is observed in *c-mos* deficient mice due to failed MII arrest (Colledge *et al.*, 1994; Hashimoto, N *et al.*, 1994).

More information regarding *MPF* independent factors is emerging. A recent study suggest that phosphoinositide 3-kinase (*PI3*), *jnk* (jun N-terminal kinases) and *aurora-A* are likely to be involved in the regulation of bovine oocyte maturation, independent of *MPF* (Vigneron *et al.*, 2004). *Aurora-A* regulates mouse oocyte meiosis probably via regulation spindle organization (Yao *et al.*, 2004). *Mad2* may also regulate spindle organization in rats and mice (Zhang, D *et al.*, 2004; Zhang, D *et al.*, 2005). *Brca2* is another candidate regulator in oocyte meiosis, although the underlying mechanism is not known (Sharan *et al.*, 2004).

2.4.3 Second meiosis and fertilization: from MII to zygote

Fertilization triggers completion of oocyte meiosis and formation of a one- cell embryo containing a haploid maternal pronucleus derived from the oocyte and a haploid paternal pronucleus derived from sperm.

At fertilization, sperm penetrates the cumulus cell layer, zona pellucida, and oocyte plasma membrane and the whole sperm enters the oocyte. This process is known as sperm-oocyte fusion. A protein within sperm called “sperm factor”, most likely being oscillin, activates oocyte *Plc* (phosphoinositide-specific phospholipase C). The oocyte *Plc* catalyses the hydrolysis of *PIP*₂ to form *IP*₃ (inositol 1,4,5-trisphosphate) and *Dag* (sn-1, 2 diacylglycerol). Binding of *IP*₃ to *IP*₃*R* which is located in the smooth endoplasmic reticuli (SER, the major stores of Ca⁺ in the oocyte) triggers the release of Ca⁺ from the SER. Calcium, together with other modulators of *IP*₃*R*, enhance further calcium release from the SER, resulting in repetitive oscillations in Ca⁺ levels in the oocyte (Wilding *et al.*, 1997). The precise frequency, duration and amplitude of calcium oscillations induce successful oocyte activation (Machaca, 2004). The Ca²⁺ oscillation has been characterized in human oocytes following in vitro fertilization or ICSI (Taylor, 1994; Tesarik *et al.*, 1994).

Elevations in intracellular calcium cause the exocytosis of cortical granules that are located in the cortical region of the oocyte below the plasma membrane (Abbott *et al.*, 2001). These granules contain enzymes that are released into the perivitelline space, resulting in modification of zone pellucida to prevent additional sperm from binding and penetrating the *ZP* (Bleil *et al.*, 1981). The Ca²⁺ oscillation is also needed for the resumption of the second meiosis. In xenopus oocytes, the Ca²⁺ oscillation activates proteolytic enzymes, which can degrade *c-Mos* and *cyclic B*, resulting in the inactivation of *MPF*, and therefore the completion of the second meiosis (Lorca *et al.*, 1993; Ito *et al.*, 2004). The oocyte extrudes the second polar body and a zygote with two pronuclei is formed.

The downstream molecules that are regulated by calcium oscillation are not yet well defined in mammals. There is evidence that *calmodulin* (a calcium-binding protein), *CaMKII* (calmodulin-dependent protein kinase II) (Lorca *et al.*, 1993), *Calpain* (a calcium-dependent cysteine protease), *PKC*, *calcineurin* (also named calcium/calmodulin-dependent serin/threonine protein phosphatase 2B) and *Src* family kinases (Talmor-Cohen *et al.*, 2004) are likely to be involved in centrosome duplication, cortical granule exocytosis, cytoskeletal rearrangements and resumption of the second meiosis. *Dag* is also shown to induce calcium oscillations, cortical granule exocytosis and *Zp* modification in mouse oocytes (Cuthbertson *et al.*, 1985; Endo *et al.*, 1987), although the underlying mechanism is not yet known.

2.4.4 Maternal to zygote transition (MZT)

MZT is characterized by the activation of zygote genome (or ZGA, zygotic gene activation) and the replacement of maternal mRNA with embryonic mRNA. During MZT, the majority of maternal mRNAs are depleted (DeRenzo *et al.*, 2004; Dobson *et al.*, 2004). Remaining maternal mRNAs, recruited by cytoplasmic polyadenylation in a stage-specific manner (Richter, 1999), together with stored maternal proteins are responsible for ZGA.

