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SSMR

*SOCIETY FOR THE STUDY OF MALE REPRODUCTION*



SSMR NEWSLETTER

FEBRUARY 2003

## PRESIDENT'S MESSAGE

PETER N. SCHLEGEL, M.D.

The goals of the Society for the Study of Male Reproduction are fostered primarily through the support of a post-graduate course at each year's American Urological Association (AUA) meeting, as well as this newsletter. Together, our Society aims "to encourage the study, to elevate the practice, and to improve the quality of care of the subfertile male." The SSMR Scientific Program will be held on April 26, 2003, at the Annual Meeting in Chicago. This year's Scientific Program, prepared by Dr. Jonathan L. Pryor, will highlight a number of important topics of interest to the practicing urologist. The first session, entitled "Beyond the Semen Analy-

sis," will involve a discussion of how to set up the laboratory by Dr. Bruce Gilbert, an experienced urologist who has established his own laboratories, including sperm cryopreservation facilities on Long Island. Dr. Gilbert will be followed by Brooks Keel, Ph.D., a well-recognized expert in Laboratory Medicine who will discuss "Quality Behind the Tests." A second session will focus on non-surgical therapy of infertility. Dr. Mark Sigman from Brown will discuss medical and empirical therapy, followed by Mark McClure, a urologist from North Carolina who has extensive experience in the use of alternative and complementary therapies. He will overview

Complementary/Alternative Therapies for male infertility. Both of these speakers are well-recognized and engaging presenters.

The second segment of presentations will involve invited speakers who will discuss varicocelelectomy (Dr. Joel Marmar) and vasectomy reversal (Dr. Richard Berger). These two urologists are recognized innovators in male reproductive surgery and will present in a how-I-do-it fashion. Dr. Pryor has organized for critiques of each presentation to be provided by Drs. Stuart Howards and Arnold Belker. Each of these experienced urologists will critique the prior dis-

cussion, allowing for additional discussion with audience participation. Because each of these subjects is highly topical, I expect that the sessions will be of great interest to all SSMR members interested in the contemporary practice and current controversies in male infertility.

Following the SSMR Scientific Session, the Business Meeting will be held to allow election of new officers and reports from current officers. We will adjourn by 5:00 p.m. and look forward to seeing you all at the Annual Banquet. This year's banquet has been organized by Dr. Larry

**President's Message**, cont. on page 2

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Levine of Chicago and will be held at Lawry's Steak House. Bus service will be provided to and from the restaurant from the Chicago Hilton Hotel. I would like to thank Larry as well as Wendy Weiser and Ann Marie DuPlessis of W.J. Weiser & Associates for their work in preparing the multiple options considered for this annual banquet. I hope that all will encourage spouses, residents, fellows and other trainees to join us for what is typically a very fun evening with colleagues from across the country and throughout the world.

As you can see throughout this newsletter, there are a wide variety of different activities of interest to urologists interested in male infertility at the annual meeting of the American Urological Association this year. Plenary session presentations on Long Term Consequences of Testicular Cancer by Dr. Rick Foster, as well as Pharmacologic Management of Ejaculatory Disorders by Dr. Montague will be provided on Monday. On Tuesday, Androgen Deficiency in the Aging Male and Female will be discussed in the Plenary Session by Dr. John Morley. On Wednesday, we will be treated to back-to-back presentations on "Sperm Banking: When, where, and how?" by Leslie Schover, followed by a state-of-the-art lecture on "Iatrogenic causes of male infertility" by Chris Schrepferman, M.D., and then "Cost comparisons of infertility treatment" by Dr. Stan Honig. These outstanding Plenary session talks overview more male infertility topics than I can remember for a number of years and will certainly complement the many podium and poster sessions of interest to our membership.

Once again, I would like to thank Drs. Pryor and Levine for their hard work behind the scenes in preparing for this year's Scientific Program and Annual Banquet. I look forward to seeing you all in Chicago.

