Krausz and Riera-Escamilla et al. Supplementary Information

Genetic dissection of spermatogenic arrest through exome analysis: clinical implications for the management of azoospermic men

SUPPLEMENTARY MATERIAL AND METHODS

Replication cohorts:

The current study utilized the following two study populations to perform a targeted lookup of predicted as pathogenic variants in *ADAD2*, *TERB1*, *SHOC1*, *MSH4* and *RAD21L1* genes.

MERGE study cohort

The Male Reproductive Genomics (MERGE) study comprises mostly patients who present to the Centre of Reproductive Medicine and Andrology, Münster, Germany, for couple infertility. Those undergoing exome sequencing were selected predominantly for unexplained non-obstructive azoospermia. The full andrological workup did not provide a causal diagnosis and all were screened for chromosomal aberrations and Y-chromosomal AZF-deletions, which turned out normal. In total, the exome sequencing data of 652 men with lacking or severe, quantitatively impaired spermatogenesis was available of whom 57 had complete, bilateral meiotic arrest and negative TESE outcome.

GEMINI consortium

The Genetics of Male Infertility Initiative (GEMINI) is a NIH-funded effort to with the goal of identifying novel genetic causes of male infertility (https://gemini.conradlab.org/). The consortium is comprised of eighteen andrology/urology centers in eight countries and has a current focus on exome sequencing in non-obstructive azoospermia cases. In total the exome sequencing data was available for 73 MA patients.

Informed consent and ethics approval

All patients (and family members where applicable) provided written informed consent to be included in the analyses and specifically exome sequencing. The study protocol was approved by the local ethics committees (Fundacio Puigvert: 2014/04c, Münster: 2010-578-f-S, GEMINI: 201502059).

Variant filtering and gene prioritization in the initial cohort

A standard variant filtering was applied to all samples as described in Riera-Escamilla et al. 2019¹. Briefly, we selected missense variants, stop-gains/losses, and frameshift insertions/deletions, and filtered out common polymorphisms $(\geq 5\%$ in the general population) based on frequencies observed in dbSNP 138, the 1000G [\(http://www.1000genomes.org\)](http://www.1000genomes.org/) and the genome aggregation database gnomAD [\(http://gnomad-old.broadinstitute.org/\)](http://gnomad-old.broadinstitute.org/). Data were further filtered according to their potentially damaging effect depending on the type of variant. For single nucleotide variations, the prediction of pathogenicity was based on a series of prediction tools, including SIFT, Polyphen2_HDIV, Polyphen2_HVAR, Mutation Taster, and Mutation Assessor. An in-house index of pathogenicity (IP) was created as a score calculated on the basis of the five prediction tools employed, each providing a value ranging from 0 (null probability of being a deleterious variant) to 1 (full probability of being a deleterious variant). Not all prediction tools were always available; therefore, a ratio was calculated between the summary score of pathogenicity and the number of prediction tools available for a given variant. Hence, we established an arbitrary threshold of $IP > 0.6$, which means that the majority (not necessary all) of the interrogated tools gave a 'pathogenic' score (see Table S8). We also considered as 'possibly pathogenic' all low-frequency frameshift variants and indels within nonrepeated regions. Pathogenicity of the prioritized variants was also manually checked using Varsome [\(https://varsome.com/\)](https://varsome.com/). Subsequently, the Integrative Genomics Viewer was employed to exclude possible false positive calls, and, finally, the prioritized variants were validated by Sanger sequencing or SYBRGreen based qPCR or +/- PCR (see primers in Table S9). Prioritization of genes was performed according to their putative role in spermatogenesis (testis expression, PubMed, model organisms).

