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2 Trolox protection of oocyte and embryo quality

3 **Capacity of Trolox to improve the development and quality of metabolically**
4 **compromised bovine oocytes and embryos *in vitro* during different windows of**
5 **development**

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14 Trials to improve oocyte developmental competence under metabolic stress by using antioxidants may start
15 before or after oocyte maturation. In the present conceptual study, we aimed to identify the most efficient timing
16 of antioxidant application in relation to a metabolic insult using a bovine *in vitro* embryo production model.
17 Pathophysiological concentrations of palmitic acid (PA) were used to induce metabolic stress during oocyte
18 maturation or embryo development. Trolox (TR; antioxidant) treatment prior to, during or after the PA insult
19 was tested to evaluate the protective, neutralising and rescuing capacity of TR respectively. Changes in embryo
20 developmental competence, mitochondrial activity, reactive oxygen species (ROS) concentrations, blastocyst
21 cell allocation and apoptosis and cell stress-related gene expression were monitored. The improvement in
22 developmental capacity was most obvious when oocytes were preloaded with TR before the PA insult. This
23 protective effect could be explained by the observed combination of increased mitochondrial activity with
24 reduced ROS production. This resulted in blastocysts with normal cell counts and apoptosis, as well as increased
25 Nuclear factor erythroid 2-related factor 2 (*NRF2*) expression (a marker for redox regulatory processes) and
26 normalised the expression of the mitochondrial transcription factor A (*TFAM*), a marker of mitochondrial
27 biogenesis. These results indicate that ‘pretreatment’ of oocytes with antioxidants produces embryos that seem
28 to be more resilient to a metabolic stress insult.

29 **Keywords:** fatty acid, fertility, IVM, oxidative stress.

30 Suboptimal nutrition and metabolic health can increase oxidative stress in oocytes and embryos, thereby
31 affecting fertility. The strategic use of antioxidants protects oocytes against metabolic stress insults during
32 embryo development. These findings highlight the importance of the timing of antioxidant treatment with the
33 aim of protecting and safeguarding oocyte and embryo quality, and improving fertility.

34 **Introduction**

35 Oocyte and embryo development include a series of finely regulated events in a complex and
36 dynamic microenvironment. First, the oocyte acquires full developmental competence in the ovarian
37 follicle following important ultrastructural and molecular changes known as cytoplasmic and nuclear
38 maturation (Conti and Franciosi 2018). Subsequently, after fertilisation, the preimplantation embryo
39 develops in the oviduct and undergoes its first cleavages, embryo genome activation and DNA
40 methylation. These windows of development are sensitive to any perturbations in their
41 microenvironment, which may compromise oocyte and embryo quality and further development.

42 The microenvironment of the oocyte (i.e. follicular fluid (FF)) and preimplantation embryo (i.e.
43 oviductal fluid) can be affected by nutrition and metabolic health (Leroy *et al.* 2004; De Bie *et al.*
44 2016; Jordaens *et al.* 2017). Results from *in vivo* studies using a high-fat diet-induced obesity mouse
45 model describe the consequences of an altered metabolic microenvironment throughout
46 preimplantation development from oocyte maturation to embryo development. For example, high-fat
47 diet-induced obesity in mice has been associated with increased oxidative stress (OS) in oocytes and
48 zygotes (Igosheva *et al.* 2010; Han *et al.* 2017; Wang *et al.* 2018), as well as altered mitochondrial
49 function and reduced glutathione concentrations in the oocyte, leading to embryos with a reduced
50 capacity to successfully develop (Igosheva *et al.* 2010).

51 Many *in vitro* studies have focused on oocyte maturation as a sensitive window and investigated
52 the effects of metabolic disorders at this stage on oocyte developmental competence (Jorritsma *et al.*
53 2004; Aardema *et al.* 2011; Leroy *et al.* 2015). Valckx *et al.* (2015) showed that the addition of FF
54 from obese women, containing high concentrations of free fatty acids (FFA), during bovine oocyte
55 IVM impaired embryo development compared with oocytes matured with FF from non-obese
56 individuals. In particular, increased palmitic acid (PA) in female FF was associated with reduced
57 embryo cleavage rates (O’Gorman *et al.* 2013), reduced embryo quality and low pregnancy rates
58 following intracytoplasmic sperm injection (Mirabi *et al.* 2017). Other *in vitro* models showed that
59 direct exposure of bovine oocytes to elevated FFA, particularly PA, resulted in increased reactive
60 oxygen species (ROS) production, OS, an increase in mitochondrial inner membrane potential (MMP)
61 in oocytes and cumulus cells, reduced cleavage and blastocyst rates, increased blastomere apoptosis
62 and altered blastocyst metabolism (Van Hoeck *et al.* 2011; Sutton-McDowall *et al.* 2016; De Bie *et al.*
63 2017; Marei *et al.* 2017b, 2019b). More in-depth molecular analyses of FFA- and PA-exposed bovine
64 oocytes also point towards activation of several OS-related pathways (Van Hoeck *et al.* 2013; Marei
65 *et al.* 2019b).

66 Preimplantation embryo development is also an important window that is sensitive to perturbations
67 in the microenvironment. Exposure of bovine and murine embryos to FFA during *in vitro* culture
68 hampered development and embryo quality (Jungheim *et al.* 2011; Van Hoeck *et al.* 2012). In line
69 with this, hyperlipidaemic culture conditions (by adding serum) jeopardised embryo developmental

70 competence and resulted in inferior blastocyst quality, as evidenced by altered mRNA expression
71 profiles related to metabolism, apoptosis and OS (Nonogaki *et al.* 1994; Rizos *et al.* 2003; Leroy *et al.*
72 2010; Marei *et al.* 2017a).

73 Because OS related pathways are clearly implicated in the observed reduced oocyte and embryo
74 quality in mothers suffering from metabolic disorders, antioxidant (AO) supplementation is a
75 promising strategy to maintain or improve oocyte and embryo quality in metabolically compromised
76 women. Animal studies showed that AO supplementation is reflected in the composition of the FF
77 (Dobbelaar *et al.* 2010; De Bie *et al.* 2016), and human studies indicate that AO supplementation
78 before ovum pick-up may protect the oocyte, most probably via direct effects (Luddi *et al.* 2016).
79 These observations suggest that AOs supplied before oocyte maturation may protect the oocyte via
80 the FF from metabolic insults later in development.

81 Furthermore, other studies reported neutralising effects of AO treatment applied simultaneously
82 with the metabolic insult. Melatonin supplementation to high-fat diet-induced obese mice markedly
83 reduced OS in oocytes (Han *et al.* 2017). Others revealed that the addition of an AO, such as Trolox,
84 to embryos exposed to FFA *in vitro* attenuated the lipotoxic and inhibitory effects observed on
85 embryo development (Nonogaki *et al.* 1994; Rooke *et al.* 2012).

86 Very recently, the first study investigating the reparative or rescuing effects of AO treatment during
87 embryo culture of metabolically compromised oocytes was published (Marei *et al.* 2019a). In that
88 study, Marei *et al.* (2019a) revealed that the addition of MitoQ (an AO specifically targeting
89 mitochondria) to embryo culture reduced OS in bovine embryos derived from metabolically
90 compromised oocytes *in vitro*, leading to higher blastocyst rates and lower blastomere apoptosis.
91 Interestingly, we also demonstrated that AOs such as selenium and transferrin (combined with
92 insulin) during bovine *in vitro* embryo culture could improve the development of metabolically
93 compromised oocytes, but could not repair the quality of the embryo, as evidenced by the high rates
94 of apoptosis in blastocysts (Smits *et al.* 2016; De Bie *et al.* 2017).

95 From the above, it is evident that AO supplementation during different windows of development
96 may improve oocyte and embryo development under metabolic stress conditions. Until now, it is not
97 known whether the AO treatment is best implemented in a protective, reparative or neutralising
98 manner. In the present study we investigated this concept with the aim of determining the most
99 effective timing of AO treatment in relation to the moment of the metabolic insult using a bovine *in*
100 *vitro* embryo production model. To this end, pathophysiologically relevant concentrations of palmitic
101 acid (PA, 150 to 230 μ M) were used to induce metabolic stress during oocyte maturation or early
102 embryo development (Marei *et al.* 2019a, 2019b). Based on Rooke *et al.* (2012), Trolox (TR), a
103 water-soluble vitamin E analogue and AO, was used as the AO treatment. Trolox treatment prior to,
104 during or after the PA insult was tested to evaluate the protective, neutralising or rescuing capacity of

105 TR respectively on embryo developmental competence and embryo ROS and mitochondrial activity.
106 The experimental conditions that successfully improved embryo development were further evaluated
107 for their effects on embryo quality by assessing blastocyst cell counts, apoptosis and OS-related
108 pathways in blastocysts at the transcriptome level.

109 **Materials and methods**

110 The bovine ovaries used for this study were derived from a licenced abattoir and therefore no ethics
111 approval was required. Chemicals used to prepare embryo culture media were purchased from Life
112 Technologies (Thermo Fisher Scientific). Other chemicals were purchased from Sigma-Aldrich,
113 unless otherwise stated. All compounds were of analytical grade.

