SSMR News

Winter Society for the Study of Male Reproduction 2013

President's Message

Keith Jarvi, MD, FRCSC

Dear Members of the SSMR,

It is a pleasure to write to the membership with information about events in the SSMR over the past year and to tell you about some of the exciting things coming up over the next year. The SSMR has important roles as advocates for our patients and specialty, as a source of information for the patients and clinicians, to promote research in the area of male reproduction and developing collegial relations in our specialty. The board has been very actively working in all of these areas.

The SSMR has a significant role as advocates for our patients and for our specialty. We all recognize the importance of reproduction on couples and families, but sometimes the other big medical areas seem to overshadow studies in male reproduction. The SSMR has been working diligently in collaboration with partners like the American Fertility Association, the Men's Health Network, the American Urological Association, American Society of Andrology and the Society for Male Reproduction and Urology to raise the profile of male reproduction.

There have been some very important public policy initiatives recently in the area of male reproduction. Recently, the Senate passed a bill to support fertility services for wounded veterans. On December 12, the Murray Bill passed in the US Senate unanimously. This bill moved to lift the ban in the VA hospital system on IVF. Between 2003 to present, some 2000 US service men and women have suffered trauma which affected their fertility. Many of these families have had to pay out of pocket to access IVF services to have children. This bill would now provide VA coverage for IVF if needed for the families of servicemen and women. Members of the SSMR were active in advocating on behalf of this bill, and one of our members, Dr. Mark Edney, had the opportunity to speak to the Senate during the hearings on this bill.

More in the background, our SSMR members have also been actively working with the CDC to increase the profile of male reproduction. As most of you are aware, very little data is collected in any national registry about the causes and types of male infertility. Our SSMR members have been meeting regularly with the CDC to promote further data collection.

Another significant development over the past year has been the revamping of the SSMR website. The website has become much more patient-friendly and easy to use, while increasing the information for patients and acting as a source of information for patients about SSMR members in their regions (SSMR Find a Doc) who could help the patients manage their infertility. The website continues to evolve and improve. The Board of the SSMR aims to make this an authoritative and popular source of information about male fertility and fertility therapy.

"...There have been some very important public policy initiatives recently in the area of male

One of the other major roles of the SSMR is to promote research in the area of male reproduction. For the first time ever, the SSMR is providing grants in aid of research to any member of the SSMR. While the amount granted is only $10,000/grant this year, we are hoping that commercial partners will come forward to help with this initiative allowing us to increase the amount of money and the number of grants available. If you intend to apply, the applications are due March 1, 2013, and the winners will be announced at the SSMR Annual Meeting in May.

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In This Issue...

The major educational activity of the SSMR occurs at the annual meeting of the AUA. This year, the SSMR has been very well represented in both the plenary sessions of the AUA annual meeting and in the courses. The courses include this year a broad update on the approach to the diagnosis and treatment of men with infertility directed by Dr. Lipshultz and a second course on the investigation and management of male infertility for the general urologist directed by Dr. Goldstein. There are also state-of-the-art courses on surgery: Dr. Sharlip is directing a course on the optimum ways to make men infertile with a vasectomy and Dr. Schlegel is countering with the state-of-the-art on how to manage men with a vasectomy interested in having more children. Finally, there is a new course on the area every urologist loves to hate: scrotal pain or orchalgia. This course aims to provide practical advice on how to "painlessly" investigate and manage men with scrotal pain.

We are also well represented in the plenary sessions with talks on the effects of exogenous testosterone on male fertility and other sessions on the medical issues faced by men with infertility.

The SSMR annual meeting, directed by Dr. Paul Shin, focuses on the health issues for men with infertility. The idea is that we as clinicians treat the men who have infertility not simply the infertility that men have (men are more than a source of sperm). There are informative and practical sessions presented by leaders in the field on the short and long term risks faced by men with infertility such as testosterone deficiency, metabolic syndrome, cardiovascular disease, sexual dysfunction, depression and cancer. The goals are to provide the audience with the tools to identify men who might have these problems, the investigations needed and how the clinicians might manage these men. This promises to be a very interesting and informative meeting and I hope that you will all attend.

To make the educational program available to the future generations, the SSMR continues to provide Men's Health Traveling Fellowship grants to residents and fellows with an interest in male reproduction. This highly successful program continues this year with a total of 11 fellowships being awarded.

