



Avaliação genética do homem infértil

Edson Borges Jr.

Declaração:

Declaro o recebimento de honorários para palestras e/ou ensaios clínicos da Merck, Ferring e Abbott (não relacionados ao assunto desta palestra).

Nenhum outro conflito de interesse para divulgar.

**Resolução do Conselho Federal de Medicina
nº 1.595/2.000**

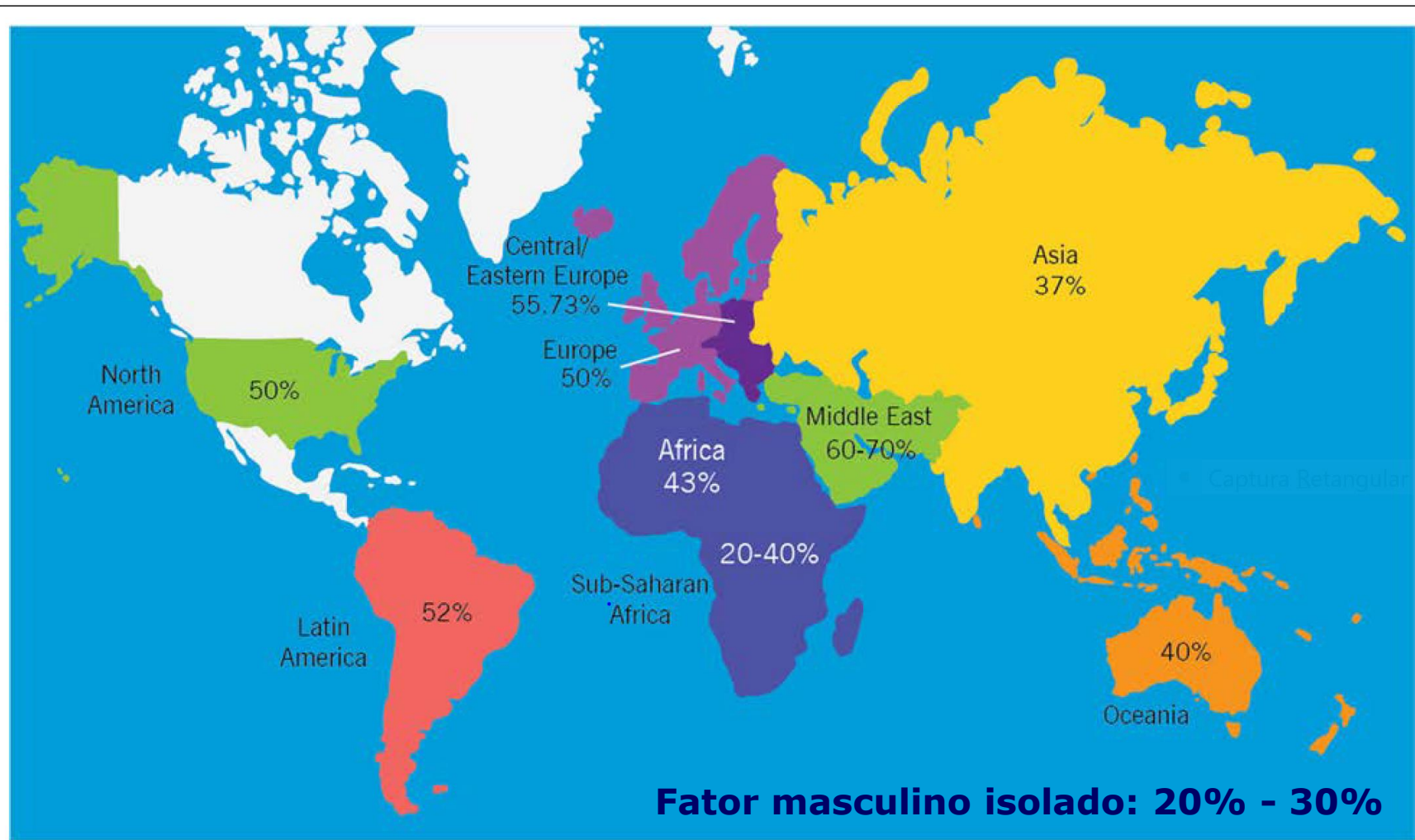


Figure 2 World map containing percentages of infertility cases per region that are due to male factor. This figure demonstrates rates of infertility cases in each region studied (North America, Latin America, Africa, Europe, Central/Eastern Europe, Middle East, Asia, and Oceania) due to male factor involvement.



FERTILITY

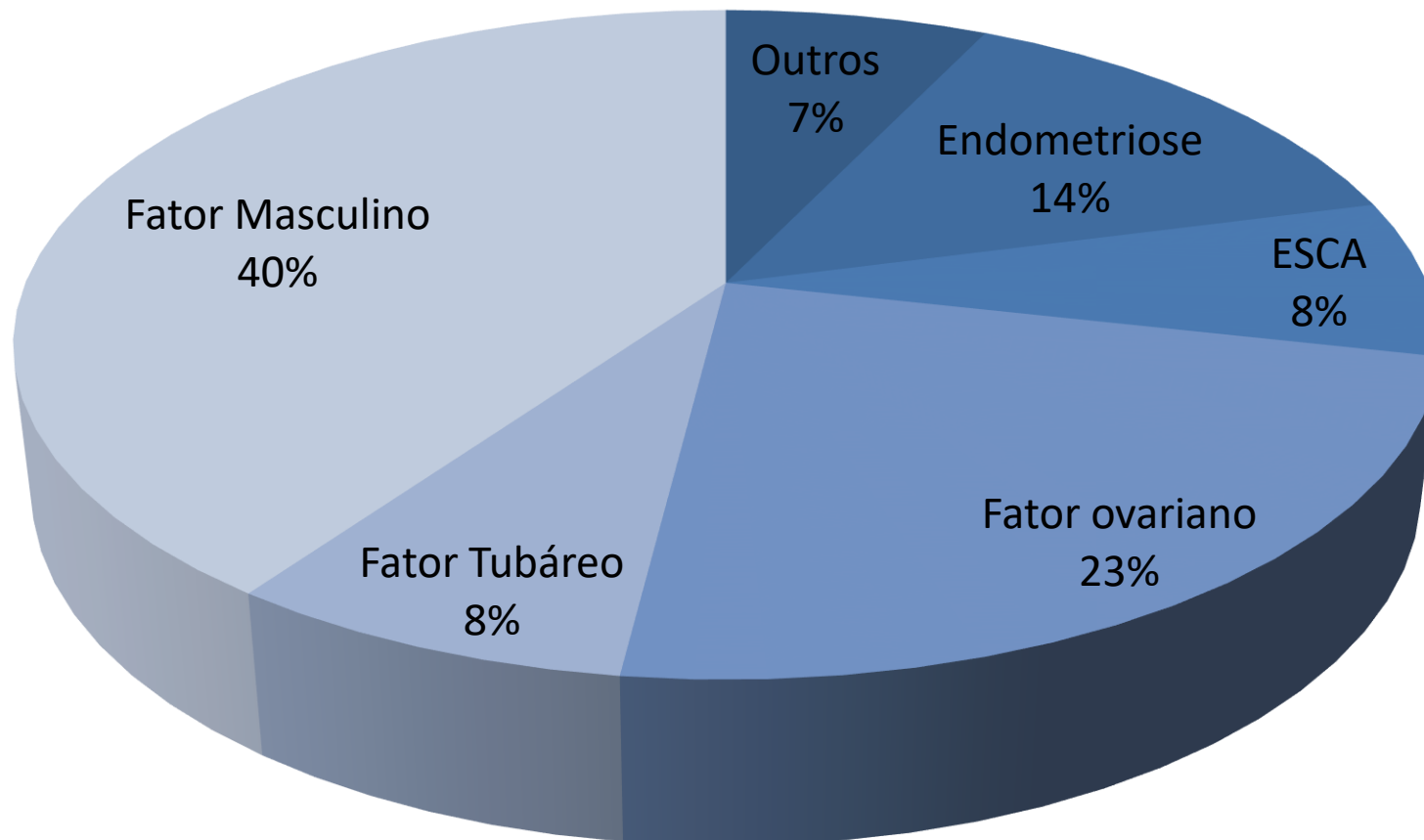


REPRODUCTIVE BIOLOGY
AND ENDOCRINOLOGY

Agarwal et al. *Reproductive Biology and Endocrinology* (2015) 13:37
DOI 10.1186/s12958-015-0032-1

DISTRIBUIÇÃO DOS CASOS DE INFERTILIDADE

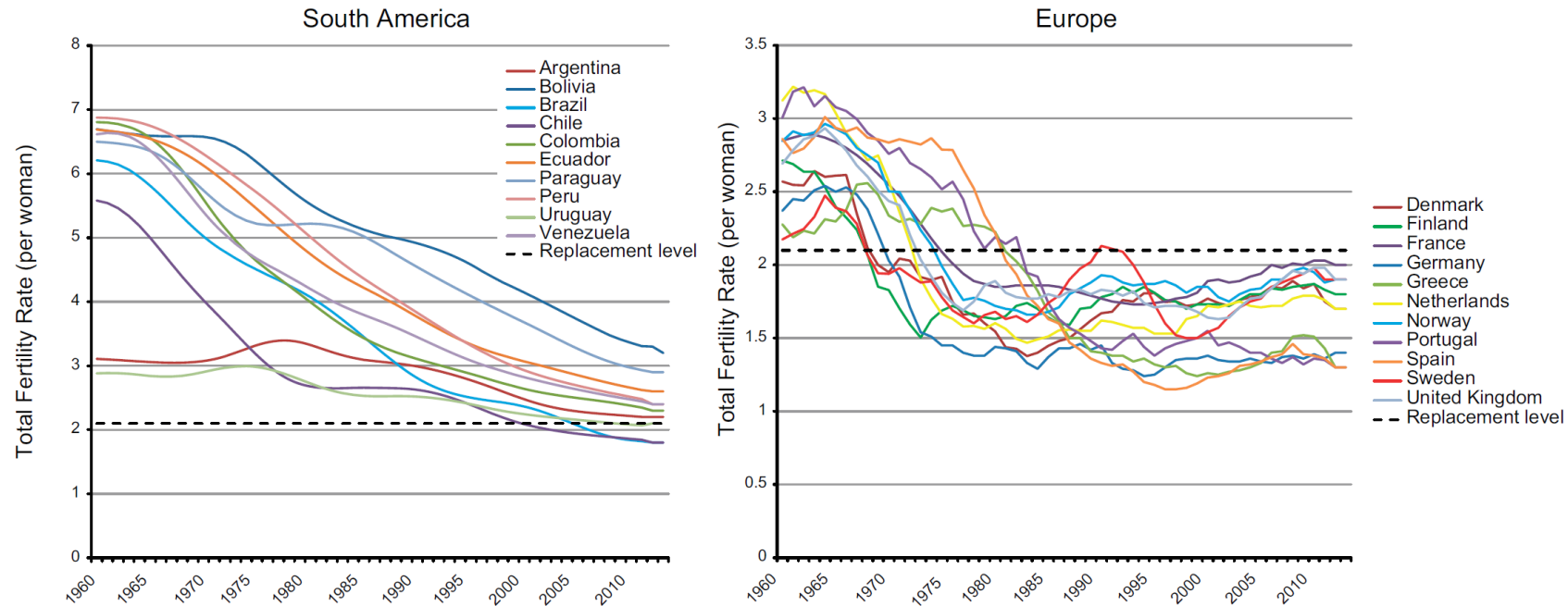
FERTILITY Medical Group, 2.005 – 2.018



MALE REPRODUCTIVE DISORDERS AND FERTILITY TRENDS: INFLUENCES OF ENVIRONMENT AND GENETIC SUSCEPTIBILITY

Niels E. Skakkebaek, Ewa Rajpert-De Meyts, Germaine M. Buck Louis, Jorma Toppari, Anna-Maria Andersson, Michael L. Eisenberg, Tina Kold Jensen, Niels Jørgensen, Shanna H. Swan, Katherine J. Sapa, Søren Ziebe, Lærke Priskorn, and Anders Juul