Although some zygote transcription activity has been noticed shortly after fertilization (Ao *et al.*, 1994; Daniels *et al.*, 1995; Fiddler *et al.*, 1995; Ma *et al.*, 2001), the major MZT occurs later on. The time point of MZT varies in different species. In mice, it is 2-cell stage, while it is 4-cell stage in pigs, 4-8 cell stage in humans, and 8-16 cell stage in cattle and sheep (Telford *et al.*, 1990). Embryos that fail to activate their own genome fail to develop further. Most of the embryo developmental block happens at the MZT stage (Memili *et al.*, 2000; Meirelles *et al.*, 2004).

ZGA proceeds in a stepwise manner with specific genes activated at specific developmental stages. Nuclear and cytoplasmic signals, mainly being maternal products, interact with one another to regulate ZGA. Multiple mechanisms have been identified in the regulation of ZGA (Memili *et al.*, 2000; Latham *et al.*, 2001). First of all, it has been

shown that levels and acetylation state of histones are related to ZGA. In newly formed zygote, enriched histones repress transcription by rendering DNA inaccessible to transcription factors. However, when zygotic genes are becoming active, the pool of histones is diluted, allowing the initiation of transcription (Prioleau *et al.*, 1994). Acetylated histones facilitate DNA replication and genome activation while diacetylated histones may contribute to establish and/or maintain transcriptional repression (Turner, 1991). Secondly, DNA replication is required to reprogram DNA molecules that are assembled into either a repressed or activated state (Nothias *et al.*, 1995). The conflicting effects of DNA replication on ZGA may be due to either inhibition or facilitation of the access of transcription factors to their target DNA sequences (Davis *et al.*, 1996; Aoki *et al.*, 1997; Memili *et al.*, 1999). Thirdly, chromatin structure also plays a role in ZGA, because paternal pronuclei have higher transcription level than maternal pronuclei (Aoki *et al.*, 1997). Furthermore, the status of the transcription factors obviously affects ZGA. Candidate transcription factors are *TBP* (TATA binding protein) (Majumder *et al.*, 1994), RNA polymerase II, *Tef1* (transcriptional enhancer factor 1) (Xiao *et al.*, 1991), *Sp1*, *Cbp*, *Maid*, *B-myb*, *Max*, DNA methyltransferase 1, HP-1 like chromobox protein M31 and *mTead2* (Latham *et al.*, 2001). Moreover, as cell cycle lengths are short before ZGA but become longer at the onset of ZGA, it is proposed that ZGA is related to the mechanism that controls cell cycle. Rapid cell divisions are suppressive for transcription (Memili *et al.*, 2000). Finally, post-translational modification of transcriptional machinery may also account for ZGA.

Studies on mice reveal a handful of oocyte-specific genes that play crucial roles in MZT, although the down-stream targets of these genes are, as yet, unclear. *Zar1* (Zygote arrest 1) null females are infertile, as most embryos from these mice arrest at the one-cell stage and no embryos develop to the four-cell stage. In the arrested embryos, maternal and paternal genomes do not unite (Wu, X *et al.*, 2003). *Mater* (Maternal antigen that embryos require) null females are sterile as their embryos arrest at the two-cell stage due to reduced embryonic transcription (Tong *et al.*, 2000). *Npm2* (Nucleoplasm 2) knockout females have fertility defects owing to abnormal nuclear and nucleolar organization both in oocytes and embryos (Burns *et al.*, 2003). *Zp2* and *Zp3* knockout

females are infertile due to defects of zona pellucida. Their embryos cannot develop beyond the two-cell stage (Liu *et al.*, 1996; Rankin, T *et al.*, 1996; Rankin, TL *et al.*, 2001). Embryos from female mice lacking the gene encoding *Hsf1* (heat-shock factor-1) are unable to develop properly beyond the zygotic stage (Christians *et al.*, 2000). *Spindlin* participates MZT as it is associated with the first meiotic spindle formation (Oh *et al.*, 1997).

In conclusion, the molecular mechanisms underlying oocyte maturation and MZT are very complicated and involve multiple levels of gene regulation both temporally and spatially. Different signaling pathways interact with one another, forming a formidably dense network. Although much effort has been put into this research field, the comprehensive picture of the molecular mechanism is still far from clear. Information in the human is more limited due to the poor availability of research material. As genes expressed in the oocyte dominate the whole process from oocyte maturation to early embryo development, investigating oocyte-specific genes will doubtlessly help exploring the underlying molecular mechanisms.

