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SSMR

SOCIETY FOR THE STUDY OF MALE REPRODUCTION



SSMR N00000000

INTER 2002

PRESIDENT'S MESSAGE

DANA A. OHL, M.D.

Greetings to the membership!

I write this message to you near the end of my time as an officer of your society. It has been a very fruitful experience for me, and I believe that we have done very well during the last four years.

When I assumed the role of Treasurer in 1998, I made it a personal goal to improve our fiscal situation, so that we would have more flexibility to launch new programs. Industry support was the clear choice in beginning our fundraising efforts. This created a challenge, in that there were no specific drugs or devices particular to the specialty of male infertility that would prompt a company to seek a more visible presence at our meetings. Clearly,

when compared to our colleagues in the Sexual Medicine Society, where exposure of companies marketing impotence drugs is desirable, we were fighting a battle.

Nevertheless, with hard work from members of the Board, and continued effort by Bob Oates, your current Treasurer, we have been able to increase the holdings of the society nearly 4-fold. We have also been successful in securing funding for ongoing programs, such as the traveling fellowship award. Although we are not in the money-making business, we are in the business of education and promotion of excellence in male reproduction research and clinical care, and our current financial situation gives us much more flexibility in launch-

ing new programs.

A recent major initiative we have implemented is the SSMR Traveling Fellowship Award program. Though generous support from Bayer Corporation and ALZA Pharmaceuticals (currently J&J), the first program was held during last year's AUA meeting, during which nine fellows were funded. The Fellows attended the SSMR meeting and banquet, as well as male infertility sessions. As a courtesy of the AUA Office of Education, they received complementary admission to the male infertility post-graduate course. We held a cocktail party near the end of the meeting to allow Fellows to meet members of the SSMR. The feedback regarding the program was excellent.

After overseeing the first year, I turned the program over to the very capable hands of Jay Sandlow, who is organizing the Fellowship program for the 2002 AUA meeting. He is building on the success of the first year, and adding new programs for the attendees. This very important program is aimed at increasing interest in careers in male reproduction among our young colleagues, residents in urology training. Preserving our future and the role of the urologist in treating infertility problems is the ultimate goal, and is essential to preserve the vitality of our subspecialty.

President's Message cont on pg 2

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President's

Message cont from pg 1

The planning for the SSMR educational program for the 2002 AUA meeting is complete. When Abe Morgantaler, the program

"...The thing that struck us was the number of members of our society whose major interest is excellent clinical care of the male infertility patient..."

chair, and I discussed potential topics for the meeting, we considered many things. The thing that struck us was the number of members of our society whose major interest is excellent clinical care of the male infertility patient. Therefore, we have chosen to present a very clinically relevant agenda. Abe's program is directed at decision-making "in the trenches" of the male infertility practice. Expert panel members will address a wide variety of clinical scenarios faced in everyday practice, and the diverse group of panelists will no doubt generate some controversy and lively discussion. An audience response system will allow participation for all. In the second half of the program, the invited faculty will address the difficult topics of prostatitis, orchalgia and testis microolithiasis, "les betes noires" of a urology practice. Congratulations to Abe for designing a great program.

Our annual banquet will be held at Sea World. A cocktail hour and dinner in the Shamu Pavilion will allow us all to catch up with our friends. A special treat will be the dinner speaker, Dr. Scott Gearhart, a marine veterinarian who will give a lecture on the reproduction of killer whales, blending the venue of Sea World with the nature of our subspecialty! We will follow with reserved seating for a show (starring Shamu, of course) and also have the Sea World facilities for your enjoyment. Ozzie Padron is the local arrangements coordinator, and should be congratulated, along with Chrissy Thorsen of WJ Weiser and Associates, in their great job planning the social events.

In leaving the post of SSMR President, I would be very remiss if I didn't take a few moments to specifically thank our management company, WJ Weiser and Associates, and particularly, our Executive Director, Wendy Weiser. When SSMR was in the formative stages, Wendy and her company were there to assist in the early years, allowing

our small group to hit the ground running. Weiser and Associates was not such a large company then, either, but times have changed. They have taken over management of several subspecialty societies, many of them much larger than ours, as well as several of the Sections of the AUA, and most recently, the American Society of Andrology.

With a small company's growth, and securing more major contracts, one would assume that the small company attitude would be lost. Many would expect that the management of a small account, such as SSMR would suffer.