Taxa de Fecundidade



Incidência de Criptorquidia

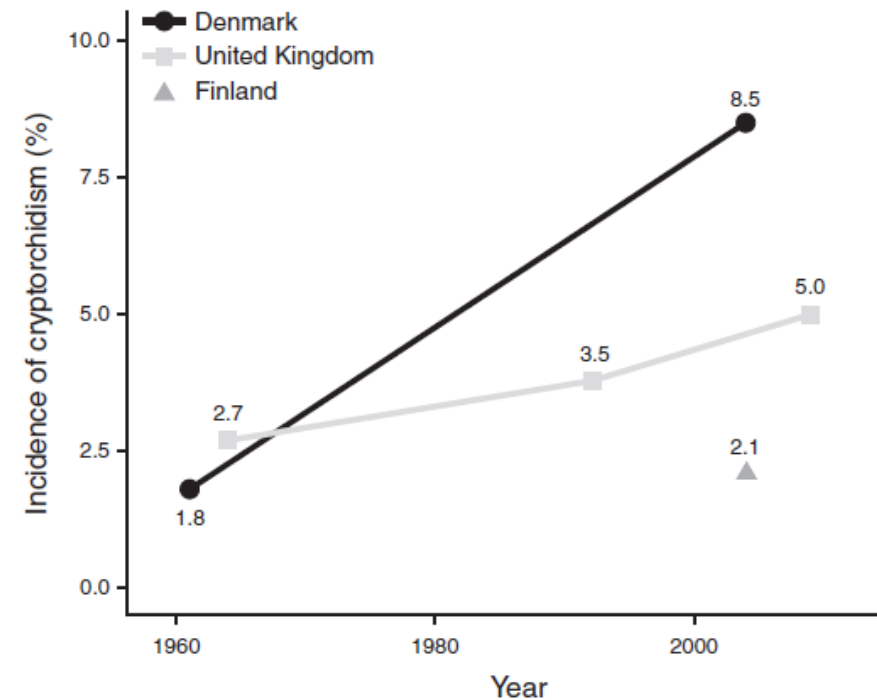


FIGURE 7. Incidence of cryptorchidism at birth on the basis of prospective clinical studies from the 1950s to the 2000s in Denmark, Finland, and United Kingdom. The data points are marked on the year of the publication of the study which represents the preceding incidence rate [3, 47, 61, 184, 377].

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Shanna H. Swan, Katherine J. Sapro, Søren Ziebe, Lærke Priskorn, and Anders Juul

Incidência de Câncer de Testículo

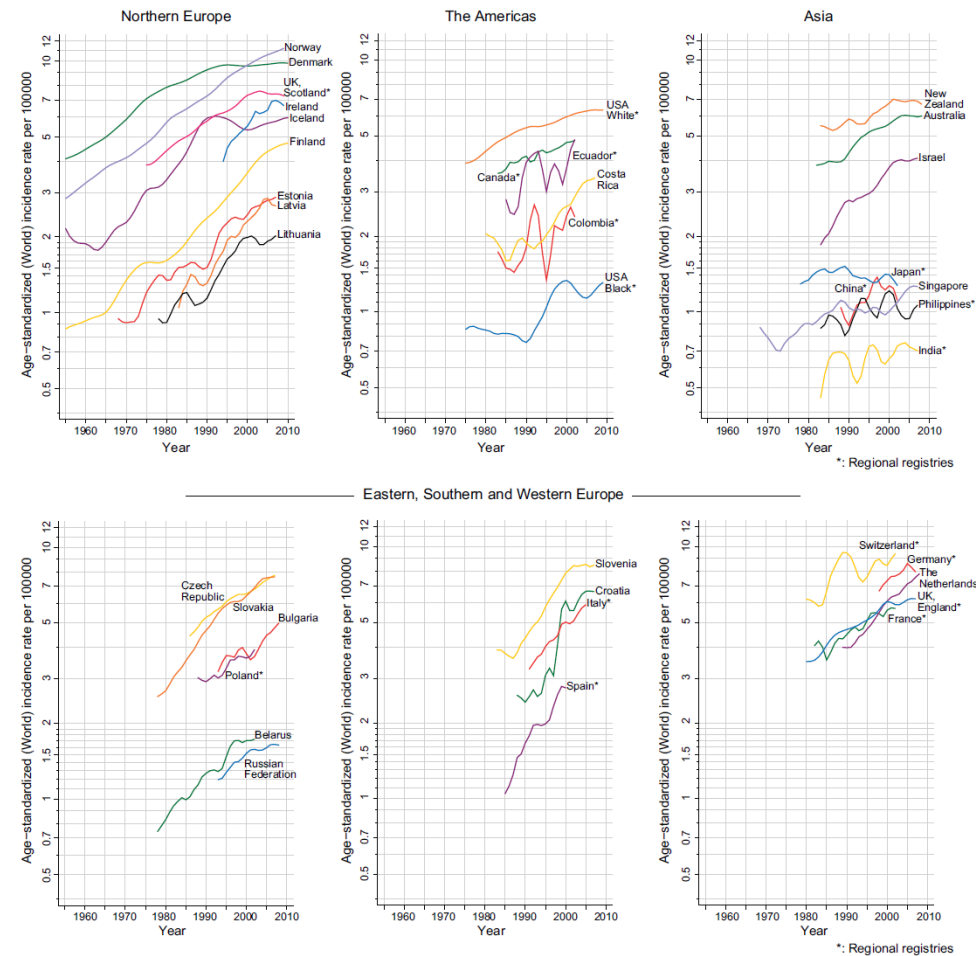


FIGURE 4. Trends in testicular cancer; age-standardized (world) incidence (regional or national), all ages.
[Modified from Znaor et al. (481). Courtesy of Dr. Arinana Znaor and statistician Mathieu Laversanne, M.Sc.,
WHO, International Agency for Research in Cancer (IARC), Lyon, France.]

Idade da Puberdade

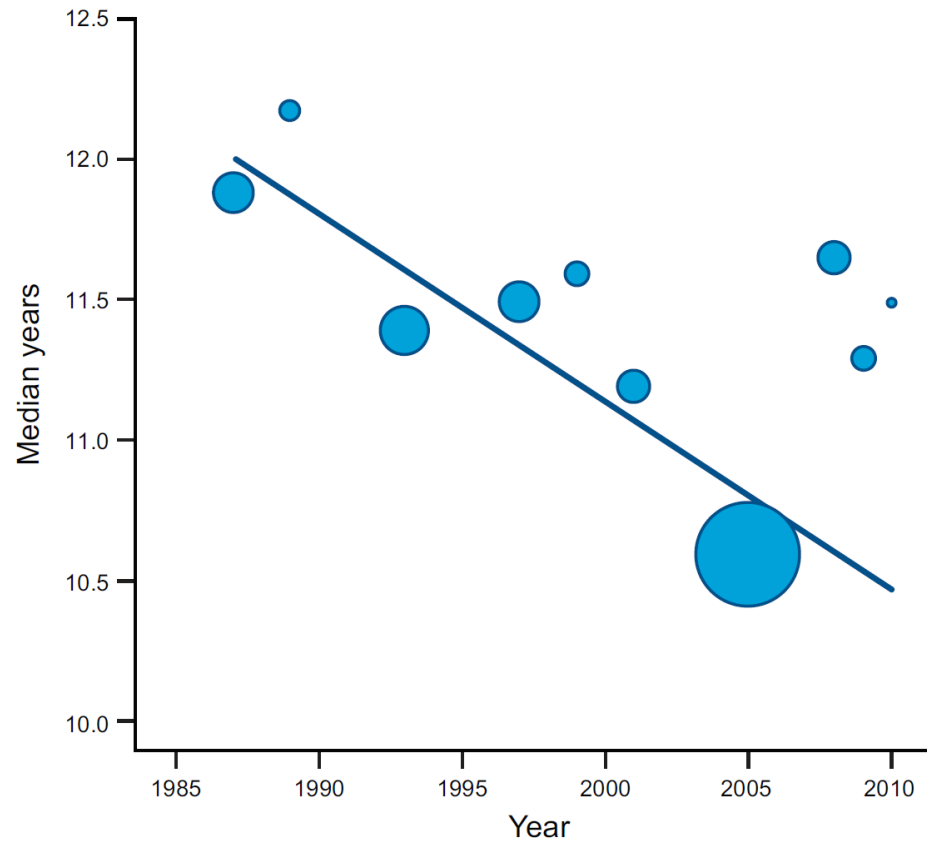


FIGURE 8. Recent changes in male pubertal timing. Testicular volume was >3 ml. [From Mouritsen et al. (293).]

Decline in sperm count in European men during the past 50 years

P Sengupta^{1,2}, E Borges Jr³, S Dutta⁴ and E Krajewska-Kulak²

Purpose: To investigate whether the sperm concentration of European men is deteriorating over the past 50 years of time.

Materials and Methods: We analysed the data published in English language articles in the past 50 years in altering sperm concentration in European men.