114 *Experimental design and treatments*

115 An earlier described and validated model was used to mimic maternal metabolic disorders *in vitro*
116 during bovine oocyte maturation and embryo culture (Van Hoeck *et al.* 2012; Desmet *et al.* 2016;
117 Marei *et al.* 2019b). Cumulus–oocyte complexes (COCs) and embryos were exposed to
118 pathophysiologically relevant PA concentrations as measured in the FF (150 μ M PA, added during
119 IVM; Marei *et al.* 2019b) and in serum and oviductal fluid (230 μ M PA, added during *in vitro* culture
120 (IVC); Jordaens *et al.* 2017) respectively. These pathophysiological PA concentrations have been
121 detected in obese women (Valckx *et al.* 2014), as well as in dairy cows during negative energy
122 balance (Leroy *et al.* 2004). Trolox was chosen as the AO in this study because it is a water-soluble
123 AO, which makes it applicable for *in vitro* use in aqueous culture conditions, it is a vitamin E
124 analogue with strong AO capacity (Hamad *et al.* 2010) and it has proven efficacy in previous studies
125 (Forrest *et al.* 1994; Rooke *et al.* 2012; Messier *et al.* 2013). Based on the study of Rooke *et al.*
126 (2012), TR was used at a concentration of 100 μ M during oocyte IVM or embryo culture.

127 Stock solutions of 150 and 230 mM PA and 100 mM TR were prepared in 100% ethanol as the
128 solvent (VWR). These stock solutions were diluted in oocyte maturation or embryo culture medium to
129 obtain the final concentrations of PA (150 and 230 μ M) and TR (100 μ M) used in the study. Fatty
130 acid-free bovine serum albumin (BSA) was used as a carrier for PA (Salway 1999). Preliminary
131 experiments (data not shown) and previous data from Marei *et al.* (2017b) showed that the addition of
132 ethanol up to 0.2% v/v during IVM or IVC does not affect the developmental competence or quality
133 of bovine oocytes and embryos compared with ethanol-free controls.

134 Four different experiments were performed with different conditions during IVM and IVC. The
135 treatment groups are named according to their IVM and IVC conditions. In each experiment, a solvent
136 control (SC) was included (i.e. 0.2% ethanol during IVM and 0.2% ethanol during IVC (SC-SC)) for
137 comparison.

138 In Experiment 1 (neutralising approach during IVM), oocytes were exposed to elevated PA
139 concentrations with or without TR during IVM, after which zygotes were cultured under solvent
140 control conditions during IVC (PA-SC and PATR-SC respectively).

141 In Experiment 2 (neutralising approach during IVC), oocytes were matured under SC conditions
142 during IVM, then exposed to elevated PA concentrations with or without TR during IVC (SC-PA and
143 SC-PATR respectively).

144 In Experiment 3 (reparative approach), oocytes were exposed to elevated PA concentrations during
145 IVM, after which zygotes were cultured under solvent control (PA-SC) or TR (PA-TR) conditions
146 during IVC.

147 In Experiment 4 (protective approach), oocytes were matured under SC or TR conditions during
148 IVM, then exposed to elevated PA concentrations during IVC (SC-PA and TR-PA respectively).

149 Different outcome parameters were evaluated in these experiments. Developmental competence
150 (Day (D) 2 cleavage and D7 and D8 blastocyst rates) and mitochondrial activity and intracellular ROS
151 in D2 cleaved embryos were assessed in all experiments. In the experiments with an effective TR
152 enhancement of development competence, additional parameters were assessed to evaluate blastocyst
153 quality, namely blastocyst cell numbers of the trophectoderm (TE) and inner cell mass (ICM),
154 apoptotic cell indices and blastocyst gene expression related to OS, mitochondrial function, lipid
155 metabolism and apoptosis. The number of oocytes or embryos evaluated and the number of replicates
156 performed for each outcome parameter in Experiments 1–4 are indicated below (see Outcome
157 Parameter Assessment).

158 *In vitro maturation*

159 IVM of bovine oocytes was performed as described previously (Van Hoeck *et al.* 2011). Briefly,
160 immature Grade I COCs were retrieved from abattoir-derived ovaries and selected for serum-free
161 IVM. COCs were matured for 24 h in groups of 45 ± 10 COCs (mean \pm s.e.m.) in a volume of 500 μ L
162 per well in a humidified atmosphere containing 5% CO₂ at 38.5°C.

163 The serum-free maturation medium used in the present study consisted of TCM199 (Life
164 Technologies) containing 50 μ g mL⁻¹ gentamycin (Life Technologies), 0.1 mM cysteamine, 0.75%
165 v/w fatty acid-free BSA and 20 ng mL⁻¹ epidermal growth factor, and was supplemented with or
166 without solvent, PA and/or TR according to the experimental design.

167 *In vitro embryo production*

168 Mature COCs were fertilised for 22 h using frozen semen of a bull with proven *in vitro* fertility, as
169 described previously (Leroy *et al.* 2005). Presumptive zygotes were transferred to HEPES-buffered
170 Tyrode's balanced salt solution (HEPES-Tyrode's albumin–lactate–pyruvate (TALP)) and vortexed
171 for 3.5 min to remove cumulus cells. Finally, zygotes were cultured in groups of 25 ± 4 (mean \pm

172 s.e.m.) in 75 μ L culture medium. Zygotes were incubated in a 96-well dish (in an atmosphere of 90%
173 N₂, 5% CO₂ and 5% O₂, at 38.5°C and maximum humidity) until D2 or D8 postinsemination (p.i.)
174 depending on the outcome parameter being assessed.

175 The serum-free culture medium used in the present study consisted of modified synthetic oviductal
176 fluid (mSOF) with 2% w/v fatty acid-free BSA supplemented with or without solvent, PA and/or TR.

177 *Outcome parameter assessment*

178 *Embryo developmental competence*

179 Total cleavage rates and the proportion of embryos with ≥ 4 cells per total cleaved embryo were
180 recorded at 48 h p.i. On D7 and D8 p.i., blastocyst rates were evaluated and are presented as the
181 number of blastocysts per total number of oocytes and per total cleaved embryos (801 COCs in
182 Experiment 1, 1294 COCs in Experiment 2, 861 COCs in Experiment 3 and 760 COCs in Experiment
183 4; six replicates each). The proportion of embryos in each developmental stage (i.e. the number of
184 young, normal, expanded and hatching or hatched blastocysts (YB, NB, EB and HB respectively) as a
185 proportion of the total number of blastocysts) on D8 p.i. in each treatment group in each experiment
186 was also calculated.

187 *Mitochondrial activity and intracellular ROS in D2 cleaved embryos*

188 As in previous research performed in our laboratory (Marei *et al.* 2019b) and to be able to build on
189 existing research, MMP and ROS were determined in D2 cleaved embryos (≥ 2 -cell stage, 48 h p.i.). A
190 combined fluorescence staining technique with 5,5',6,6'-tetrachloro-1,1',3,3'-tetraethyl-
191 benzimidazolyl-carbocyanine iodide (JC-1; Invitrogen) and CellROX Deep Red Reagent
192 (ThermoFisher) was used, as described previously (Komatsu *et al.* 2014; Marei *et al.* 2019b) to
193 estimate MMP and ROS. Briefly, cleaved embryos were selected and transferred to HEPES-Tyrode's
194 albumin–lactate–pyruvate (TALP). Cleaved embryos were then immediately stained for 30 min in
195 wash-TALP containing 5 μ g mL⁻¹ JC1 and 2.5 μ g mL⁻¹ CellROX Deep Red (from 1000 \times stock
196 solutions in dimethylsulfoxide) under 5% CO₂ at 38.5°C. The embryos were then washed and kept in
197 wash-TALP droplets under oil in a glass-bottomed 35-mm dish. Stained embryos were immediately
198 examined under a Leica SP8 confocal microscope enclosed in a humid chamber (37°C) equipped with
199 white laser source (Leica WLL) at excitation and emission wavelengths of 488 and 525 nm
200 respectively (to detect JC-1 monomers or less active mitochondria; green), 561 and 590 nm
201 respectively (to detect JC1-aggregates or active mitochondria; yellow) and 644 and 665 nm
202 respectively (to detect CellROX or OS; red). One optical section was examined for each embryo at the
203 level where the different embryo cells were visible. The grey scale intensity in each channel was
204 measured using Leica Application Suite X software. MMP was calculated as the ratio of the grey
205 scale intensity at 590 nm to that at 590 + 525 nm (i.e. J-aggregates/(J-monomers + aggregates) or
206 active mitochondria as a percentage total of mitochondrial mass). ROS were estimated based on the

207 grey scale intensity at 665 nm, with results expressed as absolute ROS and as the ratio of ROS to total
208 of active mitochondria. In all, 142 embryos in Experiment 1, 111 embryos in Experiment 2, 99
209 embryos in Experiment 3 and 101 embryos in Experiment 4 were evaluated across three replicates.

210 *Blastocyst cell numbers of the TE and ICM and apoptotic cell indices*

211 At D8, fixed EB and HB were stained immunohistochemically with anti-CDX2 (TE) and anti-
212 cleaved caspase-3 (apoptotic cells) antibodies and 4',6'-diamidino-2-phenylindole (DAPI; total cells),
213 as described previously (De Bie *et al.* 2017). The number of ICM, TE and apoptotic cells was counted
214 using ImageJ software 1.41 (National Institutes of Health). The ICM/TE cell ratio and the apoptotic
215 cell index (i.e. number of apoptotic cells as a percentage of total cells) were calculated. Data are
216 expressed as the overall mean \pm s.e.m. or classified based on the blastocyst stage (35 EB and 19 HB in
217 Experiment 4; three replicates).

218 *Blastocyst RNA extraction, reverse transcription and quantification of gene expression by* 219 *quantitative polymerase chain reaction*

220 D8 blastocysts were washed and transferred to a 1.5-mL vial in minimal volume of phosphate-
221 buffered saline (PBS) and immediately snap frozen in liquid nitrogen in pools of ≥ 10 blastocysts
222 (including all blastocysts produced per treatment per replicate). Samples were stored at -80°C (seven
223 YB, 11 NB, 18 EB and eight HB in Experiment 4; three replicates).

