

25 which also demonstrated that PB1 and PB2 would be final destination of
26 deleterious mtDNA mutations in germline selection.

27

28 **INTRODUCTION**

29 Mitochondria and mitochondrial DNA (mtDNA) are inherited exclusively
30 through the maternal lineage of mammals (Babayev et al., 2015). Thus an oocyte
31 containing mutant mtDNA is likely to give birth to affected offspring (Brown et
32 al., 2006). According to statistics, the incidence of mtDNA disease is high, at least
33 1 in 5000 (Schaefer et al., 2004, 2008). Although mitochondrial DNA has
34 numerous mutation sites, the mtDNA mutation-related diseases we found come
35 from mutations at that few sites. In other words, only a few mtDNA mutations
36 account for the majority of mtDNA disease. This situation suggests that the
37 severe mutations can be selectively eliminated in the female germ line (Lieber et
38 al., 2019, Wei et al., 2019, Fan et al., 2008, Stewart et al., 2008, Shoubridge et al.,
39 2008). The germline selection may contain four levels: genome level
40 (mitochondrial genetic bottleneck), organelle level (autophagocytosis), cellular
41 level (apoptosis in preovulatory follicles) (Stewart et al., 2008, Fan et al., 2008),
42 and meiosis level (Fanti et al., 2017, Gianoarli et al., 2014).

43 However, in the study to date, selection by meiosis still lacks direct
44 experimental support. Existing evidence support for germline selection by
45 meiosis only comes from incomplete sequencing of mtDNA genome in human
46 first polar body (PB1) (De Fanti et al., 2017, Gianoarli et al., 2014). Moreover,
47 since mtDNA itself is polymorphic, the variants cannot be convincing evidence of
48 mtDNA selection. Furthermore, sequencing is not the most intuitive evidence for
49 meiosis selection of mtDNA variants. As we know, meiosis is a visual and

50 traceable biological event under a microscope. In light of these characteristics,
51 we can observe mtDNA mutations selected during meiosis by labeling
52 mitochondria, such as live cell fluorescent probes, under a microscope.

53 In the present study, to address these issues, we compared variants of the
54 entire mtDNA genome in PB1 and its oocytes. Then, the events of mtDNA
55 selection by meiosis were tracked via defective mitochondrial transfer in mouse
56 germline. Our study provides intuitive evidence to support the existence of
57 meiosis selection against mtDNA variants.

58

59 **RESULTS**

60 **Accumulation of mtDNA variants present in human PB1 relative to its** 61 **oocyte**

62 The donors were twelve women with ages ranging from 25 to 31, named
63 $W_1 \sim W_{12}$. A total of 18 matured oocytes were obtained from 25 metaphase I
64 oocytes according the routine procedure in our lab (Zou et al. 2019).
65 Correspondingly, oocytes denoted by these women were also named in the order
66 of O_1 to O_{12} . Among them, W_1 to W_6 donated one oocyte, respectively. Oocytes
67 denoted by $W_1 \sim W_6$ were used as mtDNA sequencing of single cell, including
68 single PB1 and oocyte. Whole Genome Amplification (WGA) was applied for
69 amplifying a single PB1 and oocyte genome (Figure.1A). Meanwhile, in order to
70 verify whether WGA alters the genome sequence, two mixed samples (12 polar
71 bodies and 12 oocytes donated by $W_7 \sim W_{12}$ women) were directly lysed to obtain
72 genomes without WGA. Human mitochondrial genomes of all samples were then
73 amplified in 9, 16 or 23 overlapping PCR fragments (Table.S1, Figure.1B).
74 Subsequently, Sanger sequencing was manipulated on a total of 14 mitochondrial

75 genomes. The sequencing coverage of all single samples and mixed samples
76 (97.39% ~ 99.92%). Percentage mapped to the whole mtDNA genome was
77 significantly higher than other reported studies, which had sequencing coverage
78 of 9-95% and 69.7%, respectively (Fanti et al., 2017, Gianoarli et al., 2014). The
79 ranges of total variants were 9 to 51 (Fig.1C). Various variants present through
80 the whole mtDNA genomes in PB1 compared to its oocytes (Fig.1C, Table.S2,
81 Spreadsheet S1).

82 Interestingly, in two PB1s from O2 and O6, we found six and one pathogenic
83 mutation sites respectively associated with Cervical Cancer, HPV infection risk
84 (Zhai et al., 2011), Glaucoma (Jeoung et al., 2014, Collins et al., 2016),
85 atherosclerosis (Sazonova et al., 2015, 2017), myocardial infarction (Sazonova et
86 al., 2018), diabetes (Wang et al., 2001, Chinnery et al., 2005, Park et al., 2008),
87 primary open-angle glaucoma (Collins et al., 2016), Prostate Cancer (Petros, et
88 al., 2005, Brandon, et al., 2006), Major Depressive Disorder (Saxena et al., 2006,
89 Rollins et al., 2009), Cardiomyopathy (Khogali et al., 2001, Liu et al., 2013),
90 coronary artery disease (Mueller et al., 2011), Metabolic Syndrome (Saxena et al.,
91 2006, Palmieri et al., 2011), cancer (Brandon, et al., 2006, Liu et al., 2003),
92 Coronary Atherosclerosis (Sawabe et al., 2011) (Fig.1D). These pathogenic
93 mutation sites strongly suggested that mtDNA mutations would be accumulated
94 within PB1. Thus, we then compared the mitochondrial characteristics of human
95 PB1 and its sister oocyte.

96

97 **Human PB1 Contained defective Mitochondria than its Sister Oocyte**

98 It has been demonstrated that TMRE and DiIC₁ (5) accumulate in active
99 mitochondria due to their relative negative charge. As a result, inactive

100 mitochondria have decreased membrane potential and fail to sequester TMRE
101 and DilC₁ (5) (Chazotte 2011). And Rhod2 and Fluo-3 are the most commonly
102 used fluorescent stains to detect inactive mitochondria reflected by intracellular
103 calcium concentration (Orrenius 2015). Thus, TMRE and DiIC₁ (5), Rhod2 and
104 Fluo-3 mitochondrial membrane potential assay kit were used to study the
105 mitochondria activation in human PB1s and its oocyte. In experiments, we found
106 that TMRE and DilC₁ 5 were absent in human PB1 while TMRE and DilC₁₅ were
107 abundant in human oocyte.(Figure.2A). The fluorescence intensity for TMRE and
108 DilC₁₅ in human PB1 was significantly lower than that of their sister oocytes
109 (Figure.2B, P<0.05 (DilC₁₅ p=0.001, TMRE p=0.0263)). However, high levels of
110 Rhod2 and Fluo-3 accumulated in human PB1 while very low level of signals
111 were found in human oocyte (Figure.2A). The fluorescence intensity for Rhod2
112 and Fluo-3 in human PB1 was significantly higher than that of their sister
113 oocytes (Figure.2B, P<0.05 (Rhod2 p=0.0237, Fluo-3: p=0.0117)).

