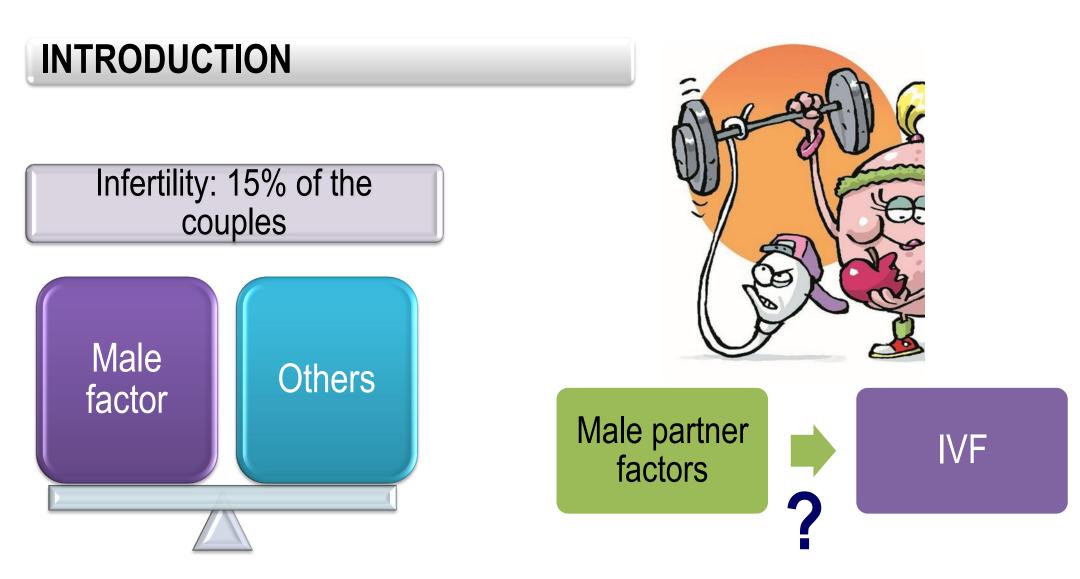
# IMPACT OF PATERNAL AGE, EJACULATORY ABSTINENCE LENGTH AND SEMEN QUALITY ON THE OUTCOMES OF INTRACYTOPLASMIC SPERM INJECTION (ICSI) IN AN EGG-SHARING DONATION PROGRAM

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Most of the existing literature focuses on female infertility or on the fertility of both partners