Phasing of *STAG3* **and** *SHOC1* **variants**

A long-range PCR was performed to produce an amplicon including both *STAG3 and SHOC1* sequence variants, respectively (for primers see Table S9). The amplicons of correct sizes (~20 kb) were isolated from an agarose gel using the Monarch Gel Extraction Kit (New England Biolabs GmbH, Frankfurt, Germany). The purified products were used as templates for the library preparation of an Oxford Nanopore MinION (Oxford Nanopore Technologies, Oxford Science Park, UK) long-range sequencing runs. The sequencing library were prepared following the manufacturer´s instructions for the Ligation Sequencing Kit (SQK-LSK 109) and Native Barcoding Expansion Kit (EXP-NBD104, Oxford Nanopore Technologies). Sequencing was performed on a MinION flow cell (FLO-MIN106, Oxford Nanopore Technologies). A total number of 42.000 reads were sequenced yielding 329 megabases in total and an average coverage of 14.000 reads for the target region. Basecalling and Demultiplexing was performed using Guppy v3.2.6 implemented in the MinKNOW operating software from Oxford Nanopore. Reads were aligned against GRCh37.75 using Minimap2 v2.14. Only reads with the appropriate length of >19 kb were selected for subsequent variant calling. Medaka v0.11.0 from Oxford Nanopore was used for variant calling and phasing.

Hematoxylin and Eosin staining

Testis biopsies were sectioned (section thickness 6µm), placed on dH₂O droplets on adhesive KP slides (Klinipath #PR-S-001) and stretched on a heating plate at 39˚C. After stretching, the slides were dried at RT overnight. The next day, the slides were placed in an oven for 1 hour at 60˚C to melt the paraffin. Slides were then deparaffinized and rehydrated as follows: 2 x 10 minutes xylene, 2 x 5 minutes absolute EtOH, 1x 2 minutes 90% EtOH, 1 x 70% EtOH and then washed in dH_2O . Tissue sections were then stained with Hematoxylin for 8 minutes and washed in running tap water for 10 minutes. Slides were subsequently rinsed in dH_2O followed by 10 dips in 95% EtOH. Following the wash step, tissue sections were counterstained with eosin for 1 minute and dehydrated through 1x 5 minutes 95% EtOH and 2x 5 minutes absolute EtOH. Finally, the slides were cleared in 2x 5 minutes xylene and mounted with Pertex**®** mounting medium (Histolab #00801).

Quantitative RT-PCR (qRT-PCR) analysis

qRT-PCR analysis of ADAD2 expression was performed in testicular tissues displaying different types of adult testis histology. RNA extraction was performed using a combination of two commercially available kits, the TRI Reagent (Sigma-Aldrich, St. Louis, MO, USA) and the AllPrep DNA/RNA kit (Sigma-Aldrich, St. Louis, MO, USA), according to the manufacturer's instructions. cDNA synthesis was carried out with the High-Capacity cDNA Reverse Transcription Kit (Life Technologies). qRT-PCR was performed using the TaqMan® Universal PCR Master Mix (Life Technologies) with the following standard thermal cycler conditions: 40 cycles at 95°C

for 30 s and 60°C for 1 min. We characterized one sample with Sertoli Cell Only (SCOS), two samples with spermatogonial arrest (including biopsy from the *ADAD2* variant carrier), two samples with spermatocytic arrest, and two samples with obstructive azoospermia (normal spermatogenesis based on histological examination). Molecular characterization was performed in whole tissue RNA-extracts, by expression analysis of four genes specific to different stages of spermatogenesis: *DAZ* (spermatogonia/early spermatocytes), *CDY1* (spermatids), *BRDT* (pachytene SPCs/round and elongating spermatids), and *PRM2* (spermatids/mature spermatozoa). *GAPDH* was used as the housekeeping reference gene. The employed commercial assays are detailed in [Table](https://oup.silverchair-cdn.com/oup/backfile/Content_public/Journal/humrep/34/6/10.1093_humrep_dez042/8/suppl_tbl_3_dez042.pdf?Expires=1566321711&Signature=0HRaa-vIPkZ9PsJBsD9wfhli~cqWed-7-WEj6k2uyQ811e0gilZ4hiIHeAAYzFawKIa~s9tjEBcxL5h8JStrT5eZRVD649a~yrUJbOFy8~qqMfcnWSOqGKk3buoYVNsOef0wjiBM35huXuiE~gtYKSNfy0yTowdmZkK3KqD4Jm0MUB6FIXL2PZn5a8TSyXaZIyqnVX0DgkH7zai407E3kNsckvDpjbyHDB8g0AuBTcwptXTM~yYKKrXvnnbFvoqYpvHmiBqAY6KbC-P9S3r-gxAIJRlFS4UwGTeiM2lux7~gFuzebEuyix~wQbB4jR5gA2DP~zDQgoAQO4d7lzCr-Q__&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA) S10. qRT-PCR runs were performed on a StepOne™ System (Applied Biosystems). All experiments were performed in triplicate.

