

# **Hormonal control of spermatogenesis and the hypogonadal male**

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## **Outline of talk**

- Hormonal regulation of spermatogenesis
- Clinical initiation of spermatogenesis
- Impact of development on adult male function

# The mature H-P-T axis

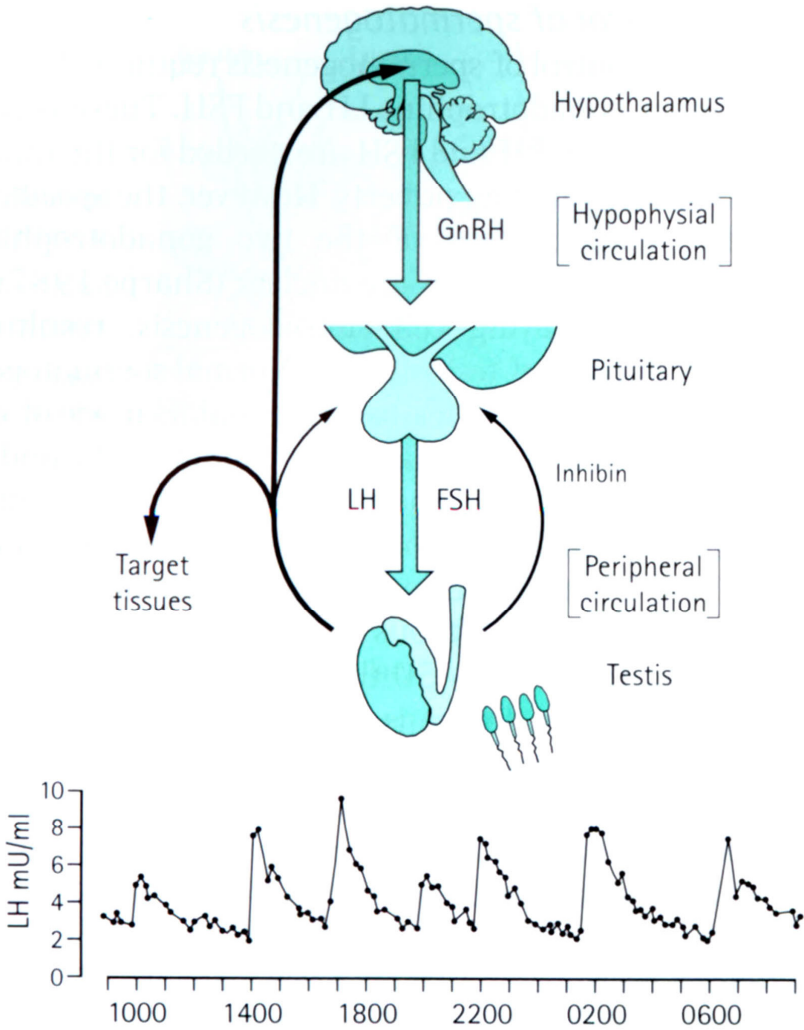
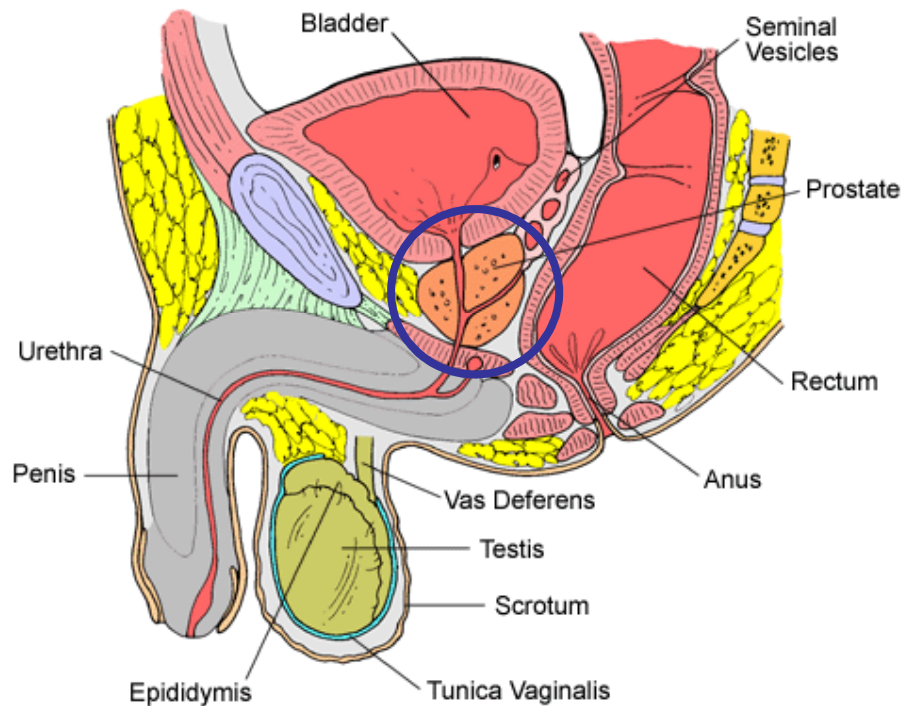


Figure courtesy of Prof Fred Wu

# Testosterone metabolism

Male Reproductive Tract

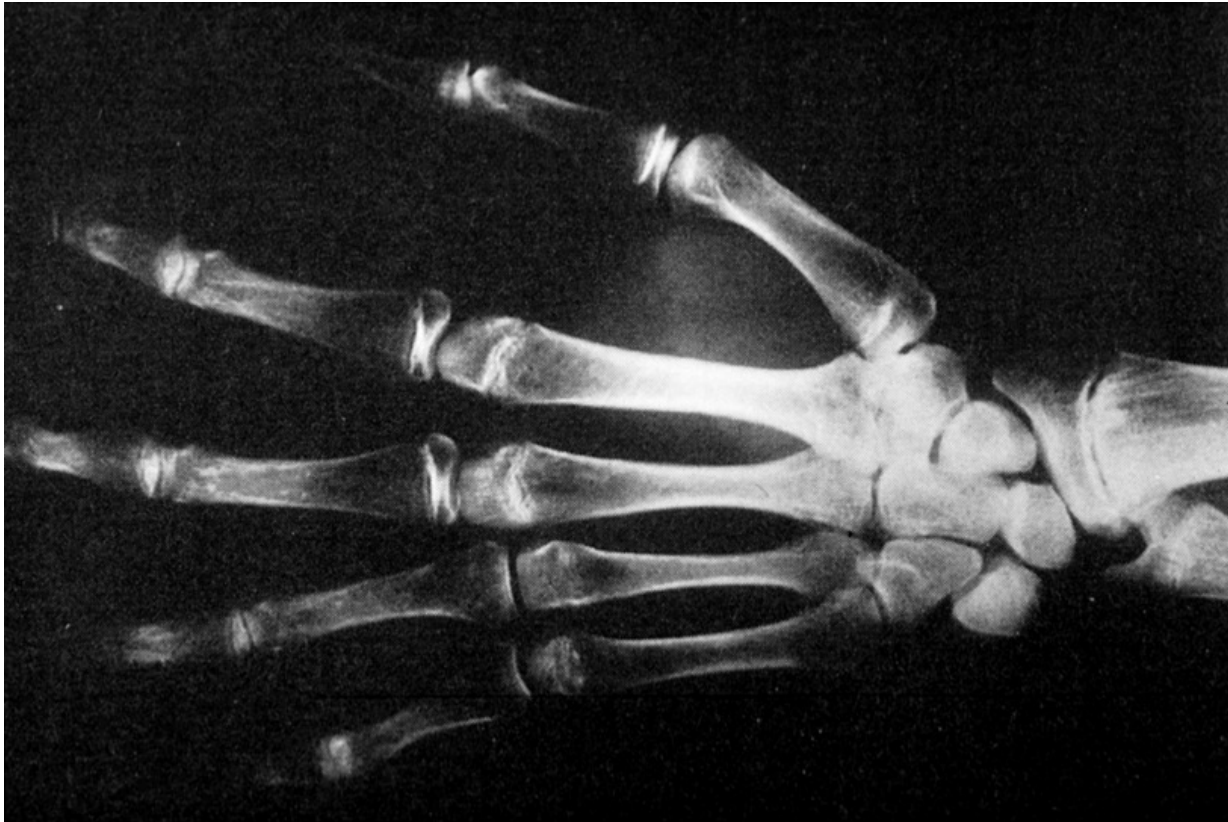


## Finasteride chemoprevention study

'Use of finasteride is associated with a 25% reduction in the 7-year period prevalence of prostate cancer in men over age 55 years'

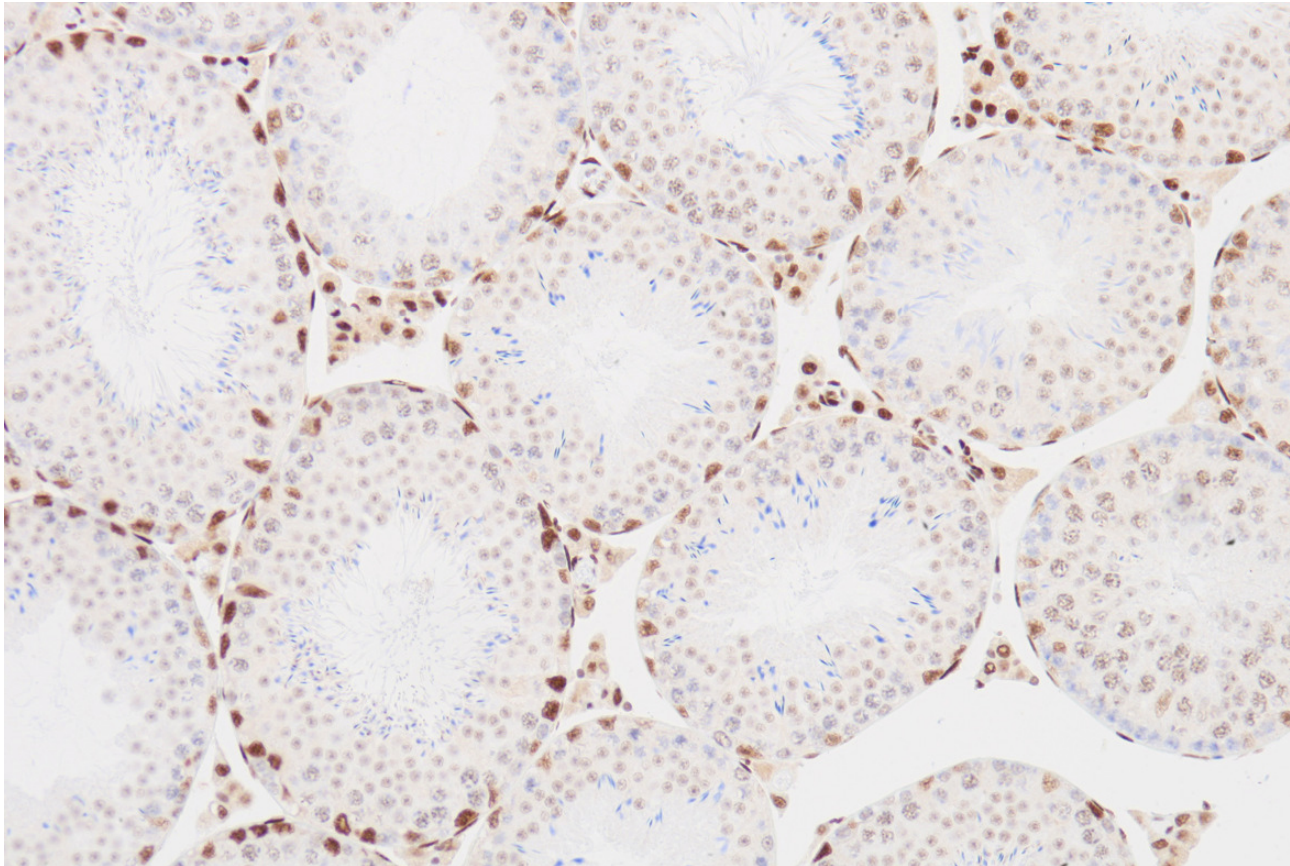
Thompson et al N Engl J Med 349 215 (2003)