Finally, and maybe most importantly, the SSMR has a role in bringing the diverse group interested in male reproduction together. We do this with the annual meeting and with our most important social event, the SSMR Annual Banquet. I hope that all of you will join us for both the meeting and the annual banquet. I am looking forward to seeing you in San Diego!

Keith A. Jarvi, MD
President, SSMR

Review of ASRM 2012

SATURDAY, OCTOBER 20, 2012

Post Graduate One-Day Course
The Male is Half the Picture: Emerging Clinical and Laboratory Issues Affecting Male Reproductive Competence
Faculty: Grace M. Centola, PhD, HCLD, Chair; Gerald P. Schatten, PhD; Peter N. Schlegel, MD; Paul J. Turek, MD
(Summarized by Myriam Afeiche)

This day-long postgraduate course preceding the 2012 ASRM annual meeting comprised of nine lectures giving an excellent overview of the latest advances in knowledge in male reproductive competence.

The first speaker, Paul Turek, MD, kicked off the course by giving a summary of spermatogenesis and reminding the audience of the differences between mitosis and meiosis. Meiotic or maturation arrest affects 15% of azoospermic men who also experience anomalies of chromosomal pairing. Meiotic errors in infertile men result in sperm chromosomal aneuploidies.

The second speaker, Peter Chan, MD discussed the causes and consequences of sperm morphological abnormalities. While light microscopy is most commonly used to select the best spermatozoon for ICSI, high power electron microscopy can detect more specific head, neck and tail pathologies. This technique, coupled with fertilization management strategies can lead to successful ICSI among severe cases of male factor infertility. Next, Gerald Schatten, PhD, reviewed the gametic contributions to embryo quality and highlighted the implications of reprogramming somatic cells into pluripotent cells on male and female fertility. Grace Centola, PhD, HCLD, described in detail the processing and cryopreservation of testicular and epididymal sperm and their best retrieval techniques among men presenting with obstructive or non-obstructive azoospermia. She then explained their differing ART success rates among men with azoospermia: As compared to ejaculated sperm, testicular sperm has lower percent DNA damage, but higher aneuploidy rate. Course participants were also informed on the genetic defects and detrimental birth outcomes caused by advanced paternal age. Other topics included epigenetic influences among infertile men. Dr. Schatten explained epigenetic inheritance and molecular mechanisms of epigenetic imprints. Dr. Turek then talked about restoration of male fertility after anabolic steroid use by giving practical examples of patients. Finally, Dr. Chan discussed the impact of organ transplantation on subsequent fertility and the potential teratogenic effects of immunosuppressants.

In summary, while ART success rates have remained stable in the last decade, the potential for advancing the field of male reproductive competence by understanding molecular, genetic and epigenetic mechanisms is still very wide.

MONDAY, OCTOBER 22, 2012

Society for the Study of Reproduction Exchange Lecture: Role of the Epididymis in the Acquisition of Male Fertility: How Epithelial Cells Create the Optimal Luminal Environment for Sperm Maturation
By Sylvie Breton, PhD
(Summarized by Devon Snow-Lisy, MD)

The epididymis is important for spermatozoa maturation; however the factors which promote the acquisition of progressive motility and fertilization ability are still poorly defined. In her plenary lecture, Sylvie Breton, PhD from Massachusetts General Hospital presented her data which demonstrates that principal, clear and basal cells of the epididymis are all involved in a complex interplay that promotes proper luminal acidification. Principal cells secrete bicarbonate following baso-lateral stimulation which increase spermatozoa motility or prime them prior to ejaculation. In contrast, acid secretion by clear cells via their apical microvilli proton-pumping ATPases (V-ATPase) induces sperm cell dormancy by preventing activation of sperm specific calcium and potassium channels involved in capacitation. V-ATPase is induced by a bicarbonate sensitive cAMP, by ATP secreted by principal cells and sperm cells, and by adenosine which is produced from ATP metabolism by local nucleotidases. Unlike previously thought, Dr. Breton demonstrated that basal cells have cytoplasmic extensions that actually project into the lumen and also regulate V-ATPase by secretion of nitric oxide which activates a cGMP pathway inducing further V-ATPase action. The direct cross-talk between principal and clear cells, as well as between basal cells and clear cells, helps control luminal acidification. This complex interplay is necessary to produce the low bicarbonate and low pH environment in the lumen of the epididymis necessary for sperm maturation and storage. Determining these signaling pathways and control mechanisms offer potential targets for male contraceptive medications or potential treatments for some idiopathic male infertility associated with dysfunctional spermatozoa likely caused by improper epididymal maturation.

