Συχνοί φαρμακευτικοί χειρισμοί στην υπογονιμότητα που κάνουμε λάθη

Sofikitis Nikolaos MD, PhD, DMSci Professor and Chairman Department of Urology Ioannina University

# Pharmaceutical treatment of OAT is indicated

- a) In males in whom there is no definite cause of their diminished fertility potential
- b) In males in whom the treatment of a specific pathophysiology has been proven to be unsuccessful.

# Targets of the pharmaceutical treatment of OAT

- a) To assist the couple to achieve natural conception
- b) To result in the employment of less invasive methods of assisted reproduction technology such as artificial insemination or IVF instead of ICSI.
- c) To improve the live birth rate after ART methods.

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# **GnRH** Analogues



# • In Hypogonadotropic Hypogonadism Only.

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# **GnRH** Antagonists

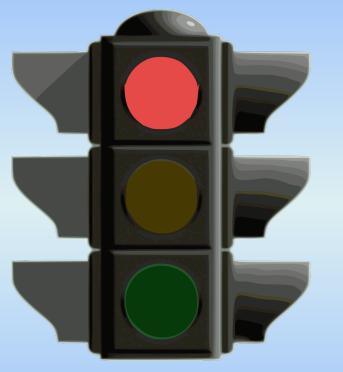


 In Hypogonadotropic Hypogonadism Only.

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# Gonadotrophins



# In Hypogonadotropic Hypogonadism Only



# BUT

- The efficiency of FSH treatment has been studied in two metanalyses published in Cohrane Database.
- Significantly larger pregnancy rate was demonstrated after threemonth-treatment (13.4% versus 4.4%).

(Attia et al., 2006; Attia et al., 2007)





international journal of andrology ISSN 0105-6263

#### ORIGINAL ARTICLE

# The response to FSH treatment in oligozoospermic men depends on FSH receptor gene polymorphisms

R. Selice, A. Garolla, M. Pengo, N. Caretta, A. Ferlin and C. Foresta

Department of Histology, Microbiology and Medical Biotechnologies, Section of Clinical Pathology & Centre for Male Gamete Cryopreservation, University of Padova, Padova, Italy

# Conclusions

This study suggests that the analysis of this gene represents a valid pharmacogenetic approach to the treatment of male infertility, confirming also the importance of strict criteria for the selection of patients to be treated with FSH Treatment of male idiopathic infertility with recombinant human FSH: a prospective, controlled randomized clinical study

 FSH therapy does not improve sperm concentration or pregnancy rate when infertile male patients are chosen solely by the clinical criteria of idiopathic oligospermia and normal FSH concentration. Subgroup analysis, however, does indicate that patients without maturation arrest in addition to the clinical scenario do benefit from medical therapy.

Foresta et al., 2005. Fertil Steril. 84: 654-61.

#### **Hormonal treatment GnRH** analogues 1. **GnRH** antagonists 2. Gonadotrophins 3. Testosterone 4. 5. Testosterone rebound therapy 6. Antiestrogens (Clomiphene, Tamoxifen) Testolactone-Anastrazole (aromatase inhibitors) 7. Bromocryptine 8. Non-hormonal treatment PDE5 inhibitors 1. Kallikrein 2. 3. Indomethacin ACE inhibitors 4.

- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# TRT AND MALE FERTILITY POTENTIAL



# Rate, extent, and modifiers of spermatogenic recovery after hormonal male contraception: an integrated analysis

Peter Y Liu, Ronald S Swerdloff, Peter D Christenson, David J Handelsman, Christina Wang, and the Hormonal Male Contraception Summit group\*

Lancet 2006; 367: 1412-20

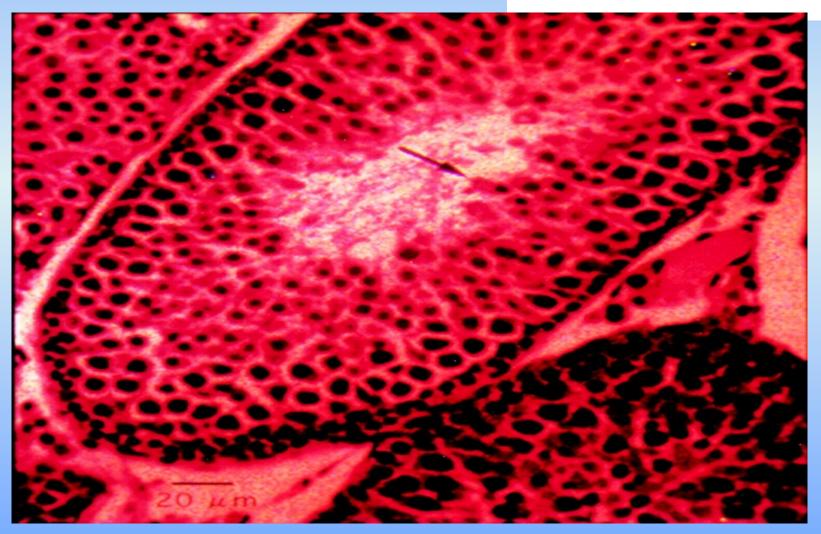
 These data represented about 90% of all published data from individuals using androgen or androgen-progestagen regimens. Multivariate Cox's analysis showed higher rates of recovery with older age, Asian origin, shorter treatment duration, shorter-acting testosterone preparations, higher sperm concentrations at baseline, faster suppression of spermatogenesis, and lower blood concentrations of luteinising hormone at baseline.

