

A Infertilidade Masculina como Indicador da Saúde do Homem

Edson Borges Jr.FERTGROUP
Fertility Medical Group
Instituto Sapientiae





Declaração

Sem conflito de interesse para divulgar relacionado ao assunto desta palestra

Resolução do Conselho Federal de Medicina nº 1.595/2.000



Agenda

- Infertilidade Masculina e repercuções no sistema reprodutor
- Relação com a saúde, câncer e mortalidade
- Epigenética
- Idade e Obesidade

Global fertility in 204 countries and territories, 1950–2021, with forecasts to 2100: a comprehensive demographic analysis for the Global Burden of Disease Study 2021

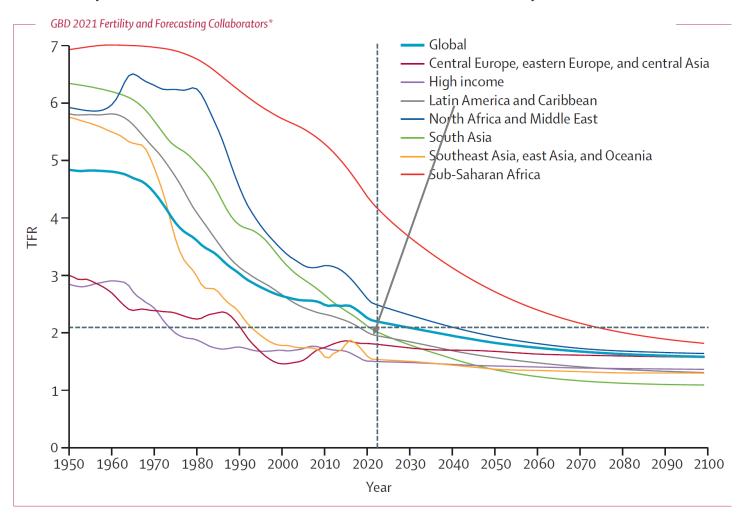




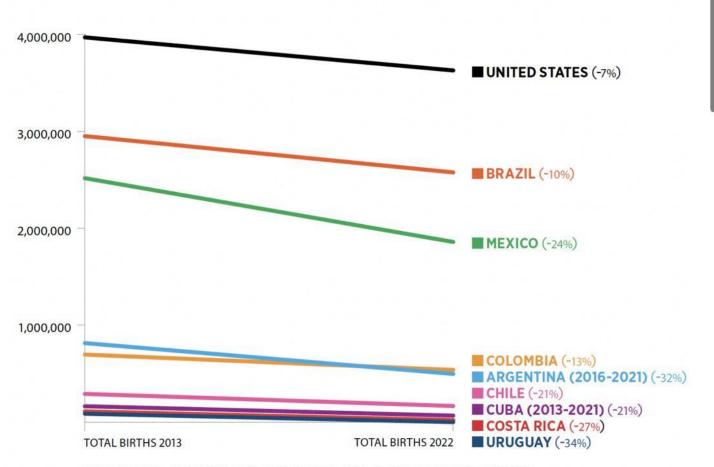
Figure 1: TFR, globally and by GBD super-region, 1950-2100

The dashed horizontal line indicates replacement TFR $(2\cdot1)$, and the dashed vertical line indicates the year 2022 (the first forecast year). GBD=Global Burden of Diseases, Injuries, and Risk Factors Study. TFR=total fertility rate.



The decline in fertility is a regional trend

In one decade, eight LAC countries had steeper drops in total births than the U.S.





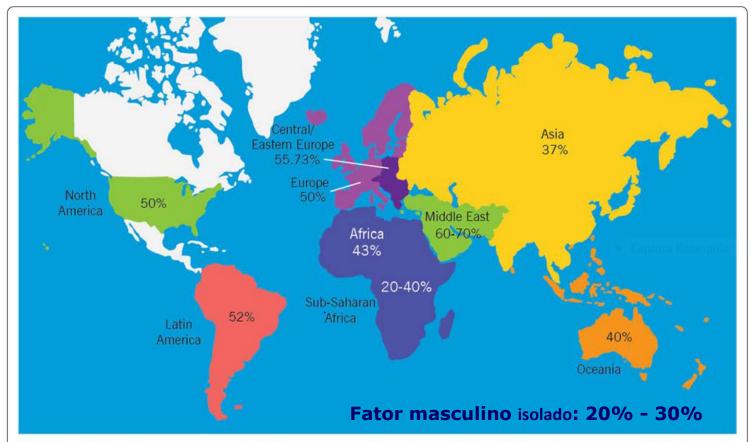


Figure 2 World map containing percentages of infertility cases per region that are due to male factor. This figure demonstrates rates of infertility cases in each region studied (North America, Latin America, Africa, Europe, Central/Eastern Europe, Middle East, Asia, and Oceania) due to male factor involvement.



Physiol Rev 96: 55–97, 2016 Published November 18, 2015; doi:10.1152/physrev.00017.2015

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. Sapra, Søren Ziebe, Lærke Priskorn, and Anders Juul



Incidência de Criptorquidia

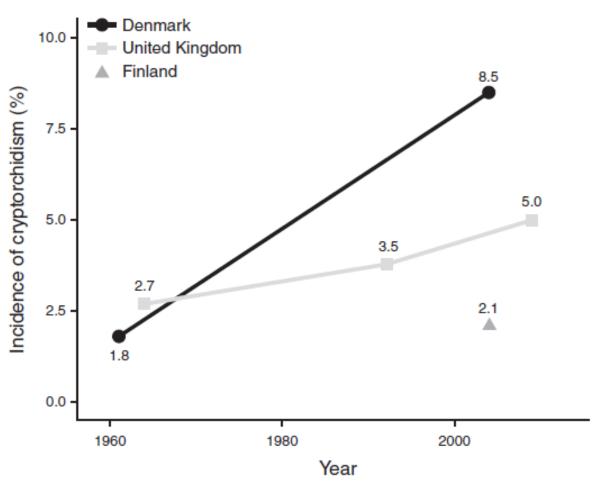


FIGURE 7. Incidence of cryptorchidism at birth on the basis of prospective clinical studies from the 1950s to the 2000s in Denmark, Finland, and United Kingdom. The data points are marked on the year of the publication of the study which represents the preceding incidence rate (3, 47, 61, 184, 377).

Idade da Puberdade

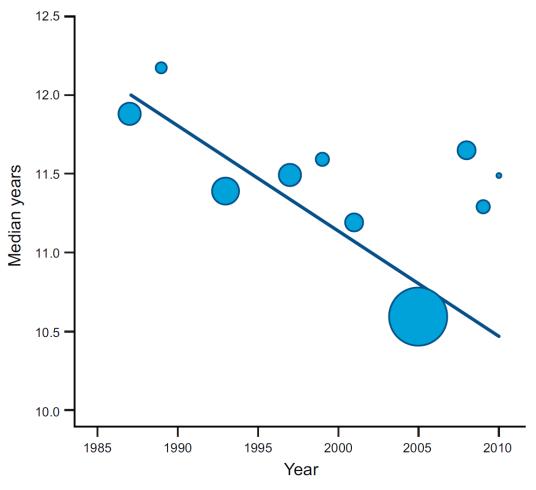
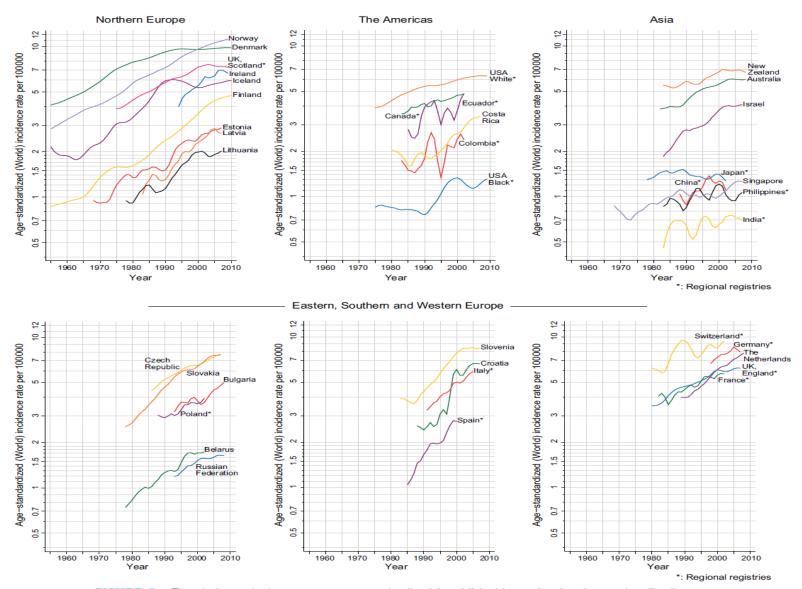


FIGURE 8. Recent changes in male pubertal timing. Testicular volume was >3 ml. [From Mouritsen et al. (293).]

Incidência de Câncer de Testículo



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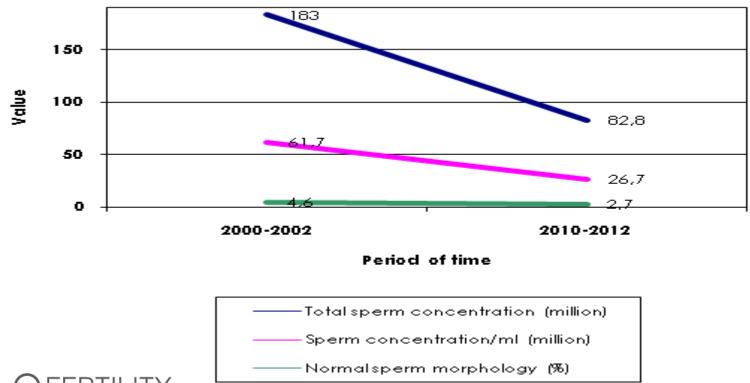
FIGURE 4. Trends in testicular cancer; age-standardized (world) incidence (regional or national), all ages. [Modified from Znaor et al. (481). Courtesy of Dr. Arinana Znaor and statistician Mathieu Laversanne, M.Sc., WHO, International Agency for Research in Cancer (IARC), Lyon, France.]



