

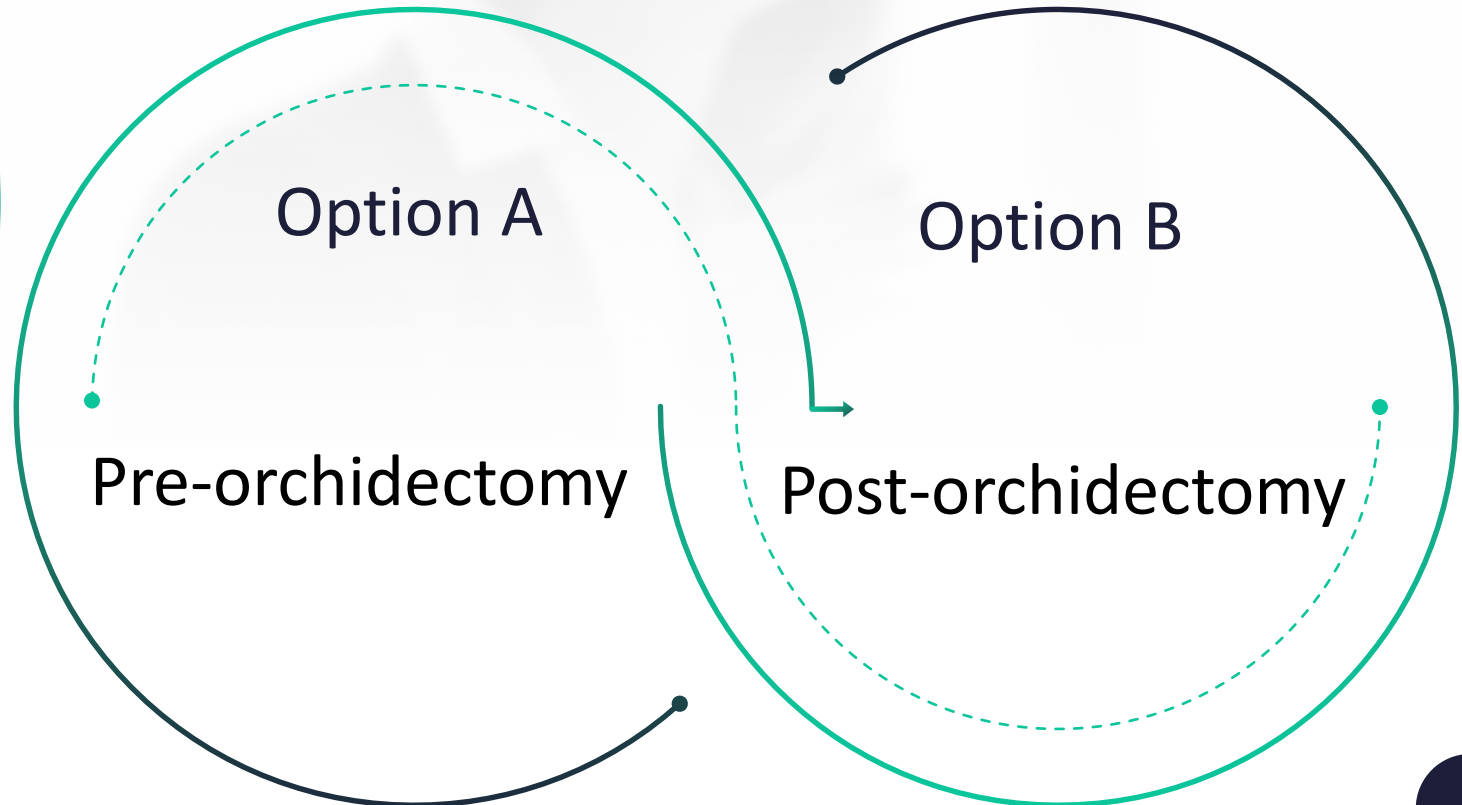


Male fertility preservation, is it ever too late?

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When would you refer for sperm cryopreservation?

24 year old male
with stage 1
seminoma initially
treated with
unilateral
orchidectomy



Following orchidectomy, decision has been made to give adjuvant chemotherapy with 2 cycles of BEP.

Referred to the fertility clinic for semen analysis and cryopreservation

(S) Volume of Semen	2.0	mL
(S) No of sperm per ml of semen	<u>NO SPERM SEEN</u>	10*6/mL
(S) % Progressive motility	Not applicable	%
(S) % Total motility	Not applicable	%
(S) Time from ejaculation to test	60	min
(S) Viscosity	Normal	
(S) Acidity	8.0	
(S) Nucleated cells not sperm	Occasional	
(S) Esterase Test	NOT TESTED	
(S) MAR	NOT TESTED	
(S) Abstinence	4	d
(S) Vitality	NOT TESTED	%
(S) Comment	UNSUITABLE FOR MORPHOLOGY	
(S) Semen Diagnostic Ref	Not applicable	



What are his treatment options now?



