

Overexpression of *FLI1* promote *PART1* transcription in the endometrial epithelial cells contributing to reduced endometrial receptivity and embryo implantation failure (#85553)

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Overexpression of *FLI1* promote *PART1* transcription in the endometrial epithelial cells contributing to reduced endometrial receptivity and embryo implantation failure

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Background. Fertilization-embryo transfer in vitro (IVF-ET) is the most common and effective assisted reproductive technology for the treatment of infertility. However, recurrent implantation failure (RIF) is the biggest obstacle to the success of IVF-ET, and has become a major problem to be solved urgently in assisted reproduction. The purpose of this study is to explore the role and mechanism of *FLI1* in endometrial receptivity and RIF. **Methods.** Single-cell assay for transposase accessible chromatin sequencing (scATAC-seq) was used to analyze the chromatin in luteal endometrial tissue from RIF patients and control patients. Cell experiments and in vivo ICR mice experiments were conducted to investigate the effects of *FLI1* on embryo implantation ability. Chromatin immunoprecipitation (CHIP) and dual luciferase reporter assay were performed to explore the regulatory mechanism of *FLI1* on *PART1* transcription and expression in endometrial epithelial cells. **Results.** *FLI1* was found to be specifically expressed in the endometrial epithelial cells of RIF patients. Overexpression of *FLI1* in endometrial epithelial cells inhibited embryo implantation ability, while *FLI1* silencing had the opposite effect. Injecting adeno-associated virus (AAV) *FLI1* into the uterine horn of pregnant mice also significantly inhibited embryo implantation ability. *FLI1* binding promoted *PART1* transcription and expression in the *PART1* promoter region in endometrial epithelial cells. Salvage experiments demonstrated that *FLI1* regulated embryo implantation by promoting *PART1* expression. *PART1* was significantly upregulated in luteal endometrial tissue of RIF patients and cell lines of non-receptive endometrial epithelial (HEC-1-A). Overexpression of *PART1* in endometrial epithelial cells significantly inhibited embryo implantation ability, while *PART1* silencing had the opposite effect. Injection of AAV *PART1* into the uterine horn of pregnant mice also significantly inhibited embryo implantation ability. **Conclusion.** *FLI1* overexpression in RIF endometrial epithelial cells inhibited embryo implantation ability by binding to the *PART1* promoter region to promote *PART1* expression. These findings may

lead to the development of new targets for treating RIF.

1 **Overexpression of *FLI1* promote *PART1* transcription**
2 **in the endometrial epithelial cells contributing to**
3 **reduced endometrial receptivity and embryo**
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5

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16

17 **Abstract**

18 **Background.** Fertilization-embryo transfer in vitro (IVF-ET) is the most common and effective assisted
19 reproductive technology for the treatment of infertility. However, recurrent implantation failure (RIF) is
20 the biggest obstacle to the success of IVF-ET, and has become a major problem to be solved urgently in
21 assisted reproduction. The purpose of this study is to explore the role and mechanism of FLI1 in
22 endometrial receptivity and RIF.

23 **Methods.** Single-cell assay for transposase accessible chromatin sequencing (scATAC-seq) was used to
24 analyze the chromatin in luteal endometrial tissue from RIF patients and control patients. Cell
25 experiments and in vivo ICR mice experiments were conducted to investigate the effects of FLI1 on
26 embryo implantation ability. Chromatin immunoprecipitation (CHIP) and dual luciferase reporter assay
27 were performed to explore the regulatory mechanism of FLI1 on PART1 transcription and expression in
28 endometrial epithelial cells.

29 **Results.** FLI1 was found to be specifically expressed in the endometrial epithelial cells of RIF patients.
30 Overexpression of FLI1 in endometrial epithelial cells inhibited embryo implantation ability, while FLI1
31 silencing had the opposite effect. Injecting adeno-associated virus (AVV) FLI1 into the uterine horn of
32 pregnant mice also significantly inhibited embryo implantation ability. FLI1 binding promoted PART1
33 transcription and expression in the PART1 promoter region in endometrial epithelial cells. Salvage
34 experiments demonstrated that FLI1 regulated embryo implantation by promoting PART1 expression.
35 PART1 was significantly upregulated in luteal endometrial tissue of RIF patients and cell lines of non-
36 receptive endometrial epithelial (HEC-1-A). Overexpression of PART1 in endometrial epithelial cells
37 significantly inhibited embryo implantation ability, while PART1 silencing had the opposite effect.
38 Injection of AVV PART1 into the uterine horn of pregnant mice also significantly inhibited embryo
39 implantation ability.

40 **Conclusion.** FLI1 overexpression in RIF endometrial epithelial cells inhibited embryo implantation

41 ability by binding to the PART1 promoter region to promote PART1 expression. These findings may lead
42 to the development of new targets for treating RIF.

43

44 Introduction

45 In recent years, assisted reproductive technology (ART) has been increasingly used in the
46 treatment of female and male causes of infertility. Among them, in vitro fertilization-embryo
47 transfer (IVF-ET) is a commonly used and has enhanced the possibilities for treating
48 infertility successfully. However, the repeated implantation failure (RIF) is a key problem
49 affecting further improvement of clinical pregnancy rates. The etiology of RIF is complex and
50 highly heterogeneous, including endometrial receptivity, embryo aneuploidy male factors,
51 thrombophilias, immunology, microbiome, and anatomical abnormalities [1, 2]. Among them,
52 abnormal endometrial receptivity is one of the key factors leading to RIF, and about two-thirds
53 of implant failures are caused by decreased endometrial receptivity [3]. In addition to the cyclical
54 changes in endometrium morphology, increasing evidence indicated that there exists a very
55 complex network for regulation of endometrial receptivity and implantation, including gene
56 expression, protein modification, and miRNAs regulation [4-6]. However, it still remains unclear
57 about the regulatory mechanism for endometrial receptivity. The critical cell fate decisions
58 involved in this essential biological process occur at the individual cell level. Despite the
59 apparent coordination in cellular systems, analyzing single cells has revealed that even within the
60 same cell line or tissue, variations in genomes, transcriptomes, and epigenomes can occur during
61 cell division and differentiation. Recent technological advancements have made it possible to
62 measure gene-expression profiles at the level of individual cells using single-cell RNA
63 sequencing (scRNA-seq). This breakthrough provides a unique opportunity to precisely define
64 the cell types and molecular pathways involved in maintaining tissue homeostasis and disease [7].
65 Here, we firstly used scRNA-seq to make the chromatin analysis of luteal endometrial tissue to
66 identify candidate genes, which specifically expressed in endometrial epithelial cells in patients
67 with RIF. The mechanism of how candidate genes affect endometrial receptivity and thus play a
68 role in RIF, has been further revealed by cell experiments and mouse animal experiments.

69

70 Materials and Methods

71 Patient enrollment and sample collection

72 This study included 20 patients with RIF who had no clinically clear etiology as the trial group.
73 Simultaneously, 20 patients with clinical pregnancy obtained through 1-2 embryo transfers were
74 recruited as controls, who undergo in vitro fertilization solely due to male factors. Patients of
75 both groups were assisted with artificial pregnancy through in vitro fertilization/intra-
76 cytoplasmic sperm injection-embryo transfer (IVF/ICSI-ET). In the trial group, all patients have
77 failed clinical pregnancy, after 2-3 transplants, or with a cumulative number of high scoring
78 blastocyst embryos transferred of 4 or more, or with a cumulative number of high scoring
79 blastocysts transferred of 2-3. To reduce interference and ensure the credibility of the results, the

80 patient would be excluded from this study if combined with other diseases. Patients were also
81 excluded who have received hormone therapy or other uterine procedures in the past 3 months.
82 Endometrial tissue was harvested in 6 to 8 days after ovulation in the natural cycle (embryo
83 implantation window). This research received approval from the Ethics Committee at the First
84 Affiliated Hospital of Zhengzhou University(No.2020-KY-256). Written informed consent was
85 obtained from all patients who participated in the study.

86 **Mononuclear cells' preparation**

87 Wash the endometrial tissue obtained from the patient with pre-cooled PBS buffer and immerse
88 it in EDTA to reduce the stability of the cell membrane. Subsequently, endometrial tissue was
89 separated into single cells using protease/collagenase. Finally, prepare mononuclear cells using
90 single cell nucleus separation solution. The prepared mononuclear cells were qualified for
91 ScRNA-seq.

92 **Library construction and RNA sequencing**

93 Library construction and RNA sequencing were conducted according to the reported method [8].
94 In brief, calculate 50,000 cells, wash with PBS, add 50 μ l lysate after centrifugation, and
95 centrifuge at 800 \times g at 4 $^{\circ}$ C for 10 minutes to obtain cell nuclei. Then proceed immediately to the
96 transposition reaction: prepare the transposition reaction Mix (including the reaction buffer,
97 Nextera Tn5 transposase (we have optimized the amount of enzyme used), and ribozyme-free
98 water), and use the prepared cell nucleus with the transposition reaction Mix Resuspend, mix
99 well and incubate at 37 $^{\circ}$ C for 30 minutes, and then use Qiagen purification kit to purify the DNA,
100 and then elute the transposition reaction DNA into 10 μ l of eluate. And prepare a PCR reaction
101 system to amplify the transposable DNA (first perform a pre-qPCR to evaluate the number of
102 PCR cycles), then purify the amplified product, use Bioanalyzer for quality control and Kapa
103 Library Quantification Kit to quantify the library (observe whether There is a typical nucleosome
104 distribution pattern), you can go to the computer for high-throughput sequencing.