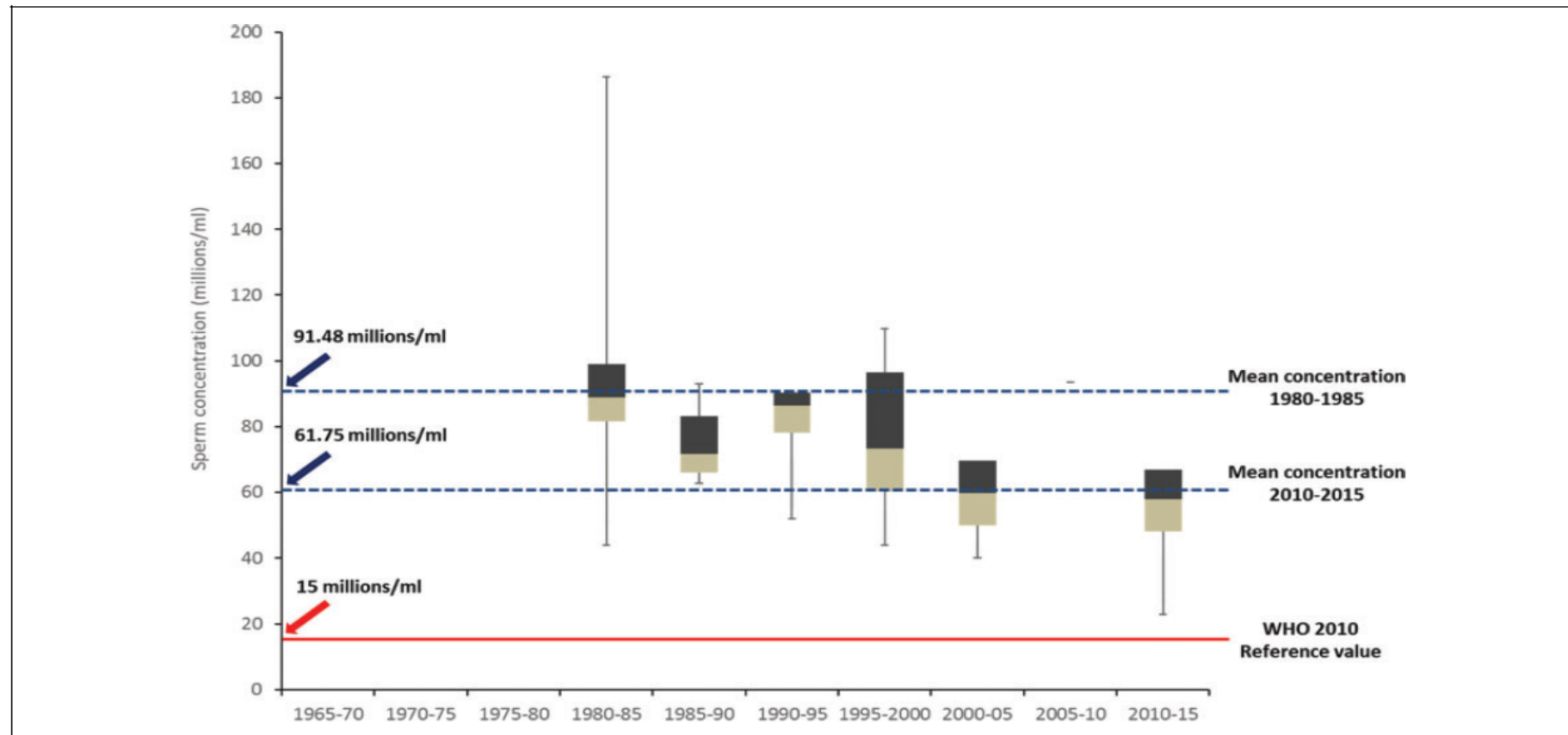


Figure 2. Box and whisker plot of sperm concentration data of European men of the past 50 years.

Declínio tempo-dependente na concentração espermática observada de 1965 to 2015
($r = -0.307$, $p < 0.02$; diminuição de 32.5%)

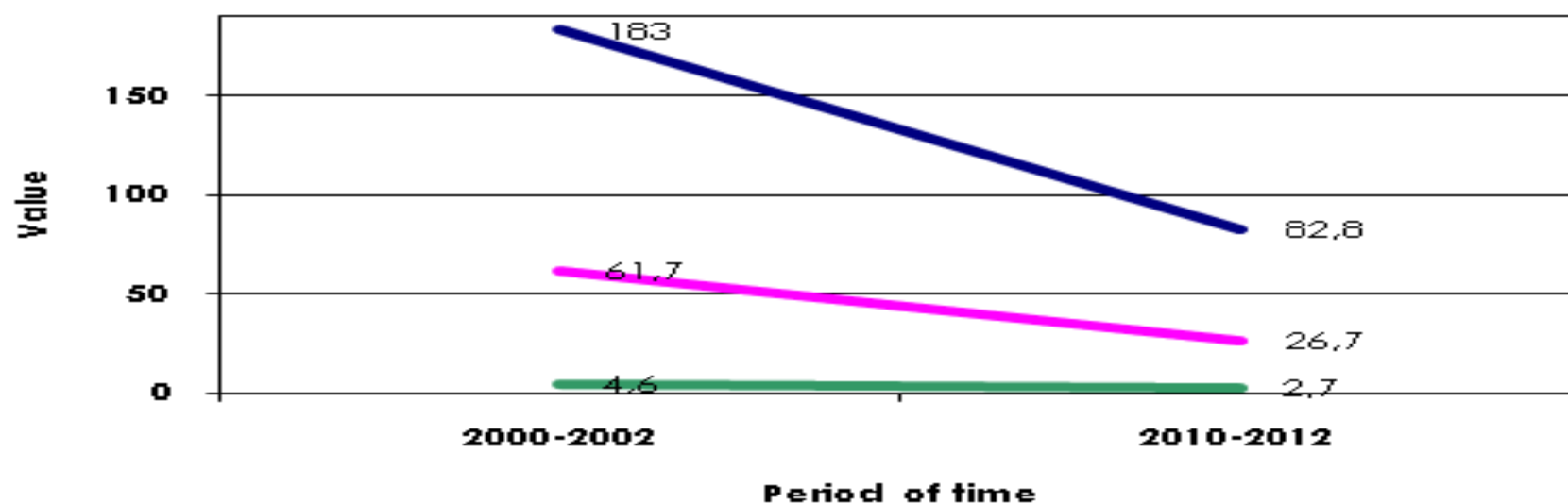


FERTILITY



Decline in semen quality among infertile men in Brazil during the past 10 years

Edson Borges Jr.¹², Amanda Souza Setti¹², Daniela Paes de Almeida Ferreira Braga¹², Rita de Cassia Savio Figueira¹, Assumpto Iaconelli Jr.¹²

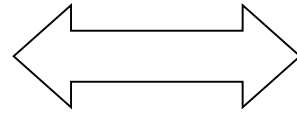


- Total sperm concentration (million)
- Sperm concentration/ml (million)
- Normal sperm morphology (%)

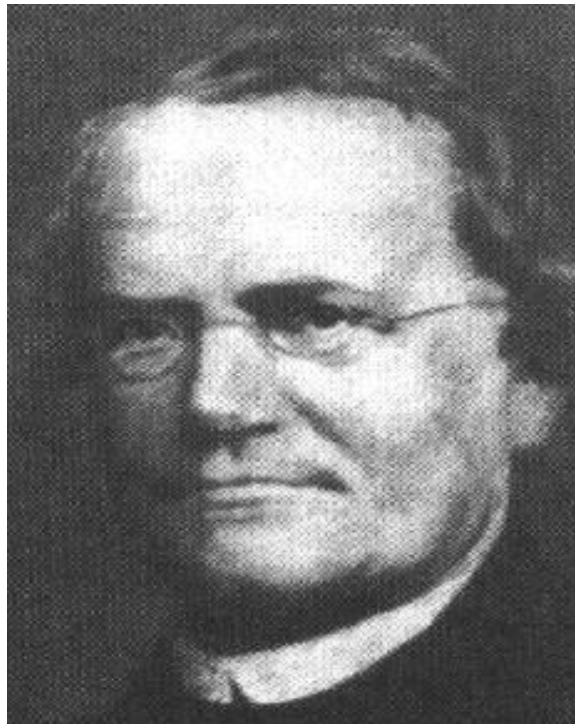


Genética e Infertilidade Masculina

GENÉTICA



FERTILIDADE



Gregor Mendel

	Recessive	Dominant	
round, ripe seeds			wrinkled, ripe seeds
yellow peas			green peas
gray seed coat			white seed coat
inflated, ripe pods			constricted, ripe pods
green, unripe pods			yellow, unripe pods
axial flowers			terminal flowers
tall plants			short plants

M. Albury-Nogoa M. Genniv



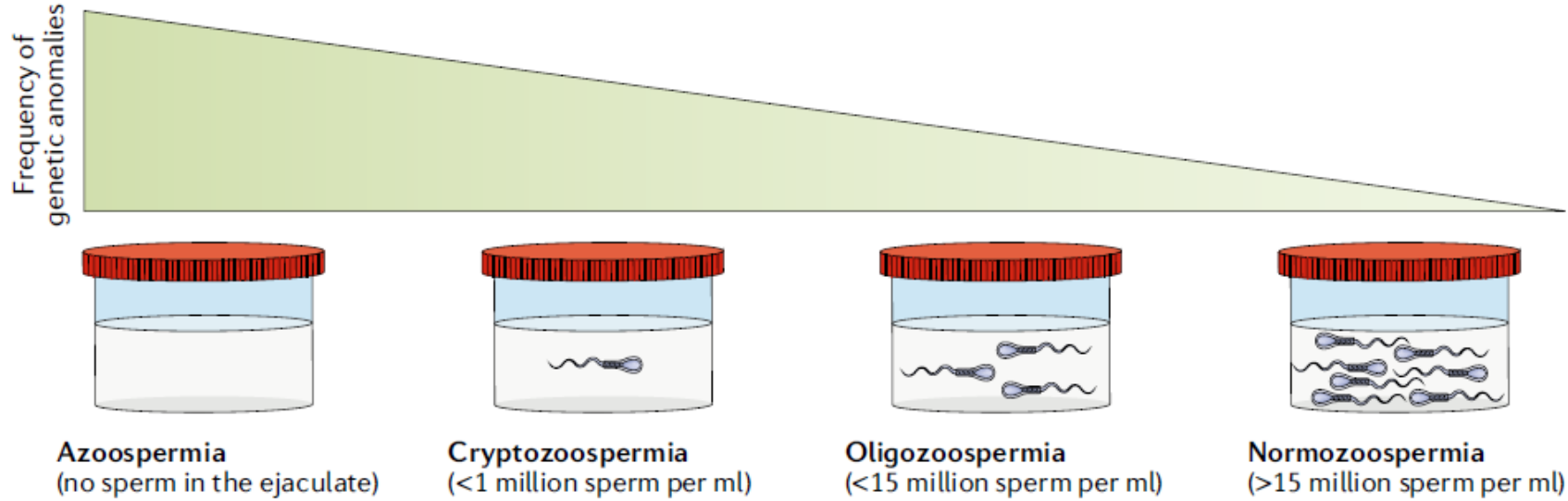
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ANORMALIDADES CROMOSSÔMICAS EM HOMENS INFÉRTEIS

