




Assisted reproduction using testicular tissue

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Outline

- Clinical applications of testicular sperm for ART
- Overall reproductive results with surgically retrieved sperm
- Results in specific conditions
- The limits of gamete function in extremely damaged testes
- Child health and safety issues
- What needs to be improved

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Clinical applications of ART using testicular sperm

<ul style="list-style-type: none"> • Obstruction <ul style="list-style-type: none"> – Failure of vasovasostomy – Epididymal obstruction – CBAVD – Postinflammatory • Transport <ul style="list-style-type: none"> – Psychogenic anejaculation – Spinal cord injury – Lymphadenectomy • Function <ul style="list-style-type: none"> – Total asthenozoospermia – High DNA damage 	<ul style="list-style-type: none"> • Production <ul style="list-style-type: none"> – Idiopathic azoospermia – Cryptorchidism – Iatrogenic (chemotherapy radiotherapy) – Yq microdeletions – Klinefelter's syndrome – Hypogonadotropic hypogonadism
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The special features of testicular sperm

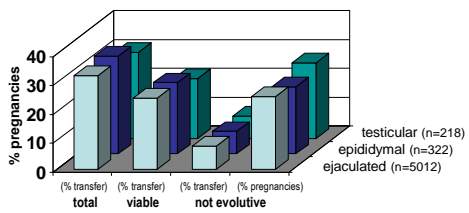


- None or minimal motility
- Defective morphology
- Unable to undergo capacitation and acrosome reaction
- No binding to ZP
- Incomplete protein transition (histones > protamines)
- Incomplete chromatin condensation
- Abnormal epigenetic profile

- Clinical applications of testicular sperm for ART
- Overall reproductive results with surgically retrieved sperm

Reproductive results of surgically retrieved sperm

Early reports of pregnancies



Meta-analysis of reproductive outcomes in OA and NOA

Patients OA/NOA	OR (95% CI)* for pregnancy rates	P	References
48/26	1.3 (0.7 – 2.6)	0.49	Ghanem (2005)
52/123	1.1 (0.6 – 2.0)	0.76	Friedler (2002)
103/119	3.7 (1.6 – 7.4)	<0.01	Mansour (1997)
129/40	1.3 (0.8 – 2.4)	0.25	Palermo (1999)
139/54	1.0 (0.5 – 1.7)	1.10	De Croo (2000)
471/362	1.53 (0.83 – 2.74)	0.17	Overall result

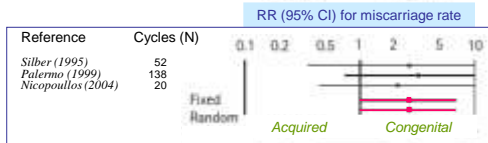
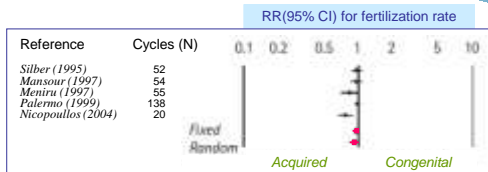
*OR >1 favours OA
*OR <1 favours NOA

Higher fertilization rate in OA patients (65%) than in NOA patients (54%)

Ghanem (2005)

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Cause of obstruction and ART outcome



Nicopoullos (2004)

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Sperm aneuploidy and source of spermatozoa

sperm aneuploidy rate (%)

Testicular	Epididymal	Ejaculated (normal)	References
51.6*	7.7*§	2.3	Bernardini (2000)
1.4	--	0.9	Martin (2000)
19.6*	8.2*§	1.6	Levrin (2001)
11.4*	1.8§	1.5	Palermo (2001)
4.3*	2.6*	0.9	Burrello (2002)
8.2	5.6	--	Mateizel (2002)
1.3	--	0.4	Martin (2003)
5.9*	0.8	0.5	Rodrigo (2004)

