

Current recommendations for genetic testing in the infertile male

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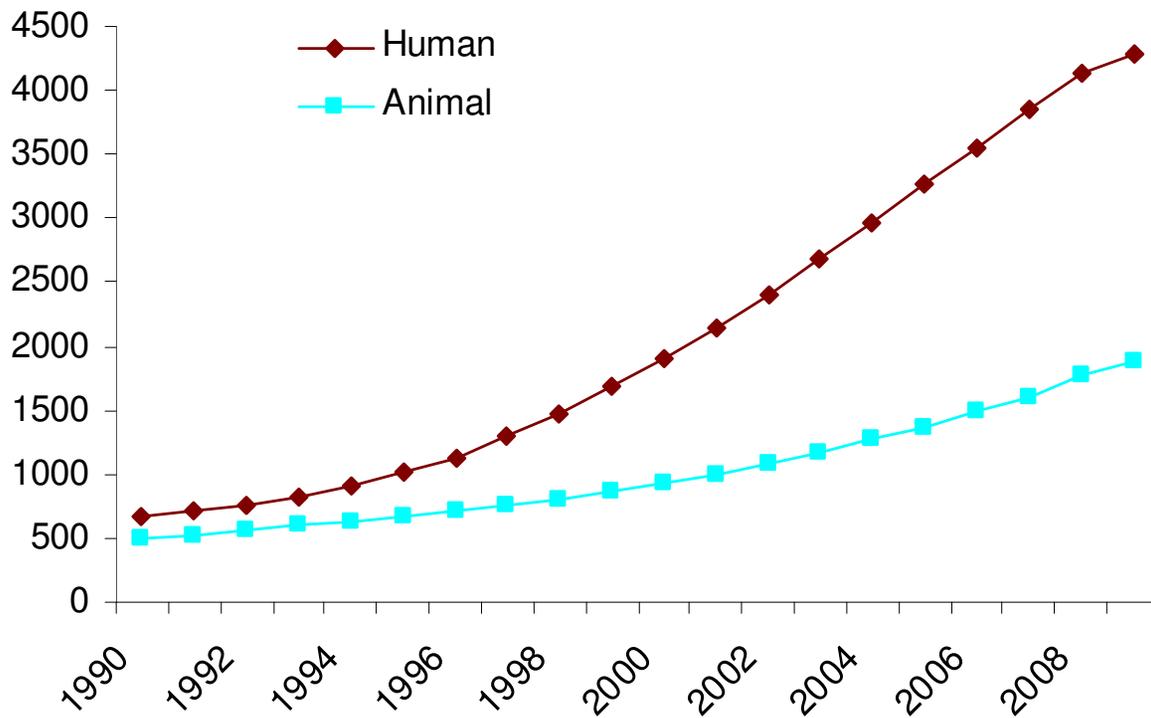
am  *center for reproductive medicine*

Layout of course

- Basic aspects of genetics and male infertility
 - Definitions
 - Study flaws
 - Biological difficulties
- Established genetic causes
 - Numerical / structural chromosome abnormalities
 - Y-chromosome aberrations
- Conclusions
 - Recommendations
 - Critical remarks

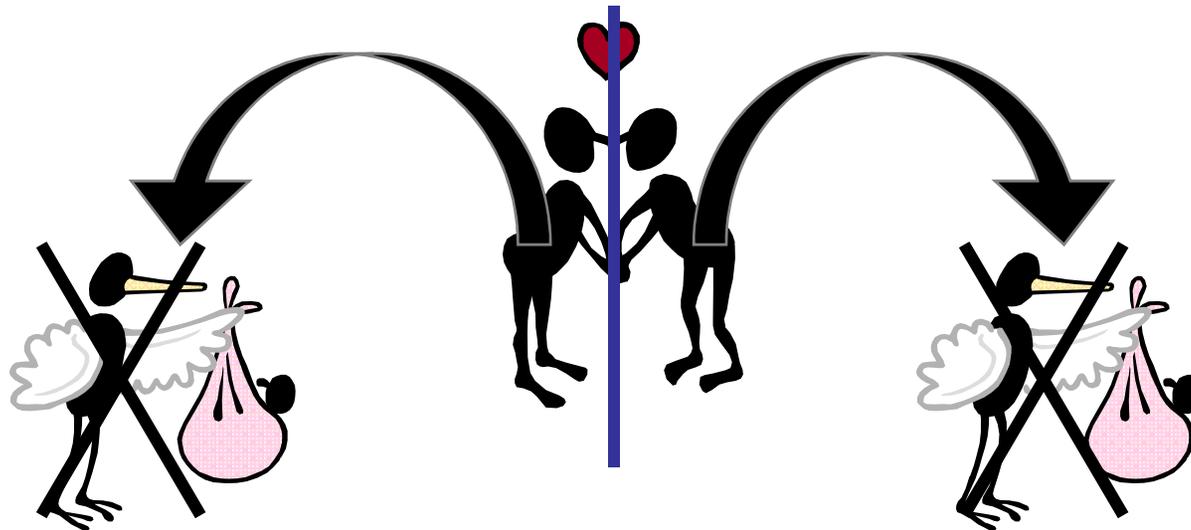
Search for genetic causes

- PubMed search “male infertility AND genetics”



