

1 **1. TITLE: EMBRYO CELL ALLOCATION PATTERNS ARE NOT**
2 **ALTERED BY BIOPSY BUT CAN BE LINKED WITH FURTHER**
3 **DEVELOPMENT**

4 **Running title:** Cell allocation and further embryo development

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16 2. ABSTRACT

17 It has been suggested that first embryo cleavage can be related with the
18 embryonic-abembryonic axis at blastocyst stage in mice. Thus, cells of the 2-cell embryo
19 might be already biased to form the inner cell mass or trophoctoderm. This study was
20 conducted to observe the possible effects of embryo biopsy on cell allocation patterns during
21 embryo preimplantation in two different mouse strains and the effects of these patterns on
22 further development. First, one blastomere of the 2-cell embryo was injected with a lipophilic
23 tracer and cell allocation patterns were observed at blastocyst stage. Blastocysts were
24 classified into orthogonal, deviant or random pattern. For the first experiment, embryos were
25 biopsied at 8-cell stage and total cell counts (TCC) were annotated. Furthermore,
26 non-biopsied blastocysts were transferred into foster mothers. Then, pups and their organs
27 were weighed two weeks after birth. Random pattern was significantly recurrent ($\approx 60\%$),
28 against orthogonal ($< 22\%$) and deviant ($< 22\%$) patterns among groups. These patterns were
29 not affected by biopsy procedure. However, TCC on deviant embryos were reduced after
30 biopsy. Moreover, no differences were found between patterns for implantation rates, litter
31 size, live offspring and organ weights (lungs, liver, pancreas and spleen). However, deviant
32 pups presented heavier hearts and orthogonal pups presented lighter kidneys among the
33 group. In conclusion, these results suggest that single blastomere removal does not disturb
34 cell allocation patterns during pre-implantation. Nonetheless, the results suggest that embryos
35 following different cell allocation patterns present different coping mechanisms against *in*
36 *vitro* manipulations and further development might be altered.

37 **KEY WORDS**

38 Embryo biopsy, pre-patterning, PGD/PGS, organ development, embryo transfer,
39 implantation.

40 **3. INTRODUCTION**

41 Assisted reproductive technologies (ARTs) have been clinically used for more than three
42 decades and the success rates still remain relatively low, with a probability to take home a
43 baby after an IVF cycle of around 33 % in women younger than 35 years old (Botros *et al.*
44 2008) and no more than 23 % for women of older age groups (HFEA 2013). Several factors
45 have been related with pregnancy outcomes after ARTs as gametes/embryos origin and state
46 (autologous or donation and fresh or thawed), female stimulation treatment, patient age,
47 number of previous treatments and day of embryo transfer (D3 or D5) to mention the most
48 common ones (Meseguer *et al.* 2012). Nevertheless, embryo implantation failure remains the
49 main cause of the low success rates on ARTs (Hesters *et al.* 2008). Most of embryo
50 implantation failures or pregnancy arrests are caused by embryo chromosomal or genetic
51 abnormalities (Simpson 2012), therefore pre-implantation genetic screening (PGS) or
52 diagnosis (PGD) before embryo transfer is suggested for those cases. The main objectives of
53 PGD are to improve birth rates in those patients presenting any kind of genetic disease or
54 disorder, and to reduce spontaneous abortions (Munné *et al.* 2010). Embryo pre-implantation
55 genetic diagnosis/screening (PGD/S) is becoming increasingly applied in fertility clinics.
56 Even though trophectoderm biopsy is currently becoming the preferred method, blastomere
57 biopsy on day 3 remains the most common technique for obtaining the biological material
58 according to the latest ESHRE (European Society for Human Reproduction and Embryology)
59 consortium (De Rycke *et al.* 2015). So far, more than ten thousand babies have been born

60 after a PGD/S cycle (Peyvandi *et al.* 2011). Therefore, further research on the potential effect
61 and safety of embryo biopsy on embryo development is needed.

62 Until recent years it was believed that during the first round of cleavage, the cells in the
63 mammalian embryo were identical and had the same potential to become ICM or TE.
64 However, the literature reports a theory called the pre-patterning or biased theory, which
65 refers to the different potential of the twin blastomeres at the two-cell stage embryo to
66 become ICM or TE (Piotrowska *et al.* 2001, Piotrowska & Zernicka-Goetz 2002, Fujimori *et*
67 *al.* 2003, Gardner 2007, Torres-Padilla *et al.* 2007, Bischoff *et al.* 2008, Katayama & Roberts
68 2010, Liu *et al.* 2012). Nevertheless, this theory has been debated suggesting that totipotency
69 within the embryo blastomeres is maintained up to the 8-cell stage (Alarcón & Marikawa
70 2003, Motosugi *et al.* 2005, Waksmundzka *et al.* 2006, Kurotaki *et al.* 2007, Alarcón &
71 Marikawa 2008, González *et al.* 2011, Wennekamp *et al.* 2013). It is still unclear if
72 mammalian embryos are pre-patterned or the presence of stochastic development is just a
73 reflex of the great plasticity of mammalian embryos. Research performed on cell allocation
74 patterns suggest that it might be a common characteristic during pre-implantation embryo
75 development of different mammalian species (Park *et al.* 2009, Hosseini *et al.* 2016,
76 Sepulveda-Rincon *et al.* 2016). However, there is a lack of evidence on the mechanism(s)
77 leading to these cell allocation patterns. In this work, the murine model is used to investigate
78 the cell allocation pattern incidence among two different mouse strains and the effects of
79 embryo blastomere removal at the cleavage stage on these patterns. Additionally, we
80 investigated the effect of cell allocation patterns on further embryo development and organ
81 morphometry using the murine model because of its short gestational period.

