

Chicago, Ill. Attendance at this session will provide information on important, relevant issues that will enhance our ability to distribute information on infertility treatment to other urologists, as well as to improve our level of clinical care. I look forward to seeing you all there and many of you at the ASRM in Seattle, as well. ♦

Highlights of SSMR Scientific Program 1st Session

Saturday, May 25, 2002

Submitted by Peter N. Schlegel, M.D.

The first section of the SSMR Scientific session at the 2002 AUA annual meeting involved a lively discussion of a wide variety of clinical subjects by Drs. Larry Lipshultz, Jon Pryor, Marc Goldstein and Sherman Silber. Topics covered included varicocele repair (role of treatment and technical aspects of repair), significance and management of antisperm antibodies. Other topics were the balance of assisted reproductive technologies and management of specific abnormalities (varicocele, obstruction from vasectomy). Management of microlithiasis and endocrine evaluation of the infertile male were reviewed as well as panel opinions on whether sperm counts are decreasing through the world. Ejaculatory duct obstruction and the role of genetic testing were discussed, as well as optimal techniques for sperm retrieval in men with non-obstructive azoospermia. Although consensus existed on many of these topics, the range of opinions was of interest to the audience, who participated using the audience response system. ♦

Highlights of SSMR Scientific Program 2nd Session

Saturday, May 25, 2002

Submitted by Craig Niederberger, M.D.

The SSMR scientific afternoon program was devoted to clinical quandaries facing practicing Urologists. Drs. Daniel Rukstalis and Paul Turek addressed testicular microlithiasis, a condition whose implications have plagued Urologists for decades. Dr. Rukstalis took the position that the potential of malignancy in patients with microlithiasis merits close screening, whereas Dr. Turek argued against an absolute association between microlithiasis and malignancy based on available data. Dr. Rukstalis argued that testicu-

lar microlithiasis may be a risk factor for pathological conditions associated with malignancy even if microlithiasis is not primarily associated with malignancy itself. In fact, Dr. Rukstalis even recommended testis biopsy in men with microlithiasis, testicular atrophy and male reproductive dysfunction. Dr. Turek elucidated the flaws in studies that suggested the malignant potential of testes whose ultrasounds revealed microlithiasis, including that these studies were not performed in a manner representative of the general population. Dr. Turek reported Petersen et. al's large prospective study representative of the general population in which microlithiasis was not associated with malignancy; in fact, in Petersen's study, tumors were found in men undergoing ultrasound but who had no microlithiasis, and no tumors were found in men observed with microlithiasis. (Petersen et al. J Urol 166:2061, 2001) Dr. Turek cautioned that microlithiasis must be considered in a clinical context, and screening be performed on the basis of that judgment.

Dr. Richard Alexander reviewed the clinical syndrome of prostatitis, a condition often considered the bane of the practicing Urologist. Dr. Alexander reviewed the varied origins and ambiguous nature of the syndrome, the current NIH classification and validated metric (the CPSI), and current longitudinal studies redefining the way in which physicians will understand and approach men with chronic pelvic pain. Dr. Alexander presented compelling data strongly questioning the utility of the traditional 3-glass urine test and expressed prostatic secretions in this syndrome. Dr. Alexander discussed auto-immunopathic mechanisms as a plausible basis for the pathophysiology of this disease.

Dr. Jay Sandlow completed this array of confounding Urological conditions by discussing testicular pain. Dr. Sandlow reviewed the pathophysiology of chronic orchalgia, the clinical evaluation of the syndrome, and its treatment. Dr. Sandlow presented his clinic's preliminary data, including 25% of patients with significant depression (compared to 5% of controls) on the Beck Depression Inventory in patients with chronic testicular pain.

Dr. Sandlow discussed potential treatments, including nonsteroidal anti-inflammatory agents, antibiotics, anti-depressants, Neurontin, psychological counseling and surgical modalities such as denervation. ♦

Highlights from Session Infertility: Physiology, Pathophysiology and Basic Research

Tuesday, May 28, 2002

Submitted by Robert Oates, M.D., and R. Dale McClure, M.D., FRCS (C)

Abstract #1221

Drs. Chen and Schlegel demonstrated that serum testosterone levels decline following TESE and may take up to 18 months to return to 90% of baseline levels. Prior TESEs magnified this effect. Men with compensated androgenic axes, as implied by high pre-TESE LH levels may be at risk as well. Symptomatic hypogonadism may occur following TESE.