REFERÊNCIAS	Nº	CROMOSSÔMOS SEXUAIS	AUTOSSÔMOS	TOTAL
KOULISCHER E SCHOYSMAN (1974)	1000	27 (2.7)	6 (0.6)	33 (3.3)
CHANDLEY (1979)	2372	33 (1.4)	18 (0.7)	51 (2.1)
ZUFFARDI E TIEPOLO (1982)	2542	175 (6.9)	40 (1.6)	215 (8.6)
ABRAMSSON <i>et al</i> (1982)	342	6 (1.8)	4 (1.2)	10 (2.9)
de GARDELLE <i>et al</i> (1983)	318	13 (4.1)	7 (2.2)	20 (6.3)
MATSUDA <i>et al</i> (1989)	295	0 (0)	5 (1.7)	5 (1.7)
YOSHIDA <i>et al</i> (1995)	1007	41 (4.1)	24 (2.4)	65 (6.5)
TOTAL	7876	295 (3.8)	104 (1.3)	399 (5.1)
NASCIDOS	94.465	131 (0.14)	232 (0.25)	366 (0.38)



Alterações cromossômicas maiores & densidade espermática



FERTILITY

Gekas et al. *Human Reprod* 16:82-90, 2001
Crausz et al. *Nat Ver Urol*, 15:369-84, 2018

Investigação Genética em Infertilidade Masculina

- alterações cromossômicas
(Klinefelter / translocações)
- deleções gênicas (cromossomo Y)
- mutações genéticas (CFTR)
- outras doenças genéticas
(polimorfismos, mutações, gens de expressão testicular)
- doenças do *imprinting*
- *ICSI – crianças diferentes??*

Síndrome de Klinefelter

- 1 / 500 homens
- 1- 2 % homens inférteis
- 2 - 5% oligo graves
- 5 - 10 % azoospermicos
- 47, XXY = 90 % 46, XY / 47, XXY = 10 % (+ 30 cariótipos)
- 📁 não disjunção meiótica do cromossomo X
(40 % paterna / 60 % materna)
- 📁 *fenotipo*: alta estatura, obesidade, diminuição da inteligência, acondroplasia, ginecomastia, testículos diminuídos / normais

> *probabilidade de gerar prole c/ alterações genéticas*



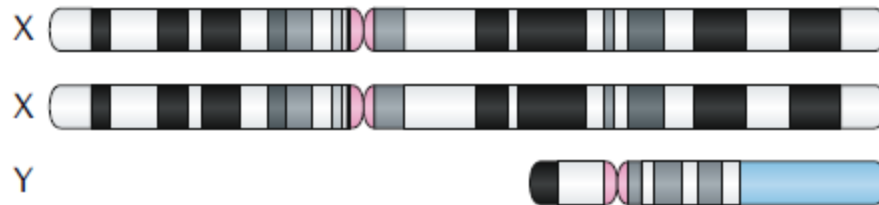
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Outras alterações no cariótipo

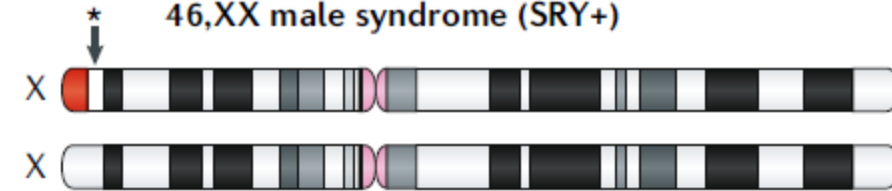
Normal male karyotype (46,XY)



Klinefelter syndrome (47,XXY)



46,XX male syndrome (SRY+)

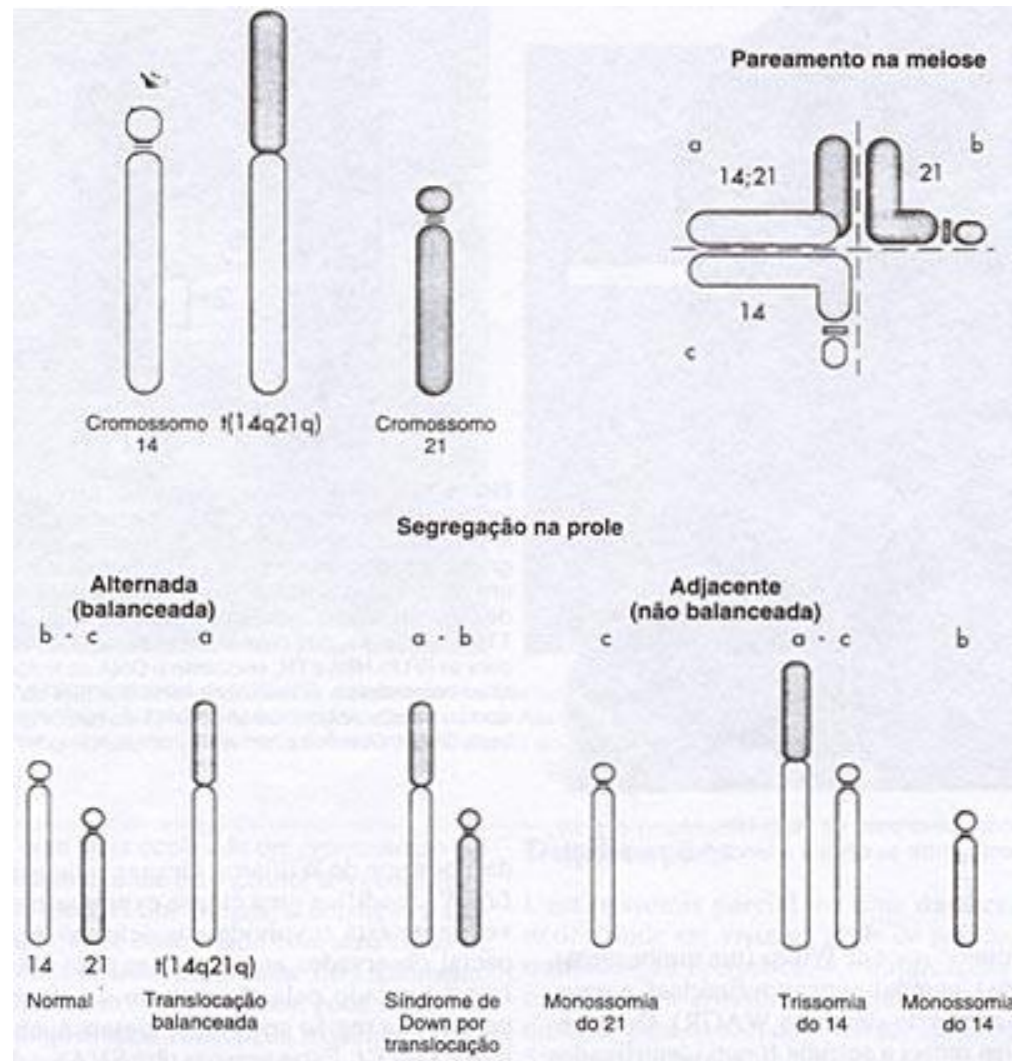


46,X isoYq



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Translocação Robertsoniana



- Os braços curtos de dois cromossomos não-homólogos são perdidos e os fundem no centrômero, formando um só cromossomo.
- Confinado aos cromossomos 13, 14, 15, 21 e 22
- Espermatozóides alterados: abortamento / síndrome Down

➔ 0,8% homens inférteis



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MicroDeleção do Cromossomo Y

- 1:10.000 nascidos
- 3 - 13 % homens inférteis
- 5 - 20 % oligo grave / azoospérmicos
- braço longo do cromossomo Y

📁 AZF a = *SCOS syndrome* (tipo I)

📁 AZF b = *maturation arrest*

📁 AZF c (daz) = SCOS c / focos espermatogênese (tipo II)

📁 DAZ h = deleção no cromossomo 3

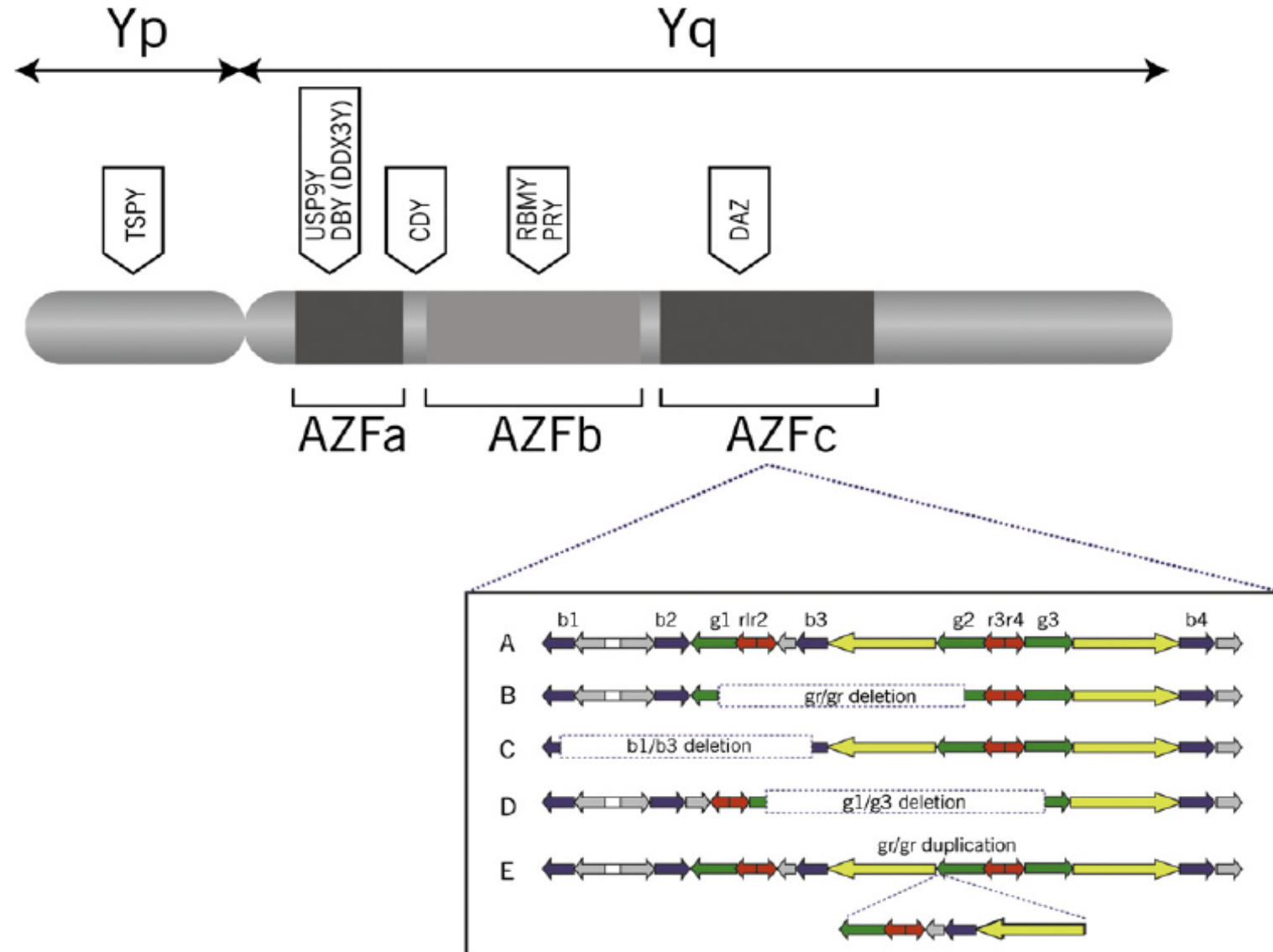
FERTILIDADE FUTURA DO FILHO ?