114 These mitochondrial differences between PB1 and its sister oocyte suggested
115 that defective mitochondria with mtDNA mutations was enriched in PB1
116 compared to its sister oocyte. How was these defective mitochondria with
117 mtDNA mutations enriched in PB1? Could defective mitochondria also be
118 enriched in PB2? To reveal these, we conducted the defective mitochondria
119 transfer in mouse germline, including cumulus-oocyte-complexes at germinal
120 vesicle and oocytes after meiosis I.

121

122 **The Defective Mitochondria Transfer in GV COCs Revealed Meiosis I**
123 **actively Selected Defective Mitochondria into PB1**

124 We first monitored the properties of mitochondria in mouse PB1s and its
125 oocytes using TMRE and DiIC1 (5), Rhod2 and Fluo-3 mitochondrial membrane
126 potential assay kit. We found that, like human PB1, mitochondria were defective
127 in mouse PB1s (Figure 2C). The fluorescence intensity for TMRE and DilC15 in
128 mouse PB1 was significantly lower than that of their sister oocytes (Figure.2D,
129 $P<0.0001$). The fluorescence intensity for Rhod2 and Fluo-3 in mouse PB1 was
130 significantly higher than that of their its sister oocytes (Figure.2D, $P<0.0001$).
131 Then we transferred defective mitochondria from PB1 into cumulus-oocyte-
132 complexes at germinal vesicle (GVCOCs) or broken GVCOCs to observe the
133 destination of defective mitochondria during the first meiotic maturation
134 (Figure 3A, B, Movie.S1). We presumed the transferred mitochondria would have
135 three destinations: completely retained in the matured oocyte, completely
136 extruded into PB1 of the matured oocyte, or some mitochondria retained in the
137 oocyte and some into PB1. (Figure.3A). After manipulating and maturing in vitro
138 for 10 hours, 23 oocytes with PB1s were obtained from 60 GVCOCs. We found
139 that 60.87% (14/23) oocytes completely extruded the transferred mitochondria
140 into their PB1s, while the remaining nine oocytes retained the implanted
141 mitochondria in the cytoplasm (Figure.3B, C, Table.S3). For broken GVCOCs
142 group, 15 oocytes with PB1s were obtained from 25 broken GVCOCs after
143 defective mitochondria manipulating and maturing in vitro for 6 hour. However,
144 none of the 15 oocytes extruded the transferred mitochondria into their PB1s.
145 Instead, all transferred mitochondria were retained in the oocytes (Table.S3).

146

147 **The Defective Mitochondria Transfer in Meiosis II Oocyte Suggested**

148 **Meiosis II Continue to Select Defective Mitochondria into PB2**

149 Unlike PB1, PB2 can survive to the blastocyst stage (Motosugi, 2005),
150 suggesting that mitochondria in PB2 may be consistent with mitochondrial
151 characteristics in the cytoplasm of fertilized egg. Therefore, we did not sequence
152 the mtDNA genome of PB2. And the consistency between the two has also led us
153 to explore whether PB1 is the final destination of defective mtDNA and whether
154 meiosis II will continue to select defective mitochondria to enter PB2.

155 We first investigated whether the mitochondrial characteristics in PB2 are the
156 same as those in the fertilized eggs of mouse and human. Although TMRE and
157 DilC1 (5) were visible in mouse and human PB2 (Figure.S1A,C), Rhod 2 and Fluo-
158 3 were rarely seen in mouse and human PB2s (Figure.S1A,C). The fluorescence
159 intensity showed that there were slight differences for defective mitochondria
160 between mouse PB2 and its sister egg, human PB2 and its sister egg
161 (Figure.S1B,D. Mouse, Dilc5 $p=0.0003$, TMRE $p=0.0011$, Rhod2 $p=0.0066$, Fluo-3:
162 $p=0.5196$. Human, Dilc5 $p=0.0167$, TMRE $p=0.0362$, Rhod2 $p=0.0264$, Fluo-3:
163 $p=0.0603$). Compared with the differences between PB1 and its oocyte, these
164 slight differences between PB2 and its sister egg indicated that meiosis II may
165 continue to select defective mitochondria into PB2 if meiosis I did not fully select
166 the defective mitochondria into PB1.

167 Next, in order to detect the behaviour of the meiosis II for germline selection,
168 defective mitochondria along with the nuclei in mouse PB1 was transferred into
169 an enucleated mouse oocyte to form a reconstructed oocyte, in accordance with
170 PB1 transfer (PB1T) (Wang et al., 2014). Donor mitochondria of mouse oocytes
171 were labelled with 250nM MitoTracker Red. Then PB1T was performed between
172 the stained oocytes and unstained oocytes (Figure.4A, B, Movie S2). Normally, the
173 nucleus is surrounded by the most active mitochondria due to the nuclear

174 dynamics require energy (Detmer 2007). Thus, to further confirm whether the
175 mitochondria from PB1 are active or defective, we first observed the distribution
176 of mitochondria relative to the nucleus in recombinant oocytes. Eighty-nine
177 recombinant oocytes were obtained from PB1T. Three configurations of donor
178 mitochondria (red mitochondria) distribution related to the nucleus were found
179 in these recombinant oocytes, including front, unilateral, and scattered
180 (Figure.4C, Table.S4), which strongly suggests that mitochondria in PB1 would be
181 defective. After in vitro fertilization of the recombinant oocytes, a red
182 mitochondrial distribution was observed between the PB2 and its embryos at 2-
183 cell stage, as adhered sperm could affect observing fertilized egg at 1-cell stage
184 under the microscope. It is posited that these defective mitochondria have three
185 destinations: completely retained in the embryo, completely extruded along with
186 PB2, or partially retained in the embryo and partially released into PB2
187 (Figure.4A). After in-vitro fertilization, Seventy-seven fertilized eggs and Seventy-
188 two embryos of 2-cell were obtained. Confocal imaging showed that red
189 mitochondria were fully extruded into PB2 in three configurations of PB1T
190 recombinant oocytes (Figure.4D, Table.S3). To rule out the possibility of selecting
191 donor mitochondria and extruding them into foreign organelles, MitoTracker
192 treated ooplast was transferred into oocytes to form a recombinant oocyte. After
193 *in vitro* fertilization, we found that all MitoTracker treated cytoplasm retained in
194 25 recombinant oocytes (Figure.S2, Table.S3). These results suggest that the
195 meiosis II also has the ability to select defective mitochondria into PB2 if oocyte
196 contained defective mitochondria.