105 **Generation of single-cell gene expression matrices**

106 Each nucleus of the qualified sample is mixed with reagents and magnetic beads with barcode
107 sequence successively on the 8-channel microfluidic chip, and then wrapped by oil drops to form
108 Gel Beads in extrusion (GEMs) containing single nuclei and single gel beads. Each gel bead
109 carries several sequences that are combined by Illumina connector sequence (P5), 16bp 10x cell
110 barcode (Barcode), and some Illumina read1 primers.

111 After the library construction is completed, Qubit 2.0 is used for preliminary quantification,
112 followed by Agilent Bioanalyzer High Sensitivity DNA Chip to detect the Insert DNA of the
113 library. After the Insert size meets expectations, qPCR method is used to accurately quantify the
114 effective concentration (2 nM) of the library to ensure the quality of the library. After passing the
115 library inspection, perform Nextseq 500 platform sequencing.

116 **Quality control, cell-type clustering, and major cell-type identification**

117 To ensure high-quality data, perform offline data quality control measures, such as verifying
118 sequencing quantity, barcode carrying rate, and sequencing quality Q30 value. Additionally,
119 conduct Q30 quality control on barcode and sample index sequences to ensure high resolution at
120 both the cell and sample levels.

121 The nucleosome, which is composed of DNA and histone, is the basic structural unit of a
122 chromosome. Each histone octamer consists of two histone molecules, with about 200 bp of
123 DNA coiled around the octamer's core structure to form a nucleosome. Within these 200 bp, 146
124 bp coil directly around the histone octamer's core and are resistant to nuclease digestion, while
125 the remaining DNA links the next nucleosome. Nucleosome localization refers to the precise
126 determination of nucleosome location on the genome, which is always accompanied by gene
127 transformation from inhibition to transcription. Nucleosome localization has significant research
128 value in transcriptional regulation, DNA replication and repair, and is currently a hot topic in
129 epigenetic research. Based on nucleosome structural characteristics and the distribution of
130 ATAC-seq inserted fragments, fragments within 147 bp of inserted fragments are designated as
131 nucleosome deletion regions, while fragments between 147-294 bp are considered nucleosome
132 distribution regions, providing accurate nucleosome localization.

133 The size distribution of ATAC-seq insertion fragments provides information on the packaging
134 and location of nucleosomes, while the fragment length captures the periodicity of nucleosome
135 positioning. Fragments less than 147 bp indicate nucleosome-free regions, whereas fragments of
136 approximately 147-294 bp suggest a single nucleosome distribution region. The relationship
137 between the length and quantity of insertion fragments also exhibits periodic fluctuations due to
138 the nucleosome structure, with fluctuation frequency correlated with the length or multiple of
139 unit nucleosome.

140 To evaluate the number of cells captured in a barcode-labeled multi-cell mixed sample
141 sequencing library, peak calling and insertion fragment data alignment to peak regions are
142 performed. The number of cells successfully captured is determined by evaluating the insertion
143 fragment count and length covering the peaks region. Based on barcode and corresponding
144 insertion fragment count statistics, cells are classified into cellular and non-cellular categories.
145 Cells that exceed the threshold of captured insertion sequences are classified as single cells,
146 while those with insufficient captured insertion sequences are classified as non-cells.

147 10x Genomics allows for the simultaneous sequencing of libraries from multiple cells to obtain
148 ATAC data for multiple cells. The Cell Ranger ATAC package uses the Python library MOODS
149 (<https://github.com/jhkorhonen/MOODS>) to scan for peak matches with group positions in each
150 cell and annotate peaks using the JASPAR database to group cells. Two-dimensional cell
151 clustering results are obtained using the tSNE dimensionality reduction algorithm.

152 **Detection of FLI1 expression level in primary endometrial epithelial cells**

153 Transfer freshly collected endometrial tissue from the implantation stage to a culture dish and cut
154 into a paste. Digest with collagenase and incubate on a shaker at 37 °C for 30 minutes. Filter with
155 a filter to remove endometrial stromal cells and obtain primary endometrial epithelial cells. After
156 inoculating the obtained cells into a culture dish for 24 hours, extract total RNA and total protein.

157 *FLII* expression levels were assessed using real-time quantitative PCR (RT-qPCR) and Western
158 blot (WB) analysis.

159 **Source and Analysis of lncRNA Data**

160 The datasets GSE26787 and GSE111974 were downloaded from the GEO database, including
161 gene expression data of 5 and 24 pairs of endometrial tissue from pregnant women and
162 endometrial tissue from patients with RIF, respectively. Based on the similarity of lncrna
163 expression levels, a clustering heatmap was drawn using the heatmap package in R software,
164 with $|\log_{2}FC| > 1.5$ and $p\text{-value} < 0.01$ as the criteria. Thus, differential expression of lncRNAs
165 between RIF and control groups was obtained. Subsequently, the intersection of two sets of
166 different lncRNAs is used to obtain the key lncRNAs that regulate the RIF process.

167 **Target relationship verification of FLI1 and PART1**

168 The targeting relationship of *FLII* and *PART1* was revealed through the Chromatin
169 Immunoprecipitation (ChIP) assay in endometrial epithelial cells. In brief, crosslinking and
170 cracking are firstly performed to stabilize the complex and separate the nuclear components with
171 anti-FLI1 or anti-anti-IgG. Then DNA fragmentation is realized through chromatin
172 fragmentation, and protein DNA complexes were captured and separated by
173 immunoprecipitation. Subsequently, cross-linking and DNA purification were performed. Finally,
174 determine the enrichment differences of *PART1* among different groups. The report of double
175 Luciferase was used to further verify the target relationship between *FLII* and identified lncRNA
176 (*PART1*).

177 **Cell lines and cell culture**

178 Both the non receptive endometrial epithelial cell line (HEC-1-A) and the receptive endometrial
179 epithelial cell line (Ishikawa, RL95-2) were purchased from Wuhan Punosai Life Technology
180 Co., Ltd (Hubei, China). The above cell lines have stable phenotypes and can effectively
181 simulate in vitro experiments of primary endometrial epithelial cells. BeWo cells are sourced
182 from Wuhan Punosai Life Technology Co., Ltd (Hubei, China). They were cultured in dulbecco's
183 modified eagle medium (DMEM) medium and at 37 °C, saturated humidity, and 5% CO₂
184 incubator. By subculture the cell line, adjust the cell state, and take logarithmic phase cells for
185 subsequent cell experiments.

186 **Construction of FLI1 overexpression / silencing vectors and Obtaining stable transfected** 187 **cell lines**

188 The *FLII* overexpression plasmid (OE-FLI1) and the corresponding negative quality control
189 plasmid (OE-NC) were constructed by Shanghai Hanheng Biotechnology Co., Ltd (Shanghai,
190 China). The *FLII* silencing plasmid (shFLI1) and the corresponding negative quality control
191 plasmid (shNC) were constructed by Guangzhou Huijun Biotechnology Co., Ltd (Guangdong,
192 China).

193 The sequences of shFLI1 and shNC are as follows:

194 CCGGCGTCATGTTCTGGTTTGAGATCTCGAGATCTCAAACCAGAACATGACGTTTTT
195 GAATT (shFLI1#1);
196 CCGGCCCATGAACTACAACAGCTATCTCGAGATAGCTGTTGTAGTTCATGGGTTTTT
197 GAATT (shFLI1#2);
198 CCGGCCCTTCTGACATCTCCTACATCTCGAGATGTAGGAGATGTCAGAAGGGTTTTT
199 GAATT (shFLI1#3);
200 CCGGTCCTAAGGTTAAGTCGCCCTCGCTCGAGCGAGGGCGACTTAACCTTAGGTTTT
201 TGAATT (shNC).

202 Ishikawa and HEC-1-A in the logarithmic phase were randomly divided into four groups: OE-
203 NC group, OE-FLI1 group, shNC group, and shFLI1 group. The above two types of cells were
204 transfected with overexpressed empty vector (OE-NC), overexpressed FLI1 vector (OE-FLI1),
205 silenced control vector (shNC), and silenced FLI1 vector (shFLI1), respectively. The
206 transfection reagent uses Lipo8000™ (Beyotime Biotechnology, Shanghai, China). After 24
207 hours of transfection, the cell line stably expressing the aforementioned vector was obtained.

208 **Cell function assays**

209 Detection of the effect of *FLII* on the proliferation ability of endometrial epithelial cells using
210 CCK-8 kit (Beyotime Biotechnology, Shanghai, China) according to the instructions. The effect
211 of *FLII* on the migration of endometrial epithelial cell migration was evaluated by scratch test.
212 Image J (National Institutes of Health, Bethesda, USA) was used to calculate the area value of
213 scratches. The migration rate was calculated as: $(0 \text{ h Area} - 24 \text{ h Area}) \times 100\% / 0 \text{ h Area}$.
214 Evaluation of the effect of *FLII* on the epithelial mesenchymal transition of endometrial
215 epithelial cells by detecting the protein expression levels of Vimentin and E-cadherin using WB
216 assay. Evaluating the Effect of *FLII* on Embryo Adhesion Using the BeWo Cell Ball Adhesion
217 Model.