Probability of Recovery to 20 million per mL	Duration (months)
67% (61-72)	6
90% (85-93)	12
<b>96% (92-98</b> )	16
100%	24

Lancet 2006; 367:1412-20

#### Influence of the male reproductive tract on the reproductive potential of round spermatids abnormally released from the seminiferous epithelium\*

N.Sofikitis<sup>1,3</sup>, K.Ono<sup>1</sup>, Y.Yamamoto<sup>1</sup>, H.Papadopoulos<sup>2</sup> and I.Miyagawa<sup>1</sup>



# Administration of Testosterone to Infertile Men



Do Not Administer Contraceptive Agents to the Individuals who want to Father their Own Children.

# BUT

FERTILITY AND STERILITY® Copyright <sup>o</sup> 1997 American Society for Reproductive Medicine Published by Elsevier Science Inc. Vol. 67, No. 4, April 1997 Printed on acid-free paper in U. S. A.

The combination of testosterone undecanoate with tamoxifen citrate enhances the effects of each agent given independently on seminal parameters in men with idiopathic oligozoospermia\*

Dimitrios A. Adamopoulos, M.D.† Stamatina Nicopoulou, M.D. Niki Kapolla, B.S., Maria Karamertzanis, M.D. Evangelia Andreou, M.D.

> FERTILITY AND STERILITY® VOL. 80, NO. 4, OCTOBER 2003 Copyright ©2003 American Society for Reproductive Medicine Published by Elsevier Inc. Printed on acid-free paper in U.S.A.

#### Effectiveness of combined tamoxifen citrate and testosterone undecanoate treatment in men with idiopathic oligozoospermia

Dimitrios A. Adamopoulos, M.D., Athina Pappa, M.Sc., Evangelia Billa, M.D., Stamatina Nicopoulou, M.D., Eftychia Koukkou, M.D., and John Michopoulos, M.D.



The combination of testosterone undecanoate with tamoxifen citrate enhances the effects of each agent given independently on seminal parameters in men with idiopathic oligozoospermia

 The combination of tamoxifen citrate with Testosterone undecanoate not only improves significantly important seminal parameters but also compares favorably with the single treatments used. Therefore, this combination deserves a place as a first line of treatment in idiopathic oligozoospermia.

Adamopoulos et al., 1997.Fertil. Steril. 67:756-62.

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# Testosterone rebound therapy



- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# Outcomes of clomiphene citrate treatment in young hypogonadal men

 Long-term follow-up of CC treatment for HG shows that it appears to be an effective and safe alternative to testosterone supplementation in men wishing to preserve their fertility.

Katz et al., 2011. BJUI. doi:10.1111/j.1464-410X.2011.10702.x

Changes in the endocrinological milieu after clomiphene citrate treatment for oligozoospermia: the clinical significance of the estradiol/testosterone ratio as a prognostic value.

The rate of increase in the E<sub>2</sub>/T ratio during clomiphene citrate treatment has prognostic value, and performing the hCG test before this treatment may be helpful in predicting the endocrinological milieu after It. If the rate of increase In the E<sub>2</sub>/T ratio following hCG injection Is high, treatment should consist of a combination of clomiphene citrate and an aromatase inhibitor to decrease the E<sub>2</sub>/T ratio.

# Clomiphene Administration for Cases of Nonobstructive Azoospermia: A Multicenter Study

 Clomiphene citrate administration may result in sperm in the ejaculate of patients with nonobstructive azoospermia or the simplification of testis sperm retrieval. Surgeons may consider a course of clomiphene citrate administration prior to surgical sperm retrieval in patients with nonobstructive azoospermia.

Hussein et al., 2005. J Androl. 26: 787–791

# Azoospermia after treatment with clomiphene citrate in patients with oligospermia

• The benefits of empiric treatment with CC must be balanced with the possible undesirable effects, such as azoospermia.

Pasqualotto et al., 2008. Fertil. Steril. 90:2014.e11-e12.



- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# EVIDENCE OF A TREATABLE ENDOCRINOPATHY IN INFERTILE MEN

 An endocrinopathy was identified in men with severe male factor infertility that was characterized by a decreased serum testosterone-to-estradiol ratio. This ratio can be corrected by aromatase inhibition, resulting in a significant improvement in semen parameters in oligospermic patients.

Pavlovich et al., 2001. J. Urol. 165: 837-841.

BecauseTreatment of men with idiopathic<br/>oligozoospermic infertility using the<br/>aromatase inhibitor, testolactone.BecauseResults of a double-blinded,<br/>randomized, placebo-controlled trial<br/>with crossover.