224 Total RNA was extracted from blastocysts using the PicoPure RNA isolation kit (Thermo Fisher
225 Scientific) following the manufacturer's instructions. Extracted RNA was treated with DNase
226 (Qiagen). The concentration and purity of the isolated RNA samples were determined using a
227 BioAnalyser (Agilent). Total RNA (50 ng) from each sample was reverse transcribed using a
228 Sensiscript RT kit (Qiagen). A reverse transcription negative control sample (no reverse transcriptase)
229 was included.

230 Gene transcripts were quantified by real-time quantitative polymerase chain reaction (qPCR) using
231 SYBR Green (SsoAdvanced Universal SYBR Green Supermix; Bio-Rad). Quantification was
232 normalised using the geometric mean of two housekeeping genes, namely H2A histone family,
233 member Z (*H2AFZ*) and tryptophan 5-monooxygenase activation protein zeta (*YWHAZ*; Robert *et al.*
234 2002; Goossens *et al.* 2005), calculated using geNorm software (<https://genorm.cmgg.be>). The
235 comparative quantification cycle (Cq) method (i.e. $2^{-\Delta\Delta\text{Cq}}$) was used to quantify the relative expression
236 of each gene, as described by Livak and Schmittgen (2001). Fold changes in the expression of all
237 studied genes were calculated using the control as a reference (= 1 fold-change) and are expressed as
238 the mean \pm s.e.m.

239 The abundance of transcripts of genes involved in redox regulation (i.e. catalase (*CAT*), glutathione
240 peroxidase 1 (*GPX1*), superoxide dismutase 1 and 2 (*SOD1*, *SOD2*), peroxiredoxin 1 and 3 (*PRDX1*,
241 *PRDX3*) and nuclear factor, erythroid 2-like 2 (*NFE2L2*)), mitochondrial function (i.e. transcription

242 factor A, mitochondrial (*TFAM*) and heat shock protein family D member 1 (*HSPD1*)), lipid
243 metabolism (i.e. peroxisome proliferator-activated receptor gamma (*PPAR γ*)) and apoptosis (i.e.
244 BCL2 associated X (*BAX*)) was analysed. NCBI reference sequences of *Bos taurus* were used for
245 primer design using Primer-BLAST software (www.ncbi.nlm.nih.gov/tools/primer-blast/). All primers
246 were intron flanking. Primer details are provided in [Table 1](#).

247 *Statistical analyses*

248 All statistical procedures were performed in IBM SPSS Statistics 25 for Windows. Categorical data
249 of developmental competence were compared among the three treatment groups using a binary
250 logistic regression model. Numerical data of cumulus cell expansion scores, MMP, OS, embryo cell
251 counts, apoptotic cell indices and relative transcript abundance (Δ Cq) were compared among all
252 treatments using a linear mixed-model analysis of variance (ANOVA). Prior to ANOVA, data were
253 analysed for normal distribution and homogeneity of variances by performing the Kolmogorov–
254 Smirnov and Levene’s test respectively. Log transformation was applied (MMP, OS, embryo cell
255 counts, apoptotic cell indices and Δ Cq) to correct for inhomogeneity of variances when necessary. If
256 Levene’s test failed after log transformation, a non-parametric Kruskal–Wallis followed by a Mann–
257 Whitney post hoc test was performed for each comparison. A Bonferroni post hoc test was performed
258 to correct for multiple comparisons. Replicate (random factor), treatment (fixed factor) and the
259 interaction of both factors were taken into account. When the interaction term was not significant, it
260 was omitted from the final model. Statistical significance was set at two-tailed $P < 0.05$. Differences
261 with $P < 0.1$ and >0.05 are described as ‘tendencies’.

262 **Results**

263 To facilitate interpretation, the term ‘exposure’ is used if the effect of PA is tested and the term
264 ‘treatment’ is used if the effects of TR effects were tested in combination with PA, regardless of
265 whether TR could actually ‘treat’ any effect.

266 *Effects of TR treatment on embryo developmental competence (Experiments 1–4)*

267 *Neutralising approach (Experiments 1 and 2)*

268 Results for Experiments 1 and 2 are presented in [Tables 2](#) and [3](#). Exposure of oocytes or embryos
269 to PA (PA-SC or SC-PA) tended to reduce or significantly reduced cleavage rates respectively
270 compared with controls (SC-SC). Embryo development into 4-cell embryos and D7 and D8 blastocyst
271 rates among total oocytes were significantly reduced in the PA-SC and SC-PA treatments compared
272 with controls. TR treatment simultaneously with the PA insult during IVM or IVC (PATR-SC or SC-
273 PATR) could not alleviate the reduction in cleavage rates and blastocyst development induced by PA
274 exposure (PA-SC or SC-PA). The proportion of different embryo developmental stages at D8 was not
275 significantly different among treatments ([Fig. 1](#)).

276 *Reparative approach (Experiment 3)*

277 Results for Experiment 3 are presented in Table 4. Exposure of oocytes to PA (PA-SC)
278 significantly hampered oocyte and embryo developmental competence compared with controls (SC-
279 SC). TR treatment during IVC could not significantly increase D7 and D8 blastocyst rates of PA-
280 exposed oocytes (PA-TR) compared with PA-SC blastocysts. The proportion of blastocysts that
281 developed into YB by D8 was significantly higher in the PA-TR than PA-SC group (Fig. 1).

282 *Protective approach (Experiment 4)*

283 Results for Experiment 4 are presented in Table 5. Similar to Experiment 2, exposure of embryos to
284 PA during culture (SC-PA) significantly hampered oocyte and embryo developmental competence
285 compared with controls (SC-SC). Compared with PA-exposed embryos (SC-PA), the addition of TR
286 during IVM before the PA insult (TR-PA) tended to increase cleavage rates and D8 blastocysts as a
287 proportion of total number of cleaved zygotes. Moreover, treatment of oocytes with TR before the PA
288 insult during embryo culture (TR-PA) significantly increased the proportion of embryos that
289 developed into 4-cell embryos and significantly increased D8 blastocyst rates as a proportion of total
290 oocytes to levels significantly higher than the SC-PA treatment, but significantly lower than the SC-
291 SC treatment. The proportion of different embryo stages at D8 was not significantly different among
292 treatments (Fig. 1).

293 *Effects of TR treatment on cleaved D2 embryo mitochondrial activity and ROS (Experiments 1–4)*

294 *Effects on embryo mitochondrial activity (Experiments 1–4)*

295 PA exposure (PA-SC and SC-PA) significantly increased MMP in cleaved embryos at D2
296 compared with controls (SC-SC) (Fig. 2). Regardless of the moment of PA exposure, TR treatment
297 during IVM (TR-PA and PATR-SC) increased MMP even more compared with SC-PA and PA-SC.
298 TR treatment during IVC did not alter the increased MMP levels in D2 embryos from PA-exposed
299 oocytes and embryos compared with SC-PA and PA-SC.

300 *Effects on embryo ROS (Experiments 1–4)*

301 D2 embryo ROS was not altered when oocytes were exposed to PA during IVM (PA-SC), but
302 embryo ROS tended to increase when embryos were exposed to PA during IVC (SC-PA vs SC-SC; P
303 < 0.1) (Fig. 3). TR treatment of these SC-PA embryos during IVM (TR-PA) and IVC (SC-PATR)
304 significantly reversed embryo ROS to levels similar to those in the controls (SC-SC).

305 *Effects on embryo ROS/active mitochondria (Experiments 1–4)*

306 When ROS levels were expressed as a proportion of active mitochondria, TR treatment before the
307 PA insult (TR-PA) generated D2 embryos that had significantly lower ROS/active mitochondria ratios
308 than SC-PA treated embryos (Fig. 4). No significant differences in ROS/active mitochondria ratios
309 were found in the other approaches.

310 *Effects of TR treatment on blastocyst cell number of the TE and ICM and apoptotic cell indices*
311 *(protective approach, Experiment 4)*

312 Because preloading of oocytes with TR during IVM enhanced the developmental competence of
313 metabolically stressed embryos in Experiment 4, further blastocyst quality parameters were evaluated.
314 The results of these evaluations are presented in Table 6. No significant differences in blastocyst
315 quality were detected when embryos were exposed to PA (SC-PA), or when TR was added during
316 oocyte maturation (TR-PA). However, the TE/ICM ratio in SC-PA-derived EBs tended to be lower
317 compared with controls, an effect that was alleviated when TR was added during oocyte maturation
318 (TR-PA). In addition, TR-PA EBs tended to have a lower apoptotic cell index than SC-PA EBs.

319 *Effects of TR treatment on blastocyst gene expression of selected genes (protective approach,*
320 *Experiment 4)*

321 Exposure of embryos to PA (SC-PA) significantly increased the abundance of *TFAM* mRNA in D8
322 blastocysts compared with controls (SC-SC), which could be decreased by TR treatment during
323 oocyte maturation before the PA insult (TR-PA). Although SC-PA did not significantly alter the
324 mRNA transcript abundance of the other selected genes, TR treatment during oocyte maturation
325 before the PA insult (TR-PA) significantly increased *NRF2* gene (Nuclear factor erythroid 2-related
326 factor 2) expression compared with control (SC-SC; Fig. 5).

