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Table 3: A comparison of sperm detection times and case percentages among penile penetration of the vagina, anus, and mouth. Comparing maximum detection times of intact sperm and sperm heads, percentage of condom use, ejaculation reported, cases with intact sperm, cases with sperm heads and cases with no sperm (12).

Penetrated area	Max. Detection Time (Hours)	Condom Use (%)	Ejaculation Reported (%)	Cases with Intact Sperm (%)	Cases with Sperm Heads (%)	Cases with no Sperm (%)
Vagina	Intact Sperm – 31 Sperm Heads – 84	6	53	20	75	5
Anus	Intact Sperm – 1.5 Sperm Heads – 40	4	27	0	65	17
Mouth	Sperm Heads – 21	0	22	0	34	83

1.2 Clinical Management

Females who present to a sexual assault health centre following a sexual violation including penile penetration of the vagina, will undergo a forensic examination (e.g., female intimate swab). There are at least two types of samples that can be collected from female genitalia used to detect semen from the vagina. These are an external labial and a high vaginal sample. Both samples have slightly different methods of collection however, both include the use of a swab (13). The external labial sample is taken directly with a swab, though the high vaginal sample includes interventions to open the external vagina to access the high vaginal area for a deeper swab sample. A wet swab requires a few drops of sterile water to moisten it before taking the sample, a dry swab may then follow. An intimate swab is an internal swab of the vagina to obtain a forensic sample regarding evidence of penetration (e.g., presence of semen) (13). The optimal timeframe for forensic sample collection of penile penetration from a female, ranges from within 24 hours to 72 hours as the yield of sperm will begin to decrease (14). Semen may still be present for up to five days (15). The longer the victim takes to present for forensic examination the less sperm will be present on the swab, resulting in amounts too low for accurate detection of DNA analysis. (15). A forensic examination must be completed by a trained nurse or doctor when conducted within the hospital emergency department (15).

1.2.1 Clinical Management of Sexual Assault in Australia

In Australia once an individual has experienced a sexual assault, they will seek the appropriate resources, including the Sexual Assault Resource Centre (SARC). Individuals should first present themselves to primary care, for example the emergency department within a hospital, or a sexual assault health centre (e.g., Western Australia has SARC). SARC provides counselling, medical, and forensic support to individuals who have experienced a sexual assault within 14 days of occurrence (16). SARC’s priority of patient care is to address any major health issues. If any major health issues are revealed the patient will be sent directly to an emergency department for the proper medical care they require. If no major health issues are a risk to the patient, the SARC doctors, with the consent of the patient, provide reassurance, treatment, advice, and follow-up regarding injuries, sexually transmitted infections, or emergency contraception in case of pregnancy. The SARC doctors may examine those recently assaulted including, documentation (including photography), interpretations of injuries sustained, and the collection of intimate swabs. These examinations/documentations can be used if the case follows through legal proceedings. The forensic service is provided to the victim regardless of whether the sexual assault has been reported to the police. Physical evidence such as intimate swabs or photographs, can be stored for a period of up to three months (due to storage limits) in Australia, whereas medical records are kept indefinitely. SARC has supplied general practitioners and hospitals with forensic evidence collection kits and manuals within regional areas, to ensure sufficient care is given to all individuals (16). The duration of time it usually takes to complete all examinations and documentations at SARC is around 2-4 hours (16).

Different swabs are available for forensic use including cotton, nylon flocked, and Copan rayon swabs. Cotton swabs have an inadequate design for capturing and releasing epithelial and sperm cells, reducing the chance of a single-sourced STR profile. The fibres of a cotton swab are wrapped around the plastic shaft of the bud called a “mattress design” (17)(18). According to a 2018 study cotton swabs had 21.5% extraction efficiency of cellular material whereas, the nylon flocked swab had 48.4% extraction efficiency (19). Cotton swabs may be easily accessible however, residue cotton fibres left within the sample may have a negative effect on the STR profile (20). FLOQSwabs® used within this study have an alternative structure to cotton swabs as the tip is covered with perpendicularly sprayed on Nylon® fibres using the Copan’s proprietary flocking process. The swab has no inner core for cells to become trapped in and therefore allows for effective cell uptake and elution (21)(20).