Peter N. Schlegel, M.D.  
SSMR President ♦

**SMRU Postgraduate Course**  
Saturday, October 12 – Sunday, October 13  
Submitted by Robert Oates, M.D.

Dana Ohl and Dorrie Lamb co-chaired the SMRU course entitled "Male Reproductive Genetics and Toxicology — Nature and Nurture" over the first weekend of the ASRM annual meeting. Extremely well attended, top-

ics presented were timely and varied. Dr. Robert Oates and Dr. Lamb shared the stage on Saturday discussing the Y chromosome, animal models of male reproductive defects, genetic syndromes afflicting the human male, the genetic consequences of ICSI when used in the azoospermic or severely oligospermic male, the genetic counseling needed in such cases and, finally, what the future might hold in this arena. Sunday had both Dr. Ohl and Dr. Steve Schrader in the spotlight focusing on toxins — in their many forms — and male reproductive health. "Male reproductive health is declining — or is it?", "The male reproductive system under attack — sites of toxicant action" and "Androgens — the good, the bad, and the ugly" were just a few of the provocative topics discussed. Combined with an enthusiastic and interactive audience, Drs. Ohl and Lamb could not have been more pleased with the substance of and response to all of their hard work in planning and coordinating this venture. Please make plans to attend the next SMRU postgraduate course at the 2003 ASRM, which will be chaired by our own Paul Turek. ♦

**Plenary Session**  
Monday, October 14, 2002  
Submitted by Robert Oates, M.D.

**President's Guest Lecturer:** Dr. David Page presented an enlightening and entertaining discussion of the Y chromosome: where it came from, where it has been and where it is going. He used visual aids to show how recombination, inversion, duplication, etc have all been involved to give the present-day Y chromosome its structural complexity. He pointed out the three areas on the Y that contain numerous gene families that are involved in the spermatogenic process. He did convince us that the Y chromosome is here to stay, much to the delight of the 46, XY members of the audience.

**American Urological Association Bruce Stewart Memorial Lecture:** Dr. David Crews aptly entitled his presentation "Sexuality viewed through the prism of evolution." He took the audience on a delightful romp through the world of the sexually diverse, different and enigmatic species that inhabit our planet — using them as the construct for his basic premise that the five basic elements of sexuality are connected. These include genetic sex, gonadal sex, hormonal sex, morphological sex and, finally behavioral sex. These, individually or in multiple, may be quite different from the human. ♦

**Concurrent Session:**  
**Society for**  
**Male Reproduction and Urology**  
Monday, October 14, 2002  
Submitted by Robert Oates, M.D.

O-79: Oates, Silber, Brown and Page reported on the clinical characterization of 42 men with microdeletions of the AZFc region of the Y chromosome. Selected as the 2002 SMRU Prize Paper and a candidate for the General Program Prize Paper, Oates asked a number of clinically relevant questions about these men and provided the answers in order to help clinicians identify and counsel these men.

O-80: Benoff and her group continued their outstanding research regarding the interplay of elevated cadmium levels, aberrant splicing of the testis-specific L-type calcium channel 1 subunit mRNA and varicocele. This elegant paper was also a candidate for the General Program Prize Paper.

O-81: Kessler and Honig described a cohort of 13 men with secondary azoospermia, of whom most were treatable or reversible. They made note of 2 men who had testis cancer as an associated finding/etiologic event.

O-82: Fox and colleagues from San Francisco discussed with us the use of microarrays for gene expression analysis as applied to testis tissue. They asked an interesting question whether microarrays could be used to "categorize infertile testis phenotypes better than standard morphology." They concluded that, indeed, they might be able to do so.

O-83: Randall and colleagues pointed out that neutralization of certain cytokines in the semen of spinal-cord injured men may improve motility parameters, perhaps opening new treatment avenues for some of these men and their partners.

O-84: Maduro et al. from Dorrie Lamb's laboratory at Baylor looked at the incidence of triplet repeat expansion in both somatic (blood) and germline (testis tissue) lineages and concluded that there was a slight increase in expansion — specifically at the Myotonic Dystrophy locus. Are some cases of severe spermatogenic compromise early cases of MD and will germ-line expansion lead to clini-

cally relevant disease in the offspring? We must be wary of this possibility.

O-85: Christensen et al. looked for mutations in the testis-specific antizyme-3 gene (a polyamine regulator). They found a mutation that may be the cause of the infertility in 1 of 200 men. If a cause of male infertility, it may be rare in the severely afflicted man but studies in less affected individuals (mild oligospermia) may show a different result.

O-86: Zahalsky and colleagues looked at the Internet and analyzed the quality of the information as it relates to male infertility. They found a tremendous variability in the sites and advocate a more active role by medical associations in web site development and maintenance so that the layperson will have access to accurate information.

In the Reproductive Laboratory Technologists presentation section, two papers were presented by the group from Cleveland Clinic.

Saleh et al reported on a novel association between increased seminal reactive oxygen species production and tail defects. His reports have indicated that there is a high frequency of sperm head abnormalities as well as increased acrosomal damage in the sperm specimens of men with high seminal reactive oxygen species.