82 **4. MATERIALS AND METHODS**

83 All experiments were performed according to the Animals Scientific Procedures Act, 1986
84 under the Home Office licence 40/3480 and with the approval of the Bio Support Unit at the
85 University of Nottingham. Two different experiments were performed during the present
86 study. First, the effects of single blastomere removal at the 8-cell stage on cell allocation
87 patterns were studied using two different mouse strains. Second, the effects of cell allocation
88 patterns on further embryo development were addressed.

89 **Mouse embryo production**

90 For biopsy experiments B6CBAF1 x B6CBAF1 fresh embryos and B6C3F1 x B6D2F1
91 frozen/thawed embryos were used. First, 5 to 7 weeks old B6CBAF1 females (Charles River,
92 UK) were superovulated with one peritoneal injection of 5 IU pregnant mare serum
93 gonadotropin (PMSG, Intervet, Buckinghamshire, UK) followed by one peritoneal injection
94 of 5 IU human chorionic gonadotropin (hCG, Intervet, Buckinghamshire, UK) after 48 hours.
95 After hCG injection, females were placed with males of the same strain and vaginal plugs
96 were checked the following morning. Females were sacrificed by cervical dislocation and
97 embryos were collected at one-cell stage at 22 to 24 h post hCG. Embryos were collected in
98 EmbryoMax HEPES medium (Merck Millipore), previously equilibrated at 37°C. In order to
99 compare the obtained results a different mouse strain was used, B6C3F1 x B6D2F1. One cell
100 frozen B6C3F1 x B6D2F1 mouse embryos (Embryotech Laboratories, Inc., Massachusetts,
101 USA) were thawed in EmbryoMax HEPES medium (Merck Millipore) according to supplier's
102 instructions. After embryo thawing, embryos were cultured in KSOM medium (Merck
103 Millipore) under mineral oil (Merck Millipore) at 37°C and 5% CO₂. For the second part of
104 the study, the embryo transfer experiment, only frozen/thawed B6C3F1 x B6D2F1 embryos
105 were used.

106 **Non-invasive Cell tracing method**

107 As previously reported (Sepulveda-Rincon *et al.* 2016), the lipophilic tracer CM-DiI
108 (Chloromethyl DiI, Molecular probes) was dissolved in olive oil at a final concentration of
109 2 mg/ml. Prior to labelling, the FemtoTip II (Eppendorf, Germany) was backfilled with the
110 dye. Mouse embryos at 2-cell stage were placed in HEPES buffered medium at 37°C during
111 the micromanipulation. The injections were performed on an inverted microscope (Leica
112 DMI3000 B, Germany) using Eppendorf TransferMan NK 2 micromanipulators with a
113 coupled Eppendorf FemtoJet microinjector. The micropipette was pushed through the zona
114 pellucida and pressed against one of the blastomere membranes, and then a microdrop
115 (≈ 5 pl) was deposited.

116 **Cleavage stage embryo biopsy**

117 Mouse embryos were assessed at 68-72 h post-hCG or 43-45 h post-thawing. Then, 6- to 8-
118 cell embryos were randomised for biopsy. The selected embryos were transferred to a pre-
119 warmed 60 mm ICSI dish (BD Falcon) containing 10 μ l drops of G-PGD medium (Vitrolife)
120 under mineral oil (Merck Millipore). Briefly, embryo biopsy was performed using a
121 40x XYclone laser objective (Hamilton Thorne Biosciences, MA, USA) mounted on a Leica
122 DMI3000 B inverted microscope. A single blastomere was randomly removed and the
123 resulting biopsied embryos were further cultured in culture medium until the blastocyst stage
124 under culture conditions. For morphokinetic analysis embryos were cultured in a time lapse
125 imaging incubator (EmbryoScope, Vitrolife, Denmark).

126 **Blastocyst assessment**

127 *Cell allocation patterns*

128 Blastocysts were scored for the different pattern categories as described previously
129 (Sepulveda-Rincon *et al.* 2016). Briefly, blastocysts were placed in 5 μ l EmbryoMax Hepes
130 (Merck Millipore) medium drops on 60 mm petri dish and on a Leica DMI3000 B inverted
131 microscope, coupled with red fluorescent filters corresponding to maximum
132 excitation/emission wavelengths of 553 nm and 570 nm respectively. For better visualisation,
133 embryos were rotated in order to place the blastocoel cavity floor and the boundary line
134 between the fluorescent and non-fluorescent cells in the same focal plane. Then, embryos
135 were classified into three categories: orthogonal, if the Em-Ab axis was orthogonal $\pm 30^\circ$ to
136 the boundary line between stained and non-stained cells; deviant, if it was $\pm 30^\circ$ to the Em-
137 Ab axis and random, if stained cells were intermingled with non-stained cells and more than
138 2 clusters of cells were observed.