# The need for oestrogen: effect of aromatase deficiency



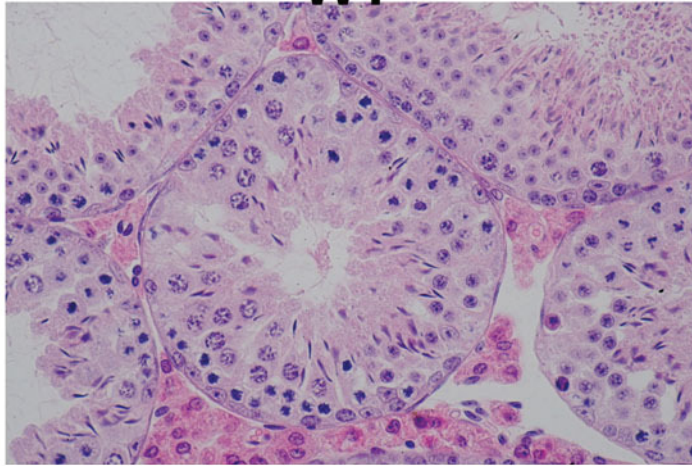
Morishima et al., 1995

# Androgen action in the testis

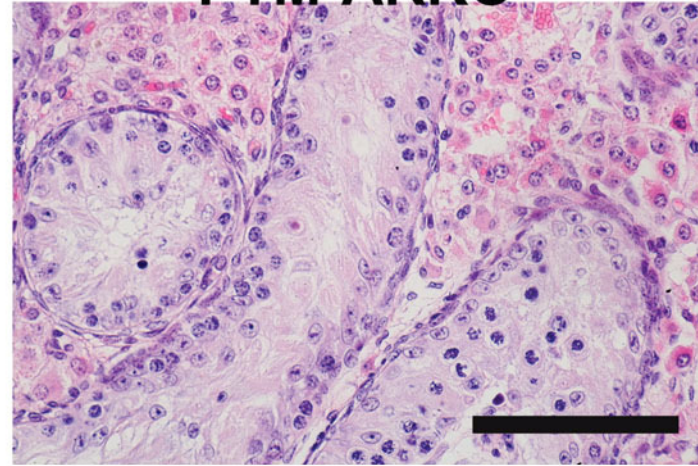


**Leydig, Sertoli and  
PTM cells but NOT  
germ cells**

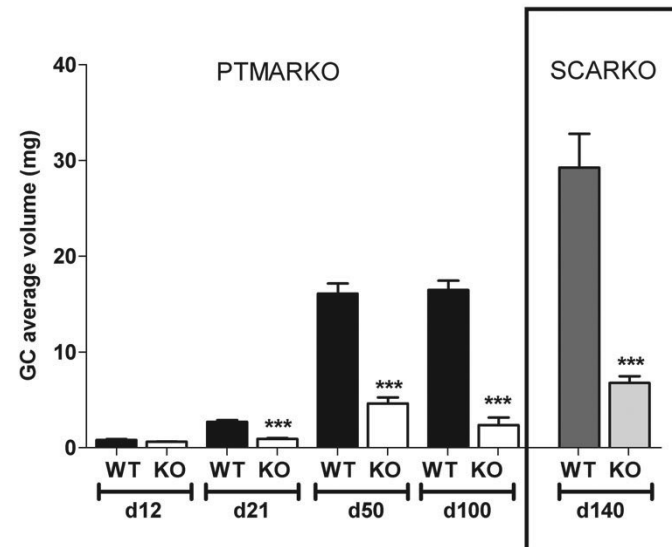
**WT**



**PTM-ARKO**



**Androgen action via both Sertoli and PTM cells is essential for spermatogenesis**



# Role of LH in adult spermatogenesis

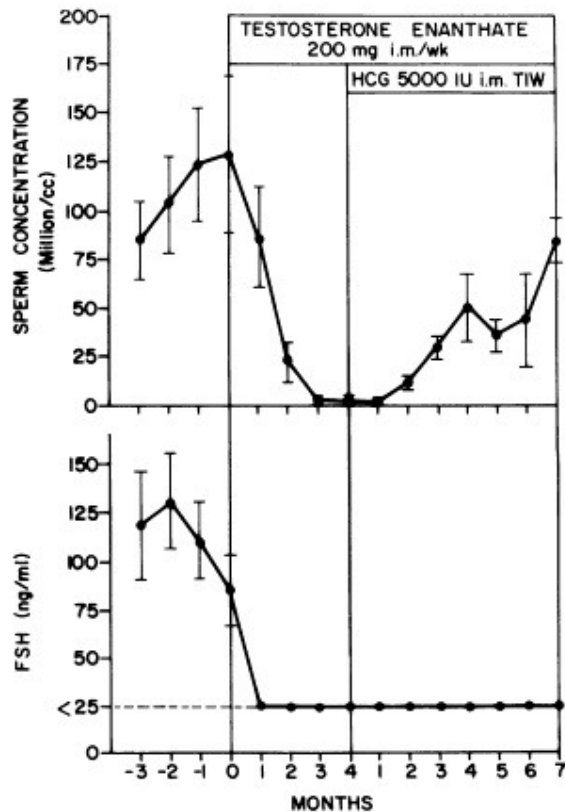


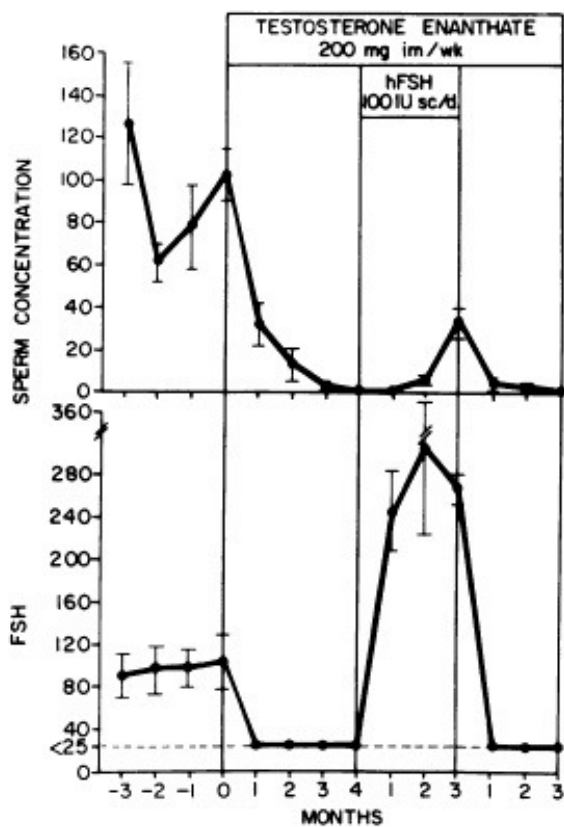
FIGURE 1 Monthly sperm concentrations and serum FSH data in five normal men during the control, testosterone administration alone, and hCG plus testosterone phases of the study (mean  $\pm$  SE). Note the increase in sperm concentration induced by hCG in spite of very low serum levels of FSH.

Model:  
Testosterone-induced  
suppression

LH can restore  
spermatogenesis



# Role of FSH in adult spermatogenesis

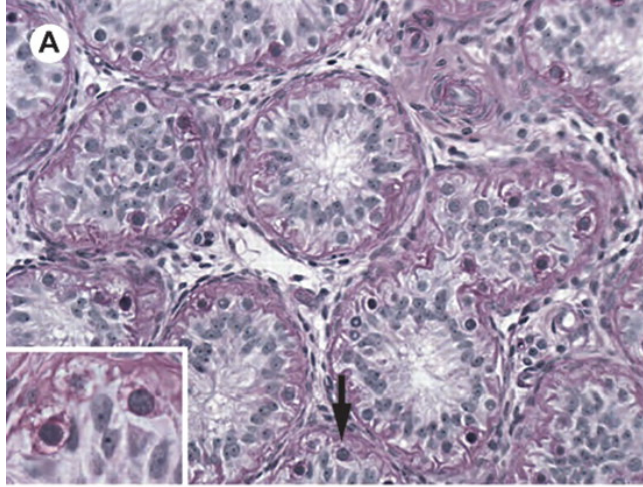


FSH alone can only partially restore spermatogenesis

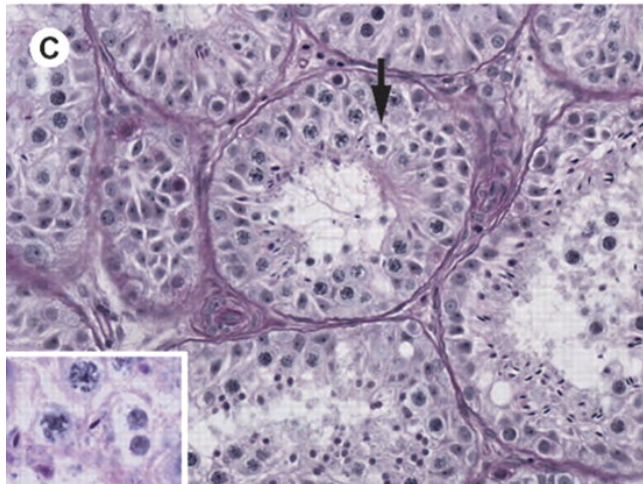
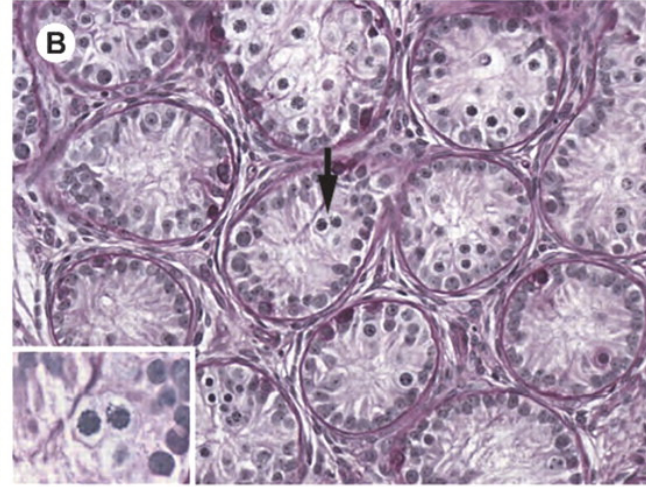
FIGURE 1 Mean monthly sperm concentrations (million per cubic centimeter) and serum FSH levels (in nanograms per milliliter) in four normal men during the control, initial T-alone, hFSH-plus-T, and second T-alone periods of the study (mean $\pm$ SE). Exogenous T administration markedly suppresses sperm concentrations to severely oligospermic levels and serum FSH to undetectable levels. Note hFSH replacement at a slightly supraphysiological dosage increases sperm concentration.

# Selective testosterone/FSH replacement after GnRH antagonist in *Macaca mulatta*

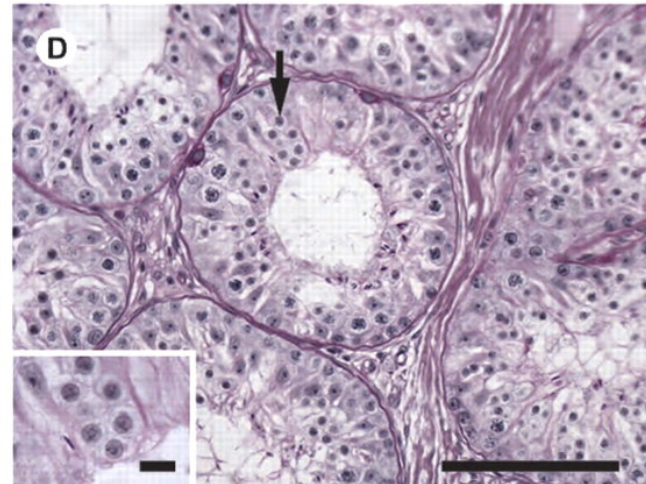
GnRH antagonist: complete regression



+FSH: some spermatocytes

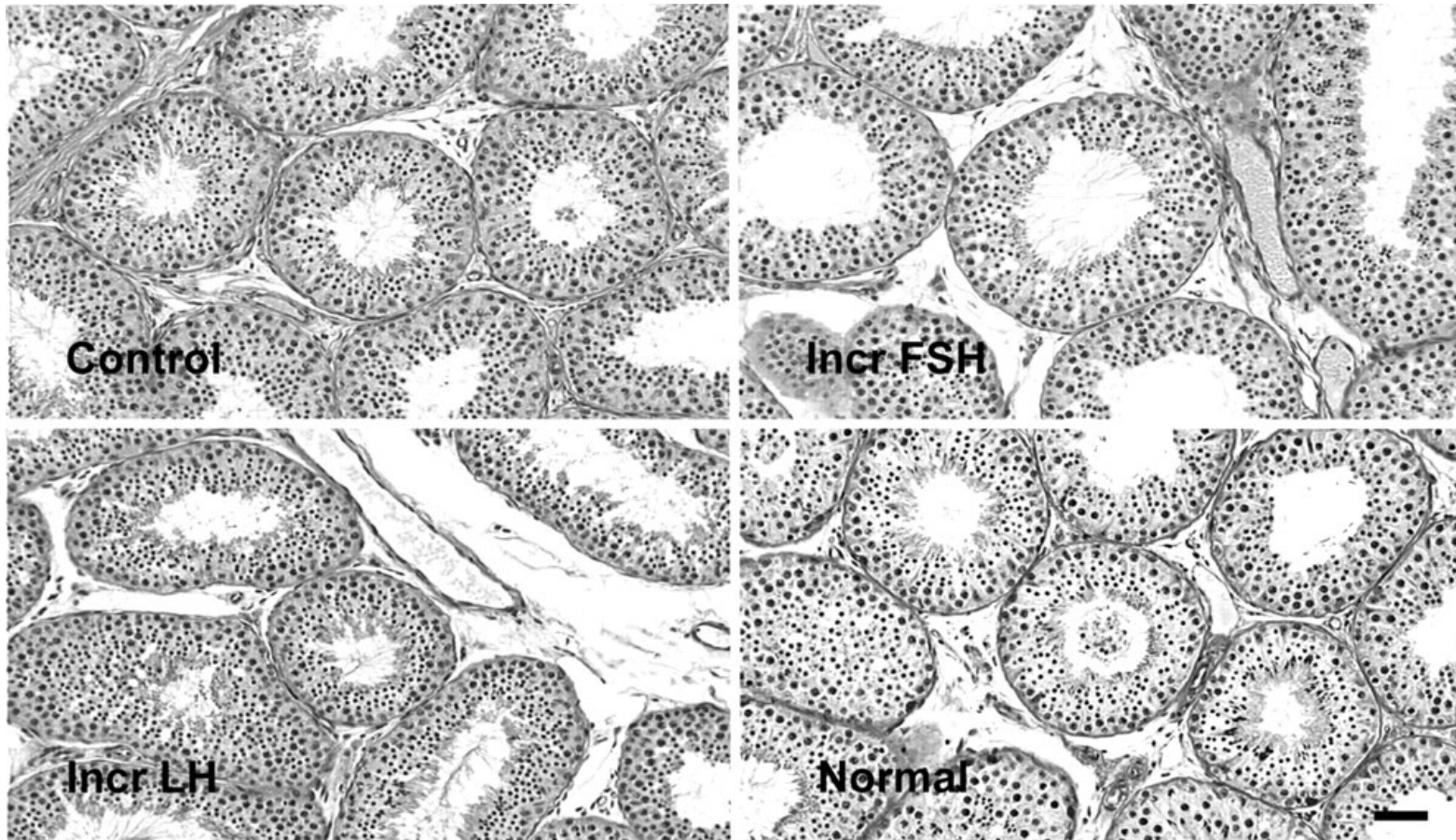


T only: complete spermatogenesis

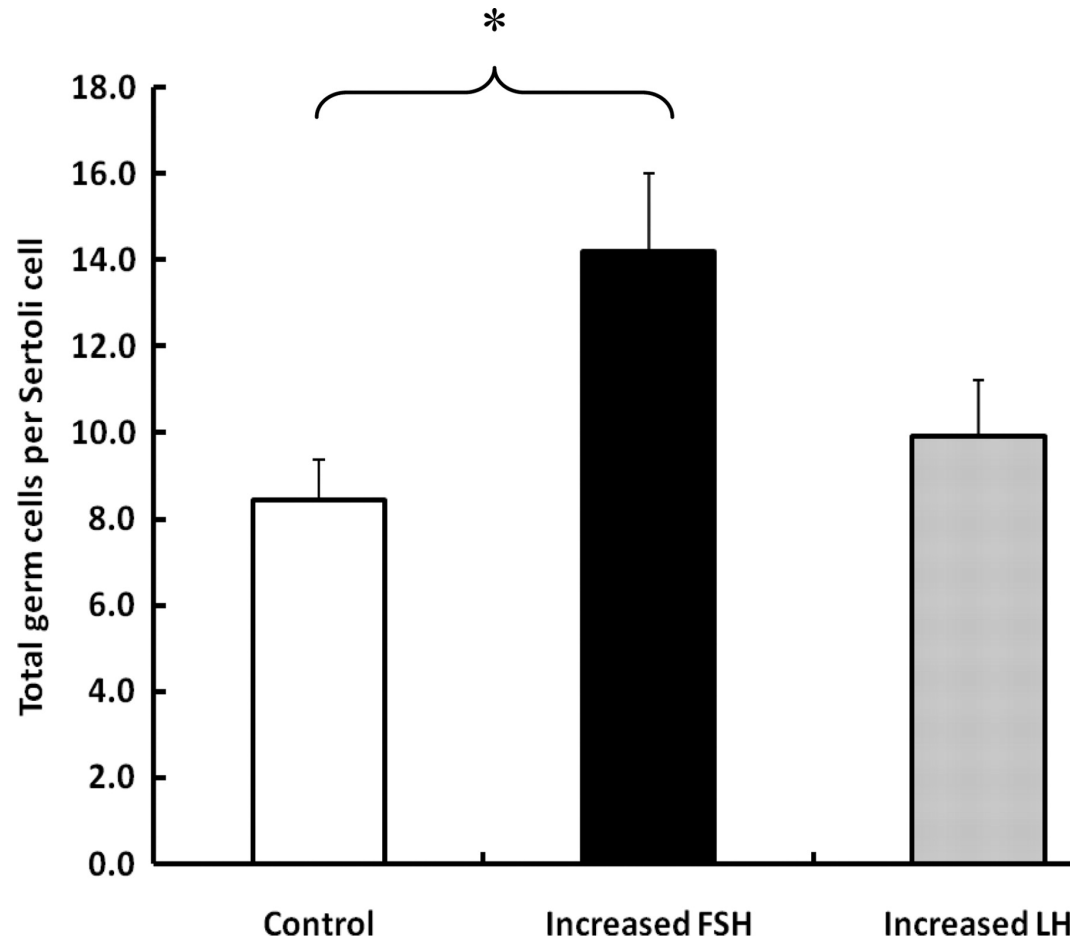


T+FSH: complete spermatogenesis

# FSH can further stimulate spermatogenesis in primate



# FSH increases Sertoli cell spermatogenic efficiency



'Under physiological conditions, circulating concentrations of FSH directly dictate sperm output of the primate testis by regulating the proportion of Ap spermatogonia in the growth fraction'