197 **DISCUSSION**

198 There is accumulating evidence to support the occurrence of mtDNA purifying
199 selection during oogenesis (Lieber et al., 2019, Wei et al., 2019, Fan et al., 2008,
200 Stewart et al., 2008, Shoubbridge et al., 2008). This process is of great importance
201 in preventing human mitochondrial disease, as the selection can eliminate
202 deleterious mtDNA mutations that escape from genetic bottlenecks, and prevent
203 the offspring from inheriting deleterious mtDNA. Although two studies have
204 provided sequencing evidence in supporting the existence of mtDNA purifying
205 selection during the two meiosis, no intuitive experimental data confirms that
206 meiosis I and II have the function of selecting mutant mtDNA. In addition, the
207 variation of sequencing coverage is too fluctuating among samples owing to the
208 low content of mtDNA in PBs in these studies (De Fanti et al., 2017, Gianoarli et
209 al., 2014). Based on almost 100% mtDNA sequencing coverage, our study
210 demonstrated that mitochondria in PB1 accumulate more mtDNA variants and
211 are defective than mitochondria in their sister oocyte. Furthermore, defective
212 mitochondria transfer in mouse germline showed that both meiosis I and II can
213 extrude defective mitochondria with mutant mtDNA into PB1 and PB2, which
214 strongly enhances the occurrence of mtDNA germline selection at meiosis level.

215 For the failure to excrete the transplanted mitochondria into PB1 in nine
216 oocytes from GVCOCs group and all oocytes from broken GVCOCs group, we
217 speculated that these GVCOCs were in the advanced GV or MI stage. As we know,
218 cytoplasmic streaming is important for the transport of maternal factors ,
219 leading to spindle migration and the establishment of oocyte polarity related to
220 the eventual embryonic anterior-posterior polarity during oogenesis (Duan
221 et al.,2019, Gutzeit et al., 1982, Wolke et al., 2007). We speculated the defective

222 mitochondria was transported with the streaming and the migration of the
223 spindle to the side where the meiosis I would occur in the future. When the
224 meiosis I happened, defective mitochondria with half of the chromosomes
225 extruded to form PB1. When the transplanted mitochondria entered the ooplasm
226 of advanced GV or MI oocytes, they might miss the role of cytoplasmic streaming.
227 Then the transplanted mitochondria could not be transported with the migration
228 of the spindle to the side, resulting in the failure to excrete the transplanted
229 mitochondria into PB1.

230 Hereditary mitochondrial diseases cause a range of serious diseases that can be
231 potentially fatal¹. It has been noticed that trace amounts of pathogenic mtDNA
232 are conserved in mitochondria replacement, and subsequently outcompete
233 denoted healthy mtDNA, resulting in a reversal to a pathogenic genotype, also
234 known as mitochondrial reversion (Connor 2017, Greenfield 2017). Recently, we
235 have shown that PB1T has the potential to prevent the transmission of
236 mitochondrial diseases from mothers to children and their offspring, as PB1T
237 resulted in undetectable levels of “mutant” mitochondria in mice (Wang et al.,
238 2014, Koch et al., 2014). In this study, our results further provide strong evidence
239 that PB1T has greater potential to thwart mitochondrial reversion in
240 mitochondria replacement, as mitochondria in PB1 is defective and meiosis II can
241 totally squeeze out the mitochondria into PB2 after PB1T following *in vitro*
242 fertilization. Thus, this study also proves the safety and effectiveness of PB1T as
243 it has the potential to prevent mitochondrial reversion in mitochondria
244 replacement.

245

246 **REFERENCES**

- 247 Babayev, E., Seli, E. (2015). Oocyte mitochondrial function and reproduction. *Curr*
248 *Opin Obstet Gynecol.* *27*, 175-81.
- 249 Bannwarth, S., Procaccio, V., and Paquis-Flucklinger, V. (2009). Rapid identification
250 of unknown heteroplasmic mitochondrial DNA mutations with mismatch-specific
251 surveyor nuclease. In *Mitochondrial DNA*. (Humana Press), pp. 301-313.
- 252 Brandon, M., Baldi, P., and Wallace, D.C. (2006). Mitochondrial mutations in
253 cancer *Oncogene.* *25*, 4647-4662.
- 254 Brown, D.T, Herbert, M., Lamb, V.K., Chinnery, P.F., Taylor, R.W., Lightowlers,
255 R.N., Craven, L., Cree L., Gardner, J.L., and Turnbull, D.M. (2006). Transmission of
256 mitochondrial DNA disorders: possibilities for the future. *Lancet* *368*, 87–89.
- 257 Chazotte, B. (2011). Labeling mitochondria with TMRM or TMRE. *Cold Spring*
258 *Harb. Protoc.* *7*, 895-7.
- 259 Chinnery, P.F., Elliott, H.R., Patel, S., Lambert, C., Keers, S.M., Durham, S.E.,
260 McCarthy, M.I., Hitman, G.A., Hattersley, A.T., and Walker, M. (2005). Role of the
261 mitochondrial DNA 16184-16193 poly-C tract in type 2 diabetes. *Lancet* *366*, 1650-
262 1651.
- 263 Collins, D.W., Gudiseva, H.V., Trachtman, B., Bowman, A.S., Sagaser, A., Sankar, P.,
264 Miller-Ellis, E., Lehman, A., Addis, V., and O'Brien, J.M. (2016). Association of
265 primary open-angle glaucoma with mitochondrial variants and haplogroups common
266 in African Americans. *Mol. Vision* *22*, 454-471.
- 267 Connor, S. (2017). When replacement becomes reversion. *Nat. Biotechnol.* *35*,1012–
268 1015.
- 269 Detmer, S.A., and Chan, D.C. (2007). Functions and dysfunctions of mitochondrial
270 dynamics. *Nat. Rev. Mol. Cell. Bio.* *8*, 870-879.
- 271 De Fanti, S., Vicario, S., Lang, M., Simone, D., Magli, C., Luiselli, D., Gianaroli, L.,

272 and Romeo, G. (2017). Intra-individual purifying selection
273 on mitochondrial DNA variants during human oogenesis. *Hum. Reprod.* *32*, 1100–
274 1107.