Abstract #1222

Dr. Okada and colleagues from Japan compared conventional TESE with microsurgical TESE and concluded that the sperm detection rate was greater with microTESE than with conventional TESE, this result not dependant upon ultimate histology.

Abstract #1223

Dr. Land and colleagues from Chicago did not find a statistically significant benefit of microdissection TESE over conventional TESE. Microdissection TESE was associated with longer operative times and increased costs. Their study may have been limited by relatively small numbers of patients.

Abstract #1224 / #1225

Drs. Chan, Brandell and Goldstein reported upon their initial experience with end-to-side microsurgical vasoepididymostomy using the intussusception technique. The overall patency was 84% after 1 year. They are encouraged by these results, especially since so many patients (65%) had a quick return of sperm to their ejaculates within 1 month post-operatively. In the rat model, the 2-suture technique appears to be better than the 3-suture anastomosis. In addition, making the incision in the epididymal tubule in a longitudinal fashion as opposed to a transverse direction may be even more successful and trials on patients will soon commence.

Abstract #1226

Dr. Sigman demonstrated that the presence of sperm parts (heads only or heads plus a small portion of the midpiece or tail) should direct one to perform vavovasostomy and

not necessarily vasoepididymostomy. His patency rate in selected cases such as these was excellent at 98%.

Abstract #1227

Drs. Dohle and Tournaye from the Netherlands compared the results, costs, and complications of vasectomy reversal and MESA/ICSI in a selected group in whom the female partner was greater than 36 years of age. They concluded that the pregnancy rates were lower in both groups (compared to what might be seen when the woman was of a younger age) but that vasectomy reversal had the advantage of reduced cost per delivery, fewer complications and the lack of need for simultaneous treatment of the woman with ovulation induction and oocyte harvesting.

Abstract #1228

Dr. Kennon from Hawaii presented an elegant and simplistic study proving that with a well-done education program and the right type of promotion, vasectomy can be demystified and accepted as the rational choice for sterilization by couples.

Abstract #1229

Dr. Paduch and colleagues studied the adolescent varicocele and whether correction could prevent future infertility. Although their conclusions could not directly answer this question, varicolectomy did result in a reversal in "testicular atrophy" in a significant number of these boys. It cannot be stated emphatically that this restoration in testicular volume will result in an improved fertility potential in later years but it certainly cannot impair it. Correction of varicocele in young men with ipsilateral testis "atrophy" appears warranted.

Abstract #1230

Drs. Merhoff and Carbone demonstrated that microsurgical varicocele repair has a very low complication rate, especially in regards to post-operative hydrocele formation.

Abstract #1231

The group from Cleveland Clinic looked at DNA damage (as assessed by the sperm chromatin structure as-

say) and suggested that sperm DNA damage is negatively correlated with pregnancy rate (IUI, IVF, ICSI) and that a cut-off of 28% may be indicative of failure. This may become an adjunct to predict pregnancy or technique to be used.

Abstract #1264

Morphometric and Histological Parameters Following Testis Needle Biopsy Aspiration *Claudio Teloken, et al; Porto Alegre, Brazil*

In this rat model they found significant impairment of the morphometric parameters "weight, length, width and depth" of the testes biopsies as well as the spermatogenesis score following needle biopsy. In individuals that are having sperm aspiration for obstructive azoospermia, this study implies the benefit of performing a needle biopsy of only one testis at a time.

Abstract #1265

Men with Non-Obstructive Azoospermia Have Leydig Cell Hypertrophy But Not Hyperplasia *Jennifer A Tash, et al; New York, NY*

This is an interesting study concluding that men with nonobstructive azoospermia have no difference in the number of Leydig cells compared to men with normal spermatogenesis but that the Leydig cells have hypertrophied and occupy a larger portion of the testes volume. In an oral session from the same group they found a decrease in hormone levels following testicular biopsy. This again emphasized the need to minimize, ideally with microscopic vision, the amount of testicular tissue removed for sperm retrieval in individuals with nonobstructive azoospermia.