3 AIMS OF THE STUDIES

1. To examine if follicular aspirates obtained during oocyte retrieval for IVF were a good source of human ovarian follicles.
2. To evaluate whether serum-free cryoprotectant solutions could be used in cryopreservation of human ovarian cortical tissue.
3. To test the effect of 8-br-cGMP and 8-br-cAMP on human ovarian follicles cultured in ovarian cortical slices.
4. To expose the gene expression profile of human GV oocytes and reveal different gene expression patterns between human GV oocytes, embryonic stem cells and fibroblasts.

4 MATERIALS AND METHODS

Human materials were used in all five studies. Ethical approval has been obtained from the Ethics Committee of the Karolinska Institutet and the Ethics Committee of Helsinki University. **Table 2** and **Table 3** summarize the materials and methods used in the five articles presented. The details are described in the individual articles.

Table 2. Information of samples used in the five studies

Sample name	Sample number	Sample source	Age of the patients (Mean \pm SD)	Article location
Follicular aspirates	86	IVF patients undergoing oocyte retrieval	33 \pm 4 years (Range 22 - 39)	I
Biopsies of ovarian cortical tissue	23	9 women undergoing sterilization and 14 undergoing caesarean section	34 \pm 4 years (Range 28 - 39)	II
Biopsies of ovarian cortical tissue	27	9 women undergoing sterilization and 18 undergoing caesarean section	32 \pm 5 years (Range 21 - 41)	III
Biopsies of ovarian cortical tissue	16	Women undergoing gynaecological laparoscopy	32 \pm 4 years (Range 25 - 43)	IV
GV oocytes	76	55 women undergoing ICSI	35 \pm 2 years (Range 25 - 39)	V

Table 3. Methods used in the five studies

Method	Assessment	Article location
Culture of granulosa cells	Check if follicles exist in the granulosa cell masses obtained from follicular aspirates	I
Culture of individual follicles	Test the survival capacity of individual follicles	I
Histological analysis	Identify the origin of a tissue piece found in follicular aspirates	I
	Study the viability, developmental stage, size and density of the follicles/oocytes	II, III, IV
Cryopreservation of human ovarian tissue	Compare the efficiency of human serum and human serum albumin in cryopreservation	II
Transmission electron microscopy (TEM)	Compare the ultrastructure of follicles and stroma cells before and after cryopreservation	II
Live/dead assay	Evaluate the viability of follicles/oocytes before and after cryopreservation	II
Culture of human ovarian tissue	Test the effects of cGMP and cAMP on early follicular development	III, IV
Hormone assay (radioimmunoassay)	Measure the production of oestradiol in the culture medium	IV
RNA isolation and cDNA amplification	Prepare cDNA for microarray assay from a small number of cells	V
Oligonucleotide microarray (Affymetrix)	Compare transcriptomes between human GV oocytes and embryonic stem cells	V
RT-PCR	Confirm the expression of four genes in human GV oocytes	V
Statistic analysis	Chi-square test, Fisher's exact test, Student's t-test and Mann-Whitney U-test are used where applicable	I, II, III, IV

5 RESULTS AND DISCUSSION

5.1 ARTICLE I, COLLECTION OF FOLLICLES FROM FOLLICULAR ASPIRATES

In article I, we examined if follicular aspirates obtained during oocyte retrieval for IVF were a good source of ovarian follicles. The result is negative. Only a few follicles were found in the aspirates. Follicles were only obtained from 7 of the 86 aspirates. From these 7 samples a total of 14 follicles were found. Twelve follicles were primordial or primary, and two were secondary, 40-80 μ m in diameter.

The small harvest of follicles from aspirates in our study is consistent with the results of another study (Moskovtsev *et al.*, 2002). However, Wu et al (Wu, J *et al.*, 1998) found many follicles in follicular aspirates. **Table 4** shows the results of follicle collection from follicular aspirates in these studies.