Haploid genome

Gamete cleavage



Gamete fusion

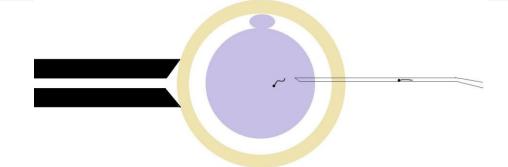








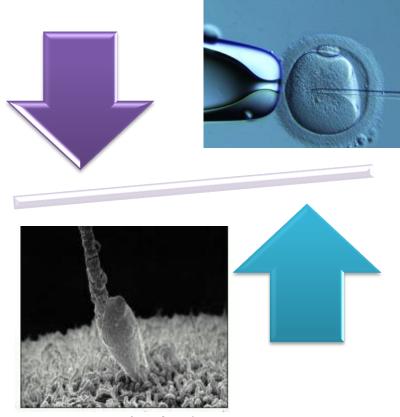




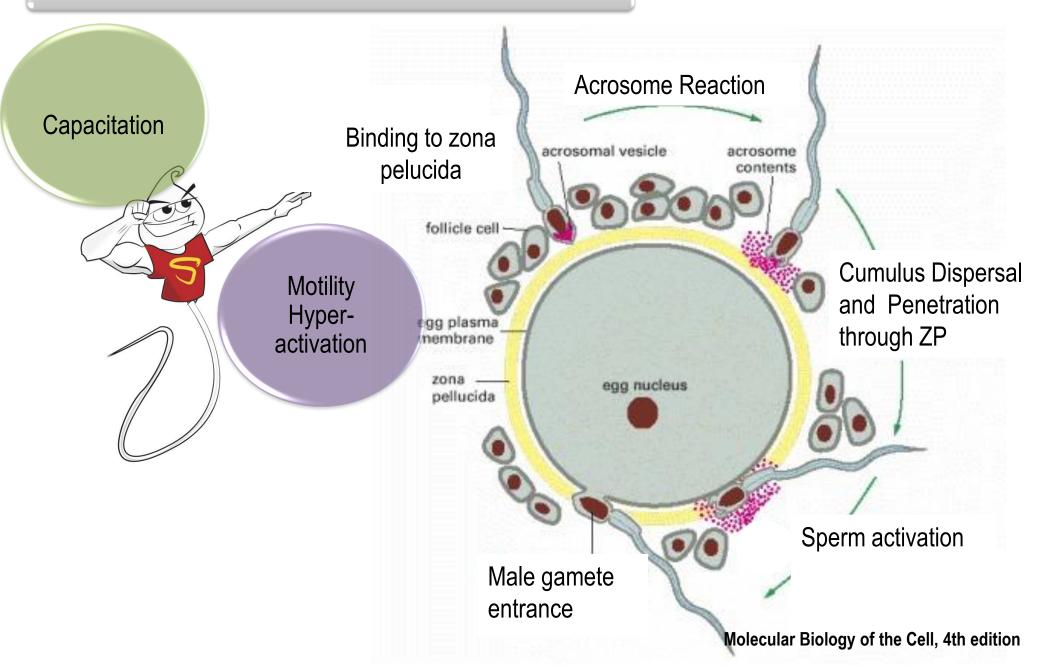


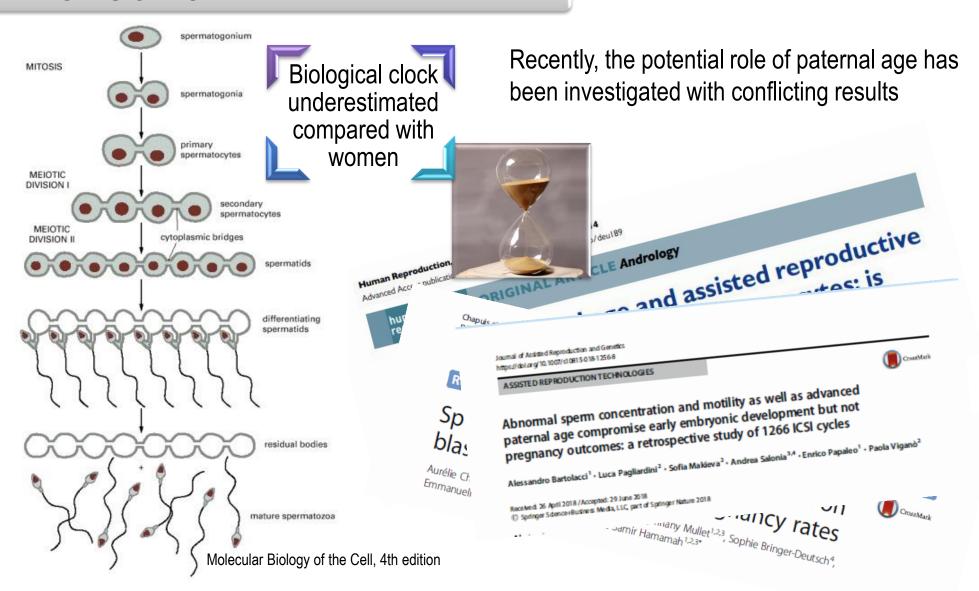
concerns about the contribution of the male factor to IVF outcomes

ICSI improve outcomes over conventional IVF for male factor infertility

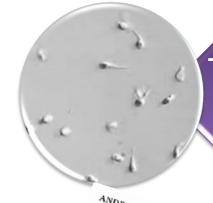


Molecular Biology of the Cell, 4th ed.









The same is true for impact of abnormal sperm parameters on embryo implantation

> Chapuis et al. Basic and Clinical Andrology DOI 10.1186/512610-016-0045-4

 $^{ANDROLOGIA}$  30, 91-95 (1998)

 $T_{he\ outcome\ of\ clinical\ pregn}$ 

plasmic sperm injection is not

R. Mercan, S. E. Lanzendorf, J. Mayer, Jr., A. Nassar, The Howard and Georgeanna Jones Institute for Women's Health, De Andrology. three basic sperm Z.P. Nagy, J. Liu, H. Joris, G. Vern.

Human Reproduction, Volume 10, Issue 5, https://doi.org/10.1093/oxfordjournals.humrep.