Esfandiari et al assessed the differential contribution of sperm and leukocytes to ROS production in semen. They used the nitroblue tetrazolium (NBT) reduction test. The NBT test was easy to apply and provided useful information on the differential contribution of seminal leukocytes and defective spermatozoa to ROS production. The leukocyte subpopulations from men with high ROS production had very high NBT staining (ROS production) level. ♦

**Minisymposium:  
Semen Analysis  
in the 21st century**  
Tuesday, October 15, 2002  
Submitted by Craig Niederberger, M.D.

This minisymposium was moderated by Dr. Craig Niederberger, who introduced the topic by comparing MacLeod's seminal 1951 work to Guzick and coauthors 2001 publication modeling semen analysis outcomes, noting that bulk semen parameters remain a substantially inaccurate way to predict male fertility potential. Dr. Harry Fisch reviewed laboratory techniques designed to improve the accuracy of the semen analysis. Dr. Dolores Lamb presented modern and future male reproductive analytical techniques, highlighting molecular genetic analysis of the sperm genome. ♦

**Concurrent Session:  
Male Reproduction  
and Urology**  
Tuesday, October 15, 2002  
Submitted by Craig Niederberger, M.D.

O-177: Saleh and coauthors examined the incidence and characteristics of varicocele in a large series (1200) of young Bulgarian males, demonstrating intriguing differences between this cohort and that reported in the United States and elsewhere in Europe. These differences suggest that genetic effects may play a role in the epidemiology and pathophysiology of varicocele.

O-178: Lombardo and coauthors presented a prospective double blind placebo controlled trial of L-carnitine therapy in 86 men with idiopathic infertility, implying some possible modest effect in increasing the total motile count and forward motility.

O-179: Seeking the definition of a positive result of the post-ejaculatory urinalysis, Boyle, Sigman and Jarow identified it as greater than 5% of an antegrade ejaculate.



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**EXECUTIVE DIRECTOR**

**Wendy J. Weiser**  
1111 N. Plaza Dr., Suite 550  
Schaumburg, IL 60173  
(847) 517-7225  
FAX (847) 517-7229  
wendy@wjweiser.com

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**Peter N. Schlegel, M.D.**  
Dept. of Urology, Rm. F-907A  
525 E. 68<sup>th</sup> St.  
New York, NY 10021  
(212) 746-5491 FAX: (212) 746-8425  
pnschleg@med.cornell.edu

*Vice President*

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

*Secretary*

**Craig S. Niederberger, M.D.**  
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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**Dolores Lamb, Ph.D.**  
1 Baylor Plaza, RM. N720  
Houston, TX 77030  
(713) 798-6267 FAX: (713) 798-5577  
dlamb@bcm.tmc.edu

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University of North Carolina  
427 Burnett-Womack Bldg., CB#7235  
Chapel Hill, NC 27599  
(919) 966-8217 FAX: (919) 966-0098  
sfs@med.unc.edu

**Phillip G. Wise, M.D.**

221 Michigan, Suite 501  
Grand Rapids, MI 49503  
pwise@attbi.com

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**1993-1994**

Harris M. Nagler, M.D.

O-180: Reviewing the outcomes for vasovasostomy in men with bilateral intravasal azoospermia, Kolettis and Burns confirmed the importance of the obstructive interval, and suggested that while vasovasostomy may result in sperm, epididymovasostomy appeared to result in improved outcomes.

O-181: Singh, Muller and Berger investigated the clinical effect of age on DNA double strand breaks and apoptosis, finding that the proportion of apoptotic cells in semen decreases while DNA damage increases with age, with the greater DNA damage in infertile and prostatitis patients.

O-182: Brugh and coauthors presented a novel technique of spermatogonial stem cell isolation, hastening the day when therapeutic autologous transplantation of sperm cells is possible.

O-183: Takeuchi, Rosenwaks and Palermo reported intriguing work inducing haploidization of murine male somatic cells which could be used in micromanipulation techniques in place of sperm, foretelling the day when agonadal males may father biological children.

O-184: To improve sperm yield in difficult cases of nonobstructive azoospermia, Jad and Turek reported their experience with a combination strategy involving testis fine needle mapping with testis microdissection.