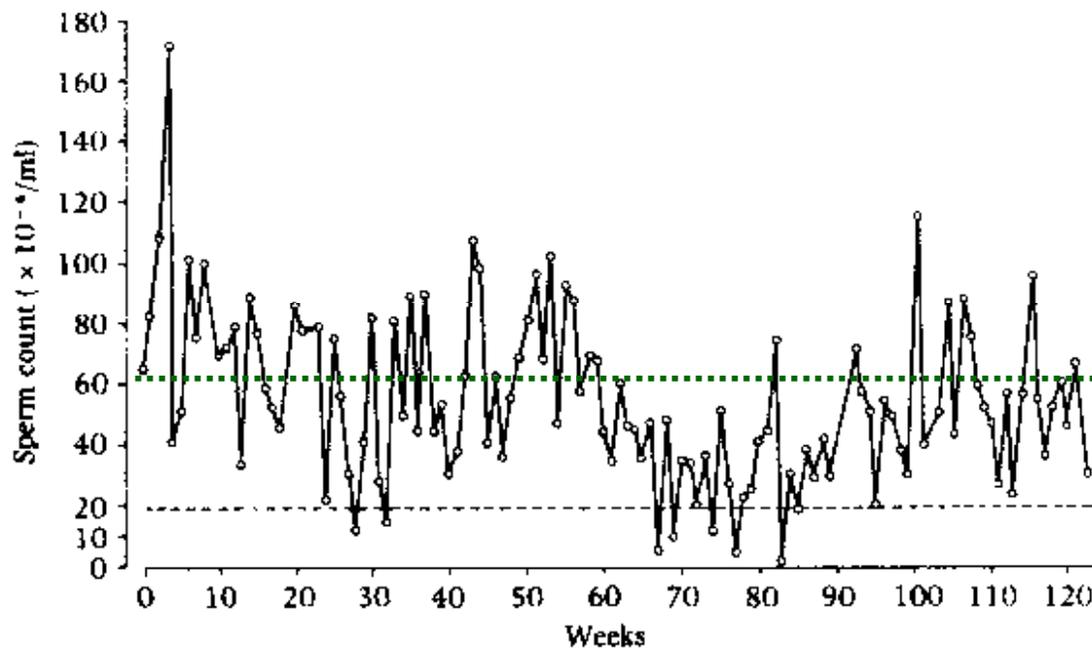
Only a handful of genetic factors have unequivocally been demonstrated to affect spermatogenesis in humans

~~Male infertility~~



Spermatogenic failure
(= impaired sperm production)

Variability in sperm count



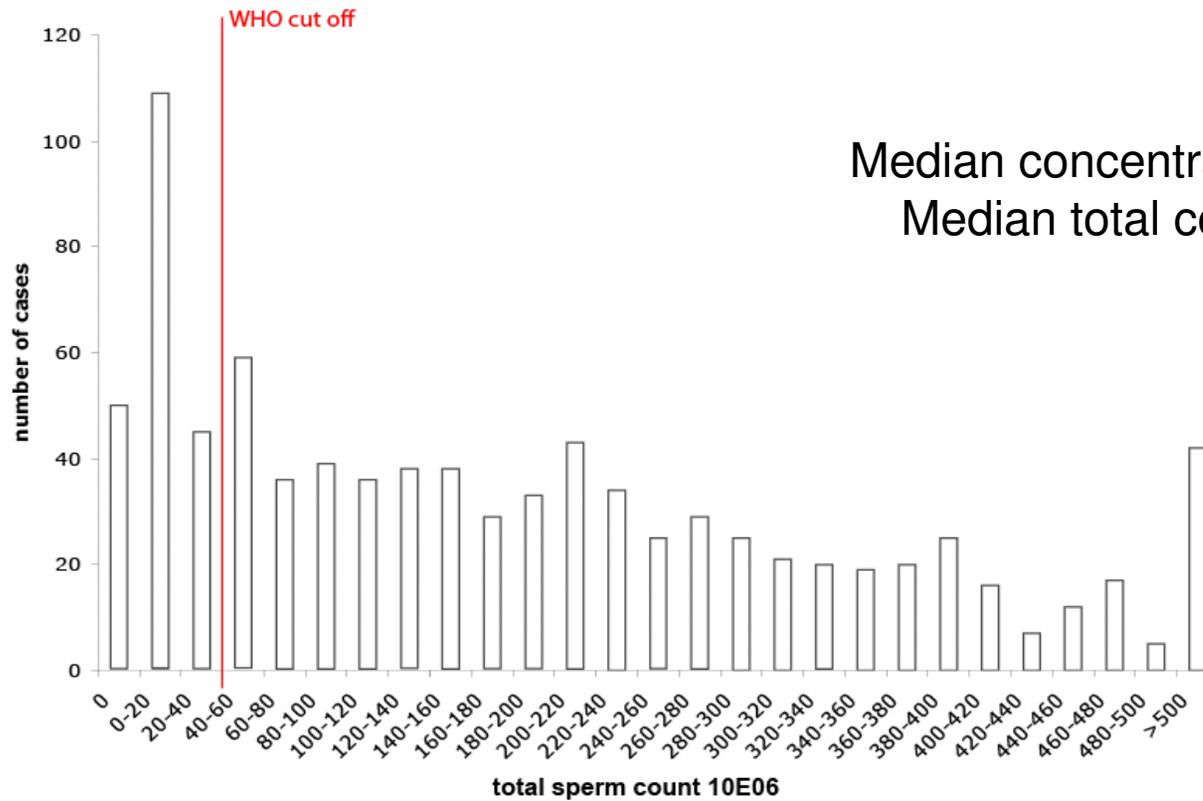
WHO Laboratory Manual for the Examination of Human Semen and Sperm-Cervical Mucus Interaction (1999)

Patients and controls

- Patients
 - Men with reduced semen quality according to WHO criteria
 - Known causes of spermatogenic failure excluded
- Controls
 - Proven fertile fathers
 - Non-paternity excluded?
 - (severely) oligozoospermic men can father children
 - Vasectomy reversals
- Cohort based approach
 - Populationally more powerful
 - Sperm count distinction between healthy and ill
 - Men with preserved genetically unaffected