1.2.2 Clinical Management of Sexual Assault in United Kingdom

The UK guidelines on the management of adult and adolescent victims of sexual assault, indicate that the needs of a patient presenting following a sexual assault can be classified as

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1.6 Antibodies

Antibodies are proteins produced by B cells with a Y-shaped morphology. When antigens are present antibodies will be produced by the body and bind to the antigen with a lock-and-key complex (81). Antibodies carryout numerous functions such as fixation, agglutination and neutralization and, protect the body from infections, viruses and pathogenic particles (82). Monoclonal and polyclonal antibodies are the two main types. Monoclonal antibodies can bind to a specific epitope on a corresponding antigen and are produced from a single B cell clone. In contrast, those produced from multiple B cell clones are polyclonal antibodies and can attach to various epitopes on the same antigen (82). α -sperm antibodies are employed in this study to determine the cross-reactivity against VK2/E6E7 (ATCC CRL-2616) cells and binding to spermatozoa. The sperm-specific antibodies have corresponding antigens located on the head of the sperm in the acrosomal region, which increases specificity. Antigens located in the acrosomal region of the sperm are important as the first segments of sperm degradation are the tail and midpiece (12). The specific primary antibodies researched in this study are α -SPAM1, α -SPACA1, and α -ZPBP1, as outlined in Table 4.

1.6.1 α -Sperm Adhesion Molecule 1 (SPAM1)

SPAM1 was previously known as the HYAL1 (Hyaluronidase 1) and HYA1 (Hyaluronidase 1) gene. The gene encodes an enzyme located on the acrosomal membrane and sperm surface called GPI-anchored enzyme. The hyaluronidase protein allows sperm to break through the oocyte cell layer, a receptor involved in sperm-zona pellucida adhesion (83). SPAM1 can also be detected in female genital tracts, and is transferred to the surface of the sperm when it resides in males or female genital tracts (84)(85).

A study that isolated sperm from cell mixtures used magnetic beads coupled with α -SPAM1 antibody (86). The immunomagnetic beads used were activated Dynabeads1M-270 Carboxylic Acid beads with 60 μ g of each antibody added. The sperm then underwent isolation, DNA extraction, amplification, and electrophoresis. Previous electron microscopy and immunogold labelling displayed the plasma membrane on the sperm head to be the location of SPAM1. SPAM1 was not however located on the sperm midpiece or tail (86). α -SPAM1 antibody was coated onto the bead with a covalent amide bond and incubated in a 1:1 mixture of epithelial and sperm cells at a concentration of 10^5 cells/mL. Once the beads were washed and resuspended, they were viewed through optical microscopy and scanning electron microscopy. The image displayed only sperm heads bound to the beads with no epithelial cell contamination (86). Epithelial cells were set at a concentration of 10^5 /mL and mixtures were created with sperm at various concentrations from 10^2 - 10^5 cells/mL. Mixtures with sperm concentrations of 10^5 cells/mL and 10^4 cells/mL yielded a single-sourced DNA profile from the male fraction using capillary electrophoresis. Sperm cells at 10^2 /mL concentration yielded no

as it prevents proper acrosome compaction (85). Infertile men with abnormal morphology of the sperm head may have a mutation on the ZPBP1 gene (88).