139 *Blastocyst total cell count*

140 Blastocysts were permeabilised in 0.1% Triton-100X/PBS during two minutes at room
141 temperature and then rinsed twice in phosphate buffered saline (PBS). Finally, embryos were
142 mounted on a SuperFrost microscope slide using Vectashield-DAPI as mounting medium and
143 nuclear staining. Total cell count was effectuated on a Nikon Eclipse Ti 90x microscope,
144 along with a Hamamatsu digital camera (C4742-80-12AG) and a fluorescent filter
145 corresponding to the excitation 350 nm and 470 nm of emission for DAPI.

146 *Blastocyst expansion grading*

147 Blastocysts for embryo transfer were graded according to their blastocoel expansion
148 according to the Gardner and Schoolcraft grading system. Blastocysts which the blastocoel
149 cavity was half or it completely fills the embryo were classified as Grade ≤ 3 ; Grade

150 4 blastocysts were those which the blastocoel cavity fully fills the embryo and this was bigger
151 than the original volume and zona pellucida thinning was observed; Grade 5 blastocysts
152 which some cells are herniating through the zona pellucida.

153 **Non-surgical embryo transfer**

154 Nine to eleven weeks old CD1 female mice were placed with > 10 weeks old vasectomised
155 CD1 males. Then, 2.5 days post coitus (dpc) pseudo-pregnant females were used as
156 surrogates for embryo transfer. The protocol suggested on the non-surgical embryo transfer
157 (NSET) device (ParaTechs, USA) was followed. Briefly, after cell allocation pattern
158 classification, embryos were transferred by groups to 15 μ l drops of KSOM previously
159 equilibrated at 37°C. Then, 13 to 18 blastocysts were loaded into the NSET device and it was
160 inserted into the mouse cervix where embryos were released. After embryo transfer, foster
161 females were caged individually and pregnancy was visually assessed on day 14 after embryo
162 transfer.

163 **Offspring assessment**

164 Pups were weighed and sexed at 1 week after birth. Furthermore, pups were culled 2 weeks
165 after birth by cervical dislocation, weighed and dissected. Different organs (spleen, pancreas,
166 kidneys, liver, lungs and heart) were carefully dissected and weighed immediately after
167 harvesting. Relative organ weights were calculated dividing organ weight by total body
168 weight. Foster mothers were also sacrificed by cervical dislocation. Then, uteri were
169 harvested and implantation sites were noted.

170 **Statistical analysis**

171 Data distribution was checked for normality by Shapiro-Wilk test and using SPSS v23 (IBM
172 Software Services, Hamshire, UK). Presented values are mean value \pm standard error of

173 mean. For values reporting cell allocation pattern incidence, SEM was calculated based on
174 number of repetitions of the experiment. Whereas, for values reporting TCC, SEM was
175 calculated based on total number of embryos analysed. Statistical significance was set at
176 $p < 0.05$ for all analyses. Blastocysts incidence rates within the different cell allocation
177 patterns were compared using ANOVA test for single or two factor as needed. Post Hoc
178 Bonferroni test was used when adequate. Non parametric test, Kruskal Wallis, was used to
179 determine any differences among groups for pregnancy, pregnancy loss, mean live birth, live
180 offspring rates as well as litter size comparison. Also, non-parametric test Kruskal Wallis was
181 used to determine any differences on relative organ weights among groups; when adequate
182 Mann Whitney U test was used to compare groups against each other.

183 **5. RESULTS**

184 **Cleavage stage embryo biopsy does not disturb cell allocation** 185 **patterns**

186 A total of 287 B6CBAF1 x B6CBAF1 blastocysts in the control group and 214 blastocysts in
187 the biopsied group were successfully classified according to their cell allocation pattern as
188 previously reported on (Sepulveda-Rincon *et al.* 2016) (Figure 1). Orthogonal embryos
189 represented $21 \pm 5.4\%$ and $19\% \pm 3.6$ of the blastocysts within the control and the biopsied
190 group respectively. The deviant group represented $21 \pm 3.9\%$ and $23 \pm 3.6\%$ and the random
191 group $58 \pm 4.8\%$ and $59 \pm 4.6\%$ for the control and biopsied group respectively (Figure 2a).
192 Univariate two way ANOVA showed no significant differences between treatment: control
193 and biopsied groups ($p = 0.973$). However, there is a significant difference on the incidence
194 of the cell allocation patterns ($p < 0.001$). Post Hoc Bonferroni test revealed that this
195 difference is mainly attributed to the difference between the incidence of the random group

196 compared with the orthogonal ($p < 0.001$) and deviant ($p < 0.001$). Morphokinetic analysis
197 after blastomere removal (Supplementary Table 1) revealed that there are no differences
198 between patterns among the control group ($p < 0.05$); however there is not the case among
199 the biopsied group ($p = 0.012$). Orthogonal embryos spend longer time on the interval from
200 8-cell stage to 9-cell stage ($p = 0.011$) when compared with deviant embryos. Also,
201 orthogonal embryos spend longer time between compaction and the start of cavitation when
202 compared with deviant ($p = 0.003$) and random embryos ($p = 0.012$).