Male Reproduction and Urology: Research
4:15 p.m. – 6:00 p.m.
(Summarized by Bobby Najari, MD)

The session included exciting research focused on sperm quality and function. Pitigalaarachchige and colleagues from Vancouver, Canada, evaluated sperm DNA methylation at multiple genes and compared men with severe oligospermia and normal fertility. They found that mean DNA methylation was significantly greater at two genes (*LIT1* and *MEST*) in men with severe oligospermia compared to fertile men. They also found that the infertile men had higher DNA fragmentation levels than fertile controls; however, there was no correlation between DNA fragmentation and DNA methylation at any of the genes assessed. Next, Steven Mansell, BSc, and colleagues form Dundee, United Kingdom, presented an elegant whole cell patch clamping experiment to identify potassium channels in sperm from healthy donors. Exposure to the potassium channel blocker quinidine resulted in decreased motility. Pedro Caballero-Campo presented data from a multi-institutional study evaluating multiple sperm function

tests and their relation to pregnancy outcomes. Using samples from 21 healthy proven fertile donors used for intrauterine insemination, they found that sperm samples with higher mitochondrial membrane potential were associated with higher pregnancy rates. Descriptive semen analysis characteristics such as concentration and motility were not associated with higher pregnancy rates in this group of fertile donors. Dr. Saymé and colleagues from Hannover, Germany, correlated traditional semen analysis parameters with DNA fragmentation, aniline blue staining and hyaluronic acid binding in patients with normal concentration but low motility or morphology. They found significant correlation between semen analysis parameters and DNA fragmentation and hyaluronic acid binding. Finally, Tim Jenkins and colleagues from Salt Lake City, US, evaluated the intra-individual variability of sperm DNA methylation and demethylation across multiple ejaculates of eight donors. Both genetic modifications were relatively stable over the short term (up to two weeks); however, DNA methylation was more stable compared to DNA demethylation.

TUESDAY, OCTOBER 23, 2012

2012 SMRU Traveling Scholars Abstract Session Review
(Summarized by Laxmi A. Kondapalli, MD MSCE)

The session for the SMRU Traveling Scholars was a success. Lauren Ross's abstract "Semen Parameters in Young Male Cancer Patients Choosing Sperm Cryopreservation: Does Standard World Health Organization (WHO) Criteria Apply?" highlighted that 67% of young adult cancer patients have abnormal baseline semen parameters. She emphasized the importance of counseling about treatment options and costs in fertility preservation. Devon Snow-Lisy's abstract "Novel Technique for Nanoparticle Delivery to the Testes in a Rat Model" focused on the use of nanoparticles for testis specific therapies. She concluded that arterial injection for targeting nanoparticles to the testis is a feasible option. Bobby Najari's abstract "Increased Body Mass Index in Men with Varicocele is Associated with Larger Peritesticular Vein Diameters (PVD) When Supine" focused on BMI and vericocele measurements. He concluded that higher BMI is associated with smaller left testis volumes and larger left PVD when supine. This association was absent with standing. Myriam Afechi's abstract "Dairy Food Intake in Relation to Semen Quality" focused on environmental estrogens in dairy products and their effects on semen quality. She concluded that full fat dairy food intake was associated with lower semen quality in young men. Lawrence Jenkins' abstract "Efficacy of a New Device for Inducing Ejaculation in Men with Spinal Cord Injury" evaluated the Viberect's (a penile vibratory stimulation device) efficacy in this population. He found that Viberect safely induced ejaculation in selected. Etai Goldenberg's abstract "Testicular Ultrasound as a Non-Invasive Indicator of Testicular Function" used resistive index during scrotal ultrasound as an indicator of testicular microcirculation integrity. He found a threshold of 0.57 correlated with decreased total motile sperm, decreased testis size and increased FSH supporting the use of resistive index as an indicator of testicular function. Each scholar focused on very different areas of male reproduction allowing for a particularly exciting session.

WEDNESDAY, OCTOBER 24, 2012

American Urological Association Bruce Stewart Memorial Lecture - Identifying the Genes that Control Reproduction Using a Human Disease Model
9:00 a.m. – 9:45 p.m.
By William F. Crowley, Jr., MD
(Summarized by Lawrence Jenkins, MD, MBA)

Knowledge of the genes involved in the hypothalamic-pituitary-gonadal (HPG) axis was unknown until researchers began using a human disease model to isolate those involved. Hypogonadotropic hypogonadism and Kallman's syndrome (KS) both share a gonadotropin releasing hormone (GnRH) deficienct. Early work began investigating the GnHR neurons, which were hard to study because they are dispersed throughout the brain, both small in size and number.