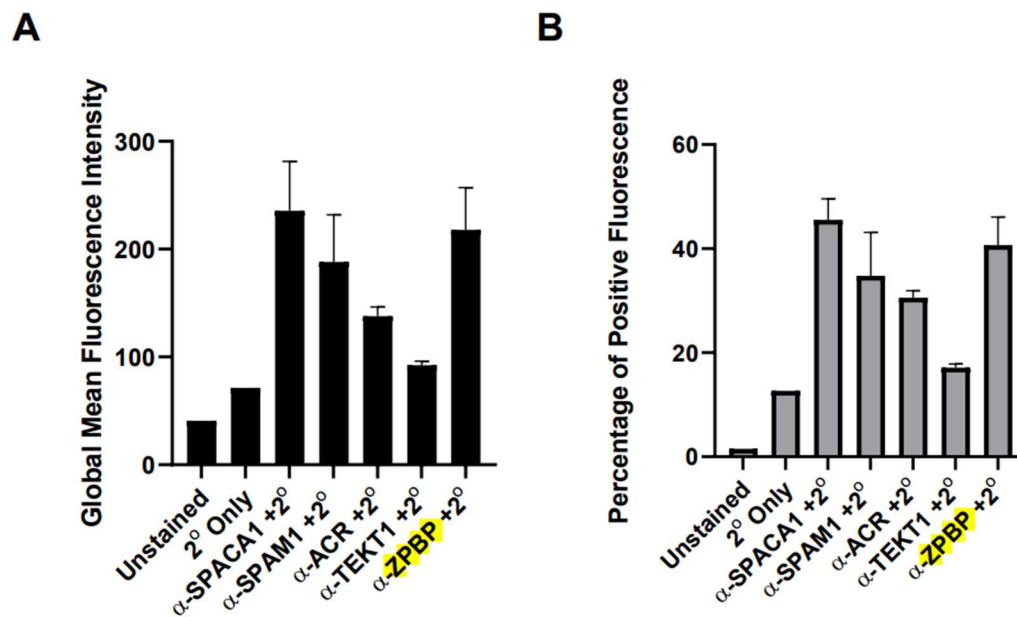


Figure 5: Screening of different primary antibodies for sperm binding under optimised flow cytometry conditions. Sperm was stained respectively with 0.01 mg/mL of each primary antibody: α -SPACA1, α -SPAM1, α -ACR, α -TEKT1 and α -ZPBP. A) Global mean fluorescence intensity (MFI). B) Percentage of positive cells. Data shown are mean and standard deviations from n=1 donor from a single experiment, performed in duplicate. 2°= secondary antibody (1:1200) (87).

ZPBP1 has been tested with sperm using flow cytometry and compared to other antibodies for effectiveness at sperm detection (87). α -ZPBP1, α -SPACA1, α -SPAM1, α -ACR, and α -TEKT1 were screened at a concentration of 0.01mg/mL. The results as demonstrated in Figure 5 show that, although ZPBP1 may not be the most efficient antibody to use there was still 41% of positive cells which bound to the antibody (87). The result suggests that ZPBP1 when used in conjunction with other antibodies can be useful in the detection of sperm cells however, on its own may not yield the most effective results. α -SPACA1 had the highest percentage of positive fluorescence with >40%. α -SPAM1 had <40% of positive fluorescence which was lowest out of the three.

1.7 Flow Cytometry

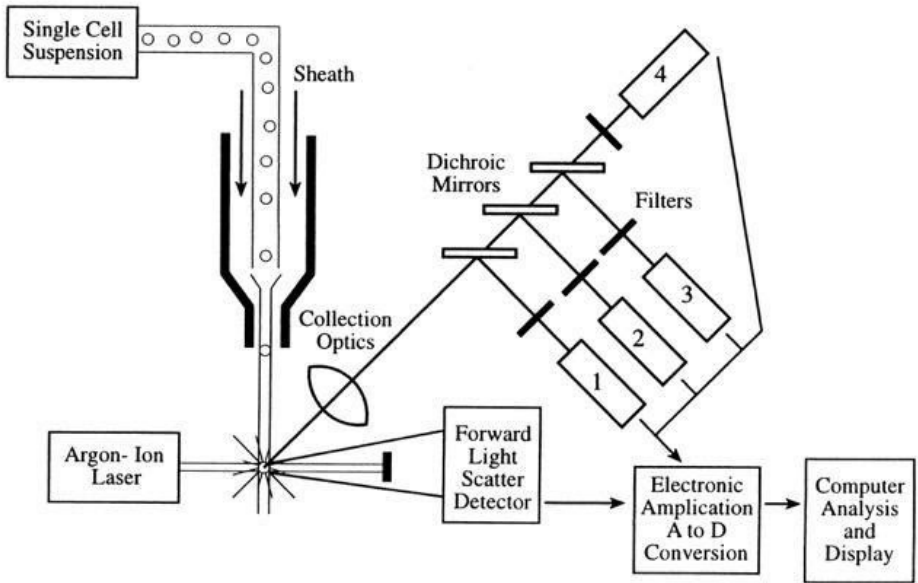


Figure 6: Diagram displaying the internal working of a flow cytometer. The sample is entered through the single cell suspension tube and transported through the machine using the fluidics system. The argon-ion laser, collection optics and forward light scatter detector are included in the optics system, before the data output onto a computer by the electronic system (89).

