

1 **Does the molecular and metabolic profile of human granulosa cells correlate with oocyte fate?**  
2 **New insights by Fourier transform infrared microspectroscopy (FTIRM) analysis**

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20 **Running title:** Vibrational characterization of human granulosa cells

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**38 Abstract****39 STUDY QUESTION**

40 Does the molecular and metabolic profile of human mural granulosa cells (GCs) correlate with  
41 oocyte fate?

**42 SUMMARY ANSWER**

43 A close relation between the metabolic profile of mural GCs and the fate of the corresponding  
44 oocyte was revealed by the analysis of selected biomarkers defined by GC Fourier transform  
45 infrared microspectroscopy (FTIRM) analysis

**46 WHAT IS KNOWN ALREADY**

47 In ART, oocyte selection is mainly based on the subjective observation of its morphological  
48 features; despite recent efforts, the success rate of this practice is still unsatisfactory. FTIRM is a  
49 well-established vibrational technique recently applied to evaluate oocytes quality in several  
50 experimental models, including human.

**51 STUDY DESIGN, SIZE, DURATION**

52 GCs retrieved from single-follicle aspirates were obtained with informed consent from 55 women  
53 undergoing controlled ovarian stimulation for IVF treatment.-GCs were analysed by FTIRM to  
54 retrospectively correlate their spectral features with the fate of the companion oocytes. The study  
55 has been conducted between March 2016 and September 2017.

**56 PARTICIPANTS/MATERIALS, SETTING, METHODS**

57 Patients were selected according to the following inclusion criteria: age <40 years; non-smokers; no  
58 ovarian infertility diagnosis (only tubal, idiopathic and male infertility); regular ovulatory menstrual  
59 cycles (25-30 days) with FSH < 10 IU/l on day 3 of the menstrual cycle; sperm sample with a total  
60 motility count after treatment  $\geq 300.000$ ; number of retrieved oocytes  $\geq 8$ .

61 Based on the clinical outcome of the corresponding oocyte, GCs were retrospectively classified into  
62 the following experimental groups: clinical pregnancy (CP), fertilization failure (FF), embryo  
63 development failure (EDF), and implantation failure (IF). All samples were analysed by the FTIRM  
64 technique. The spectral biomarker signature of different oocyte fates was derived by several feature  
65 selection procedures ('Leave-one-out' method on factorial discriminant analysis (FDA), variable  
66 characterization method, and logistic regression method with the multinomial Logit model).  
67 ANOVA, permutational multivariate ANOVA, FDA, and canonical analysis of principal co-  
68 ordinates statistical tools were also applied to validate the identified spectral biomarkers.

## 69 **MAIN RESULTS AND THE ROLE OF CHANCE**

70 In total, 284 GCs samples were retrieved and retrospectively classified as FF: (N= 92), EDF (N=  
71 113), IF (N= 56), and CP (N= 23). From the spectral profiles of GCs belonging to CP, FF, EDF and  
72 IF experimental groups, 17 spectral biomarkers, were identified by several feature selection  
73 procedures ( $p < 0.0001$ ). These biomarkers were then validated by applying multivariate tools, to  
74 evaluate their ability to segregate GCs samples into the four experimental groups. FDA showed a  
75 clear separation along the F1-axis (62.75% of discrimination) between GCs from oocytes able (CP,  
76 IF groups) or not (FF, EDF groups) to develop into embryos; the F2-axis (24.14% of  
77 discrimination) segregated the embryos that gave pregnancy (CP) from those that failed  
78 implantation (IF). The confusion matrix (total percentage of correctness=80.25%) obtained from  
79 this analysis pinpointed that GCs from oocytes unable to develop into embryos (FF, EDF) were  
80 better characterized than those from oocytes able to give viable embryos (CP, IF). ANOVA ( $p <$   
81  $0.05$ ) analysis pinpointed that: each experimental group showed specific macromolecular traits,  
82 ascribable to different biological and metabolic characteristics of GCs; these metabolic features  
83 were likely associated with different oocytes fates, but not to patient characteristics, since from the  
84 same patient we obtained GCs with different metabolic profiles.

## 85 **LIMITATIONS, REASONS FOR CAUTION**

86 The study is based on a small sample size but provides proof of concept that the GCs' metabolic  
87 profile is associated with the companion oocyte fate. The generated model should be further tested  
88 on a larger cohort of patients, classified in a similar manner, to assess the potential predictive value  
89 of this approach. Ultimately, validity of the proposed approach should be tested in a RCT.

## 90 **WIDER IMPLICATIONS OF THE FINDINGS**

91 For the first time, the FTIRM analysis of human GCs has demonstrated an approach to better  
92 understand the molecular crosstalk between follicular cells and oocytes and has identified potential  
93 spectral biomarkers for improving human IVF success rate.

## 94 **STUDY FUNDING/COMPETING INTEREST(S)**

95 The study was funded by GFI grant. The authors declare that there is no conflict of interest.

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98 **Keywords:** Fourier transform infrared microspectroscopy, granulosa cells, oocytes, embryos,  
99 fertilization, embryo development, implantation, pregnancy

100

## 101 **Introduction**

102 In the clinical routine of ART, oocyte selection is mainly based on the morphological features of its  
103 cytoplasm, polar body and cumulus cells (Balaban and Urman, 2006). All these criteria for grading  
104 and screening oocytes are subjective and controversial, and seem not to be related to the intrinsic  
105 competence of the oocyte (Serhal *et al.*, 1997; Balaban *et al.*, 1998; Guerif *et al.*, 2010; Ruvolo *et*  
106 *al.*, 2013). Moreover, the current knowledge of the mechanisms determining oocyte quality is still  
107 insufficient: what is known is that the relationship between the oocyte and its surrounding somatic  
108 cells is more complex than previously thought, and represents a determining factor for later  
109 developmental competence, crucial for the success of ART procedures (Suh *et al.*, 2002). In this  
110 light, the improvement of the oocyte quality assessment must be considered as critical to achieve  
111 higher success rates in ART. Helpful information can derive from the study of granulosa cells  
112 (GCs), which play a dominant role in regulating the development and competence acquisition of the  
113 oocyte and in maintaining the microenvironment as appropriate (Kidder and Vanderhyden, 2010).  
114 In fact, it is well known that the process of acquisition of oocyte competence, defined as the ability  
115 of an oocyte to be fertilized and to develop to the blastocyst stage, strictly depends on the follicular  
116 microenvironment (Al-Edani *et al.*, 2014) . All the processes involved in folliculogenesis heavily  
117 rely upon bi-directional interactions between germ cells and the surrounding GCs (Kidder and  
118 Vanderhyden, 2010). GCs are known to support oocyte growth (Brower and Schultz, 1982), control  
119 the advance of meiosis steps (Eppig, 1991), and regulate the oocyte transcriptional activity (De La  
120 Fuente and Eppig, 2001). Furthermore, GCs carry out these important functions through the  
121 production of steroid hormones such as estradiol and progesterone (Canipari, 2000), and of essential  
122 nutrients for oocyte development, modulating carbohydrate metabolism, and lipid synthesis,  
123 oxidation and storage in lipid droplets (Canipari, 2000; Chronowska, 2014). Hence, oocyte quality  
124 is strongly related to GC functions, and the identification of specific molecular markers related to  
125 the activity of these cells could be potentially used to predict oocyte quality (Uyar *et al.*, 2013).  
126 Fourier transform infrared microspectroscopy (FTIRM) is a well-established vibrational technique,  
127 widely applied to various biomedical fields in life sciences for diagnostic purposes (Baker *et al.*,  
128 2014). The coupling of infrared spectroscopy with visible light microscopy offers the possibility to  
129 detect, at the same time and on the same sample, unique chemical and biological information about  
130 the composition and the structural building blocks of the sample (Matthäus *et al.*, 2008; Movasaghi  
131 *et al.*, 2008). In fact, the analysis of FTIR spectral bands in terms of position, intensity and width,  
132 makes it possible to detect functional groups, bonding types and conformations of the most relevant  
133 biological molecules (proteins, lipids, sugars and nucleic acids) (Wolkers and Oldenhof, 2010).