Initially, researchers were able to replicate the pulsatile fashion of release and utilized log/linear dose response curves. A critical observation was made, in affected fetus' they were able to find the GnRH cells in the olfactory bulb and isolate KAL1 gene as the GnRH neural migration gene and the only homing mechanism for the cells. Further research yielded the identification of mutations in KAL2 (FGFR1) and found deficits in both KS and normosmic idiopathic hypogonadotropic hypogonadism (nIHH). In addition, they found GnRh neurons were present in patients, but somehow did not function at puberty. Following treatment, the GnRH neurons were able to awaken and fire in a coordinated pulsatile fashin, and induce/sustain a normal HPG axis. Several key elements were identified with whole genome studies: PROKR2 are not GnRH neurons and do not co-localize with GnRH but they are co-travelers. In addition, almost all of the mutations were private mutations; however, R173 was a "hotspot" and seen in all of the patients, possibly representing the brake for reproduction. This can possibly play a role in maximizing reproductive fitness during optimal circumstances.

Moving from rare to common disease, normal diseases require several hundred thousands of patients to see differences. One example, hypothalamic amenorrhea – has apulsatile release of GnRH. The loss-of-function in monogenetic genes caused 14% to be symptomatic and all were heterozygotes. Only with complete sequencing rather than isolated SNPS would this have been seen. He concluded that isolated GnRH deficiency is a prism into the unique biology of GnRH neurons. Careful phenotyping of patients, while costly and time consuming is invaluable to identifying the cause of these diseases.

Society of Reproductive Biologists and Technologists and Society for Male Reproduction and Urology
Symposium – Is the Basic Semen Analysis Still Valuable or Is Sperm Function Testing the Best Way to Assess Male Reproductive Capacity?
11:15 a.m. – 1:00 p.m.
Amy E. Sparks, PhD (Chair)
(Summarized by Etai Goldenberg)

This was a fascinating presentation by three leaders in the field of reproductive medicine on the value of the semen analysis in evaluation of the subfertile male. Each speaker discussed aspects of the basic and advanced semen analysus in the evaluation of the subfertile male. Dr. Michael Vernon began with the historical evolution of the semen analysis. He first focused on changes in the criteria for morphology, from its inception in the late 1900s through the Kruger strict criteria, highlighting the value of morphology to predict fertilization. Next, Dr. Vernon discussed sperm agglutination, and that anti-sperm antibodies have been shown to reduce conception rates by approximately half and that testing for these antibodies has greatly helped with patient management. Dr. Sergio Oehniger discussed the development and utility of bioassays including sperm-zona pellucid assay, acrosome reaction test, and sperm-hamster egg interaction. He concluded that bioassays have value in selecting between intrauterine insemination (IUI) or in-vitro fertilization (IFV) for the subfertile couple. However, due to the time required for testing, non standard reagents and equipment, and the cost of the testing, these tests remain as research tools only. Dr. Armand Zini then compared DNA chromatin evaluation to the basic semen analysis. He described that DNA/chromatin testing, as a screening tool, is highly specific with poor sensitivity. It also has an odds ratio (OR) of 7. To predict pregnancy from IVF there appears to be no relationship between morphology and the basic semen analysis. However, there is a modest correlation between DNA testing for conventional IVF (OR of 1.9), IVF/ICSI (OR of 1.3) and an OR of 2.58 for pregnancy loss. Overall, this session discussed many strengths of the basic semen analysis and the potential value of advanced testing. ◀

SSMR ELECTIONS

Once again, the Society for the Study of Male Reproduction will be holding elections online. The ballot will be placed in the Members Only section of the website (www.ssmr.org). All voting members will be able to vote from February 15 – April 15, 2013.

The positions open for election this year are secretary and member-at-large. We encourage all voting members to participate in this process. Our new website uses the email address we have on file for you as your username. Your password has remained the same. If you know your email address but cannot remember your password, click the "Forgotten Password" link on the login page.

We hope that this will make it easier to stay involved in our society and make your voice heard. ◀

2013 Society for the Study of Male Reproduction (SSMR)
"Canary in the Coal Mine: Infertility as a Barometer for Men's Health"

Paul R. Shin, MD, Program Chair

As male reproductive specialists, we focus much of our energy on improving fertility and doing our best to help a couple achieve pregnancy. Whether or not this goal is achieved, patients are often left wondering, "What now?" We are uniquely positioned as a specialty to diagnose and possibly intervene well before disease processes establish themselves later in life.