Abstract #1266

Alcohol Induces Apoptosis on Leydig Cell Line *Khae Hawn Kim, et al; Seoul, Korea*

Understanding the cellular changes due to alcohol will provide preventative strategies for alcohol-induced male infertility. In addition to the previously known influence of alcohol on the hypothalamic-pituitary-go-

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Wendy J. Weiser
1111 N. Plaza Dr., Suite 550
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(847) 517-7225
FAX (847) 517-7229
wendy@wjweiser.com

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Dept. of Urology, Rm. F-907A
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New York, NY 10021
(212) 746-5491 FAX: (212) 746-8425
pnschleg@med.cornell.edu

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720 Harrison Avenue #606
Boston, MA 02118
(617) 638-8485 FAX: (617) 638-8487
Robert.Oates@bmc.org

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Univ. of Illinois-Chicago
Urology - M/C 955
840 S. Wood St.
Chicago, IL 60612
(312)996-2779 FAX: (312)996-1291
craign@uic.edu

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dlamb@bcm.tmc.edu

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Chapel Hill, NC 27599
(919) 966-8217 FAX: (919) 966-0098
sfs@med.unc.edu

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221 Michigan, Suite 501
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pwise@attbi.com

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nadal axis, this study shows that alcohol in a rat model affects Leydig cell growth proliferation. The high levels of alcohol concentration resulted in Leydig cell toxicity through apoptotic cell cycle.

Abstract #1268

Cocaine Induced Apoptosis in Testes Through a Mitochondria-Dependent Pathway *Haikun Li, et al; Detroit, MI*

Like the previously described effect of alcohol on Leydig cell growth and proliferation, this study showed that cocaine induced testicular germ cell apoptosis in rats and was initiated through the mitochondria associated pathway. The study again emphasized the need for a proper history to elicit toxic substances that may affect spermatogenesis.

Abstract #1275

Efficacy and Safety of Percutaneous Testicular Sperm Extraction (PTESE)-ICSI in the Management of Male-Factor Infertility *Bernard Lobel et al; Rennes, France*

Although the authors concluded that percutaneous testicular extraction is a safe, well-tolerated procedure and is cost-effective, this technique should only apply to individuals with obstructive azoospermia. In their group, only 51/134 (38%) biopsies were positive in the individuals with nonobstructive azoospermia. This again emphasizes the need for open microscopic visualization of the testes for sperm retrieval in individuals with nonobstructive azoospermia.

Abstract #1279

Is Sperm Quality a Predictive Parameter in Intracytoplasmic Sperm Injection (ICSI) Outcomes? *Edson Borges, et al; Sao Paulo, Brazil*

Although intracytoplasmic sperm injection has been validated as a useful treatment in severe male factor patients, this study attempted to examine the effect of male factors on ICSI outcomes. A group of 82 males with severe male factor infertility, with sperm concentrations less than 10^6 per ml and sperm motility less than 10%, underwent 105 cycles of IVF/ICSI. This was compared to a group of 141 males with absence of male factors that underwent 184 cycles. Normal fertilization was poor in the group with male factor infertility, 36% vs. 67.8%, and the miscarriage rate was higher at 12.9% vs. 9.8%. They concluded that there might be some paternally derived factors that play an important role in

the chromosomal package of new embryos. This may result in poor embryo quality and an increase in miscarriage rates. ♦

Highlights from Moderated Poster Session

Wednesday, May 29, 2002
Submitted by Dana A. Ohl, M.D.

Zahalsky and colleagues from Beth Israel in New York (Abstract #1383) reported on a survey returned by 544 New York Pediatricians in varying locations. Only 497 (83.1%) reported routine examination of the genitalia in boys, and of these, only 90% of these examine for varicocele. The vast minority of pediatricians performs a full examination including Valsalva maneuver. The investigators conclude that education of our pediatric colleagues is necessary to accurately diagnose this problem in children. On the other end of the age spectrum (#1384—Zapzalka, et al.), elderly men were found to have left varicocele in 42% and a right varicocele in 21%, but testosterone levels, although correlated with age, were not correlated with the presence of varicocele.