Table 4. Follicle collection from follicular aspirates in different reports

	Patient age (years)	Patient number	Volume of aspirates	Times of punctures per ovary	Total follicles collected	Follicle collected per patient
Our study, 2002	Mean 33 Range 22 - 39	86	Mean 27 ml bloodless aspirates per patient	1-2	14	Mean 0.2, range 0-5
Moskovtsev et al, 2002	Mean 34 Range: NP	54	All aspirates from each patient	1-3	48	Mean 0.9, range 0-10
Wu et al, 1998	Mean: NP Range 29-39	16	NP	NP	800	Mean 52, range 20-150

NP = no information provided in the paper

The collection methods described in the three studies appear to be similar to each other. The large variation in the number of follicles harvested from aspirates between different studies may be due to different oocyte retrieval procedures. As all primordial and primary follicles are located within 2 mm of the surface of ovarian cortex (Lass *et al.*, 1997), it is possible that small follicles are cut and mixed in follicular aspirates when the aspirate needle passes through the surface of the ovary or moves from one antral follicle to another. However, the chance of this is very low. In practice, the needle seldom punctures the ovarian surface more than once. Therefore, follicles are rarely present in follicular aspirates.

Follicular aspirates contain large numbers of granulosa cells, which can aggregate and look like a follicle. Pieces of tissue and squamous cells from the vaginal wall can also exist in aspirates and sometimes resemble follicles. In our study, a small piece of vaginal epithelium found in an aspirate resembled a cluster of follicles under the inverted microscope. After fixation and haematoxylin and eosin staining, these “follicles” were clearly vaginal epithelium as revealed by light microscopy (**Fig. 4**). Hence, distinguishing analysis is necessary when identifying follicles from follicular aspirates.

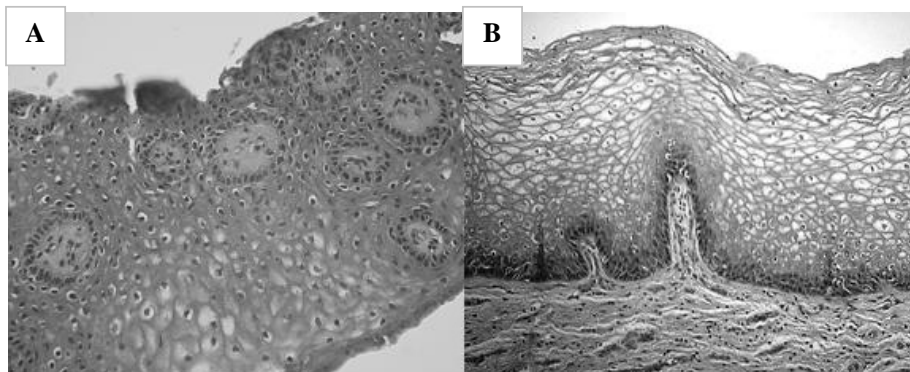


Figure 4. **A** Vaginal epithelium found in follicular aspirates. **B** Normal human vaginal epithelium with underlying connective tissue papillae projecting into the epithelium. Follicle-like structure in A can be formed by taking a cross section of B.

In conclusion, article I indicates that follicular aspirates are not a reliable source of human follicles and some structures found in the aspirates may be erroneously identified as follicles.

5.2 ARTICLE II, CRYOPRESERVATION OF HUMAN OVARIAN TISSUE

In article II, we evaluated whether serum-free cryoprotectant solutions could be used in cryopreservation of human ovarian cortical tissue. The answer is yes. No significant differences were observed between cryoprotectant solutions containing serum or serum-free cryoprotectant solutions containing human serum albumin (HSA), with respect to morphology and viability of follicles/oocytes.

Histological analysis on 693 follicles by light microscopy revealed that 99.3% of follicles are viable in fresh tissue; while 65% of the follicles and 75% of the oocytes were viable with serum, and 69% of follicles and 74% of the oocytes were viable with HSA. The reduction in the viability of follicles and oocytes after freezing/thawing were significant ($P < 0.01$). There was no significant difference observed between solutions containing serum versus HSA regarding the viability of follicles and oocytes.

Similar results were obtained from 559 follicles analysed by live/dead assay. The viability of the follicles was 93% in fresh tissue and it was significantly decreased to 82% in tissue cryopreserved with either serum or HSA ($P < 0.01$). The results are comparable with that of another group using the similar live/dead assay for evaluation of follicle viability after cryopreservation (Oktay, K *et al.*, 1997).

The higher viability rate obtained by live/dead assay compared with that obtained by light microscopy probably is due to the loss of some dead follicles during preparation, as completely dead follicles most likely disappear during enzymatic isolation. This potential cell loss could be eliminated by staining cells in tissue slides (Cortvrindt *et al.*, 2001).