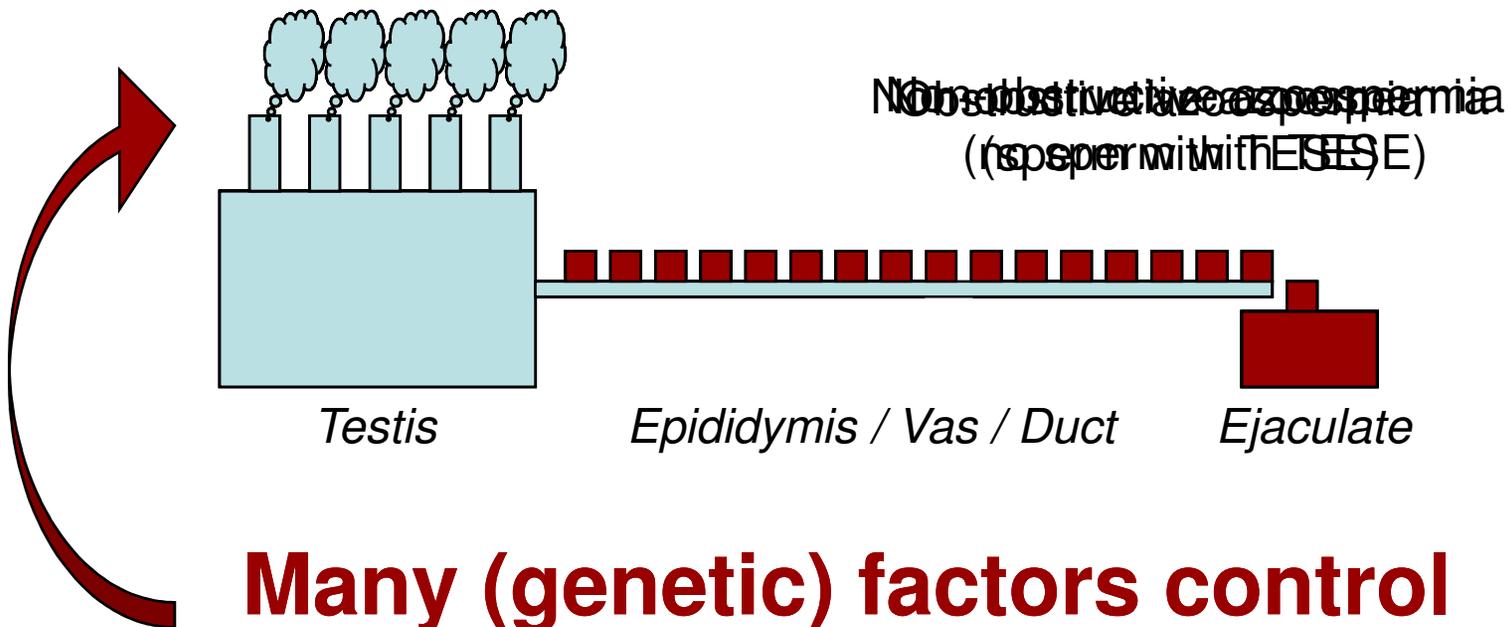
Sperm production variation

Consecutively included cohort male partners of subfertile couples
(n=1,041)



Our view on spermatogenesis

Spermatogenesis is a quantitative trait



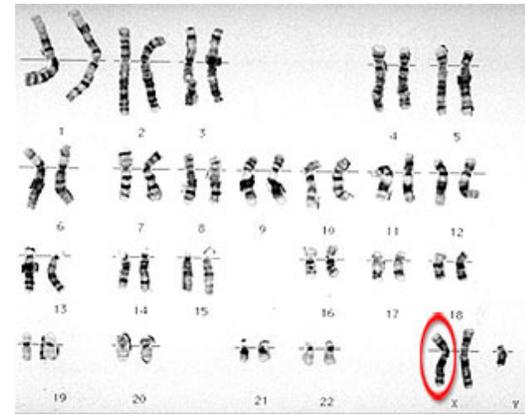
Many (genetic) factors control the rate of sperm production

Established genetic causes

- Karyotype abnormalities
 - Klinefelter syndrome (47, XXY)
 - Translocations
- Y-chromosome aberrations
 - Deletions
 - Isodicentric Y-chromosomes

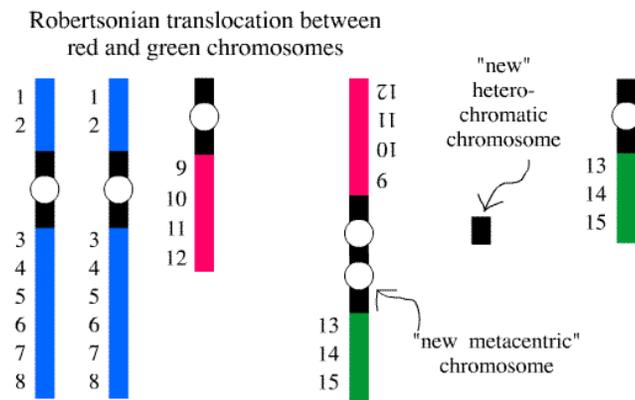
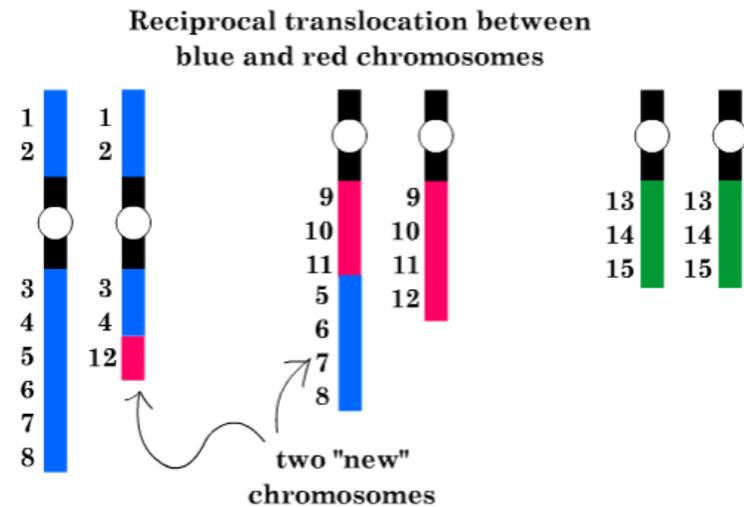
Klinefelter syndrome

- Extra X-chromosome
 - Meiotic imbalance
 - Overexpression X-Y genes
- Phenotype
 - Increased height
 - Disproportional arms/legs
 - Breast formation
 - Small testicles
 - (complete) absence of sperm production
 - Often mosaic genotype



Translocations

- Reciprocal translocations
- Robertsonian translocations



Y chromosome and spermatogenesis

- 1976 Microscopic deletions
 - AZoospermia Factor (AZF) on Yq
- 1995 AZF candidate-gene
 - Deleted in AZoospermia (*DAZ*) on Yq11-23
- 1996 Three non-overlapping deletion intervals
 - *AZFa*, *AZFb*, *AZFc*



Complete sequence of the Y



The male-specific region of the human Y chromosome is a mosaic of discrete sequence classes