Adding to recently reported information regarding sperm functional abnormalities in patients with varicocele, Cedenho and co-workers from Sao Paulo (#1387) found that adolescents with varicocele had significantly lower scores on the hemi-zona assay, when compared to controls. The same group (#1386) also found a higher level of reactive oxygen species associated with varicocele.

In a very nice study reported by Pasqualotto from Sao Paulo (#1394), patients undergoing vasectomy were queried regarding their intake of caffeine and alcohol, and semen parameters compared to these results. In contradistinction to earlier reports suggesting toxicity of these substances, there was no difference in any semen parameter between controls, those using alcohol, those smoking, and patients using both substances.

There remains significant controversy regarding the role of DNA damage in male infertility. Shayegan's group (#1390) performed flow cytometry of acridine-orange stained specimens and classified specimens with >30% DNA denaturation as abnormal. There was only a single patient in a group of 18 with normal semen analysis who was considered abnormal by the test. Although the group suggested that abnormalities of DNA integrity may contribute to male infertility, there is a low likelihood that this will be the

sole abnormality seen. In other words, abnormalities of standard semen parameters will identify infertile men in the majority of cases.

Questions regarding quality of semen in cancer patients was not answered in this session. Rofeim and colleagues (#1395) found normal semen quality in men presenting with testicular and other types of cancer, and difference from controls. Spaine, et. al. (#1397) found decreased semen quality associated with cancer, and most notably in the testis cancer patients. However, despite lower quality, the latter group still suggests offering cryopreservation to all patients prior to therapy.

Manoj Monga and co-workers (#1402) examined the impact of infertility on standardized and validated measures of sexual function, marital adjustment, and quality of life. The control group was comprised of couples seeking vasectomy for birth control. Infertile men were found to have lower IIEF scores and lower satisfaction with intercourse. Infertile women were found to have lower marital adjustment scores, and a trend toward lower quality of life scores. Although this data strongly suggests that infertility may have a significant impact on relationships, the lead investigator concedes that couples seeking elective sterilization may represent a special situation that may alter results. ♦

Highlights from Unmoderated Poster Session

Wednesday, May 29, 2002
Submitted by Phil Wise, M.D.

Poster #1233 by *Endo et al from Tsukuba, Japan*

This poster is another attempt at determining agents to protect the testicle from damage during chemotherapy. In this case, the protective agent was Leuprorelin, and the toxic insult was doxorubicin. Using a technique for counting spermatogonia, Dr. Edno et al convincingly showed that there was a protective effect by Leuprorelin against doxorubicin.

Poster #1234 by *Saleh from the Cleveland Clinic Foundation*

This poster gives convincing evidence that cigarette smoking causes a reduction in total antioxidant capacity and an increase in the reactive oxygen species.

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Poster #1235 from Boyle of Baltimore, Maryland

Boyle et al used an in-vivo gene transfer method to study an in-vivo rat model for testicular gene transfer. The studies documented the effect of gene transfer by either injection directly into the testicular interstitium or the rete testes. This group used Luciferase activity in their model.

Poster #1236 from Chacko et al from the Veterans Affairs Palo Alto Health Care System, Palo Alto, California

They go on to further refute the theory that vasectomy is associated with an increased incidence of prostate cancer. This VA study revealed no increased incidence of prostate cancer in patients with a history of vasectomy. It did not correlate with the incidence of prostate cancer $RO = -0.028$. The cancer detection rates were 45.5% in the vasectomy patients and 48.5% in the control group.