# The mature H-P-T axis

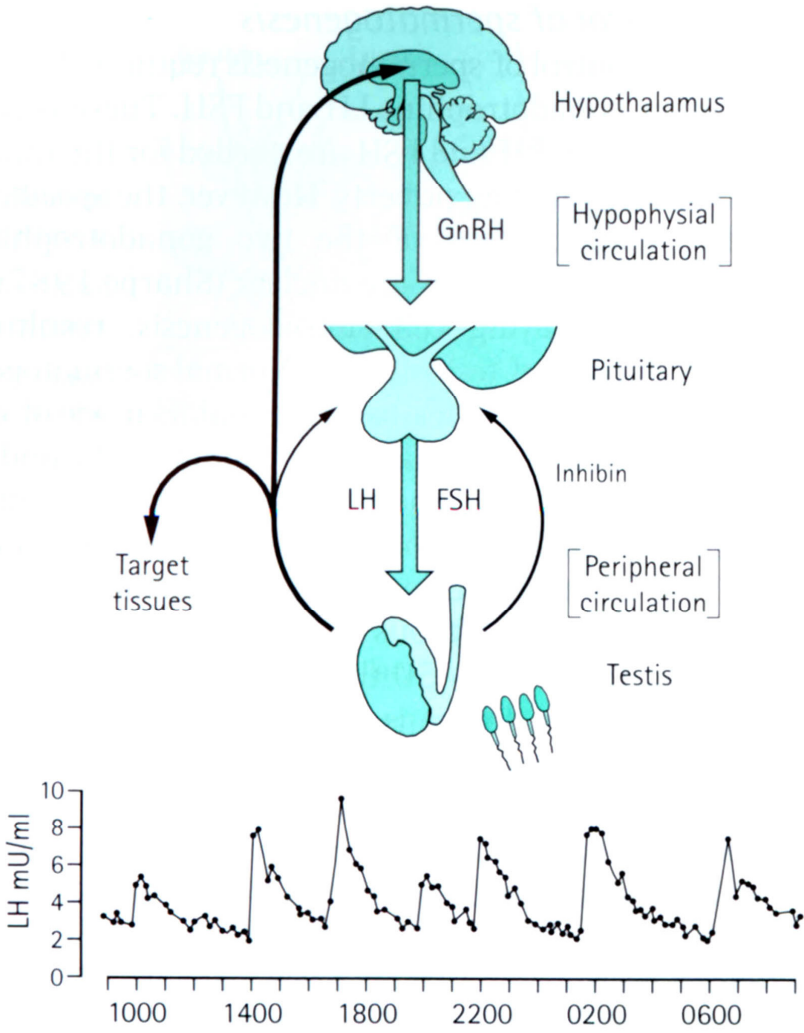
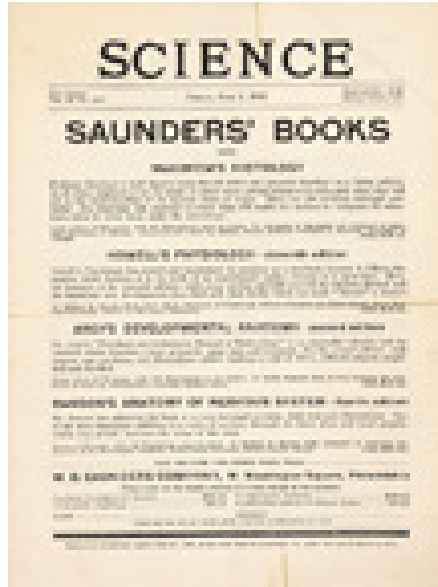


Figure courtesy of Prof Fred Wu

# Inhibin: an old hormone



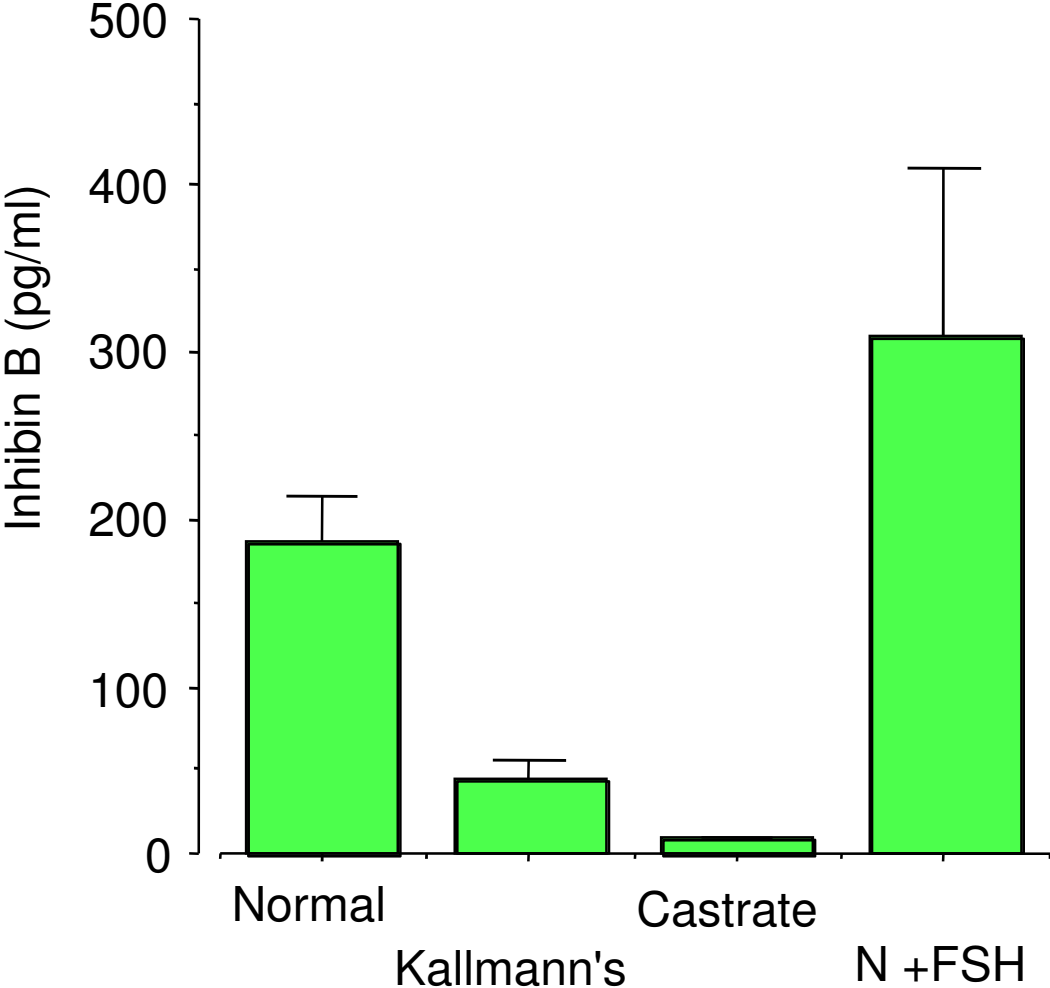
Aqueous testis extract prevented appearance of castrate cells in rat pituitary gland