Vol. 41 (4): 757-763, July - August, 2015 doi:10.1590/S1677-5538.IBJU.2014.0186

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

Edson Borges Jr. 12, Amanda Souza Setti 12, Daniela Paes de Almeida Ferreira Braga 12, Rita de Cassia Savio Figueira 1, Assumpto Iaconelli Jr. 12







Vol. 41 (4): 757-763, July - August, 2015 doi:10.1590/S1677-5538.IBJU.2014.0186

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Variable	2000 - 2002 (n=764)	2010 - 2012 (n=1536)	р
Azoospermia	4.9%	8.5%	<0.001
Severe oligozoospermia	15.7%	30.3%	<0.001

Article



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

Human and Experimental Toxicology

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DOI: 10.1177/0960327117703690
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P Sengupta^{1,2}, E Borges Jr³, S Dutta⁴ and E Krajewska-Kulak²

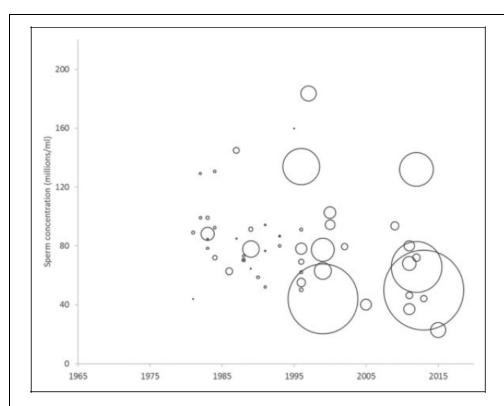
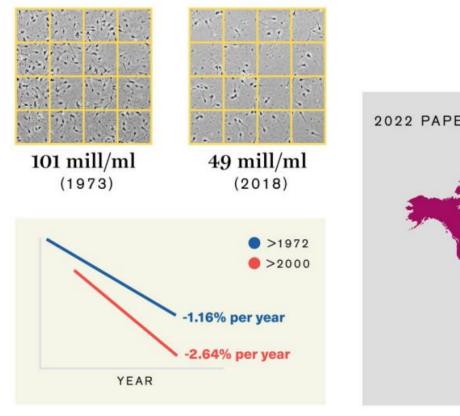


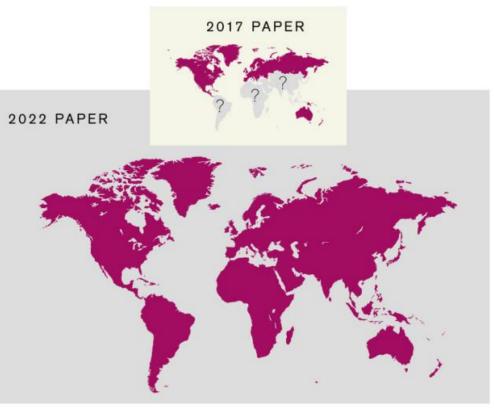
Figure 1. Temporal decline in sperm concentration $(\times 10^6/\text{ml})$ from 1965 to 2015, bubble size corresponds to the number of men in the study.

A time dependent decline in sperm concentration was observed from 1965 to 2015 (r=0.307, p=0.02) An overall 32.5% decrease in mean sperm concentration

GRAPHICAL ABSTRACT

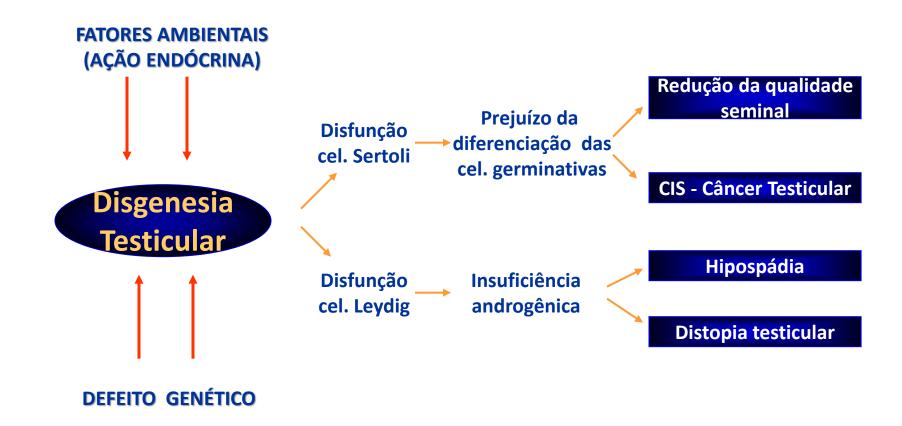
Sperm count is declining at an accelerated pace globally





Sperm count is declining at an accelerated pace globally.

Lesão do Sistema Reprodutor Masculino



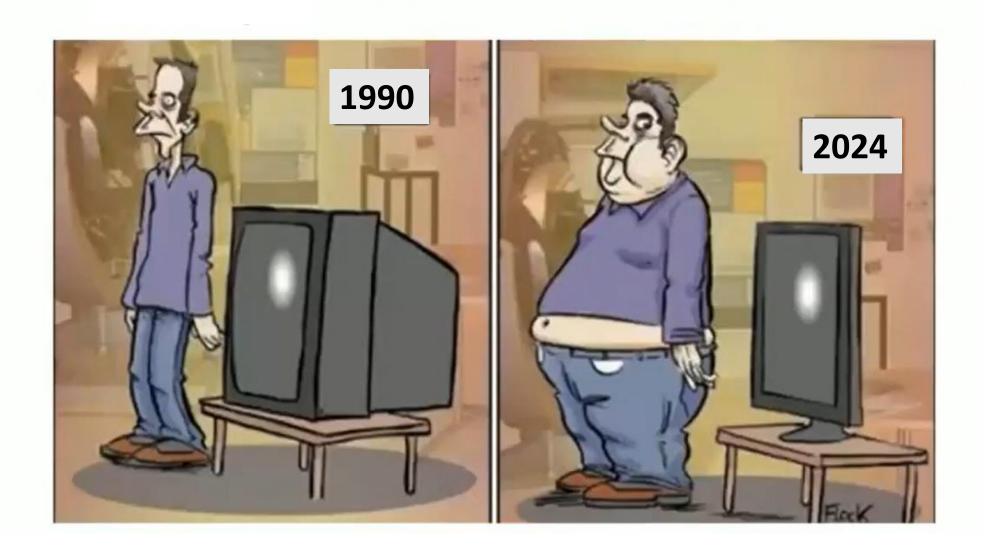
Skakkebaek NE. Hum Rep 16(5): 972-8, 2001

O sexto sinal vital:

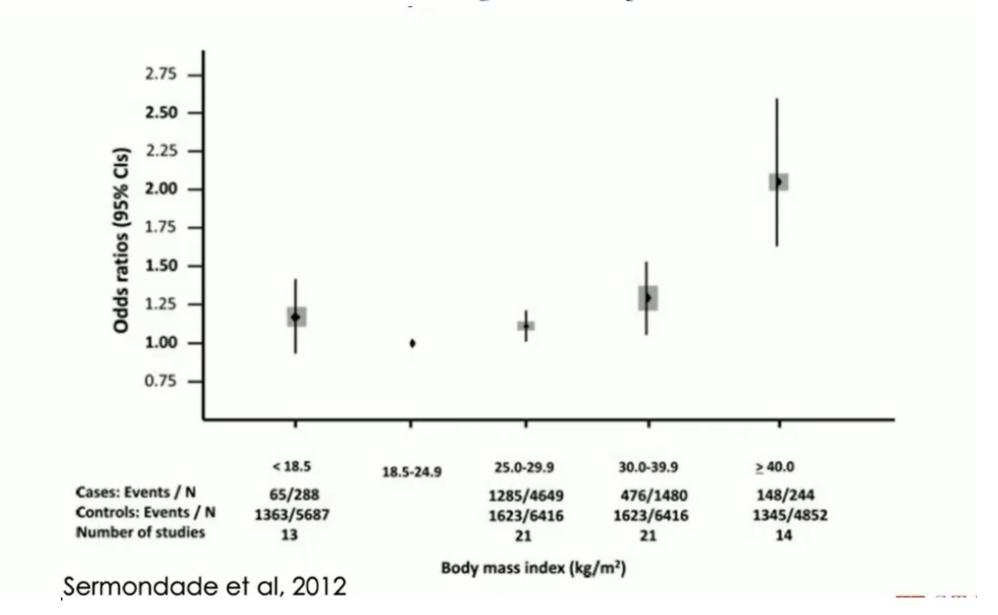
O que o espermatozoide está tentando nos dizer?

Entendendo a relação...





IMC e concentração espermática



doi:10.1093/humupd/dms050

human reproduction update

BMI in relation to sperm count: an updated systematic review and collaborative meta-analysis

N. Sermondade^{1,2}, C. Faure^{1,2}, L. Fezeu², A.G. Shayeb³, J.P. Bonde⁴, T.K. Jensen⁵, M. Van Wely⁶, J. Cao⁷, A.C. Martini⁸, M. Eskandar⁹, J.E. Chavarro^{10,11}, S. Koloszar¹², J.M. Twigt¹³, C.H. Ramlau-Hansen¹⁴, E. Borges Ir¹⁵, F. Lotti¹⁶, R.P.M. Steegers-Theunissen¹³, B. Zorn¹⁷, A.J. Polotsky¹⁸, S. La Vignera¹⁹, B. Eskenazi²⁰, K. Tremellen²¹, E.V. Magnusdottir²², I. Fejes²³, S. Hercberg^{2,24}, R. Lévy^{1,2†}, and S. Czernichow^{25,26,†}

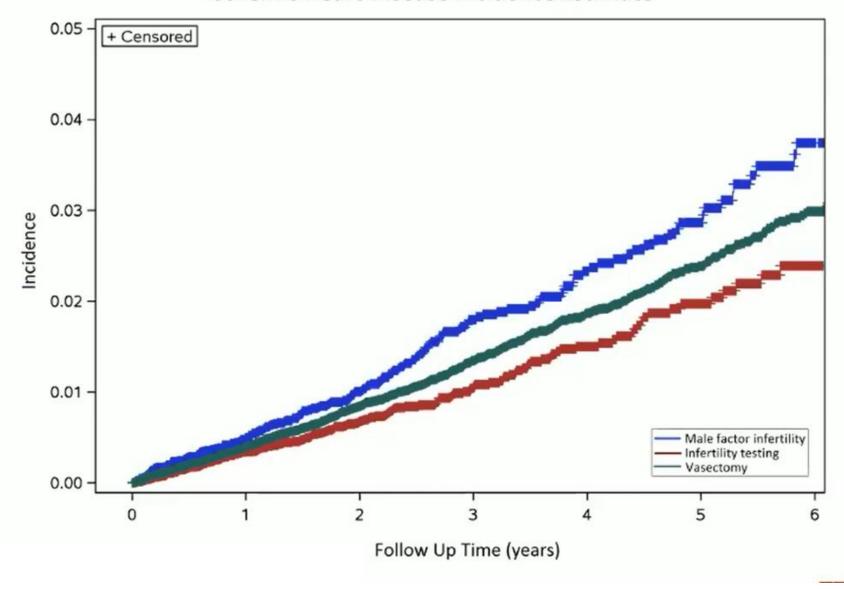
- 21 estudos, 13.077 homens da população geral e em investigação de infertilidade
- Estudo da relação entre BMI e incidência de oligozoospermia / azoospermia
- Comparados com homens com peso normal:
- ❖ Sobpeso: OR= 1,15 (0,93-1,43)
- Sobrepeso: OR= 1,11 (1,01-1,21)
- Obeso: OR= 1,28 (1,06-1,55)
- Obeso mórbido: OR= 2,04 (1,59-2,62)