Minisymposium: Dr. Paul Turek presented a comprehensive review of the qualitative and quantitative effects of chemotherapy on spermatogenesis, and modern approaches to preserve spermatogenesis and sperm. ♦

**Plenary Session III:  
The Endo-Surgery, Inc., and  
Dodd Lectureship**  
Wednesday, October 16, 2002  
Submitted by Peter N. Schlegel, M.D.

On Wednesday, October 16, The Endo-Surgery Inc and Dodd Lectureship was presented by Peter Schlegel on sperm retrieval techniques in non-obstructive azoospermia. His review outlined the defects in spermatogenesis present in men with nonobstructive azoospermia. The focal nature of sperm production was emphasized. A variety of differ-

ent techniques that have been applied for sperm retrieval were overviewed. The retrieval rates obtained with testicular biopsy approach were compared with that obtained with fine needle aspiration in controlled series. An optimized technique for testicular biopsy was discussed. This optimized technique is referred to as microdissection testicular sperm extraction. With this approach, 60% of men with nonobstructive azoospermia operated at Cornell have had sperm retrieved. In men with Klinefelter syndrome, the retrieval rate was 68%. Sperm retrieval was also possible in men who have had azoospermia secondary to chemotherapy. Patients with previously negative diagnostic biopsies have had sperm retrieved. Once sperm are obtained, the clinical pregnancy rate was 50%. Overview of the technique and different approaches was discussed. The use of intraoperative videos was applied to assist in demonstrating this technique, which allows examination of multiple areas of the testis to identify the relatively rare foci of spermatogenesis that may be present in some of these patients. The limited effects of microdissection on testicular function were overviewed as well. ♦

**Concurrent Session:  
Male Reproduction and Urology**  
Wednesday, October 16, 2002  
Submitted by Jay Sandlow, M.D.

O-245: Sparks, et al from Baylor examined the testis histology of men undergoing sperm retrieval for NOA. They found no significant difference in fertilization rates, regardless of the predominant histology seen on biopsy. They did find that patients with severe hypospermatogenesis demonstrated similar pregnancy rates to patients with obstructive azoospermia. However, no data was given regarding female factors in these couples.

O-246: Carrell, et al from Utah presented data demonstrating that an increased ratio of P1/P2 (sperm protamines) was associated with poorer fertilization as demonstrated by both sperm penetration assay (SPA) and IVF. These data suggest that protamines are involved in spermatogenesis. Moreover, in patients lacking P2, the SPA was significantly worse. Finally, they showed that if the P1/P2 ratio was >1.2, both the SPA and IVF outcomes were poor.

O-247: Ohl and colleagues from Michigan attempted to define the functional abnormali-

ties of sperm from men with spinal cord injury (SCI) and correlate these with intrauterine insemination (IUI) outcome. There were 36/90 couples who became pregnant, and those that were successful had better motility, mucus penetration, sperm/ml, and total motile/ejaculate. Interestingly, SPA was not predictive.

O-248: A group from South Korea cultured testicular sperm at various temperatures, both with and without follicular fluid, in order to determine optimal conditions for sperm survival. They demonstrated that 37 degrees C for 48 hours was the optimal time and temperature. Although the addition of follicular fluid increased sperm motility, it did not improve overall viability.

O-249: Land, et al from Chicago and Baylor examined various factors to try and predict IVF/ICSI failure. They utilized a neural computational model to determine if technician, sperm source, maternal age, or number of eggs could be used to predict failed fertilization. Overall, 10% of couples had failed fertilization, and every factor was found to be significant.

O-251: Dr Weixiong Li from Beijing presented his data on DNA microarray analysis, which allows for the study of multiple genes simultaneously. He examined 1185 genes in the mouse on days 8, 21, and 58. He found 198 genes expressed in various stages, with most unique to either day 8 or 58. He also demonstrated that most genes were downregulated throughout spermatogenesis, although he did not control for the total amount of RNA available.

O-252: Kamat and colleagues from Baylor presented their data on the GREAT gene (G Protein-coupled Receptor Affecting Testis descent). They had previously characterized this gene in mice. They tested 61 patients with cryptorchidism and found a unique missense mutation in 1 patient. This suggests that the GREAT gene may play a role in some cases of cryptorchidism.

