



Male Fertility in Cystinosis

Koenraad Veys University Hospitals Leuven, Belgium

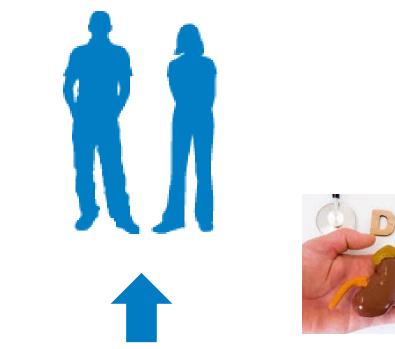
3rd CNE International Cystinosis Conference

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 $7^{th} - 10^{th}$ of July 2022



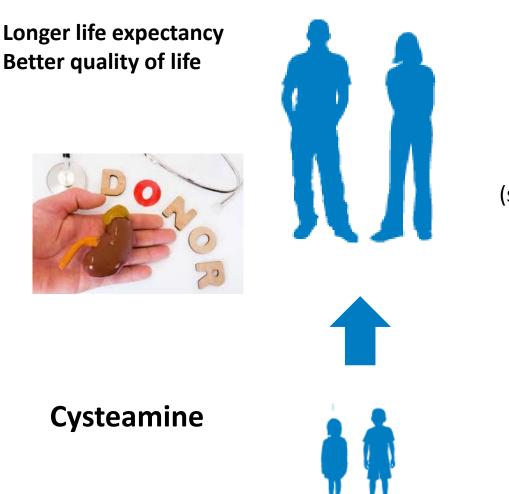
Cystinosis Evolution into a treatable chronic disorder



Cysteamine



Questions & challenges faced by cystinosis patients and researchers



Challenges

Long-term complications

New therapies (stem cell-based gene therapy)

Fertility – Wish having children

Fertility: what's in a name?

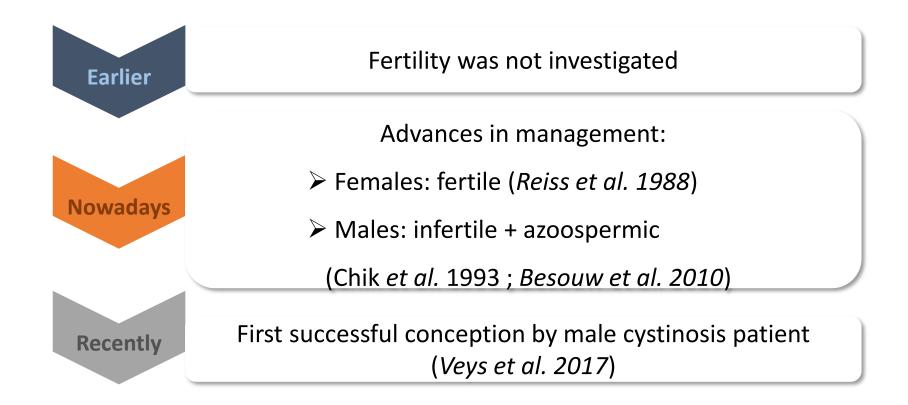
"Natural capability to produce offspring"

- 1. Anatomy (Puberty)
- 2. Function: production of
- 'gametes' (egg cells, sperm cells)
- sexual hormones (estrogen, progesterone, testosterone)
- 3. Feedback loops: Brain Sexual organs communication

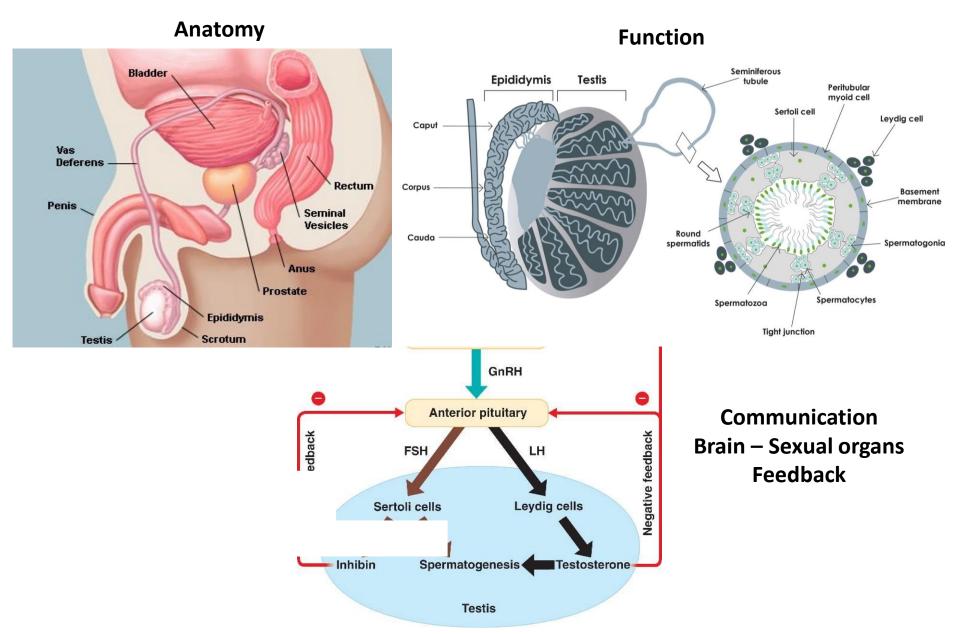
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4. Other factors: sexual behavior, nutrition, timing, culture, economics, way of life, emotions ...