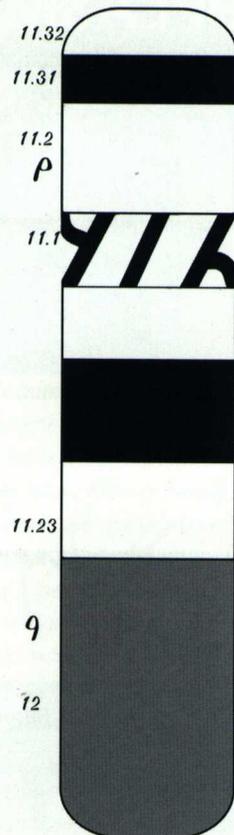
Helen Skaletsky*, Tomoko Kuroda-Kawaguchi*, Patrick J. Minx†, Holland S. Cordum†, LaDeana Hillier†, Laura G. Brown*, Sjoerd Repping‡, Tatyana Pyntikova*, Johar Ali†, Tamberlyn Bieri†, Asif Chinwalla†, Andrew Delehaunty†, Kim Delehaunty†, Hui Du†, Ginger Fewell†, Lucinda Fulton†, Robert Fulton†, Tina Graves†, Shun-Fang Hou†, Philip Latrielle†, Shawn Leonard†, Elaine Mardis†, Rachel Maupin†, John McPherson†, Tracie Miner†, William Nash†, Christine Nguyen†, Philip Ozersky†, Kimberlie Pepin†, Susan Rock†, Tracy Rohlfing†, Kelsi Scott†, Brian Schultz†, Cindy Strong†, Aye Tin-Wollam†, Shiaw-Pyng Yang†, Robert H. Waterston†, Richard K. Wilson†, Steve Rozen* & David C. Page*

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Genes on the Y-chromosome



- Testis Determining Factor (TDF) (anti-sense)

Inability to express affection over the telephone (ME TOO)

(POSH)

- Male Answer Syndrome

Refusal to ask for directions when lost (anti-STOP)

- Variable Violence Region (VVR)

- pseudo Self-Confidence(ψ SC)

pseudo Self-Confidence (Ψ SC)

- Pre-adolescent Fascination with Arachnida, Reptilia, & Rodents

- Male Bonding Locus (MB)

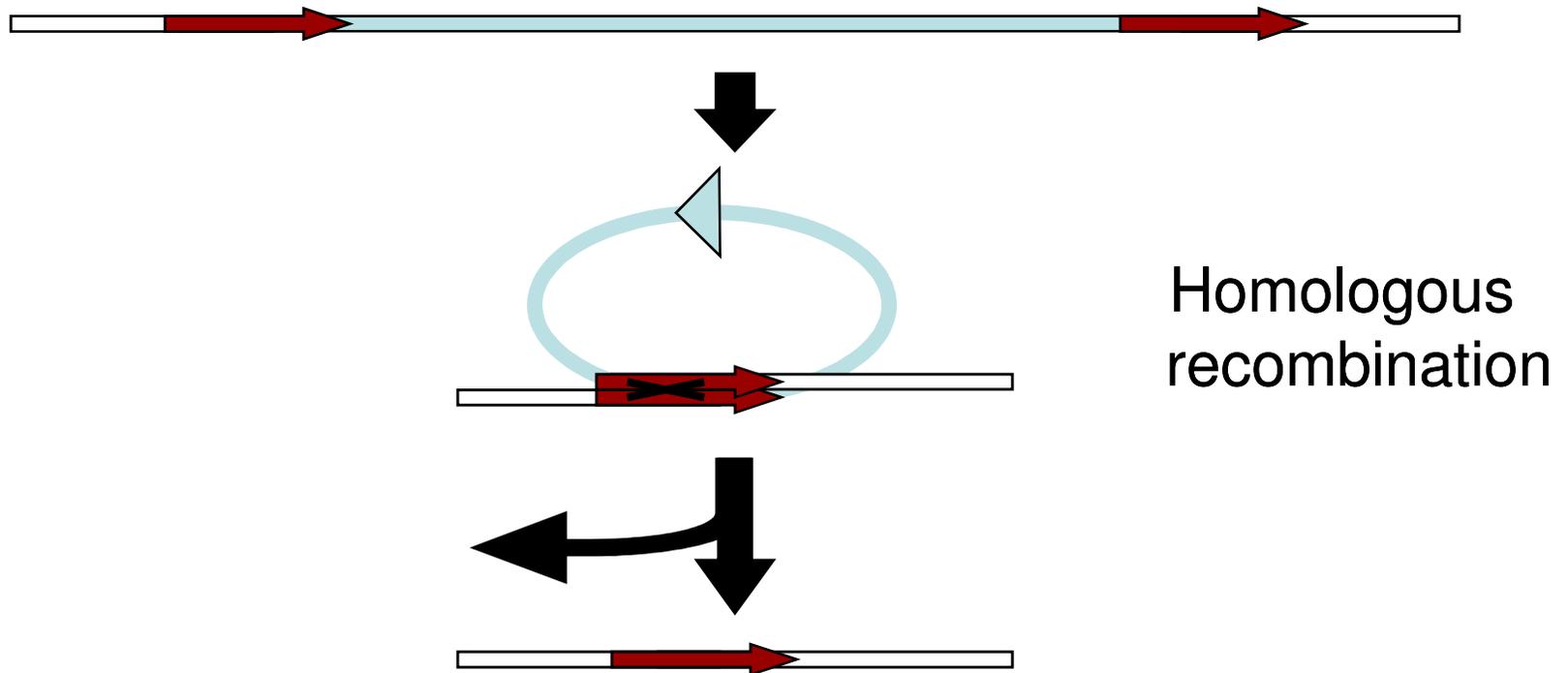
Air guitar (AIR)

- Addiction to Death & Destruction movies (terminator)