However, Weiser and Associates have remained loyal to SSMR and our goals, providing us with small company personal service with their ever-increasing resources. When you see Wendy and her staff at the upcoming meeting, join with me in letting them know how much you appreciate the care and devotion that they have provided us.

I would like to thank the membership for the opportunity to serve on the Board of Directors for the past four years, and as your President for 2001-2002. I look forward to seeing you all at the upcoming meeting in Orlando. ▼

Highlights from the American Society for Reproductive Medicine

October 20-24, 2001
Orlando, Florida

ASRM Male Reproduction/Urology Session (Monday, October 22, 2001)

A number of excellent studies were presented Monday afternoon of the ASRM Program. Pagani and co-authors presented "A large multi-center study of the electroejaculation procedure," and Ead and co-authors presented "Semen retrieval in men with spinal cord injury (SCI) is improved by interrupting current delivery during electroejaculation (EEJ). Both papers identified discrete parameters which may be manipulated during EEJ to improve outcomes. An innovative study was presented by Meng and co-authors, "Decision analysis modelling: ART or surgery for varicocele associated infertility," in which the authors employed a computational decision analysis approach to assist fertility specialists in choosing ART or varicolectomy at their institutions. Under most expected situations, varicolectomy would emerge as the procedure of choice. Schoor and co-authors pre-

sented "Duration of obstructive interval negatively impacts successful microsurgical epididymovasostomy, which found that as with vasovasostomy, duration of the interval prior to surgical reconstruction was inversely correlated with surgical success. Moore and co-authors presented evidence of a DAZ-interacting protein with a zinc finger motif in "Hits on DAZ protein function: interaction with a zinc-finger protein, DZIP," further identifying mechanisms by which DAZ may affect clinically relevant reproductive biology. Finally, the SMRU prize paper was presented by de Vries and co-authors, "Partial deletions of the deleted in azoospermia (DAZ) genes in sub- and infertile men." These investigators noted that DAZ is present in 4 nearly identical copies, and presented patients in which standard PCR techniques might miss subtle DAZ mutations.

ART: Male Factor (Monday, October 22, 2001)

Presentations O-23, O-29, O-30, and O-31 were not given.

O-24: Diagnostic and prognostic value of measurement of reactive oxygen species in neat semen ; Saleh et al. Cleveland Clinic.

These authors presented information on free radicals found in semen and that reactive oxygen species (ROS) are found in approximately 25% of infertile men. The main sources are activated leukocytes and abnormal spermatozoa. The objective of their study was to examine the correlation of ROS levels in neat semen (a chemiluminescence assay) with standard semen parameters. ROS levels did indeed correlate with seminal leukocyte counts, as well as sperm concentration, motility and morphology.

O-25 : The impact of severe oligospermia on blastocyst formation in IVF-ICSI ; Adler et al. NY Univ School of Medicine

These authors looked at IVF-ICSI cycles where the sperm density was 0-2 million/cc to those in which the count was 3-10 million/cc. They compared the rate of blastocyst formation and pregnancy rates. Their data suggest that when the sperm density is less than 2 million/cc, the resultant embryos have a diminished developmental capacity and in order to obtain pregnancy rates equivalent to the 3-10 million group, embryo transfer should be performed on day 3 and not day 5.

O-26 : Spontaneous pregnancy in couples with very severe oligospermia (<0.5 million/cc): implications for transmission of Y chromosome deletions ; Silber St.Louis

Dr. Silber reviewed 120 men with counts as above who underwent ICSI at the Infertility Center of St. Louis. Of these men, 3.3% achieved a spontaneous pregnancy (all of these men had wives < 30 years old). This study demonstrates that there is always a baseline pregnancy rate in severely oligospermic men. One of the patients had a Y chromosomal microdeletion.

O-27 : Is serum Inhibin B a reliable marker of the presence of testicular spermatozoa in patients with non-obstructive azoospermia ; Brugo-Almeda et al. Ctr de Estudios en Ginecologia y Reproduccion, Buenos Aires, Argentina

The measurement of Inhibin B in NOA men was slightly more predictive of whether spermatozoa would be found in the tissue than FSH was. However, the false negative and positive rate precludes this assay as a clinically useful discriminator at this time. Couples still need an opportunity to have sperm found and no predictive tests yet exists that tells a patient he definitely will or will not have sperm found.