Poster #1237 from Kojima et al from the Nogoya City University Graduate School of Medical Sciences in Nogoya, Japan

Here, they have studied four subjects who were intersex patients at birth. They were all shown to have 46XX on chromosomal analysis. They all had bilateral testes, hypospadiac genitalia, and bilateral Wolffian structures. They were interested in determining the SRY sequence of these patients. The SRY region on the Y chromosome was cloned and sequenced in 1990 and was felt to be the sex determining region; however, of these four patients, none of them had the SRY sequence in the peripheral blood or in the testicular biopsy tissue, yet they all had significant forms of male external genitalia. Their conclusion is that sex determination in males is not always dependent on the presence or absence of the SRY region on the Y chromosome.

Poster #1238 by Shayegan from Mt. Sinai Hospital University of Toronto, Toronto Ontario, Canada

They studied the possible association between sperm DNA denaturation and antioxidant activity in the semen of fertile and infertile men. Using flow cytometric analysis of acridine-orange treated spermatozoa, these authors studied the catalase-like activities and superoxide dismutase of seminal plasma. They did not show any difference between the sperm of fertile men and infertile men with regards to deficiency in seminal catalase and

SOD-like activity. They speculated that a loss of sperm DNA integrity among infertile men is likely not due to inadequate seminal antioxidant levels, but rather they support the notion that the high seminal ROS level (reactive oxygen species) is primarily a result of excessive generation rather than defective scavenging.

Poster #1239 by Eric Mayer et al from Camden, New Jersey

In this poster, this group studied the effects of microdeletions of the L-type voltage dependent calcium channel (L-VDCC) found on sperm and within the seminiferous tubules of control patients or those with varicoceles, and there seemed to be a correlation with an improvement of the patients after varicocelectomy of those that did not have the microdeletions of the L-VDCC. The patients with the microdeletions of L-VDCC did not improve after varicocelectomy, whereas the ones who did not have the microdeletions (the "wild type") were improved after varicocelectomy. They proposed that this may be a tool used to predict the outcome of varicocelectomy. A prospective study needs to be done.

Poster #1240 by Brugh from Baylor College of Medicine, Houston, Texas

The basic message is that azoospermic and oligospermic men have higher rates of karyotype abnormalities than the general population. Men with sex chromosome abnormalities are less likely to have successful TESE than men with autosomal abnormalities, although sex chromosome abnormalities are more common. Genetic screening and counseling is paramount for oligospermic and azoospermic men prior to proceeding with assisted reproductive techniques.

Poster #1241 by Mousavizadeh from the Dept of Pharmacology and Therapeutics, Louisiana State University

Their group studied the calcium channel blocking activity of thioridazine, clomipramine, and fluoxetine in isolated rat vas deferens. This group proposes that the inhibitory effects of the above-mentioned medications on contractions of the vas deferens due to calcium channel blockade may in part explain the mechanism for delayed ejaculation in patients taking these medications.

Poster #1242 by Banks at Royal Free Hospital Department of Urology, London, UK

They elegantly studied seven P2X receptor subtypes, purinoceptors on sperm as it matures through the epididymis. This study would suggest that extracellular ATP acting through P2X receptors has a role in the maturation process and perhaps antagonism or stimulation of such receptors may have a therapeutic role in enhancement or prevention of fertility.

Poster #1243 by Herve' from ZHU Padie' Salpetriere, Paris, France

They showed that electrical stimulation of the L6-S1 nerve in rats helped to reestablish the sperm expulsion phase of ejaculation in spinal cord injured rats. They proposed that the response pattern suggests that a spinal rhythm generator is involved in the expulsion phase in healthy humans and that these could have a beneficial impact of sacral root stimulation on sperm expulsion in humans, especially in spinal cord injured patients.

Poster #1244 by Lai of Baylor College of Medicine, Houston, Texas

This is a paper that studies patients who had sperm in ejaculation and subsequently became azoospermic, determining the etiology. The authors unearthed 25 patients who had sperm on one occasion and subsequently became and remained azoospermic. Eleven (44%) had obstructive azoospermia while 14 (56%) had nonobstructive azoospermia. The site of obstruction in the first group was bilateral epididymal in four, ejaculatory duct in two, bilateral inguinal and epididymal in one, and an unknown site in three. The testicular histology of nonobstructive azoospermic patients Sertoli-cell-only in five, maturation arrest in three, hypospermatogenesis in two, hyalinization in one, and no biopsy in three.

