| Variable | Possible relevance of variable |
|--|---|
| Microinjectionist | Unidentified differences in competence produce variation in developmental outcomes |
| Micromanipulation | Is cell fusion preferable to microinjection in humans? |
| Oocyte source | Oocyte donor age and diet are among poorly understood influences or developmental potential |
| Hormone hyperstimulation | Unknown or possibly adverse effects on oocyte quality |
| Nucleus donor cell | Can adult-derived nuclei work efficiently (as in mice)? What are the cell cycle and other key culture parameters? |
| First polar body | More prevalent in oocytes that fail in IVF, but the reason is uncertain |
| Oocyte collection- micromanipulation interval | <1 h improves development, but why? |
| Cellular reprogramming environment | Is metaphase II essential, and how long do human oocytes take for sufficient remodeling? |
| Cytoskeletal integrity | Poorly characterized spindle defects cause aneuploidy, but little is known about cytoskeletal behavior apart from that of lamins |
| Histone acetylation | Hyperacetylation correlates with poor development, but why? |
| Histone methylation | Key determinant of gene expression in other systems, but few data exist for humans |
| DNA methylation | Essential for global and imprinted gene expression control in mice, but effects in humans are unknown |
| Embryo culture conditions | Effects on epigenetic regulation and potentially on development |
| Other environmental factors | Air quality and overlaying mineral oil may affect development |
| Preimplantation development | Development <i>in vitro</i> not guarantee of quality; efficient mouse blastocyst parthenogenesis may be followed by developmental failure |
| Blastocyst quality | For example, cell number and trophectoderm (CDX2 ⁺) and inner cell mass (OCT4 ⁺) lineage specification rarely recorded |
| Pharmacological agents (e.g., caffeine) | What are their relevant targets in human eggs and embryos? How are they affected and are the agents specific? |

Table 1 Hidden, cryptic and undisclosed variables in human nuclear transfer

remodeled by recipient oocyte factors in a process taking hours (although remodeling could continue during embryogenesis) with no drug selection and with an overall ntES cell derivation rate of ~12%. The genesis of human iPS cells from somatic cells is initiated by overexpressing the transcription factors OCT4 and usually SOX2 with one or more other factors, includes selection, and takes 2-3 weeks, with a success rate of ~0.1% and often much lower¹¹. Induced pluripotency may reflect a balanced equilibrium between competing differentiation forces¹⁴ and is promoted by the expression of oncogenes (of which OCT4 and SOX2 are examples) or the removal of tumor suppressors¹¹. It is not known to what extent the reprogramming pathways that lead to ntES and iPS cell generation overlap, if at all. What is more apparent is that these pathways represent black boxes whose contents are often concealed by hidden variables (Fig. 1, Table 1).

Looked at one way, the efficiencies of cloned embryo and ntES cell derivation here¹ are impressively high. This may reflect the youth of oocyte donors. The four carefully characterized ntES cell lines were all derived from the eggs of the same donor ('donor A'), but these oocytes may have been anomalously proficient nucleus recipients. Moreover, there are cases in mammals where ES cells can be derived after efficient formation of developmentally

incompetent blastocysts. For example, mouse parthenogenetic blastocysts develop efficiently-and parthenogenetic ES cells can be derived from them-but developmental catastrophe ensues and mammalian parthenogenetic offspring have not been reported. This shows that neither blastocyst development nor (nt)ES cell derivation necessarily reflect developmental normality, a difficulty that is

exacerbated in man because much of the fundamental biology of human oocytes and the technical aspects of their manipulation remain hidden (Table 1).

The availability, albeit limited, of naturally impaired human oocytes and early embryos represents a unique opportunity to delineate molecular processes that direct the initiation of embryogenesis in fertilization. These processes are likely to include key determinants of genome reprogramming in nuclear transfer, and as long as they are unknown, human oocytes will remain refractory to prescriptive manipulation. This is a call to redouble efforts, not to give up: weaknesses and strengths inherent to human ntES and iPS cells argue that each should be pursued absent an alternative to both. To succeed, such efforts will have to produce a fix that is a lot stronger than caffeine.

COMPETING FINANCIAL INTERESTS

The author declares no competing financial interests.

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