- A Do nothing, use donor sperm to conceive?
- B Surgical sperm retrieval pre-chemo?
- C Surgical sperm retrieval post-chemo?
- D Await spontaneous recovery?

His team decide to perform a surgical sperm retrieval pre-chemotherapy. However, post-orchidectomy he develops a massive DVT and is commenced on anti-coagulation therapy. In view of the risk of bleeding, the procedure was cancelled.

A year after completing therapy, he was found to have normal levels of testosterone, FSH and LH. What are his chances of future conception (spontaneous or using ART)?

Option A – 0 %

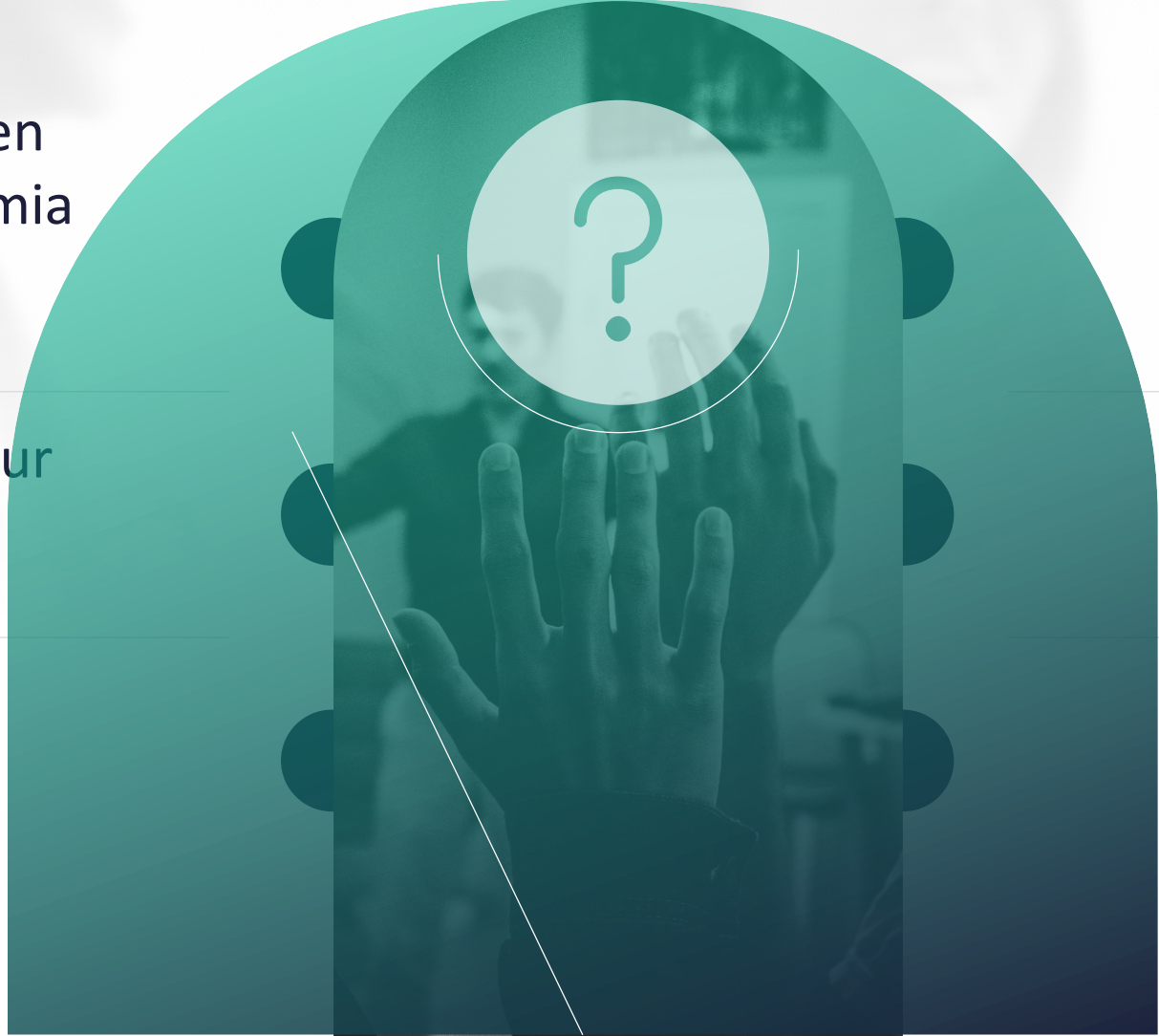
Option B – less than 20%

Option C – 20 - 80%

Option D – 80-100%



Male fertility preservation for testicular cancer



What percentage of men with TC have azoospermia at diagnosis?

Can removing the tumour improve sperm count?

How gonadotoxic is BEP chemotherapy?

Does treatment induced infertility recover and if so when and in whom?

Is surgical sperm retrieval best done before or after chemotherapy?

What are the barriers to sperm banking?