134 Several studies have been already carried out on the FTIR analysis of female gametes (Giorgini *et*  
135 *al.*, 2014). In a previous work, we obtained, for the first time, the infrared molecular fingerprint of  
136 human oocytes retrieved from patients of different age: alterations in plasma membrane, protein  
137 pattern, nucleic acids and metabolic processes were observed in oocytes from older patients  
138 (Gioacchini *et al.*, 2014). An attempt to correlate the metabolomic profile of spent culture media by  
139 near infrared spectroscopy with embryo viability in frozen–thawed embryo transfer cycles was also  
140 carried out (Vergouw *et al.*, 2011).

141 Considering the successful biomedical application of these spectroscopic techniques and the need  
142 for biological information not affected by the clinic environment and user manipulation, we  
143 performed, for the first time, the FTIRM analysis of human GCs. The study aimed to define the  
144 macromolecular and metabolic profile of single-follicle luteinized GCs; and retrospectively  
145 correlate these spectral data to the companion oocyte fate (in terms of clinical pregnancy (CP),  
146 fertilization failure (FF), embryo development failure (EDF), and implantation failure (IF)).

147

## 148 **Materials and Methods**

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150 The study was approved by the Ethic Committee of 9.baby - Family and Fertility Center (Bologna,  
151 Italy) and was carried out in full accordance with ethical principles, including The Code of Ethics of  
152 the World Medical Association (Declaration of Helsinki) for experiments involving humans.  
153 Approval for the study was obtained from the local Institutional Review Board. Selected patients  
154 signed a written informed consent before participation to the study, which included the donation of  
155 GCs.

156

### 157 *Patient selection*

158 The study included 55 couples attending 9.baby - Family and Fertility Center (Bologna, Italy) for  
159 ART. Women were selected on the basis of the following inclusion/exclusion criteria: no smoking  
160 habit, age <40 years, number of retrieved oocytes  $\geq 8$ , diagnosis of tubal or idiopathic infertility,  
161 regular menstrual cycles (25-30 days), and FSH levels < 10 IU/I on Day 3 of menstrual cycle. Male  
162 partners had a sperm total motile count after treatment  $\geq 300.000/\text{ml}$ .

163

### 164 *Ovarian stimulation protocol*

165 Controlled ovarian stimulation (COS) was induced using a GnRH agonist (Enantone, Takeda,  
166 Rome, Italy) or an antagonist (Cetrotide, Serono, Rome, Italy; or Orgalutran, Organon, Rome, Italy)  
167 and recombinant or urinary FSH (Gonal-F, Serono, Rome, Italy or Meropur, Ferring, Milan, Italy,

168 respectively). A dose of 10,000 IU hCG (Gonasi, Amsa, Rome, Italy) or one ampoule of  
169 recombinant hCG (Ovitrelle, Serono, Rome, Italy) was administered to achieve final oocyte  
170 maturation when one or few follicles reached a maximum diameter of >23 mm. Oocyte collection  
171 was performed transvaginally, under ultrasound guidance, 36 h after hCG injection.

172

### 173 *GC sample collection*

174 GCs were obtained from single-follicle aspirates of oocytes retrieved. Follicular fluid was  
175 centrifuged at 1100x g for 10 min—at room temperature. The supernatant was discarded and the  
176 pellet was dissolved in 2 mL of Sydney IVF Gamete Buffer Medium (Cook IVF, Brisbane,  
177 Australia) and overlaid on a 80%-40% discontinuous gradient of silica particles suspension (1 mL  
178 PureSperm 40 and 1 mL PureSperm 80; Nidacon, Goteborg, Sweden) and centrifuged at 1600x g  
179 for 13 min at room temperature. After centrifugation, three layers were observed: a top layer  
180 containing the follicular fluid, a middle ring-like layer containing GCs and a bottom layer  
181 containing erythrocytes. GCs were recovered from the middle ring-like layer using a Pasteur pipette  
182 and placed into 1 mL of NaCl 0.9% solution (Fresenius Kabi, Bad Homburg, Germany). In the  
183 presence of contaminating red blood cells after initial isolation, a second step of gradient separation  
184 was repeated. Isolated GCs were centrifuged at 300x g for 10 minutes. The supernatant was  
185 discarded and the pellet re-suspended in 1 mL of NaCl 0.9% solution and washed again at 300x g  
186 for 10 minutes. After additional centrifugation for 5 min at 600x g, the cell pellet was re-suspended  
187 in 100 µl of sterile NaCl 0.9% solution. All centrifugations were carried out at room temperature.

188 Before infrared (IR) measurements, all samples were first screened by transmitted light microscopy  
189 to verify possible gross contamination by cumulus cells (CC). Moreover, in order to rule out the  
190 presence of residual CC in the samples, we performed the FTIRM characterization of both CCs and  
191 GCs, obtaining two very different and well discernable spectral profiles that were used to confirm  
192 the purity of the samples analysed in the study. Samples contaminated by CCs were discarded.

193

### 194 *Oocytes culture, insemination, embryo culture and transfer*

195 Oocytes were collected, rinsed and placed individually in 50 µl drops of Sydney IVF Fertilization  
196 Medium (Cook IVF, Brisbane, Australia) at 37 °C, 6 % CO<sub>2</sub>, 5 % O<sub>2</sub> e 89 % N<sub>2</sub> until insemination.  
197 From this step on, every oocyte was cultured and handled singly until the embryo transfer to  
198 confirm its perfect correspondence with its own follicular fluid and in turn with its own granulosa  
199 cells.

200 Semen preparation procedures and ICSI were carried out as previously described (Borini *et al.*,  
201 1996).

202 Approximately 40 hours after hCG administration, the oocytes were inseminated by standard ~~the~~  
203 ~~conventional~~ IVF (22 patients) or ICSI (33 patients) technique.