Ultrastructure of 66 follicles and stromal cells were scored from TEM images. Oocytes, granulosa and stromal cells in fresh tissue had significantly higher scores than those in cryopreserved tissue regardless of the cryoprotectants used ($P<0.05$). The most remarkable reduction in score after cryopreservation was observed in the stromal cells. TEM images also showed 12.2% vacuolisation of oocytes in fresh tissue and 18.1% and 17.9% in cryopreserved tissue with serum and HSA respectively. Again, no significant differences in TEM scores of oocytes, granulosa or stromal cells were observed between serum and HSA. The real extent of vacuolisation of oocytes in our study could be lower than that we measured. Lipid drops in oocytes can be extracted and form vacuoles during our TEM preparation. These “vacuoles” are difficult to distinguish from the real vacuoles, so we considered all presented vacuoles as real vacuoles regardless of origin. To our knowledge, the TEM results of our study are the first report of ultrastructure of ovarian cells based on a large number of cells. **Figure 5** illustrates the ultrastructure of normal human ovarian cells.

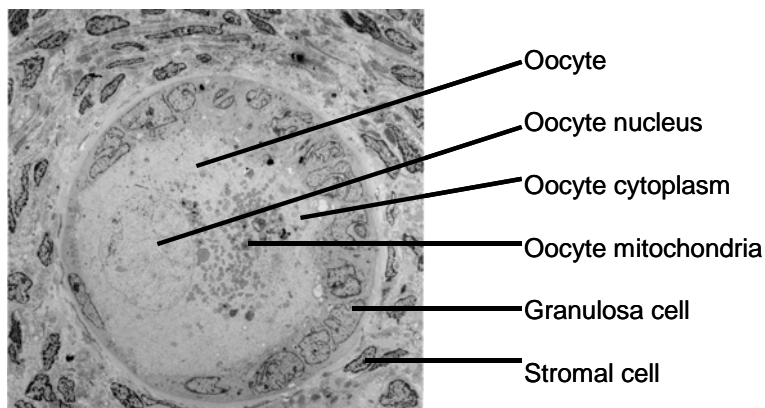


Figure 5. Ultrastructure of human oocyte, granulosa cells and stromal cells. The follicle in the picture is at primary stage. TEM 1500 X

We also studied the effect of post-thawing culture in recovering of follicles and oocytes. The results did not show any benefit of 4 hours post-thawing culture. However, we cannot draw conclusion from the results as only a small number of follicles are used in this comparison.

The use of serum in cryoprotectant solutions has been recommended previously (George *et al.*, 1992) for freezing mouse oocytes, mainly to avoid zona hardening. This does not seem to be the case for the oocyte in early follicles since the zona pellucida has not yet been formed. Moreover, serum is not subject to strict quality control in the same way as commercially available HSA, and potential risk of pathogen transmission between individuals exists when heterologous serum is used. Therefore, serum-free cryoprotectants are more suitable to cryopreserve human ovarian tissue.

Overall, article II showed that cryoprotectant solution containing HSA was equally effective as that containing serum in cryopreservation of human ovarian cortical tissue. As HSA is more safe and convenient to use, we recommend HSA in clinical work.

5.3 ARTICLE III, CULTURE OF HUMAN OVARIAN TISSUE WITH CGMP

In article III, we tested the effect of 8-br-cGMP (8-bromo- cyclic guanosine 3', 5'-monophosphate) in human ovarian cortical tissue culture. The main finding is that 8-br-cGMP improved the survival and development of early follicles during 14 days of tissue culture.

The proportion of viable follicles in uncultured tissue is near 100%. The value decreased significantly (40% - 60%) in all cultured tissue regardless of the supplements (all $P < 0.05$). However, between cultured tissues, the proportion of viable follicles was higher in the 8-br-cGMP treated ones than those without 8-br-cGMP treatment. The difference was significant on day 7. On day 14 the difference was still observed, although it was not statistically significant. The role of 8-br-cGMP as a survival factor is also observed in rat preantral ovarian follicle cultures (McGee, E *et al.*, 1997). The underlying mechanism is likely related to the suppression of apoptosis of the follicles (McGee, E *et al.*, 1997).