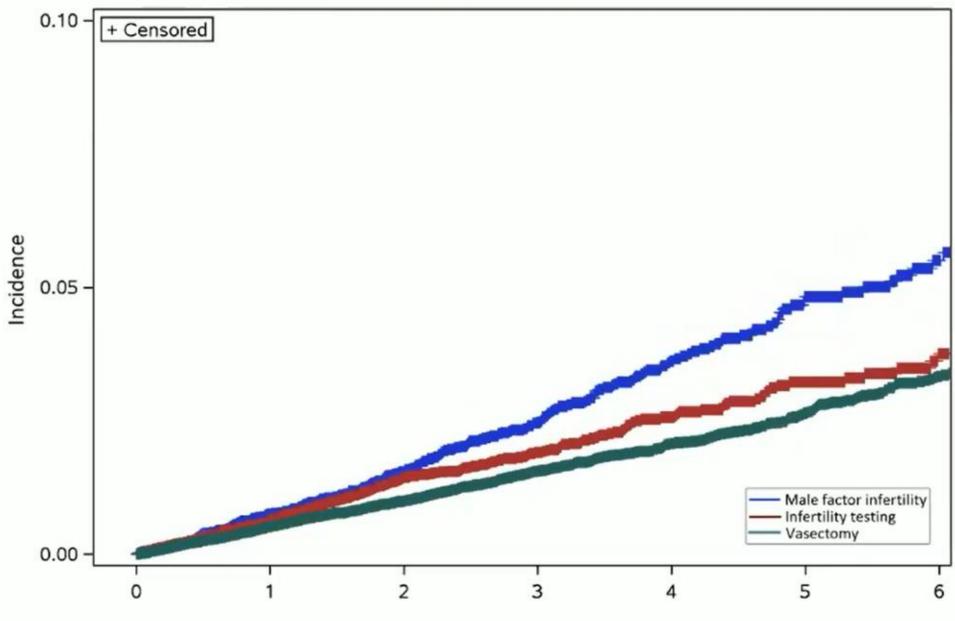
Doenças metabólicas e vasculares



Ischemic Heart Disease Incidence Estimate



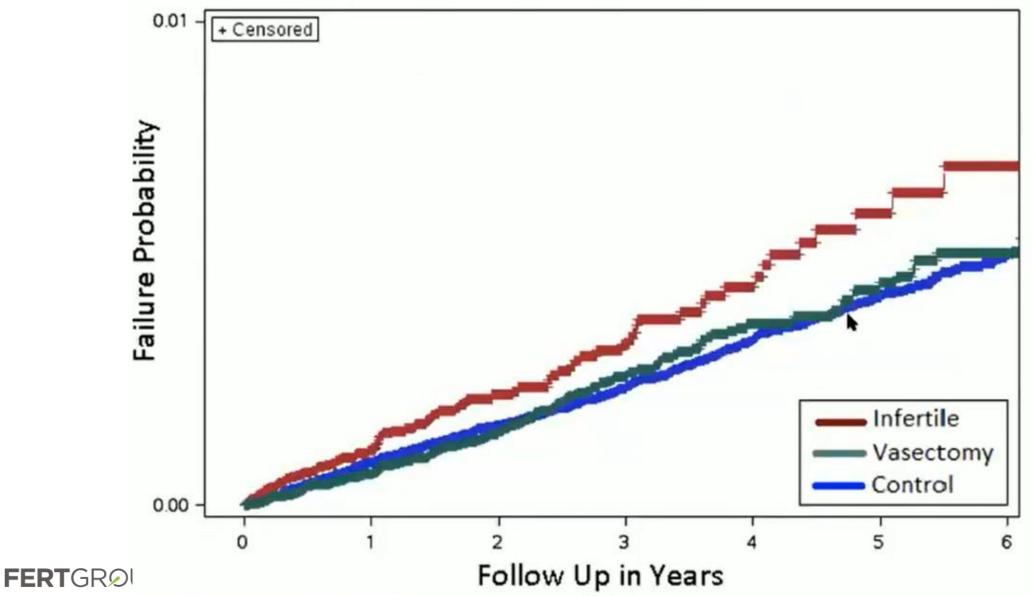
Diabetes Incidence Estimate



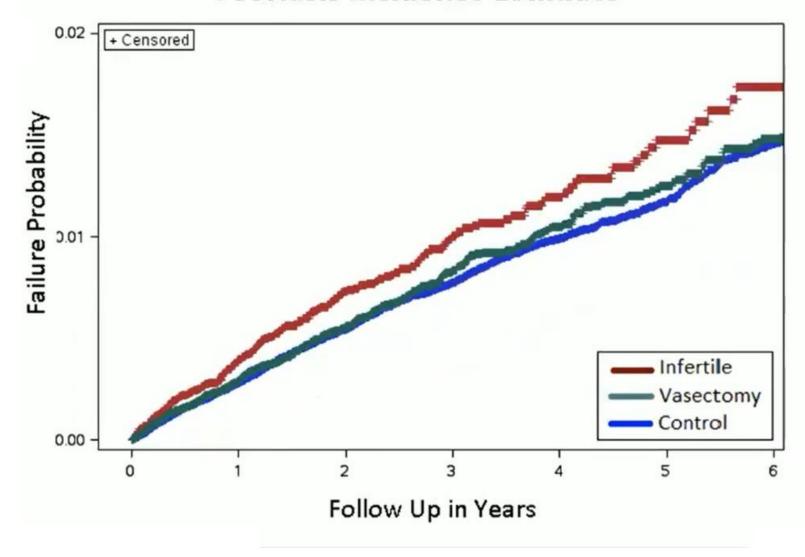
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Fertility and Sterility® Vol. 105, No. 3, March 2016

Rheumatoid Arthritis & Other Inflammatory Polyarthropathies Incidence Estimate

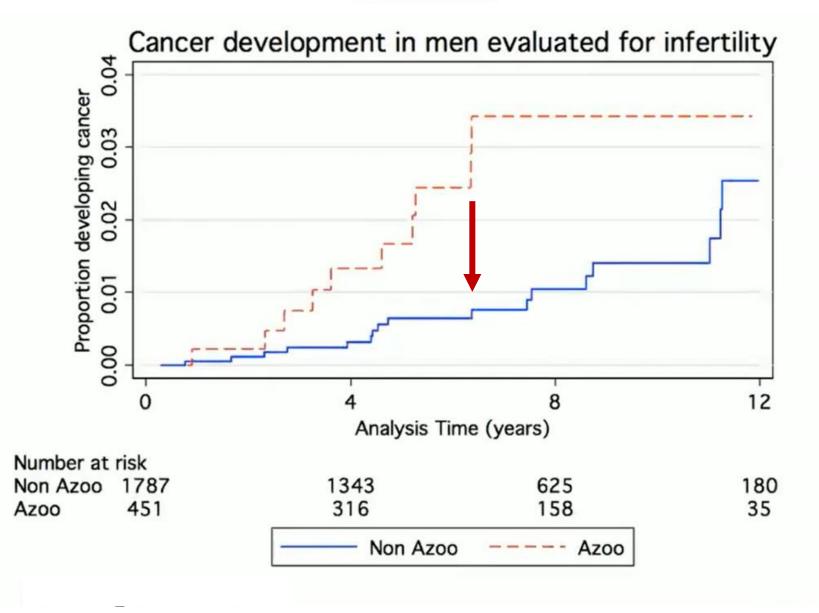


Psoriasis Incidence Estimate



Infertilidade risco de câncer





Infertilidade e câncer de testículo

- Examined >30,000 men who had a semen analysis in Copenhagen from 1963-1995
- Linked to Danish Cancer Registry





Jacobsen et al.BMJ. 2000 Sep 30;321(7264):789-92.

doi: 10.1136/bmj.321.7264.789

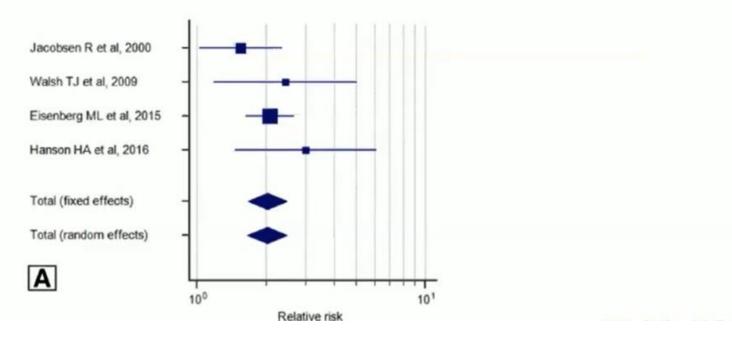
Infertilidade e câncer de testículo

Semen parameter		n	Observed cases	Expected cases	SIR
Concentration	0-20	10,509	33	14.4	2.3 (1.6,3.2)
	>20	18,668	42	36.9	1.1 (0.8, 1.5)
Motility	Poor	1,312	7	2.8	2.5 (1.0, 5.2)
	Good	19,362	44	28	1.6 (1.1, 2.1)
Morphology (%	>75	528	4	1.4	3.0 (0.8, 7.6)
abnormal)	0-75	27,618	64	47.8	1.3 (1.0, 1.7)



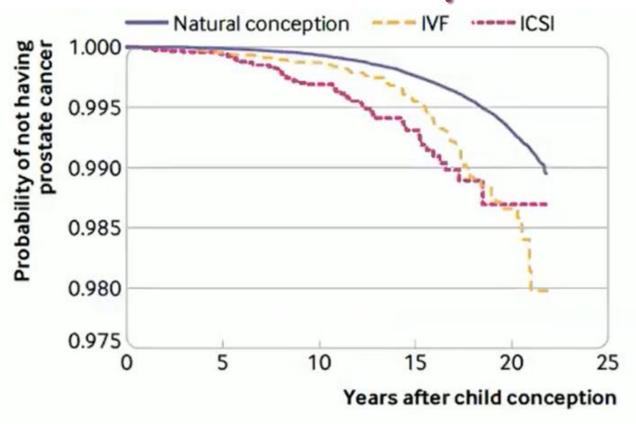
Infertilidade e câncer de testículo

Author, Year,	Infertile	Controls	Relative risk	95% CI	p value
Jacobsen R et al ³⁷ , 2000	46/13184	42/18667	1.551	1.021 to 2.355	
Walsh TJ et al ³⁸ , 2009	13/4549	17/14556	2.447	1.189 to 5.034	
Eisenberg ML et al ¹⁹ , 2015	85/123467	251/760829	2.087	1.632 to 2.669	
Hanson HA et al ³⁹ , 2016	30/20432	10/20432	3.000	1.467 to 6.135	
Total (fixed effects)	174/161632	320/814484	2.033	1.671 to 2.474	<0.001
Total (random effects)	174/161632	320/814484	2.033	1.665 to 2.481	< 0.001