327 **Discussion**

328 We showed that PA exposure of bovine COCs and embryos reduced cleavage rates, increased
329 mitochondrial activity in cleaved D2 embryos, lowered the proportion of good-quality ≥ 4 -cell stage
330 embryos and reduced blastocyst rates. Moreover, PA-exposed embryos tended to have increased ROS
331 at the ≥ 4 -cell stage and showed significantly increased expression of genes implicated in
332 mitochondrial biogenesis. We hypothesised that the efficacy of AO treatment of metabolically
333 compromised oocytes and embryos in terms of improving embryo developmental competence and
334 quality depends on the timing of the treatment. We found that the protective approach, in which
335 oocytes were preloaded with TR during maturation before PA exposure after fertilisation,
336 significantly improved the development of ≥ 4 -cell embryos and D8 blastocysts, reduced ROS in
337 cleaved D2 embryos and resulted in blastocysts of a similar quality (based on cell counts and gene
338 expression patterns) to untreated PA-exposed embryos.

339 *Neutralising approach: TR treatment simultaneous with the metabolic stress insult during IVM or IVC*
340 *cannot improve embryo developmental competence (Experiments 1 and 2)*

341 Similarly to previous reports, our data demonstrated that embryo development was significantly
342 hampered by PA exposure during IVM (Marei *et al.* 2019a, 2019b) or IVC (Jungheim *et al.* 2011).
343 Many *in vitro* studies have investigated the efficacy of AO supplementation in improving oocyte and
344 embryo developmental capacity. Mostly, AOs could not improve developmental competence in the
345 absence of a stress insult. For example, Dalvit *et al.* (2005) and Rooke *et al.* (2012) showed that the

346 addition of vitamin E or TR during routine IVM or IVC respectively could not improve blastocyst
347 rates. These results are in line with our findings, whereby TR during IVM or IVC did not affect
348 developmental competence (data not shown). However, when oocytes or embryos were exposed to a
349 stress insult, such as lipoproteins in the study of [Rooke et al. \(2012\)](#), the induced stress could be
350 alleviated by the addition of an AO (TR) and blastocyst rates increased again. In the study of [Asadi et al. \(2012\)](#),
351 increased oocyte apoptosis in nicotine-exposed mice could be overcome by *in vivo* vitamin
352 E administration. Overall, it has been reported that AOs may enhance the *in vitro* development of
353 embryos by neutralising ROS and protecting the embryos against oxidative damage ([Natarajan et al. 2010](#)).
354 In an attempt to neutralise (i.e. TR treatment at the same time as the PA insult) the PA-induced
355 stress at the oocyte or embryo level, we showed that if cellular ROS tended to increase, TR treatment
356 was able to neutralise this increase in PA-exposed embryos (SC-PATR, Experiment 2; [Fig. 3](#)).
357 Nevertheless, this was not associated with improved development.

358 Preserving the intracellular redox environment is crucial for normal cellular functions. Persistent
359 excess to fatty acids may lead to increased fatty acid metabolism and energy production,
360 mitochondrial dysregulation and excess production of ROS and/or fatty acid accumulation of
361 triacylglycerols in non-adipose tissues, both of which lead to cellular dysfunction ([Cortassa et al. 2017](#)).
362 In the present study, embryos resulting from TR-treated PA-exposed oocytes (PATR-SC,
363 Experiment 1) showed further increased mitochondrial activity ([Fig. 2](#)), but normal ROS levels ([Fig. 3](#))
364 compared with their non-treated PA-exposed counterparts (PA-SC). As such, embryos may be
365 better at using their intracellular PA for energy production without exhibiting cellular stress if they are
366 simultaneously treated with AOs during oocyte maturation. Nevertheless, this does not give them a
367 selective growth advantage, as seen in the reduced developmental rates in the present study. More
368 research to further understand these observations is definitely needed.

369 *Reparative approach: metabolic stress insult at the oocyte level can only be partially alleviated by TR*
370 *treatment later in development (Experiment 3)*

371 In IVF clinics, IVC media are frequently supplemented with growth- and quality-improving factors
372 to improve the IVF success rates with oocytes of different quality. Among these factors, ascorbic and
373 folic acid and vitamin E are often added because they seem to reduce oxidative damage in mouse
374 embryos and improve developmental rates ([Gruber and Klein 2011](#); [Koyama et al. 2012](#)). [Marei et al. \(2019a\)](#)
375 showed that supplementation of embryos derived from PA-exposed oocytes with MitoQ (a
376 mitochondrial targeted AO) during IVC alleviated increased embryo ROS, prevented mitochondrial
377 uncoupling and completely rescued blastocyst development and quality.

378 In the present study we showed that metabolically compromised oocytes could only be partially
379 rescued by AO treatment with TR during IVC (PA-TR, Experiment 3; [Table 4](#)). TR treatment during
380 IVC slightly improved development to levels similar to control oocytes (SC-SC), but not different
381 from metabolically compromised oocytes (PA-SC). A significantly increased proportion of YBs was

382 detected in TR-treated embryos originating from PA-exposed oocytes (PA-TR) compared with PA-SC
383 (Experiment 3; Fig. 1), indicating catch-up growth of embryos that were lagging behind in
384 development.

385 TR governs a key protective mechanism against emerging lipid peroxides, which are specific ROS
386 present not only in mitochondria, but also in lipid membranes throughout the cell. TR, as a water-
387 soluble analogue of vitamin E, has the main advantage over lipid-soluble AOs of being incorporated
388 both in the water and lipid compartments of cells to scavenge and neutralise peroxides throughout the
389 cell (Hamad *et al.* 2010). TR treatment during IVC (PA-TR) allowed increased embryo mitochondrial
390 activity (Experiment 3; Fig. 2) without a concomitant increase in ROS (Experiment 3; Fig. 3)
391 compared with controls. This may indicate increased fatty acid oxidation of the high PA depots
392 present in the embryo without leading to OS and subsequent cell damage. However, this is also true
393 for PA-SC embryos, in which an increased mitochondrial activity, but no increase in embryo ROS,
394 was observed, indicating that TR may partially rescue embryo development via a different mechanism
395 than relieving OS.

396 *Protective approach: 'pretreatment' of oocytes with TR significantly improves embryo development*
397 *under metabolic stress conditions (Experiment 4)*

398 The only approach in which TR significantly improved the development of metabolically
399 compromised oocytes or embryos was when oocytes were preloaded with TR during maturation, after
400 which subsequent embryos were exposed to PA (Experiment 4; Table 6). Importantly, although
401 developmental competence was significantly improved in the protective approach, blastocyst rates did
402 not reach control levels.

403 To the best of our knowledge, the present study is the first showing that the 'pretreatment' of
404 oocytes with AOs can generate embryos that are more resilient to a metabolic stress insult. When
405 embryos were exposed to PA during culture, the cleaved embryos at D2 p.i. exhibited a tendency for
406 increased ROS (Experiments 2 and 4; Fig. 3). Interestingly, TR treatment significantly reduced
407 embryo ROS to levels similar to those in the controls, regardless of the timing of the treatment. As
408 such, it can be assumed that the antioxidative potential of TR could both neutralise PA-induced ROS
409 (Experiment 2; Fig. 3) and protect against increased ROS (Experiment 4; Fig. 3). However, protecting
410 oocytes from a ROS insult later in development was the only approach that improved embryo
411 development (Experiment 4; Table 6). In addition to a reduction in embryo ROS, 'pretreatment' of
412 oocytes before the PA insult further increased mitochondrial activity to levels higher than in SC-PA
413 embryos (Experiment 4; Fig. 2). Interestingly, when ROS were expressed as a proportion of active
414 mitochondria (Fig. 4), we found that TR 'pretreatment' before the PA insult generated D2 embryos
415 that had significantly lower ROS/active mitochondria ratios. Because no differences in the ROS/active
416 mitochondria ratios were observed in the other approaches (neutralising and reparative), we may
417 hypothesise that the combination of relatively low ROS levels with highly active mitochondria may

418 be a mechanism implicated in the protective effect of TR before the PA insult on embryo
419 developmental competence. Preloading the oocyte with sufficient AO capacity may render the early
420 embryo more capable of coping with the increased generation of ROS in the active mitochondria as a
421 consequence of the oxidation of excess PA during embryo development. As such, fatty acid oxidation
422 during embryo development can continue without increases in ROS, which may partially safeguard
423 further embryo development. However, in addition to OS, other pathways are involved in lipotoxic
424 effects on oocytes and embryos that could not be abrogated by preloading oocytes with AOs, such as
425 altered metabolism, endoplasmic reticulum stress, mitochondrial dysfunction and the increased
426 production of deleterious complex lipids (Palomer *et al.* 2018). This may explain why no complete
427 recovery of developmental capacity was observed.

428 It is important to consider the duration of exposure during IVM (24 h) and IVC (7 days) to PA
429 and/or TR. From this study, there is evidence that PA exposure during IVC has a more detrimental
430 effect on embryo developmental competence than exposure during IVM. Accordingly, we would
431 expect a more pronounced beneficial effect of TR treatment during the 7-day IVC window compared
432 with the 24-h IVM window. However, the opposite was true in the present study. Comparison of
433 oocyte maturation and embryo culture *in vivo* and *in vitro* showed that the intrinsic quality of the
434 oocyte appears to be the main factor determining blastocyst yields (Rizos *et al.* 2002). From this
435 perspective, we showed that ‘preloading’ the oocyte with AO provides them with a selective growth
436 advantage. This can be explained by the facts that: (1) AO can prevent DNA fragmentation in the
437 cumulus cells surrounding the oocyte; and (2) oocytes are capable of accumulating more AO when
438 cumulus cells are present (Tao *et al.* 2004). As such, good cumulus cell quality nourishes and supports
439 the developing oocyte and is instrumental for oocyte maturation and the acquisition of developmental
440 competence. Moreover, the AO accumulated in the oocyte may protect the embryo against a
441 metabolic stress insult later in development.