MSY genes

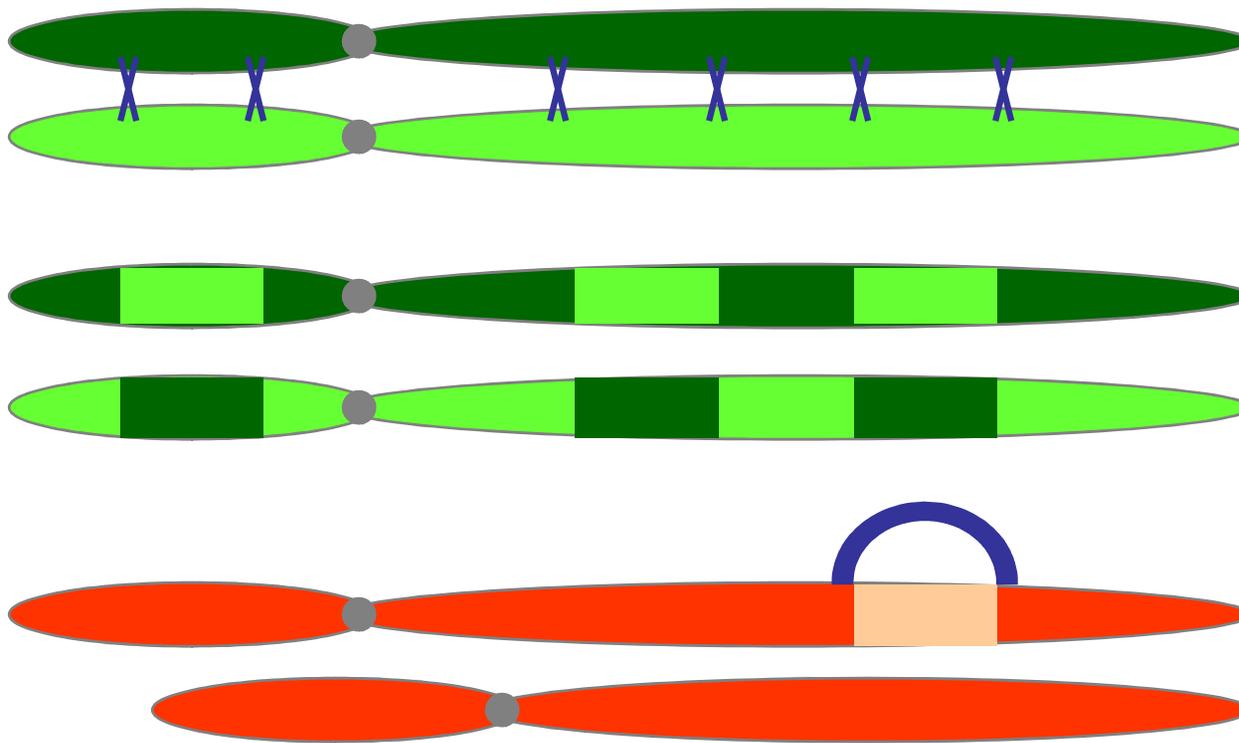
- 156 transcription units
 - 78 likely to encode proteins
- Gene classes:
 - X-Y homologs
 - 18 genes
 - Widely expressed
 - MSY specific
 - 60 genes
 - Testis-specific expression
 - Present in multiple copies

Y-chromosome deletions

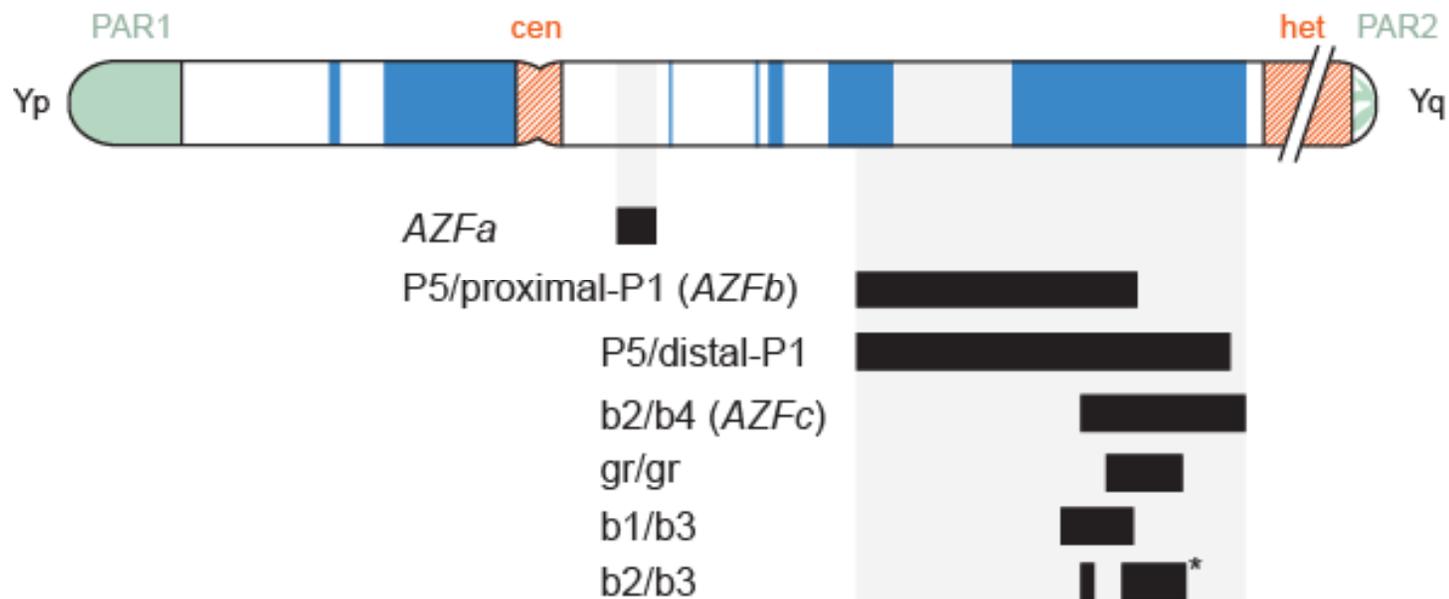


Sun, et al., Hum Mol Genet (2000), Kuroda-Kawaguchi, et al., Nat Genet (2001)
Repping, et al., AJHG (2002), Nat.Genet (2003), Genomics (2004)