Infertilidade e câncer de próstata



Natu	ral concepti	on				
	1 145 962	940 084	692 333	454 698	181 249	
IVF						
ICSI	20 617	15 274	9504	5007	1535	
	14873	10 509	6099	2593	184	

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Al-Jebari *et al.* BMJ, 2019 Sep 25:366:l5214. doi: 10.1136/bmj.l5214

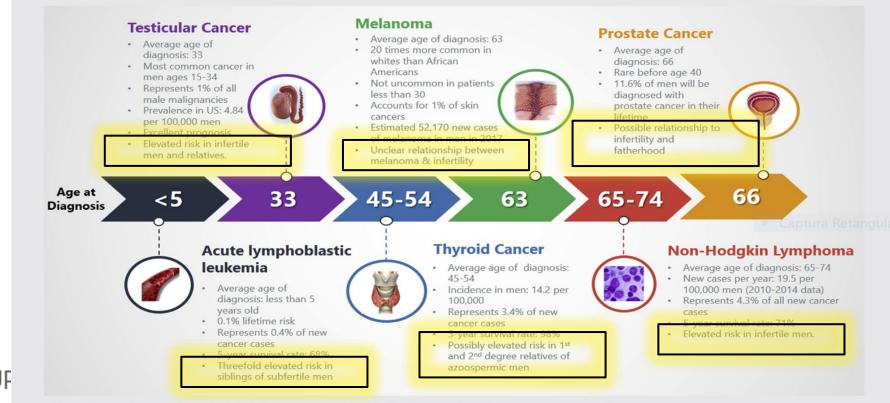


Male infertility: a biomarker of individual and familial cancer risk

Brent M. Hanson, M.D., a Michael L. Eisenberg, M.D., and James M. Hotaling, M.D., M.S., F.E.C.S.M.

^a Department of Obstetrics and Gynecology, University of Utah, Salt Lake City, Utah; ^b Male Reproductive Medicine and Surgery Program, Departments of Urology and Obstetrics and Gynecology, Stanford University, Stanford, California; and ^c Center for Reconstructive Urology and Men's Health, Department of Surgery–Urology, University of Utah, Salt Lake City, Utah

Fertility and Sterility® Vol. 109, No. 1, January 2018



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Specific malignancies associated with infertile men and their family members by average age at diagnosis. *Hanson, Male infertility and cancer risk, Fertil Steril 2017.*

- Cohabitiation lowers mortality
- Children lower mortality

Male characteristics	HR (95% CI)
Cohabiting custodial fathers	Reference

- Cohabitiation lowers mortality
- Children lower mortality

Male characteristics	HR (95% CI)	
Cohabiting custodial fathers	Reference	
Lone custodial fathers	1.6 (1.4-1.9)	
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- Cohabitiation lowers mortality
- Children lower mortality

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The second secon	
Reference	
1.6 (1.4-1.9)	
2.7 (2.5-2.8)	
1.6 (1.5-1.7)	
1.6 (1.5-1./)	
	1.6 (1.4-1.9) 2.7 (2.5-2.8)

Pais & Filhos

- Cohabitiation lowers mortality
- Children lower mortality

All Cause Mortality

Male characteristics	HR (95% CI)
Cohabiting custodial fathers	Reference
Lone custodial fathers	1.6 (1.4-1.9)
Lone non custodial fathers	2.7 (2.5-2.8)
Cohabiting childless men	1.6 (1.5-1.7)
Lone childless	2.9 (2.8-3.0)

Infertilidade mortalidade



Relação entre qualidade seminal e mortalidade



American Journal of Epidemiology

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Vol. 170, No. 5 DOI: 10.1093/aje/kwp168 Advance Access publication July 27, 2009

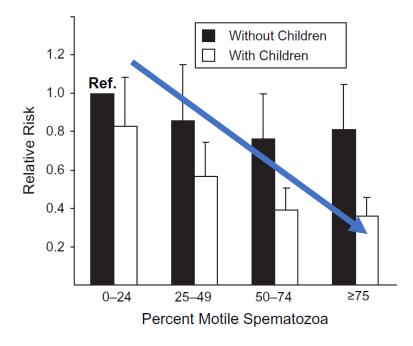
Original Contribution

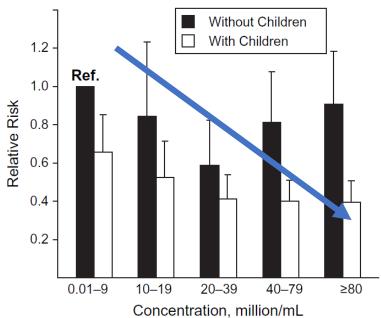
Good Semen Quality and Life Expectancy: A Cohort Study of 43,277 Men

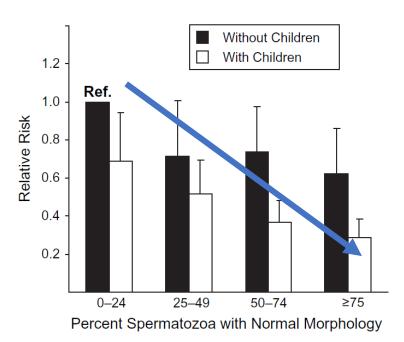
Tina Kold Jensen, Rune Jacobsen, Kaare Christensen, Niels Christian Nielsen, and Erik Bostofte

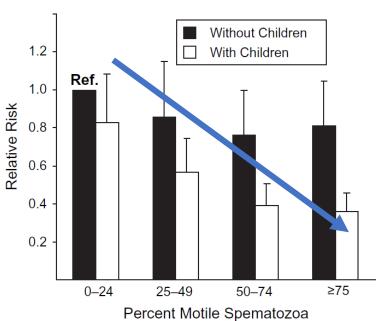
Initially submitted March 11, 2009; accepted for publication May 26, 2009.





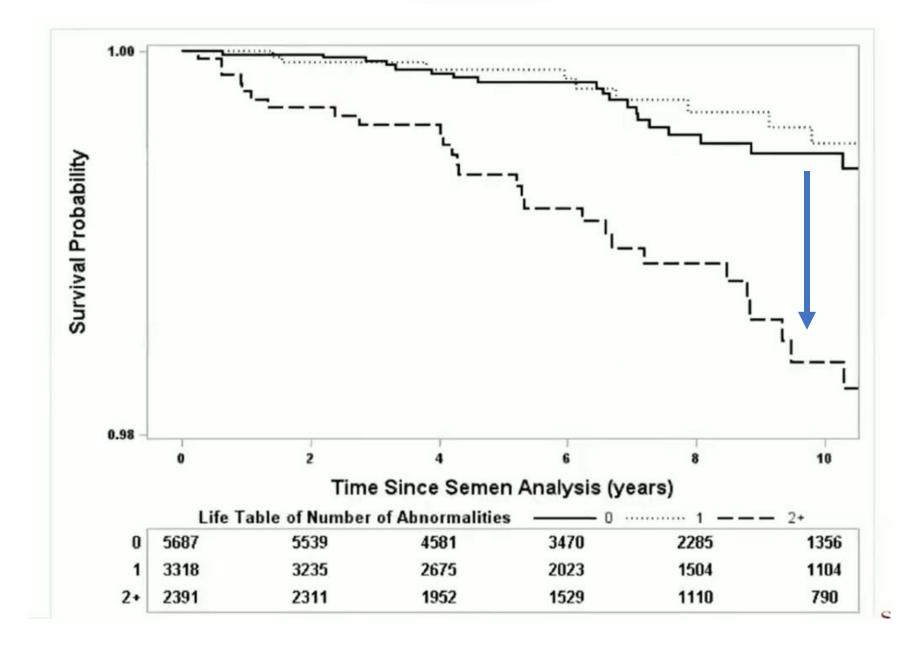






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Am J Epidemiol 2009;170:559-565



human reproduction ORIGINAL ARTICLE Reproductive epidemiology

Male factor infertility and risk of death: a nationwide record-linkage study

Clara Helene Glazer^{1,2,*}, Michael L. Eisenberg², Sandra Søgaard Tøttenborg¹, Aleksander Giwercman³, Esben Meulengracht Flachs¹, Elvira Vaclavik Bräuner^{4,5}, Ditte Vassard⁶, Anja Pinborg⁷, Lone Schmidt⁶, and Jens Peter Bonde¹

- Homens submetidos a TRA na Dinamarca (coorte MAR; n=64.563); população final de 384.419 homens
- Homens com azoospermia tiveram o maior risco de morte, que persistiu tanto na comparação interna [HR, 2,30; 95% CI, 1,54–3,41] como na comparação externa [HR, 3,32; IC 95%, 2,02–5,40]

human reproduction

ORIGINAL ARTICLE Reproductive epidemiology

Risk of childhood mortality in family members of men with poor semen quality

Heidi A. Hanson^{1,2,*}, Erik N. Mayer³, Ross E. Anderson³, Kenneth I. Aston^{3,4,5}, Douglas T. Carrell^{3,5}, Justin Berger², William T. Lowrance³, Ken R. Smith^{2,6}, and James M. Hotaling^{3,4}

Risco aumentado de morte devido a Malformações

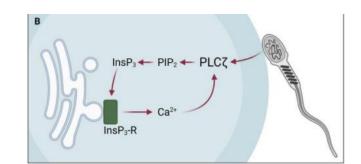
Congênitas em descendentes de 1º. grau de homens

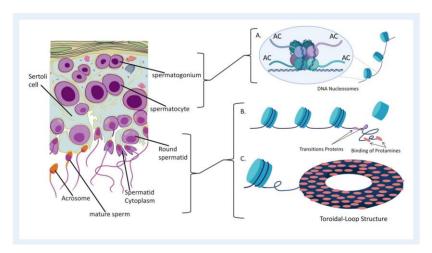
com <u>alterações dos parâmetros seminais</u>

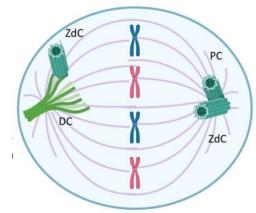
Contribuição do SÊMEN na fertilização e divisão embrionária

- Plasma seminal vesículas extracelulares:

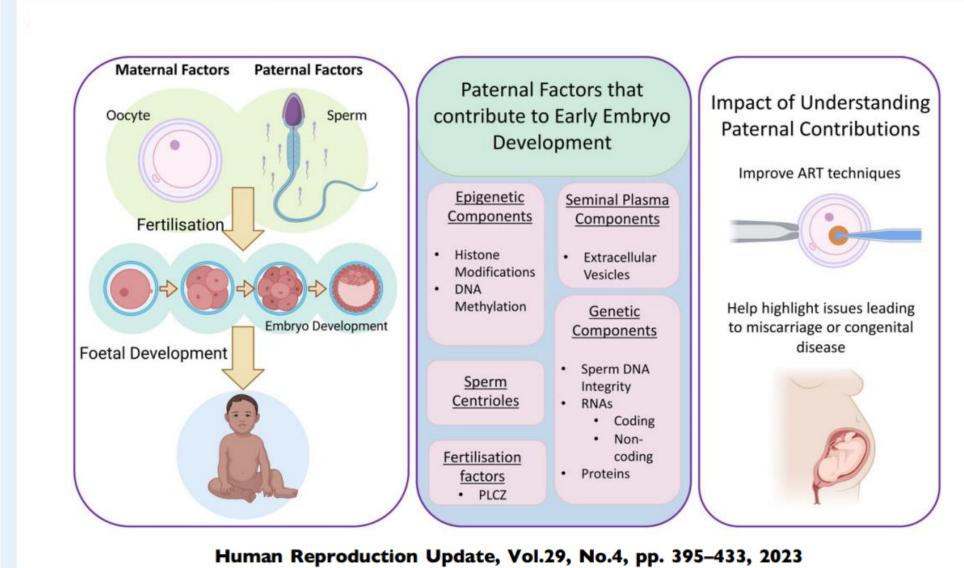
 epididimossomos e prostatossomos, com
 influência na gametogênese, fertilização,
 embriogênese e receptividade endometrial
- Espermatogênese: material genético e influência epigenética (histonas/protaminas)
- Centríolos: divisão embrionária
- Fertilização: PLC zeta

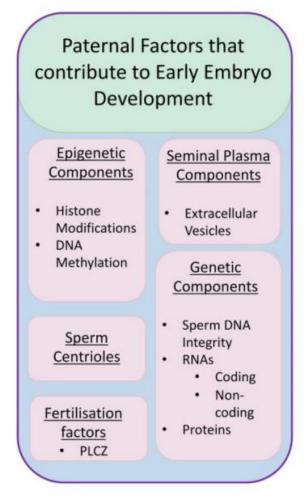










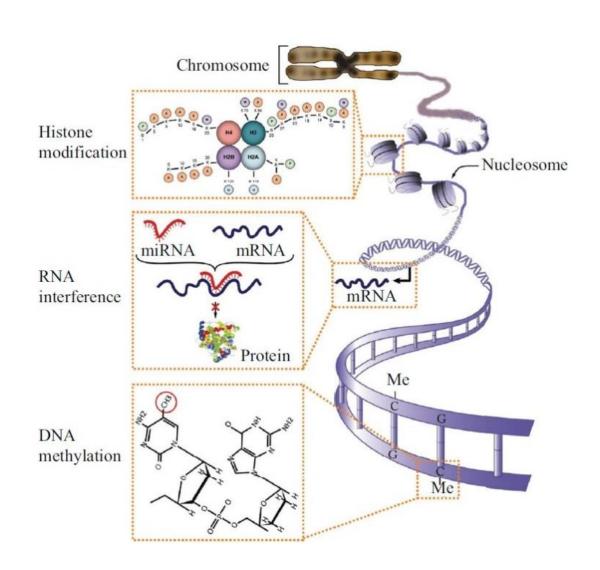


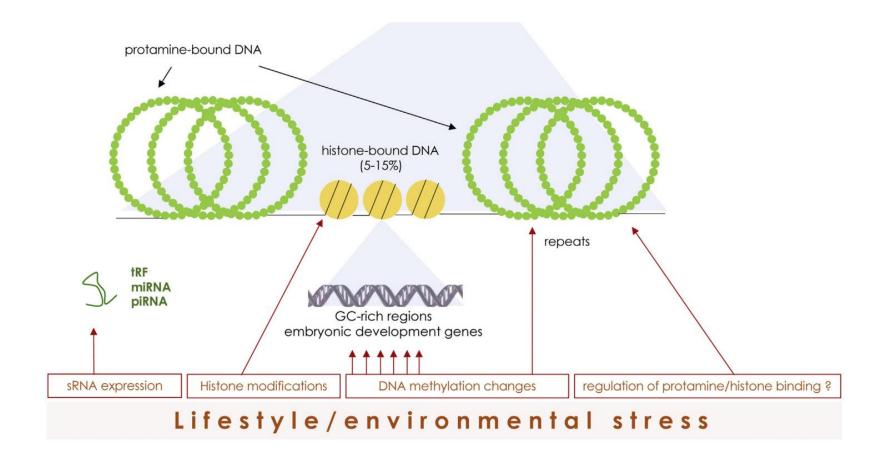
Human Reproduction Update, Vol.29, No.4, pp. 395-433, 2023

EPIGENÉTICA

A epigenética refere-se ao processo de regulação gênica sem alterações na sequência do DNA e inclui:

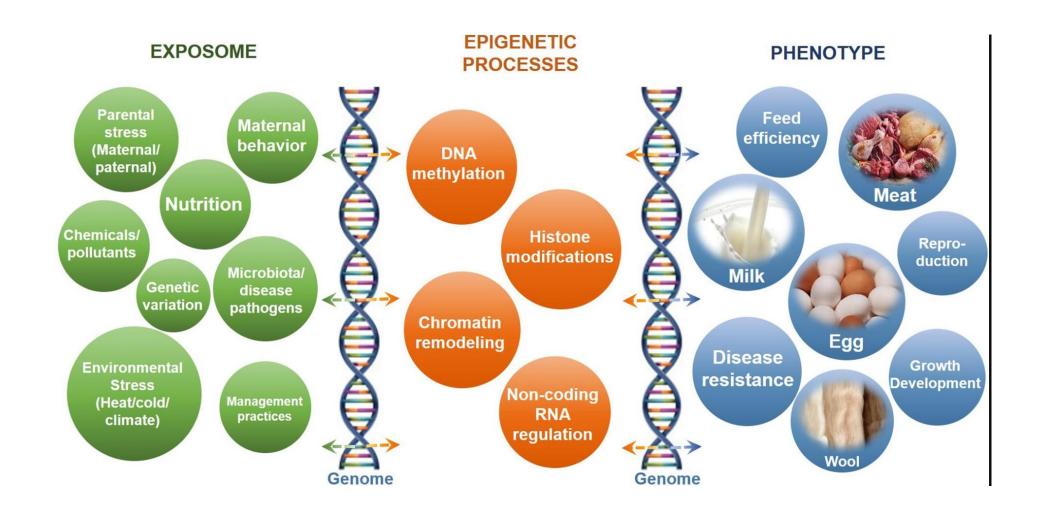
- □ DNA methylation
- ☐ Posttranslational histone modifications
- ☐ MicroRNA (miRNA) regulation





Existem fortes evidências de fatores epigenéticos causados pelo ambiente e transmitidos pelos espermatozoides, capazes de alterar o fenótipo da próxima geração

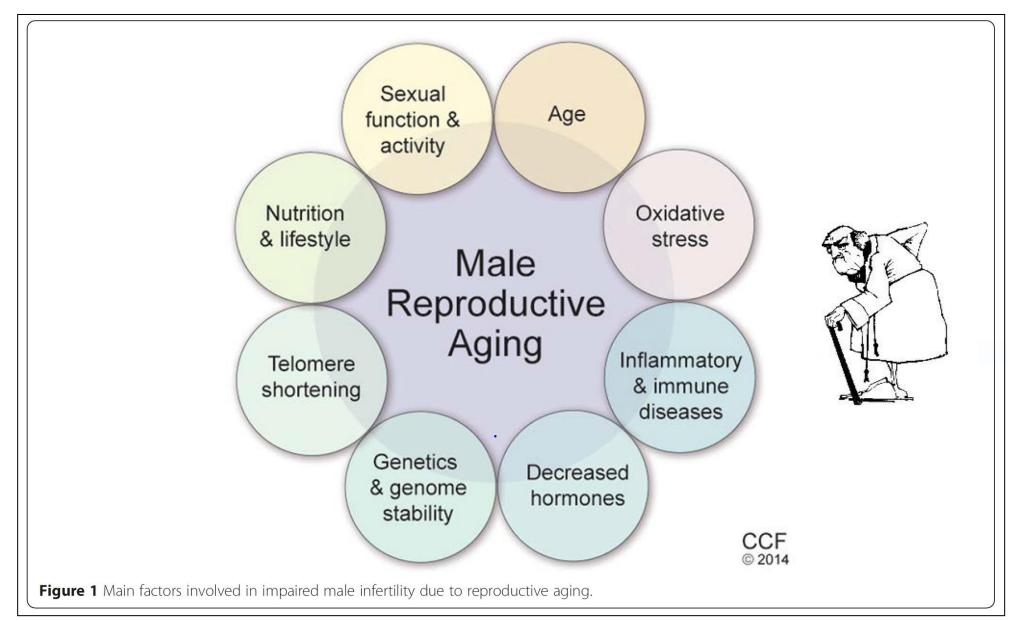




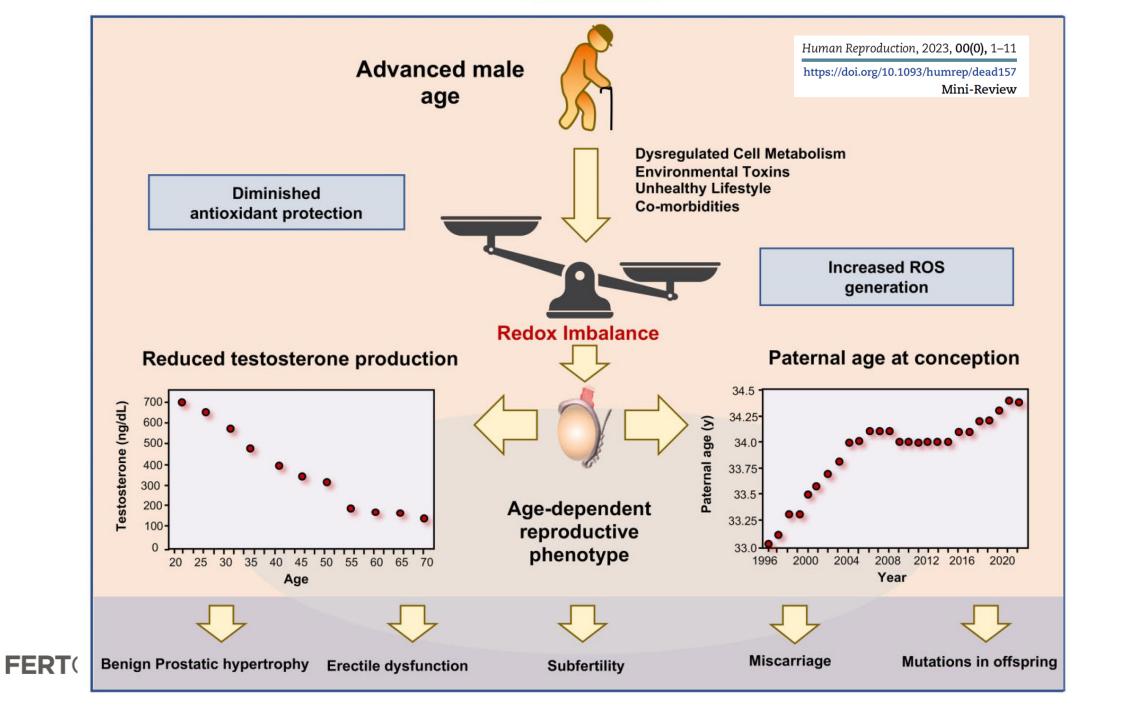




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human reproduction update

The effect of paternal factors on perinatal and paediatric outcomes: a systematic review and meta-analysis

