

# A splice donor variant of GAS8 induces structural disorganization of the axoneme in sperm flagella and leads to nonsyndromic male infertility

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- 1 A splice donor variant of *GAS8* induces structural disorganization of the
- 2 axoneme in sperm flagella and leads to nonsyndromic male infertility
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#### 25 ABSTRACT

26 Motile cilia and flagella are closely related organelles structured around a highly conserved axoneme whose formation and maintenance involve proteins from hundreds of genes. 27 Defects in many of these genes have been described to induce primary ciliary dyskinesia (PCD) 28 29 mainly characterized by chronic respiratory infections, situs inversus and/or infertility. In men, cilia/flagella-related infertility is usually caused by asthenozoospermia due to multiple 30 31 morphological abnormalities of the sperm flagella (MMAF). Here, we investigated a cohort of 32 196 infertile men displaying a typical MMAF phenotype without any other PCD symptoms. 33 Analysis of WES data identified a single case carrying a deleterious homozygous GAS8 variant altering a splice donor consensus site. This gene, also known as DRC4, encodes a subunit of 34 the Nexin-Dynein Regulatory Complex (N-DRC), and has been already associated to male 35 infertility and mild PCD. Confirming the deleterious effect of the candidate variant, GAS8 36 37 staining by immunofluorescence did not evidence any signal from the patient's spermatozoa whereas a strong signal was present along the whole flagella length in control cells. 38 Concordant with its role in the N-DRC, transmission electron microscopy evidenced peripheral 39 40 microtubule doublets misalignments. We confirm here the importance of GAS8 in the N-DRC 41 and observed that its absence induces a typical MMAF phenotype not necessarily accompanied by other PCD symptoms. 42

Keywords: GAS8, DRC4, asthenozoospermia, MMAF, male infertility, PCD.

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#### 50 **INTRODUCTION**

Disruption of spermatogenesis leads to a wide range of sperm defects including 51 52 asthenozoospermia which is defined by an alteration of sperm motility. One of the most severe conditions of asthenozoospermia is due to Multiple Morphological Abnormalities of 53 the Sperm Flagella (MMAF), a phenotype characterized by a mosaic of sperm morphological 54 defects including absent, bent, short, irregular and coiled flagella (1). More than 40 MMAF-55 associated genes have been so far related to human infertility, thus demonstrating the high 56 57 genetic heterogeneity of this phenotype (2). However about half of MMAF cases remain unexplained (3). 58

59 In this study, we recruited and investigated by whole exome sequencing (WES), a patient 60 displaying a primary non-syndromic infertility due to MMAF. We identified and validated a novel loss-of-function (LoF) variant in GAS8 (OMIM: # 605178), a gene encoding a protein 61 localized in the axoneme of cilia and sperm flagella. Previous studies demonstrated that GAS8 62 LoF variants are responsible for mild symptoms of Primary Ciliary Dyskinesia (PCD, OMIM: # 63 244400), a genetic multisystemic disorder characterized by impaired ciliary function, leading to 64 65 a chronic sinopulmonary disease, referred to as Kartagener syndrome when associated to situs inversus totalis (4). It has been reported that PCD patients carrying GAS8 variants are 66 67 infertile but their phenotype was not fully explored and reported. Here, we demonstrated the involvement of a novel pathogenic GAS8 variant in a non-syndromic case of male infertility 68 due to MMAF. 69

#### 70 MATERIAL AND METHODS

#### 71 Participant and ethical approval statement

All samples, from 196 MMAF subjects were sent to Grenoble Alpes Hospital for genetic analysis. This study respects all ethical guidelines (Declaration of Helsinki) and was approved by local ethics committees and the French Data Protection Authority (DR-2016-392) and samples collection (Fertithèque) was declared to the French Ministry of health (DC-2015-2580). Informed consent was obtained from patients prior to sample collection and analyses. Semen samples were prepared and analyzed as described previously (5)... The patient gave his informed consent to donate and store spermatozoa not used for semen analysis in
 GERMETHEQUE Biobank (BB-0033-00081).

#### 80 WES analysis and variant verification

WES and bioinformatics analyses were performed according to our previously described protocol using the human genome assembly GRCh38 as a reference (6). The selected variant was validated by Sanger sequencing using ABI 3130XL and SeqScape software (Applied Biosystems; Foster City, CA). Primers are listed in Table S1.

#### 85 Transmission Electron Microscopy (TEM) analysis

86 To better characterize the impact of the reported candidate variant on sperm ultrastructure,

- sperm from a fertile control and from patient P0543 were subjected to transmission electron
- 88 microscopy as described previously (5).

#### 89 Immunofluorescence (IF) Analysis of Sperm Cells

Immunostaining was carried out on sperm cells from fertile control subjects and from
 individual P0543 . All the procedure is described in (5). Antibodies uses for these experiments
 are listed in Table S2.