275 Fan, W., Waymire, K.G., Narula, N., Li, P., Rocher, C., Coskun, P.E., Vannan M.A.,
276 Narula, J., Macgregor, G.R., and Wallace, D. C. (2008). A mouse model of
277 mitochondrial disease reveals germline selection against severe mtDNA
278 mutations. *Science* *319*, 958-962.

279 Gianaroli, L., Luiselli, D., Crivello, A.M., Lang, M., Ferraretti, A.P., De Fanti, S.,
280 Magli, M.C., and Romeo, G. (2014). Mitogenomes of Polar Bodies and
281 Corresponding Oocytes. *PloS one.*, *9*, e102182.

282 Greenfield, A., Braude, P., Flinter, F., Lovell-Badge, R., Ogilvie, C., and Perry, A.C.F.
283 (2017) Assisted reproductive technologies to prevent human mitochondrial disease
284 transmission. *Nat. Biotechnol.* *35*, 1059–1068.

285 Gutzeit, H. O. and Koppa, R. (1982). Time-lapse film analysis of cytoplasmic
286 streaming during late oogenesis of *Drosophila*. *J. Embryol. Exp. Morphol.* *67*, 101–
287 111.

288 Jeoung, J.W., Seong, M.W., Park, S. S., Kim, D.M., Kim, S.H., and Park, K.H. (2014).
289 Mitochondrial DNA variant discovery in normal-tension glaucoma patients by next-
290 generation sequencing. *Invest. Ophthalmol. Visual Sci.* *55*, 986-992.

291 Khogali, S.S., Mayosi, B.M., Beattie, J.M., McKenna, W.J., Watkins, H., and Poulton,
292 J. (2001). A common mitochondrial DNA variant associated with susceptibility to
293 dilated cardiomyopathy in two different populations. *Lancet* *357*, 1265-1267.

294 Koch, L. (2014). Mitochondrial replacement techniques under the spotlight. *Nat. Rev.*
295 *Genet.* *15*, 516.

296 Lieber, T., Jeedigunta, S. P., Palozzi, J. M., Lehmann, R., and Hurd, T. R. (2019).

297 Mitochondrial fragmentation drives selective removal of deleterious mtDNA in the
298 germline. *Nature* 569, 1-5.

299 Liu, S., Bai, Y., Huang, J., Zhao, H., Zhang, X., Hu, S., and Wei, Y. (2013). Do
300 mitochondria contribute to left ventricular non-compaction cardiomyopathy? New
301 findings from myocardium of patients with left ventricular non-compaction
302 cardiomyopathy. *Mol. Genet. Metab.* 109, 100-106.

303 Liu, V.W., Wang, Y., Yang, H.J., Tsang, P.C., Ng, T.Y., Wong, L.C., Nagley, P., and
304 Ngan, H.Y. (2003). Mitochondrial DNA variant 16189T>C is associated with
305 susceptibility to endometrial cancer. *Hum. Mut.* 22, 173-174.

306 Motosugi, N., Bauer, T., Polanski, Z., Solter, D., and Hiiragi, T. (2005). Polarity of the
307 mouse embryo is established at blastocyst and is not prepatterned. *Genes Dev.* 19,
308 1081-1092.

309 Mueller, E. E., Eder, W., Ebner, S., Schwaiger, E., Santic, D., Kreindl, T., Stanger, O.,
310 Paulweber, B., Iglseider, B., Oberkofler, H., et al. (2011). The mitochondrial
311 T16189C polymorphism is associated with coronary artery disease in Middle
312 European populations. *PLoS One.* 6, e16455.

313 Orrenius, S., Gogvadze, V., and Zhivotovsky, B. (2015). Calcium and mitochondria in
314 the regulation of cell death. *Biochem. Bioph. Res. Co.* 460, 72-81.

315 Palmieri, V.O., De Rasmio, D., Signorile, A., Sardanelli, A.M., Grattagliano, I.,
316 Minerva, F., Cardinale, G., Portincasa, P., Papa, S., and Palasciano, G. (2011).
317 T16189C mitochondrial DNA variant is associated with metabolic syndrome in
318 Caucasian subjects. *Nutrition.* 27, 773-777.

319 Park, K.S., Chan, J.C., Chuang, L.M., Suzuki, S., Araki, E., Nanjo, K., Ji, L., Ng, M.,
320 Nishi, M., Furuta, H., et al. (2008). A mitochondrial DNA variant at position 16189 is
321 associated with type 2 diabetes mellitus in Asians. *Diabetologia.* 51, 602-608.

322 Petros, J.A., Baumann, A.K., Ruiz-Pesini, E., Amin, M.B., Sun, C.Q., Hall, J., Lim,
323 S., Issa, M.M., Flanders, W. D., Hosseini, S. H., et al. (2005). mtDNA mutations
324 increase tumorigenicity in prostate cancer. *Proc. Natl. Acad. Sci. USA.* *102*, 719-
325 724.

326 Rollins, B., Martin, M.V., Sequeira, P.A., Moon, E.A., Morgan, L.Z., Watson, S.J.,
327 Schatzberg, A., Akil, H., Myers, R.M., Jones, E.G., et al. (2009). Mitochondrial
328 variants in schizophrenia, bipolar disorder, and major depressive disorder. *PLoS*
329 *One* *4*, e4913.

330 Sawabe, M., Tanaka, M., Chida, K., Arai, T., Nishigaki, Y., Fuku, N., Mieno, M.N.,
331 Kuchiba, A., and Tanaka, N. (2011). Mitochondrial haplogroups A and M7a confer a
332 genetic risk for coronary atherosclerosis in the Japanese elderly: an autopsy study of
333 1,536 patients. *J. Atheroscler. Thromb.* *18*, 166-175.

334 Saxena, R., de Bakker, P.I., Singer, K., Mootha, V., Burt, N., Hirschhorn, J.N.,
335 Gaudet, D., Isomaa, B., Daly, M.J., Groop, L., et al. (2006). Comprehensive
336 association testing of common mitochondrial DNA variation in metabolic
337 disease. *Am. J. Hum. Genet.* *79*, 54-61.

338 Sazonova, M.A., Ryzhkova, A.I., Sinyov, V.V., Galitsyna, E.V., Melnichenko, A.A.,
339 Demakova, N.A., Sobenin, I.A., Shkurat, T.P., and Orekhov, A.N.
340 (2018). Mitochondrial genome mutations associated with myocardial
341 infarction. *Disease Markers.* *2018*, 1-6.