Nan B. Oldereid ^{1,*}, Ulla-Britt Wennerholm², Anja Pinborg³, Anne Loft⁴, Hannele Laivuori^{5,6,7,8}, Max Petzold⁹, Liv Bente Romundstad ^{10,11}, Viveca Söderström-Anttila ¹², and Christina Bergh ¹³

¹Livio IVF-klinikken Oslo, Sørkedalsveien 10A, 0369 Oslo, Norway ²Department of Obstetrics and Gynaecology, Institute of Clinical Sciences, Sahlgrenska Academy, Gothenburg University, Sahlgrenska University Hospital East, SE 416 85 Gothenburg, Sweden ³Department of Obstetrics and Gynecology, Hvidovre Hospital, Institute of Clinical Medicine, Copenhagen University Hospital, Copenhagen, Denmark ⁴Fertility Clinic, Section 4071, Copenhagen University Hospital, Rigshospitalet, Blegdamsvej 9, DK–2100 Copenhagen, Denmark ⁵Department of Obstetrics and Gynecology, Tampere University Hospital, Teiskontie 35, Fl-33521 Tampere, Finland ⁶Faculty of Medicine and Life Sciences, University of Tampere, Arvo Ylpön katu 34, Fl-33520 Tampere, Finland ⁷Medical and Clinical Genetics, University of Helsinki University Hospital, Haartmaninkatu 8, Fl-00290 Helsinki, Finland ⁸Institute for Molecular Medicine Finland, Helsinki Institute of Life Science, University of Helsinki, Tukhomankatu 8, Fl-00290 Helsinki, Finland ⁹Swedish National Data Service and Health Metrics Unit, University of Gothenburg, 405 30 Gothenburg, Sweden ¹⁰Spiren Fertility Clinic, Norwegian University of Science and Technology, Trondheim NO-7010, Norway ¹¹Department of Public Health, Norwegian University of Science and Gynaecology, Institute of Clinical Sciences, Sahlgrenska Academy, Gothenburg University, Reproductive Medicine, Sahlgrenska University Hospital, SE-413 45 Gothenburg, Sweden

- 14.371 artigos, 238 incluídos, 81 para a meta-análise
- ldade, estilo de vida, peso, altura, gordura corporal, cigarro

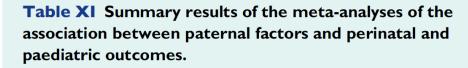
human reproduction

The effect of paternal factors on perinatal and paediatric outcomes: a systematic review and meta-analysis

Nan B. Oldereid ^{1, 1}, Ulla-Britt Wennerholm², Anja Pinborg³, Anne Loft⁴, Hannele Laivuori^{5,6,7,8}, Max Petzold⁷, Liv Bente Romundstad^{10,11}, Viveca Söderström-Anttila¹², and Christina Bergh¹³

and Christina Berght 19

Lipo M'Halikhor Los, Serdadiven III (M. 500 Olis, Novay 'Department of Obsterics and Grimeschige, Institute of Christid Sosmes, Saligentish Audalmy, Gordenburg University, Saligentish University (Saligentish University), Saligentish University (Saligentish Medica, Cognitique, University), Foundation, Cognitique, University Nesqual, Replaceability, Saligentish Saligentish Saligentish, Saligentish Saligentish, Saligentis



Paternal age PTB	inty of nce DE
Stillbirth	С
Children with any birth defects CHDs	С
birth defects CHDs	С
Orofacial clefts 0.99 (0.95–1.04) 1.14 (1.02–1.29)* Gastroschisis 0.88 (0.78–1.00) ⊕⊕⊙⊙ Spina bifida 0.97 (0.90–1.04) Trisomy 21 1.13 (1.05–1.23) Acute lymphoblastic leukaemia Autism and ASDs Schizophrenia 1.31 (1.23–1.38) Paternal BMI Paternal PTB 1.16 (1.00–1.35) SGA 1.22 (1.03–1.44) ⊕⊕⊙⊙	C
1.14 (1.02–1.29)*	С
Spina bifida 0.97 (0.90–1.04) ⊕⊕⊕0 Trisomy 21 1.13 (1.05–1.23) ⊕⊕⊕0 Acute 1.08 (0.96–1.21) ⊕⊕⊕0 lymphoblastic leukaemia Autism and ASDs 1.25 (1.20–1.30) ⊕⊕⊕0 Schizophrenia 1.31 (1.23–1.38) ⊕⊕⊕0 Paternal No meta-analysis BMI Paternal PTB 1.16 (1.00–1.35) ⊕⊕⊙0 smoking Low BW 1.10 (1.00–1.21) ⊕⊕⊙0 SGA 1.22 (1.03–1.44) ⊕⊕⊙0	С
Trisomy 21	С
Acute 1.08 (0.96–1.21)	C
lymphoblastic leukaemia Autism and ASDs 1.25 (1.20–1.30) \(\operatorname{\pi}	C
Paternal BMI PTB 1.16 (1.00−1.35) ⊕⊕⊕⊙ Smoking Low BW 1.10 (1.00−1.21) ⊕⊕⊙⊙ SGA 1.22 (1.03−1.44) ⊕⊕⊙⊙	Э
Paternal BMI No meta-analysis Paternal smoking PTB I.16 (1.00–1.35) ⊕⊕⊙0 SGA I.10 (1.00–1.21) ⊕⊕⊙0 I.22 (1.03–1.44) ⊕⊕⊙0	С
BMI Paternal PTB	C
smoking Low BW 1.10 (1.00−1.21) ⊕⊕⊖0 SGA 1.22 (1.03−1.44) ⊕⊕⊖0	
smoking Low BW 1.10 (1.00−1.21) ⊕⊕⊖0 SGA 1.22 (1.03−1.44) ⊕⊕⊖0	С
SGA 1.22 (1.03−1.44) ⊕⊕⊖0	
	C
CHDs 1.75 (1.25–2.44) ⊕⊕⊙(С
Orofacial clefts 1.51 (1.16–1.97) ⊕⊕⊖0	С
Brain tumours 1.12 (1.03–1.22) ⊕⊕⊖0)



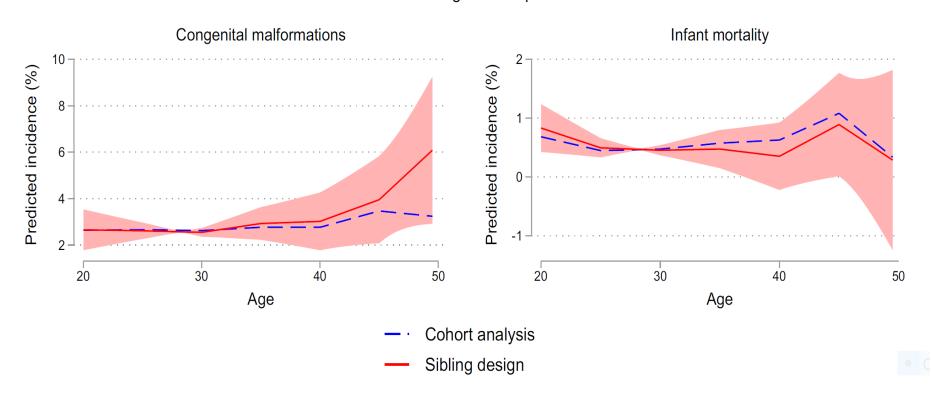
REPRODUCTIVE EPIDEMIOLOGY



Parental age and birth defects: a sibling study

Hans K. Hvide^{1,2,3} ○ · Julian Johnsen⁴ · Kjell G. Salvanes^{2,5,6,7,8}

Panel B. Regression spline





Age-related alterations in the genetics and genomics of the male germ line

Amin S. Herati, M.D., a,b Boryana H. Zhelyazkova, B.A., Peter R. Butler, B.A., a,b and Dolores J. Lamb, Ph.D.

Fertility and Sterility® Vol. 107, No. 2, February 2017

Offspring genetic conditions associated with advanced paternal age.						
Condition	Paternal age (y)	Relative risk	Population risk	Adjusted risk		
Achondroplasia Apert syndrome Pfeiffer syndrome Crouzon syndrome Neurofibromatosis I Retinoblastoma	>50 >50 >50 >50 >50 >50 >45	7.8 9.5 6 8 3.7	1/15,000 1/50,000 1/100,000 1/50,000 1/3,000–1/4,000 1/15,000–1/20,00	1/1,923 1/5,263 1/16,666 1/6,250 rnal age 20–29 years.		
Down syndrome	40–44	1.37	1/1,200 ^a	1/876 ^a		
Epilepsy Breast cancer Childhood leukemia Childhood central nervous system tumor	40-45 >40 >40 >40 >40	1.3 1.6 1.14 1.69	1/100 1/8.5 1/25,000 1/36,000	1/77.0 1/5.3 1/21,930 1/21,302		
Note: Adapted with permission from Ramasamy et al. (10) ^a Maternal age 20–29 years. Herati. Paternal aging and the male germ line. Fertil Steril 2						

Influence of paternal age on assisted reproductive technology cycles and perinatal outcomes

Audrey M. Marsidi, M.D., ^a Lauren M. Kipling, M.P.H., ^b Jennifer F. Kawwass, M.D., ^a and Akanksha Mehta, M.D. ^c

^a Division of Reproductive Endocrinology and Infertility, Department of Gynecology and Obstetrics, Emory Reproductive Center, Atlanta, Georgia; ^b Department of Epidemiology, Emory University Rollins School of Public Health, Atlanta, Georgia; and ^c Department of Urology, Emory University School of Medicine, Atlanta, Georgia

Fertil Steril 2021; 116:380-7

- 77,209 fresh nondonor cycles
- Compared with paternal age < 45 years, paternal age > 46 years was associated with:
 - o **a lower likelihood of pregnancy per cycle** (adjusted risk ratio [aRR] 0.81; 95% confidence interval [CI] 0.76-0.87) **and per transfer** (aRR 0.85; 95% CI 0.81-0.90);
 - a lower likelihood of live birth per cycle (aRR 0.76; 95% CI 0.72-0.84) and per transfer (aRR 0.82; 95% CI 0.77-0.88),
 (after controlling for maternal age and other confounders).