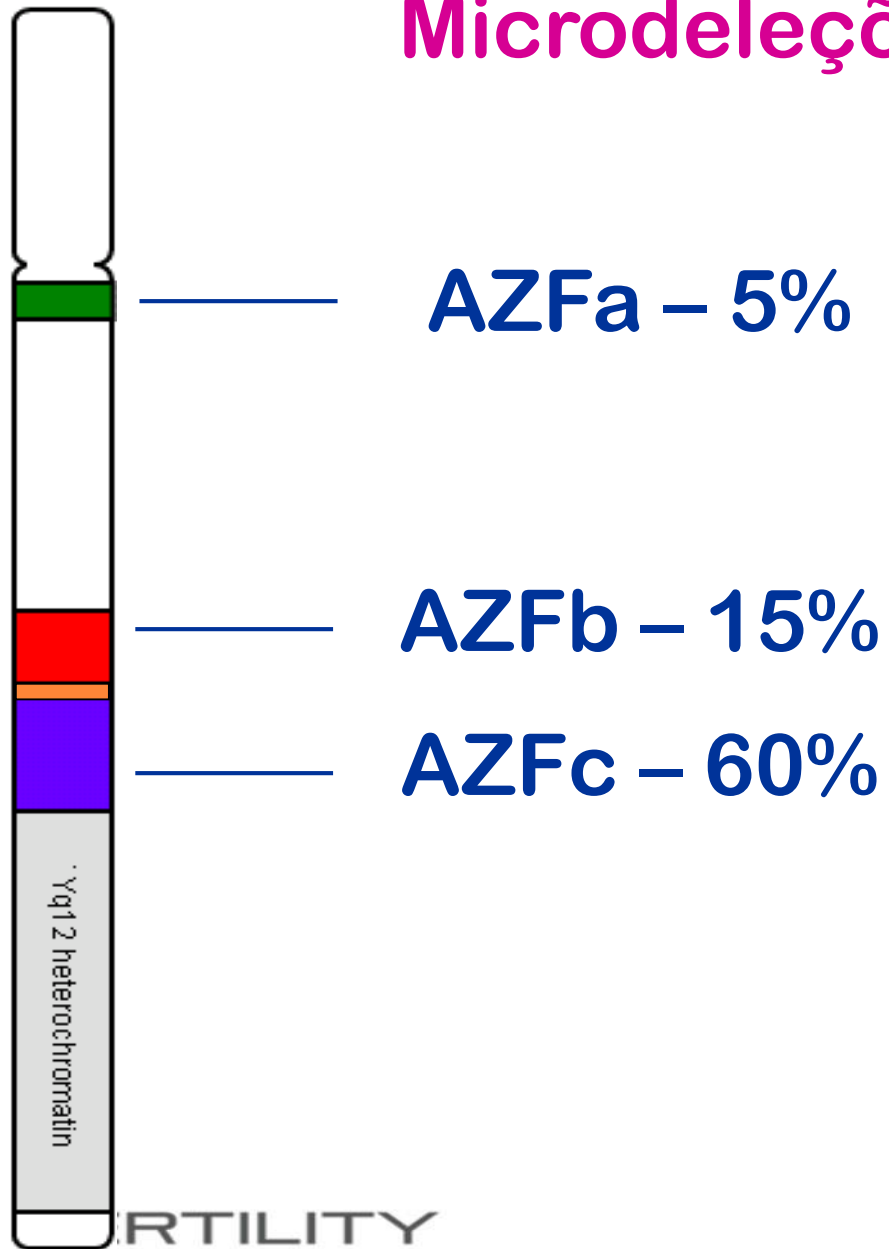
FERTILITY



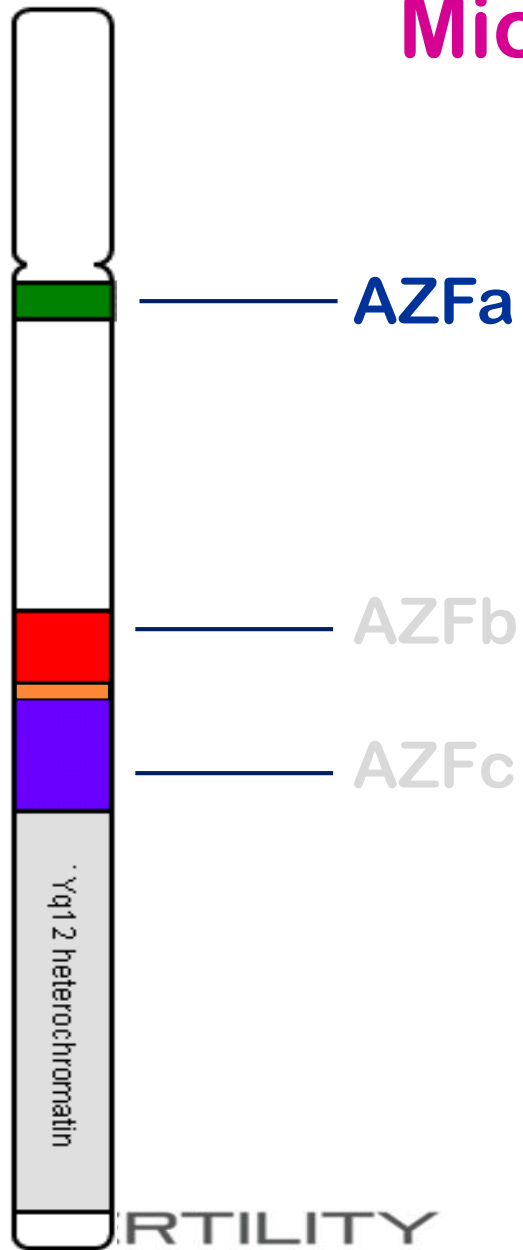
Image of Y chromosome displaying AZF regions and associated genes. Enlarged portion of AZFc region highlights discussed microdeletions. (A) Normal AZFc region; (B) gr/gr deletion; (C) b1/b3 deletion; (D) g1/g3 deletion; (E) gr/gr duplication.



Microdeleções no cromossomo Y



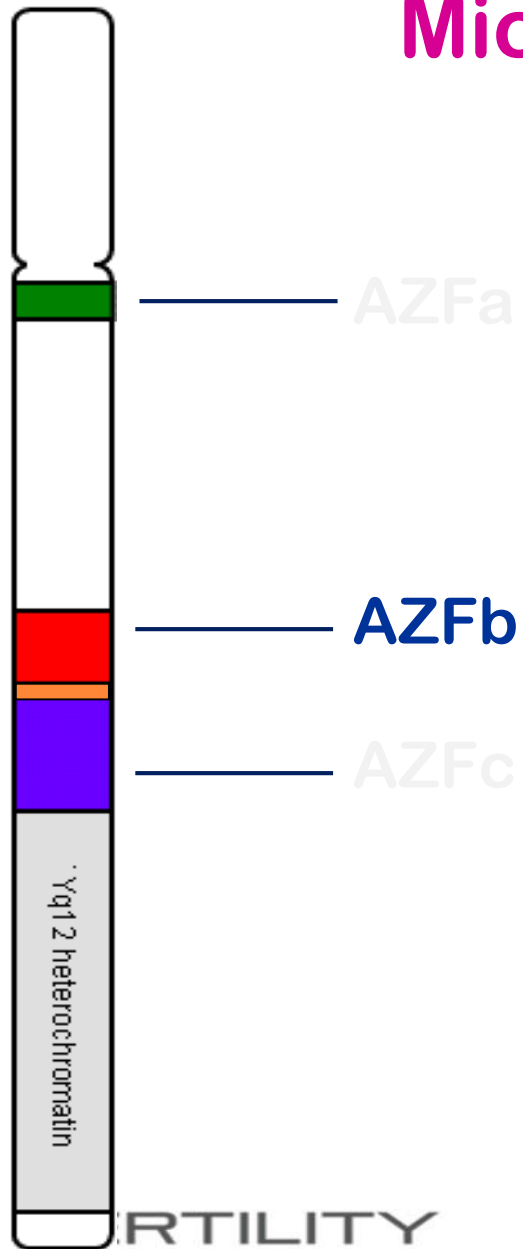
Microdeleções no cromossomo Y



- 5%
- Ausência completa de células germinativas
- Síndrome de células de Sertoli