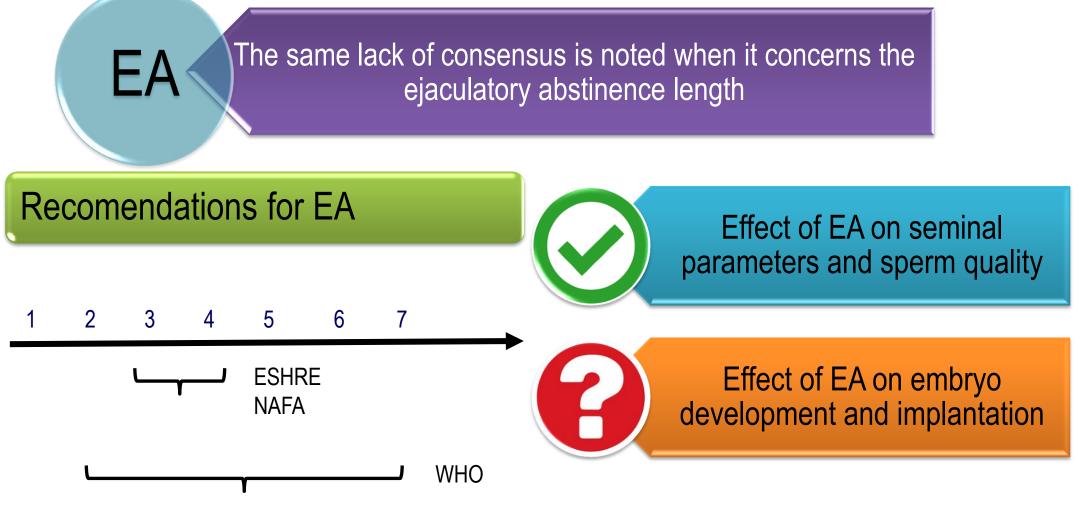
Journal Article

Effect of the male factor on the clinical outcome of intracytoplasmic sperm injection combined with preimplantation aneuploidy testing: observational longitudinal cohort study of 1,219 consecutive cycles

Tal Andrology







The scientific evidences behind these recommendations are limited

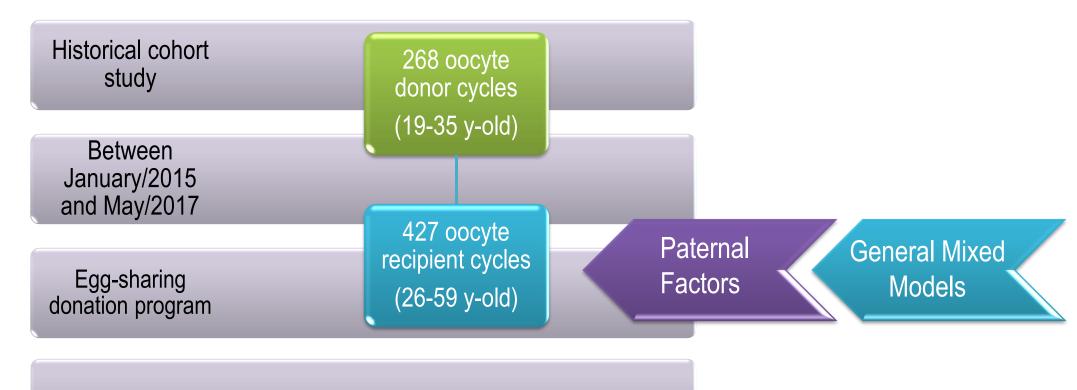


#### **OBJECTIVE**

To evaluate the effect of paternal age, ejaculatory abstinence length and semen quality on ICSI outcomes in recipients' cycles in an egg-sharing donation program



STUDY DESIGN



Post-hoc power for the sample size: **95.7%.** 



Predictive variables

Paternal age

Ejaculatory abstinence length

Sperm count

Progressive sperm motility

Total motile sperm count

Response variables

Fertilization rate

High-quality embryos rate on D3

Normal embryo development rate on D3

Blastocyst development rate

High-quality blastocysts rate

Implantation rate

Pregnancy rate



# **Controlled Ovarian Stimulation**

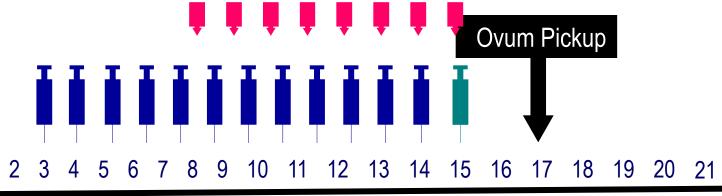
**GnRH Antagonist** 

Recombinant FSH

Recombinant hCG



**E**2







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Incubation, denudation and nuclear maturation evaluation