DUAL ENDOCRINE ACTIVITY OF THE TESTES

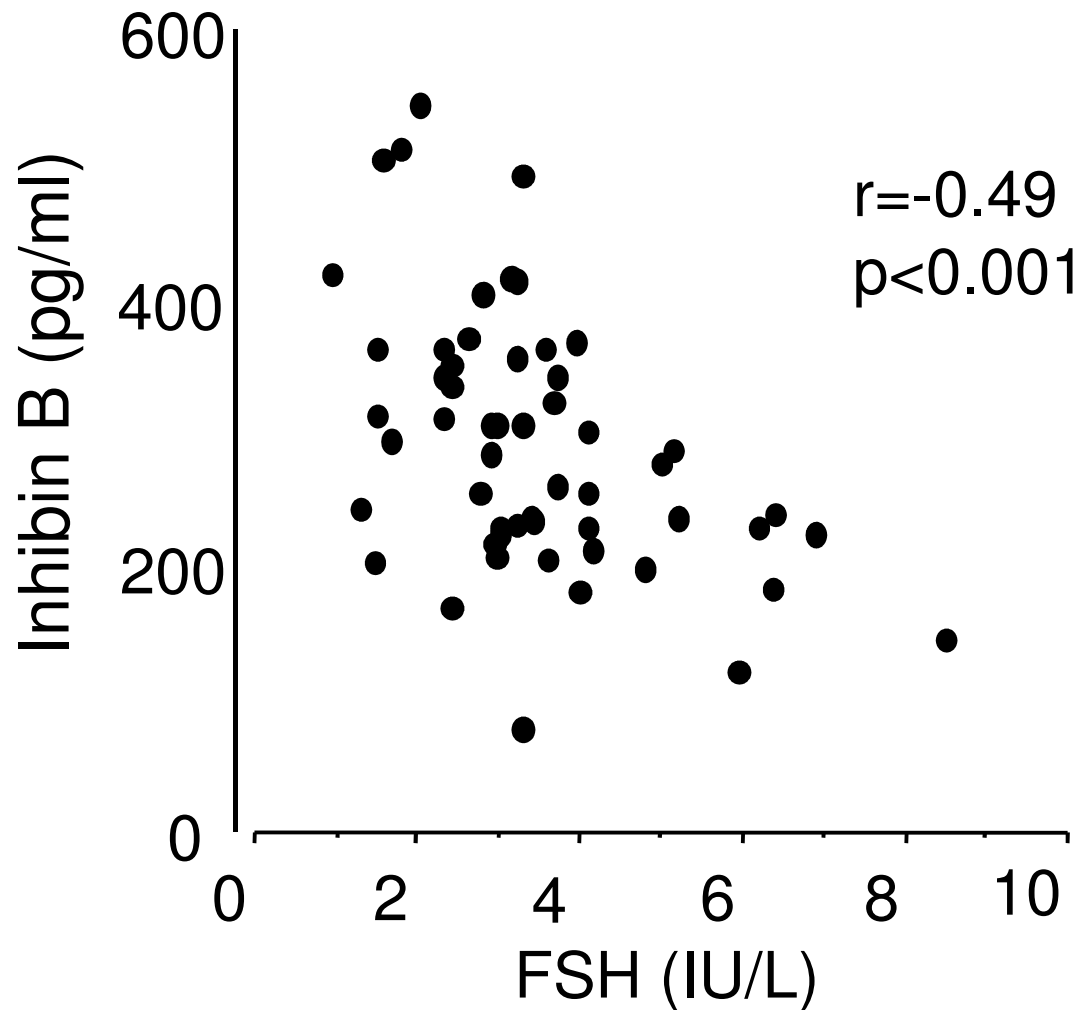
D. Roy McCullagh

Science 1 July 1932: 19-20

# Inhibin B reflects Sertoli cell function

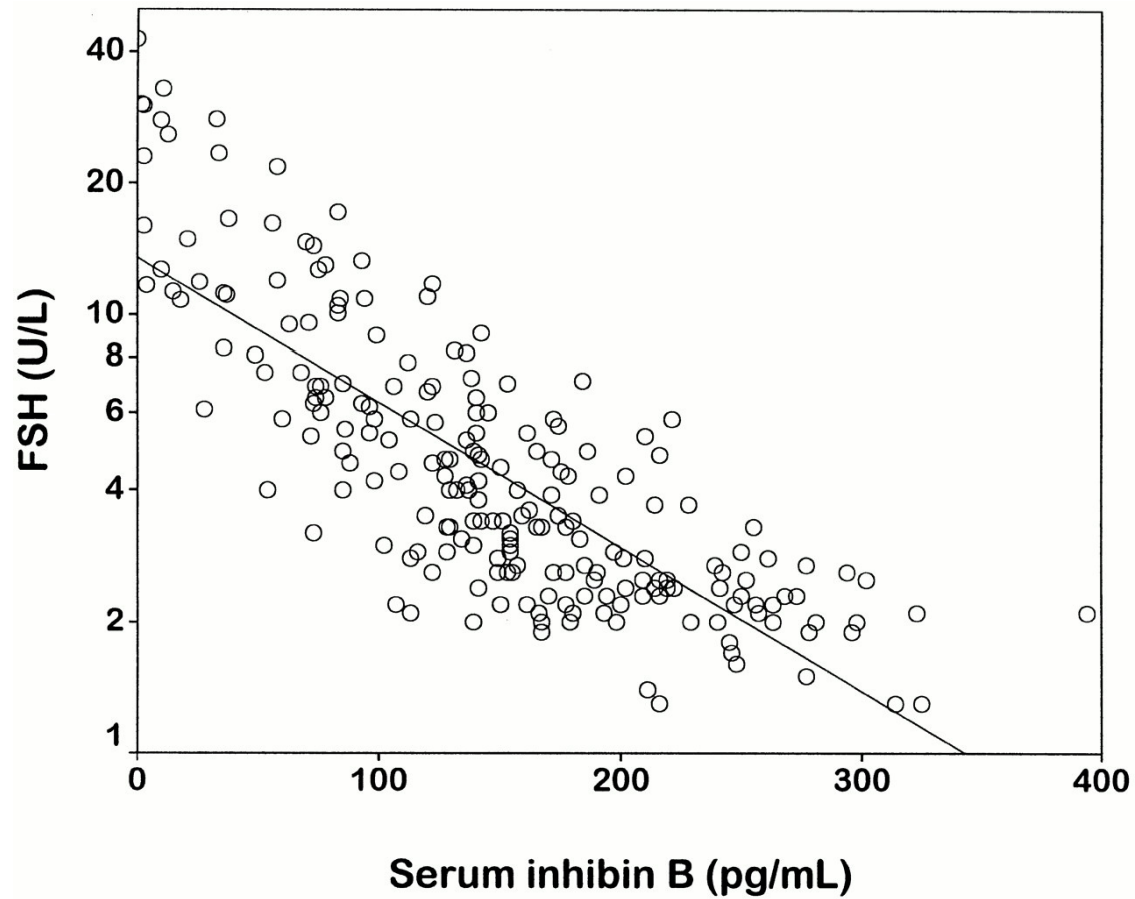


# Physiologic relationship between Inhibin B and FSH



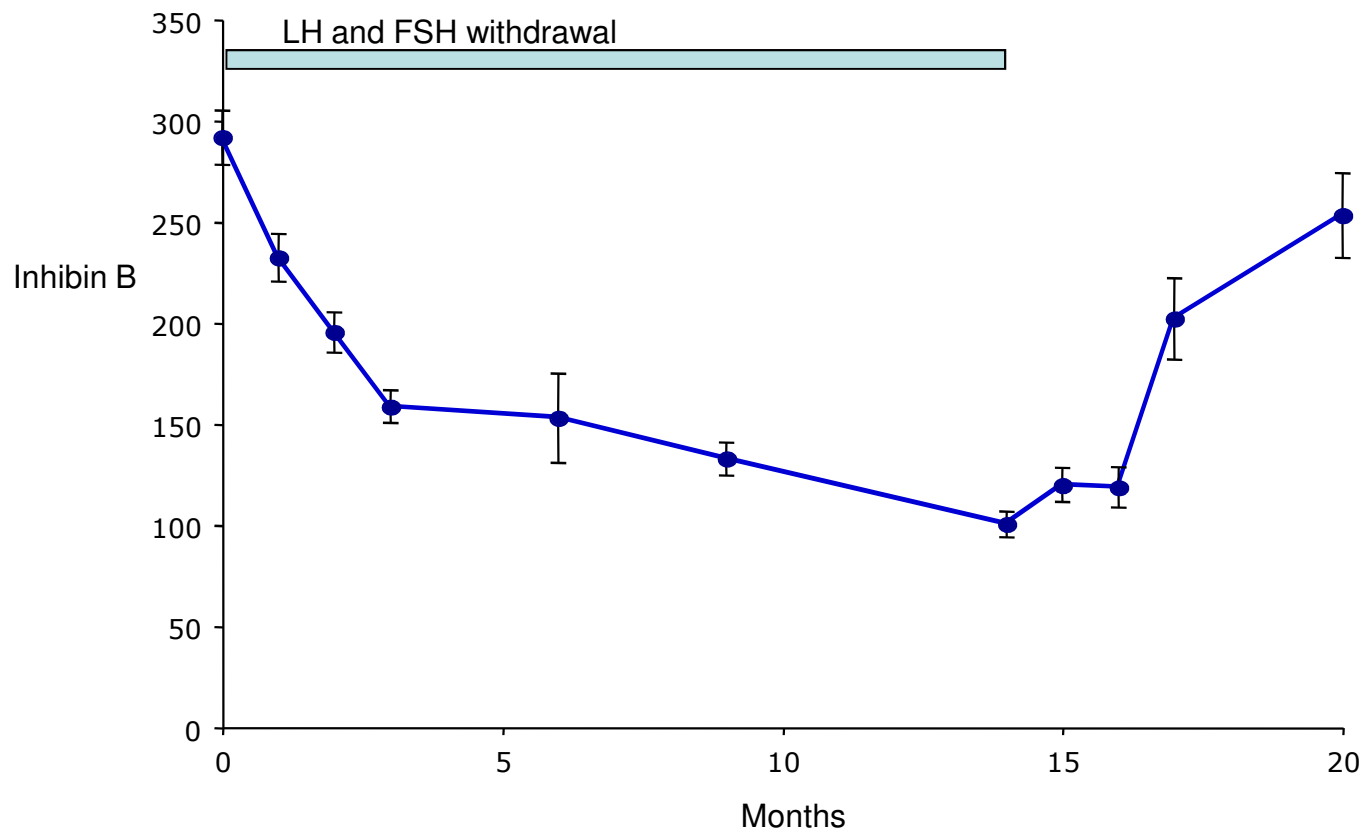


# Inhibin B: infertile men

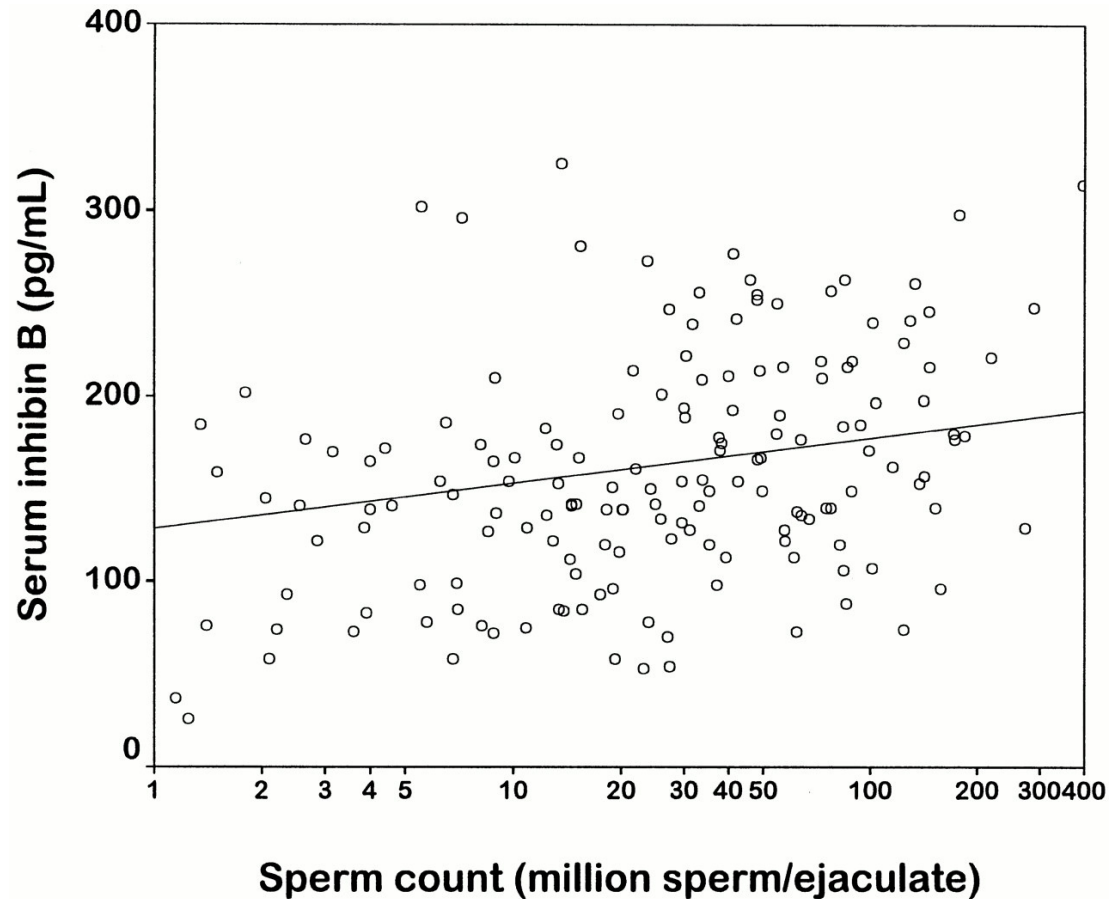


Pierik, F. H. et al. J Clin Endocrinol Metab 1998;83:3110-3114

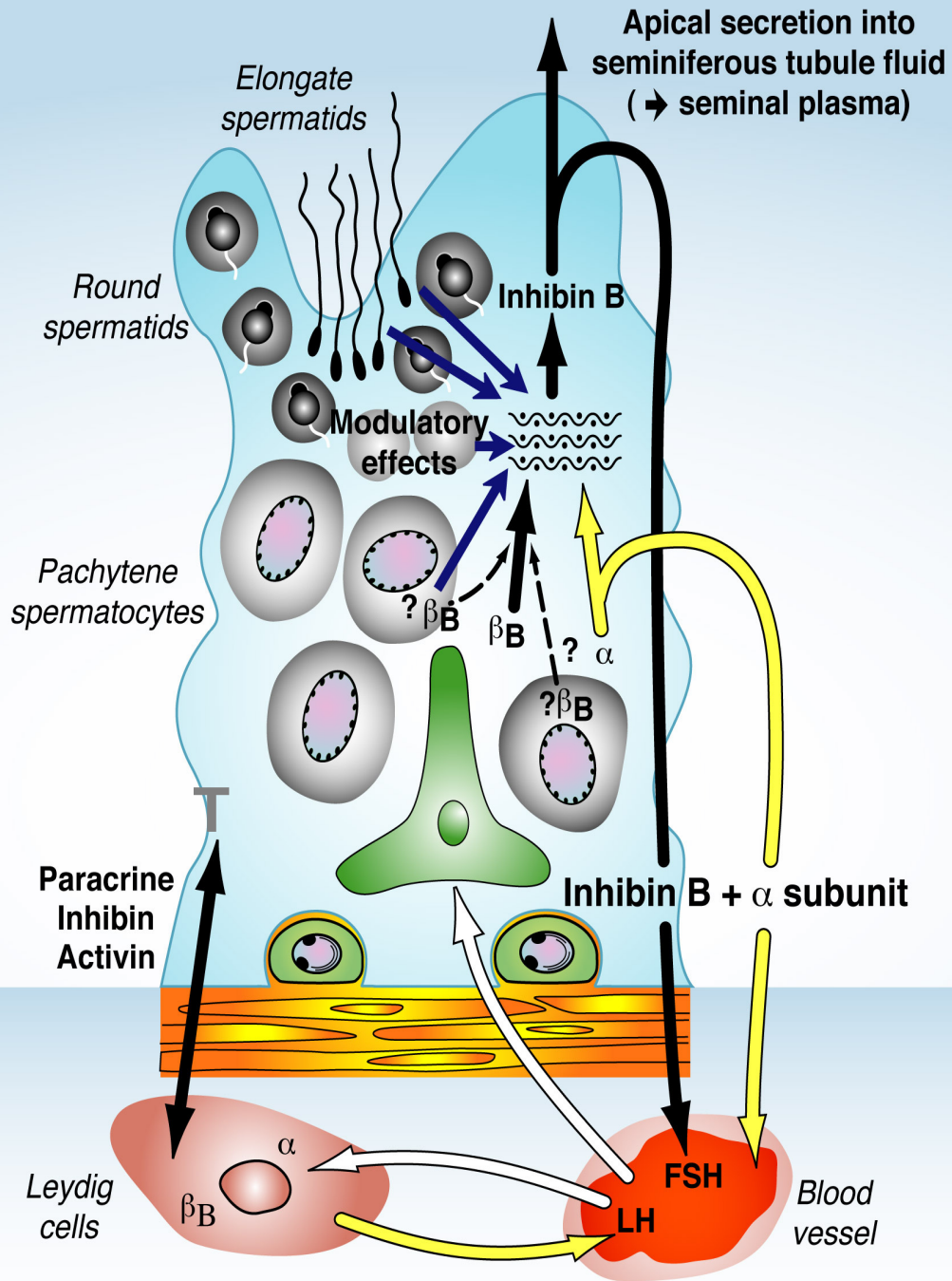
# Gonadotrophin-dependence of Inhibin B in normal men



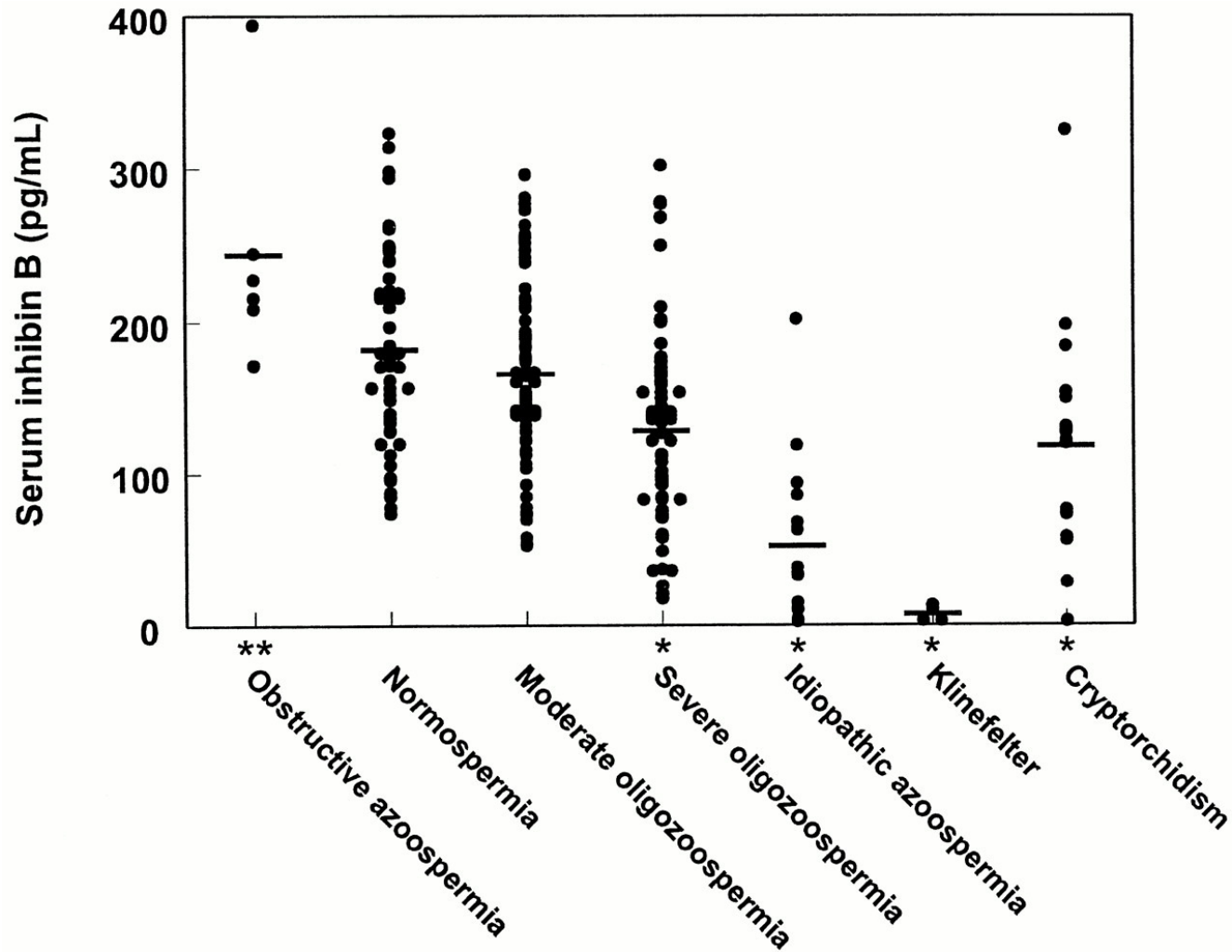
# Inhibin B vs Sperm Count



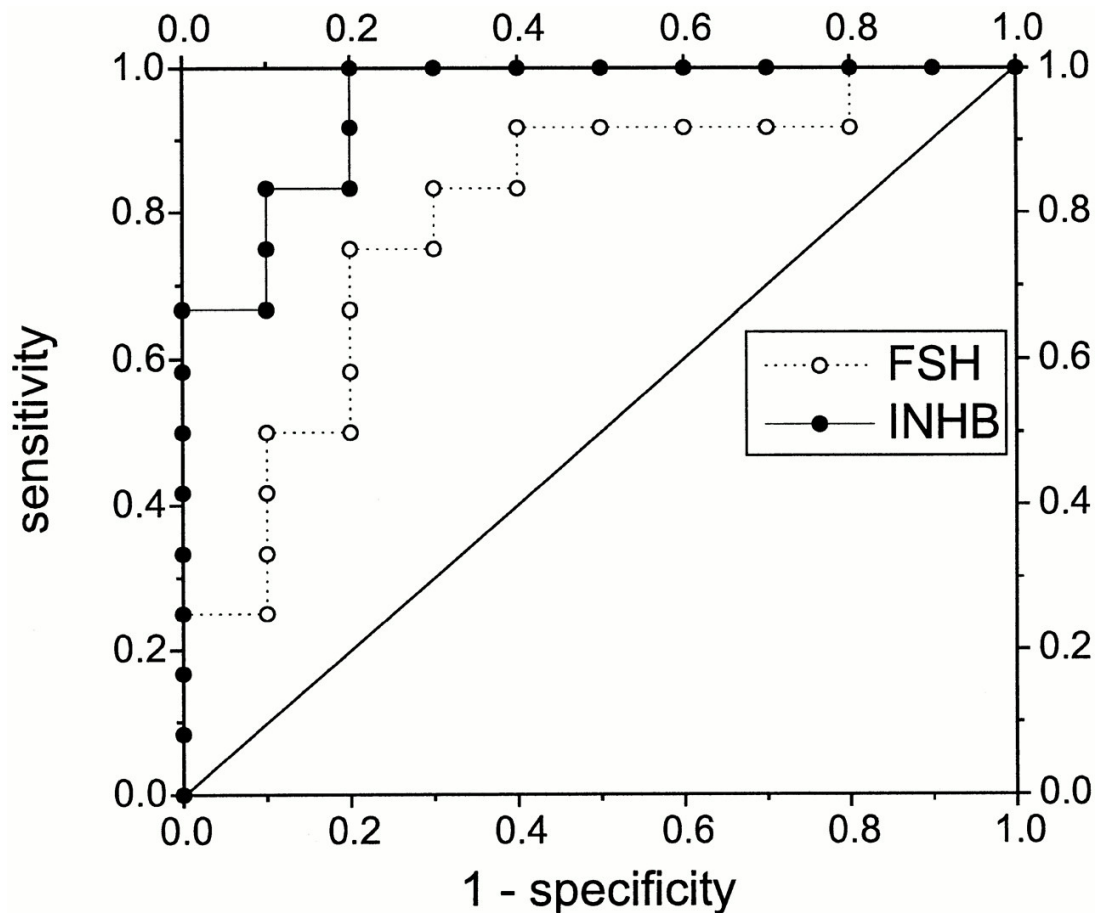
205 subfertile men  $r=0.54$ ,  $p<0.001$



# Inhibin vs Spermatogenic defects



# Inhibin B is a better predictor of abnormal spermatogenesis than FSH



Based on testicular biopsy men with azoospermia / severe oligozoospermia and Johnsen score