203 In order to address if the biopsy procedure has an effect on the size of the embryo at
204 blastocysts stage, total cell counts (TCC) of blastocysts were calculated. Embryos from the
205 orthogonal group presented a TCC of 45.8 ± 0.2 cells and 41.2 ± 0.5 cells within the control
206 and biopsied group respectively. Deviant embryos presented a TCC of 50.4 ± 0.6 and
207 42.0 ± 0.4 for control and biopsied group; while random embryos presented a TCC of
208 47.9 ± 0.2 and 43.5 ± 0.2 . Univariate test showed no significant difference on the TCC
209 among the three patterns ($p = 0.490$). Still, there was a significant difference on the TCC
210 between the control and the non-biopsied groups ($p = 0.002$). Post Hoc Bonferroni test
211 suggested that this difference is mainly attributed to the effect of biopsy on the TCC of the
212 deviant group ($p = 0.028$).

213 Similar results were obtained when repeating the above experiment on B6C3F1 x B6D2F1
214 frozen/thawed embryos. A total of 69 blastocysts in the control group and 82 blastocysts in
215 the biopsied group were classified where $23 \pm 2.9\%$ and $26 \pm 4.2\%$ were orthogonal in the
216 control and biopsied groups respectively, $26 \pm 3.4\%$ and $23 \pm 0.7\%$ were deviant, and
217 $51 \pm 3.5\%$ and $50 \pm 3.9\%$ were random (Figure 2b). No significant differences were found on
218 the incidence of the different cell allocation patterns between treatment groups ($p > 0.05$).
219 However, random embryos remained more predominant ($p < 0.001$) when compared with

220 orthogonal and deviant embryos in both treatment groups. Morphokinetic analysis did not
221 show any difference among cell allocation patterns in control and biopsied groups ($p < 0.05$)
222 and even though a tendency of orthogonal embryos spending longer time between the 8-cell
223 stage to the 9-cell stage, significance was not reached ($p = 0.056$, Supplementary Table 1).
224 TCC at blastocyst stage were similar among cell allocation patterns in the control group
225 ($p = 0.683$) or the biopsied group ($p = 0.932$). Again, significant difference was found on the
226 TCC between control and biopsied group ($p = 0.002$) and it was attributed to the decreased of
227 TCC of deviant embryos after biopsy ($p = 0.030$). Orthogonal embryos presented 49.8 ± 2.8
228 cells and 45.5 ± 1.4 cells for control and biopsied groups respectively, deviant embryos
229 presented 52.1 ± 2.6 cells and 45.6 ± 1.5 cells and random embryos presented 50.0 ± 1.9 cells
230 and 46.3 ± 1.2 cells respectively.

231 **Body weight and organ development might be affected by cell allocation** 232 **patterns during preimplantation embryo development**

233 As cell allocation patterns were not disturbed by cleavage stage embryo biopsy, further
234 analysis on the effect of these patterns without the biopsy procedure was investigated. During
235 three repetitions of the experiment, a total of 323 blastocysts were successfully classified into
236 orthogonal, deviant or random accordingly to their cell allocation pattern with an incidence of
237 $27.0 \pm 4.7\%$, $28.3 \pm 5.2\%$ and $52.3 \pm 7.2\%$ respectively.

238 In order to observe if there was the same distribution on blastocysts size within groups,
239 blastocyst expansion grades were noted. Expansion grades were similar between orthogonal
240 ($n = 83$), deviant ($n = 85$) and random ($n = 157$) groups ($p = 0.717$ for grade ≤ 3 , $p = 0.917$
241 for grade 4 and $p = 0.734$ for grade 5 among groups by ANOVA test). The majority of the
242 blastocysts were graded as grade 4; 57.8% for orthogonal, 60% for deviant and 57.3% for
243 random groups. Smaller proportions of blastocysts grade 5 and ≤ 3 were found within the

244 groups; 21.7% and 20.5% for orthogonal, 23.5% and 16.5% for deviant, 24.9% and 17.8% for
245 random groups respectively.

246 Seventeen 2.5 dpc pseudo-pregnant females were used to transfer a total of 275 blastocysts.
247 Due to the higher incidence of embryos classified as random, more foster mothers were used
248 in this group. Nevertheless, the transferred blastocyst number within the three repetitions of
249 the experiment remained constant within the three groups (18, 13 and 16 blastocysts per
250 female for the first, second and third repetition respectively). No significant differences were
251 found between groups for pregnancy rates, implantation rates, pregnancy loss rate, litter size
252 or live offspring rates (Table 1) ($p > 0.05$ by Kruskal Wallis test).