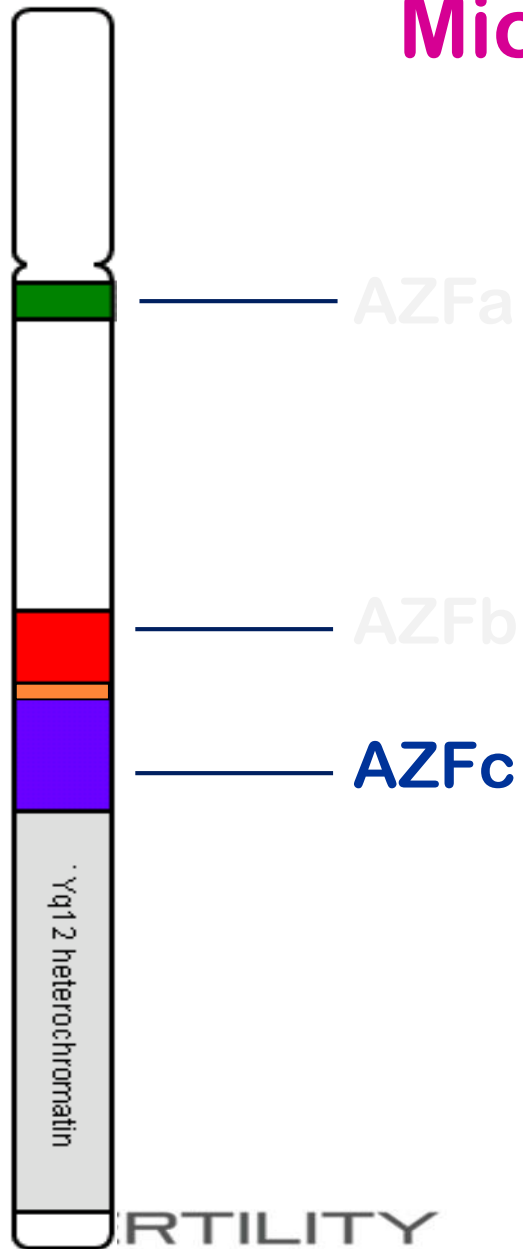
Microdeleções no cromossomo Y



- 15%
- Parada de maturação



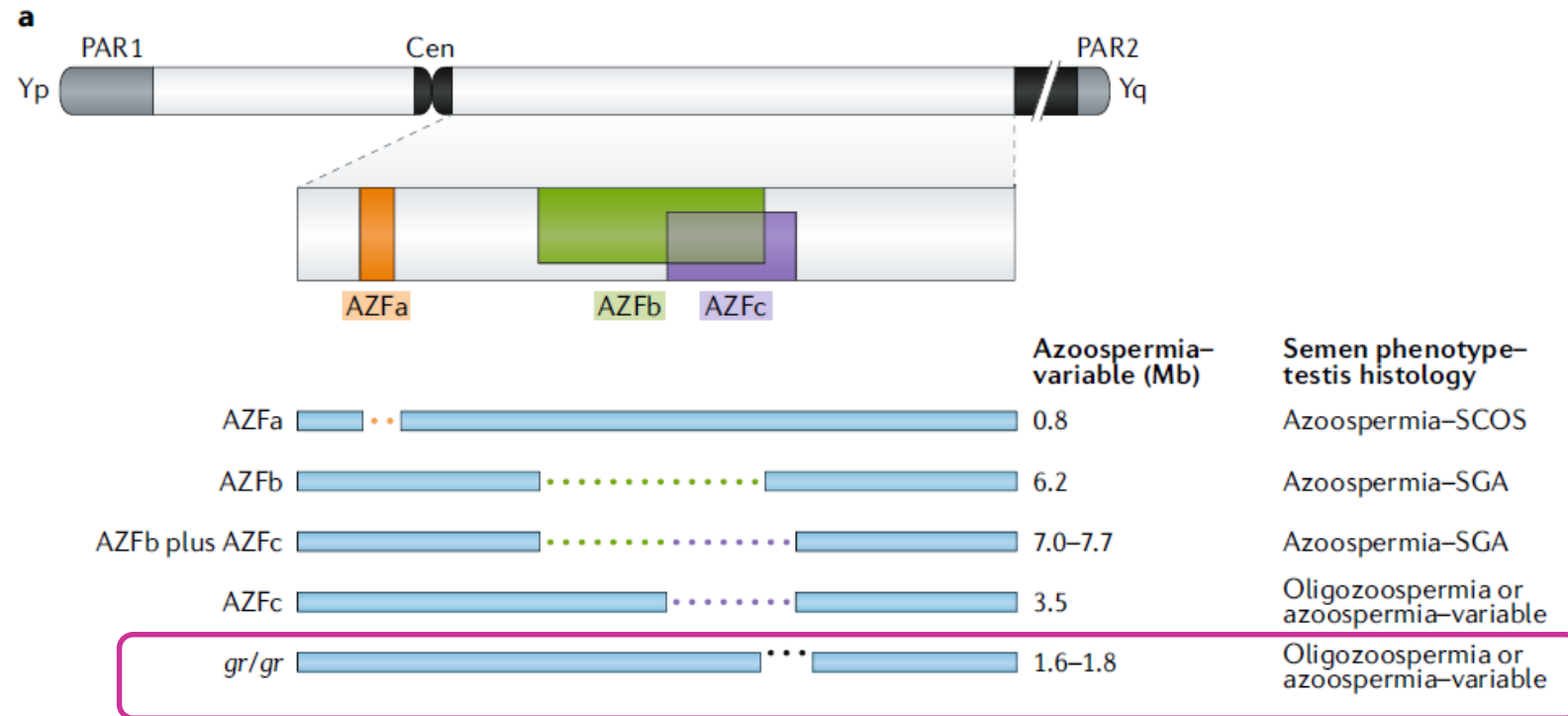
Microdeleções no cromossomo Y



- 60%
- Amplo espectro
 - oligozoospermia grave
 - azoospermia



Deleção parcial Y (*gr/gr* deleção)



b

Deletion	Frequency (%)		
	Azoospermic patients	Oligozoospermic patients	Controls
AZF deletions	5-10	2-5	0
<i>gr/gr</i> deletions*	3.5	0.9	0.9

MicroDeleção parcial do Cromossomo Y

- Uma relação entre deleções terminais AZFb+c e distúrbios anormais do crescimento e distúrbios neuropsiquiátricos foi descrito.
- A exclusão de dois genes que são expressos no sistema nervoso central, NLGN4Y e KDM5D, pode ser responsável pela fenótipo neuropsiquiátrico.

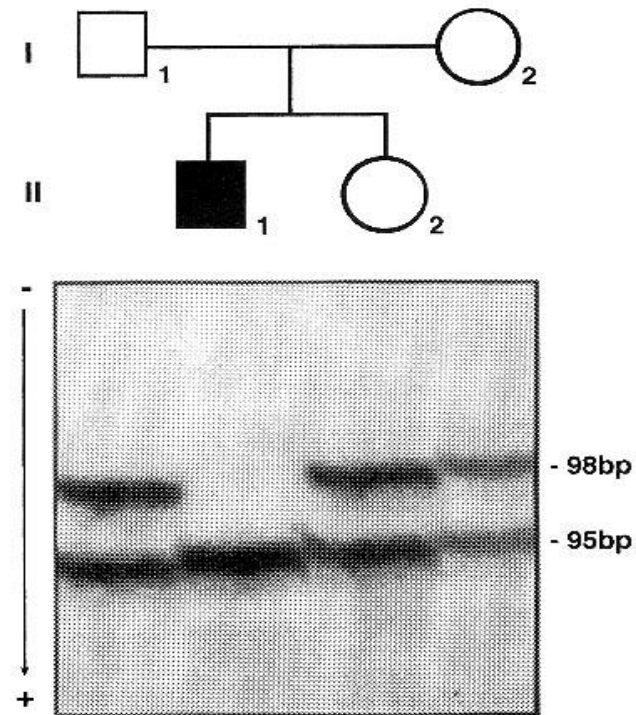
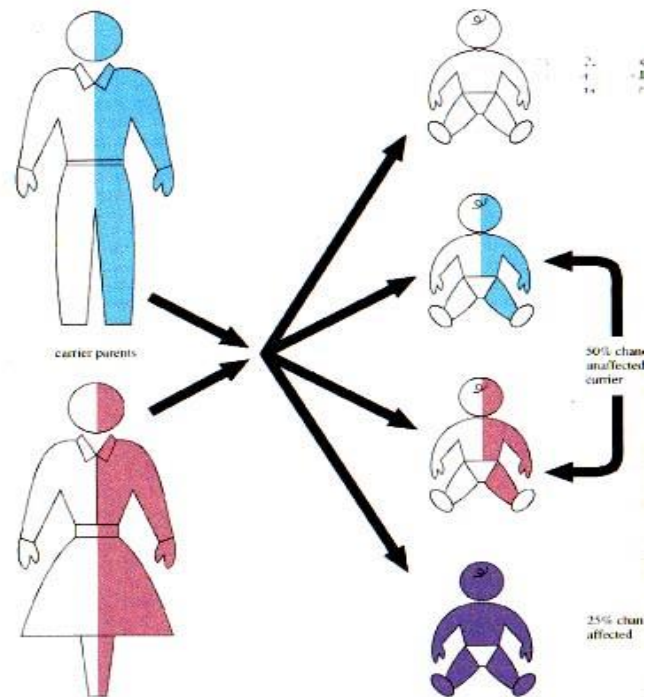


FERTILITY

Castro, A. et al. Pseudoautosomal abnormalities in terminal AZFb+c deletions are associated with isochromosomes Yp and may lead to abnormal growth and neuropsychiatric function. *Hum. Reprod.* **32**, 465–475 (2017).

Fibrose Cística

Herança autossômica recessiva



FERTILITY

Agenesia Congênita Bilateral dos Ductos Deferentes

- 1 / 1.000 homens
- 1- 2 % homens inférteis
- 10 % azoospermias obstrutivas
- autossômica recessiva (CFTR gen) ➡ braço longo do cromossomo 7

📁 forma mínima da fibrose cística (60-70%)

📁 agenesia bilateral / unilateral dos deferentes

📁 obstrução epididimária idiopática (47 %)

The genetic causes of male factor infertility: A review

Katherine L. O'Flynn O'Brien, B.A.,^a Alex C. Varghese, Ph.D.,^b and Ashok Agarwal, Ph.D.^a

Prevalence and phenotypes of common chromosomal abnormalities associated with male infertility.

Genetic abnormality	Phenotype	Prevalence, %
Chromosomal abnormalities	Azoospermia to normozoospermia	5 (total infertile population); 15 (azoospermic)
Klinefelter syndrome	Azoospermia to severe oligozoospermia	5 (severe oligozoospermia); 10 (azoospermic)
Robertsonian translocation	Azoospermia to normozoospermia	0.8 (total infertile population); 1.6 (oligozoospermic); 0.09 (azoospermic)
Y chromosome microdeletions	Azoospermia to oligozoospermia	10–15 (azoospermic); 5–10 (oligozoospermic)
AZFa deletion	Azoospermia, Sertoli cell-only syndrome	0.5–1.0 (2)
AZFb deletion	Azoospermia, spermatogenic arrest	0.5–1.0 (2)
AZFc deletion	Severe oligozoospermia to nonobstructive azoospermia	6–12
Partial AZF-c deletions	From azoospermia to normozoospermia	3–5 (2)

- ➔ **Klinefelter:** 7 - 13% azoospermicos
- ➔ **MicroDeleção Y:** 2 - 20% oligo grave / azoospermicos
- ➔ **CBAVD:** 1 - 2% homens inférteis
10% azoospermias obstrutivas

Mutação no gen receptor de andrógeno (Síndrome de Morris)

- ❖ ligado ao cromossomo X, recessiva (Xq11-12)
 - ❖ ~2% homens inférteis
 - ❖ consequência: síndrome da insensibilidade androgênica
 - ❖ alteração na espermatogênese
-
- *incidência ~ azoospermia, oligo moderada ou grave*
 - *criptorquidia / hipospádia / ginecomastia (eventual)*
 - *Síndrome de Kennedy (doença neurodegenerativa)*