Poster #1245 by Hopps from Cornell Medical Center in New York

They studied whether the absence of the protein PIAS was found in patients with nonobstructive azoospermia. Patients with Sertoli-cell-only syndrome were studied to determine whether the gene was present or absent. Apparently the gene was present, but the complete deletions of the PIASX-alpha gene were not common in men with impaired spermatogenesis.

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Poster #1246 by *Kojima from Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan*

This group examined the DAX-1 expression in eight men of increasing age from 1-37 years by immunoblotting. They determined that the DAX-1 plays a critical role in spermatogenesis in the human testes and pituitary hormone FSH potentially down regulates DAX-1 expression in the Sertoli cell of human testes.

Poster #1247 from *Somer et al from University Medical Center of Calone, Calone Germany*

They studied long distance cyclists versus controls. Their conclusions were that long distance cycling can cause a significant increase in scrotal skin temperature; however, the results suggest that this temperature increase due to vigorous cycling causes no significant change in sperm quality. These patients were recruited from a cohort of men seeking vasectomy for permanent sterilization.

Poster #1248 by *Tsujimura from Osoka University Graduate School of Medicine, Suita, Japan*

They studied significant chromosomal changes in Japanese men with nonobstructive azoospermia, and they determined that there were genes on chromosome 6 (6P21.3), which appeared to be likely involving some cases of nonobstructive azoospermia.

Poster #1249 by *Casella Baylor College of Medicine*

This group studied the effect of the first exon within the AR gene, which has polymorphic polyglutamine tract and its effect on infertility and testicular tumors, those with seminoma. Their conclusions were that moderately expanded trinucleotide repeats within the AR polyglutamine tract are present in testicular failure patients and in patients with testicular tumors. Slightly diminished AR function resulting from moderate expansion of the CAG tract may be contributory to the development of testicular seminoma and some types of male infertility.

Poster #1250 from *Banks at the Royal Free Hospital Autonomic Neurosciences Institute in London, UK*

These authors studied capsule contractility in the testes of humans, rats, and mice. They

were testing the mechanism by which sperm move from the testes to the epididymis, and they examined the testicular capsule in three different species and noticed that there was contraction in humans, rats, and mice; adrenergic in the human but cholinergic in the mouse.

Poster #1251 from *Siracusano from University of Trieste Italiano*

Hyperbaric oxygen therapy affective in ischemia reperfusion damage on rat testes. They studied the histological parameters of the effect of testicular torsion and the effectiveness of hyperbaric oxygen therapy in the rat and subsequently detorsed testicles. They noted no difference in the different groups that underwent hyperbaric oxygen therapy and groups that did not, for the torsion versus nontorsion.

Poster #1252 by *Moussa from Rennes, France*

They show that frozen spermatozoa give comparable results to fresh sperm when used in ICSI, the sperm being harvested at their convenience sometimes days or weeks before the ICSI cycle is to begin.

Poster #1253 by *Allen Seftel Case Western Reserve University, Cleveland, Ohio*

They used immunofluorescent methodology to characterize myotic recombination in normal males and hint that this might be useful in identification of myotic causes of human male infertility.

Poster #1254 by *Borges from Assisted Reproduction Center, Sal Paulo, Brazil*

Predictive seminal parameters in intrauterine insemination cycles. A percentage of normal sperm morphology greater than 10.6 or a final inseminated sperm concentration of greater than 10 million/mL seemed to be predictive of a positive pregnancy outcome.

Poster #1255 by *Chen at National Yang Min University in Taiwan Republic of China*

They studied the 8-hydroxy-2 (prime) deoxyguanosine of leukocyte DNA in spermatic vein as a marker of oxidative stress in patients with varicocele. 8-OHdG is a sensitive marker of oxidative DNA damage caused by reactive oxygen species in human sperm, utilizing polymerase chain reaction, they suggest that the 4977-bp deletion of sperm mt DNA are useful markers for the assessment of stress in patients with varicocele.