O-28 : The effect of cryopreservation on epididymal and testicular sperm following surgical sperm retrieval Wood et al. Liverpool Women's Hospital, Liverpool, UK

Their experience supports many previous publications and the practice of many groups around the world that cryopreserved epididymal and testicular sperm is a worthwhile approach. The embryo quality and pregnancy rates are the same as when freshly retrieved sperm is used. This approach allows greater flexibility for the couple and their practitioners and reduced the overall morbidity for the male partner.

O-32 : Microdeletions in the Y chromosome and recurrent reproductive loss Nani et al. Advanced Reproductive Health Centers, Orland Park, Ill.

Unfortunately, this study was based upon the fact that 5 male partners had microdeletions involving the AZFd region. The AZFd region is not felt to exist as a distinct entity by many groups investigating the Y chromosome (Saxena et al. Genomics, 2000). Since this is, at best, controversial, this studies results are of questionable significance.

ASRM Male Reproduction/Urology Session (Tuesday, October 23, 2001)

A lively series of podium presentations were provided during this male reproduction/urology session at ASRM.

Several studies examined the role of varicocele in male fertility. Paduch et al. (O-126) reported on 600 adolescent males with varicoceles. Varicocele was defined as pampiniform venous plexus diameter greater than 1.7 mm, a more liberal sonographic definition than proposed by most investigators. Left testicular atrophy correlated with the presence of varicocele, as well as larger varicocele size. Increase in left testicular size was seen after prospective followup for 221/293 boys who underwent varicocele repair. Ohl et al. (O-127) studied the effect of varicocele repair on optimized sperm penetration assay (SPA) results. A significant increase in SPA results after surgery was seen, compared to preoperative values. These results suggest that some men with normal gross semen parameters (concentration, motility, morphology) and varicocele may still benefit from varicocele repair, if SPA for these otherwise "normal" men was abnormal.

Chan et al. (O-128) reported a 0.9% rate of testicular artery injury for patients undergoing microsurgical varicocele repair at one institution. For those patients, no case of testicular atrophy occurred, possibly because many of those patients had additional testicular arteries that provided blood flow to the testis. Many of the patients with injured testicular arteries were azoospermic preoperatively, limiting comparison of the effect of accidental testicular artery ligation with other patients who had varicocele repair with all arteries preserved. Morris et al. (O-129) characterized the phenotype of mice with a mutant phenotype, *luxoid*. Males homozygous for *luxoid* had skeletal abnormalities and spermatogonial stem cell maintenance and differentiation defects. A decrease in mutant progeny from heterozygous crosses was interpreted by the authors as suggesting impaired embryonic survival associated with the *luxoid* mutation.



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which was localized within a 1.1 cM region on mouse chromosome 9.

Politch et al. (O-130) reported that a double tube separation technique decreases HIV contamination of the motile sperm sample and increases sperm yield compared to gradient swim-up techniques. In this technique, an inner tube with gradient density is placed within another tube prior to centrifugation. The inner tube, that has a hole in its apical end, can be discarded after centrifugation, limiting contamination. Maduro and colleagues (O-131) reported on DNA mismatch repair enzyme (MMR) expression in testicular tissue samples from men with infertility and men with testicular cancer. Highest frequencies of MMR abnormalities were found in men with seminomas and Sertoli cell-only pattern. Overall, 53% of tissue samples from cancer patients, and 27% of samples from testicular failure patients had abnormalities compared with none in controls. These results may suggest a common etiology for testicular dysfunction in the patients with tumors and infertile patients. A clinical correlate to these findings was reported by Nobert and Goldstein (O-132). They posted a 17-fold increased risk of testicular cancers in men with infertility seen in one practice in New York, compared with that expected for age-matched controls in a population based study. These results support the evaluation of infertile men, even if adequate sperm are available in the ejaculate to proceed with assisted reproduction. Schoor et al. (O-133) reported on their initial experience with a microdissection technique for testicular sperm extraction (TESE) at the University of Illinois. In their initial group of treated patients, they found that microdissection improved sperm retrieval rates but also increased operative time.