342 Sazonova, M.A., Sinyov, V.V., Barinova, V.A., Ryzhkova, A.I., Zhelankin, A.V.,
343 Postnov, A.Y., Sobenin, I.A., Bobryshev, Y.V., and Orekhov, A.N. (2015). Mosaicism
344 of mitochondrial genetic variation in atherosclerotic lesions of the human
345 aorta. *BioMed Res. Int.* *2015*, 1-9.

346 Sazonova, M.A., Sinyov, V.V., Ryzhkova, A.I., Galitsyna, E.V., Khasanova, Z.B.,
347 Postnov, A.Y., Yarygina, E.I., Orekhov, A.N., and Sobenin, I.A. (2017). Role of
348 mitochondrial genome mutations in pathogenesis of carotid atherosclerosis. *Oxid.*
349 *Med. Cell. Longevity.* 2017, 1-7.

350 Schaefer, A.M., McFarland, R., Blakely, E.L., He, L., Whittaker, R.G., Taylor, R.W.,
351 Chinnery P.F., and Turnbull, D.M. (2008). Prevalence of mitochondrial DNA disease
352 in adults. *Ann. Neurol.* 63, 35-39.

353 Schaefer, A.M., Taylor, R.W., Turnbull, D.M., and Chinnery, P.F. (2004). The
354 epidemiology of mitochondrial disorders—past, present and future. *Biochim.*
355 *Biophys. Acta, Bioenerg.* 1659, 115-120.

356 Shoubridge, E.A., and Wai, T. (2008). Sidestepping mutational
357 meltdown. *Science*, 319, 914-915.

358 Stewart, J. B., Freyer, C., Elson, J. L., and Larsson, N. G. (2008). Purifying selection
359 of mtDNA and its implications for understanding evolution and mitochondrial
360 disease. *Nat. Rev. Genet.* 9, 657.

361 Wang, D., Taniyama, M., Suzuki, Y., Katagiri, T., and Ban, Y. (2001) Association of
362 the mitochondrial DNA 5178A/C polymorphism with maternal inheritance and onset
363 of type 2 diabetes in Japanese patients. *Exp. Clin. Endocrinol. Diabetes* 109, 361-
364 364.

365 Wang, T., Sha, H., Ji, D., Zhang, H.L., Chen, D., Cao, Y., and Zhu, J. (2014). Polar
366 body genome transfer for preventing the transmission of inherited mitochondrial
367 diseases. *Cell* 15, 1591-1604.

368 Wei W., Tuna S., Keogh MJ., Smith K.R., Aitman T.J., Beales P.L., Bennett D.L., Gale
369 D.P., Bitner-Glindzicz M.A.K., Black G.C., et al. (2019). Germline selection shapes
370 human mitochondrial DNA diversity. *Science* 364, eaau6520.

371 Wolke, U., Jezuit, E. A. and Priess, J. R. (2007). Actin-dependent cytoplasmic
372 streaming in *C. elegans* oogenesis. *Development* 134, 2227–2236.

373 Zhai, K., Chang, L., Zhang, Q., Liu, B., and Wu, Y. (2011). Mitochondrial C150T
374 polymorphism increases the risk of cervical cancer and HPV infection.
375 *Mitochondrion*. 11, 559-563.

376 Zou et al. Melatonin promotes the development of immature oocytes from the
377 COH cycle into healthy offspring by protecting mitochondrial function. *J Pineal*
378 *Res.* 2020; 68: e12621. <https://doi.org/10.1111/jpi.12621>.

379

380 **AUTHOR CONTRIBUTIONS**

381 H.S. supervised and designed the experiments. H.S. and D.J manipulated
382 mitochondrial transfer. J.Pan. manipulated mtDNA sequence. Y.Yang., S.S and
383 J.Pan. performed staining and confocal analysis. S.S supervised mice and
384 collected oocytes. H.S. and Y.Yang. prepared the figures and wrote the
385 manuscript.

386 **ACKNOWLEDGMENT**

387 This study was supported by grants from National Natural Science Foundation of
388 China (National NSF grants 31871506, Basic key projects of Shanghai Science
389 and Technology Commission 19JC1411200 and 81471512 to H.S.). The authors
390 declare no conflict of interests.