218 **Mouse model construction and adenovirus infection**

219 We procured sexually mature male and female mice of Specific Pathogen Free (SPF) grade from
220 Skbex Biotechnology Co., LTD., (Heinan, China) with the males being fertile. All of them were
221 ICR strain and 8-week old, and they were caged for mating, according to 1:2 ratio of male:
222 female. Pregnant female mice were confirmed through vaginal suppositories and selected for
223 subsequent in vivo experiments.

224 Epithelial cell specific overexpression of *PART1* overexpression adeno-associated virus (AAV-
225 PART1) and its corresponding negative control adeno-associated virus (AAV-NC) were
226 constructed and packaged by Shanghai Hanheng Biotechnology Co., Ltd.(Shanghai, China), with
227 a virus titer of 1.00×10^{12} VG/mL. AAV-NC and AAV-PART1 were injected into the mouse
228 uterine cavity through the uterine horn, respectively. On days 0, 2, 5, and 8 of injection,
229 endometrial epithelial cells were isolated, and the overexpression efficiency of *PART1* was
230 detected by RT-qPCR and WB.

231 **Corneal injection experiment**

232 12 pregnant mice were randomly divided into two groups: AAV-NC group and AAV-PART1
233 group, with 6 mice in each group. The Ethics Committee at Zhengzhou University approval for
234 this research (No.ZZU-LAC20200828[08]). All mice were housed in SPF animal room with
235 temperature of 24-26 °C and humidity of 50-60%. They were fed irradiated feed appropriate for
236 their needs and provided with sterile water. The animal room operated on a 12-hour light/dark
237 cycle, with lights on from 6:00 AM to 6:00 PM. To provide environmental enrichment, each
238 cage contained nesting material and chew sticks. When the pregnant mice were 1.5 days
239 pregnant, they were anesthetized with isoflurane inhalation and placed prone on a small animal
240 operating table insulated at 37 °C. The mouse's back was prepared with skin, and the skin was
241 fully exposed. A small incision on the back was performed to fully expose the mouse's uterine
242 horn. Subsequently, use an insulin syringe to aspirate 20 μ L-adenovirus was injected
243 into the uterine horn (AAV-NC group mice were given AAV-NC, and AAV-PART1 group mice
244 were given AAV-PART1). After injection into the uterine horn, suture the wound, and when the
245 mouse regains consciousness, send it back to the animal room for separate feeding. On the 9th
246 day of pregnancy in mice, blue dye was injected into the tail vein to euthanize the mice, then all
247 mice were euthanized using a CO₂ euthanasia chamber. The chamber was initially filled with a
248 mixed gas environment of 6:4 CO₂ and O₂, and the CO₂ concentration was gradually increased
249 to 100% after the animals lost consciousness. The mice were kept in the chamber for a minimum
250 of 10 minutes to confirm death, during which they were completely unconscious. There were no
251 surviving animals in the end of study. The uterus was removed to observe the number of embryo
252 implantation.

253 **Statistical analysis**

254 All data in this study were calculated using mean \pm standard deviation (SD). Graphpad Prism 6.0
255 was used for data statistical analysis and plotting. Student's t-test or Fisher's exact test was used
256 to analyze the differences between groups. P value < 0.05 is considered statistically significant.

257

258 **Results**

259 **Single cell clustering analysis and cell group identification in endometrial tissue**

260 Cluster analysis and cell gene labeling were performed on the data obtained from single cell
261 sequencing to identify 8 types of cell populations, including stromal fibroblast cells, endometrial
262 cells, epithelial cells, T cells, B cells, dendritic cells (DC cells), smooth muscle cells and neural
263 progenitor cells in endometrial tissue (Figure 1A). TSNE nonlinear dimensionality reduction
264 analysis was performed on the cell populations in the RIF and control groups, and the visualized
265 results are exhibited in Figure 1B. Furthermore, heat maps were used to display the top 10
266 differentially expressed genes in each cell group (Figure 1C). Thus, the key genes in each cell
267 group were analyzed, which can serve as biomarkers for identifying cell types. The results
268 showed that *CDH11* was a biomarker for stromal fibroblasts, *SPINK4* for endometrial cells,
269 *DMD* for epithelial cells, *CD247* for T cells, *CD70* for B cells, *CD83* for dendritic cells, *ITGA8*
270 for smooth muscle cells, and *UBE2C* for neural progenitor cells (Figure 1D-K).

271 **RIF patients possessing a low proportion of endometrial epithelial cells and high FLI**
272 **expression**

273 Statistical analysis was conducted on the frequency and proportion of different cell populations
274 in the RIF and NC groups. Compared with the NC group, the proportion of interstitial fibroblasts
275 and epithelial cells significantly **decreased** in the RIF group, while the proportion of endothelial
276 cells, T cells, and B cells significantly **increased**. Among them, the difference in epithelial cells
277 between the RIF group and the NC group was the most significant (0.17% vs 20.94%, Figure
278 2A). The above **results reveal that endometrial epithelial cells are closely related to low**
279 **endometrial receptivity in RIF patients and may be participate in RIF.**

280 **Assay for transposase accessible chromatin with high-throughput sequencing (ATAC-seq)**
281 **analysis revealed that chromatin accessibility was significantly different between RIF and**
282 **control endometrium. Most of the different peaks lie in the enhancer position (defined as**
283 **enhancer when the distance from TSS is >2kb). At the same time, we conducted ChIP seq**
284 **experiments on the active enhancer histone modified marker H3K27Ac, and found that most of**
285 **these up-regulated peaks are enriched with H3K27Ac, suggesting that these peaks are mainly**
286 **located in the active enhancer region, which may be related to gene transcription activation.**
287 Transcription factor (TF) motif analysis (MEME software) was performed on these peaks, and it
288 was found that the most significantly enriched motif was *FLI1*, which was 65% enriched among
289 all differentially upregulated peaks. Figure 2B showed the peak distribution of *FLI1*. Further
290 analysis showed that chromatin accessibility of *FLI1* in endometrial epithelial cells of RIF group
291 was significantly higher than that of control group (logFC=0.27, p = 0.009). **This findings**
292 **suggests that FLI1 has a significant regulatory effect on embryo implantation.**

293 RT-qPCR and WB were used to detect the expression levels of *FLI1* in primary epithelial cells
294 obtained from endometrial tissues of the RIF and control groups. The findings revealed a
295 substantial increase in the mRNA and protein expression of *FLI1* in endometrial epithelial cells
296 of the RIF group compared to control patients (Figure 2C-D). The above data indicate that the
297 accessibility of transcription factor *FLI1* chromatin in endometrial epithelial cells of RIF patients
298 is enhanced, and the expression level of *FLI1* is also significantly up-regulated, which reveals
299 that *FLI1* is involved in the process of RIF's low endometrial receptivity.

300 **In vitro study on the effect of FLI1 on cell function**

301 Non receptive endometrial epithelial cell lines (HEC-1-A) and receptive endometrial epithelial
302 cell lines (both Ishikawa and RL95-2) were selected for assays in vitro. According to the RT-
303 qPCR results, the expression level of *FLI1* was significantly higher in HEC-1-A cells compared
304 to Ishikawa and RL95-2 cells (3.91±0.50 vs 0.81±0.15 vs 1.02±0.12, p < 0.0001, Figure 3A).
305 That is to say, *FLI1* is highly expressed in non receptive endometrial epithelial cells. Stable
306 transfection lines were **establishment** by overexpression and silencing of *FLI1* plasmid
307 transfection into Ishikawa cells and HEC-1-A cells (Figure 3B-C). Silencing *FLI1* can
308 significantly increase the proliferation ability of HEC-1-A cells (p < 0.0001). On the contrary,
309 overexpression of *FLI1* can significantly inhibit the proliferation ability of Ishikawa cells (p <

310 0.0001, Figure 3D). The above data indicate that overexpression of *FLII* inhibits endometrial
311 epithelial cell proliferation, while silencing *FLII* promotes endometrial epithelial cell
312 proliferation. Scratch test showed that silencing *FLII* significantly increased the migration ability
313 of HEC-1-A cells (Figure 3E). Nevertheless, overexpression of *FLII* can significantly inhibit the
314 migration ability of Ishikawa cells (Figure 3F). It indicate that overexpression of *FLII* inhibits
315 endometrial epithelial cell migration, while silencing *FLII* promotes endometrial epithelial cell
316 migration. In HEC-1-A cells, silencing *FLII* increases the expression of Vimentin protein and
317 inhibits the expression of E-Cadherin protein (Figure 3G-H); In Ishikawa cells, overexpression
318 of *FLII* significantly inhibits Vimentin protein expression and promotes E-cadherin protein
319 expression (Figure 3G-H). It is revealed that overexpression of *FLII* inhibits epithelial
320 mesenchymal transition of endometrial epithelial cells, while silencing *FLII* promotes epithelial
321 mesenchymal transition of endometrial epithelial cells. Ishikawa cells overexpressing *FLII*
322 significantly weakened their ability to adhere to BeWo cell spheres (Figure 3I), while HEC-1-A
323 cells silencing *FLII* significantly increased their ability to adhere to BeWo cell spheres (Figure
324 3I). It is suggested that overexpression of *FLII* inhibits BeWo cell ball adhesion, while silencing
325 *FLII* increases BeWo cell ball adhesion.