Homologous recombination

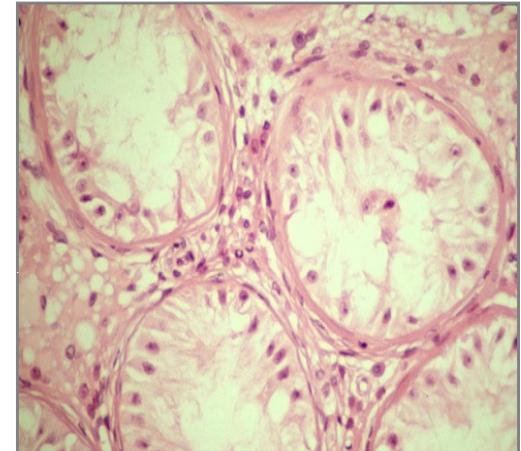


Y-chromosome deletions



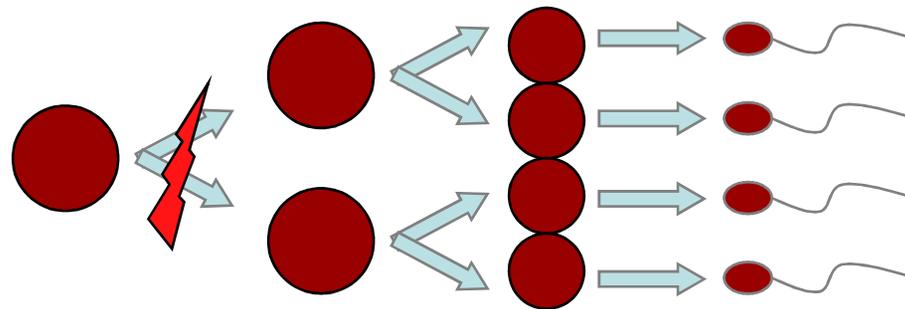
AZF_a deletions

- very infrequent (<1%)
- remove 2 single copy genes
- 800 kb in size
- phenotype: Sertoli Cell Only
 - no germ cells → no ICSI
 - no testis biopsy necessary (?)
- Partial deletions and point mutations also described
 - Less severe phenotype



P5/P1 (*AZFb*) deletions

- infrequent (1-2%)
- remove 33-44 transcripts
- 6.2-7.7 Mb in size
 - largest characterized deletion in the human genome
- phenotype: early meiotic arrest
 - no mature spermatozoa → no ICSI
 - no testis biopsy necessary (?)



AZFc deletions

- frequent (5-10%)
 - most common molecular cause of spermatogenic failure
- remove 21 genes
- 3.5 Mb in size
- Variable phenotype
 - SCO ... oligozoospermia
- ICSI possible
 - ejaculated spermatozoa
 - testicular derived spermatozoa (TESE)
 - ~80% retrieval success
- Transmission to offspring (all males)

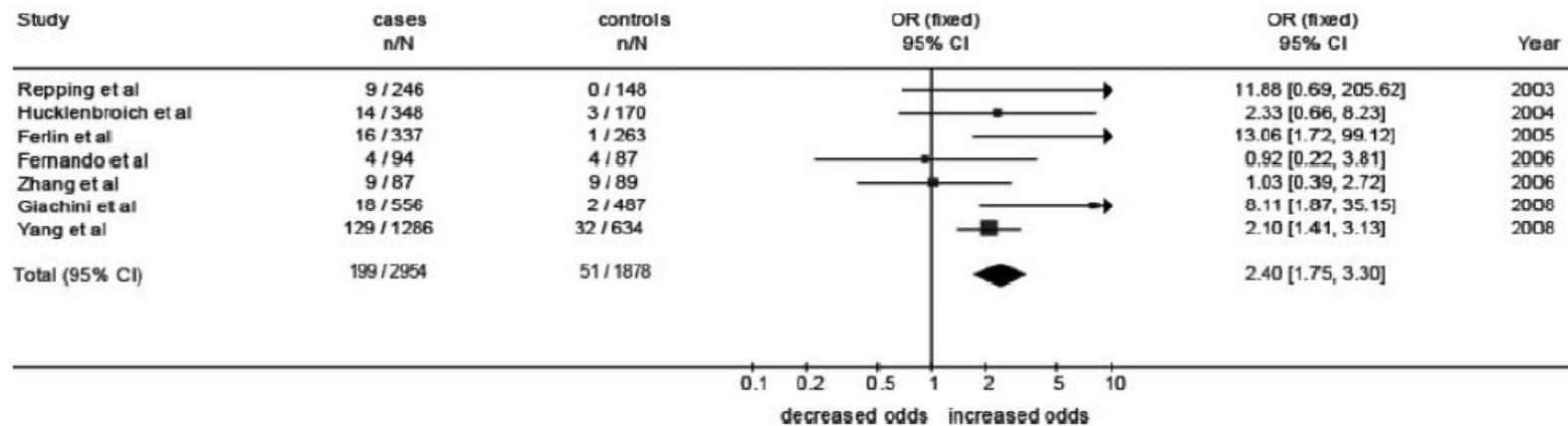


gr/gr deletions

- frequent (~4%)
- remove 9 genes
 - no complete gene family
 - reduce copy number of 8 families
- 1.6 Mb in size
- Persist in population as polymorphism
 - Variable frequency among populations
- Variable phenotype
 - not always *de novo* (natural transmission)
 - risk factor for spermatogenic failure