391

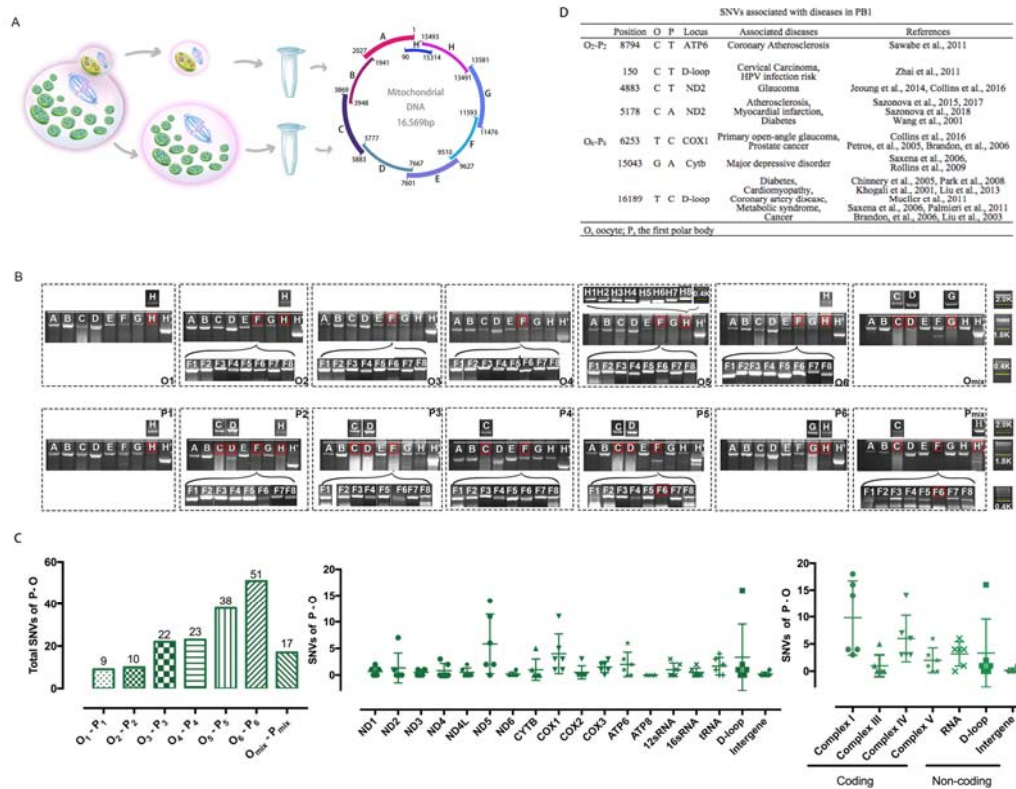
392

393

394

395

396



397

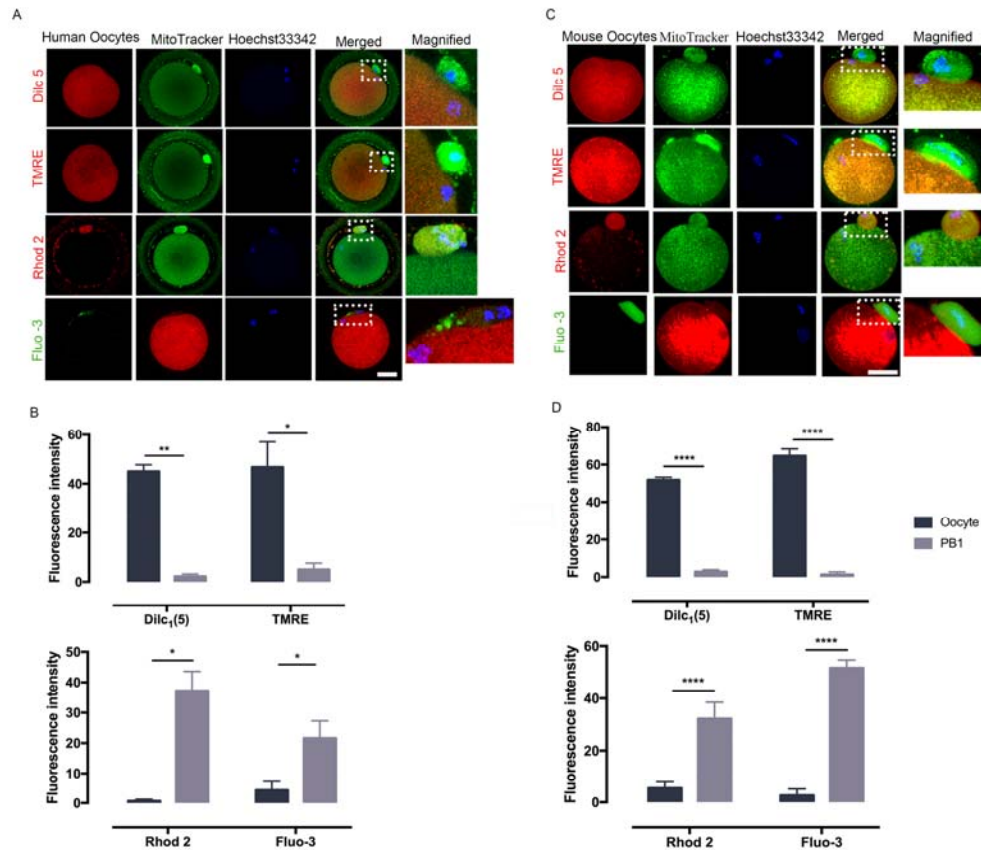
398 **Figure.1. Accumulation of mtDNA variants present in human PB1 relative**
 399 **to its oocyte**

400 A. Schematic charts of experimental design of sequencing mtDNA variants in
 401 human PB1 and oocyte. B. Amplicons (A-H') and (F1-F8, H1-H8) of mitogenomes
 402 from each single oocyte and PB1. An electrophoresis map represents each
 403 amplified fragment of a single oocyte and PB1 sample. Red boxes marked those
 404 fragments that failed to be amplified or sequenced. M, size marker. C. Comparison
 405 of total mtDNA variants between PB1 and its sister oocyte. Distribution of
 406 mtDNA variants in different regions compared to PB1 and its sister oocyte. Total
 407 mtDNA variants in coding and non-coding regions compared between PB1 and

408 its sister oocyte. D. SNVs associated with diseases in mtDNA.

409

410



411

412 **Figure.2. Human and mouse PB1 Contain defective mitochondria than its**
 413 **Sister Oocyte**

414 A. Mitochondrial membrane potential was detected with TMRE and DilC₁(5),

415 Rhod2 and Fluo-3 in human PB1 and oocytes. B. The relative fluorescence

416 intensity of human PB1 to its sister oocyte was quantified and the difference

417 significance was evaluated using paired t test. C. Mitochondrial membrane

418 potential was detected with TMRE and DilC₁(5), Rhod2 and Fluo-3 in mouse PB1

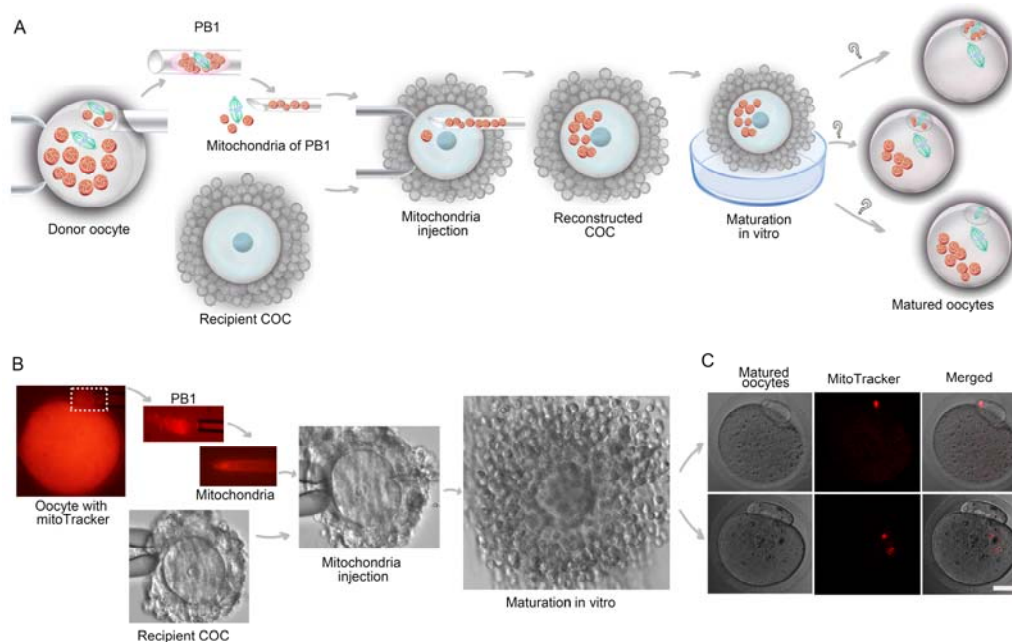
419 and oocytes. D. The relative fluorescence intensity of mouse PB1 to its sister

420 oocyte was quantified and the difference significance was evaluated using paired

421 t test. In TMRE and DilC1(5), Rhod2 detection, red color represented TMRE and
422 DilC1(5), Rhod2, green color marked mitochondria in PB1 and oocyte. In Fluo-3
423 detection, green color showed Fluo-3, red color stained mitochondria in PB1 and
424 oocyte. ****p < 0.0001, ***p < 0.001, **p < 0.01, *p < 0.05. Error bars indicate SD,
425 with the mean value. n=3 per group for human, n = 6 per group for mouse. Scale
426 bar=40µm.

