



Commentary: FMRpolyG accumulates in mural granulosa cells of *FMR1* premutation carriers and in premutation transfected COV434 cells

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Received: June 25, 2022;

Accepted: July 01, 2022;

Published: July 04, 2022

Citation: Moran Friedman-Gohas, Lilach Marom Hamam, Raoul Orvieto, Yoram Cohen. Commentary: FMRpolyG accumulates in mural granulosa cells of *FMR1* premutation carriers and in premutation transfected COV434 cells. *Neurodegener Dis Current Res.* (2022);2(1): 1-3

Key words: FMRpolyG, *FMR1* premutation carriers, RAN translation, granulosa cells, FXPOI, COV434

1. Abbreviations

FXPOI: fragile X-Associated Premature Ovarian Insufficiency

FXTAS: fragile X-associated tremor/ataxia syndrome

RAN translation: repeat associated non-AUG initiated translation

FMR1: fragile X mental retardation 1

FXS: Fragile X Syndrome

COH: controlled ovarian hyperstimulation

FMR1 premutation status is defined in the presence of an expanded CGG tract (n=55-200). *FMR1* premutation is associated with increased risk of fragile X-associated premature ovarian insufficiency (FXPOI) in females [1,2], and fragile X-associated tremor/ataxia syndrome (FXTAS) predominantly in males [3,4]. FXPOI is clinically significant as while in the general population only 1% may suffer from premature ovarian insufficiency (POI), female *FMR1* premutation carriers are at a higher risk and about 20-25% may suffer declined fertility at a young age [5]. Symptoms of FXPOI include menopause before the age of 40 years and decreased fertility as evident by age matched abnormal ovarian reserve biomarkers. Moreover, some *FMR1* premutation carriers might exhibit a reduced ovarian response to controlled ovarian hyperstimulation (COH), where despite the administration of high gonadotropin dosages, embryo yield remains low [5-11].

The pathobiology of FXPOI is still obscure, whereas the knowledge regarding the molecular mechanism of FXTAS is accumulating. The RNA gain-of-function mechanism resulting in RNA toxicity and a non-canonical protein translation creating a cryptic polyglycine-containing protein, called FMRpolyG, are two major suggested mechanisms of FXTAS well described in literature [12,13]. FMRpolyG formation is triggered by the expanded CGG repeats through a mechanism named repeat associated non-AUG initiated (RAN) translation. A recent study published by Rodriguez, C. M. et al [14] identified and defined a native physiological

purpose for CGG repeats and RAN translation at the *FMR1* locus. They proved that CGG RAN translation acts as a regulatory upstream ORF that restricts the production of FMRP in neurons.

Former studies have demonstrated FMRpolyG accumulation in ubiquitin-positive inclusions in *Drosophila*, cell culture, mouse disease models [13,15,16], as well as in FXTAS patient brains which may lead to protein mediated neurodegeneration [4,17]. A toxic effect of FMRpolyG accumulation was demonstrated by Sellier and Todd et al. in FXTAS *drosophila* [15] and in transgenic mice [13] models. Of notice, inclusion formation, motor dysfunctions, and reduced lifespan was observed in transgenic mice producing both CGG RNA repeats and the poly (glycine) protein (99xCGG with FMRpolyG expression), but not in animals expressing only enlarged CGG repeats (99xCGG without FMRpolyG mouse) [13]. Xuan Phuoc Nguyen et al. detected FMRpolyG expression in peripheral blood monocyte cells (PBMCs) from *FMR1* premutation carriers [18]. These findings suggest that the translation of expanded CGG repeats into FMRpolyG may have a main role in FXTAS and FXPOI pathophysiology [9]. Studies investigating the mechanism of FXPOI are scarce. Buijsen et al. investigated FMRpolyG expression in the ovary and demonstrated its expression in extra-follicular ovarian cells of a 42 years old FXPOI patient, however not in folliculogenesis related cells [20]. Therefore, the main aim of our study was to demonstrate FMRpolyG accumulation in mural granulosa cells of *FMR1* premutation carriers. Detecting FMRpolyG accumulation in folliculogenesis related cells is crucial to elucidate FXPOI pathogenesis.