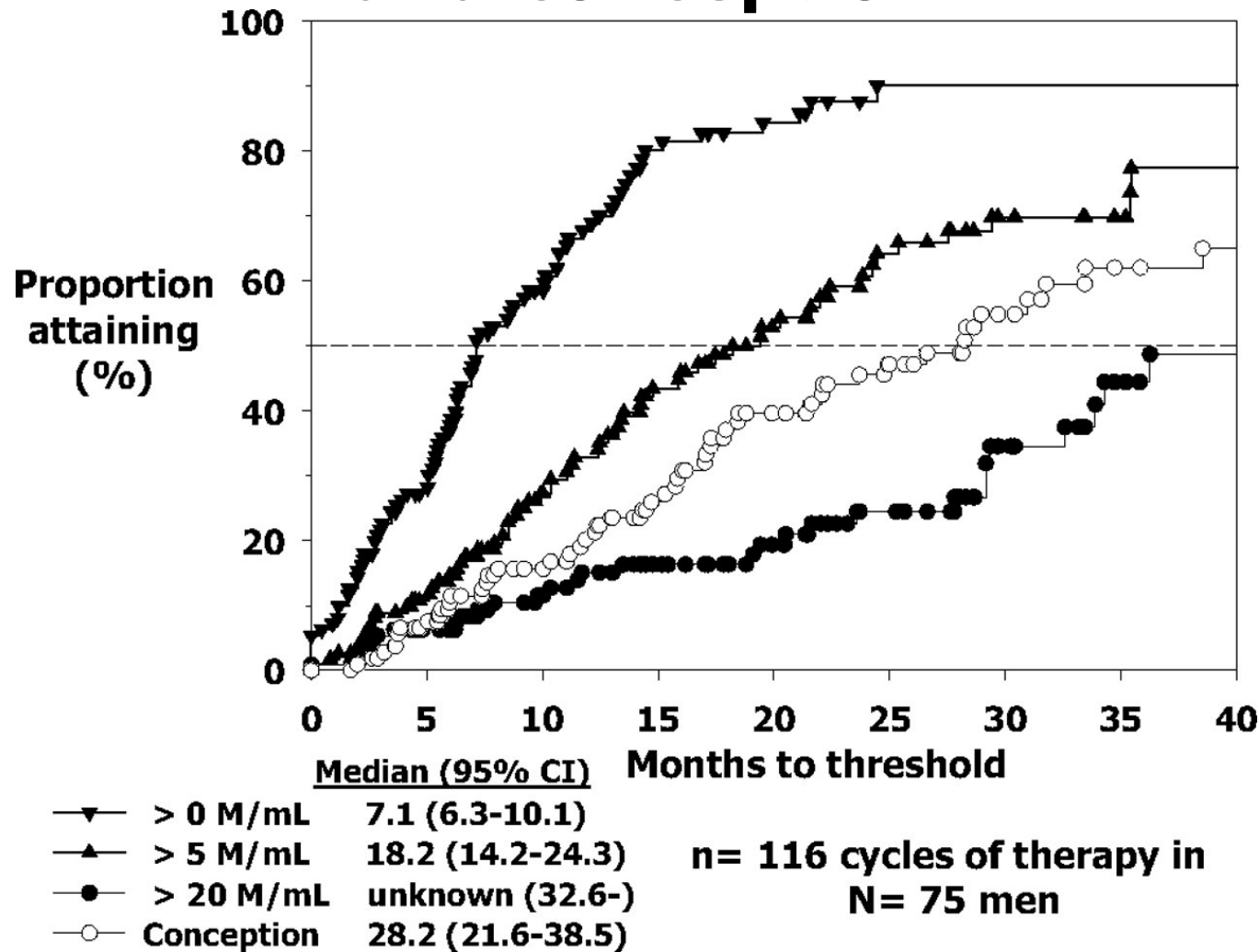
# **Gonadotrophin stimulation of spermatogenesis**

# **Gonadotrophin stimulation of spermatogenesis**

- 75 men, 116 cycles of treatment
- Mostly IHH, 58 no spont puberty
- hCG 1500-2000IU x2/week (x3/week)
- If still azoospermia at 6 months, FSH added
- 150IU x3/week (urinary or recombinant)

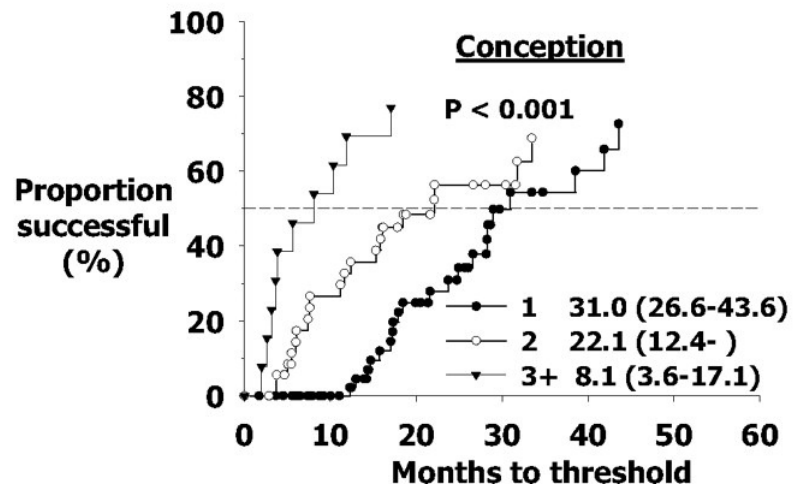
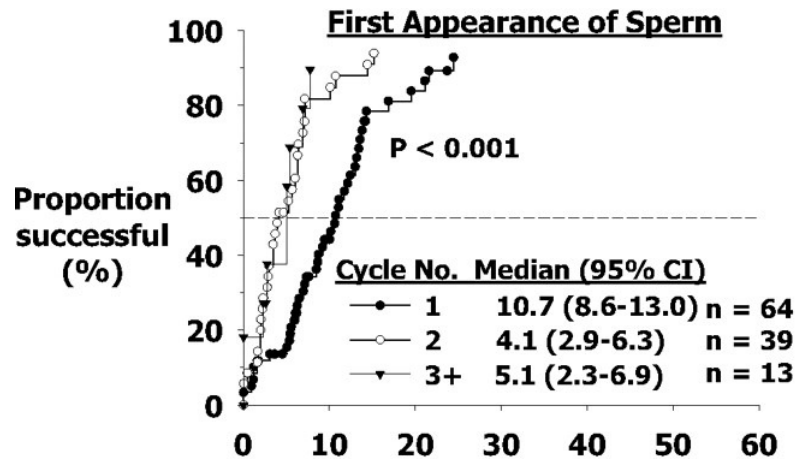


# Time to spermatogenic thresholds and conception

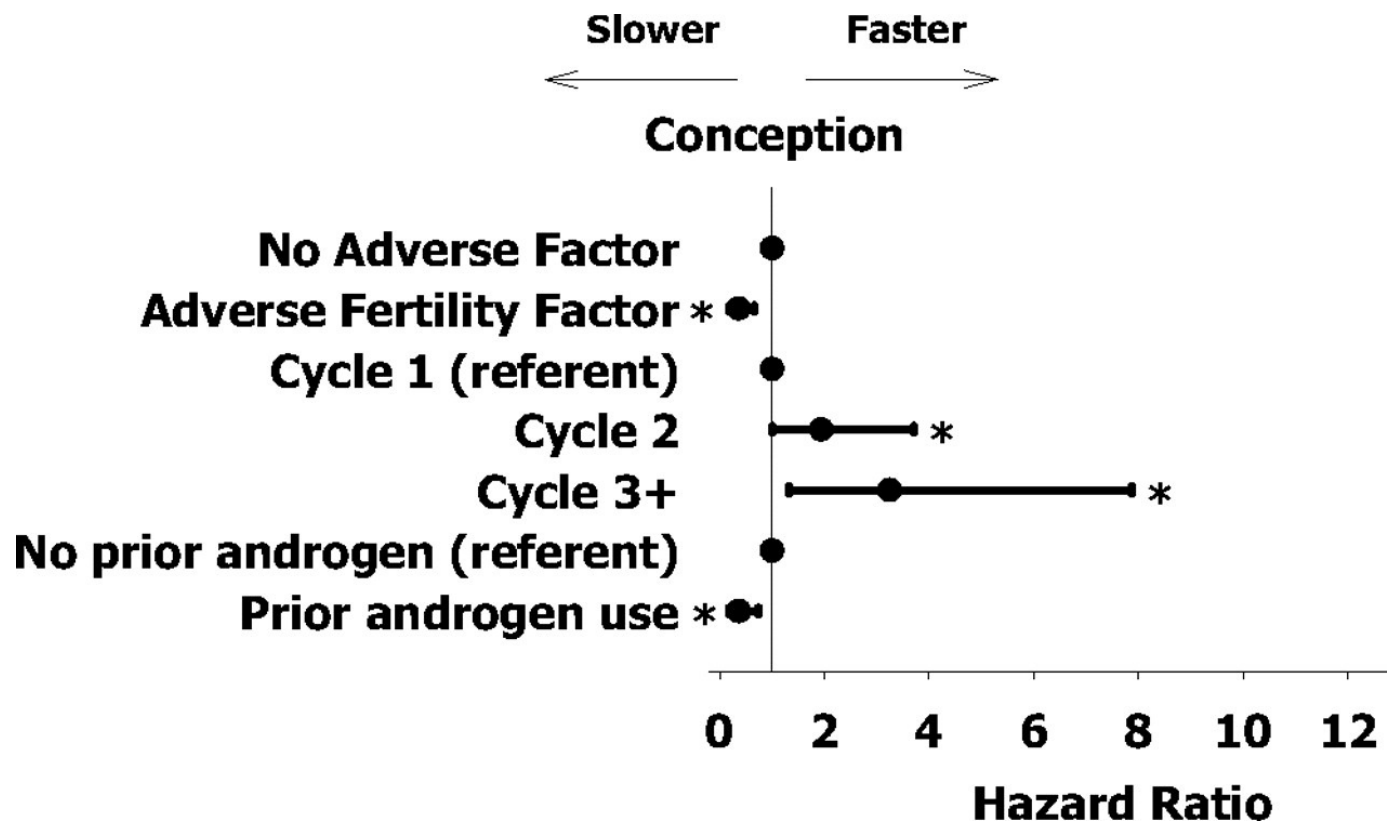


Median at conception: 8M/ml

# Spermatogenesis by previous treatment

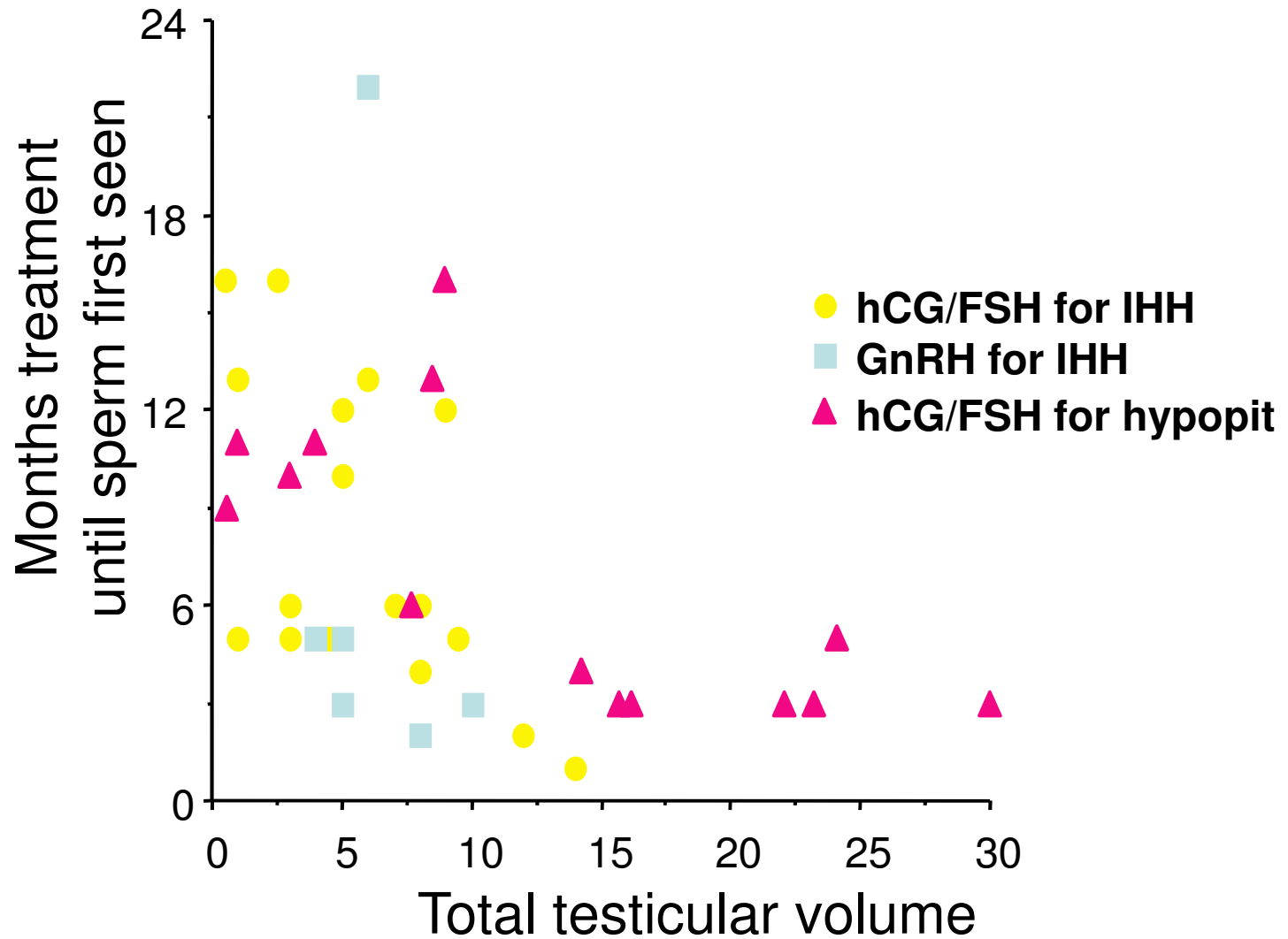


# Best variables for pregnancy



Initial TV not a predictor: post-treatment TV is

# Predictive value of testicular volume

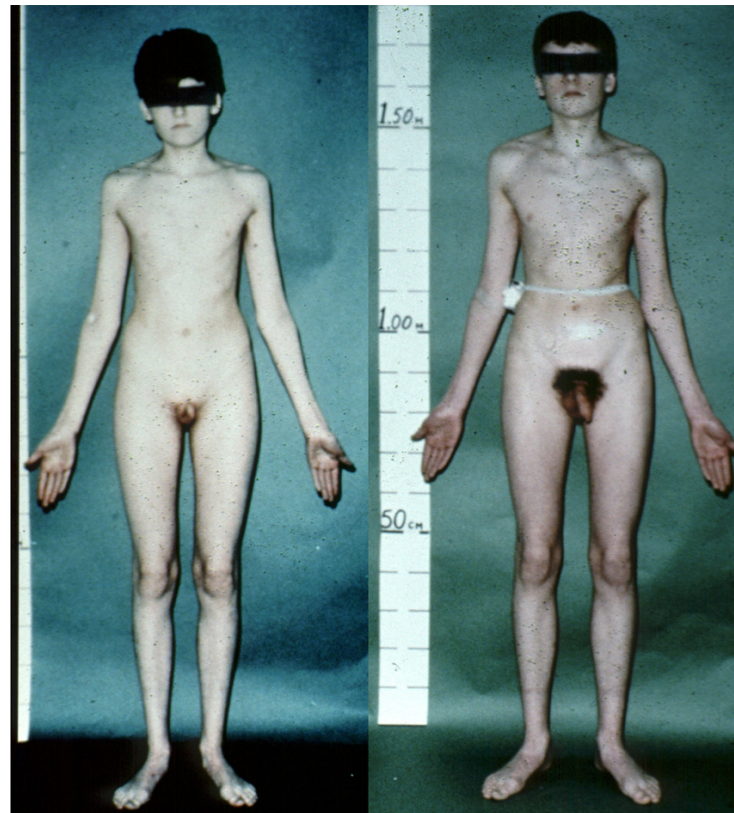


# **Gonadotrophins for pubertal induction?**

`.....slower responses after prior androgen therapy suggests that faster pregnancy rates might be achieved by substituting gonadotropin for androgen therapy for pubertal induction....'