326 **In vivo study on the effect of *FLII* on mouse embryo implantation**

327 To determine the effect of *FLII* on mouse embryo implantation, AAV-OE-NC and AAV-OE-
328 *FLII* were injected into the uterus of female mice through the uterine horn, respectively. RT-
329 qPCR and Western blotting were used to detect changes in *FLII* expression levels in endometrial
330 epithelial cells of each group of mice at 0, 2, 5, and 8 days after injection. The RT-qPCR results
331 showed a significant increase in *FLII* mRNA expression levels in female mouse endometrial
332 epithelial cells starting from the second day of AAV-OE-*FLII* intervention (Figure 4A);
333 Consistent with the RT-qPCR results, protein blotting also showed that the expression level of
334 *FLII* protein in female mouse endometrial epithelial cells was significantly increased starting
335 from the second day of AAV-OE-*FLII* intervention (Figure 4B); It is suggested that injecting
336 AAV-OE-*FLII* into the uterine horn can overexpress *FLII* in mouse endometrial epithelial cells.
337 Furthermore, AAV-OE-NC and AAV-OE-*FLII* were injected into the uterus of pregnant mice
338 through the uterine horn, and it was found that the number of embryo implantation in AAV-OE-
339 *FLII* treated mice was significantly lower than that in AAV-OE-NC treated mice (Figure 4C).
340 The above data indicate that epithelial cell specific overexpression of *FLII* can inhibit mouse
341 embryo implantation.

342 **Molecular mechanism of *FLII* inhibiting embryo implantation**

343 In the GSE26787 dataset, a total of 22 differentially expressed lncRNAs (DELncRNAs) were
344 identified in the endometrial tissue of pregnant women compared to those of RIF patients, of
345 which 13 were significantly upregulated and 9 were significantly downregulated (Figure 5A). In
346 the GSE111974 dataset, 72 DELncRNAs were identified, of which 55 were significantly
347 upregulated and 17 were significantly downregulated (Figure 5B). Only *LOC100505912* and
348 *PART1* were shared in DELncRNAs of GSE26787 and GSE111974, and both were significantly

349 upregulated in endometrial tissue of RIF patients (Figure 5C). Therefore, we speculate that the
350 abnormal expression of LOC100505912 and PART1 in the patient's endometrial tissue may be
351 the key lncRNAs regulating RIF.

352 The RT qPCR results showed that overexpression of *FLII* in endometrial epithelial cells
353 significantly increased the expression level of *PART1*, while silencing *FLII* in endometrial
354 epithelial cells had the opposite effect (Figure 6A), indicating that *FLII* regulates *PART1*
355 expression. However, overexpression/silencing of *FLII* in endometrial epithelial cells did not
356 affect the expression level of *LOC100505912* (Figure 6B). Meanwhile, using the JASPAR online
357 (<https://jaspar.genereg.net/>), we found that FLII only had binding sites in the PART1 promoter
358 region with a score of 0.86 (Figure 6C), while there was no binding site in the LOC100505912
359 promoter.

360 ChIP and double Luciferase reporting experiments were adopted to verify the targeting
361 relationship between FLII and PART1. The ChIP results showed that the enrichment level of
362 PART1 in the anti FLII group was significantly higher than that in the anti IgG group (Figure
363 6D), indicating the interaction between FLII and PART1 promoters. The double Luciferase
364 reporting experiment further proved that FLII **binded** to the PART1 promoter to promote
365 PART1 transcription (Figure 6E). The above data indicated that FLII directly binds to the
366 PART1 promoter to promote PART1 transcriptional expression.

367 In order to determine the effect of PART1 on mouse embryo implantation, AAV-OE-NC and
368 AAV-OE PART1 were injected into the uterus of pregnant mice through the uterine horn,
369 respectively. On the 8th day after injection, RT-qPCR was used to detect the changes in PART1
370 expression levels in the endometrial epithelial cells of each group of mice. The RT-qPCR results
371 showed that intervention with AAV-OE PART1 significantly increased the expression level of
372 PART1 mRNA in female mouse endometrial epithelial cells (Figure 7A), indicating that
373 injecting AAV-OE PART1 into the uterine horn can overexpress PART1 in mouse endometrial
374 epithelial cells. Furthermore, AAV-OE-NC and AAV-OE-FLII were injected into the uterus of
375 pregnant mice through the uterine horn, and it was found that the number of embryo implantation
376 in AAV-OE-PART1 treated mice was significantly lower than that in AAV-OE-NC treated mice
377 (Figure 7A). Based on the above results, we concluded that epithelial cell specific
378 overexpression of PART1 can inhibit mouse embryo implantation.

379 Further cell function experiments found that overexpression of FLII significantly inhibited the
380 proliferation ability of Ishikawa cells, while silencing PART1 significantly reversed the above
381 phenomenon (Figure 7B). The scratch test results revealed that overexpression of *FLII* can
382 significantly inhibit the migration ability of Ishikawa cells, while silencing *PART1* can
383 significantly reverse the above phenomenon (Figure 7C). The results of Western blotting showed
384 that overexpression of FLII reduced the expression of Vimentin protein and increased the
385 expression of E-cadherin protein in Ishikawa cells, while silencing PART1 significantly reversed
386 the above phenomenon (Figure 7D). Overexpression of FLII inhibits epithelial mesenchymal
387 transition of endometrial epithelial cells by upregulating PART1 expression. The ability of
388 Ishikawa cells overexpressing FLII to adhere to BeWo cell spheres was significantly reduced,

389 while silencing *PART1* could significantly reverse the above phenomenon (Figure 7E).
390 The above results indicate that *FLII* binding promotes the transcription and expression of *PART1*
391 on the promoter of *PART1*. Epithelial cell specific overexpression of *PART1* inhibits mouse
392 embryo implantation and inhibits a series of functions of endometrial epithelial cells, such as cell
393 proliferation, cell invasion, epithelial mesenchymal transition, and BeWo cell ball adhesion.
394 Thereby, it contributes to reduced endometrial receptivity and embryo implantation failure.

395

396 Discussion

397 The reasons for RIF are diverse, such as embryonic genome defects, endometrial problems,
398 maternal autoimmune factors, sperm quality, etc. Among them, endometrial problems are one of
399 the common causes of RIF. The endometrium is an important site for embryo implantation and
400 development, so the structural and functional abnormalities of the endometrium directly affect
401 the success rate of implantation. Previous study has revealed. Previous studies have revealed
402 some of the reasons why endometrial problems affect RIF. Endometriosis can lead to abnormal
403 proliferation and differentiation of endometrial cells, forming ectopic foci and polyps, thereby
404 hindering embryo implantation [9]. In addition, endometriosis may also lead to uterine wall
405 stiffness, narrowing of the lumen, and further affect implantation. Excessive thickness or
406 thickness of the endometrium may also lead to RIF. Excessive thickness of the endometrium can
407 affect communication between the embryo and the mother, thereby affecting embryo
408 implantation; An excessively thin endometrium is not conducive to embryo implantation and
409 growth [10]. Endometrial infection and inflammation can lead to abnormal local immune
410 function in the endometrium, thereby affecting embryo implantation [11]. An abnormal
411 endometrial microbiota has been associated with implantation failure [12]. Moreover,
412 endometrial receptivity refers to the ability of the endometrium to allow the localization,
413 adhesion, penetration, and implantation of blastocysts, as well as to enable embryo implantation
414 and development [13]. Endometrial receptivity is closely related to embryo implantation and is
415 one of the key factors determining the success of assisted reproductive technology [14]. At
416 present, there are very limited methods for treating endometrial receptivity abnormalities, mainly
417 due to the unclear molecular mechanism of RIF caused by endometrial receptivity. Our study
418 revealed this molecular mechanism through the use of scATAC-seq technology combined with
419 in vitro and in vivo studies.

420 Firstly, scATAC-seq and patients study results revealed RIF patients possessed a low proportion
421 of endometrial epithelial cells and high *FLI* expression in endometrial epithelial tissue (Figure 2).
422 Single-cell sequencing has the ability to uncover the gene structure and expression status of
423 individual cells, providing valuable insights into structural and copy number variations, RNA
424 expression levels, and more. This technology enables precise differentiation of cell types and
425 facilitates the study of molecular mechanisms at the cellular level. A previous study used single-
426 cell RNA sequencing (scRNA-seq) to identify dramatic differential expression of endometrial
427 receptivity-related genes in four major endometrial fibroblast-like cells from patients with
428 recurrent implantation failure (RIF), compared to the control endometrium [15]. The proportion