442 *Blastocyst quality (Experiment 4)*

443 Mechanistic research revealed that metabolic stress during oocyte maturation or embryo culture
444 resulted in higher rates of apoptosis in the blastocyst and in altered expression patterns in oocytes,
445 cumulus cells and blastocysts of genes in pathways mainly related to metabolism, mitochondrial
446 dysfunction, endoplasmic reticulum stress and OS (Van Hoeck *et al.* 2011; Marei *et al.* 2019b). In the
447 study of Rooke *et al.* (2012), TR treatment of lipoprotein-exposed bovine embryos (cf. neutralising
448 approach, Experiment 2) could neutralise the induced stress at the embryo level. In contrast, we
449 previously demonstrated that AOs such as selenium and transferrin (combined with insulin) during
450 IVC of bovine embryos improved the development of metabolically compromised oocytes, but could
451 not repair the quality of the embryo (Smits *et al.* 2016; De Bie *et al.* 2017). In the protective approach
452 (Experiment 4), blastocyst *NRF2* and *TFAM* expression patterns were altered due to PA and/or TR.
453 *NRF2* is a transcription factor that regulates the expression of AO proteins and is thus important in the

454 protection against OS. [Marei et al. \(2019b\)](#) previously showed that NRF2-mediated OS responses are
455 implicated in PA-exposed oocytes. An NRF2-mediated OS response has recently been shown to
456 mediate bovine embryo survival under OS conditions ([Amin et al. 2014](#)), as shown in the present
457 study. Glutathione reductase transcription was increased in mouse models with enhanced Nrf2
458 activation ([Wu et al. 2011](#)). This can be related to the significantly reduced ROS observed in D2
459 embryos when metabolically compromised embryos were pretreated with TR during IVM (protective
460 approach). Similar to the findings of [Van Hoeck et al. \(2013\)](#) and [Marei et al. \(2019a\)](#), *TFAM*, an
461 important gene for mitochondrial biogenesis, was significantly upregulated in PA-exposed
462 blastocysts. This altered gene expression, indicative of mitochondrial dysfunction, normalised again
463 when TR treatment was applied before the PA insult (TR-PA). The same neutralising effect on *TFAM*
464 transcript abundance was seen when metabolically compromised oocytes were treated with MitoQ
465 ([Marei et al. 2019a](#)).

466 In addition, the protective approach (Experiment 4) could reverse the small difference in blastocyst
467 cell allocation observed in PA-exposed embryos and tended to reduce blastocyst apoptosis. These
468 observations point towards improved blastocyst quality with the protective approach, indicating that
469 the ‘pretreatment’ of oocytes with TR produces embryos that may be more resilient to a metabolic
470 stress insult.

471 **Conclusions**

472 The results in this conceptual study emphasise the difference in the efficacy of AO treatment in
473 relation to a metabolic stress insult during oocyte maturation or embryo culture. We showed that the
474 enhancement of the developmental capacity of metabolically compromised bovine oocytes and
475 embryos by TR treatment was most obvious when oocytes were pretreated with, and thus protected
476 by, TR before the PA insult. Although developmental competence was significantly improved in the
477 protective approach, blastocyst rates did not reach control levels. We showed that the combination of
478 relatively low ROS levels with highly active mitochondria may be a mechanism implicated in the
479 protective effect of TR against a metabolic insult later in development. The subsequent PA-exposed
480 embryos from these TR-‘pretreated’ oocytes were of good quality, based on normalised cell
481 allocation, normalised expression of genes related to mitochondrial function and increased expression
482 of genes involved in redox regulation. The results from this conceptual *in vitro* study indicate that the
483 ‘pretreatment’ of oocytes with TR produces embryos that may be more resilient to a metabolic stress
484 insult.

485 **Conflicts of interest**

486 The authors declare that they have no conflicts of interest.

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658 **Figure captions**

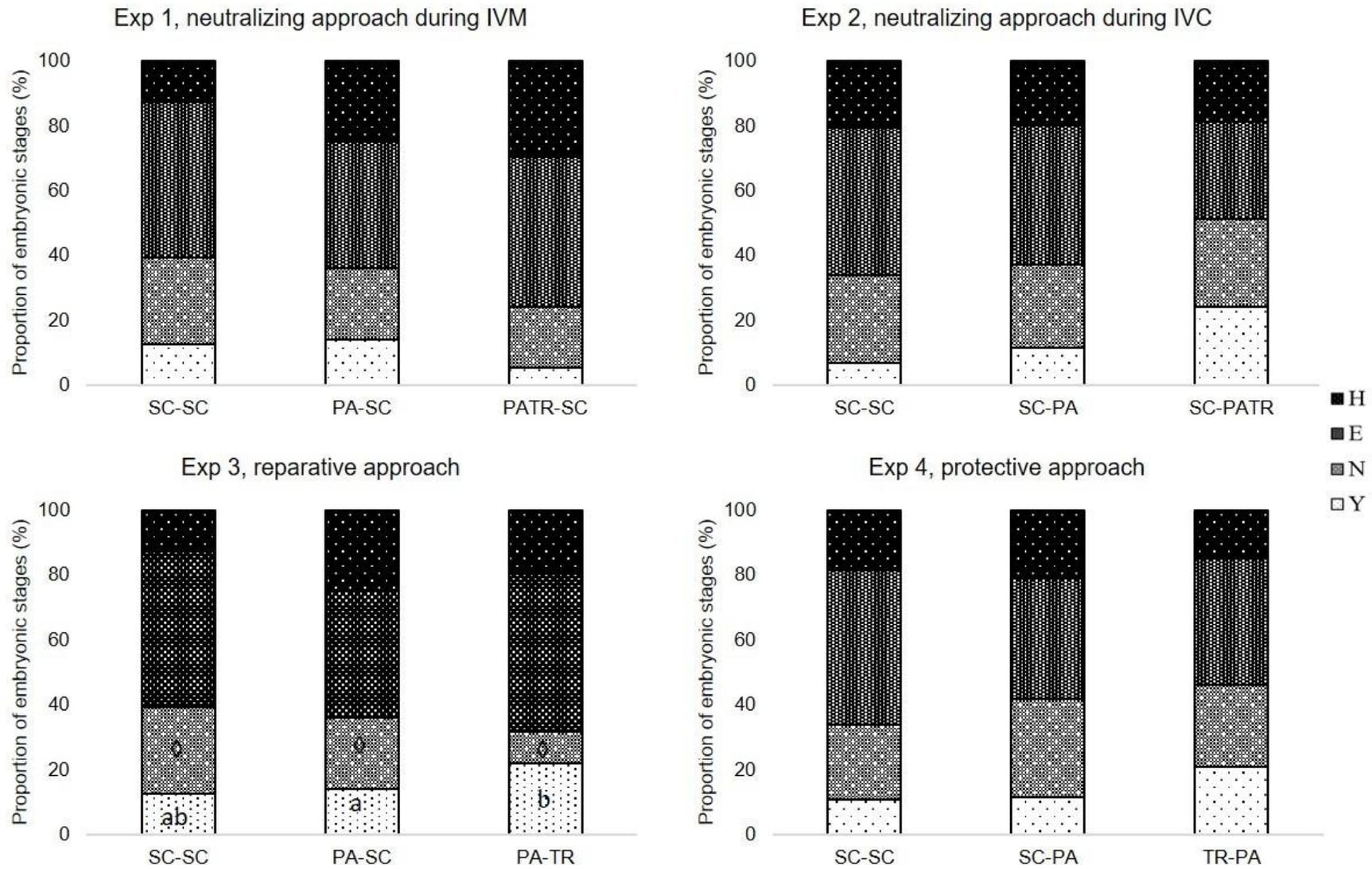
659 **Fig. 1.** Proportion of embryo stages (young (Y), normal (N), expanded (E) and hatching or hatched (H)
660 blastocysts) at Day 8 after insemination in each treatment group and in each experiment used for gene
661 expression analysis. Within each experiment, different letters within a blastocyst stage indicate significant
662 differences among groups. Diamonds (\diamond) indicate that statistical analysis could not be performed due to a
663 significant Treatment \times Repeat interaction (i.e. the effect of the treatment was dependent on the experimental
664 repeat).

665 **Fig. 2.** Mean (\pm s.e.m.) embryo mitochondrial activity as a proxy of mitochondrial membrane potential (mean
666 grey intensity of J-aggregates/(J-monomers + aggregates) or 590/(590 + 525) nm or active mitochondria/total
667 mitochondrial content) in each treatment group and each experiment ($n = 142, 111, 99$ and 101 embryos in
668 Experiments 1, 2, 3 and 4 respectively; three repeats for each). Mitochondrial activity was evaluated 48 h after
669 insemination in ≥ 2 -cell embryos. Different letters above columns indicate significant differences ($P < 0.05$).