In contrary to previous studies which showed a single large ubiquitin-positive nuclear inclusion body in the nervous system and in numerous systemic organs [15,21], our study revealed FMRpolyG accumulation mainly in the cytoplasm of mural granulosa cells rather than in the nucleus. Moreover, FMRpolyG accumulation and its co-localization with ubiquitin varied within the group of the *FMR1* premutation carriers; we observed multiple small FMRpolyG granules scattered in the cytoplasm while a large portion did not co-localize with ubiquitin staining. We postulated that FMRpolyG accumulates mainly in the cytoplasm and less in the nucleus due to the different characterizations and functions of mural granulosa cells compared to brain cells. Ubiquitin-positive FMRpolyG containing an intranuclear inclusion were shown in non-dividing or slow dividing cells [22,23], whereas in our study FMRpolyG accumulated mainly in the cytoplasm of

granulosa cells, representing rapidly dividing cells. Studies on rapidly dividing cells showed higher proteasome activity, disposing toxic proteins during cell division²⁴, while in slowly growing cells proteasome subunits have been downregulated [25]. Furthermore, the accumulation of nuclear aggregates of FMRpolyG is a continuous process. We propose to further investigate whether the proteasome complex disposes of accumulated FMRpolyG during cell division. In this study, we report observations demonstrating the accumulation of FMRpolyG. Nonetheless, our findings cannot explain the variations in FMRpolyG aggregates formation between FXTAS and FXPOI and additional studies are essential.

A second purpose of this study concerns the importance of establishing a well representative cell line disease model to investigate the effect of RNA toxicity and RAN translation in folliculogenesis related cells. Isolating the contribution of the RNA-gain-of-function mechanism from RAN translation mechanism's effect is crucial. To accomplish that, we transfected human ovarian granulosa cell tumor, COV434 with two plasmids both expressing 99CGG repeats, but only one enables FMRpolyG expression [19], as should naturally occur in *FMR1* premutation carriers. FMRpolyG aggregates were found only in COV434 transfected with expanded CGG repeats and the ability to express FMRpolyG. We suggest that the transfected COV434 cells might be a suitable model to investigate *FMR1* premutation folliculogenesis related cells and might shed insight on the function of each mechanism in FXPOI pathogenesis.

Detecting FMRpolyG accumulation in folliculogenesis related cells supports previous observations, and implies a possible common protein-mediated toxic mechanism for both FXPOI and FXTAS. Nonetheless, further research is imperative to properly comprehend the RAN translation mechanisms as well as its role in *FMR1* premutation carriers and FXPOI pathogenesis.

2. Declarations

Ethics approval and consent to participate

The original study was approved by the Institutional Ethical Review Board of Sheba Medical Center, Israel. All patients that were included in this study signed a written informed consent. Helsinki no. 8707-11-SMC and 6140-19-SMC.

3. Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

4. Competing interests

The authors declare that they have no competing interests.

5. Funding

This work was generously supported by the Azrieli Foundation Canada-Israel.

6. Authors Contribution

MFG designed and conducted the study, analyzed the results, wrote and approved the final manuscript. LMH reviewed and approved the final manuscript. RO and YC provided oversight and assisted in manuscript editing and critical review. All authors read and approved the final manuscript.

7. Acknowledgment

We would like to thank N. Charlet-Berguerand and C. Sellier (Department of Neurobiology and Genetics, university of Strasbourg, Illkirch, France) for the kind gift of the plasmids and FMRpolyG antibody and the generous advises.

We would also like to thank the patients who have agreed to participate in this study.