429 of CD49a+CXCR4+NK cells was observed to be reduced in individuals with RIF. Our study
430 firstly use scATAC-seq and identified a significantly low proportion of endometrial epithelial
431 cells in the endometrial tissue of RIF patients (Figure 2A). The peaks of FLI1 were also analyzed
432 using scATAC-seq data, indicating that FLI1 has a significant regulatory effect on embryo
433 implantation (Figure 2B). Endometrial epithelial cells play a critical role in embryo implantation
434 and mid-term pregnancy, as they are one of the main components of the endometrium [16,17].
435 Following ovulation, these cells secrete increased amounts of mucus to provide a favorable
436 environment for embryo transfer. Furthermore, endometrial epithelial cells secrete essential
437 nutrients like glucose and amino acids, which aid embryonic development. Additionally, they
438 regulate the immune response in the endometrium by secreting various bioactive molecules, such
439 as cytokines and chemokines, preventing the immune system from rejecting the embryo.
440 Moreover, by secreting growth factors, adhesion molecules, and other compounds, endometrial
441 epithelial cells facilitate embryo implantation and ensure successful attachment. Beside,
442 progesterone targets these cells, enabling them to synthesize and secrete hormones like
443 progesterone that support pregnancy and fetal growth and development. The Ets family of
444 transcription factors is essential for controlling cell proliferation, apoptosis, differentiation, and
445 migration [18]. Among the members of this family, Friend leukemia integration 1 (FLI1) has
446 gained considerable attention due to its crucial role in various physiological processes and
447 diseases. *FLII* is a significant regulator of normal hematopoiesis, vasculogenesis, immune
448 response, and pro-fibrotic potential [19]. However, its role on endometrial receptivity and RIF
449 has never been revealed. Here, *FLII* is found to be highly expressed in non receptive endometrial
450 epithelial cells, and overexpression of *FLII* inhibits cell proliferation, cell migration, epithelial
451 stromal transformation of endometrial epithelial, as well as ball adhesion of BeWo cell (Figure
452 3). While these abilities are crucial for embryo transfer and endometrial receptivity. For example,
453 epithelial cells transform into mesenchymal (EMT) can mediate the growth of trofoblast, which
454 is essential for normal function of endometrium and implantation and development of an embryo
455 [20]. Evidence suggests that the cell adhesion molecules play a unique role in human embryo
456 implantation [21]. Furthermore, in vivo experiments directly proved epithelial cell specific
457 overexpression of *FLII* can inhibit mouse embryo implantation (Figure 4). Therefore, the
458 conclusion is drawn that epithelial cells play an important role in the process of endometrial
459 receptivity of RIF, and *FLII* is specifically expressed in the endometrial epithelial cells of
460 patients with RIF, which is involved in the process of endometrial receptivity of RIF by
461 inhibiting serious of cell ability.

462 LncRNAs are non-coding RNA that participate in the occurrence and development of many
463 diseases, including RIF [22-24]. To further reveal the molecular mechanisms by which *FLII*
464 affects RIF and endometrial receptivity, it was preliminarily identified that lncRNAs of *PART1*
465 and *LINC00092* may involved in the process by analysis GEO data (Figure 5). Previous studies
466 have shown that transcription factors regulate lncRNA transcription expression by binding to the
467 lncRNA promoter region, thereby affecting the biological function of cells [25, 26]. Therefore,
468 we suspected that *FLII* may regulate *PART1* and *LINC00092* transcription expression by binding

469 to the lncRNA promoter region. Nevertheless, overexpression/silencing of *FLII* in endometrial
470 epithelial cells did not affect the expression level of *LOC100505912*. We utilized the JASPAR
471 online tool to predict *FLII* binding sites in the promoter region of *PART1*. To validate this, we
472 conducted ChIP and double Luciferase reporting experiments, which provided evidence that
473 *FLII* directly binds to the *PART1* promoter and facilitates its transcriptional expression (as
474 shown in Figure 6). *PART1* is a crucial factor in cancer and osteogenic differentiation of bone
475 marrow mesenchymal stem cells, as it regulates cell proliferation, apoptosis, invasion, and
476 metastasis through various potential mechanisms [27, 28]. However, there are currently no
477 reports of *PART1* participating in RIF and endometrial receptivity. Our study revealed that
478 *PART1* inhibited mouse embryo implantation, as well as a series of functions of endometrial
479 epithelial cells, such as cell proliferation, cell invasion, epithelial mesenchymal transition, and
480 BeWo cell ball adhesion. These data suggested the molecular mechanism that *FLII* mediated
481 *PART1* expression inhibits embryo implantation and reduces endometrial receptivity in RIF
482 patients. These findings would provide *FLII* and *PART1* were potential targets for the treatment
483 of RIF. However, this study only focused on the role of *FLII* and *PART1* in endometrial
484 receptivity and RIF and did not explore other potential factors involved in these processes.
485 Additionally, the study was conducted in mice and cell lines, and further validation in human
486 samples is needed to confirm the clinical relevance of the findings.

487

488 **Acknowledgments**

489 Not applicable.

490 **Competing Interests**

491 The authors declare that they have no competing interests.

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494 Availability of data and material

495 **Data Availability**

496 The raw data can be found online at <https://doi.org/10.6084/m9.figshare.22688389.v2>.

497 **References**

498 [1] Ma J, Gao W, Li D. Recurrent implantation failure: A comprehensive summary from etiology
499 to treatment. *Front Endocrinol (Lausanne)*. 2022;13:1061766.500 [2] Franasiak JM, Alecsandru D, Forman EJ, et al. A review of the pathophysiology of recurrent
501 implantation failure. *Fertil Steril*. 2021 Dec;116(6):1436-1448.502 [3] Moustafa S, Young SL. Diagnostic and therapeutic options in recurrent implantation failure.
503 *F1000Res*. 2020;9.

- 504 [4]Hernández-Vargas P, Muñoz M, Domínguez F. Identifying biomarkers for predicting
505 successful embryo implantation: applying single to multi-OMICs to improve reproductive
506 outcomes. *Hum Reprod Update*. 2020 Feb 28;26(2):264-301.
- 507 [5]Yang T, Zhao J, Liu F, Li Y. Lipid metabolism and endometrial receptivity. *Hum Reprod*
508 *Update*. 2022 Nov 2;28(6):858-889.
- 509 [6]Liang J, Wang S, Wang Z. Role of microRNAs in embryo implantation. *Reprod Biol*
510 *Endocrinol*. 2017 Nov 21;15(1):90.
- 511 [7]Jovic D, Liang X, Zeng H, et al. Single-cell RNA sequencing technologies and applications:
512 A brief overview. *Clin Transl Med*. 2022 Mar;12(3):e694.
- 513 [8]Corces MR, Trevino AE, Hamilton EG, et al. An improved ATAC-seq protocol reduces
514 background and enables interrogation of frozen tissues. *Nat Methods*. 2017 Oct;14(10):959-962.
- 515 [9]Lessey BA, Kim JJ. Endometrial receptivity in the eutopic endometrium of women with
516 endometriosis: it is affected, and let me show you why. *Fertil Steril*. 2017 Jul;108(1):19-27.
- 517 [10]Vartanyan E, Tsaturova K, Devyatova E. Thin endometrium problem in IVF programs.
518 *Gynecol Endocrinol*. 2020;36(sup1):24-27.
- 519 [11]Wang Q, Sun Y, Fan R, et al. Role of inflammatory factors in the etiology and treatment of
520 recurrent implantation failure. *Reprod Biol*. 2022 Dec;22(4):100698.
- 521 [12]Lozano FM, Lledó B, Morales R, et al. Characterization of the Endometrial Microbiome in
522 Patients with Recurrent Implantation Failure. *Microorganisms*. 2023 Mar 14;11(3).
- 523 [13]Lessey BA, Young SL. What exactly is endometrial receptivity? *Fertil Steril*. 2019
524 Apr;111(4):611-617.
- 525 [14]Bui AH, Timmons DB, Young SL. Evaluation of endometrial receptivity and implantation
526 failure. *Curr Opin Obstet Gynecol*. 2022 Jun 1;34(3):107-113.
- 527 [15]Ruane PT, Garner T, Parsons L, et al. Trophoblast differentiation to invasive
528 syncytiotrophoblast is promoted by endometrial epithelial cells during human embryo
529 implantation. *Hum Reprod*. 2022 Apr 1;37(4):777-792.
- 530 [16]Lai ZZ, Wang Y, Zhou WJ, et al. Single-cell transcriptome profiling of the human
531 endometrium of patients with recurrent implantation failure. *Theranostics*. 2022;12(15):6527-
532 6547.
- 533 [17]Singh H, Aplin JD. Adhesion molecules in endometrial epithelium: tissue integrity and
534 embryo implantation. *J Anat*. 2009 Jul;215(1):3-13.
- 535 [18]He YS, Yang XK, Hu YQ, et al. Emerging role of Fli1 in autoimmune diseases. *Int*
536 *Immunopharmacol*. 2021 Jan;90:107127.
- 537 [19]Mikhailova EV, Romanova IV, Bagrov AY, et al. Fli1 and Tissue Fibrosis in Various
538 Diseases. *Int J Mol Sci*. 2023 Jan 18;24(3).
- 539 [20]Crha K, Ventruba P, Žáková J, et al. The role of mesenchymal-epithelial transition in
540 endometrial function and receptivity. *Ceska Gynekol*. 2019;84(5):371-375.
- 541 [21]Fukuda MN, Sugihara K. Cell adhesion molecules in human embryo implantation. *Sheng Li*
542 *Xue Bao*. 2012 Jun 25;64(3):247-58.
- 543 [22]Huang J, Song N, Xia L, et al. Construction of lncRNA-related competing endogenous RNA

544 network and identification of hub genes in recurrent implantation failure. *Reprod Biol*
545 *Endocrinol.* 2021 Jul 9;19(1):108.

546 [23]Chen MY, Liao GD, Zhou B, et al. Genome-Wide Profiling of Long Noncoding RNA
547 Expression Patterns in Women With Repeated Implantation Failure by RNA Sequencing. *Reprod*
548 *Sci.* 2019 Jan;26(1):18-25.