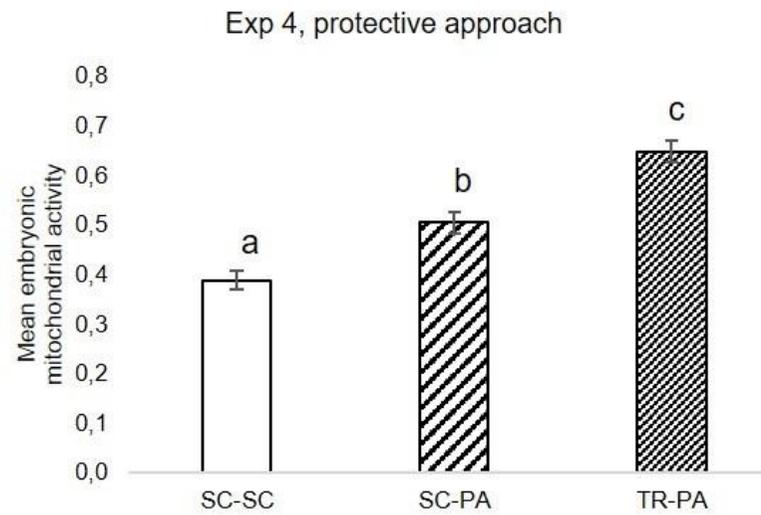
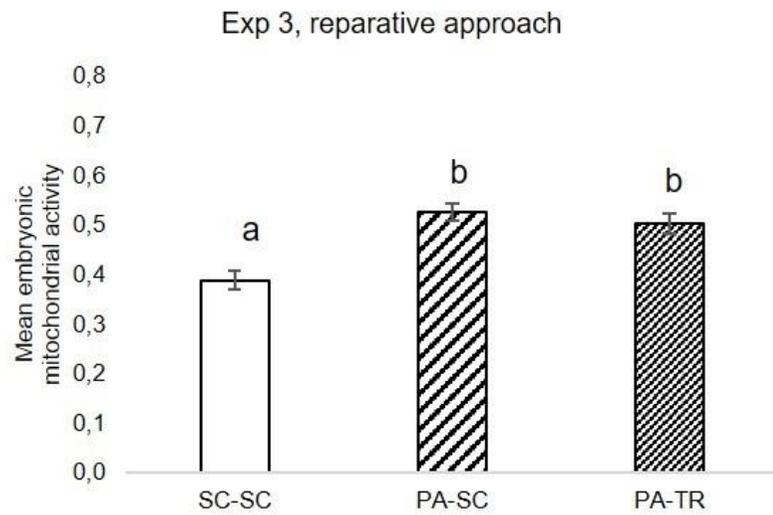
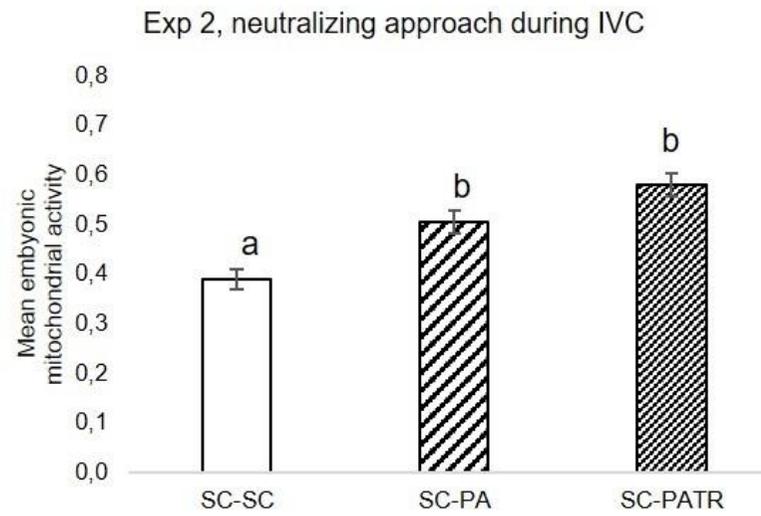
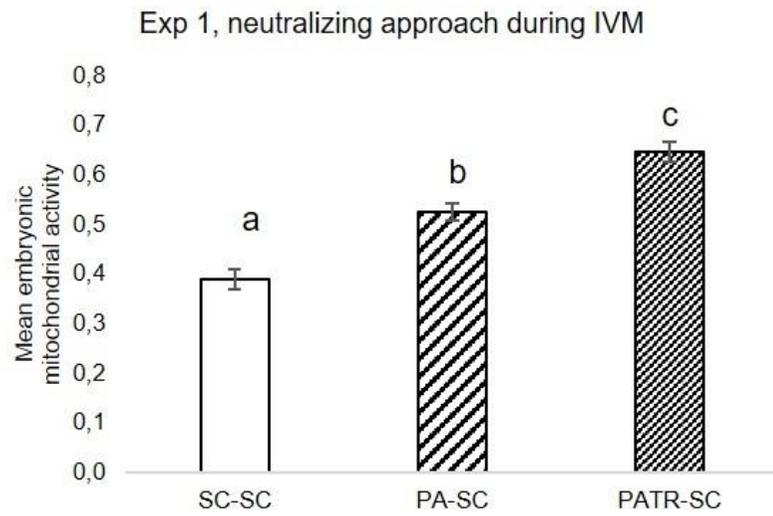
670 **Fig. 3.** Mean (\pm s.e.m.) embryo ROS (mean grey intensity of CellROX or 630 nm) in each treatment group and
671 each experiment ($n = 142, 111, 99$ and 101 embryos in Experiments 1, 2, 3 and 4 respectively; three repeats for
672 each). Embryo ROS levels were evaluated 48 h after insemination in ≥ 2 -cell embryos. Different letters above
673 columns indicate significant differences. $^{\S}P < 0.1$ between these groups.

674 **Fig. 4.** Mean (\pm s.e.m.) embryo ROS as a proportion of active mitochondria (mean grey intensity of
675 CellROX/J-aggregates or 630/590 nm) in each treatment group and each experiment ($n = 142, 111, 99$ and 101
676 embryos in Experiments 1, 2, 3 and 4 respectively; three repeats for each). Embryonic ROS and mitochondrial
677 activity were evaluated 48 h after insemination in ≥ 2 -cell embryos. Different letters above columns indicate
678 significant differences. $^{\S}P < 0.1$ between these groups.

679 **Fig. 5.** Gene expression patterns in Day 8 blastocysts in Experiment 4 (protective approach). Data are the
680 mean \pm s.e.m. fold change in gene expression relative to the control treatment (SC-SC; fold change = 1). $^*P <$
681 0.05 compared with control (SC-SC).