Antibodies and fluorescent immunohistochemistry

Fluorescent staining was performed as previous described². The following antibodies were used: mouse monoclonal against γH2AX (1:1000, Millipore #05-636, to detect meiotic DSBs and the XY body in pachytene nuclei, and apoptotic metaphases in case of pan-chromosomal signal), mouse monoclonal against acrosin (1:40, Biosonda, Chile #AMC-ACRO-C5F10-AS, to detect the acrosome in spermatids), and a rabbit polyclonal against H3Ser10ph (1:1000, Millipore #06-570, to detect metaphases). Primary antibodies were labeled with the appropriate secondary antibodies raised in goat conjugated with Alexa fluor 488 or 546 (both 1:500, Invitrogen #A-11001 or #A-11010).

Quantitative and qualitative analysis of immunofluorescent immunostainings of human testis biopsy sections and fluorescent imaging

The quantitative and qualitative analyses of the human testis biopsies were performed as previously described². Additionally, the analysis was performed in a blinded fashion, meaning that the genetic variant that corresponded to the testis biopsy was unknown to the researcher performing the analysis. Fluorescent images were taken using a Zeiss LSM-700 confocal microscope with a 63x oil immersion Plan-Apochromat objective with ZEN2 software. Z-stack images were made with a 3.5x zoom. Image processing was performed using FIJI (version 1.52n). Thresholds for normal values were as described²; >43.9% tubules with early meiotic prophase cells, >82.6% of tubules containing XY body-positive nuclei, >7.74 XY bodies per XY body-positive tubule, $>$ 2.53 metaphases/mm², <11.5% apoptotic metaphases.

Statistical analysis

Data from 125,748 exomes available in gnomAD v2.1.1 database were used for the comparison of the frequency distribution of subjects with homozygous Loss of Function variants between cases (NOA patients) and controls (subjects in gnomAD v2.1.1_exomes). Frequencies were compared by Fisher's exact test.

In addition, we calculated the PopScore for each variant by using the Population Sampling Probability pipeline (PSAP)³. Briefly, PSAP models the significance of observing a single subject's genotype in comparison to genotype frequencies in unaffected populations (commonly referred to as the 'n-of-one' problem).

Figure S1. Investigation of patient 11-151, carrier of the *ADAD2* **variant. A)** The pedigree shows the segregation of the NM_139174.3:c.1186C>T variant. The lower-left arrow indicates the proband 11-151 who was subjected to WES analysis whereas his fertile brother's DNA was sequenced by Sanger sequencing. **B)** Expression evaluation of the *ADAD2* gene: Quantitative RT-PCR (qRT-PCR) analysis was performed to evaluate ADAD2 expression in biopsy samples of different types of adult testis histologies: i) one SCOS (Sertoli Cell-Only Syndrome); ii) one SGA: maturation arrest at the spermatogonial level; iii) the testis biopsy of the *ADAD2* variant carrier, also affected by SGA (11-151); iv) two SCA: maturation arrest at the spermatocytic level. Two samples with obstructive azoospermia (OA) were used as internal controls. Testis-derived RNA samples were first characterized for expression of four spermatogenic markers expressed at different stages of spermatogenesis: PRM2 (spermatids/mature spermatozoa); CDY1 (spermatids); BRDT (pachytene spermatocytes/round and elongating spermatids) and DAZ (spermatogonia/early spermatocytes). The analysis revealed germ-cell specific expression in the testis and a higher expression in spermatogonial arrest compared to spermatocytic arrest. The variant carrier displayed approximately 2.7-fold lower expression than the testis biopsies with SGA and wild type *ADAD2.*

Figure S2. Investigation of patient 18-406, carrier of the *MEI1* **variants. A)** The pedigree shows the segregation of the NM_152513.4:c.925C>T;p.Leu309Phe and the NM 152513.4:c.1088C>T; p.Thr363Met variants. **B**) H&E staining of histological section from the testis biopsy of the patient carrying the MEI1 variant. Scale bar represents 50µm. **C)** Sequence alignment of MEI1 protein orthologs, performed by HomoloGene. Red box highlights the Leucine 309 and the Threonine 363 which are highly conserved among species.