Minisymposium: An extremely interesting, albeit controversial, mini-symposium was delivered by Dr Yuli Verlinsky on preimplantation genetic diagnosis (PGD). Dr Verlinsky suggested that all ART cycles should utilize PGD, as it may serve to optimize embryo quality and outcome. He also outlined its use for HLA matching, as well as selecting out for cancer and other potentially lethal syndromes. A lively discussion ensued. ♦

## Poster Sessions

**Monday, October 14, 2003**

**Submitted by Dana A. Ohl, M.D.**

P-33, P-44: Schuster (33) and Keller (44) from the University of Michigan reported a method of ultrarapid freezing of oligospermic samples. The 5-minute method reported was as effective as slow-rate freezing and there were no differences in functional characteristics of thawed sperm between standard and ultrarapid methods. This may represent an improvement in cryopreservation of specimens with very small numbers of sperm

P-72: Vernaev et al, from Belgium compared outcomes of ICSI cycles from testicular sperm in men with non-obstructive azoospermia, and those with obstructive azoospermia. There was a statistically higher rate of perinatal mortality in the NOA group (6.6 vs. 1.5%). There was possibly a trend for higher rates of congenital anomalies and chromosome abnormalities, but statistical significance was not seen. The authors suggested that more study is needed with larger numbers of patients.

P-82: Oder and colleagues from the Cleveland Clinic examined pregnancy outcomes from ICSI cycles that utilized fresh/frozen; epididymal/testicular sperm. There was no difference in fertilization or pregnancy rates between the 4 groups.

**Tuesday, October 15, 2002**

**Submitted by Peter N. Schlegel, M.D.**

P-274: Raina et al reported that a limited number of patients evaluated at Cleveland Clinic regained erectile function after radical prostatectomy. Of those patients who had erectile dysfunction after radical prostatectomy, a majority did not seek any treatment. The use of sildenafil citrate was recommended for patients after radical prostatectomy.

P-275: Larson et al reported that SCSA results from semen collected on the day of ART predicted pregnancy outcomes. These data parallel previously published reports from this group.

P-276: Huang et al demonstrated that nitric oxide is detectable in seminal plasma. Their study did not support a correlation between seminal plasma nitric oxide and sperm quality.

P-277: Suh et al reported that routine screening with sperm mixed agglutination reaction testing for antisperm antibodies identified in 9% of subjects, whereas a comparable group of patients who were screened based on clinical suspicion of antibodies identified antibodies for only 1.9% of patients. The clinical relevance of these findings is not clear.

P-278: Helani et al reported that Y chromosome microdeletions were present in 6.8% of patients with oligospermia and azoospermia. All of the identified deletions were in the AZFc region in this small cohort of patients.

P-279: evaluated ultrasound findings in fertility and pre-vasectomy patients. McCullough et al reported that there was a higher frequency of bilateral varicoceles and smaller testicular volumes in the infertility patients. These findings support the significance of varicocele in infertility, even if the varicocele is detected using ultrasonography.

P-280: reported on flow cytometry analysis of testis biopsies compared with histopathology. Ahmed et al found that flow cytometry rapidly detected foci of spermatogenesis. However, in some areas, flow cytometry could not differentiate between spermatids and sperm and gave no data regarding overall testicular morphometry. To provide optimal results, they recommended both histology and flow cytometry.

P-281: Weiner-Megnazi et al reported that free-radical activity in semen (measured by chemiluminescence) correlated with seminal plasma and sperm parameters. Reactive oxygen species production tended to increase with the age of patients.

P-282: Tash et al reported on intraoperative sperm cryopreservation in men with obstructive azoospermia. A variety of patients with epididymal obstruction, vasal obstruction, congenital absence of the vas deferens and ejaculatory duct obstruction had sperm cryopreservation during these procedures. They emphasized the importance of cryopreservation if reconstruction was anticipated to be complex, for example, after vasoeididymostomy to an efferent ductule.

P-283: Paqualotto et al reported on the improvement in semen parameters after repair of ultrasound detected subclinical right varicoceles in patients with left Grade III varicocele. The results supported detection of a contralateral subclinical right varicocele and repair of same in patients who have clinical detected Grade III varicoceles on the left.

P-285: Tallarini et al reported on testicular fine needle aspiration in men with nonobstructive azoospermia. They recommended that TEFNA treatment approach be used for these patients. If TEFNA was not successful, testicular biopsy was recommended. A pregnancy rate per transfer of only 17% was reported after TEFNA and ICSI.

P-287: Saleh et al evaluated the relationship of gynecomastia in males with somatometric parameters. Family gynecomastia in puberty has a peak incidence in the age group of 12-14 years and correlated strongly with the presence of pubic hair. This supports the common hormonal theory in the pathogenesis of gynecomastia.

P-288: Belani reported that lower grade varicoceles have a greater number of small veins and total veins than that seen for larger varicoceles.