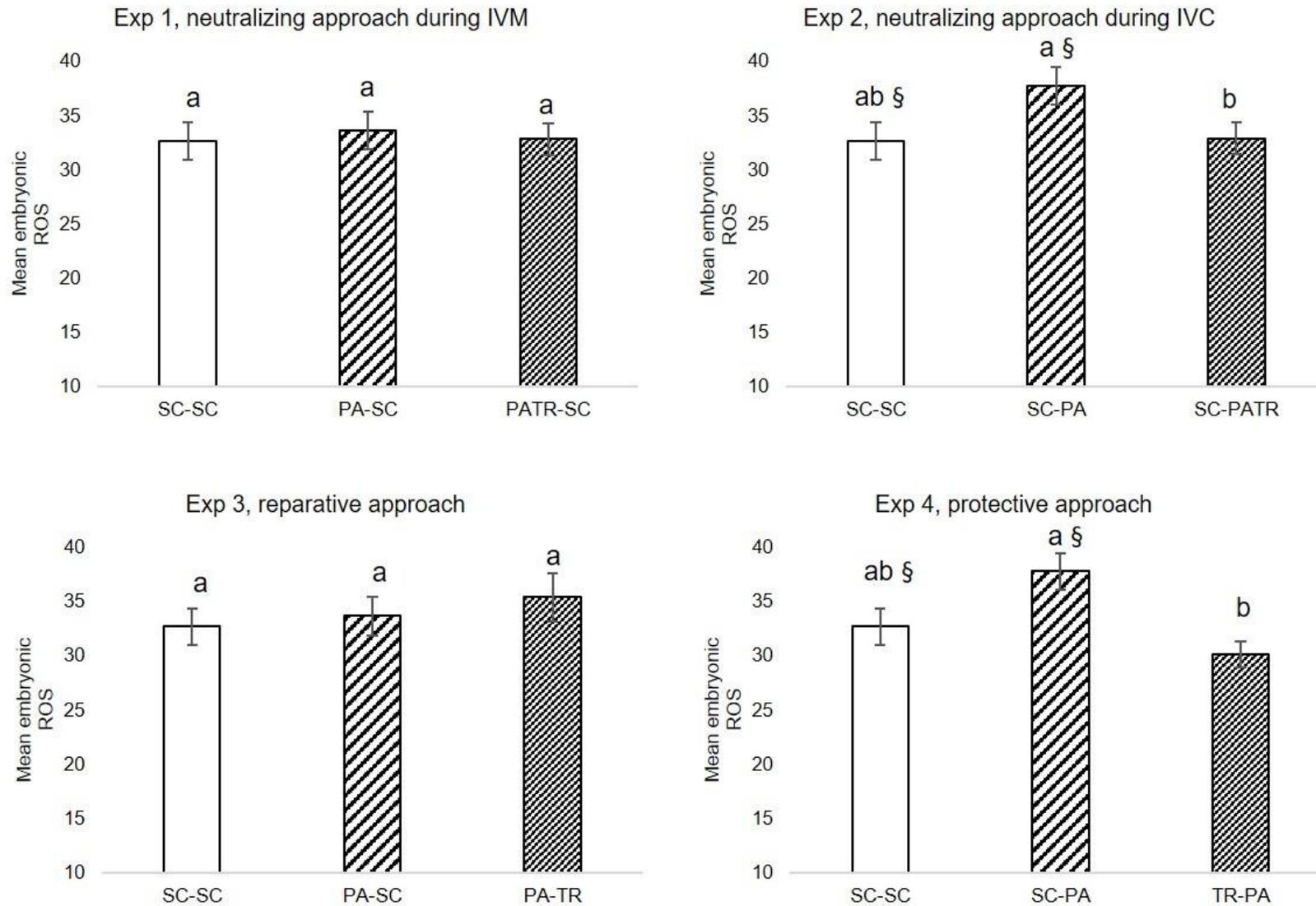


682
683 **Figure 1**



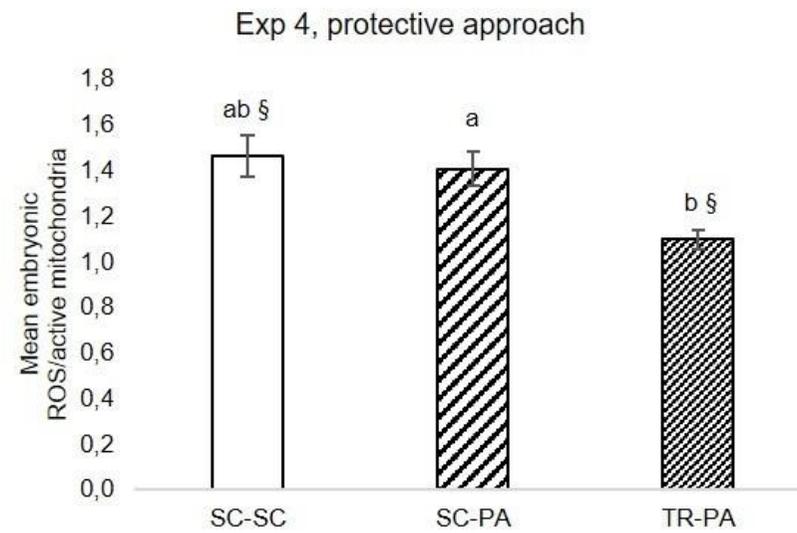
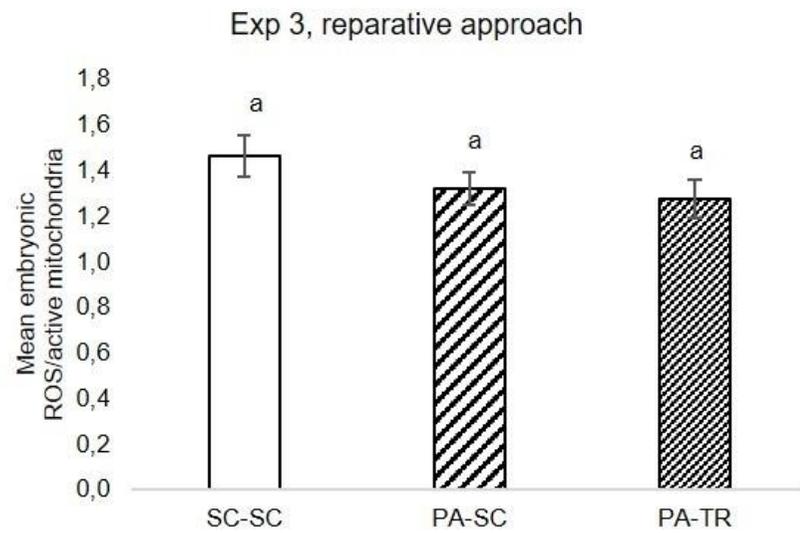
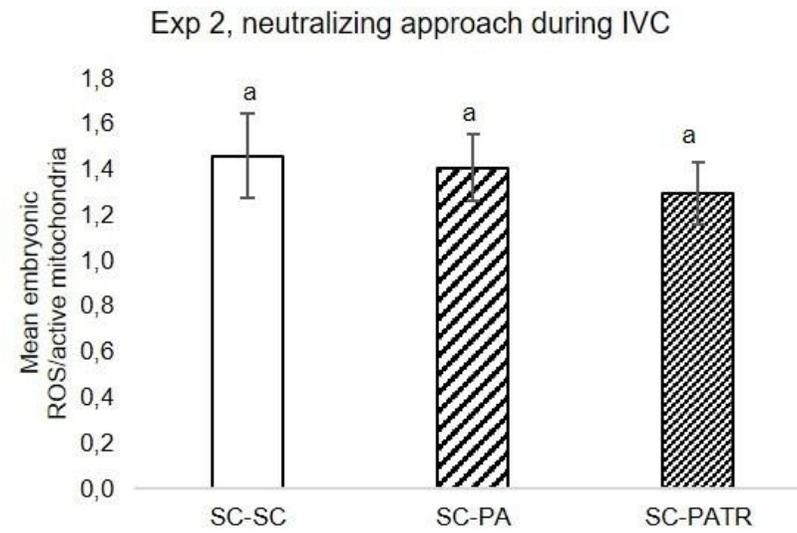
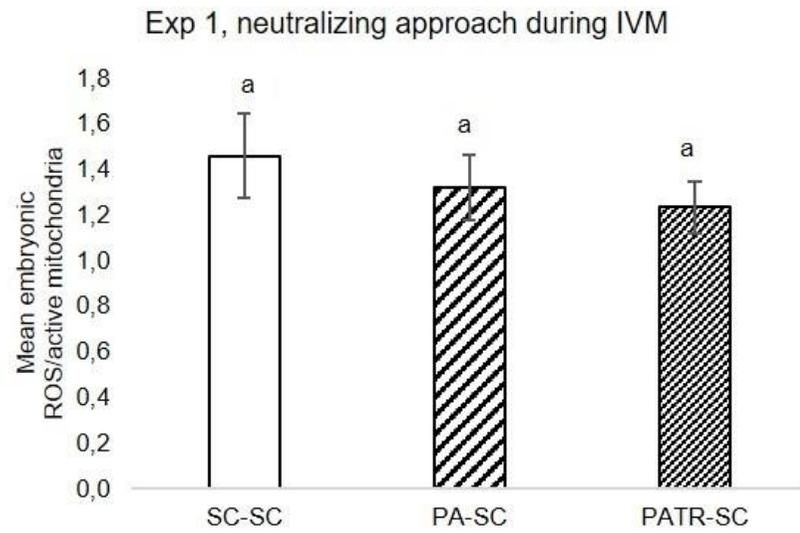
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Figure 2



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687

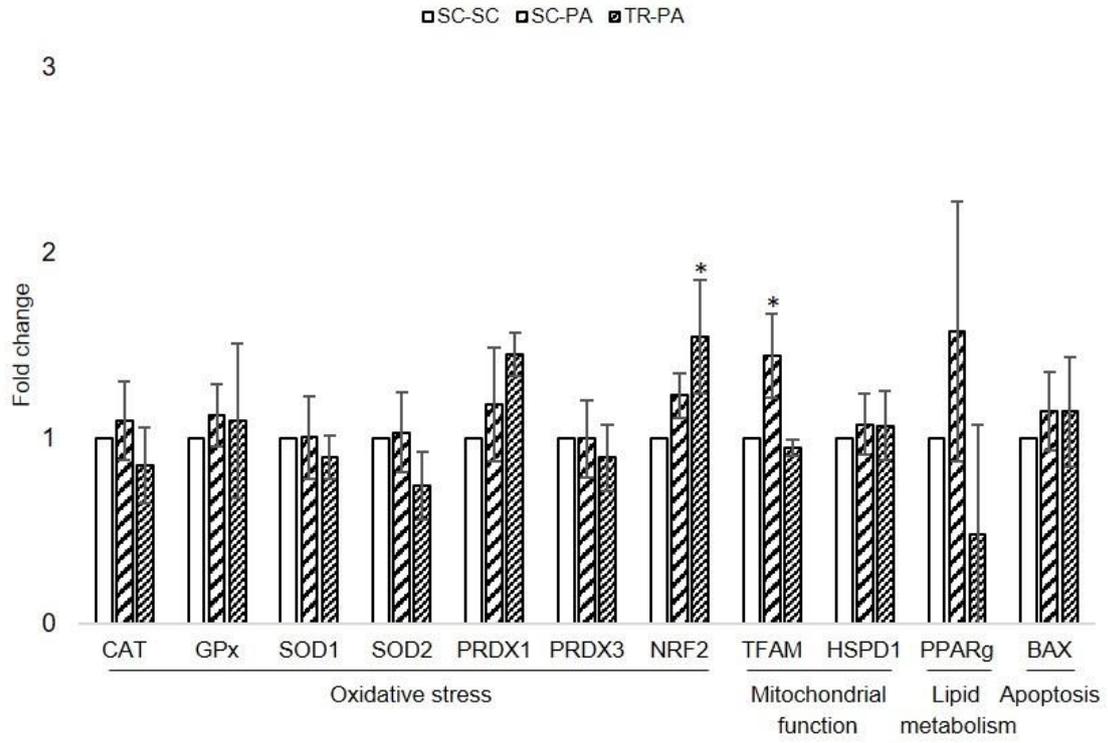
Figure 3



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689

Figure 4

D8 blastocyst gene expression (Exp 4, protective approach)