Figure S3. Meiotic progression analysis in patient 10-200 carrying the *TERB1* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *TERB1* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *TERB1* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. Early meiotic cells (leptotene/zygotene) were identified based on the presence of many γH2AX-positive patches. An aberrant more spotty γH2AX pattern was also observed in some nuclei, but no pachytene nuclei containing XY bodies could be identified. Instead many spermatocyte nuclei displayed intense γH2AX signal covering the DAPI (DNA) signal, indicating apoptosis. Few, non-apoptotic mitotic metaphases were observed.

Figure S4. Meiotic progression analysis in patient 15-285 carrying the *SYCE1* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *SYCE1* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *SYCE1* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. Early meiotic cells (leptotene/zygotene) were identified based on the presence of many γH2AX-positive patches. No pachytene nuclei with XY bodies could be identified. Instead many spermatocyte nuclei displayed intense γH2AX signal covering the DAPI (DNA) signal, indicating apoptosis. Few, non-apoptotic mitotic metaphases were observed.

Figure S5. Meiotic progression analysis in patient 11-272 carrying the *SHOC1* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *SHOC1* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *SHOC1* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. Early meiotic cells (leptotene/zygotene) were identified based on the presence of many γH2AX-positive patches. Some spermatocyte nuclei displayed aberrant, intense γH2AX signals ("spotty", "overall γH2AX"). Very rarely, pachytene nuclei with XY bodies were detected. Many meiotic metaphases (identified by H3S10ph), also displayed intense γH2AX signal, indicating apoptosis, and the chromosomes were then often organized in a dispersed pattern.

Figure S6. Meiotic progression analysis in patient 11-127 carrying the *MSH4* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *MSH4* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *MSH4* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. Early meiotic cells (leptotene/zygotene) were identified based on the presence of many γH2AX-positive patches. Some spermatocyte nuclei displayed aberrant, intense γH2AX signals ("spotty"). No pachytene nuclei with XY bodies were detected. Many meiotic metaphases (identified by H3S10ph), also displayed intense γH2AX signal, indicating apoptosis.

Figure S7. Meiotic progression analysis in patient 09-297 carrying the *TEX11* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *TEX11* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *TEX11* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. Early meiotic cells (leptotene/zygotene) were identified based on the presence of many γH2AX-positive patches. Some spermatocyte nuclei displayed aberrant, intense γH2AX signals ("spotty"). No pachytene nuclei with XY bodies were detected. Many meiotic metaphases (identified by H3S10ph), also displayed intense γH2AX signal, indicating apoptosis.

Figure S8. Meiotic progression analysis in patient 07-359 carrying the *RAD21L1* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *RAD21L1* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *RAD21L1* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. The γH2AX patterns indicated normal progression of meiotic prophase up to pachytene. Many meiotic metaphases (identified by H3S10ph), displayed intense γH2AX signal, indicating apoptosis.

Figure S9. Meiotic progression analysis in patient 08-079 carrying the *MEIOB* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *MEIOB* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *MEIOB* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. The γH2AX patterns indicated normal progression of meiotic prophase up to pachytene. Many meiotic metaphases (identified by H3S10ph), displayed intense γH2AX signal, indicating apoptosis.

Figure S10. Meiotic progression analysis in patient 09-167 carrying the *MEIOB* **variant. A)** H&E staining of histological sections from the testis biopsy of the patient carrying the *MEIOB* variant. Scale bar on the left represents 50 µm and on the right, 20 µm. **B)** Immunofluorescent staining of histological sections from the testis biopsy of the patient carrying the *MEIOB* variant using γH2AX (Green), H3S10p (red), and DAPI (blue). Scale bar represents 5µm. The γH2AX patterns indicated normal progression of meiotic prophase up to pachytene. Many meiotic metaphases (identified by H3S10ph), displayed intense γH2AX signal, indicating apoptosis.

Figure S11. Assessment of elongating spermatids in histological testis tissue sections. Immunofluorescent staining of histological sections from the testis biopsy of a control patient using antiacrosin (Green) and DAPI (blue). Spermatids are classified according to the developmental stage of the acrosome. Scale bar represents 5µm.