An overview of the microdissection technique was then provided by Schlegel, emphasizing the published literature on application of this technique. A number of illustrations and videos were also shown to better demonstrate technical aspects of the procedure. Results of the technique, as applied in over 350 men with non-obstructive azoospermia were provided. ▼

SMRU Postgraduate Course: Fertility, Contraception, and Aging: The Circle of Life Jay Sandlow, MD

Despite the horrific events of the previous month, the show went on in Orlando, as did the Postgraduate Course sponsored by the Society for Male Reproduction and Urology at the Annual Meeting of the American Society for Reproductive Medicine. Although we suffered a last-minute cancellation from one of our course faculty, we were able to find excellent replacements who were more than up to the task.

The first part of the course was devoted to talks regarding normal and abnormal spermatogenesis and fertility. Dr. Larry Johnson explained his "college model" of sperm production in normal spermatogenesis. He presented the normal progression of germ cell development from spermatogonia to spermatid and compared it to the constant attrition in college. Thus, at any one time, there are germ cells in various stages of development, with a constant flow of mature forms "graduating". This helps to explain the delay of effect seen in seminal parameters following an injury, as those sperm that are ready to "graduate" are less affected than those in the early stages of development. He also discussed the efficiency of sperm production in humans as compared to other species, noting that, not surprisingly, we men are much less efficient than other animals (4-6 million sperm/gram of tissue compared to over 20 million sperm/gram tissue).

Dr. Ed Kim gave an informative talk on apoptosis as a method of controlling spermatogenesis. He explained that the process of apoptosis is a built in "suicide" mechanism that is distinctly different from necrosis. Apoptosis helps maintain homeostasis in tissues, and an imbalance can lead to either atrophy (too much apoptosis) or neoplasia (not enough apoptosis). There are several regulators of apoptosis, including extrinsic regulation via hormones, varicoceles, toxins, trauma, and infection, as well as intrinsic regulators, such as genes. Two of the more important genetic regulators, Bcl-2 and Bax, counteract each other, thus maintaining homeostasis, with Bcl-2 suppressing apoptosis and Bax inducing it.

Dr. Don Evenson stepped in as a replacement speaker to discuss the use of the sperm chromatin structure assay (SCSA) as a method of assessing fertility prior to the use

of advanced reproductive techniques. He has demonstrated that sperm that otherwise appear intact can contain fragmented DNA. This can be analyzed and quantified utilizing SCSA, which relies upon flow cytometry and can measure very small numbers of cells/sperm. Dr. Evenson's data has shown that men with >30% DNA fragmentation index (DFI) have an extremely low pregnancy rate. However, this index can change with various factors, both internal and external, and pregnancy rates change accordingly. An example of a man who had suffered a fever and went from having a normal DFI to an abnormal DFI, and then back again with subsequent pregnancy, helped to illustrate this point. Dr. Evenson is currently studying the effects of various factors on the DFI.

Dr. Rebecca Sokol, co-chair of the course, informed the audience of endocrine disruptors as possible factors in male infertility. She reviewed the current studies examining the possible decline in sperm counts (a matter which is not yet resolved), as well as the increase in other disorders of the male reproductive system. Geographic variation also has been demonstrated to have an effect as well, with sperm counts varying throughout the US and the world. Although no definitive statements can be made, it appears that there may be some effect of environmental estrogens on sperm counts in certain areas.

Dr. Dolores Lamb then updated participants on the genetics of male infertility. She presented data on both chromosomal and genetic abnormalities, including Klinefelter's syndrome, 47 XYY males, Y chromosome deletions, and congenital bilateral absence of the vas deferens (CBAVD). She also presented some animal models that are used to study the genetics of male infertility, as well as the current recommendations regarding diagnosis of these disorders. This talk meshed well with the presentation of Dr. Pasquale Patrizio, who presented his data on the molecular analysis of testicular biopsy specimens in men with non-obstructive azoospermia. Dr. Patrizio examined genes in both mice and human that are potentially involved in infertility. He then screened testicular biopsies for these genes in an effort to determine which ones could help predict successful sperm retrieval. Although his results are preliminary, they may prove to be quite useful in the future.

This was then followed by another talk by Dr. Lamb, who explained why round sperma-

tid nuclear injection (ROSNI) should not be offered to couples at this time. She presented data on some of the genetic problems asso-

“...As has been published, vasectomy reversal is typically the most cost-effective method of conception in the sterilized man...”

ciated with ROSNI, as well as the clinical difficulties of working with sperm nuclei. Although she tried to be fair and present some data supporting ROSNI, it became apparent that this technique is not yet ready for prime time.