690
691 **Figure 5**

Table 1. Primers used for real-time quantitative polymerase chain reaction

Gene symbol	Gene name	Accession no.	Primer sequence (5'–3')		Product length (bp)
			Forward	Reverse	
<i>H2AFZ</i>	H2A histone family, member Z	NM_174809.2	CGGAATTCGAAATGGCTGGC	TCTTTCGATGCATTTCTGCC	238
<i>YWHAZ</i>	Tryptophan 5-monooxygenase activation protein zeta	BM446307.1	GCATCCCACAGACTATTTCC	GCATCCCACAGACTATTTCC	120
<i>CAT</i>	Catalase	NM_001035386.2	CTATCCTGACACTCACCGCC	GAAAGTCCGCACCTGAGTGA	268
<i>GPX1</i>	Glutathione peroxidase 1	NM_174076.3	AACGTAGCATCGCTCTGAGG	TCTCCTCGTTCTTGGCGTTT	145
<i>SOD1</i>	Superoxide dismutase 1, cytoplasmic (formerly Cu/Zn-SOD)	NM_174615.2	GGTGTTGCCATCGTGGATATT	CAGCGTTGCCAGTCTTTGT	145
<i>SOD2</i>	Superoxide dismutase 2, mitochondrial (formerly Mn-SOD)	NM_201527.2	TGCAAGGAACAACAGGTCTTATC	CTCAGTGTAAGGCTGACGGTT	181
<i>PRDX1</i>	Peroxiredoxin 1, cytoplasmic	NM_174431.1	AGCCTAGCTGACTACAAAGGAA	GTGTTGATCCATGCCAGGTG	182
<i>PRDX3</i>	Peroxiredoxin 3, mitochondrial	NM_174432.2	ACCGAGGAAGAATGGTGGTTT	CTCAGATGCTTGATGACTCCGT	159
<i>NFE2L2</i>	Nuclear factor, erythroid 2-like 2	NM_001011678.2	GTCCCAGCAGGACATGGATTTG	ATTCGCCGGTCTCTTCATCTAGT	212
<i>TFAM</i>	Transcription factor A, mitochondrial	NM_001034016.2	GCCAAGCTATGGAGGGAAGT	AGCTTTACCTGTGATGTGCCA	293
<i>HSPD1</i>	Heat shock protein family D member 1	NM_001166608.1	CTACTGTACTGGCAGCTCT	CAATCTCTTCGGGGGTTGTC	159
<i>PPARγ</i>	Peroxisome proliferator-activated receptor gamma	NM_181024.2	GCCGAGAAGGAGAAGCTGTTA	CAAACGGTGATTTGTCTGTCGT	181
<i>BAX</i>	BCL2 associated X	NM_173894.1	AGCAGATCATGAAGACAGGG	TCAGACACTCGCTCAGCTTC	141

694 **Table 2. Embryo developmental competence in Experiment 1 (neutralising approach during**
 695 **IVM; n = 801, six repeats)**

696 Cleavage parameters were determined 48 h after insemination and blastocysts were scored on Days 7
 697 and D8 after insemination. Within rows, different superscripts indicate significant differences among
 698 treatment groups ($P < 0.05$). $^{\S}P < 0.1$ between these groups. SC-SC, solvent control (0.2% ethanol)
 699 during IVM and IVC; PA-SC, 150 μ M PA during IVM and SC during IVC; PATR-SC, 150 μ M PA
 700 and 100 μ M Trolox during IVM and SC during IVC

	SC-SC	PA-SC	PATR-SC
Total no. oocytes used	259	278	264
Day 2			
No. cleaved embryos (% total oocytes)	191 (76.15) ^{a§}	183 (66.57) ^{ab§}	172 (65.20) ^b
No. \geq 4-cells (% total oocytes)	120 (48.20) ^{a§}	94 (33.53) ^b	98 (37.88) ^{ab§}
Day 7			
No. blastocysts (% total oocytes)	45 (18.47) ^a	24 (8.85) ^b	27 (10.19) ^b
No. blastocysts (% cleaved embryos)	45 (24.13) ^a	24 (12.57) ^b	27 (15.39) ^{ab}
Day 8			
No. blastocysts (% total oocytes)	76 (31.27) ^a	51 (18.73) ^b	51 (19.45) ^b
No. blastocysts (% cleaved embryos)	76 (40.27) ^{a§}	51 (26.58) ^b	51 (29.28) ^{ab§}

701 **Table 3. Embryo developmental competence in Experiment 2 (neutralising approach during**
 702 **IVC; n = 1294, six repeats)**

703 Within rows, different superscripts indicate significant differences among treatment groups ($P < 0.05$).
 704 SC-SC, solvent control (0.2% ethanol) during IVM and IVC; SC-PA, SC during IVM and 230 μ M PA
 705 during IVC; SC-PATR, SC during IVM and 230 μ M PA and 100 μ M Trolox during IVC

	SC-SC	SC-PA	SC-PATR
Total no. oocytes used	295	498	501
Day 2			
No. cleaved embryos (% total oocytes)	241 (80.70) ^a	318 (64.07) ^b	329 (66.10) ^b
No. \geq 4-cells (% total oocytes)	151 (53.68) ^a	182 (36.95) ^b	179 (37.05) ^b
Day 7			
No. blastocysts (% total oocytes)	53 (21.19) ^a	46 (10.04) ^b	44 (9.57) ^b
No. blastocysts (% cleaved embryos)	53 (26.29) ^a	46 (15.79) ^b	44 (14.51) ^b
Day 8			
No. blastocysts (% total oocytes)	74 (25.72) ^a	77 (14.67) ^b	87 (18.28) ^b
No. blastocysts (% cleaved embryos)	74 (32.05)	77 (23.20)	87 (27.35)

706

707 **Table 4. Embryo developmental competence in Experiment 3 (reparative approach; $n = 861$,**
 708 **six repeats)**

709 Within rows, different superscripts indicate significant differences among treatment groups ($P <$
 710 0.05). $^{\$}P < 0.1$ between these groups. SC-SC, solvent control (0.2% ethanol) during IVM and IVC;
 711 PA-SC, 150 μM PA during IVM and SC during IVC; PA-TR, 150 μM PA during IVM and 100 μM
 712 Trolox during IVC

	SC-SC	PA-SC	PA-TR
Total no. oocytes used	289	289	283
Day 2			
No. cleaved embryos (% total oocytes)	212 (73.65) [§]	187 (64.88) [§]	195 (69.17)
No. ≥ 4 -cells (% total oocytes)	143 (49.37) ^a	102 (34.70) ^b	116 (40.85) ^{ab}
Day 7			
No. blastocysts (% total oocytes)	48 (16.47) ^a	28 (9.71) ^b	31 (11.06) ^{ab}
No. blastocysts (% cleaved embryos)	48 (22.62)	28 (14.14)	31 (15.72)
Day 8			
No. blastocysts (% total oocytes)	83 (28.60) ^{a§}	53 (18.27) ^b	59 (21.02) ^{ab§}
No. blastocysts (% cleaved embryos)	83 (38.58) [§]	53 (26.82) [§]	59 (30.17)

713 **Table 5. Embryo developmental competence in Experiment 4 (protective approach; $n = 760$,**
 714 **six repeats)**

715 Within rows, different superscripts indicate significant differences among treatment groups ($P <$
 716 0.05). $^{\$}P < 0.1$ between these groups. SC-SC, solvent control (0.2% ethanol) during IVM and IVC;
 717 SC-PA, SC during IVM and 230 μM PA during IVC; TR-PA, 100 μM Trolox during IVM and 230
 718 μM PA during IVC

	SC-SC	SC-PA	TR-PA
Total no. oocytes used	245	254	261
Day 2			
No. cleaved embryos (% total oocytes)	190 (79.18) ^a	149 (58.75) ^{b§}	177 (68.07) ^{b§}
No. ≥ 4 -cells (% total oocytes)	124 (52.13) ^a	59 (23.27) ^c	92 (35.30) ^b
Day 7			
No. blastocysts (% total oocytes)	42 (18.12) ^a	10 (3.71) ^b	19 (7.40) ^b
No. blastocysts (% cleaved embryos)	42 (22.40) ^a	10 (5.99) ^b	19 (10.70) ^b
Day 8			
No. blastocysts (% total oocytes)	74 (31.63) ^a	23 (8.78) ^c	44 (16.60) ^b
No. blastocysts (% cleaved embryos)	74 (39.23) ^a	23 (13.98) ^{b§}	44 (23.70) ^{b§}

719

720 **Table 6. Quality of Day 8 expanded and hatched blastocysts (EB and HB respectively) in**
 721 **Experiment 4 (protective approach; $n = 54$, three repeats)**

722 Data are presented as the mean \pm s.e.m., with the number of blastocysts evaluated in parentheses. The
 723 total number of cells per blastocyst and the ratio of trophectoderm cells (TE) to inner cell mass (ICM)
 724 cells are presented. The apoptotic cell index is the number of apoptotic cells as a percentage of total
 725 cells. Within rows, values with the same signs tend to differ ($P < 0.01$). SC-SC, solvent control (0.2%
 726 ethanol) during IVM and IVC; SC-PA, SC during IVM and 230 μ M PA during IVC; TR-PA, 100 μ M

		SC-SC	SC-PA	TR-PA
	Overall total cell count	162.1 \pm 7.8 (21)	179.2 \pm 10.9 [§] (14)	149.3 \pm 7.2 [§] (19)
All	Overall TE/ICM ratio ^A	1.8 \pm 0.1 (21)	1.6 \pm 0.3 (7)	2.1 \pm 0.1 (4)
	Overall apoptotic cell index (%)	3.6 \pm 0.9 (21)	3.7 \pm 0.6 (14)	2.4 \pm 0.5 (19)
	Total cell count	147.1 \pm 7.6 (14)	145.7 \pm 3.5 (7)	135.2 \pm 5.5 (14)
EB	TE/ICM ratio ^A	1.8 \pm 0.1 [§] (14)	1.1 \pm 0.3 ^{§‡} (3)	2.1 \pm 0.1 [‡] (4)
	Apoptotic cell index (%)	3.1 \pm 0.6 (14)	4.4 \pm 1.0 [§] (7)	1.9 \pm 0.7 [§] (14)
	Total cell count	192.3 \pm 11.4 (7)	212.7 \pm 11.3 (7)	188.6 \pm 9.2 (5)
HB	TE/ICM ratio ^A	1.7 \pm 0.1 (7)	2.0 \pm 0.4 (4)	– (0)
	Apoptotic cell index (%)	4.7 \pm 2.5 (7)	2.9 \pm 0.5 (7)	3.6 \pm 0.6 (5)

727 ^AIn some blastocysts, TE and ICM cells could not be counted and so the number of blastocysts evaluated may
 728 differ from the total number.