253 Significant difference was found ($p = 0.028$) among groups when 7 days old pups weights
254 were compared. Mann Whitney U test revealed that pups from deviant group were
255 significantly lighter (5.60 ± 0.3 g) when compared with pups from random group ($p = 0.015$,
256 6.55 ± 0.1 g), but not when compared to orthogonal group ($p = 0.230$, 6.28 ± 0.3 g). Fourteen
257 days old pups weights did not vary between groups where orthogonal, deviant and random
258 pups weighed 11.10 ± 0.4 g, 9.77 ± 0.4 g and 10.8 ± 0.2 g respectively. It is worth noting that
259 within the deviant group male pups ($n = 5$) were significantly heavier than female ones
260 ($n = 3$, $p < 0.05$, Mann Whitney U test) during the first and second week measurements
261 (6.2 ± 0.2 g, 10.4 ± 0.3 g and 4.6 ± 0.1 g, 8.56 ± 0.2 g respectively).

262 Relative organ weights from 2 week old mice showed no significant differences ($p > 0.05$)
263 among groups for lungs, liver, pancreas and spleen (Figure 3). However, a significant
264 difference was found between groups ($p < 0.05$) for heart and kidneys relative weights
265 (Figure 3). Pups within the deviant group presented significantly heavier relative heart weight
266 when compared with orthogonal ($p = 0.025$) and random ($p = 0.036$) groups. The pups from
267 the orthogonal group presented the lightest relative kidneys weight when compared with

268 deviant ($p = 0.043$) and random ($p = 0.025$) groups. Mann Whitney U test was applied to
269 determine if gender has an effect on relative organ weights within each group. The results
270 showed no significant difference between genders within the three different groups
271 ($p > 0.05$).

272 **6. DISCUSSION**

273 In the present study different cell allocation patterns during preimplantation development
274 were not disturbed by single blastomere removal at 8-cell stage. These patterns might trigger
275 different compensatory mechanism(s) against *in vitro* embryo manipulation and this may
276 result in short and long term consequences for foetus or offspring born after embryo transfer;
277 particularly in deviant embryos. This study raises some questions about the cardiovascular
278 system and kidneys development during foetal development and how this might be affected
279 or predisposed since early preimplantation embryo stages.

280 Pre-patterning in mouse embryos has been previously reported (Gardner 1997, Piotrowska *et*
281 *al.* 2001, Piotrowska & Zernicka-Goetz 2002, Fujimori *et al.* 2003, Piotrowska-Nitsche &
282 Zernicka-Goetz 2005, Plusa *et al.* 2005, Zernicka-Goetz 2005). In the present study, we
283 confirm the presence and a comparable distribution of the three different cell allocation
284 patterns in mouse blastocysts irrespective of mouse strain or embryo cryopreservation at 1-
285 cell stage. These results are also in agreement with those previously reported in mouse, bovine
286 and ovine embryos (Hosseini *et al.* 2016, Sepulveda-Rincon *et al.* 2016). Embryo biopsy at
287 the 8-cell stage, whether the biopsied cell is stained or not stained (data not shown), does not
288 seem to alter the cell allocation patterns in mouse embryos similar to what we have
289 previously reported in bovine embryos (Sepulveda-Rincon *et al.* 2016). Assuming that
290 intermingling of cells on the random patterned embryos starts around the fourth cell cycle as

291 in bovine embryos, then these results suggest that cell allocation patterns might be established
292 earlier in development than the 8-cell stage in mammalian embryos. Even though, cell
293 allocation patterns were unaffected by the biopsy procedure, TCC at blastocyst stage were
294 significantly affected in deviant embryos among two different mouse strains and also as
295 previously reported in bovine embryos (Sepulveda-Rincon *et al.* 2016). Hence, cell allocation
296 patterns could be related with different compensatory mechanisms after cell removal. With
297 still an increasing proportion of PGS and PGD procedures and more than ten thousand babies
298 born after embryo biopsy procedures (Peyvandi *et al.* 2011), further understanding of the
299 effects of early embryo micromanipulation and follow up assessment is needed in order to
300 establish the safety of ARTs in short and long term of development. Therefore, we
301 investigated the effect of cell allocation patterns and its possible impact on further
302 development.

303 Pregnancy rates in the present study were comparable between groups and in agreement with
304 previously reported studies using NSET device obtaining pregnancy rates higher than 60%
305 (Cui *et al.* 2014). However, there was no statistical difference between groups. It is worth
306 noting that all surrogate females with transferred random blastocysts became pregnant. A
307 possible theory is that random embryos might produce more hyaluronan promoting cell
308 movements, which is released to the endometrium and cell migration and implantation might
309 be facilitated (Gardner 2015). Also, in the present study, two of the females carrying deviant
310 embryos, presumably committed cannibalism due to problems at delivery or poor offspring
311 health (Wuensch 1993).