DOI: 10.1111/andr.12737

ORIGINAL ARTICLE



Increasing paternal age and ejaculatory abstinence length negatively influence the intracytoplasmic sperm injection outcomes from egg-sharing donation cycles

Amanda S. Setti^{1,2} | Daniela Paes Almeida Ferreira Braga^{1,2} Assumpto Iaconelli Junior $^{1,2} \mid \operatorname{Edson} \operatorname{Borges} \operatorname{Junior}^{1,2}$

Paternal variable	Fertilization (%)	D3 high- quality embryos (%)	D3 normal embryo development (%)	Blastocyst development (%)	High-quality blastocysts (%)	Implantation (%)	Pregnancy chance	Miscarriage chance	Live birth chance
Age									
В	-0.276	-0.040	-2.750	-0.070	-44.058	-0.060	Exp(B) 0.664	Exp(B) 1.019	Exp(B) 0.812
SE	0.085	0.017	0.8625	0.035	20.248	0.007	0.187	0.052	0.100
CI	-0.44 to -0.11	-0.07 to -0.01	-4.44 to -1.06	-0.14 to -0.002	-84.07 to -4.05	-0.08 to -0.05	0.457 to 0.967	0.918 to 1.131	0.665 to 0.991
Р	.001	.021	.001	.043	.031	<.001	.033	.718	.041
EA									
В	-0.083	-0.003	-0.300	-0.589	13.8125	-0.012	Exp(B) 0.051	Exp(B) 0.861	Exp(B) 0.169
SE	0.847	0.015	0.014	0.243	88.143	0.003	1.803	0.190	1.195
Cl	-0.44 to -0.11	-0.01 to -0.001	-0.06 to -0.02	-1.07 to -0.11	-160.34 to 187.97	-0.20 to -0.35	0.001 to 1.870	0.589 to 1.258	0.015 to 1.851
Р	.765	.028	.036	.016	.876	<.001	.103	.435	.142



Accepted: 30 July 2021

DOI: 10.1111/and.14211

ORIGINAL ARTICLE

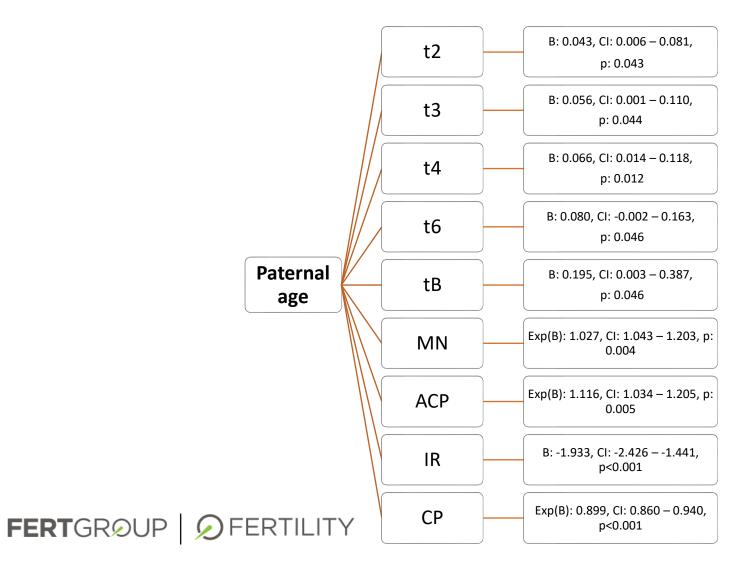


Early and late paternal contribution to cell division of embryos in a time-lapse imaging incubation system

Amanda Souza Setti^{1,2} | Daniela Paes de Almeida Ferreira Braga^{1,2} | Livia Vingris³ | Assumpto Iaconelli Jr.^{2,4} | Edson Borges Jr.^{2,4}

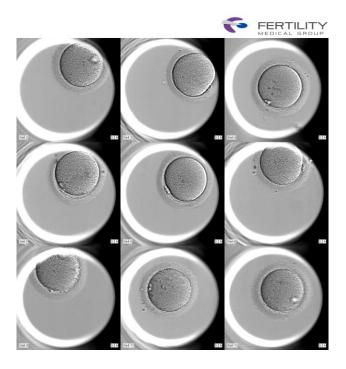


RESULTS





Early and late paternal contribution to cell division of embryos in a time-lapse imaging incubation system



DOI: 10.1111/and.14485

ORIGINAL ARTICLE



Paternal ageing impacts blastulation and the outcomes of pregnancy at different levels of maternal age: A clustering analysis of 21,960 oocytes and 3837 ICSI cycles

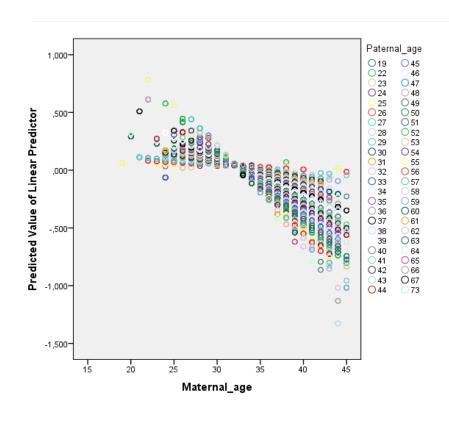
Amanda Souza Setti^{1,2} | Daniela Paes de Almeida Ferreira Braga^{1,2} |

Patricia Guilherme¹ | Livia Vingris¹ | Assumpto Iaconelli Jr^{1,2} | Edson Borges Jr^{1,2}



Predective value of the interation term

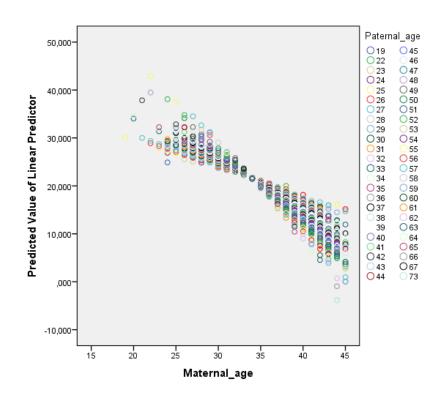
Dependent variable	В	OR	CI	p-value
Blastocyst development	- 0.005	0.995	0.994 - 0.996	< 0.001





Predective value of the interation term

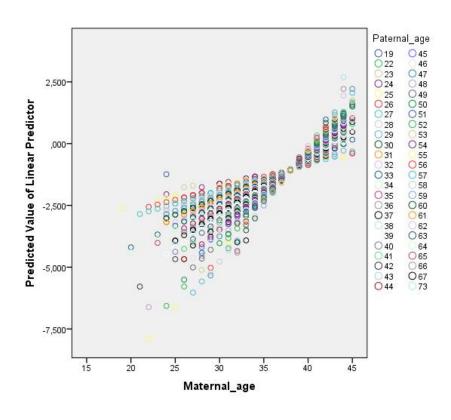
Dependent variable	В	OR	CI	p-value
Implantation rate	- 0.041	0.960	0.947 - 0.973	< 0.001





Predective value of the interation term

Dependent variable	В	OR	CI	p-value
Miscarriage rate	0.011	1.012	1.005 - 1.018	0.001



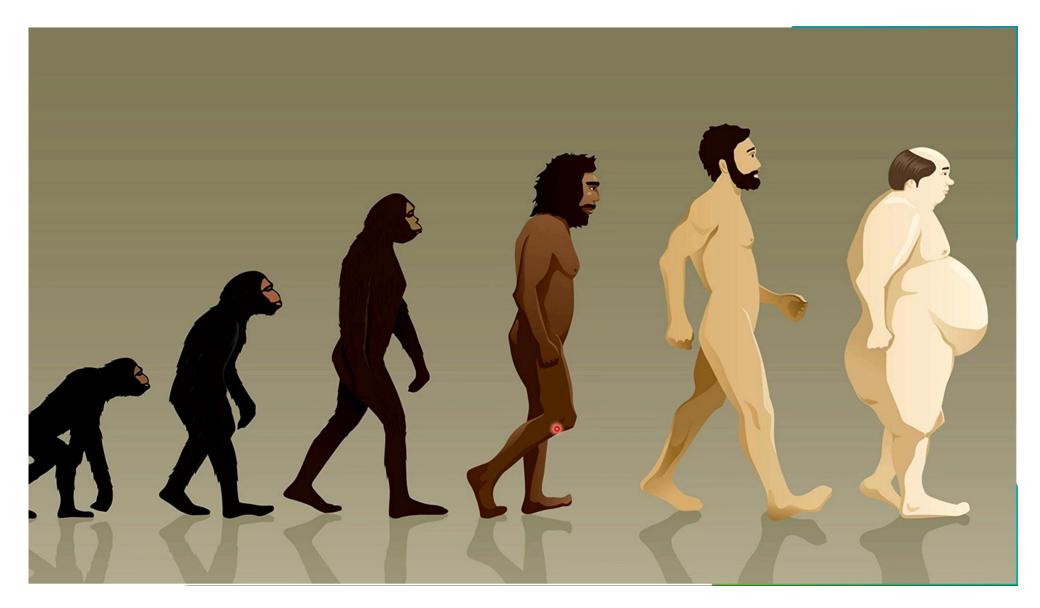


For every **1-year increase in paternal age**, the odds ratio of live-birth reduces by:

- 1% in females aged 37 years,
- **1.6%** in those aged 38 years,
- 2.4% in 39-year-old females,
- **5%** in 42-year-old females and so on.