gr/gr deletions

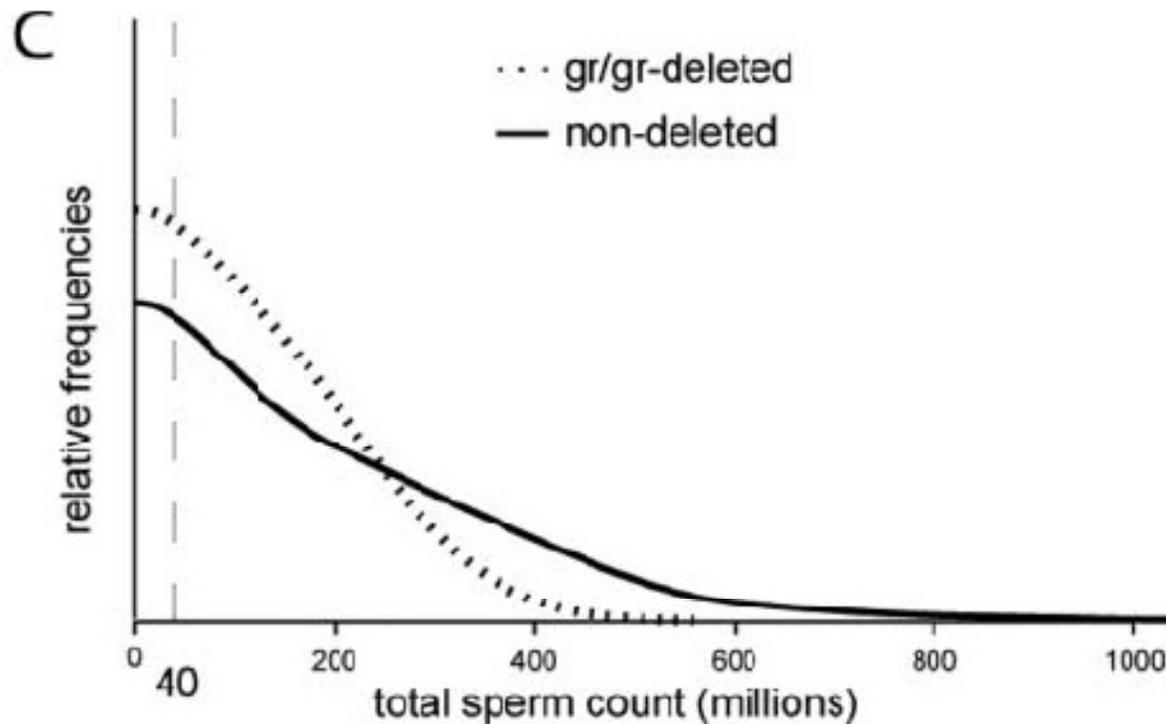
- Meta-analysis
 - 26 studies published
 - 16 studies methodologically flawed



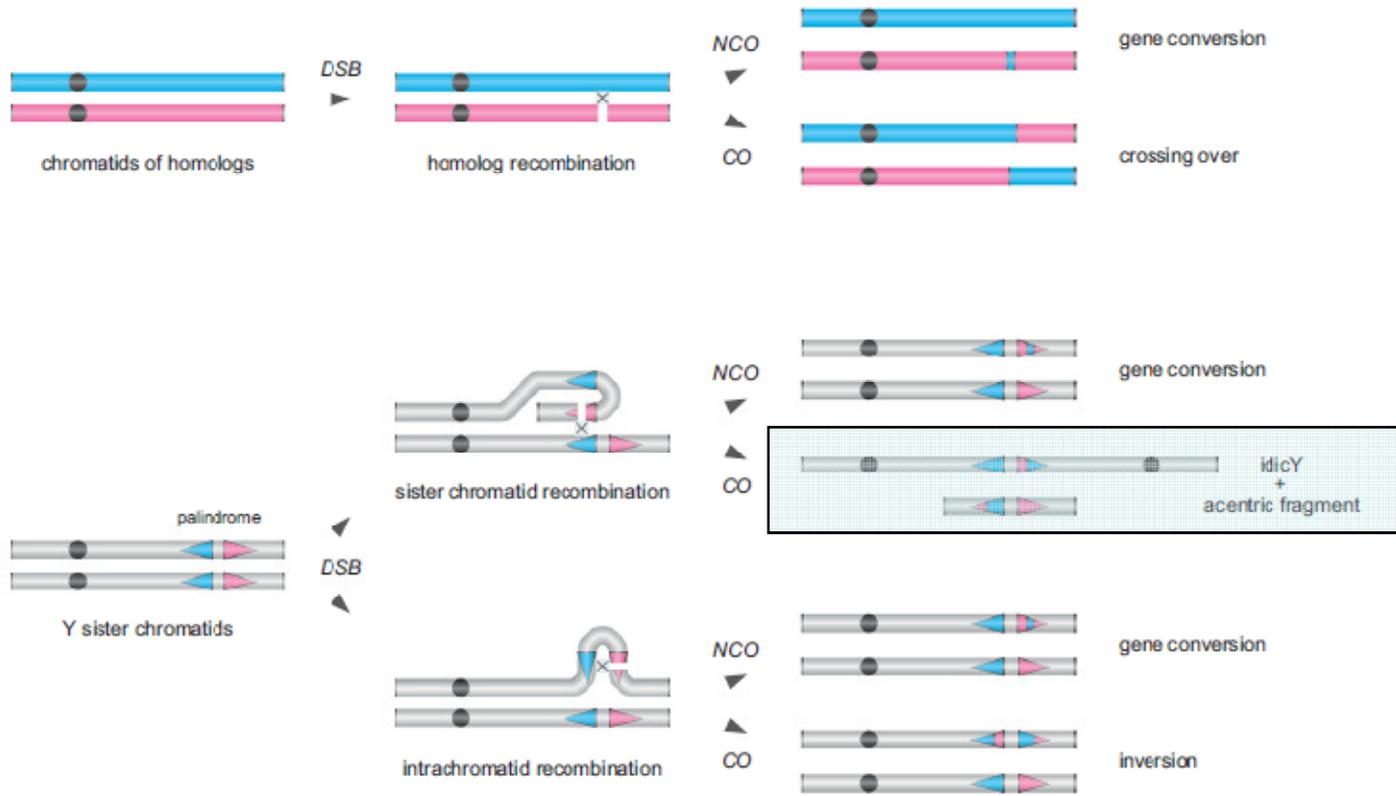
- Combined odds ratio 2.4 (1.75 – 3.30)
 - gr/gr deletion 2.4 times more common among azoo- oligozoospermic men than among normozoospermic men

gr/gr deletions

- Cohort study
 - 1,041 male partners of subfertile couples
 - Compare semen quality gr/gr deleted vs non-deleted