The percentage of follicles at different developmental stages changed dramatically after culture. In uncultured tissue, the proportion of primordial follicles was 75%. The proportion reduced significantly to the values between 14% and 30% in all cultures (all $P <$

0.05). Correspondingly, the proportion of primary and secondary follicles in all cultured tissues increased significantly compared with that in uncultured tissues (all $P < 0.05$). Significant differences in follicular stages were also observed between cultures with and without 8-br-cGMP. On day 7, the proportion of secondary follicles in tissues cultured with 8-br-cGMP is 45%, while it is 34% in tissues cultured without 8-br-cGMP. On day 14, the values are 51% and 36% in the presence and absence of 8-br-cGMP respectively. There is no significant difference in the proportion of primordial or primary follicles between cultures with and without 8-br-cGMP. These results suggest that 8-br-cGMP can improve the proliferation of granulosa cells and hence the development of follicles during 14 days of tissue culture.

We also measured the oestradiol concentration in the culture media. Throughout the 14-day culture period, ovarian cortical tissue cultured with 8-br-cGMP consistently produced more oestradiol than tissue cultured without 8-br-cGMP, with significance achieved at day 12 only. The finding is in agreement with the effect of 8-br-cGMP on follicle development described above. As 8-br-cGMP promoted follicular development, more follicles acquired the capability of oestradiol production.

Taken together, data in article III suggests that 8-br-cGMP may be a necessary component in culture of human ovarian tissue, as it enhances the survival and development of early follicles. This finding would help the optimisation of culture system for human ovarian tissue.

5.4 ARTICLE IV, CULTURE OF HUMAN OVARIAN TISSUE WITH CAMP

In article IV, we tested the effect of 8-br-cAMP (8-bromo- cyclic adenosine 3', 5'-monophosphate) in human ovarian cortical tissue culture. The results showed that 8-br-cAMP improved the survival and development of early follicles during 21 days of tissue culture.

The proportion of viable follicles in uncultured tissue is 100%. After 7 days of culture, the value decreased significantly to 83% in culture with 8-br-cAMP, and 75% in cultures without 8-br-cAMP treatment (both $P < 0.001$). Differences in the proportion of viable follicles between cultured tissues were not significant during the first 14 days of culture. However, on day 21, a significantly higher proportion of viable follicles was observed in 8-br-cAMP treated tissue compared with that in control culture without 8-br-cAMP (80% vs. 55%, $P < 0.05$).

The majority of follicles initiated their growth once the culturing started. In uncultured tissue, the proportion of primordial follicles was 70%. After 7 days of culture, the proportion significantly reduced to 21% in cultures with or without 8-br-cAMP ($P < 0.001$). At the same time, the proportion of secondary follicles in all cultures significantly increased from 7.6% to 44% - 47% ($P < 0.001$). Significant differences in follicle stages between cultures with and without 8-br-cAMP were observed on day 14: the proportions of secondary follicles are 50% and 20% in tissues cultured with and without 8-br-cAMP respectively, while the proportion of primordial follicles are 9.7% and 26.7% correspondingly (all $P < 0.05$). The differences in proportion of follicles at different stage between cultures with and without 8-br-cAMP were not significant on day 7 and day 21.

Moreover, we measured the diameters of follicles and oocytes at different culture points. All the follicles after 7 days culture were significantly larger than those before culture independent of 8-br-cAMP (48-52 μm vs. 41 μm , $P < 0.001$). The diameters of the oocytes did not significantly change after culture. No significant difference in the size of follicles and oocytes were found between cultures at different time points. There is no difference in size of follicles or oocytes between cultures with and without 8-br-cAMP throughout the whole 21 days culture period. These observations in our study are consistent with natural follicular development. In humans, the oocyte enters the growth phase when it becomes completely enclosed by approximately 15 cuboidal granulosa cells (Gougeon *et al.*, 1987). The oocytes begin to grow when the follicles are at late primary or early secondary stage. In our study, most secondary follicles in culture were at an early stage, which explains why the oocytes did not grow significantly. Similar results are obtained

by de Bruin and coworkers (de Bruin *et al.*, 2002). They found that the sizes of oocytes do not change with the developmental stage before the primary stage.

The effects of 8-br-cAMP on follicle development in the study were in accordance with those obtained by using FSH supplementation (Wright *et al.*, 1999). This result would have potential clinical application. Some women suffer infertility due to an inactivating mutation in their FSH receptor (Aittomaki *et al.*, 1995; Aittomaki *et al.*, 1996). These patients cannot respond to FSH and only have primordial and primary follicles (Aittomaki *et al.*, 1996). Cyclic AMP is the second messenger of FSH (Skalhegg *et al.*, 2000). FSH exerts its effect on granulosa cells partly through the receptor-activated cAMP-protein kinase A pathway. Theoretically, cAMP may therefore replace some FSH action. Culturing ovarian cortical tissue from these patients with cAMP may help in obtaining mature oocytes for IVF.