ICSI performed after denudation for donors or 3 hours after warming for recipients



Embryo culture until day 5



One or two blastocysts transferred





Vitrification and the warming: Cryotop method



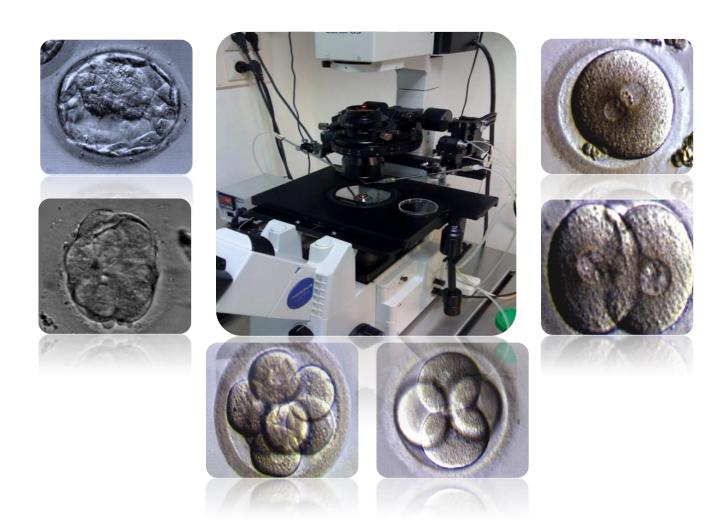
Semen samples were evaluated according to the threshold values established by the WHO in 2010



Sperm preparation: 2-layered density gradient centrifugation technique



• EMBRYO MORPHOLOGY





# Association between paternal age and ICSI outcomes

Variables	Paternal Age			
	В	SE	CI	р
Fertilization rate	-0.276	0.085	-0.442 – -0.110	0.001
High-quality embryos rate on D3	-0.040	0.017	-0.072 – -0.006	0.021
Normal embryo development rate on D3	-2.750	0.8625	-4.441 – -1.059	0.001
Blastocyst development rate	-0.070	0.035	-0.1390.002	0.043
High-quality blastocysts rate	-44.058	20.248	-84.0654.051	0.031
Implantation rate	-0.060	0.007	-0.0750.045	< 0.001
Pregnancy chance	Exp(B): 0.664		0.457 – 0.967	0.033

# Association between ejaculatory abstinence length and ICSI outcomes

Variables	Ejaculatory Abstinence Length			
	В	SE	CI	р
Fertilization rate	-0.083	0.847	-0.4420.110	0.765
High-quality embryos rate on D3	-0.003	0.015	-0.006 – -0.001	0.028
Normal embryo development rate on D3	-0.300	0.014	-0.058 — -0.020	0.036
Blastocyst development rate	-0.589	0.243	-1.0670.111	0.016
High-quality blastocysts rate	13.812	88.143	-160.341 – 187.966	0.876
Implantation rate	-0.012	0.003	-0.2030.353	< 0.001
Pregnancy chance	Exp(B): 0.051	1.803	0.001-1.870	0.103

# Association between sperm count and ICSI outcomes

Variables	Sperm Count			
	В	SE	CI	р
Fertilization rate	0.075	0.020	0.035 – 0.115	< 0.001
High-quality embryos rate on D3	2.296	7.074	-11.587 – 16.179	0.746
Normal embryo development rate on D3	-0.884	0.568	-1.999 - 0.232	0.120
Blastocyst development rate	2.155	0.884	0.420 – 3.891	0.015
High-quality blastocysts rate	-36.970	27.177	-90.666 - 16.727	0.176
Implantation rate	0.025	0.003	0.020 - 0.031	< 0.001
Pregnancy chance	Exp(B): 0.920	0.167	0.658 - 1.284	0.617

# Association between progressive sperm motility and ICSI outcomes

Variables	Sperm Motility			
	В	SE	CI	р
Fertilization rate	-0.003	0.0462	-0.093 – 0.088	0.951
High-quality embryos rate on D3	-1.573	20.270	-41.352 – 38.206	0.938
Normal embryo development rate on D3	0.017	0.077	0.002 – 0.032	0.024
Blastocyst development rate	0.412	0.586	-0.739 - 1.563	0.483
High-quality blastocysts rate	-5.955	5.453	-16.729 - 4.819	0.277
Implantation rate	0.183	0.010	0.163 – 0.204	< 0.001
Pregnancy chance	Exp(B): 1.037	0.031	0.974 - 1.104	0.253