204 At 16–18 h after insemination (Day 1), normal fertilization was assessed by observing the presence  
205 of two pronuclei and zygotes were placed in fresh Sydney IVF Cleavage Medium (Cook IVF,  
206 Brisbane, Australia). Embryo culture was carried out in an Embryoscope (UnisenseFertiliTech,  
207 Denmark), an integrated embryo-culture time-lapse microscopy system, in a N<sub>2</sub>/CO<sub>2</sub>/O<sub>2</sub> (89:6:5,  
208 v/v) atmosphere at 37°C without control of humidity. On Day 3, embryos were transferred into  
209 Sydney IVF Blastocyst Medium (Cook IVF, Brisbane, Australia) and cultured until Day 5 or Day 6.  
210 Transfer of a single blastocyst was performed on Day 5 or on Day 6. Blastocysts were evaluated on  
211 the basis of the degree of expansion, and quality of inner cell mass and trophoctoderm cells, as  
212 described in the modified Gardner and Schoolcraft grading system by Cornell's group (Veeck and  
213 Zaninović, 2003).

214 Clinical pregnancy was confirmed by both high levels of hCG and ultrasound detection of a  
215 gestational sac.

216 Supernumerary blastocysts were individually cryopreserved using a vitrification protocol (Kitazato  
217 BioPharma Co, Japan) with a closed-system device (HSV straw, Cryo Bio System, France) as  
218 previously described (Cobo *et al.*, 2008).

219

### 220 *Experimental design*

221 In total, 284 GCs samples retrieved from the 55 enrolled patients were retrospectively classified  
222 according to the corresponding oocyte clinical outcome into the following experimental groups:

223 **FF:** GCs from oocytes that failed to support a normal fertilization, (N= 92).

224 **EDF:** GCs from oocytes developing into embryos that arrested during culture between day 2 and  
225 the time of transfer (day 5 or day 6), (N= 113).

226 **IF:** GCs cell from oocytes developing into good quality embryos that failed to implant after  
227 transfer, (N= 56).

228 **CP:** GCs from oocytes developing into good quality embryos that gave rise to a clinical pregnancy  
229 after transfer, (N= 23).

230 The methodological process of the study is sketched in Figure 1.

231

### 232 *FTIRM data collection*

233 The FTIRM analysis was carried out at the infrared beamline SISSI (Synchrotron Infrared Source  
234 for Spectroscopic and Imaging), Elettra-Sincrotrone Trieste, Italy. A Hyperion 3000 Vis-IR

235 microscope equipped with a nitrogen-cooled HgCdTe detector (MCT\_A) and coupled with a Vertex  
236 70 interferometer (Bruker Optics GmbH, Ettlingen, Germany) was used.

237 The GC suspensions (10  $\mu\text{L}$  each, at  $\sim 10^5$  cells/ml) were dropped with a Gilson pipette onto  $\text{CaF}_2$   
238 UV grade optical windows for IR analysis (38.0x26.0x1.0 mm, Crystran Ltd.) and then left to dry at  
239 room temperature under a biological hood for 30 minutes. For each GC sample, 30 zones with  
240 dimensions of 30x30  $\mu\text{m}$  containing densely packed cell monolayers were selected by visible  
241 microscopy. On these areas the corresponding IR spectra were acquired in transmission mode, with  
242 a conventional GlowBar source. A 15X Schwarzschild objective (NA=0.4, working distance=24  
243 mm) matched with a 15X condenser in the Mid-IR region were used. Each spectrum was collected  
244 with a spectral resolution of 4  $\text{cm}^{-1}$  in the IR spectral range 4000-800  $\text{cm}^{-1}$  and was the result of an  
245 average of 256 scans. A background spectrum was collected before each sample analysis on a clean  
246 zone of the optical window.

247

#### 248 *Pre-processing procedure of IR spectra*

249 All the absorbance IR spectra acquired were corrected for water vapour and  $\text{CO}_2$  contributions by  
250 running the Atmospheric Compensation routine of OPUS software, and vector normalized in the  
251 entire spectral range, to mitigate for non-homogeneous thickness of samples (OPUS 7.1 software,  
252 Bruker Optics GmbH, Germany). Spectra were then cut in the spectral range 4000-1191  $\text{cm}^{-1}$  owing  
253 to the possible presence, at lower wavenumbers, of bands related to contaminants used during the  
254 GC collection step.

255 To discard outliers, all the spectra acquired for each sample were analysed as follows. The areas of  
256 the 2990–2899  $\text{cm}^{-1}$  and 1775–1191  $\text{cm}^{-1}$  spectral intervals were calculated by drawing a straight  
257 line between the aforementioned wavenumber limits and integrating the area above this line  
258 (Integration Mode B, OPUS 7.1 software); their sum was defined as the overall cellular  
259 biomolecular content (Cell). For each GC sample, the mean of Cell  $\pm$  SD was calculated, and all the  
260 spectra with values outside this range were discarded. Only those GC samples with at least 15  
261 remaining spectra were further analysed.

262

#### 263 *IR data analysis*

264 On each IR spectrum, specific bands of biological relevance were identified. For each of them, the  
265 corresponding spectral interval and the assignment to specific cellular functional groups were  
266 reported (Table I). Then, for all these bands, the area integrals were obtained by using the  
267 aforementioned Integration Mode B and used to calculate specific band area ratios (Table II).

268



269 *Biomarker signature*

270 For the biomarkers signature a balanced dataset, named DS1, was built. For this purpose, due to the  
271 different size of each experimental group (**CP**, N=23; **FF**, N=92; **EDF**, N=113; **IF**, N=56), not all  
272 the analysed GC samples were used; in particular, all the **CP** GCs (N=23) were selected, while for  
273 **FF**, **EDF** and **IF** GCs, only 23 samples were randomly selected, respectively. The validation of this  
274 random selection was performed by exchanging, one by one, the samples included in the dataset  
275 with others belonging to the same experimental group (data not shown). Approximately, for each  
276 patient, two samples belonging to different experimental groups were chosen, for a total of 92 GC  
277 samples. DS1 was composed of 1043 rows, corresponding to the IR spectra of these selected GCs  
278 samples (290 for **CP**, 286 for **FF**, 200 for **EDF**, and 267 for **IF**), and 19 columns corresponding to  
279 all the band area ratios calculated on these IR spectra and reported in Table II.