			FSH	Right/Left
Patient code	Origin	Testicular phenotype	(ref value	Testicular volume
			$1.5-8$ IU/L)	(mL)
16-231	Spain	Incomplete SCA sp-	5.3	15/15
15-679	Morocco	Incomplete SCA sp-	21	10/12
07-359*	Pakistan	Complete SCA sp-	5.0	14/15
08-079	Spain	Complete SCA sp-	3.7	22/22
09-167	Pakistan	Complete SCA sp-	6.3	18/15
15-285	Venezuela	Complete SCA sp-	4.1	18/15
18-406	Spain	Complete SCA sp-	5.9	20/20
11-127	Morocco	Complete SCA sp-	7.6	15/15
10-200	Spain	Complete SCA sp-	6.1	20/20
10-200 brother	Spain	n.a	8.0	15/15
11-272	Morocco	Complete SCA sp-	8.2	15/13
11-272 brother	Morocco	Complete SCA sp-	11.0	15/12
09-297	India	Complete SCA sp-	4.3	20/20
13-567	Spain	Complete SCA sp-	7.1	18/18
$11 - 151*$	Spain	Incomplete SGA sp-	11.0	15/15
17-204	Spain	Incomplete SGA sp-	25.6	12/12
11-063	Morocco	Incomplete SGA sp-	6.4	13/14
17-657	Spain	Incomplete SGA sp-	20.5	11/10
11-382	Spain	Incomplete SGA sp-	11.7	18/15

Table S1. Clinical description of the 17 selected NOA patients analyzed by WES and two NOA brothers screened for the variants encountered in the index case

SCA: SpermatoCytic Arrest; SGA: SpermatogGonial Arrest. *Fertile brother with heterozygous variant, sp-: no sperm retrieved after testicular biopsy; n.a.: no available

Table S3. Quantification of meiotic parameters to assess the type of meiotic arrest

a) % of tubule sections with early meiotic cells; b) % of XY body-positive tubule sections; c) mean number of nuclei that contain an XY body per XY body-positive tubule section; d) the number of metaphase cells per mm² of the section; e) % of metaphases that are apoptotic; f) none of the patients scored positive for spermatids; g) normal range; h) Even though the metaphase density was in the (very low) normal range, the absence of increased metaphase apoptosis, lack of spermatids, complete failure to form the XY body, and apoptotic appearance of spermatocytes with aberrant γ H2AX localization pattern indicate pachytene arrest. Red values are outside the normal range established in controls.

Table S4. Comparison of the frequency distribution of subjects with homozygous Loss of Function variants in genes between cases (NOA patients) and controls (subjects in gnomAD v2.1.1_exomes). Fisher's exact test was applied.

*Considering the 2 brothers as independent carriers

Table S5. List of variants identified in the five novel candidate genes and their PopScore

Table S6. Summary of previously reported genes associated with NOA and validated in our study. Genes are ordered according to their updated clinical evidence.

NOA: Non Obstructive Azoospermia; SCOS: Sertoli Cell Only Syndrome, SGA: SpermatoGonial Arrest; SCA: SpermatoCytic arrest; MA: maturation arrest of unknown stage; MTA; Mixed Testicular Atrophy; n.a: not available; hom: homozygous; het: heterozygous; hem: hemizygous. a Not included in Oud et al. 2019 because published subsequently. Scoring based on assessment by ARE and CF. b: Assessment of SYCE1 new evidence/score is not applicable because the deletion removes more than one gene

Table S8. Algorithms employed to calculate the index of pathogenicity for variant prioritization in the initial cohort.

Index of pathogenicity (IP) was calculated according to the following formula:

$$
\underline{\left(\sum_{r=1}^n u_r\right)}_k
$$

Where **k**= number of available prediction tools.

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Table S9. Primers employed for variant validation and screening of relatives through Sanger Sequencing (SS), plus/minus PCR, quantitative PCR (qPCR) or Long-Range PCR (LRPCR).

Table S10. Commercially available TaqMan gene expression assays used in this study for the analysis of RNA derived from testis biopsies.

Gene	Function	Assay ID
ADAD ₂	Target gene	Hs00952793_g1
DAZ.	Spermatogonia/early spermatocytes biomarker	Hs00414014 m1
BRDT	Pachytene spermatocytes/round and elongating spermatids	Hs00976114 m1
CDY1	Spermatids biomarker	Hs00371514_m1
PRM ₂	Spermatids/mature spermatozoa biomarker	Hs04187294 g1
GAPDH	Reference housekeeping gene	Hs0275891_g1

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