312 Similarly, embryo implantation rates were comparable between the three groups (around
313 40%) and are similar to those reported after surgical embryo transfer in mice (Hemkemeyer *et*
314 *al.* 2014). On the other hand, the literature only reports two embryo classifications according

315 to their cell allocation pattern: orthogonal and deviant. The results obtained in the present
316 study are similar reporting no significant differences between groups regarding implantation
317 rates (Alarcón & Marikawa 2003, Liu *et al.* 2012). Nevertheless, our results differ from those
318 in cloned mouse embryos where orthogonal embryos presented higher implantation rates in
319 comparison with deviant ones (Liu *et al.* 2012). Molecular pathways occurring during
320 implantation and crosstalk between embryo and uterus are not clearly understood (Wang &
321 Dey 2006, Cha *et al.* 2012). It is believed that some embryos do not survive embryo transfer
322 procedure due to microenvironment changes and their inability to adapt (Hemkemeyer *et al.*
323 2014). Moreover, further research is needed in order to determine at which stage the
324 implanted embryos were lost. Pregnancy loss rates in the present study were > 50% among
325 groups. Pregnancy loss might be due to aberrant decidualisation; giving rise to placental
326 defects (Chen *et al.* 2015) and therefore affecting foetal growth (Cha *et al.* 2012).

327 Total body weights at 7 days after birth were different among groups, where the pups from
328 the deviant group presented the lowest weight. While some studies have reported low birth
329 weight after ART when compared with natural conceived babies (Ceelen *et al.* 2009, Bay *et*
330 *al.* 2014), others have reported only a tendency (Pontesilli *et al.* 2015). In mice, low birth
331 weight has been linked to metabolic syndromes as type 2 diabetes, obesity and hypertension
332 in adults (Chen *et al.* 2015). Fourteen days after birth, pups among the three groups presented
333 similar total body weights. In humans, it has been reported that babies born with low weight
334 “catch up” within the first 6 months of life (Ceelen *et al.* 2009, Bay *et al.* 2014). Moreover,
335 no differences were found between male and female pups for orthogonal and random groups,
336 only for deviant group. Gender differences have been reported for birth weights in babies
337 after unassisted and assisted conception (O'Neill *et al.* 2014). Further investigations on the
338 long term health between females and males must be addressed as it has been suggested that
339 mouse male offspring might present a higher risk of developing glucose intolerance after

340 ART (Donjacour *et al.* 2014). In turn, glucose intolerance can develop into cardiovascular
341 diseases which might affect males or females in a different way (Vlasov & Volkov 2004).

342 Organ morphometry assessment revealed significant differences among groups for relative
343 weights of heart and kidneys. It is poorly understood why kidneys, blood vessels and the
344 heart are the most affected by early life events (Thornburg 2015). Relative heart weights
345 within the deviant group were higher when compared with other groups. The increase of
346 heart weight has been related with hyperfunction of the myocardium in humans (Vlasov &
347 Volkov 2004) and with an increase on systolic blood pressure and ventricular mass in mice
348 (Donjacour *et al.* 2014). Thus, our results on deviant pups might reflect further consequences
349 on this cardiovascular phenotype and additional investigations could shed some light on how
350 embryo preimplantation development influences the cardiovascular system. Among the long
351 term effects of ART, cardiovascular problems are the most concerning health issue as an
352 increased risk of developing cardiovascular diseases in comparison with naturally conceived
353 babies has been reported (Padhee *et al.* 2015, Pontesilli *et al.* 2015).

354 One of the major limitations of this study is the small number of embryo transfers performed.
355 Thus, although the results showed some evidence of effects of preimplantation cell behaviour
356 on subsequent development, further studies are needed to reassure the presented data.
357 Furthermore, it is suggested that a follow up offspring study is conducted in order to
358 investigate in more depth the consequences of the obtained organ morphometry. Likewise,
359 this work was carried out in mice and caution should be taken when translating the reported
360 results in to humans.

361 In conclusion, the present study supports the theory that cell allocation patterns during
362 pre-implantation embryo development could be a conserved mechanism in mammalian
363 species at least in two different mouse strains. In addition, a latent concern has been rising

364 about the effects of ART in further offspring health, especially long term effects. A better
365 understanding on the effects of *in vitro* embryo micromanipulation on further development is
366 paramount not only to improve success rates in ART, but also to ensure the health of
367 resulting offspring.

368 **7. DECLARATION OF INTEREST**

369 None declared

370 **8. FUNDING**

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Figure legends

Figure 1. Mouse embryo cell allocation patterns at blastocyst stage. A: Orthogonal embryos, the boundary (dotted yellow line) of the stained and non-stained cells is orthogonal to the embryonic-abembryonic (Em-Ab) axis (blue line); B: Deviant embryos, the boundary of stained and non-stained cells is parallel to the Em-Ab axis; and C: Random embryos, stained and non-stained cells are randomly distributed and no boundary line between them can be seen.