280 To identify the minimal subset of band area ratios (feature selection) necessary and non-redundant  
281 to segregate and characterize the experimental groups **CP**, **FF**, **EDF**, and **IF** (defined as biomarker  
282 signature), the following statistical approaches were carried out on DS1 (XLSTAT 2017.01,  
283 Addinsoft, New York, NY, USA): '*Leave-one-out*' method on FDA (*Factorial Discriminant*  
284 *Analysis*): FDA was performed by using all the band area ratios in DS1 and removing them one at a  
285 time, to evaluate their relevance in the definition of the experimental groups; *Variable*  
286 *Characterization method*: this method let us characterize the experimental groups, investigating the  
287 relations shared with the characterizing features: hence it provides information on whether a feature  
288 is necessary or not to describe the experimental groups. To this end, a correlation coefficient is  
289 calculated between the categorical variable to characterize (experimental group) and the  
290 characterizing feature (band area ratio): if this coefficient is different from 0, a significant  
291 dependence exists between the categorical variable (experimental group) and the features (band  
292 area ratios). The statistical significance was determined by the Fisher F-test ( $p < 0.05$ ); *Logistic*  
293 *Regression method with the Multinomial Logit model*: this method was performed to link a set of  
294 selected features (band area ratios) with the probability of occurrence/non-occurrence of an event  
295 (the probability that a GC sample belongs to one of the experimental groups), after classifying the  
296 features according to their importance and usefulness to distinguish the experimental groups. The  
297 null hypothesis (H0) was tested to define whether the variables (features) bring significant  
298 information: in particular, the Likelihood ratio test ( $-2 \text{ Log(Likelihood)}$ ), the Score test and the  
299 Wald test were performed comparing the model (built on the basis of DS1, composed of  
300 observations divided into experimental groups and features) with a simpler model composed of only  
301 one given constant. In addition, to determine whether all the selected features bring significant  
302 information, a further check was performed, running the Likelihood ratio test and removing one

303 feature at a time: if  $Pr > LR$  (where  $Pr$  is the probability and  $LR$  is the likelihood ratio Chi square) is  
304 smaller than a selected significance threshold ( $p$  value 0.05), then the feature is necessary to  
305 describe the group.

306

### 307 *Biomarker validation*

308 To validate the selected biomarkers two multivariate statistical analyses were performed on a new  
309 dataset, named DS2, composed of 1043 rows, corresponding to the IR spectra on which band area  
310 ratios were calculated (290 for **CP**, 286 for **FF**, 200 for **EDF**, and 267 for **IF**) and of 17 columns,  
311 corresponding to the 17 spectral biomarkers selected. In particular, permutational multivariate  
312 ANOVA (PERMANOVA) and factorial discriminant analysis (FDA) (Primer-E, Plymouth, UK)  
313 were carried out by using DS2. PERMANOVA is a distribution- and parameter-free multivariate  
314 analysis of variance, which uses permutations to estimate the statistical significance  
315 (PERMANOVA+ add-on package of the PRIMER-E software v. 6, Plymouth, UK.). The data  
316 included in DS2 were normalized and organized in a Euclidean-distance matrix; the number of  
317 permutations was always set at 999. Statistical significance was set at 0.05 and was evaluated by the  
318  $p$  value obtained by the permutation procedure for each term, named P(perm) (Anderson, 2001),  
319 and by the Monte Carlo random draws from the asymptotic permutation distribution, named P(MC)  
320 (Anderson and Robinson, 2003). A pair-wise PERMANOVA was also performed to carry out a  
321 one-to-one correlation of all the experimental groups.

322 FDA enabled determination of which biomarkers were useful and necessary to discriminate GCs  
323 previously classified into the experimental groups (XLSTAT 2017.01, Addinsoft, New York, NY,  
324 USA). Statistical significance was set at  $p < 0.05$ . The null hypothesis ( $H_0$ ) that the within-class  
325 covariance matrices are equal was evaluated by the Box's test (carried out both with chi-square and  
326 Fisher's F asymptotic approximations) and the Kullback test. Wilks' Lambda test was also used to  
327 reject the null hypothesis that the mean vectors of the experimental groups are equal.

328 In addition, to further strengthen the validation of biomarkers previously selected canonical analysis  
329 of principal co-ordinates (CAP) was performed on a new dataset, named DS3. DS3 was built  
330 including only the average values of the biomarkers for each GC sample, hence composed as  
331 follows: n. 23 rows for **CP**, n. 23 rows for **FF**, n. 23 rows for **EDF** group, and n. 23 for **IF** group,  
332 for a total of 92 rows and 17 columns, corresponding to the 17 spectral biomarkers selected. CAP is  
333 a constrained ordination method, which tests for significant differences among the *a priori* defined  
334 groups in multivariate space (PERMANOVA+ add-on package of the PRIMER-E software, v. 6,  
335 Plymouth, UK), finding the axes through the multivariate cloud of points, which best separate the *a*  
336 *priori* given groups (Anderson and Willis, 2003). The data included in DS3 were normalized and

337 organized in a Euclidean-distance matrix; the number of permutations was always set at 999.  
338 Pearson correlations were used to show linear relationships of spectral data with axes. The  $p$  value  
339 obtained using permutation procedures let us evaluate the *a priori* hypothesis of no difference  
340 within experimental groups. The value of the squared canonical correlation ( $\delta_1^2$ ) was used to  
341 assess the strength of the association between multivariate data and the hypothesis of group  
342 differences. A proper number of principal co-ordinates axes ( $m$ ) was chosen automatically by the  
343 CAP routine. Lastly, a cross-validation procedure was performed for the chosen value of  $m$   
344 (Anderson and Willis, 2003).

345

#### 346 *Macromolecular characterization of GCs belonging to different experimental groups*

347 The DS2 dataset was submitted to ANOVA followed by Dunnett's multiple comparisons test to  
348 better understand and highlight the macromolecular and metabolic pattern characterizing GCs  
349 belonging to each experimental group (OriginPro, version 9.4, OriginLab, Northampton, MA,  
350 USA). Statistical significance was set at  $p < 0.05$ .

351

## 352 **Results**

353

354 Single-follicle aspirate GCs, obtained with informed consent from 55 women undergoing a COS for  
355 IVF treatment, were analysed, for the first time, by using FTIR microspectroscopy. GC samples  
356 were retrospectively classified as CP, FF, EDF, and IF

357 On IR spectra of each GC sample, the following band area ratios were calculated and related to the  
358 concentration and structure of meaningful biomolecules contained in GCs (see Table I and Table II)

359

#### 360 *Biomarker selection*

361

362 The DS1 dataset, containing the 19 band area ratios calculated on all the IR spectra ( $N = 1043$ )  
363 acquired on GCs samples ( $N = 92$ ), was used for the following feature selection procedures.

364 '*Leave-one-out*' method on FDA. FDA was performed both on DS1, including all the 19 band area  
365 ratios (features), and on other 19 datasets, obtained by removing from DS1 one feature at a time.  
366 Supplementary Table SI reports the total percentages of correctness of the classification obtained by  
367 comparing the results from all datasets. The correctness percentage of the classification was  
368 increased when excluding PH1/LIP (phosphate 1/lipids) and 1400/LIP. Conversely, for the  
369 remaining 17 investigated features, the total percentage of correctness was lower than the one  
370 achieved using all the band area ratios.

371

372 In the variable characterization method, the characterization of the categorical variable  
373 'experimental group' was performed in order to elucidate the link it shared with the selected  
374 features (band area ratios). In this light, the correlation coefficient was calculated between the  
375 categorical variable and the characterizing feature, and then its value was analysed by Fisher F-test,  
376 in order to identify a possible dependence existing between the categorical variable (experimental  
377 group) and the features (band area ratios). For all the variables, the overall correlation coefficient  
378 was significantly different from 0, except for 1400/LIP ( $p = 0.243$ ) and PH1/LIP ( $p = 0.367$ )  
379 (Supplementary Table SII).