P-289: Gonzalez et al reported on a case of scrotal arteriovenous malformation associated with infertility. Excision of the arteriovenous malformation improved semen parameters.

P-290: Schorr reported on the frequent use of over-the-counter herbal therapies in patients with infertility. Some 10% of the patients seen in this Andrology clinic had taken an herbal medication within the six months prior to being evaluated for infertility. Effects of these herbal remedies are difficult to evaluate, as they may have variable components.

P-294: Prisant et al reported on use of an in vitro culture technique for seminiferous tubules that allowed the study of gap junctions within the tubules.

P-293: Ranganathan et al reported on decreased expression of P/65, P/50 and I kappa B in ejaculated spermatozoa from infertile men. Each of these components of the nuclear factor kappa B (NFB family) may regulate apoptosis.

P-298: Schuster et al reported on a novel microfluidic device for separating motile from nonmotile sperm. This approach may be useful in isolating motile sperm from oligozoospermic samples, even when high numbers of nonmotile sperm are present.

**Poster Sessions**, cont. from page 5

P-301: Garrido et al evaluated glutathione peroxidase expression and activity in human seminal specimens. With glutathione peroxidase MRA levels and activity showed a relationship with a percentage of motile and live sperm cells after thawing. These findings suggest that glutathione peroxidase has a role in guarding sperm against damage during prior preservation-thawing. Glutathione peroxidase is a reactive oxygen species scavenger.

**Wednesday, October 16, 2002**  
**Submitted by Dana A. Ohl, M.D.**

Four posters were presented in this session regarding vasectomy reversal:

P-428: Khaira et al, from the University of Michigan, presented data from a post-vasectomy reversal population uniformly screened for antisperm antibodies. Thirty-two of 50 patients (64%) were positive for antisperm antibodies, leading the authors to propose that the discrepancy between technical surgical success and pregnancy is primarily due to immunological problems.

P-429: Dr. Land and colleagues from University of Illinois, Chicago presented a cost analysis to determine whether repeat microsurgical reconstruction or TESE/ICSI should be recommended to patients who have failed vasovasostomy. Repeat reconstruction was preferable with a "cost-per-newborn" of \$24,000 vs. \$60,000 for sperm retrieval and ICSI, again verifying the need for male reproduction specialists to keep a central role in the treatment of these couples.

P-430: Dr. Kolettis et al, presented a group of 31 couples undergoing vasectomy reversal and pursuing pregnancy with the same female partner. The patency rate of 92% and pregnancy rate of 64% with minimum follow-up of 6 months led the authors to suggest fertility prospects may be higher in men seeking reversal and pregnancy with the same female partner.

P-435: Dr. Boyle and co-workers presented a multi-institutional cost analysis of cryopreservation carried out at the time of vasectomy reversal. Factors examined included patency rate of VV and EV, which gave an estimate of the number of men requiring future TESE/ICSI, and the cost of cryopreservation and storage. The average cost of sperm retrieval/cryo at the time of a

VV was \$1765, and at the time of EV, \$1209. The mean cost of a future TESE procedure for those with azoospermia was \$500. However, corrected for the patency rate, the cost of cryopreservation vs. future cost for TESE was \$1765 vs. \$50 for the VV analysis, and \$1209 vs. \$175 for the EV group. This analysis gave a compelling argument against routine cryopreservation of sperm during microsurgical reconstruction.

P-432, P-439, P-442: Three papers were presented regarding DNA damage of sperm, as measured by the SCSA, all presented by Dr. Agarwal's lab group: They showed that an increased amount of DNA damage was demonstrated in with varicocele, in men with increased oxidative stress, and in those with leukocytospermia. Although only observations, the authors suggested that DNA damage may be a critical cause of infertility in these clinical scenarios. What these posters also did, however, was to add fuel to the discussion regarding the true effectiveness of the SCSA, a hot topic of discussion in the meeting, particularly after Dr. Agarwal's Monday afternoon MR/U Mini-symposium. ♦

**Special note should be made of the great honor bestowed upon Drs. Lawrence Dubin and Richard Amelar during the Opening Ceremonies on Sunday night. Dr. Arnold Belker presented both with the ASRM Distinguished Service Award. We should be proud and recognize that they help pave the way for many of our careers.**

**Upcoming Events / Sessions of Interest at This Year's AUA in Chicago: April 26 – May 1, 2003**  
Submitted by Robert Oates M.D.