The next part of the course dealt with some of the problems associated with aging. Dr. Johnson demonstrated the effect of aging on spermatogenesis and testicular volume. He showed that as men age, the testicular volume does not change significantly due to collagen deposition and thickening of the basement membrane of the tubules. However, the germ cells themselves begin to degenerate, thus decreasing daily sperm production. Sertoli cell numbers become reduced, and Leydig cell function is reduced as well, leading to decreased sperm counts, as well as decreased testosterone production. These findings may help to explain some of the clinical effects of aging observed in older men.

Dr. Ed Kim then spoke about erectile dysfunction (ED), first reviewing the normal physiology of erection, as well as the etiologies associated with ED. He detailed the various treatment modalities, including oral therapy, injections, vacuum pumps, and prostheses. He also presented data on some of the newer oral therapies on the horizon, including other type V PDE inhibitors. Dr Kim then gave an excellent presentation regarding the use of nerve grafts during radical prostatectomy. He has had experience performing these and demonstrated the technical aspects, as well as the indications for its use and the outcomes. In younger men requiring resection of the neurovascular bundles, this appears to be a viable option, particularly in men who do not want to rely upon pharmacotherapy for postoperative erectile function.

Dr. Sokol then gave a very stimulating talk on hormone replacement in the aging male. She detailed the various forms of testosterone replacement, including injections, transdermal patches, and topical gels. She

also demonstrated the correct way to measure the effects of replacement on various factors, including prostate growth, cholesterol, and bone density. Her message was that although there truly are some men who require hormonal replacement, testosterone is not the “fountain of youth” that some tout it to be.

Dr. Lamb returned to the podium and delivered a titillating talk on male libido. She presented it from a molecular biologist’s point of view, giving it a new twist. It appears that although the hormonal make up of an individual has a strong effect upon libido, so does that individual’s genetic make up. She demonstrated this point using genetic mutants in a species of fruit fly. These mutants demonstrated various sexual behaviors dependent upon their genetic mutations. This talk brought up the concept of how much of sexual behavior is learned vs. genetic. A lively discussion followed this talk.

Finally, the role of the male in contraception was presented by course co-chair, Dr. Jay Sandlow. His first talk was a review of various sperm retrieval techniques following sterilization, including vasectomy reversal and sperm aspiration with in vitro fertilization (IVF). Advantages and disadvantages of each technique, including cost comparisons, were presented. As has been published, vasectomy reversal is typically the most cost-effective method of conception in the sterilized man, although there may be situations in which significant female factor renders sperm aspiration with IVF a better choice. Two talks regarding contraception followed, the first detailing current contraceptive methods and the second outlining what is on the horizon. Vasectomy is the mainstay of the male’s contribution to contraception. It is well-tolerated with minimal side effects and high efficacy. Although there is no definitive standard of care, it is important that the patient follow up with semen specimens until complete azoospermia is demonstrated. In his talk about future alternatives, Dr Sandlow stated that hormonal manipulation will be a viable option for reversible male contraception, with some form of testosterone playing a key role. However, there are at least 2 methods of vasal obstruction that may become options as well, including a silastic plug (intravas device) and injection of a synthetic polymer. It is clear that the male will play an increasingly important role in contraceptive options in the future.

As course co-chair, I would like to take this opportunity to thank all of the course faculty, as well as my co-chair, Dr. Sokol. De-

spite the difficulties of schedule and current events, as well as a last-minute cancellation, the course was well-received and quite informative. Next year’s course will be co-chaired by Drs. Dana Ohl and Dolores Lamb, and promises to be quite interesting. I look forward to seeing all of you at next year’s meeting. ▼

Special Thanks to
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Nominating Committee Report:
Slate of Candidates for
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MARK YOUR CALENDARS!