Figure 2. Incidence of different cell allocation patterns across control and biopsied mouse embryos. A: Cell allocation pattern incidence in B6CBAF1 x B6CBAF1 blastocysts. B: Cell allocation pattern incidence in B6C3F1 x B6D2F1 blastocysts. *** Denotes statistical difference $p < 0.001$.

Figure 3. Boxplots comparing the relative organ weights from 2 week old mice. a) Lungs, b) Liver, c) Pancreas, d) Spleen, e) Heart and and f) Kidneys. Relative organ weights were calculated dividing the organ weight by the total body weight. A total of 45 pups were analysed: orthogonal (n=12), deviant (n=8) and random (n=25). No significant difference was found among groups for lungs, liver, pancreas and spleen. Heart and kidneys relative weights showed difference among groups ($p < 0.05$ by Kruskal Wallis-Test). *Denotes statistical difference ($p < 0.05$ by Mann-Whitney U-test).

Table 1. Non-surgical embryo transfer results in mice. Total numbers and different rates (percentages) among groups are not significantly different ($p>0.05$ by Kruskal-Wallis test).

Embryo group	Orthogonal	Deviant	Random
Transferred blastocysts	76	76	123
Surrogates	5	5	7
Pregnancy rate	66.6%	83.3%	100.0%
Implantation rate	42.3%	39.9%	50.7%
Pregnancy loss rate	49.6%	79.1%	55.9%
Total pups (litters)	12 (3)	8 (2)	25 (6)
Mean litter (SD)	4.0 (2.6)	4.0 (1.4)	4.1 (2.2)
Live offspring rate	14.7%	11.4%	22.9%