As can be seen, there are many sessions of interest to our group and I hope all of you will attend as many as possible. We need to show our support for these sessions in order to continue to have them available to us in future years.

**Saturday, April 26, 2003:**  
SSMR meeting and evening banquet

**Sunday, April 27, 2003:**  
10:40 a.m. State of the ART Lecture, "The Molecular Basis of Congenital Genitourinary Anomalies" by Kenneth Glassberg, M.D.

**Monday, April 2, 2003:**

8:00 a.m. State of the ART Lecture, "Long Term Consequences of Testicular Cancer" by Richard Foster, M.D.  
11:50 a.m. AUA Update, "Pharmacologic Management of Ejaculatory Disorders" by Drogo Montague, M.D.  
1:00 p.m. - 3:00 p.m. Sexual Function/Dysfunction/Andrology Podium Session, "Medical and Non-surgical Therapy"  
1:00 p.m. - 3:00 p.m. Endocrine Forum

**Tuesday, April 29, 2003:**

11:30 a.m. State of the ART Lecture, "Androgen Deficiency in the Aging Male and Female" by John Morley, M.D.  
8:00 a.m. - 5:00 p.m. Discussed Poster Sessions – Sexual Function/Dysfunction/Andrology (Basic Research)  
10:00 a.m. - 12:00 p.m. Moderated Poster Session – Sexual Function/Dysfunction / Andrology (Evaluation and Surgical Therapy)  
1:00 p.m. - 3:00 p.m. Moderated Poster Sessions – Sexual Function/Dysfunction / Andrology (Medical and Non-surgical Therapy)  
3:30 p.m. - 5:30 p.m. Podium Session – Infertility: Therapy

**Wednesday, April 30, 2003:**

7:40 a.m. Highlights by Cathy Naughton  
8:35 a.m. State of the ART Lecture: "Sperm Banking: When, Where, and How?" by Leslie Schover, M.D.  
8:55 a.m. State of the ART Lecture: "Iatrogenic Causes of Male Infertility" by Chris Schrepferman, M.D.  
9:15 a.m. State of the ART Lecture: "Cost Comparisons of Infertility Treatment" by Stan Honig  
8:00 a.m. - 12:00 p.m. Discussed Poster Session – Infertility: Physiology, Pathophysiology, Basic Research  
10:00 a.m. - 12:00 p.m. Moderated Poster Session – Infertility: Evaluation

**Upcoming Events**, cont. on page 7

**Thursday, May 1, 2003:**

7:50 a.m. Take Home Messages  
by Larry Lipshultz, M.D.

As usual, we also have several excellent Instructional and Post-graduate courses at this year's meeting, including:

11 IC: Vasovasostomy, vasoepididymostomy and sperm-retrieval techniques. Course Director: Arnold Belker, M.D.

16 PG: A practical review of the advances in the diagnosis and treatment of the infertile male. Course Director: Larry Lipshultz

24 IC: Male infertility: diagnostic and treatment strategies. Course Director: Harris Nagler, M.D.

27 PG: Aging male: the practical approach to andropause and androgen therapy. Course Director: Alvaro Morales, M.D.

60 PG: New advances in sexual medicine for men and women: expanding the role of the Urologist. Course Director: Irwin Goldstein, M.D. ♦

## The AUA Program

The AUA Program this year centers on practical aspects of the laboratory evaluation of the infertile male, and the medical and surgical treatments of male infertility. Specifically, at the end of the seminar, the participant should:

1. Know how to set up an andrology lab, including the regulatory requirements.
2. Know the limitations of tests done in the andrology lab.
3. Know medical, empirical and alternative medical treatments for male infertility.
4. Know the best surgical techniques for varicocelelectomy and vasectomy reversals. ♦

## Nominating Committee Report: Slate of Candidates for 2003-2004

**Member-at-Large:**

Peter Kolettis  
Jon Mulhall  
Aaron Spitz

**Secretary:**

Natan Bar-Chama  
Stan Honig  
Jon Pryor

## Society for the Study of Male Reproduction

Saturday, April 26, 2003  
1:00 p.m. – 5:00 p.m.

**Program Chairman:**

Jon Pryor, M.D.

**Agenda**

1:00 p.m.  
1:05 p.m. - 1:25 p.m.  
1:25 p.m. - 1:45 p.m.  
1:45 p.m. - 2:45 p.m.

2:45 p.m. - 3:05 p.m.  
3:05 p.m. - 4:15 p.m.

4:15 p.m. - 4:30 p.m.  
4:30 p.m. - 5:00 p.m.