427

428



429

430 **Figure.3. Meiosis I Selected defective Mitochondria into PB1**

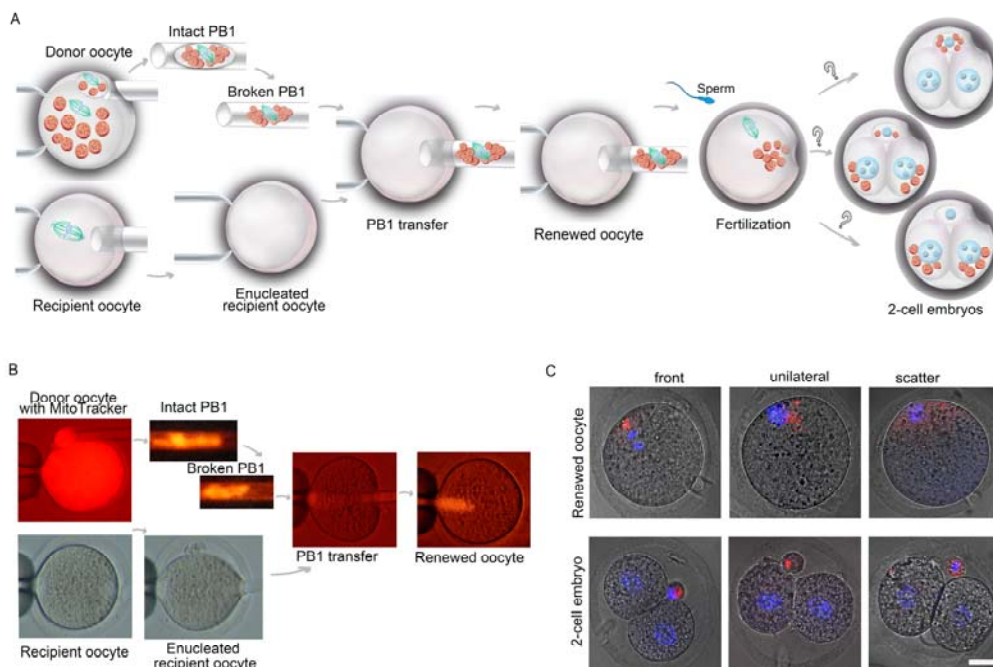
431 A. Schematic charts of experimental design of defective mitochondria transfer at
432 GVCOCs and broken GVCOCs stage in this study. B. Micromanipulation of
433 defective mitochondria transfer in GVCOCs in this study. Donor oocyte stained
434 with MitoTracker red, then mitochondria (red) in PB1 was isolated and injected
435 into GVCOCs or broken GVCOCs. Subsequently, the COC was matured in vitro for
436 10 or 4~5 hours for the GVCOC or broken GVCOCs, respectively. C. Red

437 mitochondria distribution in the PB1 and its oocyte from the matured COCs.

438 Scale bar=40µm.

439

440



441

442 **Figure.4. Meiosis II Continue to Select defective Mitochondria into PB2**

443 A. Schematic charts of experimental design of mitochondria transfer at prophase

444 of meiosis II in this study. B. Micromanipulation of mitochondria transfer at

445 prophase of meiosis II in this study: Donor oocyte stained with MitoTracker red,

446 PB1 isolation, recipient oocyte and enucleated oocyte, recombinant oocyte with

447 PB1 genome and mitochondria (red). C. top row: Recombinant oocytes from

448 mitochondria transfer, including three configurations of donor mitochondria

449 (red mitochondria) distribution relative to donor nuclei: front, scattered and

450 unilateral type. Next layer : embryos at 2-cell stage from the recombinant

451 oocytes. Red mitochondria in all type of PB1T recombinant oocytes were totally

452 expelled into PB2. Scale bar=40 μ m.

453

454

455 **MATERIALS AND METHODS**

456 **Human oocytes and egg donations**

457 This study was approved by the Institutional Review Board of the First Affiliated
458 Hospital (research license 20160022, 20140222), Anhui Medical University. All
459 the infertile patients agreed and signed informed consent in advance. Totally, 11
460 patients, who were undergoing regular in-vitro fertilization (IVF) at our
461 reproductive center, donated 25 oocytes for sequencing in this study. Another 15
462 patients donated 12 oocytes and 12 zygotes for MitoTracker probes staining. All
463 human oocytes in this study were (those) immature oocytes from controlled ovarian
464 hyperstimulation (COH). Since these oocytes must be denuded for ICSI, the meiotic
465 status of these denuded oocytes can be investigated on the morphological grading
466 under microscopic evaluation. All retrieved oocytes were categorized as metaphase II
467 (MII) oocytes, metaphase I (MI), and germinal vesicle (GV). All mature metaphase II
468 (MII) oocytes were used for conventional ICSI. Oocytes at MI stage were donated for
469 this study (Zou et al, 2019). Oocytes at MI stage were matured in vitro for about
470 24 hours and monitored under microscopy to observe PB1 extrusion. As soon as PB1
471 extrusion for about 2 hours, oocyte and its PB1 were isolated for mtDNA sequencing.

472 **Animals**

473 B6D2F1 (C57/BL6 \times DBA) was used in this study. All mice used in this study
474 were maintained in accordance with the guidelines of the Laboratory Animal
475 Service, Fudan University (research license 20160225-103).

476 **Media for manipulation and culture of oocytes and embryos**

477 In this study , the media for the manipulation and culturing oocytes and
478 zygotes were from Vitrolife Sweden AB, Goteborg, Sweden.