#### 93 **RESULTS**

#### 94 WES identified a homozygous splicing variant in GAS8

95 Previous WES analyses of our MMAF cohort permitted to identify bi-allelic variants in a total 96 of 92 men (47%) in 22 confirmed MMAF-associated genes. In the remaining undiagnosed 97 individuals, we identified one subject (P0543) carrying a homozygous deleterious variants in the intron 8 of GAS8, NM\_001481.3:c.1011+2T>C (Fig. 1AB). This variant is very rare (MAF: 98 6.575x10<sup>-6</sup> in gnomAD, v3.1.2).and was predicted to alter a consensus splice donor site (SPiP 99 100 score: 98.41% [91.47 % - 99.96 %]) (Fig. S1). Sanger sequencing confirmed the presence of this 101 variant (Fig. 1C). Finally, this variant was selected as a strong candidate among the list of the 102 other variants identified in P0543 to explain its infertility (Table S3).

#### 103 Patient phenotypic characterization

104 Patient P0543, a 32 years old male, The subject consulted for infertility at the Reproductive 105 Biology laboratory-CECOS of Rouen University Hospital (France). This patient, originating from West Africa, was born from related parents. He had fa brother showing primary infertility due 106 107 to severe asthenozoospermia who consulted to a different ART center and was described with 108 a MMAF phenotype (Fig. 2A). Physical examination of the patient was normal. Sperm analysis 109 evidenced a complete astheno-teratozoospermia with 100% of immotile and morphologically abnormal spermatozoa, most of which (93%) displayed multiple morphological abnormalities 110 111 of the flagellum with 53% of absent, 24% of short, 16% of curled or bent and flagella (Fig. 2B). Further clinical assessment of this patient suggested a condition of nonsyndromic infertility 112 113 without PCD-symptoms except for a medical past history of asthma and recurrent otitis during childhood. 114

#### 115 TEM revealed N-DRC defects associated with abnormal flagellum assembly and elongation

TEM analysis of patient's sperm evidenced severe and recurrent elongation defects associated with fibrous sheath dysplasia and reduced numbers and abnormal arrangement of mitochondria in the mid-piece (Fig. 2C). Moreover, most observed cross sections of flagella showed a preserved "9+2" axonemal structure but also a frequent detachment or absence of some peripheral microtubule doublets suggesting a possible disruption of the link given by the N-DRC.

# IF experiments showed the loss of GAS8 in sperm flagella from patient carrying thecandidate variant

GAS8 is localized in the axoneme of the flagella and is a component of the N-DRC (nexin-dynein 124 125 regulatory complex), which links adjacent peripheral doublet microtubules (DMTs). To 126 demonstrate the impact of the candidate GAS8 variant on protein expression and localization, 127 we performed IF staining of sperm from controls and P0543using an antibody raised against 128 the C-terminus domain of GAS8 (aa 379-469). In control spermatozoa, GAS8 and the axonemal 129 marker acetylated  $\alpha$ -tubulin co-localize within the axoneme (Fig. 3). However, spermatozoa from the patient showed no GAS8 signal in the flagellar axoneme indicating that this protein 130 131 was either absent or truncated (Fig. 3).

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#### 133 DISCUSSION

134 Previous studies identified bi-allelic LoF variants in GAS8 as genetic factors responsible for PCD 135 and severe primary male infertility due to asthenozoopermia, but few cases have been reported and the reproductive phenotype has been seldom explored (7-9). Our study 136 137 identified a novel homozygous LoF variant in GAS8 for a patient displaying primary infertility 138 due to MMAF without apparent PCD symptoms. GAS8 is highly expressed in cilia of epithelial cells of pulmonary bronchi and fallopian tubes, and also predominantly expressed in the adult 139 testes during the late stages of spermatogenesis concomitantly with the formation of flagella 140 141 (10). The sperm flagellum contains a structure known as the axoneme, which runs through its 142 entire length(11).

143 The axoneme comprises nine DMTs surrounding a central pair complex of two singlet microtubules (9+2 configuration).. The N-DRC is a thin structure that bridges neighboring 144 DMTs and restricts sliding motions between DMTs. As a result, the N-DRC converts dynein-145 146 generated sliding motion into flagellar bending motion (12). To date, biochemical and genetic studies have revealed that the N-DRC is composed of 12 subunits (12,13). GAS8 encodes the 147 148 DRC4 subunit of this complex. It was demonstrated that, during axonemal assembly, DRC4 travels within cilia and flagella as cargoes on intra-flagellar transport (IFT) particles (14). DRC4 149 150 was also described to interact with DRC1 (OMIM: # 615288) and CCDC65 (OMIM: # 611088) subunits 151 to form the core structure of the N-DRC which serves as a scaffold for the assembly of the 152 functional subunits. Mutations in the main DRC subunit genes cause the disassembly of the N-DRC, defects in ciliary movement and the abnormal assembly of several closely associated 153 154 structures (7,15,16). CCDC65 pathogenic variants induce subtle ciliary beating defects and lead to PCD, whereas DRC1 deficiency was reported to cause both PCD and male infertility due to 155 MMAF (16-18). GAS8 deficiency leads to N-DRC disruption and cause PCD and 156 157 asthenozoospermia (7,8). Unlike Gas8 knockout mice that display severe PCD phenotypes 158 including hydrocephalus and situs inversus, bi-allelic GAS8 pathogenic variants in humans have been associated to milder symptoms such as insufficient mucociliary clearance of the 159 160 airways which may result in a chronic destructive respiratory disorder (9). It is therefore possible that our patient who does not present PCD symptoms is at an early stage of the 161