549 [24]Maduro MR. A Role for Long Noncoding RNAs in Implantation Failure. *Reprod Sci.* 2019
550 Jan;26(1):5.

551 [25]Knauss JL, Miao N, Kim SN, et al. Long noncoding RNA Sox2ot and transcription factor
552 YY1 co-regulate the differentiation of cortical neural progenitors by repressing Sox2. *Cell Death*
553 *Dis.* 2018 Jul 23;9(8):799

554 [26]Zhang J, Wang H, Chen H, et al. ATF3 -activated accelerating effect of
555 LINC00941/lncIAPF on fibroblast-to-myofibroblast differentiation by blocking autophagy
556 depending on ELAVL1/HuR in pulmonary fibrosis. *Autophagy.* 2022 Nov;18(11):2636-2655.

557 [27]Ran R, Gong CY, Wang ZQ, et al. Long non-coding RNA PART1: dual role in cancer. *Hum*
558 *Cell.* 2022 Sep;35(5):1364-1374. pii: 10.1007/s13577-022-00752-y.

559 [28]Zhang J, Xu N, Yu C, et al. LncRNA PART1/miR-185-5p/RUNX3 feedback loop modulates
560 osteogenic differentiation of bone marrow mesenchymal stem cells. *Autoimmunity.* 2021
561 Nov;54(7):422-429.

562

563

Figure 1

Single cell clustering analysis and identification in endometrial tissue.

(A) Single cell t-SNE clustering and identification in endometrial tissue; (B) Single cell t-SNE clustering and identification in endometrial tissue of the RIF and NC groups; (C) The heat map visualized the relative expression levels of the top 10 genes in each cell group; Visualization display of key genes in each cell group (D-K).

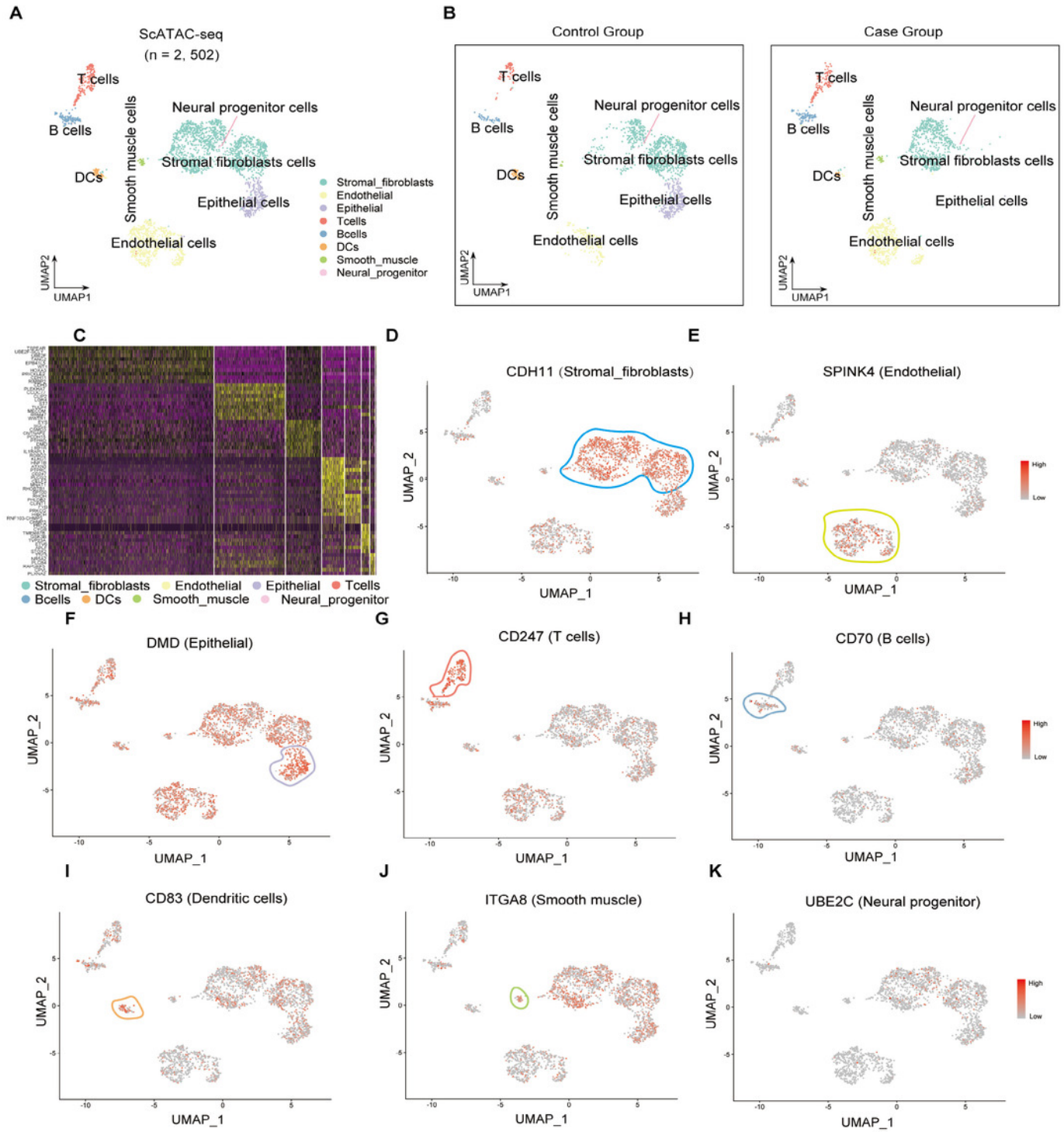


Figure 2

Low endometrial receptivity in RIF patients is associated with low endometrial epithelial cell content and abnormal FLI1 expression.

(A) The number and proportion of 8 cell populations in endometrial tissue of RIF and control groups; (B) The data of scATAC seq were used to analyze the peaks of FLI1, and the height of each color peak represents the opening degree of corresponding cell type chromatin; (C) The mRNA expression of FLI1 in endometrial epithelial cell by RT-qPCR; (D) The protein expression of FLI1 in endometrial epithelial cell by western blot. scATAC, single cell assay for transposase accessible chromatin with high-throughput sequencing; NC, control group; #, $p < 0.05$; ##, $0.05 < P < 0.001$; ###, $0.01 < P < 0.0001$.

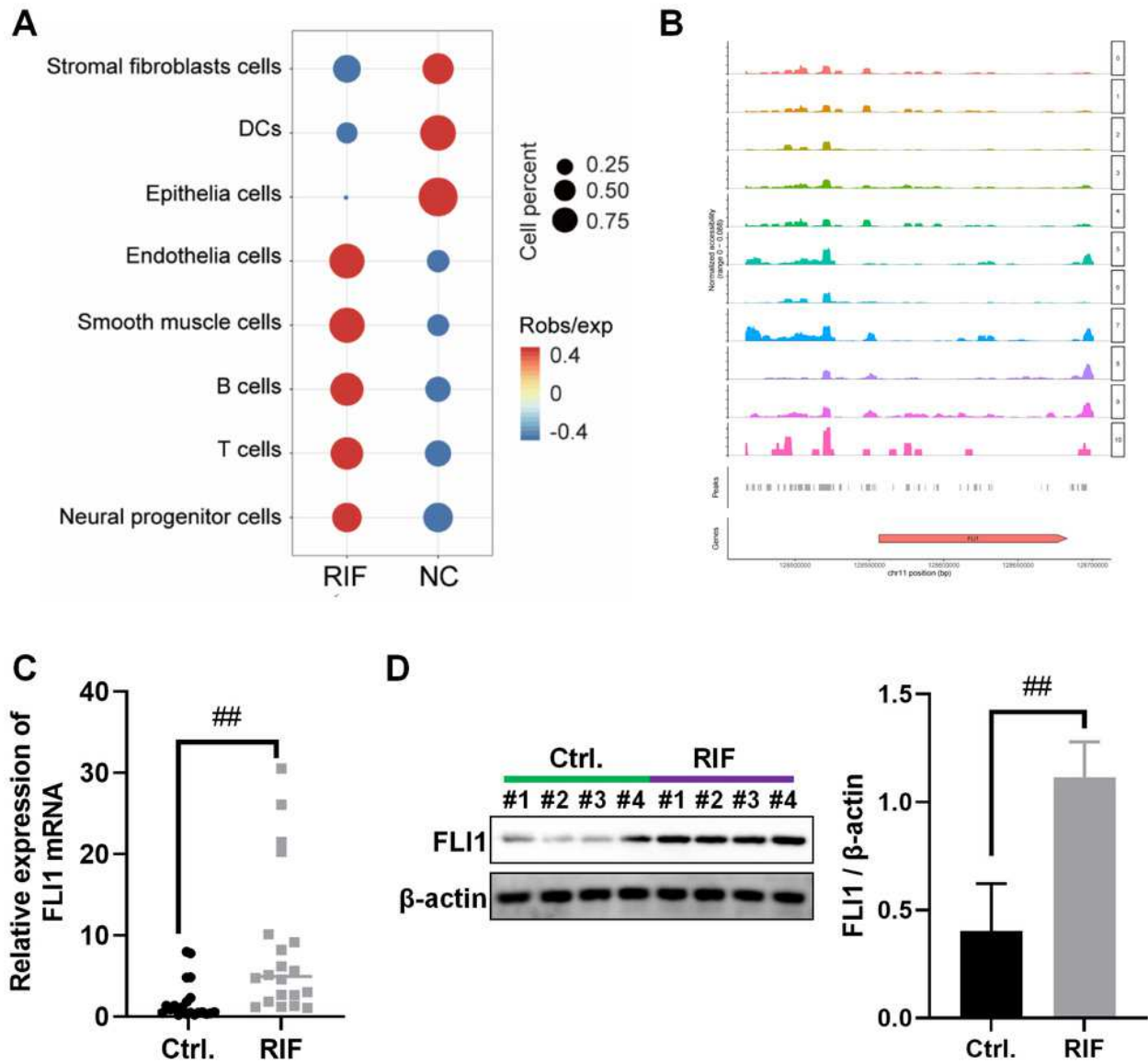


Figure 3

Cell assays reveal the effect of FLI1 on cell functions.