 It may be suggested that chronic administration of testolactone at this dose fails to maintain aromatase inhibition despite depression of 17,20-desmolase activity with elevated 17ahydroxyprogesterone and depressed SHBG binding capacity with elevation of free testosterone. Testolactone is not efficacious in the treatment of idiopathic oligozoospermic infertility.

Clark and Sherins 1989. J. Androl. 10: 240-247

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)

### 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants



- Chronic Renal Failure
- Pituitary Adenoma

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# Effects of phosphodiesterase-5 inhibitors on Leydig cell secretory function in oligoasthenospermic infertile men: a randomized trial

Fotios Dimitriadis<sup>\*†</sup>, Stavros Tsambalas<sup>†</sup>, Panagiota Tsounapi<sup>\*</sup>, Hiroshi Kawamura<sup>†</sup>, Evlalia Vlachopoulou<sup>†</sup>, Nikolaos Haliasos<sup>†</sup>, Stavros Gratsias<sup>†</sup>, Takeshi Watanabe<sup>\*</sup>, Motoaki Saito<sup>‡</sup>, Ikuo Miyagawa<sup>\*</sup> and Nikolaos Sofikitis<sup>†</sup>

\*Department of Urology, Tottori University School of Medicine, <sup>†</sup>Department of Pathophysiological and Therapeutic Science, Division of Molecular Pharmacology, Faculty of Medicine, Tottori University, Yonago, Japan, and <sup>†</sup>Laboratory of Molecular Urology and Genetics of Human Reproduction, Department of Urology, Ioannina University School of Medicine, Ioannina, Greece

# First International Journal of Andrology **and Rology**

#### ORIGINAL ARTICLE

# Effects of phosphodiesterase-5 inhibitor vardenafil on testicular androgen-binding protein secretion, the maintenance of foci of advanced spermatogenesis and the sperm fertilising capacity in azoospermic men

F. Dimitriadis<sup>1,2,3</sup>, S. Tsampalas<sup>2</sup>, P. Tsounapi<sup>1,2,3</sup>, D Giannakis<sup>2</sup>, N.Chaliasos<sup>2</sup>, D. Baltogiannis<sup>2</sup>, I. Miyagawa<sup>3</sup>, M. Saito<sup>1</sup>, A. Takenaka<sup>3</sup> & N. Sofikitis<sup>1,2,3</sup>

1 Department of Molecular Pharmacology, Tottori University School of Medicine, Yonago, Japan;

2 Laboratory of Molecular Urology and Genetics of Human Reproduction, Department of Urology, Ioannina University School of Medicine, Ioannina, Greece;

3 Department of Urology, Tottori University School of Medicine, Yonago, Japan

Vardenafil administration in NOA-men increased ABP secretion and did not affect detrimentally the presence of testicular foci of advanced spermatogenesis.

Dimitridis et al., 2011. Andrologia, 44 Suppl 1: 144-53.

### PDE5 Inhibitors AND Indiopathic Oligozoospermia



for

### PDE5 Inhibitors that **do not** Interact with the PDE11

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

### Indomethacin For Idiopathic OAT



- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

## ACE inhibitors For Idiopathic OAT



- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

- Arginine in Micronutrient Supplements
- A Nitric Oxide Donor



- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

- 1. GnRH analogues
- 2. GnRH antagonists
- 3. Gonadotrophins
- 4. Testosterone
- 5. Testosterone rebound therapy
- 6. Antiestrogens (Clomiphene, Tamoxifen)
- 7. Testolactone-Anastrazole (aromatase inhibitors)
- 8. Bromocryptine

- 1. PDE5 inhibitors
- 2. Kallikrein
- 3. Indomethacin
- 4. ACE inhibitors
- 5. Arginine
- 6. Pentoxyphyline
- 7. Antioxidants

# Antioxidant treatment with edaravone or taurine ameliorates diabetes-induced testicular dysfunction in the rat

Panagiota Tsounapi · Motoaki Saito · Fotios Dimitriadis · Sotirios Koukos · Shogo Shimizu · Keisuke Satoh · Atsushi Takenaka · Nikolaos Sofikitis

 The morphological damage, increased lipid peroxidation, and apoptosis in testicular tissue can be significantly relieved by edaravone or taurine treatment through suppressing the increased oxidative stress in the rat testis.

Tsounapi et al., 2012. Mol. Cell. Biochem.

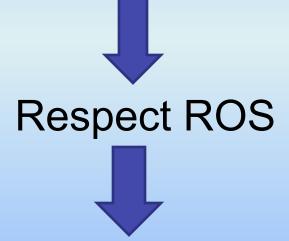
## Administration of Antioxidants in Men with OAT

• Did you quantify ROS generation?

## **ROS ARE IMPORTANT**

- Human spermatozoa appear to use reactive oxygen species for a physiological purpose and have the difficult task of ensuring the balanced generation of these potentially harmful, but biologically important, modulators of cellular function.
- <u>Bioessays.</u> 1994 Apr;16(4):259-67.
- <u>Aitken J</u>, <u>Fisher H</u>.

 Spermatozoa of fertile men produce extremely low levels of ROS and yet, paradoxically, these molecules appear to be important mediators of normal sperm function.



### Do not administer large amounts of antioxidants