380

381 The logistic regression with multinomial logit model method was performed to classify the features  
382 according to their importance and usefulness for distinguishing the experimental groups. The null  
383 hypothesis ( $H_0$ ) was tested to define if all the features bring significant information, by the  
384 Likelihood ratio test ( $-2 \text{Log(Likelihood)}$ ), the Score test and the Wald test: the model constructed  
385 on the basis of DS1 was compared with a simpler model composed of only one given constant ( $H_0$ :  
386  $Y = 0.274$ ). Supplementary Table SIII reports the results of the three tests, in terms of probability of  
387 the Chi-square test ( $\text{Pr} > \text{Chi}^2$ ) which is always lower than 0.0001, letting us conclude that  
388 significant information is provided by the variables, and the model based on DS1 is more robust  
389 than the one related to the null hypothesis.

390 In addition, to determine whether all the selected features bring significant information, the  
391 Likelihood ratio test was performed removing one feature at a time:  $\text{Pr} > \text{LR}$  (where  $\text{Pr}$  is the  
392 probability and  $\text{LR}$  is the Likelihood Ratio Chi Square) checked for each feature, was smaller than  
393 0.05. Hence, all the features, except for PH1/LIP and 1400/LIP, are necessary to describe the model  
394 (Supplementary Table SIV).

395 According to the results obtained by the three feature selection procedures ('Leave-one-out' method  
396 on FDA, Variable Characterization method, and Logistic regression method with Multinomial Logit  
397 Model), the following 17 features were selected as biomarkers and used to build a new dataset,  
398 DS2: Lipids/overall cellular biomolecular content (LIP/CELL), Proteins/overall cellular  
399 biomolecular content (PRT/CELL), AmideI/AmideII (AI/AII), Lipids/Proteins (LIP/PRT),  
400 Phosphate 1/ overall cellular biomolecular content (PH1/CELL), Phosphate 1/Proteins  
401 (PH1/PRT), Carbonyl ester of fatty acids/ overall cellular biomolecular content (COO/CELL),  
402 Carbonyl ester of fatty acids/Lipids (COO/LIP), 1400/Proteins 1400/PRT, 1460/Proteins  
403 (1460/PRT), 1400/1460, 1460/Lipids (1460/LIP), Unsaturated alkyl chains of lipids/ overall cellular  
404 biomolecular content (CH/CELL), Unsaturated alkyl chains of lipids/Lipids (CH/LIP), Unsaturated

405 alkyl chains of lipids/ Methyl groups of cellular lipids (CH/CH<sub>3</sub>), Methylene groups of cellular  
406 lipids/Lipids (CH<sub>2</sub>/LIP), and Methyl groups of cellular lipids/ Methylene groups of cellular lipids  
407 (CH<sub>2</sub>/CH<sub>3</sub>).

408

409 *Biomarker validation*

410

411 The PERMANOVA analysis indicated a strong discerning effect of the 17 selected biomarkers in  
412 the segregation of GCs samples from **CP**, **FF**, **EDF**, and **IF** experimental groups ( $P(\text{perm}) = 0.001$ ,  
413  $P(\text{MC}) = 0.001$ ) (Supplementary Table SV). A pair-wise PERMANOVA was also performed to  
414 compare all pairs of experimental groups. Table III provides pair-wise post-hoc test results, which  
415 confirm a statistically significant discerning potential of the 17 selected biomarkers with respect to  
416 **CP**, **FF**, **EDF**, and **IF** GCs.

417

418 The results obtained from the two Box's tests, carried out by using the chi-square asymptotic  
419 approximation and the Fisher's F asymptotic approximation, and by the Kullback test  
420 (Supplementary Table SVI), confirmed the need to reject the hypothesis that the covariance  
421 matrices are equal among the groups.

422 The interpretation provided for the tests cited above, established that, as the computed  $p$  value is  
423 lower than 0.05, the null hypothesis  $H_0$  that the within-class covariance matrices are equal, should  
424 be rejected. F1 and F2 factors, with a cumulative discrimination percentage of 86.887, were used to  
425 perform FDA. The plot describing how the 17 selected biomarkers correlate with F1 and F2 factors  
426 is reported in Figure 2A.

427 GC samples were classified by testing the posterior probability of the observations to belong to one  
428 of the experimental groups. The overall success of classification was of 80.25% (Table IV); in  
429 particular, the confusion matrix resulting from the analysis reporting the percentage of well  
430 characterized observations, showed that the best characterized group was **EDF** (88.50%), followed  
431 by **FF** (84.97%), **IF** (78.65%) and then **CP** (71.38%).

432 The percentages were obtained dividing the number of well classified observations by the total  
433 number of observations. Figure 2B shows the observations plotted on the factor axes.

434

435 CAP analysis was performed by using the DS3 dataset (see Materials and Methods). The plot  
436 obtained by CAP routine, showing the segregation of the four experimental groups and the Pearson  
437 correlations as vectors, is reported in Figure 3.

438 The cross-validation procedure assigned 69.565% of observations to **CP**, 73.913% to **IF**, 82.609%  
439 to **FF** and 91.304% to **EDF**, with a total correctness of 79.348% (Table V).

440 Percentages of correctness were calculated dividing the number of well classified observations by  
441 the total number of observations. The very large (0.82259) first squared canonical correlation, the *p*  
442 value of 0.001, together with the high cross-validation allocation success, additionally indicate the  
443 significance of the 17 selected biomarkers in segregating GC samples in the experimental groups.

444

445 *Macromolecular characterization of GCs from different experimental groups*

446

447 DS2 was submitted to the ANOVA test for analysing the statistical variance of selected biomarkers  
448 among the experimental groups **CP**, **FF**, **EDF** and **IF**. The results are summarized in Figure 4. Each  
449 group was characterized by specific levels of band area ratios, representative of different biological  
450 and macromolecular traits. In particular, GCs from the **CP** experimental group showed lower values  
451 of the CH<sub>2</sub>/CH<sub>3</sub> and CH<sub>2</sub>/LIP ratios (Figure 4L, M), and higher values of the 1400/1460 ratio  
452 (Figure 4H), indicating a high amount of long chain fatty acids and of branched lipid chains. In **FF**  
453 GCs, higher values of LIP/CELL, CH/CELL, CH/LIP, and CH/CH<sub>3</sub> ratios (respectively, Figure 4A,  
454 I, J, K) were found, representative of an increment of lipids with unsaturated alkyl chains. GCs  
455 from the **EDF** group showed higher values of PRT/CELL (Figure 4B) and lower values of  
456 COO/CELL, COO/LIP and LIP/PRT (respectively, Figure 4D, E, P), indicating lower amounts of  
457 lipids with respect to proteins; moreover, lower values of PH<sub>1</sub>/CELL and PH<sub>1</sub>/PRT (respectively,  
458 Figure 4C, Q) were found suggesting a decrement of phosphate groups with respect to both the total  
459 cellular and protein amounts. **IF** GCs were mostly characterized by higher values of COO/CELL,  
460 COO/LIP and 1460/LIP (respectively, Figure 4D, E, N), suggesting higher amounts of fatty acids;  
461 in addition, an increase of the 1400/PRT, 1460/PRT, AI/AII and LIP/PRT ratios (respectively,  
462 Figure 4F, G, O, P) was detected, suggesting a lower amount of proteins with respect to lipid alkyl  
463 chains.