479 **mtDNA genome sequencing**

480 Zone pellucida of oocytes was digested by 0.5% pronase (Roche, 70229227) in 37°C
481 for 5 min. The single oocyte or polar body was sorted into 4 µl PBS. Then 3 µl buffer
482 D2 was added and incubated at 65 °C for 10 min, followed by adding 3 µl stop
483 solution. The lysised products of oocytes were diluted 1:10 and polar bodies were not.
484 Then each PB1 sample was amplified with whole genome amplification (WGA) using
485 REPLI-g Single Cell Kit (QIAGEN, 150345). For each oocyte sample, one-tenth of
486 lysised product was applied for amplification. The DNA concentration was
487 determined by Infinite 200 PRO NanoQuant (TECAN) and diluted to 150ng/µl. Then
488 mtDNA genome of each sample was amplified in 50 µl reaction volume containing 10
489 µl 5X GC buffer, 1.5 mM Mg²⁺, 200 nM dNTP, 1 µM of each primer, 0.2 µl (1 unit)
490 Taq DNA Polymerase and 1µl template using 9 pair primers (A-H') (Table S1)
491 (Bannwarth et al., 2009). The PCR was under the following condition: 95°C for 5
492 min; 38 cycles with denaturation at 95°C for 20 s, annealing at 57°C for 30 s, and
493 elongation at 72°C for 1 min; 1 cycle at 72°C for 10 min with a final 25°C for 10 s
494 (Bannwarth et al., 2009). After estimated by electrophoregram, the PCR products
495 were sequenced using 3730xl DNA Analyzer (ABI). Electropherograms were
496 inspected and aligned to the revised Cambridge reference sequence (NC_012920)
497 using Sequencher 5.4.5. For those mtDNA regions that failed to be amplified or
498 sequenced, PCR reactions were repeated (Figure S1), or new primers (F1-F8, H1-H8)
499 were designed to amplify the failed regions (Table S1). The PCR with F1-F8 and H1-
500 H8 primers under the following condition: 95°C for 5 min; 38 cycles with
501 denaturation at 95°C for 15 s, annealing at 57°C for 15 s, and elongation at 72°C for

502 30 s; 1 cycle at 72°C for 7 min with a final 25°C for 10s.

503 For two mix samples of twelve oocytes and twelve PB1s in this study, their lysed
504 products were directly applied to amplify mtDNA genome without WGA

505 **Sequence Analysis**

506 A Plasmid Editor (APE) software was used to align mtDNA sequences of every two
507 samples. Nucleotides that failed to be sequenced were marked as 'N' in sequences.
508 The Mitomap (www.mitomap.org) was used to identify locus of variants and make the
509 functional annotation of AAs change and associated diseases previously reported.

510 **Membrane potential detection of Mitochondrial**

511 Mouse oocytes were collected at hCG 12.5 to 14 hours. TMRE, DiIC 5, Rhod-2 and
512 Fluo Calcium Indicator (Fluo-3 AM) were applied to detect Mitochondrial membrane
513 potential. For TMRE (ab113852, Abcam), DiIC₁(5) (M34151, life Technology) and
514 Rhod-2 (M34151, life Technology) staining, MitoTracker (MitoTracker Green FM,
515 M7514, Life Technology) were used to locate the mitochondria. For Fluo-3AM,
516 MitoTracker (MitoTracker Red CMXRos, M7512, Life Technology) was applied to
517 located the mitochondria. Live oocytes were stayed at 37°C for 30 minutes and
518 incubated in G-gamete buffer at 37°C for 20mins afterwards. Images were taken with
519 leica confocal scanning microscope.

520 **The defective mitochondria transfer in mouse germline**

521 **Mitochondria transfer at Germinal vesicle stage**

522 Donor mouse oocytes with PB1 were retrieved at HCG 12 hours, cumulus -oocyte-
523 cumulus complexes were released from ovarian follicles into G-gamete. Cumulus
524 cells were denuded by 3 minutes at incubation with 0.1% hyaluronidase (Sage IVF).
525 Denuded Oocytes with PB1s were stained with 250nM MitoTracker (MitoTracker
526 Red CMXRos, M7512, Life Technology) for 0.5 hour. The mitochondria in PB1 were

527 isolated with 10 and 5.5 μ m noodle.

528 Recipient cumulus-oocyte-complexes at GV stage (GVCOCs) were retrieved from
529 ovarian follicles into G-gamete at HCG 5 hours. Then one cumulus-oocyte-complex
530 at GV stage (GVCOCs) or broken GV stage was selected and fixed to the holding
531 needle by applying a vacuum, the mitochondria in 5.5 μ m noodle were transferred
532 into the ooplasm of GVCOCs using microinjection manipulation via 3 clock direction.
533 Subsequently, the GVCOCs and broken GVCOCs were matured in vitro for 10 and 5
534 hours, respectively. Images of matured oocytes were taken with leica confocal
535 scanning microscope. See also supplemental movie 1.

536 **Mitochondria transfer at the second meiosis**

537 Cumulus-oocyte-cumulus complexes were released from both ovarian follicles
538 (donor oocytes) and oviducts (recipient oocytes) into G-gamete. Cumulus cells
539 were denuded by 3 minutes at incubation with 0.1% hyaluronidase (Sage IVF).
540 Denuded Oocytes were cultured in G1 medium at 37.5°C, in 5% CO₂, 5% O₂, and
541 90% N₂ incubation for 30 min before further treatments. Donor mouse oocytes
542 with PB1 were dyed with 250nM MitoTracker. Then mitochondria transfer was
543 performed between PB1 of stained donor oocytes and unstained recipient
544 oocytes using the first polar body genome transfer (PB1T) (Wang et al., 2014).
545 Then PB1T oocytes were fertilized in vitro. Detailed methods for PB1T and IVF
546 were processed according to the previously described methods (Wang et al.,
547 2014). Images of 2-cell embryos were taken with leica confocal scanning
548 microscope. See also supplemental movie 2.

549 **The active mitochondria transfer (ooplast transfer) in mouse germline**

550 Mouse oocytes at meiosis II were dyed with 250nM MitoTracker. Then ooplasm
551 transfer was performed between stained mouse oocytes and unstained mouse

552 oocytes to form reconstructed oocyte. Then reconstructed oocytes were
553 fertilized in vitro. Detailed methods for ooplast transfer and IVF of the
554 reconstructed oocytes were processed according to the previously described
555 methods (Wang et al., 2014). See also supplemental movie 3. Images of 2-cell
556 embryos were taken with leica confocal scanning microscope.

557 **Statistical Analysis**

558 GraphPad Prism 7 was used to conduct the statistical data analysis. Unpaired t test
559 was performed for the relative fluorescence intensity of the relative fluorescence
560 intensity of human and mouse PB1 to their sister oocyte, human and mouse PB2
561 to their sister egg, where the significance was set at $p < 0.05$ (* represents $p < 0.05$,
562 ** represents $p < 0.01$, *** represents $p < 0.001$, **** represents $p < 0.0001$).