Influence of Diet and Exercise on Sperm and its Epigenome

ESHRE Annual Conference 2023, Copenhagen
Prof. Romain Barrès

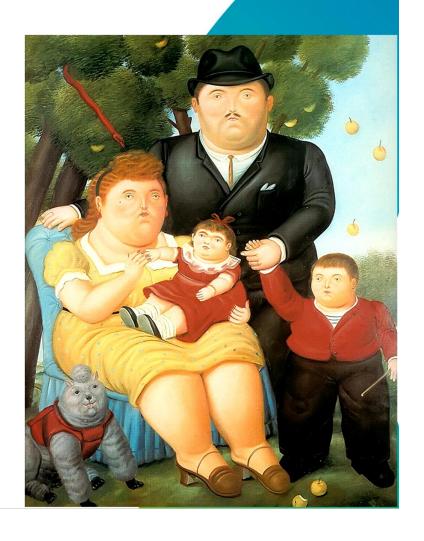
Center for Basic Metabolic Research (CBMR)
University of Copenhagen

Institut de Pharmacologie Moléculaire et Cellulaire Université Côte d'Azur

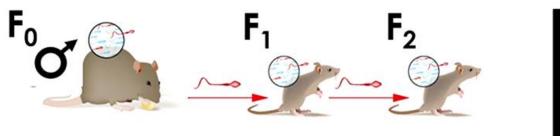


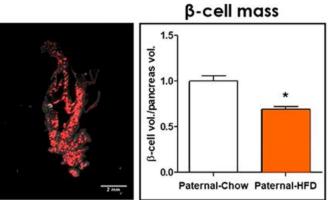






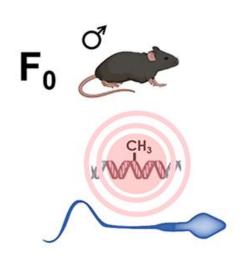
Western style diet before conception is associated with epigenetic changes in sperm and an altered metabolic phenotype in the offspring

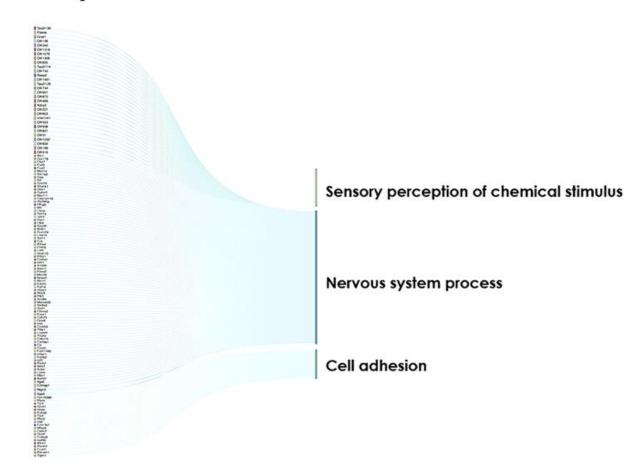




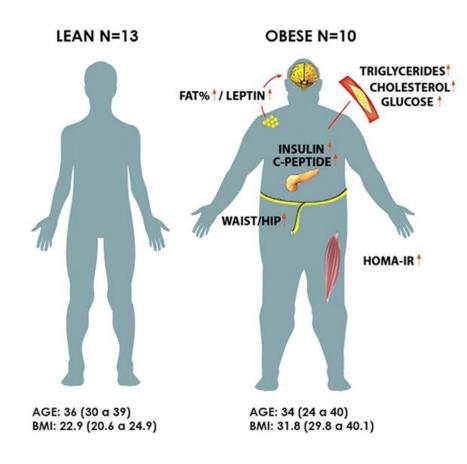
Ng [...], Barrès, [...], and Morris, **Nature**, 2010. De Castro Barbosa [...] and Barrès, **Molecular Metabolism**, 2015.

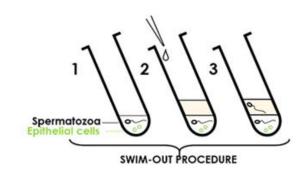
Low protein diet remodels the DNA methylation profile of spermatozoa

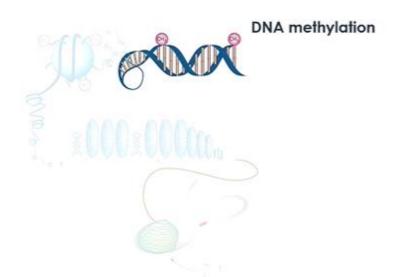




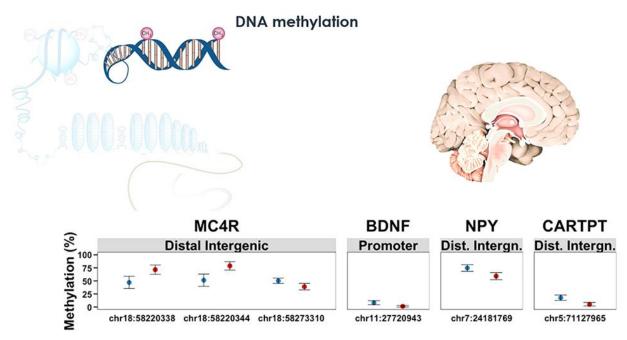
EPIGENETIC PROFILING OF SPERMATOZOA





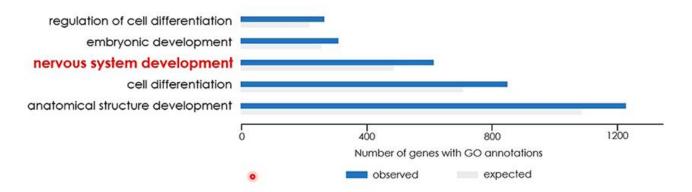


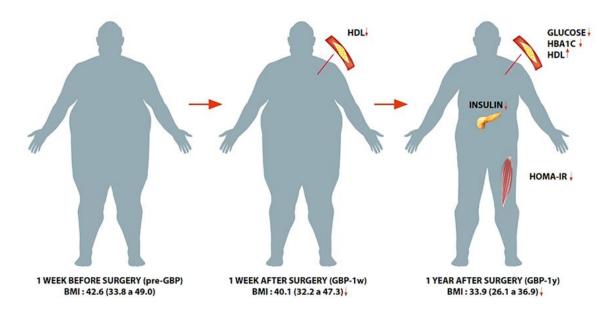




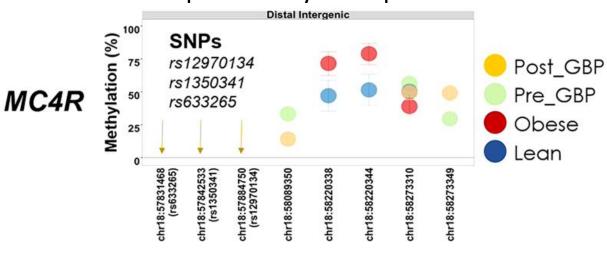
Methylation gens:

- Brain function
- Central regulation of appetite





Sperm DNA metylation response



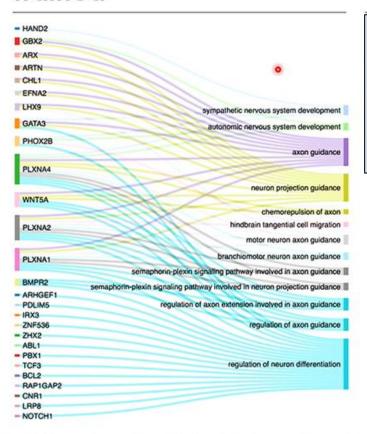
FERTGR**O**UP

Metylation response:

environment can change the epigenome sperm in the same individual

DNA methylation variation after exercise training affects brain development genes

Trained



Ingerslev and Donkin, [...] and Barrès. Clinical Epigenetics, 2018.

FERTGROUP | SFERTILITY

Detrained

- Environmental factors that lead to epigenetic variation
- Gens related to the brain: hotspots of genetic variation



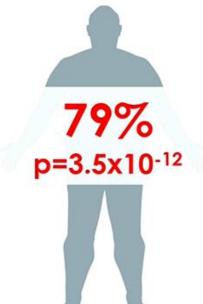
Genes related to neurogenesis expressed in the brain and CNS are more susceptible to epigenetic variation

Paternal sperm DNA methylation associated with early signs of autism risk in an autism-enriched cohort

Jason I Feinberg, ^{1,2} Kelly M Bakulski, ^{1,2,3} Andrew E Jaffe, ^{4,11} Rakel Tryggvadottir, ² Shannon C Brown, ^{1,3} Lynn R Goldman, ^{5,6} Lisa A Croen, ⁷ Irva Hertz-Picciotto, ⁸ Craig J Newschaffer, ^{9,10} M Daniele Fallin ^{1,11,*} and Andrew P Feinberg ^{2,12,*}

Int J Epidemiol. 2015





The epigenetic signature of these fathers (DNA metylation) was striking overlap between those with gastric bypass an obese individuals.

Feinberg et al., Int J Epidemiol, 2015.



OBESITY

Paternal obesity—a risk factor for autism?

Susan K. Murphy

The aetiology of autism-spectrum disorders is partly explained by genetic factors, but a substantial component is attributed to environmental exposures. New evidence suggests that paternal obesity increases the risk of having a child with autism, which raises the possibility that obesity-driven, autism-related shifts in epigenetic reprogramming occur during spermatogenesis.

Murphy, S. K. Nat. Rev. Endocrinol. 10, 389–390 (2014); published online 3 June 2014; doi:10.1038/nrendo.2014.81



"Paternal obesity was associated with a 73% increased risk (OR 1.73, 95% CI 1.07–2.82) of having a child diagnosed with autism, compared with the risk of autism in children of non obese fathers (BMI ≤25 kg/m2)."

Strongest form of autism!!

Murphy, Nat Rev Endocrinol, 2014



RESEARCH

Open Access

Sperm DNA methylation epimutation biomarker for paternal offspring autism susceptibility



Nicolás Garrido¹, Fabio Cruz¹, Rocio Rivera Egea¹, Carlos Simon^{2,3}, Ingrid Sadler-Riggleman⁴, Daniel Beck⁴, Eric Nilsson⁴, Millissia Ben Maamar⁴ and Michael K. Skinner^{4*}

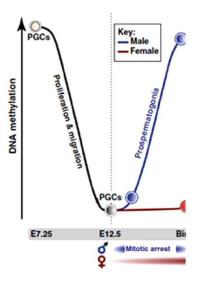
- Exposições paternas ou dos ancestrais no início da vida que alteram a epigenética da linhagem germinativa
- Componente molecular da etiologia do TEA.



A Unique Gene Regulatory Network Resets the Human Germline Epigenome for Development

Walfred W.C. Tang, 1,2,3,5 Sabine Dietmann,3,5 Naoko Irie, 1,2,3 Harry G. Leitch,3 Vasileios I. Floros,4 Charles R. Bradshaw,1 Jamie A. Hackett,1,2,3 Patrick F. Chinnery,4 and M. Azim Surani1,2,3,*





Region escaping reprogramming were related to "[...] genes expressed in brain and participated in neural development. Comparison of the escapee geneswith the NHGRI GWAS catalog revealed characteristic trait and disease associations, such as "obesity-related traits," "schizophrenia," [...]"

Tang et al., Cell, 2015.



- FERTILIDADE = SAÚDE
- INFERTILIDADE relacionada com
 - o câncer
 - o doenças metabólicas, 🔊
 - o mortalidade
- Pior prognóstic
- | Idade do | prole |

Jonada aos desfechos perinatais e a saúde de sua

futuro

√ares, autoimunes

élacionada com mutações epigenéticas do espermatozoide, ações das células do cérebro e do SNC

Soblemas futuros???



Obrigado!

Dr. Edson Borges Jr. www.fertility.combr E-mail: edson@fertility.combr