8. References

- Conway, G. S., Payne, N. N., Webb, J., Murray, A. & Jacobs, P. A. Fragile X premutation screening in women with premature ovarian failure. *Hum. Reprod.* 13, 1184–7 (1998).
- Wittenberger, M. D. *et al.* The FMR1 premutation and reproduction. *Fertil. Steril.* 87, 456–465 (2007).
- Hall, D. A. & O'keefe, J. A. Fragile x-associated tremor ataxia syndrome: the expanding clinical picture, pathophysiology, epidemiology, and update on treatment. *Tremor Other Hyperkinet. Mov. (N. Y.)* 2, (2012).
- Kong, H. E., Zhao, J., Xu, S., Jin, P. & Jin, Y. Fragile X-Associated Tremor/Ataxia Syndrome: From Molecular Pathogenesis to Development of Therapeutics. *Front. Cell. Neurosci.* 11, 128 (2017).
- Murray, A., Ennis, S., MacSwiney, F., Webb, J. & Morton, N. E. Reproductive and menstrual history of females with fragile X expansions. *Eur. J. Hum. Genet.* 8, 247–52 (2000).
- Allingham-Hawkins, D. J. *et al.* Fragile X Premutation Is a Significant Risk Factor for Premature Ovarian Failure: The International Collaborative POF in Fragile X Study-Preliminary Data Europe PMC Funders Group. *Am J Med Genet* vol. 83 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728646/pdf/emss-54014.pdf> (1999).
- Streuli, I. *et al.* Intermediate and premutation FMR1 alleles in women with occult primary ovarian insufficiency. *Fertil. Steril.* 92, 464–470 (2009).
- Pal, L., Torrealday, S. & Kodaman, P. Premature Ovarian Insufficiency - an update on recent advances in understanding and management. *F1000Research* vol. 6 (2017).
- Farhi, J., Homburg, R., Ferber, A., Orvieto, R. & Ben Rafael, Z. Non-response to ovarian stimulation in normogonadotrophic, normogonadal women: a clinical sign of impending onset of ovarian failure pre-empting the rise in basal follicle stimulating hormone levels. *Hum. Reprod.* 12, 241–243 (1997).
- CAMERON, I. T. *et al.* Occult Ovarian Failure: A Syndrome of Infertility, Regular Menses, and Elevated Follicle-Stimulating Hormone Concentrations. *J. Clin. Endocrinol. Metab.* 67, 1190–1194 (1988).
- Ahmed Ebbiary, N. A., Lenton, E. A., Salt, C., Ward, A. M. & Cooke, I. D. The significance of elevated basal follicle stimulating hormone in regularly menstruating infertile women. *Hum. Reprod.* 9, 245–252 (1994).
- Sellier, C. *et al.* The multiple molecular facets of fragile X-associated tremor/ataxia syndrome. *J. Neurodev. Disord.* 6, 23 (2014).
- Sellier, C. *et al.* Translation of Expanded CGG Repeats into FMRpolyG Is Pathogenic and May Contribute to Fragile X Tremor Ataxia Syndrome. *Neuron* 93, 331–347 (2017).
- Rodriguez, C. M. *et al.* A native function for RAN translation and CGG repeats in regulating fragile X protein synthesis. *Nat. Neurosci.* 23, 386–397 (2020).
- Todd, P. K. *et al.* CGG repeat-associated translation mediates neurodegeneration in fragile X tremor ataxia syndrome. *Neuron* 78, 440–55 (2013).
- Green, K. M. *et al.* RAN translation at C9orf72-associated repeat expansions is selectively enhanced by the integrated stress response. *Nat. Commun.* 8, 2005 (2017).
- Krans, A., Skariah, G., Zhang, Y., Bayly, B. & Todd, P. K. Neuropathology of RAN translation proteins in fragile X-associated tremor/ataxia syndrome. doi:10.1186/s40478-019-0782-7.
- Nguyen, X. P. *et al.* Expression of FMRpolyG in Peripheral Blood Mononuclear Cells of Women with Fragile X Mental Retardation 1 Gene Premutation. *Genes (Basel)* 13, (2022).
- Sellier, C. *et al.* Translation of Expanded CGG Repeats into FMRpolyG Is Pathogenic and May Contribute to Fragile X Tremor Ataxia Syndrome. *Neuron* 93, 331–347 (2017).
- Buijsen, R. A. M. *et al.* Presence of inclusions positive for polyglycine containing protein, FMRpolyG, indicates that repeat-associated non-AUG translation plays a role in fragile X-associated primary ovarian insufficiency. *Hum. Reprod.* 31, 158–68 (2016).
- Buijsen, R. A. M. *et al.* Presence of inclusions positive for polyglycine containing protein, FMRpolyG, indicates that repeat-associated non-AUG translation plays a role in fragile X-associated primary ovarian insufficiency. *Hum. Reprod.* 31, 158–68 (2016).
- Buijsen, R. A. *et al.* FMRpolyG-positive inclusions in CNS and non-CNS organs of a fragile X premutation carrier with fragile X-associated tremor/ataxia syndrome. *Acta Neuropathol. Commun.* 2, 162 (2014).
- Todd, P. K. *et al.* CGG repeat-associated translation mediates neurodegeneration in fragile X tremor ataxia syndrome. *Neuron* 78, 440–55 (2013).
- Tarrason Risa, G. *et al.* Proteasome-mediated protein degradation resets the cell division cycle and triggers ESCRT-III-mediated cytokinesis in an archaeon. (2019) doi:10.1101/774273.
- Kanayama, H.-O. *et al.* Changes in Expressions of Proteasome and Ubiquitin Genes in Human Renal Cancer Cells1. *CANCER RESEARCH* vol. 51 (1991).