464

## 465 **Discussion**

466

467 ART is a recognized medical practice leading to the birth of millions of babies, even if the success  
468 rate of such practice is still unsatisfactory (Tarín *et al.*, 2014). Furthermore, Patrizio and Sakkas  
469 stated that only approximately 5% of fresh oocytes retrieved in ART leads to the birth of a baby  
470 (Patrizio and Sakkas, 2009), and it is still not known if the remaining 95% of retrieved oocytes  
471 reflects “natural physiological waste” or if we are not able to correctly assess their quality.

472 In recent years, several studies have been conducted on the CC and GC transcriptome, their  
473 metabolism and other functionalities, to identify molecular biomarkers of oocyte quality  
474 (Adriaenssens *et al.*, 2010; Uyar *et al.*, 2013; Kim *et al.*, 2014; Dumesic *et al.*, 2015; Borup *et al.*,  
475 2016; D'Aurora *et al.*, 2016; Kordus and LaVoie, 2017); however, there is a lack of consensus on  
476 the achieved results (Uyar *et al.*, 2013).

477 In the present study, FTIRM was used for the first time, to characterize the vibrational fingerprint of  
478 GCs from single-follicle aspirates. GC samples were collected from patients selected on the basis of  
479 a specific set of inclusion/exclusion criteria, to avoid biases related to age (Broekmans *et al.*, 2009;  
480 Tatone and Amicarelli, 2013), stimulation protocols (Hamamah *et al.*, 2006; Adriaenssens *et al.*,  
481 2010; Haas *et al.*, 2014), smoking habits (Gannon *et al.*, 2013; Sadeu and Foster, 2013), and  
482 infertility diagnosis (González-Fernández *et al.*, 2010). The spectral information from GCs was  
483 retrospectively related to the corresponding oocyte clinical outcome, in terms of clinical pregnancy  
484 (**CP**), fertilization failure (**FF**), embryo development failure (**EDF**), and implantation failure (**IF**),  
485 and 17 spectral biomarkers were selected.

486 A strong discerning effect of these biomarkers was identified by PERMANOVA analysis, in terms  
487 of segregation of GCs samples into **CP**, **FF**, **EDF**, or **IF** experimental group. In addition, the  
488 analysis of the FDA scores plot highlighted a clear separation of **CP** and **IF** GCs from **FF** and **EDF**  
489 GCs along F1 axis (62.75% of discrimination), and hence between GCs from oocytes that are able  
490 or not able to develop into embryos. Furthermore, the F2 axis (24.14% of discrimination)  
491 segregated **CP** from **IF** GCs, and hence embryos that resulted in a pregnancy from those that failed  
492 implantation. These results are not surprising, because the oocyte contribution is relevant but not  
493 exclusive considering also the role of the paternal contribution during the first stages of embryo  
494 development. Moreover, the embryo implantation capability depends not only on the embryo itself  
495 but also the endometrial receptivity of the patient.

496 The analysis of the plot describing how the 17 selected biomarkers correlate with F1 and F2 factors  
497 is consistent with the results from ANOVA for almost all the biomarkers. In particular, **CP** GCs  
498 were discriminated by the 1400/1460 ratio, COO/LIP, COO/CELL and 1460/PRT ratios were  
499 discriminant for **IF** GCs, while CH/LIP and CH/CELL segregated **FF** GCs; finally, **EDF** GCs were  
500 separated by PH1/PRT and PH1/CELL ratios. The confusion matrix reporting the percentage of  
501 well classified observations, confirmed that GCs from oocytes unable to develop into embryos  
502 (**EDF** and **FF**) were better characterized than those from oocytes able to give viable embryos (**IF**  
503 and **CP**).

504 Finally, the results obtained from CAP analysis were consistent with those obtained from FDA,  
505 demonstrating that the simplified dataset DS3 contains the fundamental information necessary for  
506 the correct classification of GCs into the four experimental groups.

507 Different biological characteristics of GCs belonging to different experimental groups were  
508 pinpointed by ANOVA analysis. Hence, these results confirm the close relation between oocyte fate  
509 and the follicular microenvironment (Dumesic *et al.*, 2015), and shed new light on the specific  
510 biochemical alterations in GCs and how they impact on the different clinical outcomes of their  
511 companion oocytes. In particular, **FF** seemed to be associated with an impairment in GC lipid  
512 metabolism, with higher amount of lipids and unsaturated alkyl chains. Among the main functions  
513 of GCs, lipid metabolism, consisting of lipid oxidation and storage in lipid droplets, is a crucial  
514 factor for correct follicle development (Gilchrist *et al.*, 2008). The utilisation of triglycerides and  
515 fatty acids for metabolic needs relies on the lipolysis of triacylglycerol within lipid droplets,  
516 necessary for oocyte development (Dunning *et al.*, 2014). Hence, our results suggest that GCs with  
517 an impaired lipid metabolism could impair lipid storage of the surrounding oocyte thereby reducing  
518 its ability to be fertilized.

519 In addition, GCs play a crucial role in regulating the pattern protein phosphorylation in the oocyte,  
520 as proved by culturing oocytes with or without follicular cells (Colonna *et al.*, 1989; Cecconi *et al.*,  
521 1991). The alteration in protein metabolism and the decrease in terms of phosphate groups in GCs  
522 belonging to the **EDF** experimental group shown in this study, could suggest an alteration of  
523 phosphorylated protein supply to the oocyte, resulting in a reduced ability of the oocyte to correctly  
524 develop into embryo. A concomitant alteration in both lipid and protein metabolism characterized  
525 by an increment of fatty acids and lower amount of proteins, as found in GCs from the **IF**  
526 experimental group, could be related to an impairment in the capability of the oocyte to develop  
527 into an embryo that can implant properly. Finally, from results concerning GCs belonging to **CP**  
528 experimental group, it is evident that not only the correct amount of macromolecules supplied by  
529 the GCs but also the quality (long chain fatty acid) could make the difference for the fate of the  
530 surrounded oocyte.

531 All these results demonstrate that GCs belonging to different experimental groups are characterized  
532 by specific macromolecular traits, ascribable to different biological and metabolic features.  
533 Moreover, these metabolic differences of GCs are strictly correlated to the companion oocyte fate  
534 and not to patient characteristics, and hence may explain why oocytes retrieved from the same  
535 patient undergo different fates.