Flow cytometry was used throughout the study before beginning with the immunomagnetic beads due to the clearer visualization of antibodies binding to the sperm/epithelial cell population. It provides an inexpensive analysis of the cell cross-reactivity due to the consumption of less primary antibodies (to coat the beads) therefore, it's cheaper to run repeat tests (90)(91).

Flow cytometry can be used to identify and characterize immune cells through measuring cell size, surface receptors, and cell granularity (89). The flow cytometer works by monodispersing un-clumped cells in single file past a laser. Once the cells pass through the beam the cytometer will characterize the fluorescent and scattered light. The process of flow cytometry includes fluidics, optics and electronics (computer) as demonstrated in Figure 6 (89). The fluidics allows the cell suspension to pass through the machine while, the optics systems includes the optical filters, lenses and excitation light sources allowing alteration of wavelengths and generation of the photocurrent (89).

Flow cytometry has been used on sperm for reproductive purposes including sperm sexing, and evaluating sperm quality and DNA integrity (92)(93). Improvements have been developed for flow cytometry-based sperm sexing in sorting efficiency. Numerous factors have been tested to generate an efficient method for sperm sexing. Flow cytometric factors studied were



measurement resolutions, statistical and timing aspects, and cell orientation (92). Measurement resolution was tested to identify X- and Y- sperm which have only small differences in DNA content, by reducing background “noise” (92). Cell orientation is an important aspect of organizing sperm through flow cytometry as optical measurement artefacts can arise due to the shape of the sperm head (92). Further improvements have increased sperm sorted per second from 100-200 to 6000 sperm per second with optimized flow cytometry protocols (92).

Flow cytometry can also be used to evaluate the sperm quality in men. It has been applied to count sperm, and assess sperm viability, motility, apoptotic-like markers, acrosome reaction and DNA content (93). Two main flow cytometry-based assays have been explored, DNA stainability and sperm chromatin structure assay. DNA stainability works through DNA-specific dyes such as, DAPI, ethidium bromide/mithramycin and propidium iodide and the combination of chromatin packaging and flow cytometry techniques (93). The assay has been able to identify correlations between fertility capability and an increased abnormal sperm fraction (93). Sperm chromatin structure assays (SCSA) define sperm as normal or abnormal based on the amount of single-stranded DNA which it contains. SCSA parameters are used to detect breaks in the DNA strands (93). SCSA results are independent of sperm morphology, motility, and concentration, however, have been used toxicological, clinical and epidemiological studies. SCSA’s have demonstrated a relationship between fertility potential and chromatin integrity within sperm. Studies suggest that when >30% sperm have altered chromatin, it can predict infertility (93)(94)(95).

1.7.1 Aims and Hypotheses of the thesis

Previous studies have aimed to achieve an optimized affinity-based approach for the isolation of sperm. Sperm-binding antibodies have been previously tested in isolated sperm samples however, this study aimed to optimize the use of three main antibodies α -SPAM1, α -SPACA1, and α -ZPBP for sperm detection in mixed sperm/vaginal cell samples.

The study aimed to achieve the following:

1. To determine the cross-reactivity of the α -sperm antibody cocktail to the VK2/E6E7 vaginal (ATCC® CRL2616™) cells using flow cytometry under the optimal conditions for sperm capture.
2. To determine the specificity and sensitivity of the α -sperm antibody cocktail for detecting sperm cells in a mock sexual assault swab sample using flow cytometry.



(for secondary antibody binding detection in stained samples). Linear and log voltages were explored and optimized to display both cell types on one graph. Multiple gating strategies were explored for data collection including a histogram to display positive cells. The Canto™ II CA had a stopping gate of 30,000 events, within the forward and side scatter gating strategy. The retrieved data was analysed using FlowJo™ version 8.0 software and was used in recording the global mean fluorescence intensity (MFI) and the percentage of positive cells.