# Association between total motile sperm count and ICSI outcomes

Variables	Total Motile Sperm Count			
	В	SE	CI	р
Fertilization rate	-0.007	0.030	-0.065 – 0.051	0.809
High-quality embryos rate on D3	2.841	2.297	-1.667 - 7.350	0.216
Normal embryo development rate on D3	-2.914	2.327	-7.480 - 1.652	0.211
Blastocyst development rate	1.057	0.508	0.060 – 2.054	0.038
High-quality blastocysts rate	9.779	6.442	-2.949 - 22.508	0.131
Implantation rate	0.008	0.003	0.002 – 0.014	0.009
Pregnancy chance	Exp(B):	0.062	0.845 - 1.083	0.475
	0.957			

Fertilization

Paternal age

Embryo development

Embryo implantation



Bias of the effect of maternal age on oocyte quality

Statistical tools: valuable in controlling maternal age

Oocyte donation cycles



Oocyte donation cycles

Egg sharing donation population

**VS** 

#### **Decreased IVF** outcomes:

(Frattarelli et al. 2008; Luna et al. 2009)

# No effect of paternal age on **IVF** outcomes

(Whitcomb et al. 2011; Begueria et al. 2014; Ghuman et al. 2016)

Young fertile oocyte donors



This creates an interesting situation

Oocytes from the same cohort can be compared

The impact of paternal age on the functionality of oocytes derived from infertile-couples can be analysed

This is different from most other published studies in which data comes from oocyte donor populations





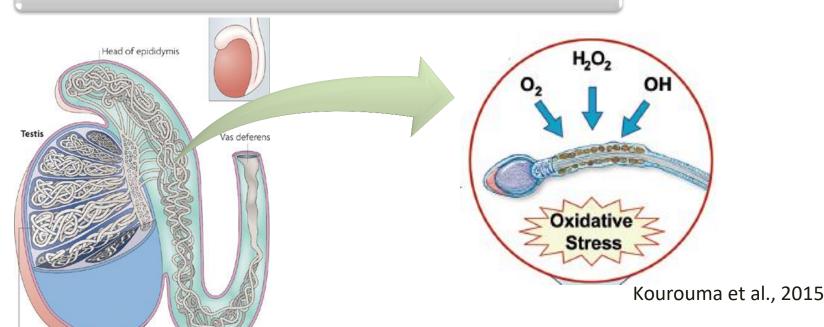
Embryo development and implantation competence