*p<0.05 vs ejaculated

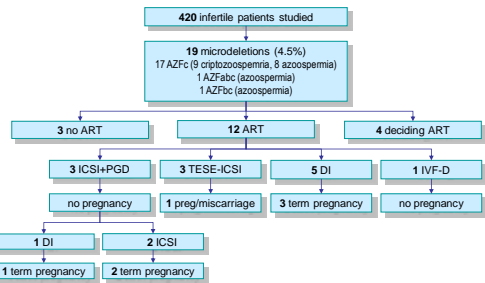
§p<0.05 vs testicular

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The choice and outcome of fertility treatment in 19 patients with Yq microdeletions



García et al (2009)

Sperm findings and reproductive treatments in men with Yq microdeletions



Patients n	SC >0 ^a %	TESE + n/t (%) ^b	ART ^c (n)	CPR ^d n (%)	References
48	33	14/21 (66)	26	11 (42)	Oates (2002)
38	26	10/28 (36)	16	7 (43)	Stouffs (2005)
39	38	7/16 (44)	6	1 (16)	Simoni (2008)
12	33	7/12 (58)	13	9 (75)	Palermo (2008)
63	38	6/27 (22)	23	18 (78)	Patrat (2010)

a: sperm concentration higher than 0 in semen

b: patients with positive sperm in testes/total attempted (%)

c: patients treated by ICSI with testicular or ejaculated sperm

d: pregnancies (cumulative clinical pregnancy rate per couple)

Overall cumulative PR per couple initially screened : 46/200 (23%)

TESE-ICSI in patients with non-mosaic Klinefelter's syndrome

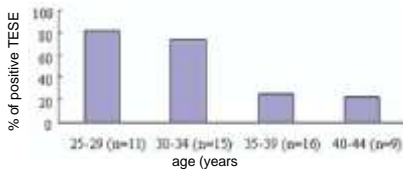
Cycles n	TESE + ^a n (%)	CPR ^b n (%)	References
10	4 (40)	0 (0)	<i>Tournaye (1996)</i>
20	8 (40)	4 (50)	<i>Levron (2000)</i>
12	5 (42)	5 (50)	<i>Friedler (2001)</i>
11	6 (55)	2 (33)	<i>Ulug (2003)</i>
54	39 (72)	22 (56)	<i>Schiff (2005)</i>
17	6 (35)	7 (77)	<i>Kyono (2007)</i>
39	22 (56)	7 (39)	<i>Yarali (2009)</i>
68	45 (66)	33 (53)	<i>Ramasami (2009)</i>

a: patients with some sperm in testes (%)

b: clinical pregnancies (% per transfer)

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Age and residual spermatogenesis in Klinefelter syndrome



	sperm positive (n=26)	sperm negative (n=25)	P
Age (years)	31	38	<0.001
Testicular volume (mL)	2.8	2.7	NS
FSH (mIU/mL)	29	27	NS
Testosterone (ng/mL)	2.9	2.2	NS

Okada (2005)

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Testicular sperm in hypogonadotrophic hypogonadism with persistent azoospermia

Cycles (n)	FR (%)	ET (mean)	CP [n (%)]	Miscarriages (n)	References
1	50	3	0	--	<i>Meseguer (2004)</i>
17	42	--	3 (17.6)	0	<i>Fahmy (2004)</i>
6	45	3	3 (50)	1	<i>Arkasu (2009)</i>

FR: fertilization rate

ET: embryos transferred

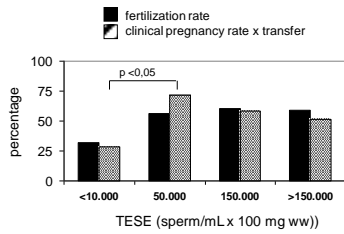
CP: clinical pregnancies (% per cycle)

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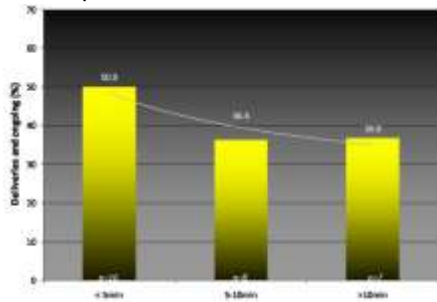