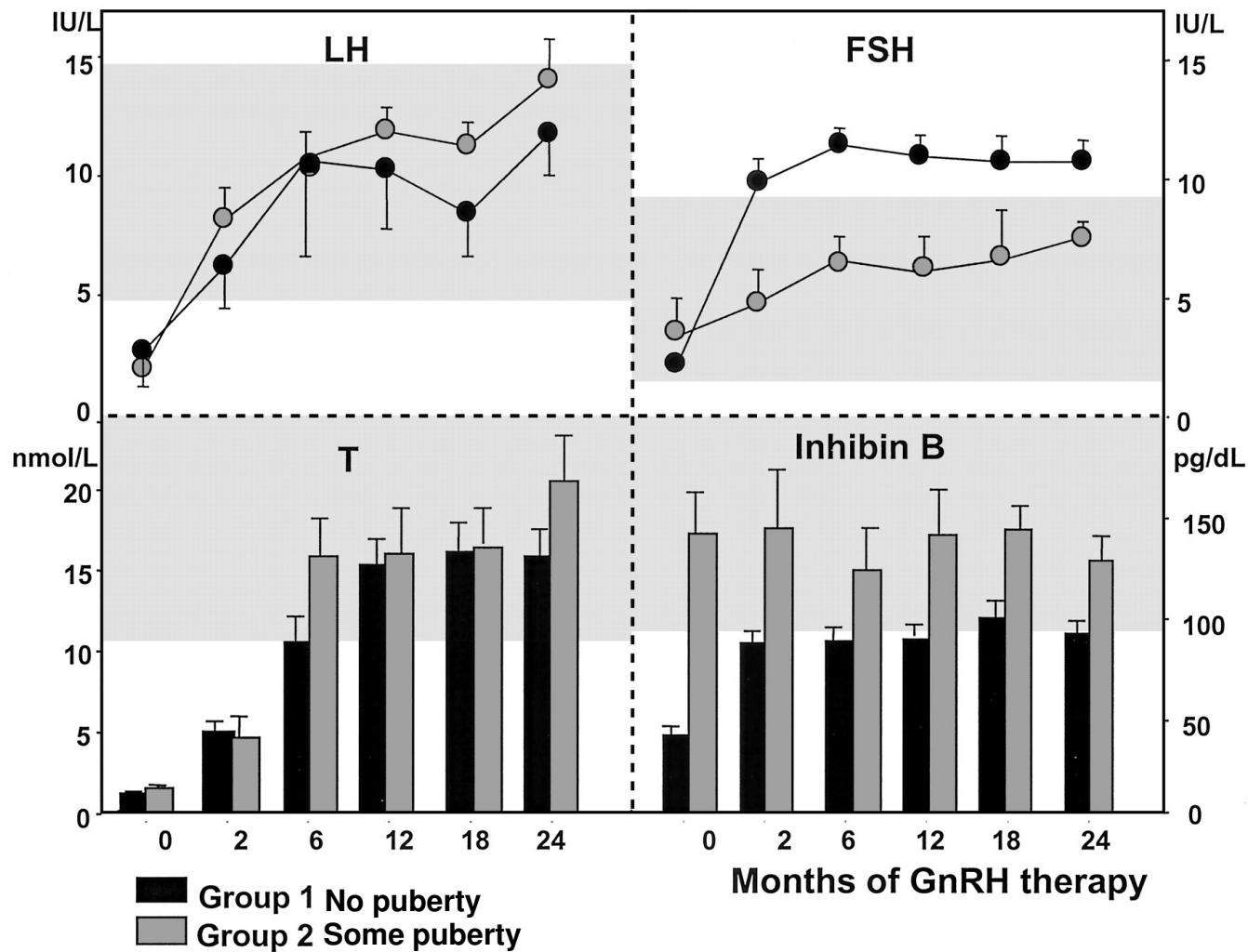
Liu et al 2009

# Kallmann's syndrome pulsatile GnRH treatment

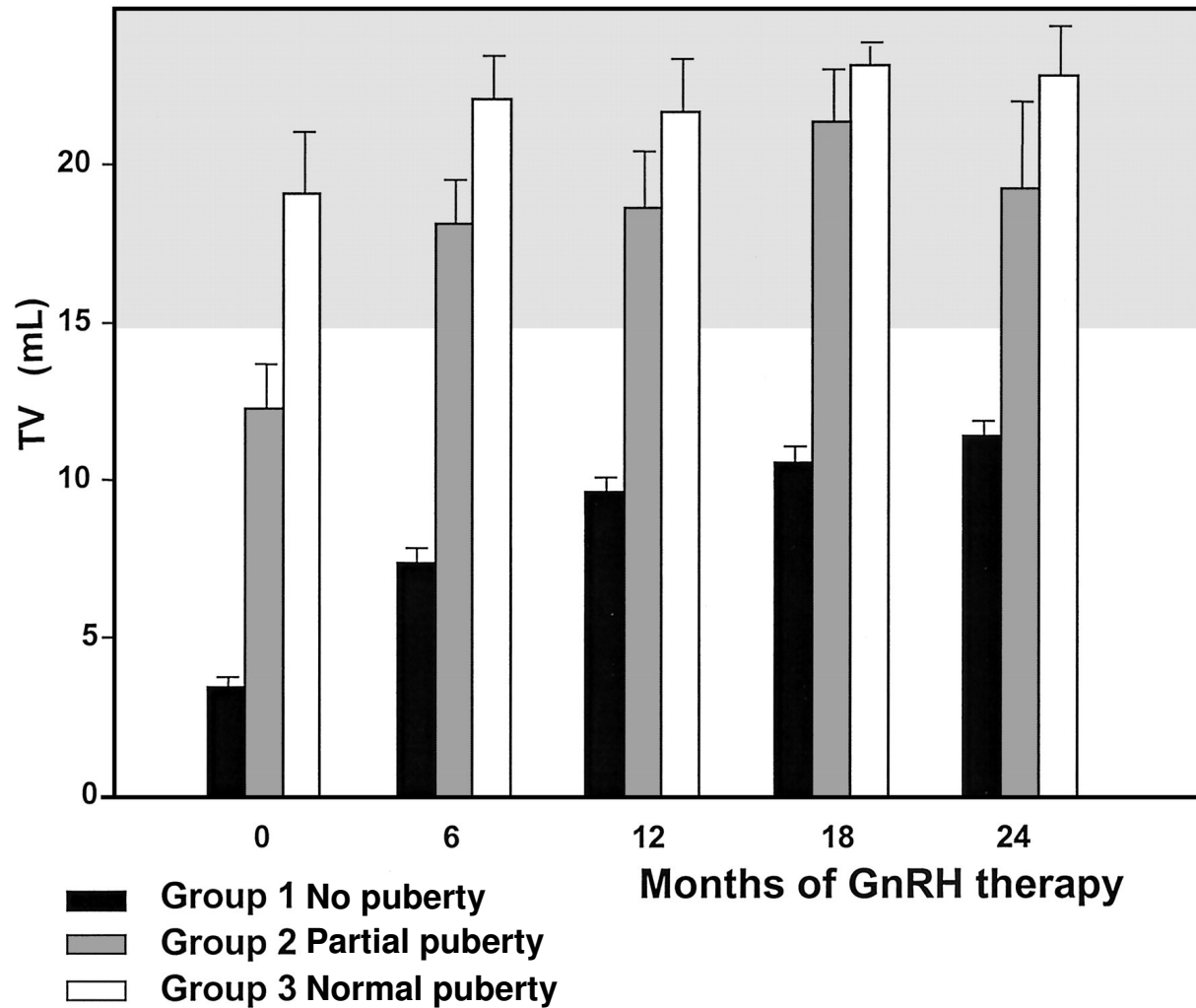


+pulsatile GnRH

# Endocrine response to GnRH treatment

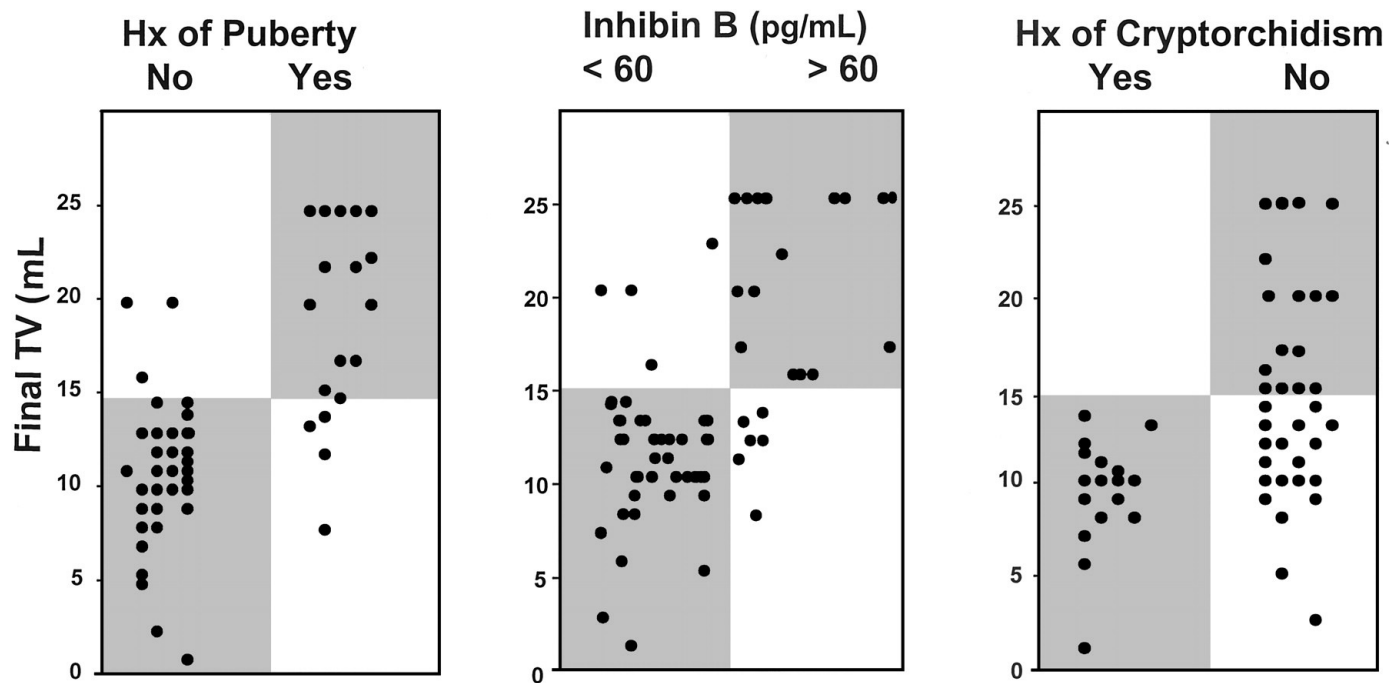


# Testicular response to GnRH treatment

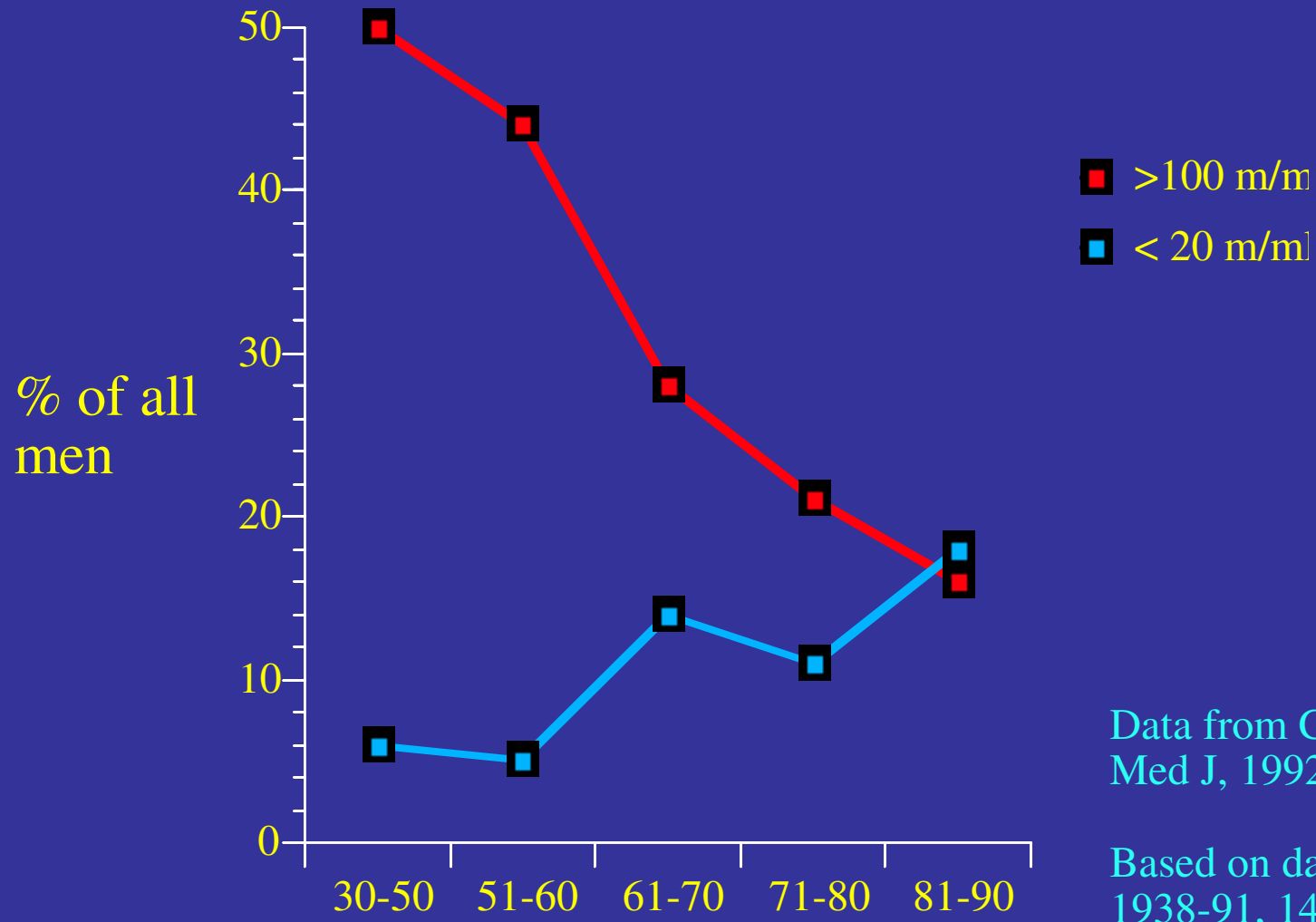




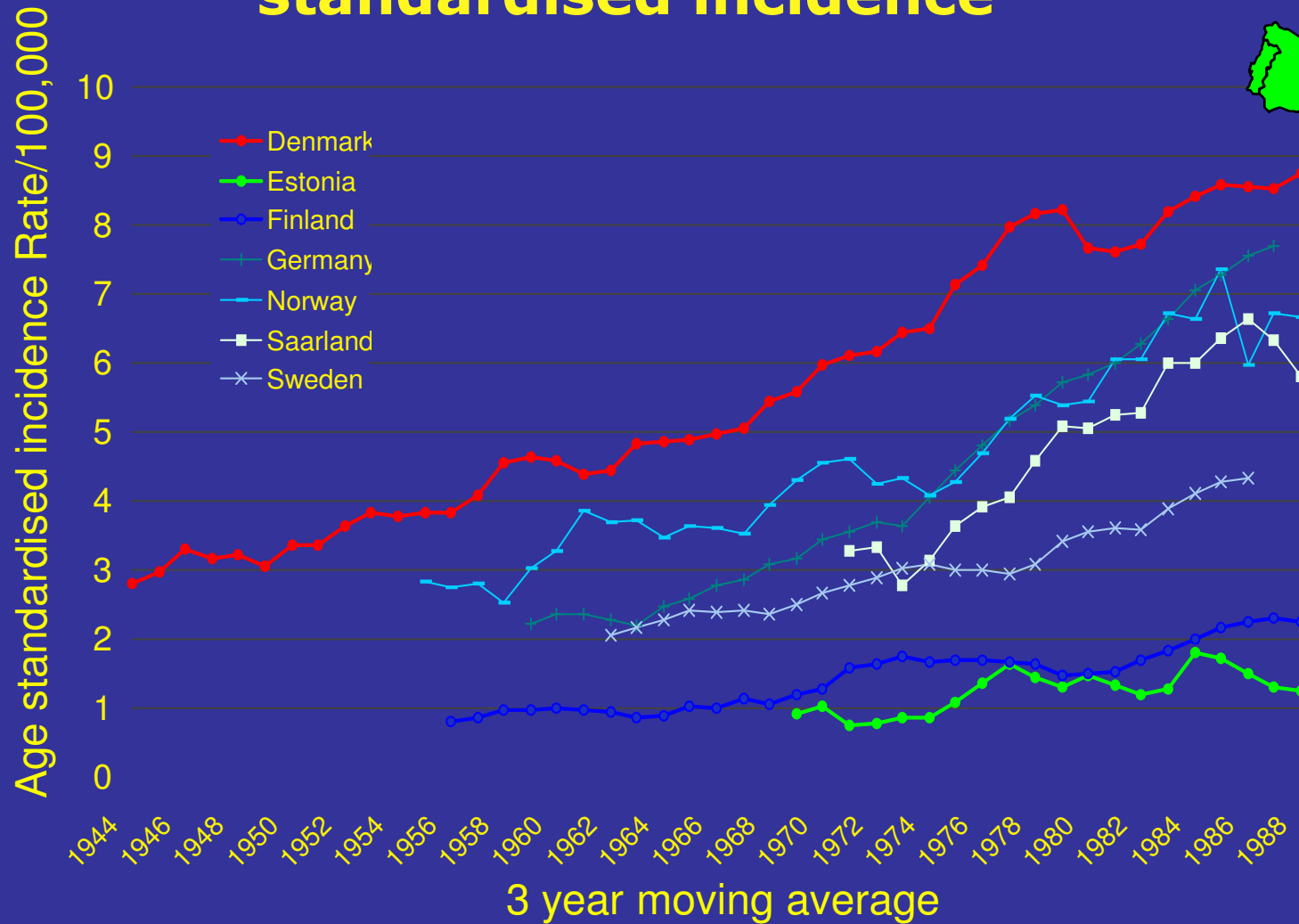
# Prediction of response to GnRH



## Semen Quality : 1930 - 1990

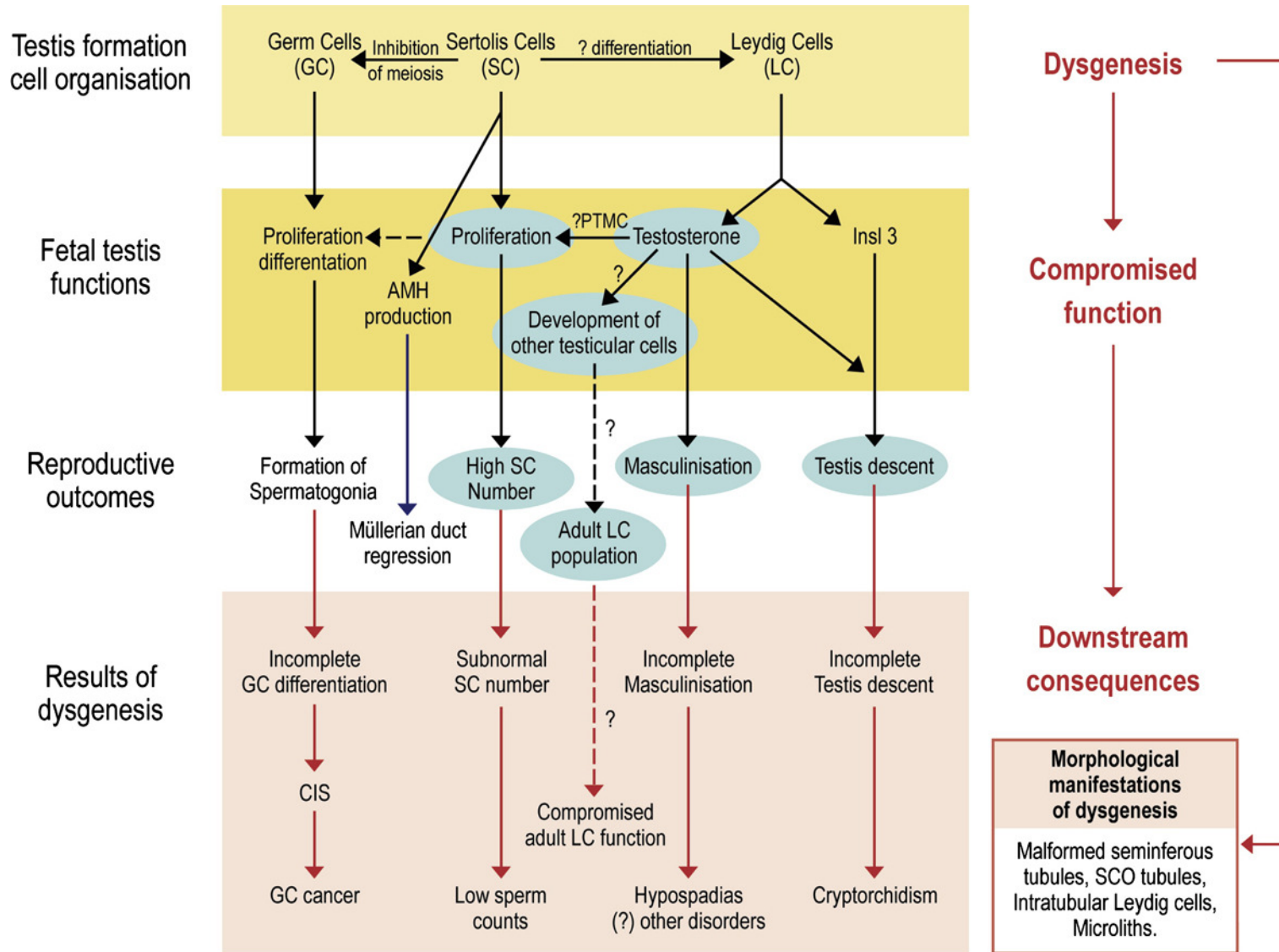


# Testis Cancer : trends in age standardised incidence

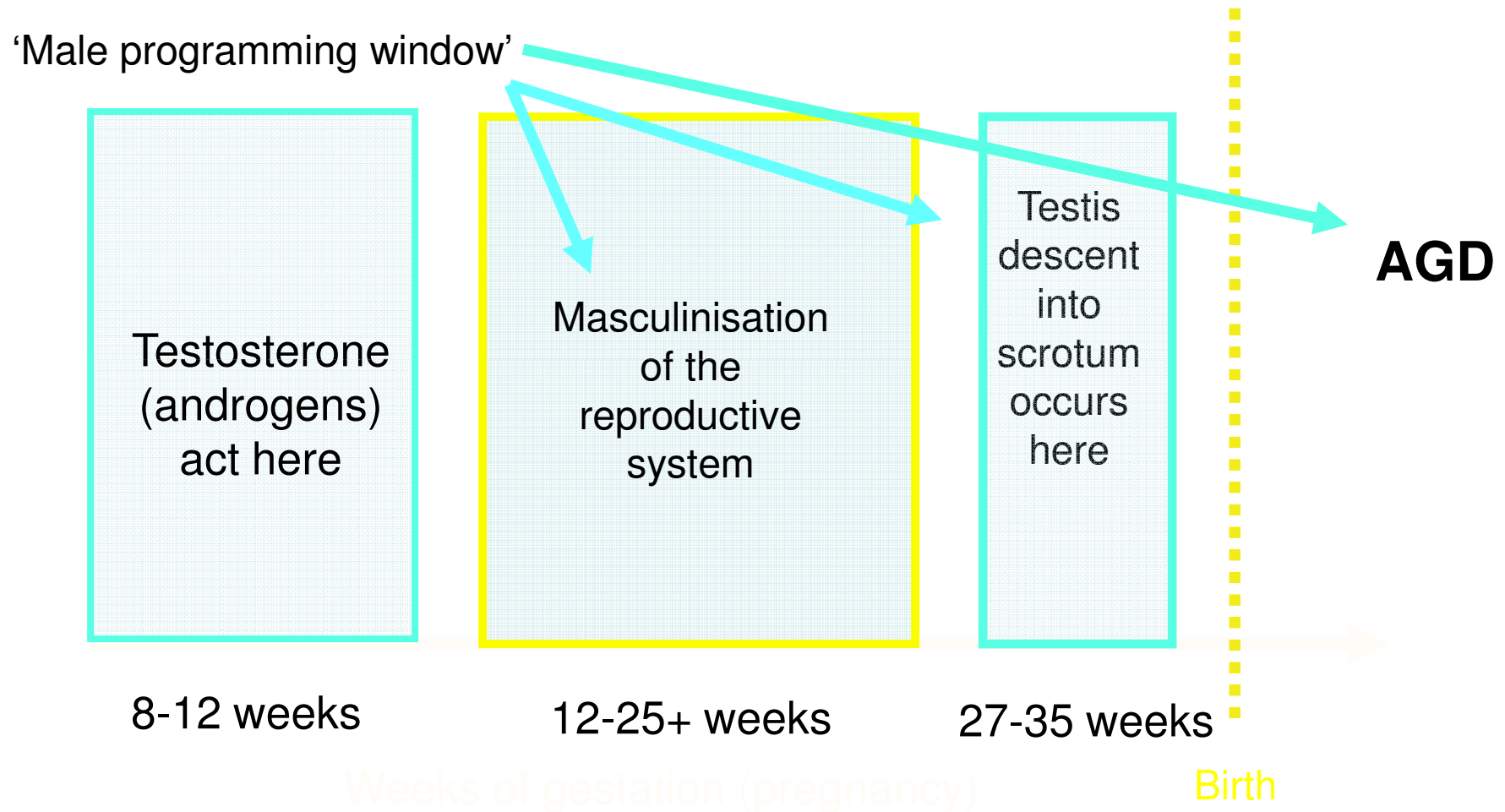