536 To conclude, this is a proof-of-concept study suggesting the potential of FTIRM to identify  
537 biochemical differences in human GCs associated with oocytes with different developmental



538 destinies. As such, in the first place this initial finding should be validated with larger groups of  
539 samples obtained from patients selected according to the same selection criteria. Then the  
540 applicability of the identified biomarkers should be verified for samples derived from other patient  
541 typologies, to assess the universality of the methodology. Ultimately, the clinical relevance of the  
542 proposed approach should be tested in a RCT, before introduction into clinical practice (Harper et  
543 al., 2012). Regardless, the identified and validated biomarkers could be the basis for the  
544 development of a data standardization system based on machine learning techniques, with the final  
545 step of establishing a reliable, non-invasive and objective tool to predict oocyte fate by analysing  
546 the vibrational fingerprint of the surrounding GCs. Analysis of follicle cells as an approach to  
547 oocyte assessment and selection, such as that illustrated in the present study, has considerable  
548 potential advantages over more established embryo selection tools, for example preimplantation  
549 genetic testing (PGT). In fact, while PGT is technically highly developed and widespread, it  
550 requires removal of 1-2 blastomeres at the cleavage stage or 3-10 cells from the trophectoderm of  
551 the blastocyst. It has been shown that subtraction of such material is significantly detrimental to  
552 embryo viability at the cleavage stage. Concerns are also growing on the possibility that embryo  
553 biopsy can affect the implantation potential of the blastocyst. On the contrary, methodologies based  
554 on follicle cells analysis are totally non-invasive by definition and therefore promise to bring about  
555 a leap in the quest for safe and efficient oocyte/embryo selection. It is important to note, however,  
556 that any possible gamete/embryo selection tool, even if developed to a high level, can only improve  
557 treatment efficiency, i.e. reduce the effort (e.g. time to pregnancy or the number of attempts in a  
558 time interval) required to achieve a viable pregnancy. In contrast, increments in treatment efficacy  
559 (e.g. overall rate of success) will require more innovative, and difficult to develop, approaches to  
560 improvement of gamete or embryo quality.

561

#### 562 **Authors' roles**

563 GG, EG, OC, and AB designed the experiments; ES and CZ conducted the GCs sampling; LV, GG,  
564 EG and VN performed FTIR measurements; GG, EG and VN performed data analysis; GG, EG,  
565 VN, AB, GC and OC wrote the paper.

566

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569

#### 570 **Conflict of interest**

571 The authors declare no competing interests.

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## 696 **Figure legends**

697 **Figure 1** The methodological process followed in the study.

698 Granulosa cells (GCs) were collected from single-follicle aspirates and retrospectively classified  
699 according to companion oocyte clinical outcomes (**CP**, GCs from oocytes, which gave clinical  
700 pregnancy; **FF**, GCs from oocytes, which failed fertilization; **EDF**, GCs from oocytes, which failed  
701 embryo development, and **IF**, GCs from oocytes, which failed implantation). GCs samples were  
702 analysed by Fourier transform infrared microspectroscopy (FTIRM) and the obtained spectral data  
703 were then submitted to biomarker signature determination. The selected biomarkers were  
704 statistically validated and the macromolecular characterization of GCs was performed.

705 FDA: factorial discriminant analysis, CAP: canonical analysis of principal co-ordinates,  
706 PERMANOVA: permutational multivariate ANOVA

707

708 **Figure 2.** Results of factorial discriminant analysis.

709 (A) FDA correlation chart showing the correlation of each biomarker with F1 and F2 factors. F1  
 710 and F2 have 62.75% and 24.14% of discrimination percentage, respectively, for a cumulative  
 711 percentage of 86.887%.

712 Lipids/overall cellular biomolecular content (LIP/CELL), Proteins/overall cellular biomolecular  
 713 content (PRT/CELL), AmideI/AmideII (AI/AII), Lipids/Proteins (LIP/PRT), Phosphate 1/ overall  
 714 cellular biomolecular content (PH1/CELL), Phosphate 1/Proteins (PH1/PRT), Carbonyl ester of  
 715 fatty acids/ overall cellular biomolecular content (COO/CELL), Carbonyl ester of fatty acids/Lipids  
 716 (COO/LIP), 1400/Proteins 1400/PRT, 1460/Proteins (1460/PRT), 1400/1460, 1460/Lipids  
 717 (1460/LIP), Unsaturated alkyl chains of lipids/ overall cellular biomolecular content (CH/CELL),  
 718 Unsaturated alkyl chains of lipids/Lipids (CH/LIP), Unsaturated alkyl chains of lipids/ Methyl  
 719 groups of cellular lipids (CH/CH<sub>3</sub>), Methylene groups of cellular lipids/Lipids (CH<sub>2</sub>/LIP), and  
 720 Methyl groups of cellular lipids/ Methylene groups of cellular lipids (CH<sub>2</sub>/CH<sub>3</sub>). (B) Two-  
 721 dimensional chart showing the classification of the observations by FDA plotted on the F1 and F2  
 722 factors, with a cumulative discrimination percentage of 86.887%.

723

724 **Figure 3** Results of canonical analysis of principal coordinates.

725

726 Canonical analysis of principal coordinates (CAP) plot showing the constrained ordination of the  
 727 observations plotted on the CAP1 and CAP2 axes, with vector overlay of Spearman rank  
 728 correlations of each biomarkers with CAP axes.

729

730 **Figure 4.** Results of ANOVA test.

731 Box charts show the values of the 17 biomarkers for each experimental group: centre line marks the  
 732 median, edges indicate the 25<sup>th</sup> and 75<sup>th</sup> percentile, whiskers indicate the 5<sup>th</sup> and the 95<sup>th</sup> percentile,  
 733 the black square marks the mean, black circles indicate the minimum and maximum values,  
 734 coloured diamonds indicate the outliers. Different letters above box charts indicate a statistically  
 735 significant difference among groups. Statistical significance was set at 0.05, and calculated by  
 736 ANOVA followed by Dunnett's multiple comparisons test.