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- Results in specific conditions
- **The limits of gamete function in extremely damaged testes**

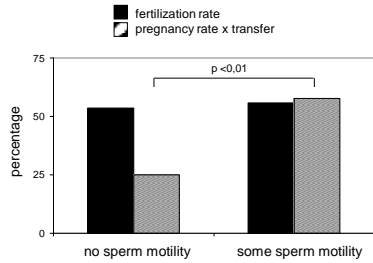
Lower pregnancy rate in very poor testicular sperm yield



Developmental competence of testicular spermatozoa in extreme NOA



Lower pregnancy rate with totally immotile testicular sperm



Garcia (2008)

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Malformations and the origin of non-ejaculated sperm

	OA	NOA	Other
Children born (n)	282	76	54
Multiple pregnancies (%)	38	37	52
Major malformations (%)	4.2	0	3.7

Total Malformations	Testicular sperm	Epididymal sperm
Males	5/159 (3.1%)*	2/38 (5.2%)
Females	2/169 (1.2%)	3/56 (5.3%)
Sex ratio**	47%	40%

* 3 hypospadias (1.6%) 5-fold higher compared to expected 0.28%
 ** ICSI with ejaculated sperm (53%)
 general population (51%)

Fedder (2007)

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Birth defects using surgically retrieved sperm



Fetal karyotypes

Testicular sperm	Ejaculated sperm	RR (95% CI)	References
3/63 (4.8)	45/1469 (3.1)	1.53 (0.49 – 4.79)	<i>Bonduelle (2002a)</i>
2/128 (1.5)	10/504 (1.9)	0.79 (0.18 – 3.57)	<i>Jozviak (2004)</i>

Major malformations

Testicular sperm	Ejaculated sperm	RR (95% CI)	References
6/206 (2.9)	84/2477 (3.4)	0.86 (0.38 – 1.84)	<i>Bonduelle (2002b)</i>
3/147 (2.0)	139/4248 (3.3)	0.62 (0.20 – 1.93)	<i>Kallen (2005)</i>
21/229 (9.2)	248/2944 (8.4)	1.09 (0.71 – 1.66)	<i>Ludwig (2002)</i>
1/87 (1.1)	33/1774 (1.9)	0.62 (0.009 – 4.47)	<i>Palermo (2000)</i>
0/31 (0.0)	39/934 (4.2)	0	<i>Wennerholm (2000)</i>

Woldringh (2010)

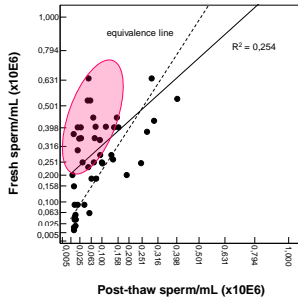
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Freezing and the availability of testicular sperm



Garcia (2008)

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Molecular markers used to predict the presence of sperm in testicular tissue



	Sensitivity	Specificity	Reference
Telomerase	87.5	100	<i>Yamamoto (1999)</i>
DAZ	83	100	<i>Kuo (2004)</i>
DAZL	78	94	<i>Lin (2005)</i>
BOULE	100	100	<i>Lin (2005)</i>
CDC25A	84	100	<i>Cheng (2006)</i>
MSH4	80	100	<i>Terribas (2010)</i>

Do not avoid testicular biopsy
Dependent on the sampling procedure

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Summary and final remarks (1)



- Surgically retrieved sperm have good reproductive potential
- Similar ART results with sperm from epididymal and testicular origin
- No detrimental effect of freezing sperm
- More miscarriages are observed in pregnancies with non-ejaculated sperm
- Almost half of NOA patients with constitutional conditions can be treated with good chances of pregnancy

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Summary and final remarks (2)



- Age has a detrimental effect on residual spermatogenesis of KS, but not in other congenital problems
- Sperm function worsens in extremely impaired spermatogenesis
- Testicular or epididymal sperm do not increase the risk of malformations compared with ejaculated sperm
- There is a need for accurate and non-invasive markers of spermatogenic reserve

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