Our 2013 program focuses on the infertile male after pregnancy-based intervention has come and gone. A broad variety of topics ranging from endocrinopathies to oncologic risk to psychological issues and sexual dysfunction will be covered.

There will be an industry sponsored lunch symposium examining sexual dysfunction and infertile male patients. Among our featured speakers is Dr. William Petok, a nationally renowned psychologist known for his work with infertile couples. Also featured are Drs. Alan Shindel and Irwin Goldstein, well known experts in the sexual medicine community.

The first portion of the formal program examines the medical risks of infertility including hypogonadism, cardiovascular risk, metabolic syndrome and a debate over varicocele treatment and low testosterone. Speakers will include Drs. David Shin, Michael Eisenberg, Edward Kim, Marc Goldstein and Ethan Grober.

The second part of the program examines the psychosocial impact of infertility on men as well as couples. Dr. Petok and Dr. Katie Hirst from the UCSD Department of Psychiatry will examine infertility as a risk for depression, anxiety and the impact it has on a couple's relationship after the treatment of infertility.

Toward the end of the program, Dr. Tom Walsh will examine the oncologic risks that infertile men may face later in life. Finally, Dr. Jeff Holzbeierlein will give us a urologic oncologist's take on infertile men as patients at later stages of life.

This program promises to be engaging and offer new insights all of us as fertility specialists and urologists alike can use to better care for our patients. ◀

2013 Annual Meeting Program Schedule

Canary in the Coal Mine: Infertility as a Barometer for Men's Health

Tuesday, May 7, 2013
12:00 p.m. – 5:30 p.m.
San Diego Convention Center | Room 25 ABC | San Diego, CA
Program Chair: Paul R. Shin, MD

12:00 p.m. – 1:00 p.m.	**Special Symposium – Sexual Health Implications of Male Infertility**
12:00 p.m. – 12:20 p.m.	**Infertility as a Risk Factor for Psychosexual Dysfunction** William Petok, PhD
12:20 p.m. – 12:40 p.m.	**Sexual Health and the Infertile Couple** Alan W. Shindel, MD
12:40 p.m. – 1:00 p.m.	**Female Sexual Dysfunction and Infertility** Irwin Goldstein, MD, IF
1:00 p.m. – 1:10 p.m.	**Introduction** Paul R. Shin, MD
1:10 p.m. – 1:30 p.m.	**Hypogonadism – Effects on Long Term Health for Hypogonadal Men – Diagnosis and Management** Edward D. Kim, MD
1:30 p.m. – 1:50 p.m.	**Metabolic Syndrome – Diagnosis and Treatment** David Shin, MD
1:50 p.m. – 2:10 p.m.	**Cardiovascular Risk in Hypogonadal/ Infertile Men** Michael L. Eisenberg, MD
2:10 p.m. – 2:30 p.m.	**Varicoceles, Infertility, Testosterone Deficiency – What Is The Data? Should Repair Be Offered To Increase T Levels?** **Point-Counterpoint Debate** Pro: Marc Goldstein, MD Con: Ethan D. Grober, MD, MEd, FRCSC
2:30 p.m. – 2:45 p.m.	**Case Presentations and Panel Discussion:** **Low T and Varicocele Obesity and High Estradiol Low FSH and LH**
2:45 p.m. – 3:00 p.m.	**Q&A**
3:00 p.m. – 3:10 p.m.	**Break**
3:10 p.m. – 3:30 p.m.	**Infertility as a Risk Factor for Depression and Other Mood Disorders** William Petok, PhD
3:30 p.m. – 3:50 p.m.	**Helping Couples Cope: Mental Health Considerations for the Infertile Couple** Katie Hirst, MD
3:50 p.m. – 4:00 p.m.	**Update on Men's Health Initiative and CDC** Lawrence S. Ross, MD
4:00 p.m. – 4:20 p.m.	**Infertility and Oncologic Risk** **Prostate Testis and Colon Cancer** Thomas J. Walsh, MD, MS
4:20 p.m. – 4:40 p.m.	**Hypogonadism as a Risk Factor for Future Cancer Treatment – An Oncologic Perspective – Testis and Prostate Cancer** Jeffrey M. Holzbeierlein, MD
4:40 p.m. – 5:00 p.m.	**Q&A/Adjourn**
5:00 p.m. – 5:30 p.m.	**Business Meeting**

You are invited to attend the 2013 SSMR Annual Banquet

Tuesday, May 7, 2013
San Diego Wine & Culinary Center
200 Harbor Drive, Suite 120 | San Diego, CA 92101

Register for the banquet quickly and easily online at www.ssmr.org

Cocktails 7:00 p.m.
Dinner 8:15 p.m.