To conclude, the results in article IV indicate that 8-br-cAMP may affect the early development of human ovarian follicles during a prolonged culture period, leading to enhanced follicular development and better survival. During 14-21 days of ovarian tissue culture, 8-br-cAMP could be added in culture medium.

5.5 ARTICLE V, GENE EXPRESSION OF HUMAN GV OOCYTES

In article V, we analyzed the gene expression profile of human germinal vesicle oocytes (hGVO) and compared it with the profiles of human embryonic stem cells and human foreskin fibroblasts. The results exposed a global gene expression profile of hGVO. Further, it highlighted an abundant body of new information and revealed distinct sets of genes that appear to be involved in oocyte maturation and early embryonic development.

In total, 11,191 unigenes (16,965 probe sets) were expressed. Forty-nine percent of these genes are as yet unclassified by biological function. The data were highly reproducible as confirmed by a high correlation coefficient (r) of the gene expression profiles between

Kommentar [h1]: I think these abbreviations are OK

duplicates: 0.95, 0.93, and 0.94 for hGVO, hESC and hFIB respectively. The quality of the data was also confirmed by comparing our data with previous studies. Over 80% genes reported in hGVO by other studies (Neilson *et al.*, 2000; Dobson *et al.*, 2004) were found to be present in our data.

In particular, eight oocyte-specific genes, which were not expressed in hESC or hFIB, were highly expressed in hGVO (4-8 times higher level as compared to *beta-ACTIN* level) They were *MATER*, *ZAR1*, *NPM2*, *FIGLA*, *GDF9*, *BMP15*, *MOS* and *ZP2*. Among these eight genes, *MATER*, *ZAR1*, *NPM2* and *FIGLA* have not been reported earlier in hGVO. The expression of these four genes in hGVO was also confirmed by RT-PCR (**Fig. 6**). *FIGLA* expression is also detected in human fetal ovary and is considered associated with primordial follicle formation (Bayne *et al.*, 2004). *Mater* and *Zar1* transcripts are detected also in bovine oocyte (Pennetier *et al.*, 2004). Studies on mice reveal the crucial roles of *Zar1* (Wu, X *et al.*, 2003), *Mater* (Tong *et al.*, 2000) and *Npm2* (Burns *et al.*, 2003) in early embryonic development. Furthermore, in females lacking *Figla* (Factor in the germline alpha), primordial follicles are not formed at birth, and massive depletion of oocytes results in shrunken ovaries and female sterility. In addition, the *Figla* null females do not express *Zp1*, *Zp2* or *Zp3* (Soyal *et al.*, 2000). The functions of these genes in humans need further exploration.

Furthermore, several imprinted genes, such as *UBE3A*, *MEST (PEG1)*, *PEG3*, *IGF2R*, *GNAS*, *GRB10* and *SGCE* were detected in hGVO for the first time. The expression of the imprinted gene *SNRPN* in hGVO is consistent with a previous report (Geuns *et al.*, 2003).

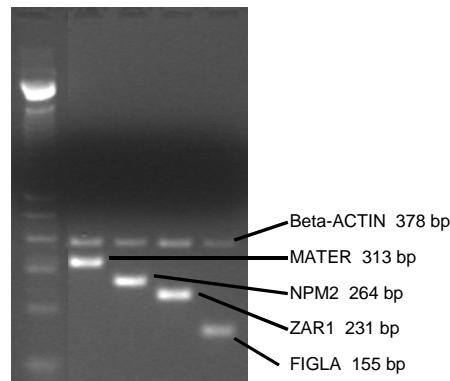


Figure 6. Detection of *MATER*, *NPM2*, *ZAR1*, and *FIGLA* in human GV oocytes by RT-PCR. The order of the lanes (from left to right) is ladder, *MATER* plus *Beta-ACTIN*, *NPM2* plus *Beta-ACTIN*, *ZAR1* plus *Beta-ACTIN*, and *FIGLA* plus *Beta-ACTIN*. *Beta-ACTIN* was checked at the same time as a positive control. All the PCR negative controls did not produce any visible product on the gel (data not shown).