(A) Differences in FLI1 expression levels between HEC-1-A, Ishikawa and RL95-2 by RT-qPCR; Verification of FLI1 overexpression and silencing plasmid stable transfection through RT-qPCR (B) and Western blot (C); (D) The proliferation ability of HEC-1-A and Ishikawa cells transfected with OE-NC and OE-FLI1 plasmids with CCK-8 method; Invasive ability of HEC-1-A (E) and Ishikawa (F) transfected with OE-NC and OE-FLI1 plasmids using scratch test; Protein expression of Vimentin and E-Cadherin in HEC-1-A and Ishikawa cells transfected with OE-NC and OE-FLI1 plasmids by western blot (G-H); (I) The effect of overexpression of FLI1 in Ishikawa cells on the adhesion ability of BeWo cell spheres and the silencing of FLI1 in HEC-1-A cells on the adhesion ability of BeWo cell spheres. OE-FLI1 and OE-NC: FLI1 overexpression plasmids and their negative control plasmids; ShFLI1 and shNC: FLI1 silencing plasmid and its negative control plasmid; NC, control group; #, $p < 0.05$; ##, $0.05 < P < 0.001$; ###, $0.01 < P < 0.0001$.

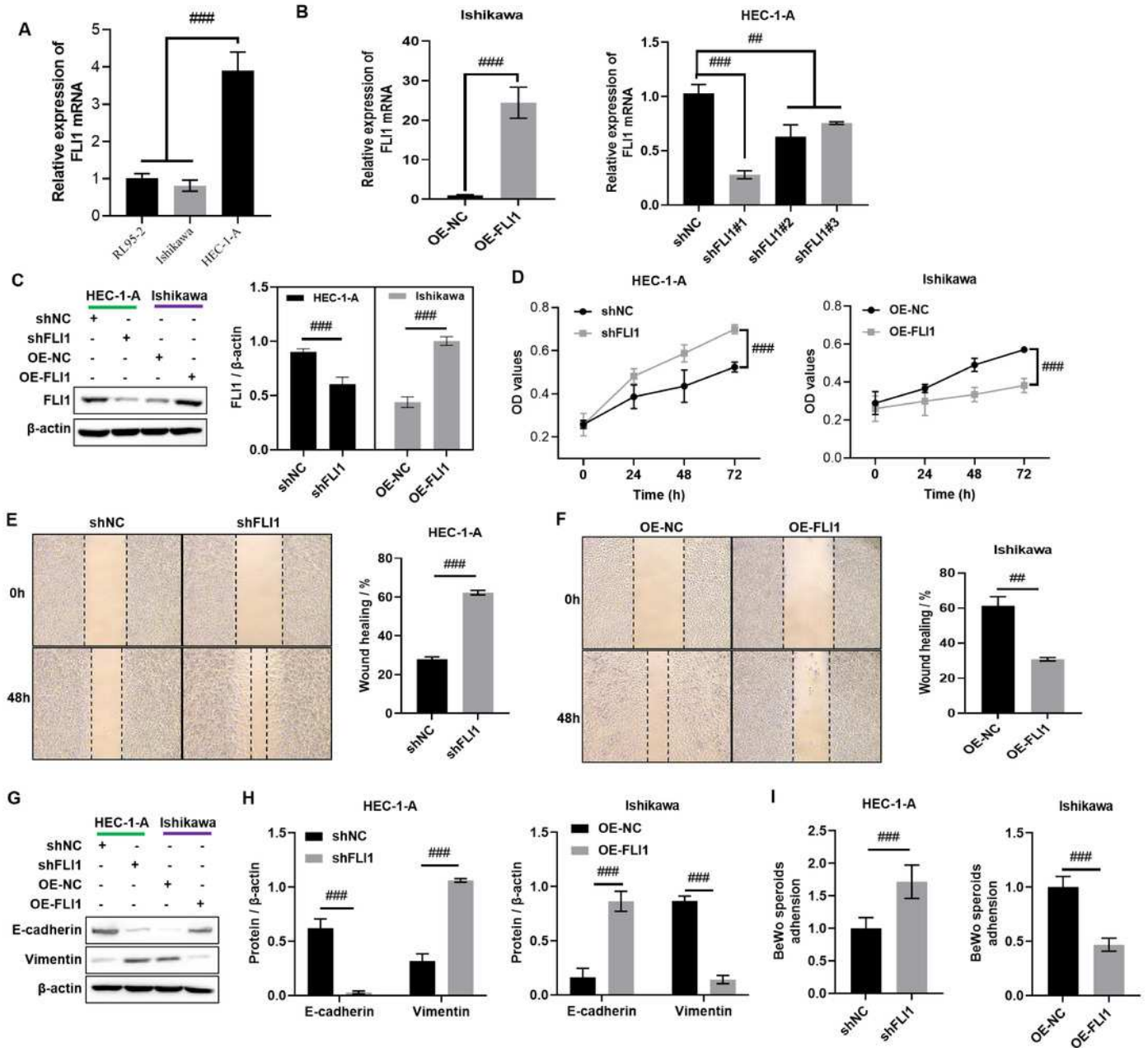


Figure 4

Epithelial cell specific overexpression of FLI1 inhibits mouse embryo implantation.

The protein expression of FLI1 in mouse endometrial epithelial cells was detected by time-lapse fluorescence quantitative PCR and Western blotting (A and B); (C) The effect of epithelial cell specific overexpression of FLI1 on the number of embryo implantation in pregnant mice. AAV-OE-FLI1 and AAV-OE-NC: FLI1 overexpress adeno-associated viruses and their negative control adeno-associated viruses. # #, $P < 0.01$; ###, $P < 0.001$.

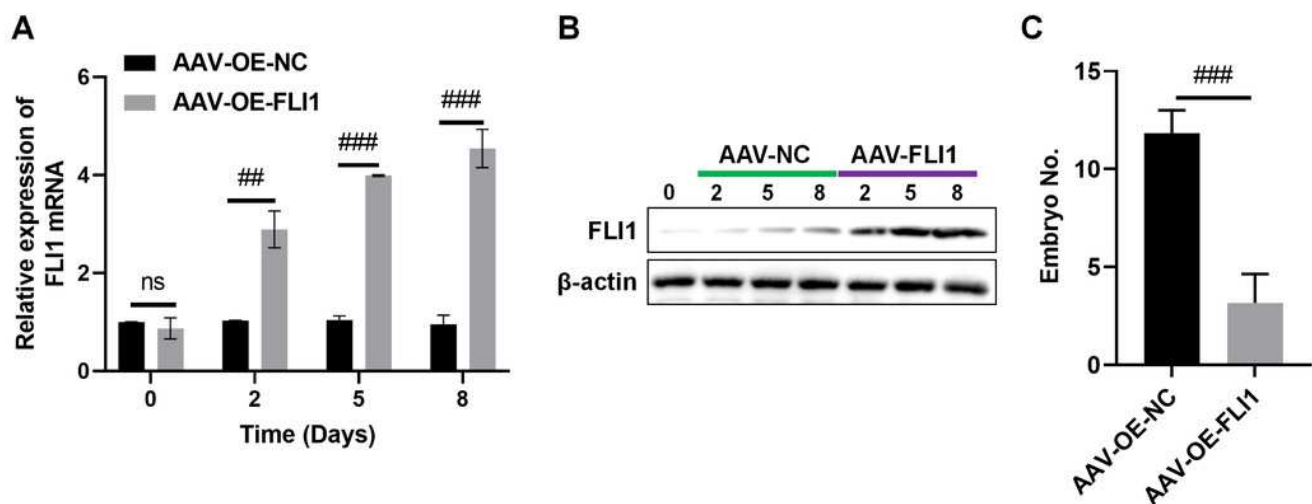


Figure 5

LOC100505912 and *PART1* are abnormally upregulated in the patient's endometrial tissue.

(A) The heat map displays the differential expressed lncRNAs in GSE26787; (B) The heat map displays the differential expressed lncRNAs in GSE111974; (C) The Venn plot and bar plot display the differentially expressed lncRNAs shared by GSE26787 and GSE111974. Ctrl and RIF: Endometrial tissue of normal pregnancy patients and endometrial tissue of patients with repeated implantation failure; DElncRNAs: differentially expressed lncRNAs## P<0.01.