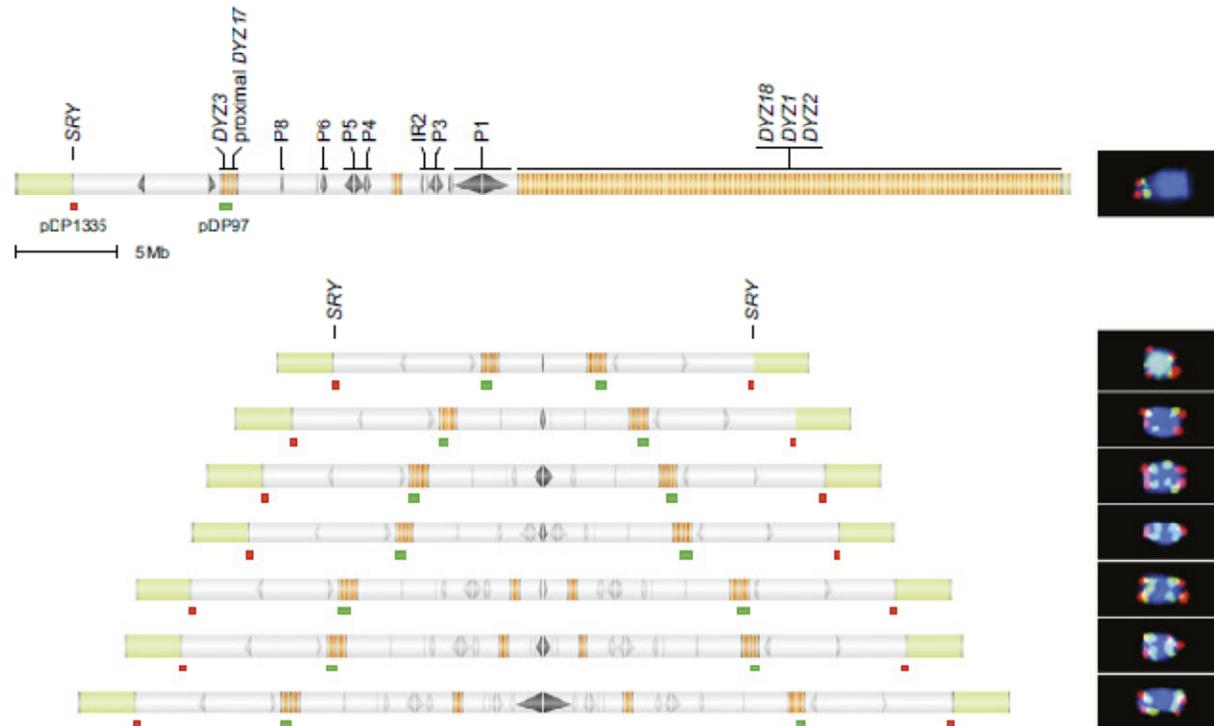


Isodicentric Y-chromosomes

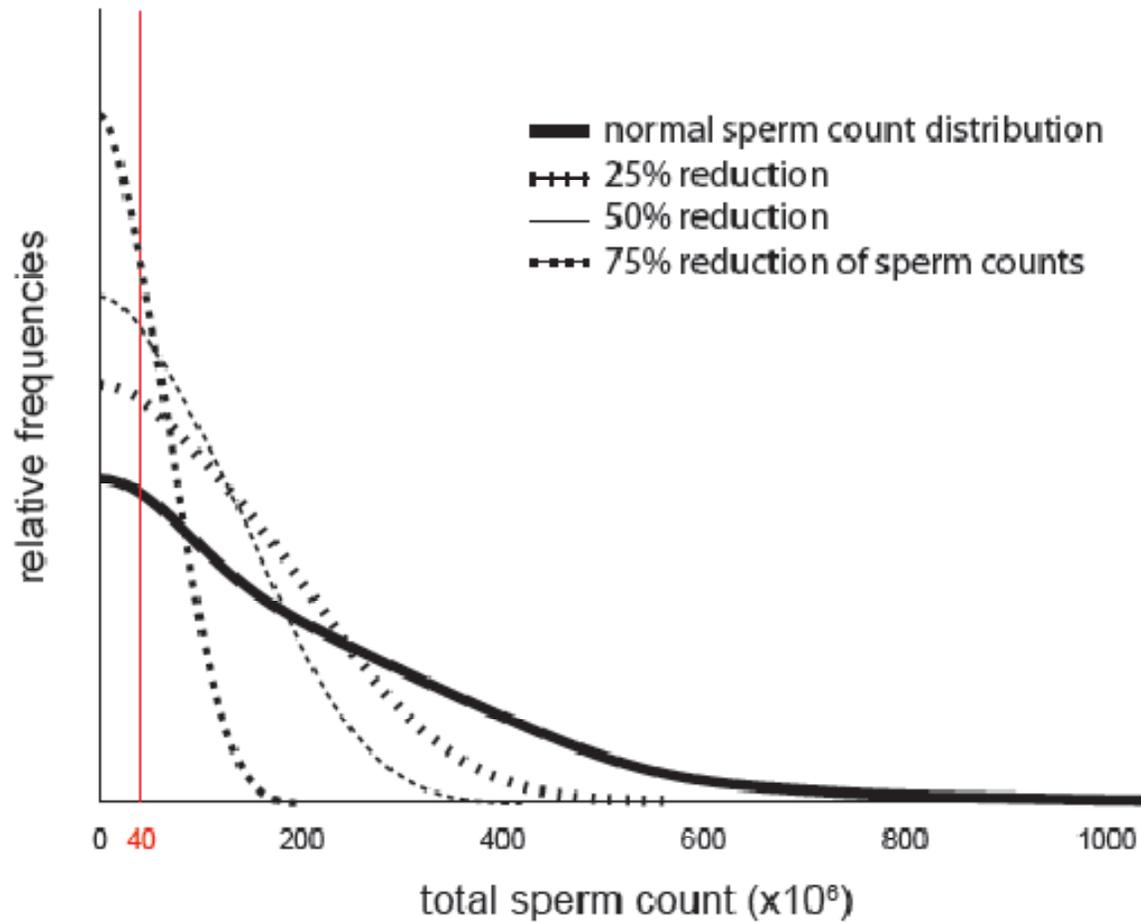


Isodicentric Y-chromosomes

- Present in 3% of azoospermic males
 - Some forms cause loss of Y and hence Turner Syndrome



Phenotypic effect



Recommendations

- Screen azoo- and severely oligozoospermic men for
 - Karyotype abnormalities
 - Y-chromosome aberrations

- Future search
 - Homogeneous phenotype (SCO, astheno, globo)
 - Whole genome approach
 - SNPs / CNVs / whole genome sequencing
 - Large sample collections

Critical remarks

- What is our goal?
- Diagnosis of spermatogenic failure
 - Does it alter treatment strategy?
 - no
 - Should we then screen at all?
- Treatment for spermatogenic failure
 - Thusfar no direct treatment options
 - Genetic screening may not be the way forward

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