Outras alterações genéticas

Spermatogenic qualitative defects	Globozoospermia	<i>DPY19L2</i>	First step: detection of homozygous or heterozygous deletion of the gene based on quantitative PCR ⁷⁸ Second step: direct sequencing of the entire gene
	Sperm macrocephaly	<i>AURKC</i>	First step: mutation panel including the most frequent <i>AURKC</i> mutations (exons 3 and 6) Second step: direct sequencing of the entire gene (Sanger)
	MMAF	<i>DNAH1</i>	Direct sequencing of the entire gene (Sanger or NGS)
	PCD	26 candidate genes ^c + <i>DNAH1</i>	Screening of a panel of candidate genes (NGS-based)

Aetiological categories are listed according to their frequency (from the most frequent to the least frequent). AZF, azoospermia factor; CBAVD, congenital bilateral absence of the vas deferens; EAA, European Academy of Andrology; EMQN, European Molecular Genetics Quality Network; FSH, follicle-stimulating hormone; LH, luteinizing hormone; MMAF, multiple morphological abnormalities of the sperm flagella; NGS, next-generation sequencing; PAIS, partial androgen insensitivity; PCD, primary ciliary dyskinesia. ^aTwo different

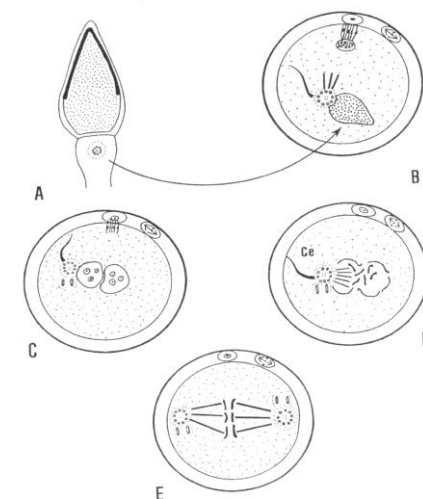
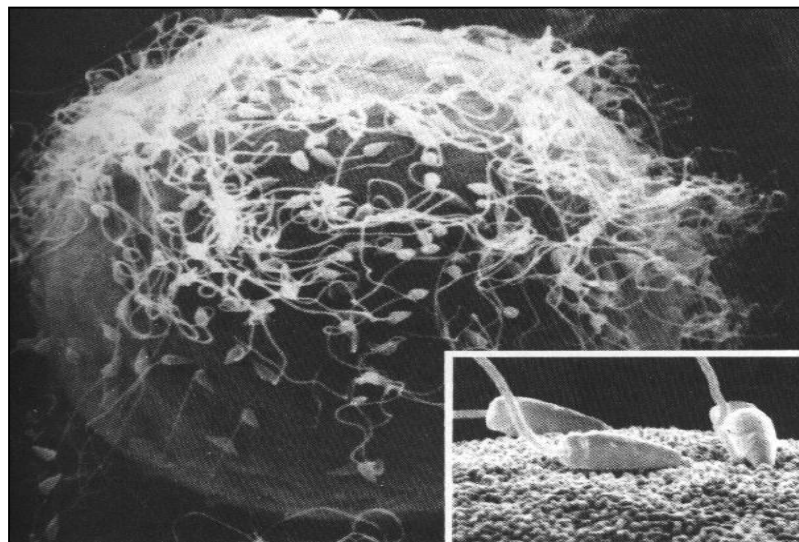
The prevalence of chromosomal abnormalities in subgroups of infertile men[†]

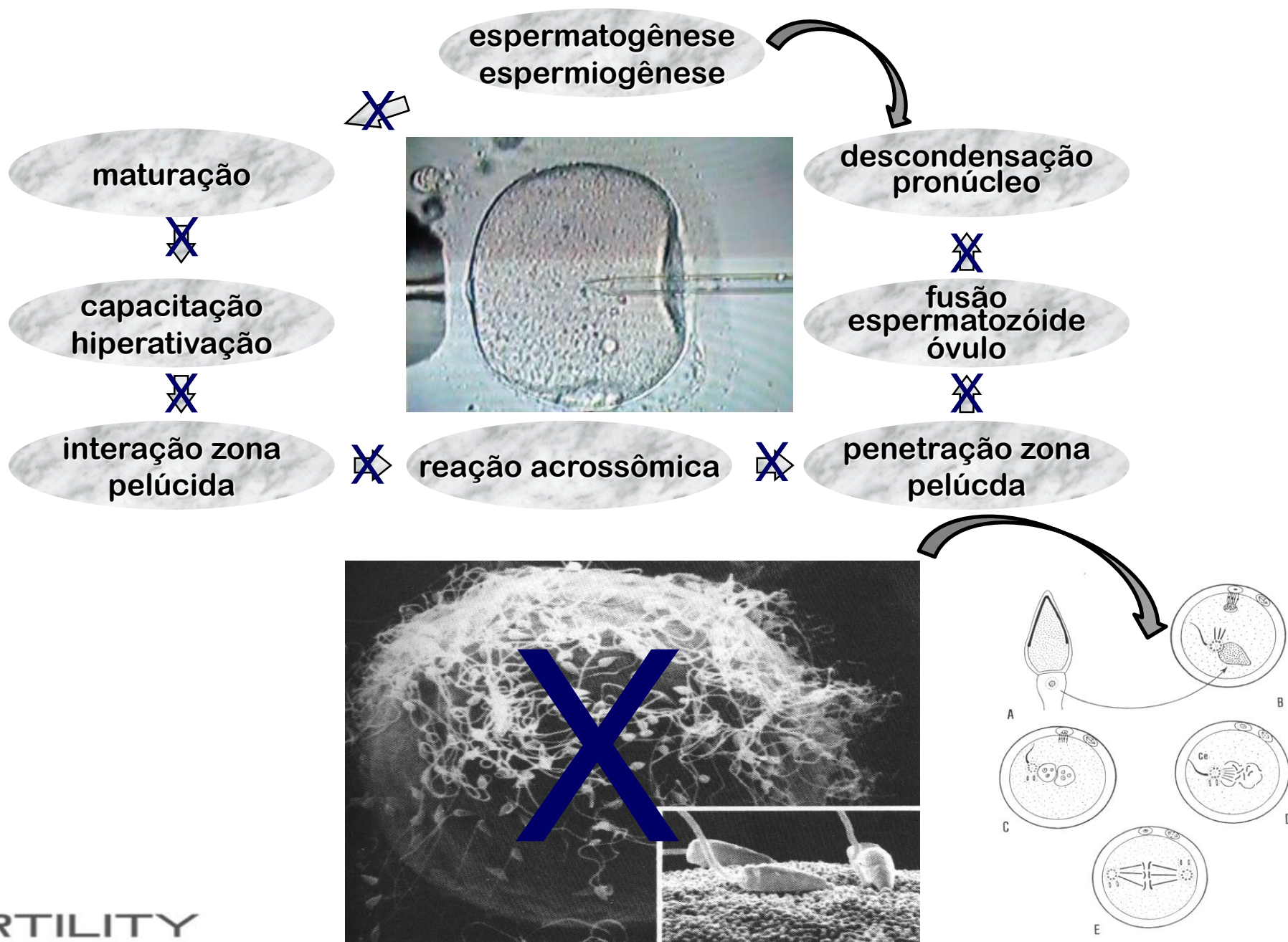
E.C. Dul^{1,*}, H. Groen², C.M.A. van Ravenswaaij-Arts³, T. Dijkhuizen³, J. van Echten-Arends¹, and J.A. Land¹

- ➔ 1.223 homens candidatos ICSI: 79 azoospermicos (6,5%)
- ➔ 3,1% com anormalidades cromossômicas
- ➔ 15,2% dos azoo (OR=7,70 – p<0,001)
- ➔ FSH alto e anormalidade cromossômica (OR=2,96 – p=0,013)
- ➔ Azoospermicos com história andrológica positiva < incidência de anormalidade cromossômica (OR=0,28 – p=0,047)



Riscos epigenéticos





**Gabija Lazaraviciute¹, Miriam Kauser¹, Sohinee Bhattacharya¹,
Paul Haggarty², and Siladitya Bhattacharya^{1,*}**

¹ Division of Applied Health Sciences, University of Aberdeen, Foresterhill, Aberdeen AB25 2ZD, UK ² Division of Lifelong Health, Rowett Institute of Nutrition and Health, University of Aberdeen, Greenburn Road, Bucksburn, Aberdeen AB21 9SB, UK

Study or Subgroup	IVF/ICSI children		Spontaneous		Weight	M-H, Random, 95% CI
	Events	Total	Events	Total		
Halliday 2004	4	5	33	180	9.8	
King 2010a	4	22	2	31	3.1	
Lidegaard 2005a	0	6052	54	41	4.1	
Sanchez-Albisua 2007a	1	33	0	1	0.1	
Total (95% CI)					100.0	3.2
Total events: 9 (IVF/ICSI), 85 (Spontaneous)						
Heterogeneity: Chi ² = 3.2; df = 3 (P = 0.37); I ² = 50%						
Test for overall effect: Z = 2.5 (P = 0.012)						

Fig ... disorder between IVF/ICSI versus spontaneously conceived children.

Willi syndrome (PWS), and Silver-Russell syndrome (SRS).



FERTILITY

RESEARCH

Open Access



Association of four imprinting disorders and ART

Hiromitsu Hattori^{1,2†}, Hitoshi Hiura^{1†}, Akane Kitamura¹, Naoko Miyauchi¹, Norio Kobayashi¹, Souta Taniuchi¹, Hiroaki Okae¹, Koichi Kyono², Masayo Kagami³, Tsutomu Ogata⁴ and Takahiro Arima^{1*}

- ➔ frequências aumentadas de 4,46% e 1,11%, respectivamente; Beckwith-Wiedemann syndrome (BWS) e Prader-Willi syndrome (PWS) associadas à ART, respectivamente.
- ➔ **TRA pode induzir variação epigenética que pode ser transmitida à próxima geração**
- ➔ **tra** pode ocorrer logo após a fertilização em um momento crítico e pode ser afetado pelas técnicas de reprodução assistida para FIV ou ICSI e pelo meio de cultura do óvulo fertilizado.

REVIEW ARTICLE

Correspondence:

Sarah R. Catford, Hudson Institute of Medical Research, 27-31 Wright St, Clayton, VIC 3168, Australia.