Poster #1256 by *Esdeves from Sal Paulo Federal University, Sal Paulo, Brazil*

Recommended freezing sperm from

oligospermic/azoospermic males with pentoxifylline.

Poster #1257 by *Ikeuchi from Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan*

Human sperm motility under a microgravity environment. Parameters of sperm motility were compared in microgravity, normal gravity, and two times gravity. They concluded that sperm motility was reduced under less than 1 G microgravity. ♦

ASRM Annual Meeting

October 12-17, 2002
Seattle, Washington

This year's American Society of Reproductive Medicine meeting will again feature many topics, lectures, sessions and symposia of interest to all those intrigued by the basic science, clinical aspects and treatment of male reproductive dysfunction. Below are listed selected items from this year's program, beginning with the weekend courses and continuing through the final Thursday morning session.

Saturday, October 12 – Sunday, October 13

Full Weekend Course

Male Reproductive Genetics and Toxicology - Nature and Nurture

Course Co-Chairs: Dana Ohl, M.D., and Dolores Lamb, Ph.D.

Faculty: Robert Oates, M.D., and Steven Schrader, Ph.D.

This course has been developed in cooperation with the Society for Male Reproduction and Urology.

Sunday, October 13

One Day Course

Putting Recent Advances in Cryopreservation to Work in the Laboratory:

A Detailed Presentation of Procedures and Techniques

Course Chair: Melanie Freeman, Ph.D.

Faculty: Samuel Kim, M.D., and Michael Tucker, Ph.D.



Application for the SSMR Traveling Fellowship Program 2003
Saturday, April 26 - Wednesday, April 30, 2003
Chicago, IL

Please Print or Type

Name: _____ Degree(s): _____

Work Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Fax: _____ E-mail: _____

Current Position (resident/PGY year, post-doc): _____

Institution/Department: _____

Please attach the following:

1. Curriculum vitae
2. Personal statement (1 page or less)
3. AUA abstract (if submitted)
4. Letter of recommendation from Chairman or selected mentor.

Signature of applicant: _____

Chairman signature: By signing below, I am supporting the application of the above-named member of our department as a Traveling Fellow of the SSMR. I understand that attendance at the AUA meeting will be subsidized by the award to a maximum of \$1000, and that attendance of the Fellow at all SSMR Traveling Fellowship functions is expected, as outlined in the attached schedule.

Signature of Department Chairman: _____

Send completed applications to:
Jay I. Sandlow, M.D.
Associate Professor of Urology
University of Iowa Health Care
200 Hawkins Drive
Iowa City, IA 52242

DEADLINE: January 15, 2003

SSMR Traveling Fellowship Program at the AUA

Jay Sandlow, M.D.

Sunday, October 13

One Day Course

Using Molecular and Genetic Technology to Identify Genes Causing Infertility

Course Chair: Joe Leigh Simpson, M.D.

Faculty: Anthony Gregg, M.D., Mark Hughes, M.D., Aleksander Rajkovic, M.D., and Ignatia Van Der Veyver, M.D.

Monday, October 14

Plenary Session I of the Scientific Program
President's Guest Lecturer

Dr David Page, M.D.: *The Y chromosome*

Monday, October 14

Plenary Session I of the Scientific Program
AUA Bruce Stewart Memorial Lecture
David Crews, Ph.D.: *Sexuality Viewed Through the Prism of Evolution*

Monday, October 14

Concurrent Session: 2:00 - 5:00 p.m.
Society for Male Reproduction and Urology
(Business Meeting to follow at 5 p.m.)

Tuesday, October 15 and Wednesday, October 16

Concurrent Session: 2:00 - 5:00 p.m.
Male Reproduction and Urology

Wednesday, October 16

Plenary Session III of the Scientific Program

Ethicon Endo-Surgery Inc. Endowed Lectureship

Peter Schlegel, M.D.: *Sperm Retrieval Techniques in Non-Obstructive Azoospermia*

Do not forget the Roundtable Luncheons on Monday and Tuesday, featuring many topics of importance to SSMR members. In addition, there are Poster sessions on Monday, Tuesday and Wednesday. A Workshop from 8:00 - 9:30 a.m. on Tuesday will be moderated by Craig Niederberger, M.D., on *Semen Analysis in the 21st Century*. Faculty members include Harry Fisch, M.D., and Dolores Lamb, Ph.D. A second workshop on Wednesday from 8:00 - 9:30 a.m. entitled *Male and Female Sexual Dysfunction: Treatment Strategies for the Future* will be moderated by Ed Kim, M.D., with John Mulhall, M.D., also speaking. Both of these workshops are sponsored by the Society for Male Reproduction and Urology.