SSMR

American Society of Andrology
April 24-27, 2002
Seattle, Washington

SSMR Annual Meeting at the AUA
May 25, 2002
Orlando, Florida

SSMR Traveling Fellowship Program 2002
May 26-28, 2002
Orlando, Florida

The AUA Program: Topics in Infertility

Once again, the AUA program this year will have a series of presentations of interest for the urologist interested in male infertility. Three instructional or postgraduate courses are planned as well as a podium session, poster session and unmoderated poster session during the general meeting. The SSMR program will be held as well, on Saturday afternoon. A plenary session entitled, "Varicocele and Infertility: Point and Counterpoint" will be presented on Wednesday, May 29, 2002. In all, the program promises to be a rich one for the subspecialty of male infertility. By planned date of presentation, the following infertility subjects are on the tentative schedule for the 2002 100th Anniversary meeting of the AUA. ▼

SOCIETY FOR THE STUDY OF MALE REPRODUCTION

Saturday, May 25, 2002
1:00 p.m. – 5:00 p.m.

2001-2002 SSMR Officers:

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CLINICAL CONTROVERSIES IN MALE REPRODUCTION

SESSION 1: PANEL DISCUSSION

1:00 p.m. – 2:30 p.m. Management Issues in Male Infertility Assessment and Treatment
 Panelists: Larry Lipshultz, MD
 Marc Goldstein, MD
 Jon Pryor, MD
 Sherman Silber, MD

2:30 p.m. – 3:00 p.m. Break

SESSION 2: CLINICAL ISSUES

3:00 p.m. – 3:20 p.m. Debate: Testicular Microlithiasis Merits Long-term Follow-up Due to its Association with Malignancy
 Pro: Daniel Rukstalis, MD
 Con: Paul Turek, MD

3:25 p.m. – 3:45 p.m. Prostatitis – What's New?
 Richard Alexander, MD

3:50 p.m. – 4:10 p.m. Testicular Pain – Evaluation and Management
 Jay Sandlow, MD

4:15 p.m. – 4:30 p.m. Break

4:30 p.m. – 5:00 p.m. SSMR Business Meeting

7:00 p.m. SSMR Annual Banquet at SeaWorld

SCHEDULE OF EVENTS FOR THE SSMR TRAVELING FELLOWSHIP PROGRAM 2002

Sunday, May 26, 2002

9:30 a.m. – 1:00 p.m. A Practical Review of Advances in the Diagnosis and Treatment of the Infertile Male Course #H0213 PG
 Larry I. Lipshultz, M.D. (Course director)
 Peter N. Schlegel, M.D.
 Anthony J. Thomas, Jr., M.D.
 Paul J. Turek, M.D.

Monday, May 27, 2002

7:30 a.m. – 9:00 a.m. Instructional course H0225 IC: Male Infertility: Diagnostic and Treatment Strategies
 Course #H0010 IC
 Harris M. Nagler, MD (Course director)
 Jay I. Sandlow, MD

Tuesday, May 27, 2002

7:30 a.m. – 9:00 a.m. Vasovasostomy, Vasoepididymostomy and Sperm Retrieval Techniques
 Course #H0240 IC
 Arnold M. Belker, MD
 Michael A. Witt, MD

3:30 p.m. – 5:30 p.m. Podium session: Infertility Therapy

Wednesday, May 28, 2002

9:20 a.m. – 9:38 a.m. Point-Counterpoint: Varicocele & Infertility
 Moderator: Jonathan P. Jarow, MD
 Peter N. Schlegel, MD – Surgical aspects
 Larry I. Lipshultz, MD – When not to operate

10:00 a.m. – 12:00 p.m. Moderated Poster Sessions
 Infertility: Evaluation

7:00 a.m. – 4:30 p.m. Unmoderated Poster Session
 Infertility: Physiology, Pathophysiology, Basic Research

You are invited to attend the 2002 SSMR Annual Banquet



Saturday, May 25, 2002
SeaWorld
7007 SeaWorld Drive
Orlando, FL 32821-8097

Enjoy an exciting night at SeaWorld with a private reception and dinner that includes musical entertainment and a presentation by SeaWorld veterinarian Dr. Scott Gearhart. Then, enjoy reserved seating at the "Shamu Rocks America" Show.

Transportation will be provided from the main entrance of the Peabody at 6:00 p.m.

If you would like to join us, please complete this registration form and return it to the SSMR office by May 10, 2002

of people attending _____ x \$70 = \$ _____ (before May 10, 2002)

of people attending _____ x \$80 = \$ _____ (after May 10, 2002)

***If you have any special dietary needs, please contact the SSMR office at 847-517-7225, prior to May 10, 2002.**

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Check (payable to the SSMR) Visa MasterCard

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