Data from Adami et al, Int J Cancer, 1994, 59, 33-38.

# Fetal testicular disorder: consequences



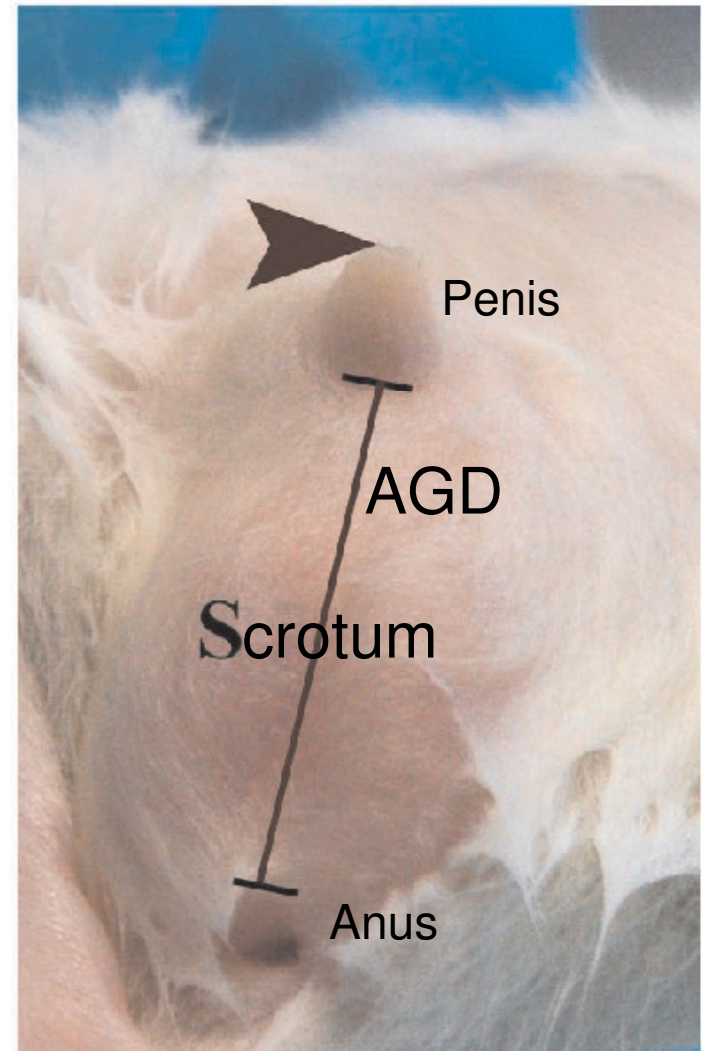
# Timing of androgen action in male fetal development



Based on experimental studies in rats: M Welsh et al (2008) J Clin Invest

# Anogenital distance (AGD)

- Sexually dimorphic in rats and humans; ~1.7x length in males compared with females



# Anogenital distance in boys

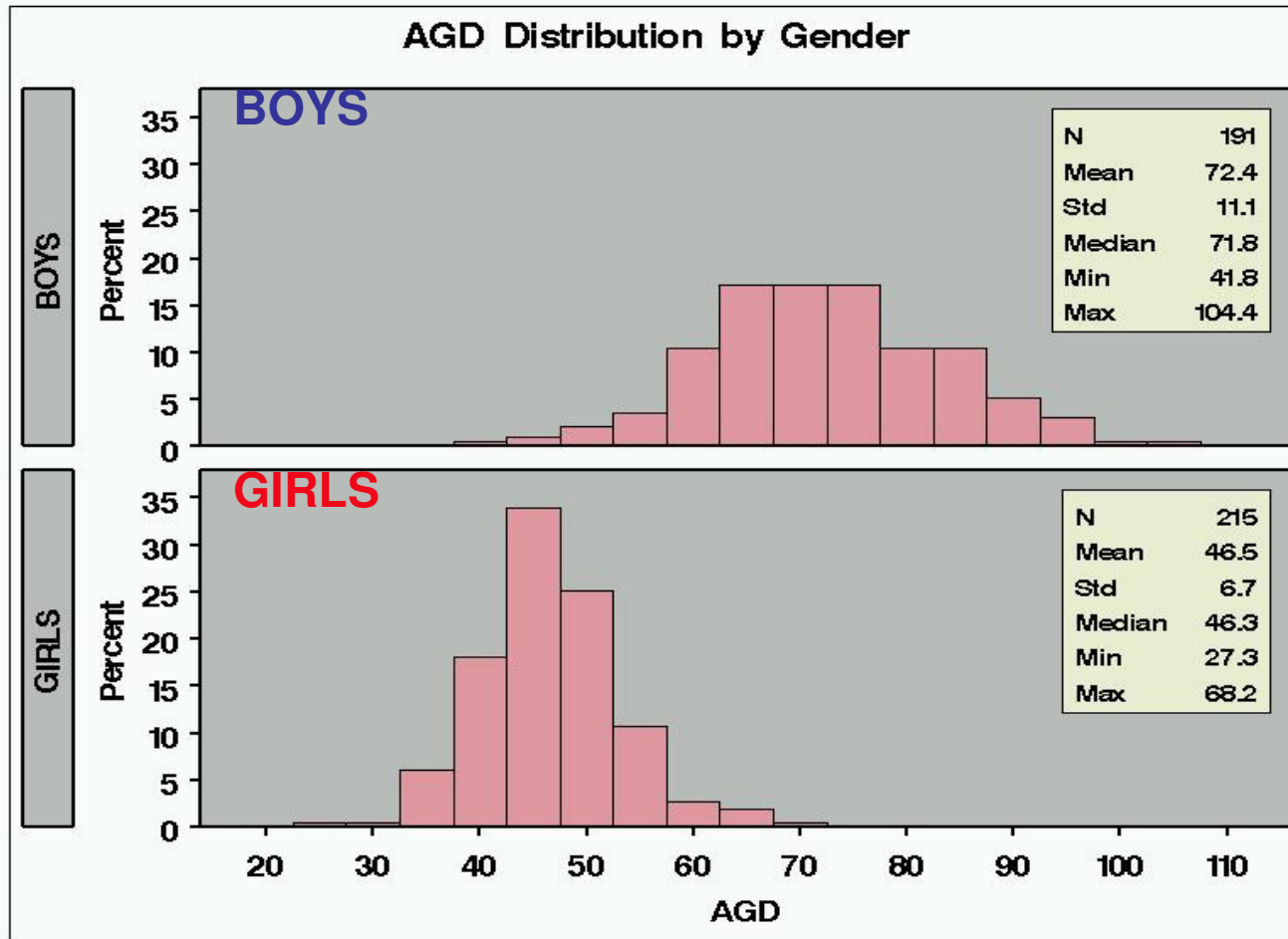
## A read-out of androgen action in the MPW?