3. Results

3.1 FLOQSwab® saturation experiment

To determine the maximum volume saturation of FLOQSwabs®, the protocol as per section 2.5 was conducted. Three centrifugation times were tested to optimize liquid extraction. The average liquid extraction when centrifuged for 1 minute was 140 µL as seen in Table 6. 1 minute 30 seconds and 2 minutes centrifugation produced 142 µL of water. Time and swab limitations resulted in only two tests conducted for 1 minute 30 seconds and two minutes centrifugation. Including the limitations, the optimal centrifugation time for a FLOQSwab® is 1 minute 30 seconds with an average saturation volume of 142 µL.

Table 6: The total saturation volumes (µL) of FLOQSwabs®. The swabs were dipped in a tray with 10mL of water for 5 seconds. Then placed in spin baskets within a 1.5mL Eppendorf tube and centrifuged at 4226 rpm for 1, 1 minute 30 seconds, and 2 minutes. Five swabs tested for 1 minute, and 2 swabs tested for each 1 minute 30 seconds and 2-minute centrifugation.

	1 minute	1 min 30 sec	2 minutes
Mean	140	142	142
Standard Deviation	13.99	4.51	5.51

3.2 Determination of epithelial cell binding to FLOQSwabs®

The binding of VK2 E6/E7 epithelial cells to FLOQSwabs was tested on 6 swabs as per section 2.6. Cells per swab was calculated using the cell recovery and the final volume eluted from the swab. Out of the six swabs the mean cell recovery per swab was 18,109 (+/- 2896.15) cells/swab. The lowest cell recovery was 12730 cells/swab and highest 22213 cells/swab (Table 7 and Figure 8). The mean percentage of cell recovery was 50.71% from the swab. The conditions throughout the experiment remained consistent however, fluctuations of cell recovery were seen among different swabs.

3.3.5 Epithelial and sperm cell cross-reactivity with α -SPAM1, α -SPACA1, and α -ZBP1 cocktail.

The cross-reactivity of the antibody cocktail with the use of anti-rabbit Alexa Fluro™ 488 for visualisation was determined using the protocol stated in section 2.7.4. The log voltages used consistently throughout the experiment were FSC – 75V, SSC – 161V, FITC – 490V, and APC-Cy7 – 440V. The voltage allowed for visualisation of both the epithelial and sperm cells, as displayed in Figure 16. 30,000 events were recorded for each sample, due to the amount of sample present in the tube. The experiment had a epithelial to sperm cell concentration ratio of 1:10.

The results from the experiment demonstrated cell overlapping as the sperm cell population spread upward into the epithelial quadrant and the epithelial cell bled down (Figure 16 section “B” and “C” respectfully). The mixed cell sample stained with the antibody cocktail, anti-rabbit Alexa Fluro™ 488 and viability dye had 12.7% positive sperm cells binding to the cocktail (Figure 16 section “D”).

The highest frequency of sperm cells in quadrant 1 as displayed in Figure 16 is, the mixed sample with live cells stained with the antibody cocktail and viability dye with 3.71% of sperm cells. The highest frequency of epithelial cells in quadrant 2 was the epithelial cell sample stained with the antibody cocktail and viability dye with 3.31% of cells. The cells in quadrant 1 are assumed to be sperm cells which have bound to the antibody cocktail and, quadrant 2 are the epithelial cells which are assumed to have bound. The limitation of the gating strategy presented in Figure 16 is that there were no definitive spaces in all the cell populations therefore, it is possible for some cells to “bleed” into other quadrants.

The global MFI remained consistent throughout both cell types represented in section “B” and “D”. Unstained live sperm cells produced the lowest global MFI out of all of the samples at 2233.

The control samples for the percentage of positive cells acted as expected as they were the lowest percentages in their relative quadrants. The sperm cell sample stained with the antibody cocktail, viability dye and anti-rabbit Alexa Fluro™ 488 had the highest percentage of positive cells at 22.3% in quadrant three. Quadrant four had high percentages of positive cells in the epithelial cell control samples. The increased fluorescence in the unstained samples suggest the vaginal epithelial cells have high autofluorescence. The epithelial sample stained with the antibody cocktail, viability stain, and anti-rabbit Alexa Fluro™ 488 displayed 31.6% positive cells however, due to the unstained results this may be due to autofluorescence

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