E-mail: sarah.catford@monashhealth.org

Keywords:

children, follow-up, ICSI, intracytoplasmic sperm injection, offspring

Received: 4-Jun-2017

Revised: 13-Jun-2018

Accepted: 19-Jun-2018

doi: 10.1111/andr.12526

Long-term follow-up of ICSI-conceived offspring compared with spontaneously conceived offspring: a systematic review of health outcomes beyond the neonatal period

^{1,2,3}S. R. Catford , ^{1,2}R. I. McLachlan, ⁴M. K. O'Bryan and ^{3,5}J. L. Halliday

¹Hudson Institute of Medical Research, Clayton, VIC, Australia, ²Department of Obstetrics and Gynecology, Monash University, Clayton, VIC, Australia, ³Public Health Genetics, Murdoch Childrens Research Institute, Parkville, VIC, Australia, ⁴The School of Biological Sciences, Monash University, Clayton, VIC, Australia, ⁵Department of Paediatrics, University of Melbourne, Parkville, VIC, Australia

➔ Espermatogênese prejudicada em homens adultos jovens concebidos por ICSI, como indicado pela redução da qualidade do sêmen, e possivelmente maiores níveis de FSH e menores níveis de inibina B, em comparação com seus pares de CN

INVITED SESSION

SESSION 01: KEYNOTE SESSION

Monday 2 July 2018

Forum (Auditorium)

08:30–09:30

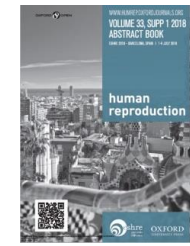
O-001 Human Reproduction Keynote Lecture - Semen quality of young adult ICSI offspring: The first results

F. Belva¹, M. Bonduelle¹, M. Roelants², D. Michiels³, A. Van Steirteghem⁴, G. Verheyen⁴, H. Tournaye⁴

- ➔ UZ Brussel, entre 03/2013 – 04/2016, 54 jovens
- ➔ Saúde reprodutiva e metabólica de jovens 18-22 anos, nascidos de ICSI com espermatozóide ejaculado x concepção natural (CN)

O-001 Human Reproduction Keynote Lecture - Semen quality of young adult ICSI offspring: The first results

F. Belva¹, M. Bonduelle¹, M. Roelants², D. Michielsens³, A. Van Steirteghem⁴, G. Verheyen⁴, H. Tournaye⁴



➔ ICSI:

- menor concentração espermática/mL, total, TMSC (17,7 mil/ml, 31,9 mil e 12,7 mil) que os nascidos por **CN** (37 mil/ml; 86.8 mil; 38.6 mil)
- **CN**: dobro na concentração espermática/mL (ratio 1.9, 95% CI 1.1-3.2)
- **ICSI**: duas vezes menor concentração espermática total (ratio 2.3, 95% CI 1.3-4.1) e TMSC (ratio 2.1, 95% CI 1.2-3.6)

➔ ICSI:

- 3X menor chance de ter concentração espermática/mL (15 mil/mL) abaixo OMS (AOR 2.7; 95% CI 1.1–6.7)
- 4X menor chance de ter concentração espermática total (39 mil) (AOR 4.3; 95% CI 1.7-11.3)

A systematic review and standardized clinical validity assessment of male infertility genes

Manon S. Oud¹, Ludmila Volozonoka^{2,3}, Roos M. Smits⁴,
Lisenka E.L.M. Visser¹, Liliana Ramos⁴, and Joris A. Veltman^{1,2,*}

¹Department of Human Genetics, Donders Institute for Brain, Cognition and Behavior, Radboud University Medical Centre, 6500 HB, Nijmegen, The Netherlands ²Institute of Genetic Medicine, Newcastle University, NE1 3BZ Newcastle, United Kingdom ³Scientific Laboratory of Molecular Genetics, Riga Stradins University, LV-1007, Riga, Latvia ⁴Department of Obstetrics and Gynecology, Division of Reproductive Medicine, Radboud University Medical Centre, 6500 HB, Nijmegen, The Netherlands

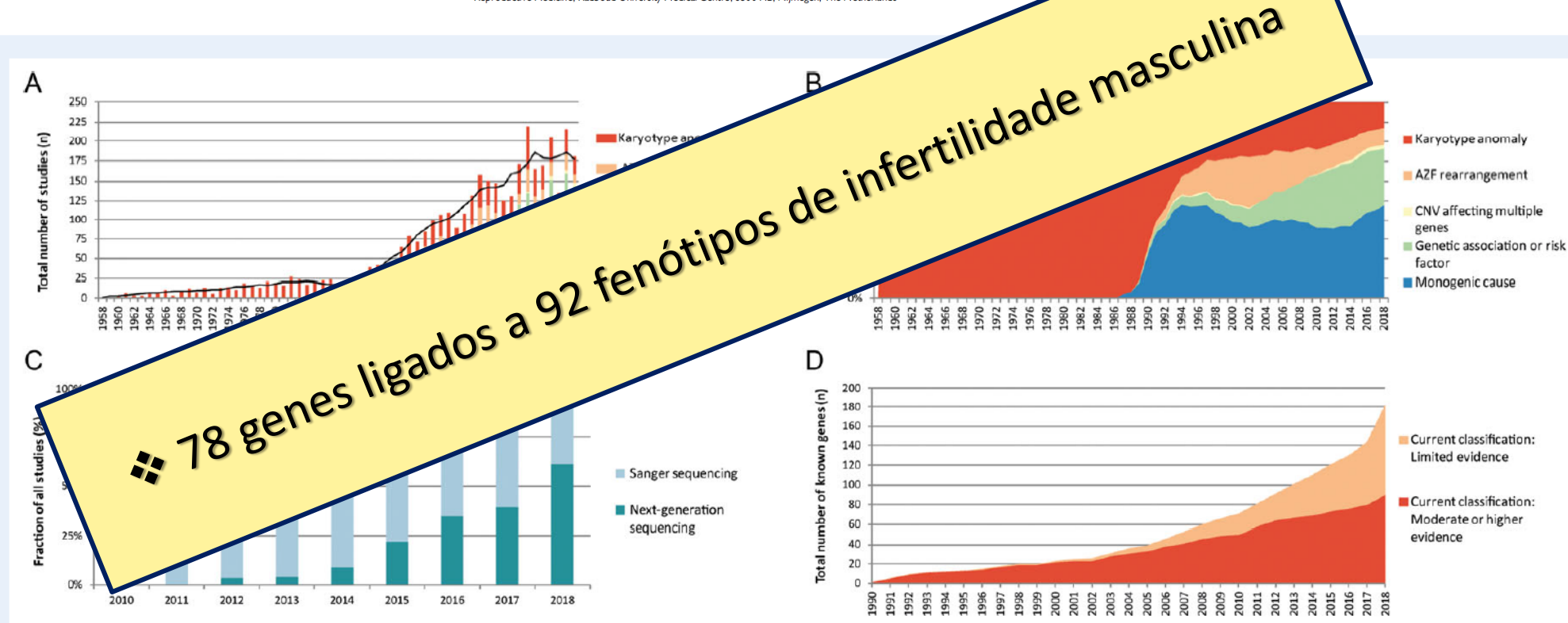
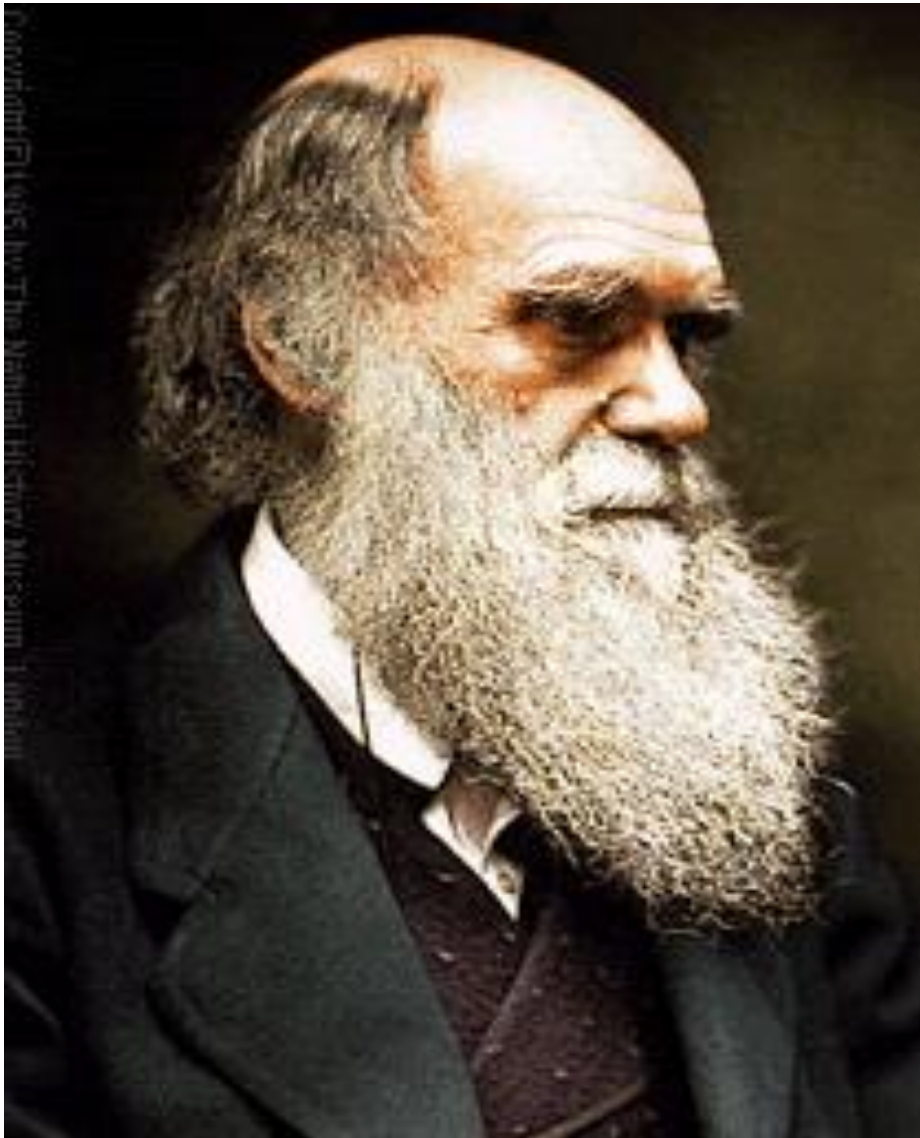


Figure 2 Genetic studies in male infertility between 1958 and 2018. (A) Graphical overview of genetic studies in male infertility. (B) Graphical representation of type of genetic research in male infertility. (C) The use of Sanger sequencing and next-generation sequencing for the discovery of genes in male infertility. (D) Increase of genes linked to human male infertility. AZF, azoospermia factor; CNV, copy number variants.

Investigação Genética em Infertilidade Masculina

- ❖ Cariótipo com banda G no sangue
- ❖ Microdeleção Y (AZF)
- ❖ Pesquisa Fibrose Cística (CFTR)
- ❖ aSNP (exoma), aCGH / NGS
- ❖ Painel genético



“A seleção natural é o principal agente responsável pelas modificações das populações em resposta às alterações ambientais”.

A handwritten signature of Charles Darwin, written in cursive on a piece of aged paper. The signature reads "C. Darwin".

“Risco potencialmente aumentado para a transmissão de doenças genéticas que estariam bloqueadas pela infertilidade ”