Introduction  
The Andrology Laboratory: Beyond the Semen Analysis  
Panel Discussion  
Medical Therapy of Male Infertility  
Specific Therapy: *TBD*  
Empirical Therapy: *TBD*  
Complimentary Medicine Therapy: *Mark Moyad, M.P.H.*  
Break  
Best Surgical Techniques  
Vericolectomy: *TBD*  
Critique: *TBD*  
Q & A  
Vasectomy Reversal: *TBD*  
Critique: *TBD*  
Q & A  
Sperm Acquisition: *TBD*  
Critique: *TBD*  
Q & A  
Break  
SSMR Business Meeting

## Tentative Schedule of Events for the SSMR Traveling Fellowship Program 2003

April 16 – May 1, 2003  
Chicago, Ill.

**Saturday, April 26**

1:00 p.m. – 5:00 p.m.  
6:00 p.m. – 11:00 p.m.

SSMR Annual Meeting  
SSMR Annual Banquet

**Sunday, April 27**

9:30 a.m. – 1:00 p.m.

Male Infertility Postgraduate Course

**Monday, April 28**

11:30 a.m.  
1:00 p.m. – 3:00 p.m.  
1:00 p.m. – 3:00 p.m.

Plenary – AUA Update  
Podium Session – Sexual Function/Andrology  
Endocrine Forum

**Tuesday, April 29**

8:00 a.m. – 10:00 a.m.  
  
10:00 a.m. – 12:00 p.m.  
1:00 p.m. – 3:00 p.m.  
3:30 p.m. – 5:00 p.m.  
5:00 p.m. – 7:00 p.m.

Panel Discussion with infertility experts regarding fellowships, career decisions, etc.  
Moderated Poster Session – Sexual Function/Andrology  
Moderated Poster Session – Sexual Function/Andrology  
Infertility Podium Session  
Cocktail Party

**Wednesday, April 30**

8:00 a.m.  
8:30 a.m. – 9:40 a.m.  
10:00 a.m. – 12:00 p.m.

Plenary Session – Infertility Highlights  
State-of-the-Art Lectures  
Infertility Poster Session

**Thursday, May 1**

7:30 a.m.

Take Home Messages for Infertility



# MARK YOUR CALENDARS!

SSMR

**28<sup>th</sup> Annual Meeting of the American Society of Andrology**  
March 26 - April 2, 2003  
Sheraton Crescent Hotel  
Phoenix, Ariz.

**SSMR Meeting at the AUA Annual Meeting**  
April 26, 2002  
McCormick Place  
Chicago, Ill.  
1:00 p.m. - 5:00 p.m.

**American Urological Association Annual Meeting**  
April 26 - May 1, 2003  
McCormick Place  
Chicago, Ill.



A Special Thanks to the Sponsors of our 2002 Annual Meeting.  
We look forward to their continued support!

Alza/Ortho-McNeil Pharmaceuticals  
American Urological Association  
Bayer Corporation



## SSMR

1111 N. Plaza Drive, Suite 550  
Schaumburg, IL 60173-4950

Address Service Requested

# You are invited to attend the 2003 SSMR Annual Banquet!

Saturday, April 26, 2003

Lawry's The Prime Rib

100 East Ontario Street

Chicago, IL 60611



Lawry's The Prime Rib is an extraordinary restaurant located in the heart of the Magnificent Mile. It is a Chicago treasure housed in the 1890's McCormick Mansion that would become world-famous as the Kungsholm light opera theatre. Reopened by Lawry's in 1974, that history is echoed in the restaurant's sweeping spiral staircase and beautiful English manor house setting. Join the SSMR for an elegant reception and dinner at this fine Chicago establishment!

*Transportation will be provided from the main entrance of the Chicago Hilton & Towers 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 April 10, 2003.

# of people attending \_\_\_\_\_ x \$70 = \$ \_\_\_\_\_ (before April 10, 2003)

# of people attending \_\_\_\_\_ x \$80 = \$ \_\_\_\_\_ (after April 10, 2003)

*\*If you have any dietary needs, please contact the SSMR office at 847-517-7225, prior to April 10, 2003.*

## Method of payment

Check (payable to the SSMR)       Visa       MasterCard

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please return this form to the SSMR office no later than April 10, 2003.**

## **SSMR**

1111 N. Plaza Drive, Suite 550

Schaumburg, IL 60173

Phone: 847-517-7225 Fax: 847-517-7229