162 respiratory disease. Indeed, it was shown that the genetic background may play a role in 163 delaying the disease onset and progression in PCD-patients. In this issues, a recent study performed a precise genotype-phenotype correlation analysis in a series of PCD patients 164 carrying mutations in RSPH9, a well-established causative PCD gene, reporting a wide 165 166 phenotypic variability even among patients bearing the same variant (19). In another study, authors generated several Drc1 mutant mouse strains and observed that the phenotypic 167 168 manifestations were strain-dependent (16). Overall, these data underscore the fact that 169 differences in genetic background may influence the penetrance of PCD-related mutations.

170 In conclusion, we herein identified a novel homozygous LoF *GAS8* variant in a MMAF patient.

171 We also propose the TEM analysis as a complementary approach in addition to WES for the

investigation of MMAF and particularly for the detection of N-DRC related-defects.

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#### 178 Author Contributions

Z.E. K., N.T.M., Ch.C., Ca.C. and P.F.R. performed and analyzed the genetic data. A.L.B.
performed TEM analysis. G.M., Ca.C., A.M. performed the immunofluorescence assays. A.R.F.
and N.R. provided clinical samples and data. P.F.R and Z.E.K. designed the study, supervised
all molecular laboratory work. All authors have read and agreed to the published version of
the manuscript.

#### 184 Declaration of interests

185 The authors declare no conflict of interest.

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### 240 FIGURE LEGENDS

Figure 1. Identification of a rare homozygous splicing variant in *GAS8*. A) *GAS8* is located at chromosome (chr.) 16q24.3, g.90,019,629-90,044,975. B) *GAS8* (NM\_001481.3) comprises 11 exons. The novel GAS8 variant, marked in blue, is located in intron 8 and affects the consensus GT sequence of the splice donor site (c.1011+2T>C). Variants described in previous studies are marked in gray. C) Sanger sequencing confirmed the presence of the candidate *GAS8* variant in P0543.

Figure 2. A consanguineous family with an infertile man displaying primary infertility due to multiple morphological abnormalities of the sperm flagella (MMAF). A) Pedigree analysis. B) Morphological analysis of sperm illustrating a typical MMAF phenotype. C) Ultrastructure of the spermatozoa from P0543 compared to that of control sperm. Yellow head-arrows indicate abnormal DMT assemblage and cohesion. CPC, central pair complex; FS, fibrous sheath; MS, mitochondrial sheath; ODF, outer dense fibers.

# Figure 3. GAS8 immunostaining of sperm cells from a fertile control subject and the infertile patient carrying the candidate GAS8 variant. Sperm cells were stained with a polyclonal anti-GAS8 (red) and anti-acetylated $\alpha$ -tubulin (green) antibodies. DNA was counterstained with DAPI (4',6-diamidino-2phenylindole). GAS8 signal was strongly detected in control sperm over the entire length of the flagellum. However, the GAS8 signal was not detected in the sperm flagella from P0543 who carries the *GAS8* variant.

## 258 SUPPLEMENTARY MATERIAL

- 259 Figure S1. Prediction of the impact of the identified GAS8 variant on mRNA splicing and translation.
- 260 **Table S1. List of primers used for Sanger verification.**
- 261 Table S3. List of antibodies used for IF experiments.
- Table S3. List of variants identified in the reported case P0543 by WES analysis.









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**Figure S2. Prediction of the impact of the identified GAS8 variant on mRNA splicing and translation. A)** The identified GAS8 variant alters the sequence of the consensus splice donor site in intron 8. **B)** The inactivation of this site can be responsible for exon 8 skipping during mRNA splicing, causing an inframe deletion in the coding sequence of GAS8 (p.(Cys309\_Lys337del)) or, most likely, **C)** the activation of an adjacent cryptic donor site leading to an abnormal mRNA containing a

frameshift insertion of 4 bp between exons 8 and 9 that is responsible for the production of a truncated protein (p.(Val338AlafsTer56)).

# **Table S1. Primers used for Sanger verification.**

Gene Name	Primer Sequence (5'-3')	Tm (°C)	Product size (bp)
GAS8_Ex8-F	TGGAACCAGGTCTTTCTGGC	59.89	460
GAS8_Int8-R	AACAGGCCACAGGTTTTTGC	59.82	

## 274 Table S2. List of antibodies used for IF experiments.

Antibodies	species	supplier	Reference	Dilution
		Primary antibodies		
Anti-GAS8	Rabbit	Sigma-Aldrich	HPA041311	1:100
(polycional)				
Anti-acetylated α-tubulin (monoclonal)	Mouse	Abcam	AB61601	1:400
		Secondary antibodies		-
Anti-mouse IgG	Goat	Jackson ImmunoResearch	Dylight-549	1:1000
(conjugated)				

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