If you have any dietary needs, please contact the SSMR office at (847) 517-7225 prior to April 24, 2013.

Casual attire is appropriate.

# of people attending _____ x $80.00 per person = $ _____ (on and before April 24, 2013)

# of people attending _____ x $90.00 per person = $ _____ (after April 24, 2013)

Name:_____

Spouse/Guest:_____

Address:_____

City:_____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email:_____

Method of Payment:

❒ Check (payable to the SSMR) ❒ Visa ❒ MasterCard ❒ American Express

Credit Card Number:_____

Expiration Date: _____CVV#_____

Name on Card:_____

Billing Address: _____

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The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Signature: _____

Please return this form to the SSMR office no later than April 24, 2013.

SSMR
Two Woodfield Lake
1100 East Woodfield Road, Suite 350
Schaumburg, IL 60173-5116
Phone: (847) 517-7225
Fax: (847) 517-7229
Email: info@ssmr.org
Website: www.ssmr.org

2013 SSMR Meeting
"Health Issues for Men with Infertility: Past, Present and Future"

NEEDS AND OBJECTIVES

Needs:

1. Endocrine management of the infertile man as well as diagnosis and treatment of osteoporosis are new knowledge areas for most urologists, even those that treat male fertility issues.
2. Understanding the sexual, mental health and marital impacts of infertility will allow for appropriate referral to a mental health specialist, but also a better understanding of how to counsel couples.
3. Gaining insight into the risks that infertility/hypogonadism may pose for future cancers will allow urologists to better counsel and screen their patients.

Objectives:

1. Identify future medical challenges that young men with infertility may face later in life – how can we best screen, diagnose, and prevent?
2. Identify the mental health impacts a diagnosis of male factor infertility has on the patient and the couple.
3. Identify and understand the future oncologic risks for men with male factor fertility issues.

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Accreditation: The American Urological Association Education & Research, Inc. (AUAER) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation: The American Urological Association Education & Research, Inc. designates this live activity for a maximum of **3.75** *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The AUAER takes responsibility for the content, quality, and scientific integrity of this CME activity.

AUAER Disclosure Policy: As a provider accredited by the ACCME, the AUAER must ensure balance, independence, objectivity and scientific rigor in all its activities.

All faculty participating in an educational activity provided by the AUAER are required to disclose to the provider any relevant financial relationships with any commercial interest. The AUAER must determine if the faculty's relationships may influence the educational content with regard to exposition or conclusion and resolve any conflicts of interest prior to the commencement of the educational activity. The intent of this disclosure is not to prevent faculty with relevant financial relationships from serving as faculty, but rather to provide members of the audience with information on which they can make their own judgments.

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Disclaimer: The opinions and recommendations expressed by faculty, authors, and other experts whose input is included in this program are their own and do not necessarily represent the viewpoint of the AUAER.

Evidence Based Content: As a provider of continuing medical education accredited by the ACCME, it is the policy of the AUAER to review and certify that the content contained in this CME activity is valid, fair, balanced, scientifically rigorous, and free of commercial bias.

Special Assistance/Dietary Needs: The American Urological Association Education & Research, Inc. (AUAER), an organization accredited for Continuing Medical Education (CME), complies with the Americans with Disabilities Act §12112(a). If any participant is in need of special assistance or has any dietary restrictions, a written request should be submitted at least one month in advance. For additional assistance with your request please call (800) 908-9414.

MARK YOUR CALENDARS!

38th ASA Annual Meeting
April 13 – 16, 2013
Hyatt Regency San Antonio | San Antonio, Texas

Testis Workshop
April 10 – 13, 2013

Andrology Lab Workshop
April 13 – 14, 2013

ASA Special Symposium
April 13, 2013

SSMR Annual Meeting at the AUA Annual Meeting
Tuesday, May 7, 2013
San Diego Convention Center | San Diego, CA

Online Voting for SSMR Leadership
From February 15 – April 15, you will be able to vote for the 2013 – 2014 open SSMR leadership positions on line at www.ssmr.org

Exercise your RIGHT TO VOTE!

The Society for the Study of Male Reproduction (SSMR) encourages organizations and individuals to link to www.ssmr.org