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Spectral Interval (cm <sup>-1</sup> )	Vibrational attribution	Label	Cellular features	Reference
2990–2836	Symmetric and asymmetric CH <sub>2/3</sub> stretching modes	<b>Lipids</b>	Saturated alkyl chains of cellular lipids (mainly) and proteins	(Baker <i>et al.</i> , 2014)
3027–2995	=CH stretching mode	<b>CH</b>	Unsaturated alkyl chains of lipids	(Giorgini <i>et al.</i> , 2014)
2992–2948	Asymmetric CH <sub>3</sub> stretching mode	<b>CH<sub>3</sub></b>	Methyl groups of cellular lipids (mainly) and proteins	(Sabbatini <i>et al.</i> , 2013)
2946–2889	Asymmetric CH <sub>2</sub> stretching mode	<b>CH<sub>2</sub></b>	Methylene groups of cellular lipids (mainly) and proteins	(Sabbatini <i>et al.</i> , 2013)
1765–1723	C=O ester moiety stretching	<b>COO</b>	Carbonyl ester of fatty acids	(Gioacchini <i>et al.</i> , 2014)
1723–1591	Mainly C=O stretching in peptide linkage, Amide I	<b>AI</b>	Cellular proteins	(Baker <i>et al.</i> , 2009)
1591–1481	Mainly C-N stretching and N-H deformation in peptide linkage, Amide II, <b>All</b>	<b>All</b>		
1723–1481	Sum of <b>AI</b> and <b>All</b> , <b>Proteins</b>	<b>Proteins</b>		
1480–1426	CH <sub>2/3</sub> bending	<b>1460</b>	Methyl and methylene groups of cellular lipids (mainly) and proteins	(Conti <i>et al.</i> , 2007)
1426–1372	Mainly CH <sub>3</sub> symmetric stretching of protein chains	<b>1400</b>	Methyl groups of cellular lipids (mainly) and proteins	(Caine <i>et al.</i> , 2012)
1273–1191	Asymmetric stretching modes of phosphate groups	<b>Ph1</b>	Phosphate moieties of nucleic acids (mainly), phospholipids and phosphorylated proteins	(Giorgini <i>et al.</i> , 2015; Tosi <i>et al.</i> , 2010)
2990–2899 & 1775–1191	Sum of all the vibrations indicated above	<b>Cell</b>	Overall cellular biomolecular content	

745 **Table I** Spectral intervals of the main bands comprising granulosa cell infrared spectra, together  
746 with the related vibrational mode, assigned label, and the cellular functional groups.

747



<b>Band area ratios</b>	<b>Label</b>	<b>Biological significance</b>
<b>Lipids/Cell</b>	LIP/CELL	Total cellular lipids
<b>Proteins/Cell</b>	PRT/CELL	Total cellular proteins
<b>AmideI/AmideII</b>	AI/AII	Protein pattern
<b>Lipids/Proteins</b>	LIP/PRT	Lipids related to protein content
<b>Phosphate1/Cell</b>	PH1/CELL	Total cellular phosphate groups
<b>Phosphate1/Proteins</b>	PH1/PRT	Phosphate groups related to protein content
<b>Phosphate1/Lipids</b>	PH1/LIP	Phosphate groups related to lipid content
<b>Carbonyl ester of fatty acids /Cell</b>	COO/CELL	Total cellular fatty acids
<b>Carbonyl ester of fatty acids /Lipids</b>	COO/LIP	Ester moieties in lipids
<b>1400/Proteins</b>	1400/PRT	Methyl groups related to protein content
<b>1400/Lipids</b>	1400/LIP	Methyl groups related to lipid content
<b>1460/Proteins</b>	1460/PRT	Methyl and methylene groups related to protein content
<b>1400/1460</b>	1400/1460	Methyl and methylene proportion in aliphatic chains
<b>1460/Lipids</b>	1460/LIP	Methyl and methylene groups related to lipid content

<b>Unsaturated alkyl chains of lipids /Cell</b>	CH/CELL	Unsaturatation levels in lipid chains
<b>Unsaturated alkyl chains of lipids /Lipids</b>	CH/LIP	
<b>Unsaturated alkyl chains of lipids / Methyl groups of cellular lipids</b>	CH/CH3	
<b>Methylene groups of cellular lipids /Lipids</b>	CH2/LIP	Branching of lipid chains
<b>Methylene groups of cellular lipids / Methyl groups of cellular lipids</b>	CH2/CH3	

749

750 **Table II** Band area ratios calculated on the spectral intervals defined in Table I with their assigned

751 label and biological significance.

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753



755  
 756 **Table III** Pair-wise permutational multivariate ANOVA results.

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 758

Groups	t	P(perm)	Unique perms	P(MC)
CP, IF	8.0024	0.001	999	0.001
CP, FF	4.2377	0.001	997	0.001
CP, EDF	4.9418	0.001	999	0.001
IF, FF	5.5322	0.001	999	0.001
IF, EDF	5.6797	0.001	997	0.001
FF, EDF	2.8348	0.001	998	0.001

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761 Results reported as:  $t$ , pseudo- $t$ , calculated as the square root of pseudo- $F$ ;  $P(\text{perm})$ , permutation P value;  
 762  $P(\text{MC})$ , Monte Carlo P-value.

763 CP, Granulosa cells (GCs) from oocytes, which gave clinical pregnancy; FF, GCs from oocytes, which failed  
 764 fertilization; EDF, GCs from oocytes, which failed embryo development, and IF, GCs from oocytes, which  
 765 failed implantation.

766

767

768 **Table IV** The confusion matrix for the estimation sample.

769

from \ to	CP	FF	EDF	IF	Total	% correct
CP	207	47	12	24	290	71.38%
FF	13	243	12	18	286	84.97%
EDF	0	22	177	1	200	88.50%
IF	30	26	1	210	267	78.65%
Total	250	338	202	253	1043	80.25%

770

771 The matrix reports the reclassification of the observations, and shows the percentage of well classified  
 772 observations, calculated by dividing the number of well classified observations by the total number of  
 773 observations.

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775

776

777 **Table V** The confusion matrix for cross-validation of results.

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from \ to	<b>CP</b>	<b>FF</b>	<b>EDF</b>	<b>IF</b>	<b>Total</b>	<b>% correct</b>
<b>CP</b>	16	3	3	1	23	69.565%
<b>FF</b>	2	19	1	1	23	82.609%
<b>EDF</b>	0	2	21	0	23	91.304%
<b>IF</b>	3	3	0	17	23	73.913%
					<b>Total</b>	79.348%

779

780 The matrix reports the leave-one-out allocation of observations to experimental groups, and shows the  
781 percentage of well classified observations, calculated by dividing the number of well classified observations  
782 by the total number of observations.

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# GCs from single follicles



Retrospective classification



FF: fertilization failure



EDF: embryo development failure

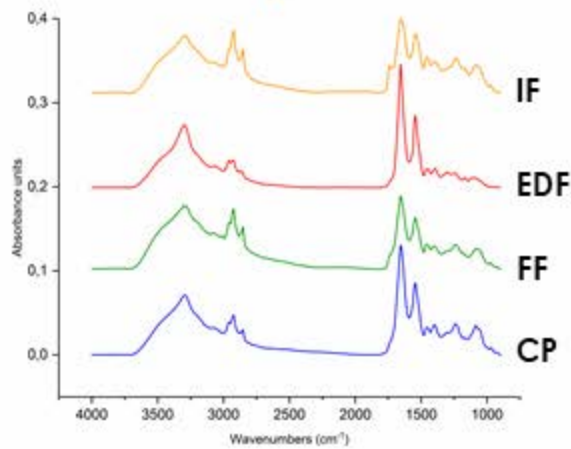


IF: implantation failure



CP: clinical pregnancy

FTIRM data collection



Biomarker signature

Biomarker validation

Macromolecular characterization of GCs

PERMANOVA  
FDA  
CAP

ANOVA