All in all, a busy meeting, but one that will surely inform, educate and revitalize all of us.

Hope to see you there.

Bob Oates ♦

Dear Urology Residency Directors and SSMR Members:

The Society for the Study of Male Reproduction (SSMR) is proud to announce the Third Annual SSMR Traveling Fellowship Program, which will take place in conjunction with the 2003 AUA meeting in Chicago this year.

The SSMR is an AUA-affiliated subspecialty society, whose mission is to promote the advancement of the science and treatment of male reproduction disorders, through education of practitioners, public education, and informational exchange of research and new advances through meetings. Currently, there are insufficient numbers of male fertility specialists to serve the needs of the population. The SSMR is committed to cultivating interest in male infertility treatment careers in trainees.

Our previous program at last year's AUA was a huge success, and we wish to build upon that success. Our goal is to present residents in training with the opportunity, while attending the AUA meeting, to have a more intensive exposure to male reproduction issues. The Fellowship Program will include attendance at the SSMR educational program and complimentary SSMR banquet participation. Fellows will also attend an AUA post-graduate course in male infertility, the infertility podium and poster sessions, as well as a symposium with fellowship directors and junior faculty members on how to prepare for a future successful career as a male reproduction specialist. The program will allow significant contact between Fellows and leaders in the field and will conclude with a closing cocktail party attended by the officers and board of directors of the SSMR and other prominent fertility specialists.

Preference will be given to those in earlier years of training. This does not mean, however, that senior residents and fellows cannot apply. Their applications will be considered along with the others. Having submitted an abstract (in any subspecialty) to the AUA will also be considered favorable. Participants accepted into the program are expected to take part in all components. This means that attendance at the meeting from Saturday afternoon until Wednesday evening will be required.

Meeting expenses covered by the program include airfare, hotel accommodations, SSMR meeting and banquet, tuition for the post-graduate course, all special lectures, and the closing cocktail party. The maximum stipend will be \$1000 per Fellow. Overages are the responsibility of the Fellow or the home institution.

An application is attached which needs to be completed by the applicant and signed by the director of the training program, assuring commitment from the Chief to allow full attendance of the Fellowship program, should the applicant be accepted. The applicant should solicit a letter of recommendation from a mentor of his/her choice. A copy of any submitted AUA abstracts should accompany the application along with the applicant's Curriculum Vitae. **Applications are due by January 15, 2003.** The awards will be announced by February 15, 2003.

We hope you will consider supporting this program through the application of trainees in your program. We look forward to another successful SSMR Traveling Fellowship!

Sincerely,

Jay Sandlow, M.D.
Director SSMR Traveling
Fellowship Program
Associate Professor of Urology
Head of the Male Fertility Clinic
University of Iowa Health Care ♦



MARK YOUR CALENDARS!

SSMR

58th Annual Meeting of the American Society for Reproductive Medicine
October 12 - 17, 2002
Washington State Convention Center
Seattle, WA
Contact: ASRM
Phone: 205-978-5000
Fax: 205-978-5018
E-mail: asrm@asrm.org
Website: <http://www.asrm.org/Professionals/Meetings/annualmeeting.html>

28th Annual Meeting of the American Society of Andrology
March 26 - April 2, 2003
Sheraton Crescent Hotel
Phoenix, AZ

American Urological Association Annual Meeting
April 26 - May 1, 2003
McCormick Place
Chicago, IL

SSMR Meeting at the AUA Annual Meeting
April 26, 2003
McCormick Place
Chicago, IL
1:00 p.m. - 5:00 p.m.

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1111 N. Plaza Drive, Suite 550
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