SD, standard deviation

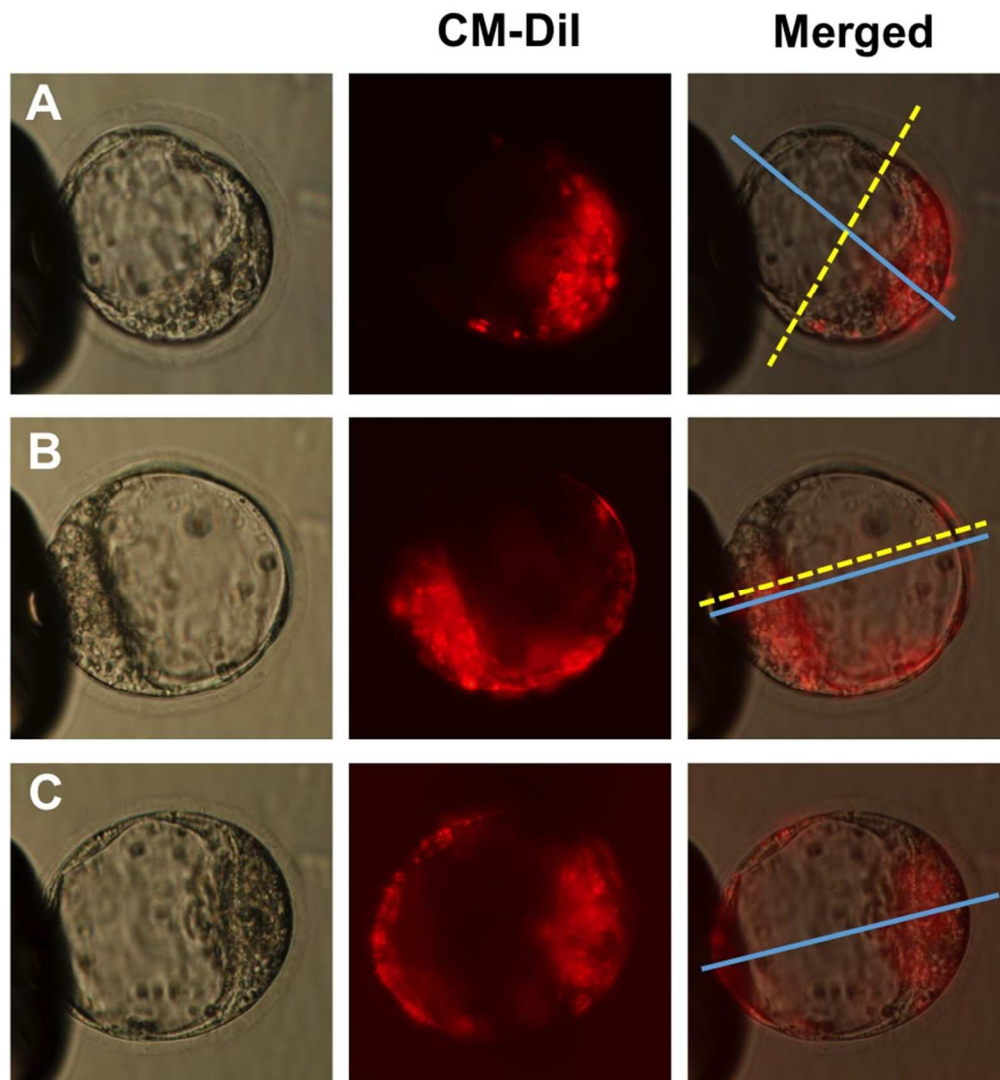


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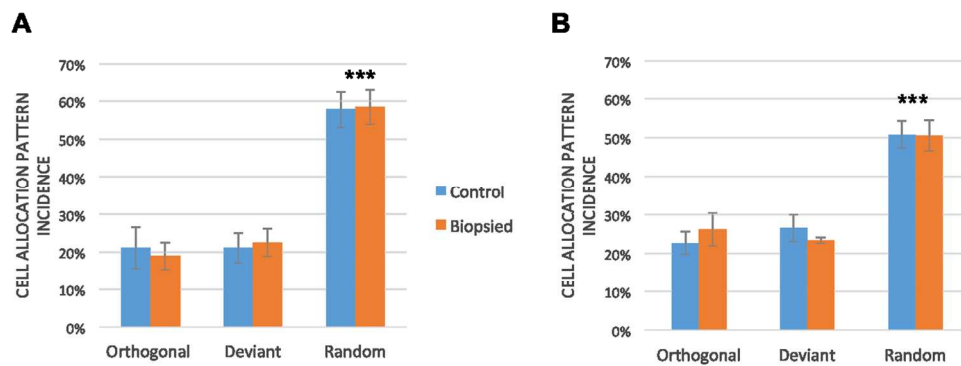


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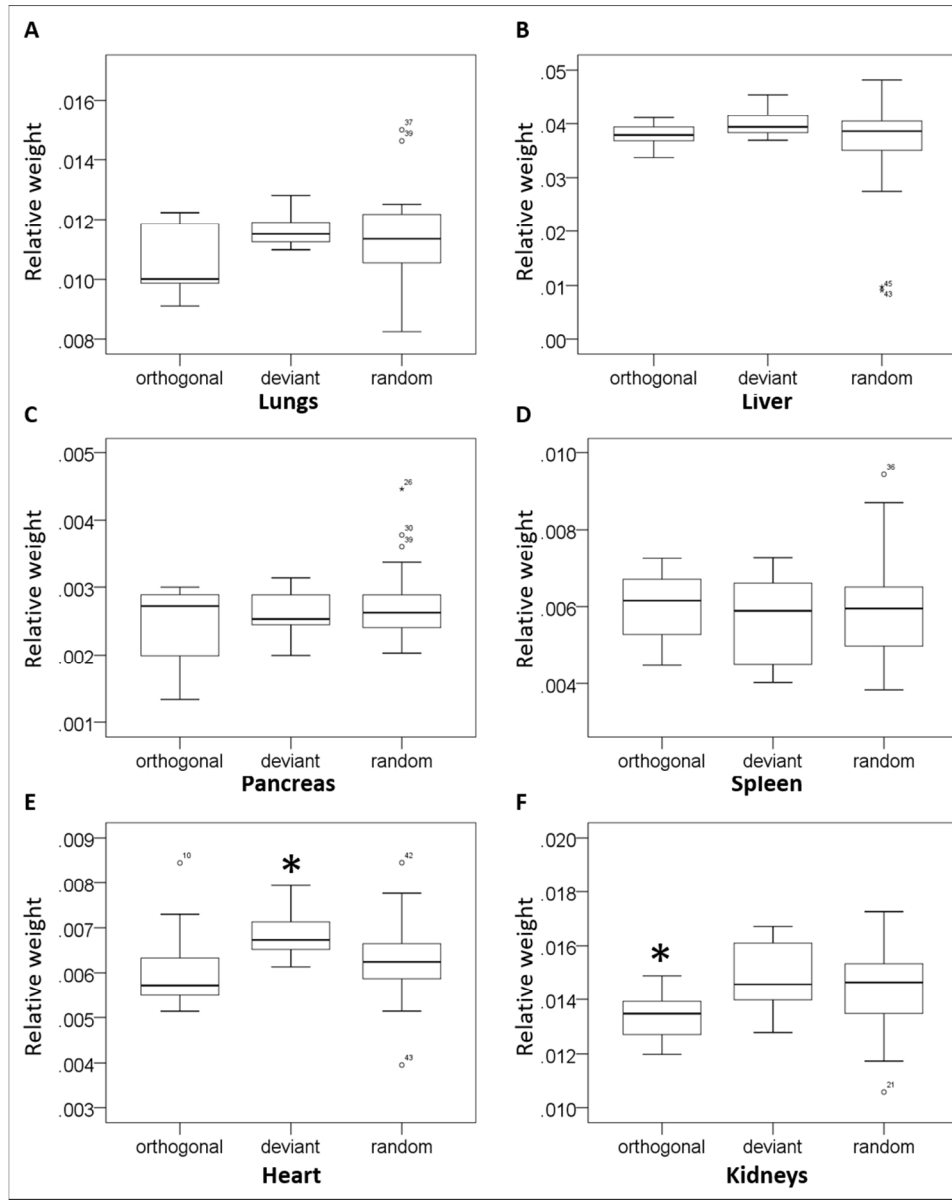


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