We also found the existence of known components of three signaling pathways in hGVO. They are the *MOS-MPF* pathway, *TGF-beta* superfamily signaling pathway, and *WNT* signaling pathway. In *MOS-MPF* pathway, *p34^{cdc2}* (*CDC2*), *cyclin-B* (*CCNB1*, *CCNB2*), *MOS*, *MAPKs*, *CDC25*, *MYT1*, and *SPY1* were detected, and the findings supported the previous reports in that some members such as *cyclin-B1* and *c-MOS*, are identified in hGVO (Heikinheimo *et al.*, 1995). Transforming growth factor-beta (*TGF-beta*) superfamily signaling pathway plays an important role in the development of follicles, oocytes and embryos (Chang *et al.*, 2002). Most members of this pathway have previously been identified in granulosa cells (Mazerbourg *et al.*, 2003). Here, we observed the expression of most members in hGVO as well (see **Table I** in article V). These data suggest a possible *TGF-beta* signaling loop between oocytes and granulosa cells. Little is known about the role of the *WNT* signaling pathway in human oocytes. We found that all the main components of the *WNT* pathway were expressed in the hGVO; they are *FRIZZLED* (*FZD4*, *FZD3*, *FZD6*), *LRP6*, *DSH* (*DVLI*, *DVL2*), *APC*, *AXIN2*, *GSK3*, *beta-CATENIN* (*CTNNB1*) and *JNK* (*MAPK8*). These findings indicate that the *WNT* pathway may participate in very early development, in line with a report that Wnt4

mutations disrupt the normal development of the female reproductive system in mice (Vainio *et al.*, 1999).

Moreover, we compared gene expression profiles of hGVO, hESC, and hFIB and found twelve gene expression patterns among these three cell types. In total, 1,752 genes were up regulated and 1785 genes were down regulated in hGVO when compared with hESC and hFIB. Among the up-regulated genes, there were 751 genes expressed in hGVO but absent in hESC and hFIB, 377 genes expressed in hGVO at 2-fold higher level against hESC and hFIB. Genes that were highly expressed in hGVO but were absent or had low expression level in hESC and hFIB may have unique roles in the maturation of oocytes and/or fertilization. This hypothesis is supported by the observation that both oocyte-specific genes (such as *GDF9*, *ZP2*) and genes involved in meiotic maturation (such as *MOS*) fall in these sets. Genes that were highly expressed in both hGVO and hESC but were absent or had low expression in hFIB might be important for both maturation of the oocytes and early embryonic development. This inference is backed up by the reports that the two genes *DNMT1* (Mhanni *et al.*, 2002; Hashimoto, H *et al.*, 2003) and *BRCA2* (Suzuki *et al.*, 1997; Sharan *et al.*, 2004) in this group are related to both oocyte maturation and embryonic development.

Finally, we compared our data to the data on mice by Wang et al. (Wang, QT *et al.*, 2004) who used very similar methods. We found mouse and human GV oocytes shared 2,951 genes. 860 genes are specific in mouse GV oocytes while 1,349 genes are specific in hGVO. We suppose that the genes expressed in both hGVO and mouse GV oocytes may have conserved functions in both species, and the genes expressed in hGVO but not in mouse GV oocytes might have a specific function only in human regarding oocyte maturation and/or early embryonic development.

In summary, article V reported, for the first time, the microarray data of normal human GV oocytes based on a large number of oocytes. An overview of the transcriptome of hGVO was generated. Functional studies of candidate genes revealed by the present study would enable the discovery of more genes involved in oocyte maturation,

fertilization and early embryo development. Overall, our study provides a rich source of information for further investigation of molecular mechanism of early human development.

6 CONCLUSIONS

1. Follicular aspirates obtained at oocyte retrieval are not a reliable source of human ovarian follicles.
2. Serum-free cryoprotectant solution is equally effective as that containing serum in cryopreservation of human ovarian cortical tissue.
3. Both 8-br-cGMP and 8-br-cAMP enhance the survival and development of human early follicles cultured in ovarian cortical tissue.
4. In total, 11,191 unigenes were expressed normal human GV oocytes. Forty-nine percent of these genes are as yet unclassified by biological function. Twelve gene expression patterns identified between human GV oocytes, embryonic stem cells and fibroblasts suggest potential candidate genes involved in oocyte maturation and embryonic development.

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