SDF

fertilization, blastocyst formation, implantation, and pregnancy

Seminiferous tubules

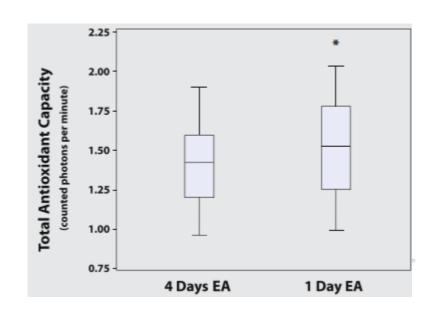


Nature Reviews | Genetics

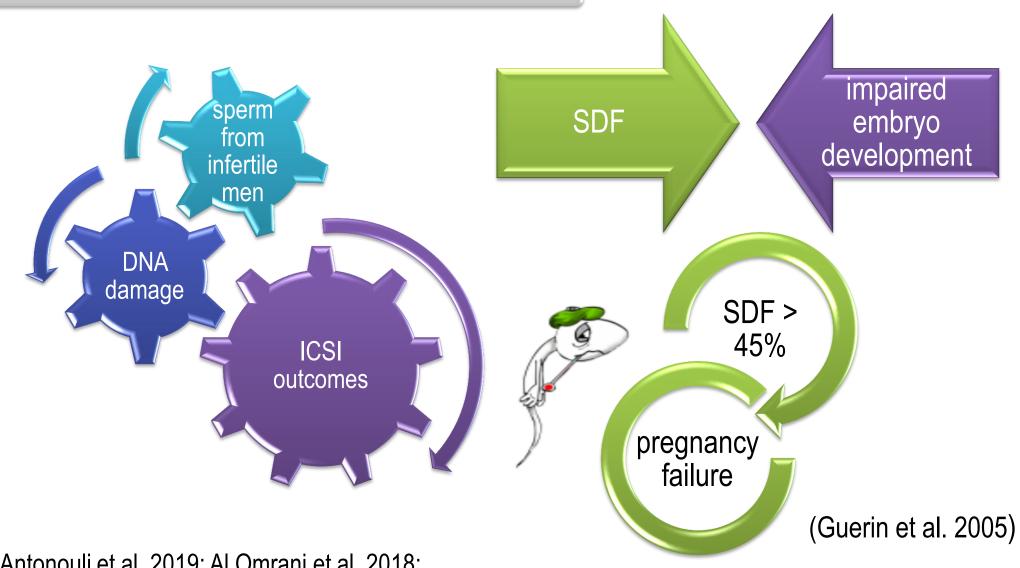
Tail of epididymis

# Influence of ejaculatory abstinence on seminal total antioxidant capacity and sperm membrane lipid peroxidation

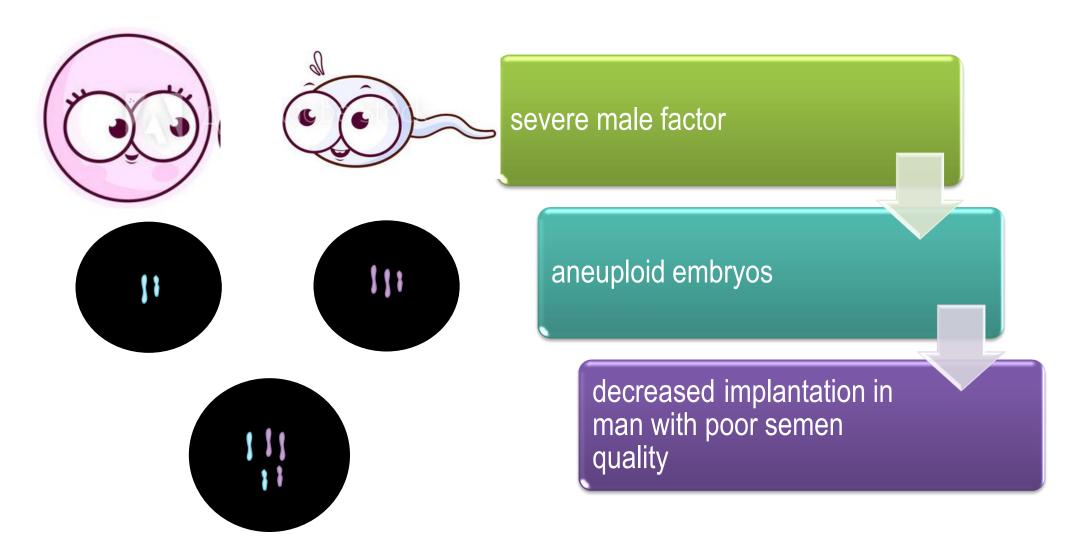
Paul B. Marshburn, M.D., <sup>a,b</sup> Allie Giddings, M.D., <sup>b</sup> Stephanie Causby, M.S., <sup>a,b</sup> Michelle L. Matthews, M.D., <sup>a,b</sup> Rebecca S. Usadi, M.D., <sup>a,b</sup> Nury Steuerwald, Ph.D., <sup>c</sup> and Bradley S. Hurst, M.D. <sup>a,b</sup>



<sup>&</sup>lt;sup>a</sup> Division of Reproductive Endocrinology and Infertility, <sup>b</sup> Department of Obstetrics and Gynecology, and <sup>c</sup> Cannon Research Center, Carolinas Healthcare System, Charlotte, North Carolina



Antonouli et al. 2019; Al Omrani et al. 2018; Evgeni et al. 2015





#### CONCLUSION

Increasing paternal age and EA, and poor semen parameters negatively impact ICSI outcomes, from fertilization to pregnancy

Therefore further tracking of the impact of paternal characteristics on ICSI outcomes should be encouraged

Despite paternal age is uncontrollable, and there are not so many things that can be done concerning semen quality, shortening of EA interval could be used as a strategy to optimize ICSI outcomes.







# www.fertility.com.br

Few studies focused on the influence of male factors on IVF outcomes

Paternal age

Seminal parameters

Ejaculatory abstinence length

ICSI outcomes

Conflicting results

Confound variables

Fertilization

Embryo development

Implantation