- MPW probably 8-14 weeks' gestation
- AGD correlates with penis length
- Reduced AGD in hypospadias
- ?Reduced AGD in cryptorchidism

Picture courtesy of Shanna Swan

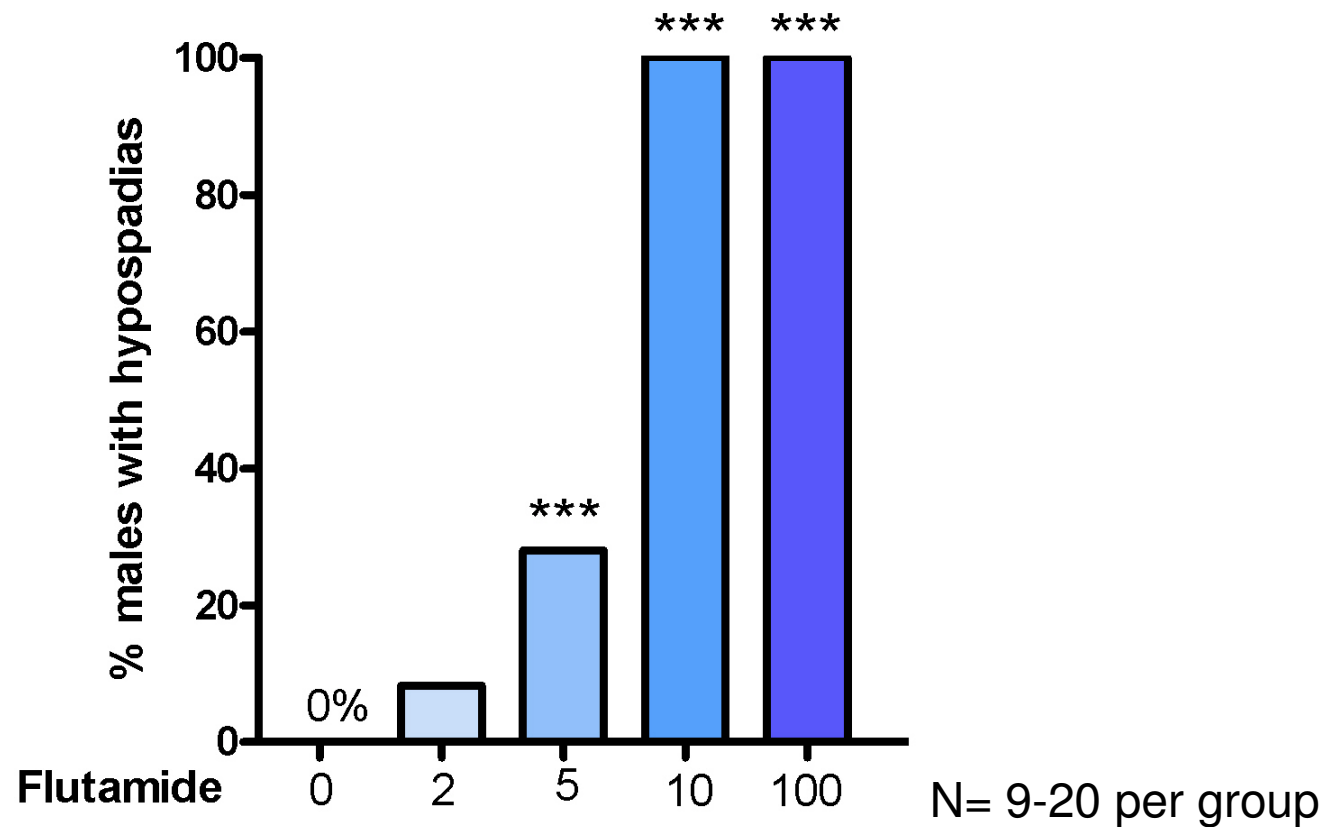
# Anogenital distance (AGD) is $\sim 1.5$ times longer in boys than in girls



From Swan (2008) Environ Res

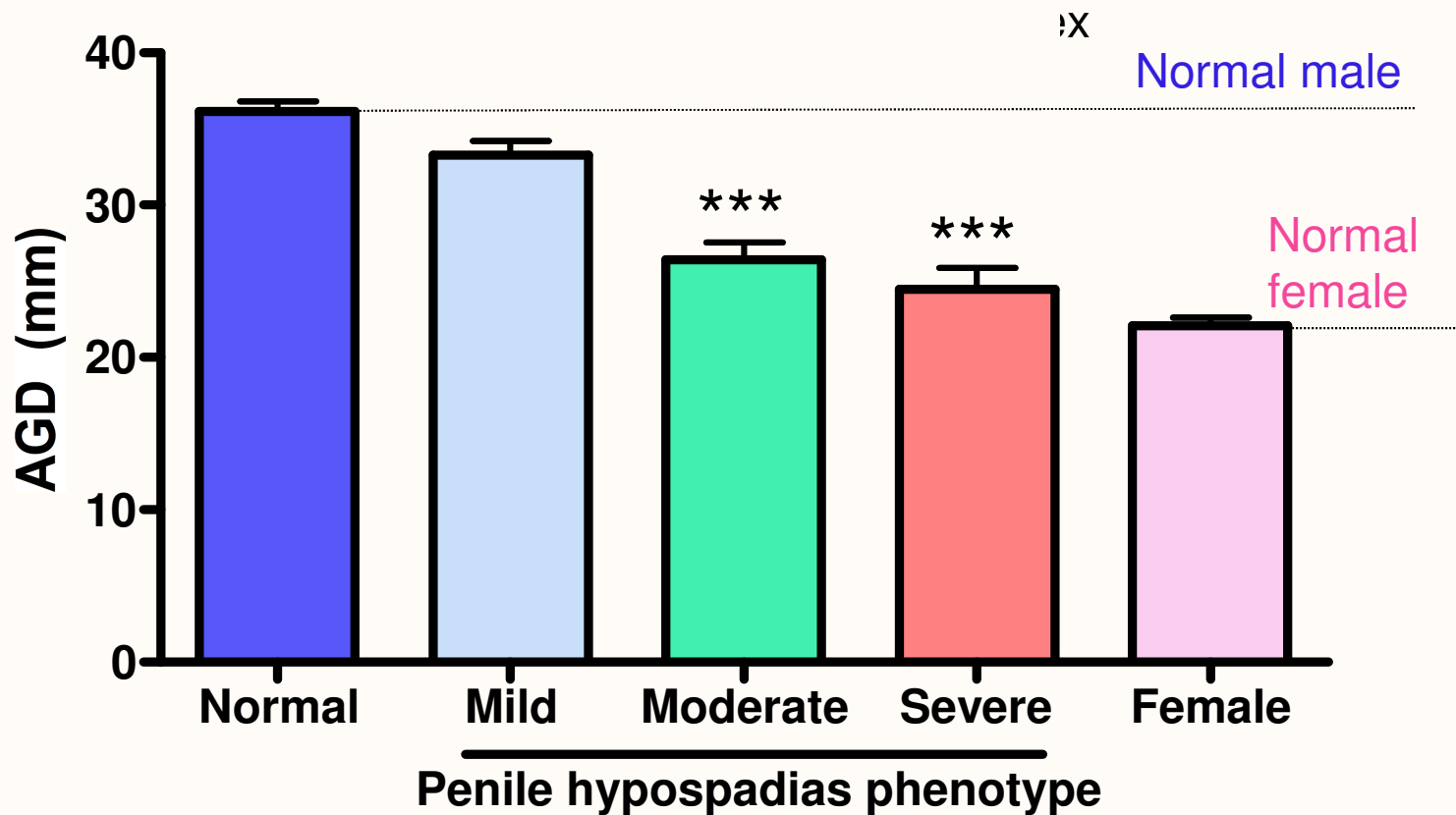


# Effect of flutamide exposure within the MPW on hypospadias incidence



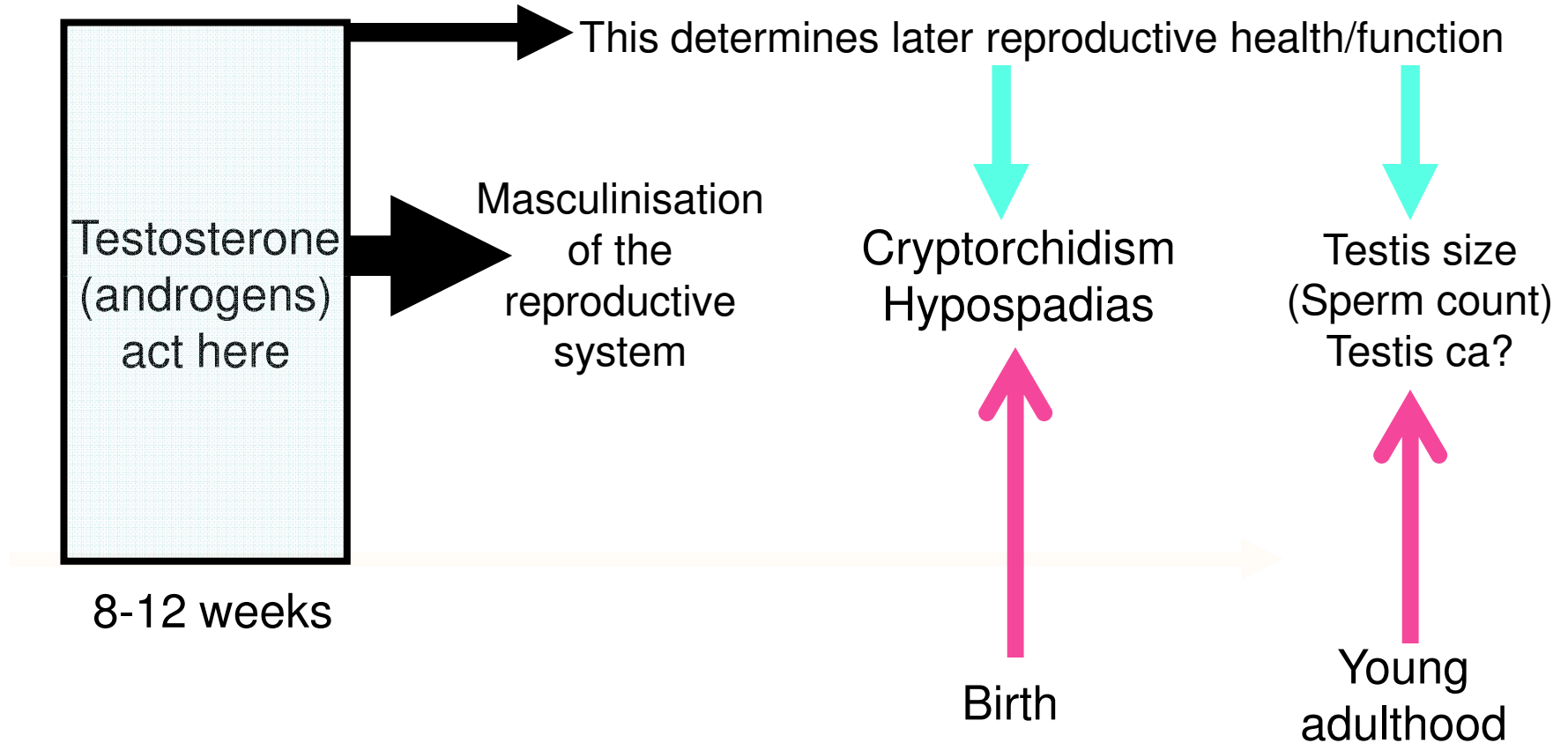
From Welsh et al (2009) Int J Androl (In Press)

# Relationship between AGD and penile phenotype in adult male rats in which fetal testis function was manipulated

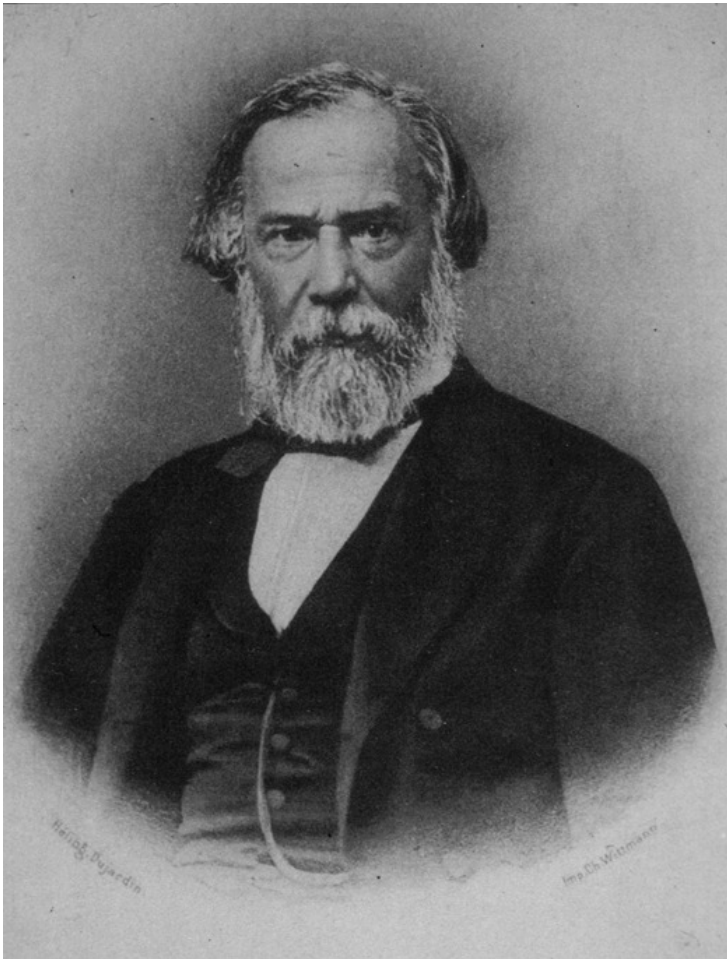


# Key programming role of androgens in male development: origin of the TDS disorders?

'Masculinisation programming window'



Based on experimental studies in rats: M Welsh et al (2008) J Clin Invest



'Increased physical strength, mental abilities and appetite'

Lancet 1889, 2, 105

Charles Edouard Brown-Sequard  
1817-1896