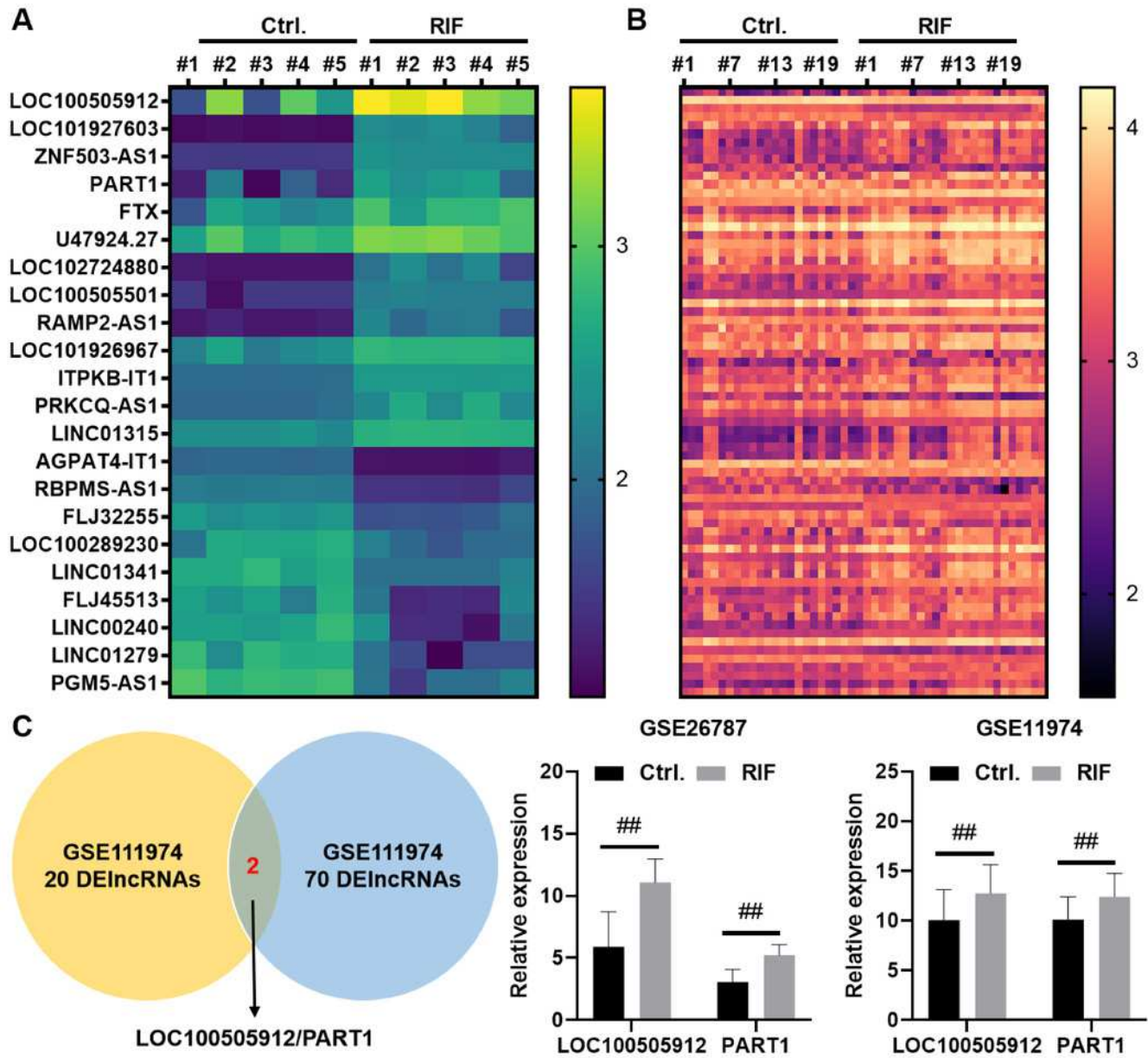


Figure 6

FLI1 binding promotes transcriptional expression of *PART1* on the promoter of *PART1*.

RT-qPCR detection of the effect of overexpression/silencing of *FLI1* on *PART1* and *LOC100505912* in endometrial epithelial cells (A-B); (C) JASPAR predicted the binding site of *FLI1* on the *PART1* promoter; (D) ChIP was used to detect the interaction between *FLI1* and *PART1* promoters; (E) The dual Luciferase report demonstrated that *FLI1* binds to *PART1* promoter to regulate *PART1* transcription. Sh*FLI1* and shNC: *FLI1* silencing plasmid and its negative control plasmid; OE-*FLI1* and OE-NC: *FLI1* overexpression plasmids and their negative control plasmids ## $P < 0.01$ ### $P < 0.001$.

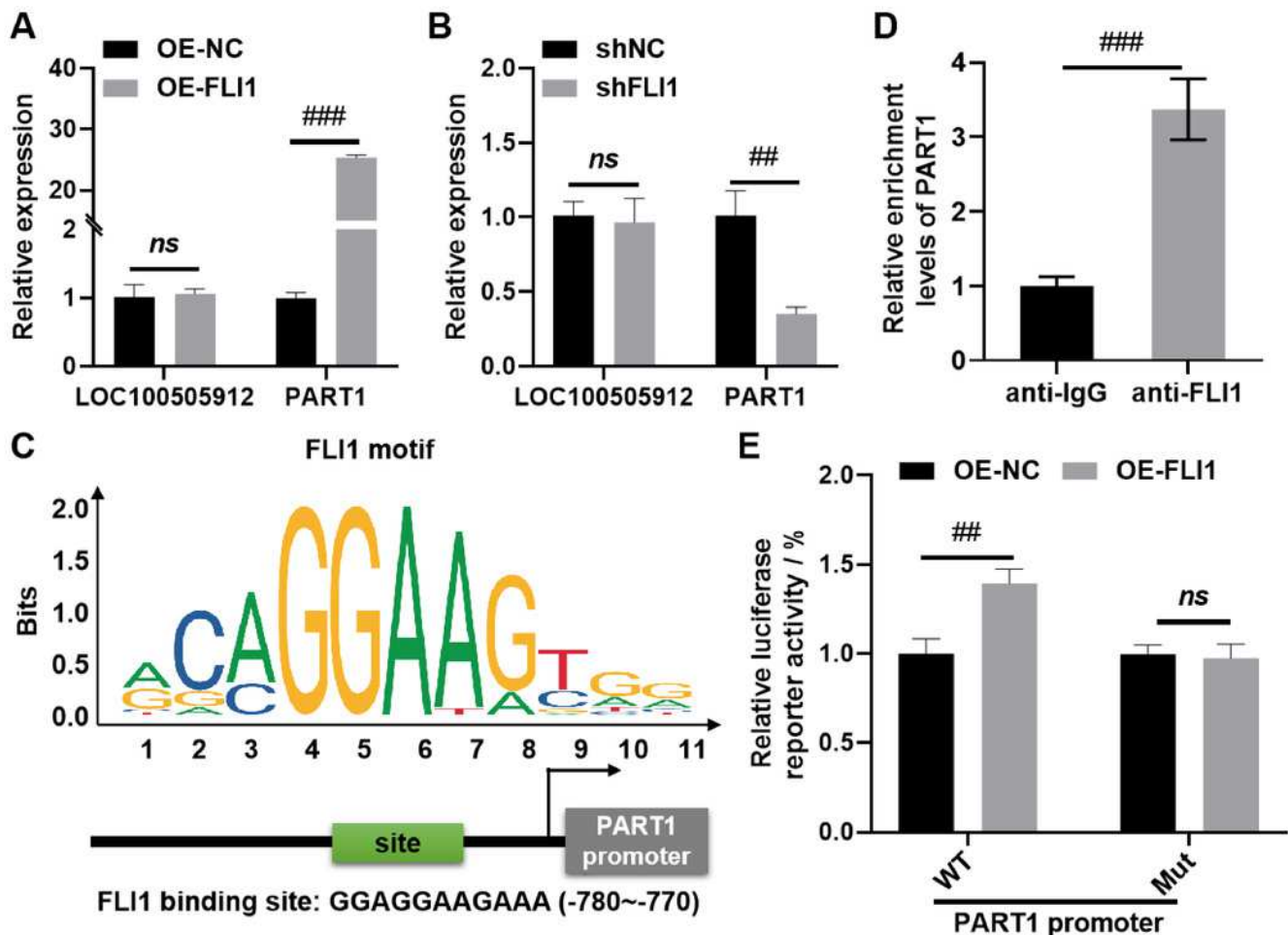


Figure 7

Effects of epithelial cell specific overexpression of PART1 on mouse embryo implantation ability and endometrial epithelial cell function.

(A) The mRNA expression level of PART1 in mouse endometrial epithelial cells and the effect of overexpression of PART1 on the number of embryo implantation in pregnant mice; (B) Expression level of PART1 in endometrial epithelial cells and detection of endometrial epithelial cell proliferation in each group using CCK-8 method; (C) Scratch test to detect cell invasion ability; (D) Western blot assay for detecting the expression changes of Vimentin protein and E-cadherin protein in Ishikawa cells; (E) BeWo cell ball adhesion test to detect changes in adhesion ability. AVV-OE PART1 and AVV-OE-NC: PART1 overexpress adeno-associated viruses and their negative control adeno-associated viruses; OE-FLI1 and OE-NC: FLI1 overexpression plasmids and their negative control plasmids; ShPART1 and shNC: PART1 silencing plasmid and its negative control plasmid; ## $P < 0.01$, ### $P < 0.001$.