Previous fertility studies in cystinosis

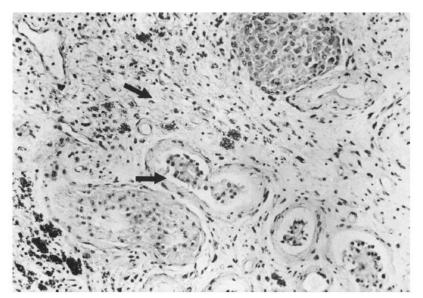


Male Fertility

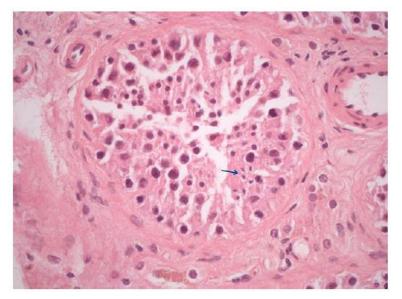


Histology studies in male cystinosis patients

Chik *et al.* 1993



Cystinosis patient in advanced stage of disease, not well treated with cysteamine: **fibrotic testes** Besouw et al. 2010



Young cystinosis patient treated with cysteamine: **normal testes**, **but no sperm cells in ejaculate = azoospermia**

Retrospective analysis of fertility in cystinosis male patients

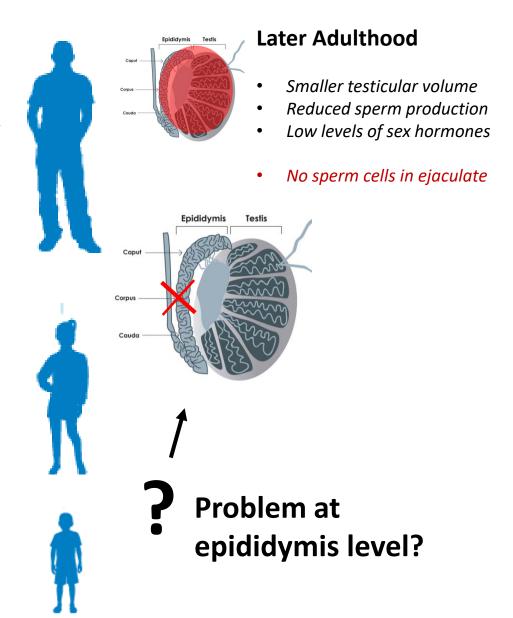
		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age	e at sampling	16	27	33	27	24
D	Diagnosis	Infantile cystinosis				
Joł	hnsen Score	8-9	7-8	8-9	Not performed	Not performed
Test	ticular sperm	Yes	Yes	Yes	Not performed	Yes
Epidi	lidymal sperm	Not performed	Not performed	Not performed	Yes	Yes
Sp	perm count	Not performed	Azoospermia	Azoospermia	Azoospermia	Azoospermia
(N.	na testosterone .R. 11.0-45.0 nmol/L)	18.0	8.7	22.2	17.0	Not available
	na LH (N.R. 1.7- 8.6 IU/L)	4.6	12.3	9.6	7.3	Not available
	sma FSH (N.R. 5-11.0 IU/L)	5.9	28.7	7.3	8.4	Not available

Cause for azoospermia in male cystinosis patients ?

Early Adulthood

- Normal sperm production in testes
- (Sub)normal sex hormone levels
- (Mostly) no sperm cells in ejaculate in patients with infantile cystinosis
- *Reduced number of sperm cells in ejaculate in patients with juvenile cystinosis*
- Normal sperm count in patients with ocular cystinosis

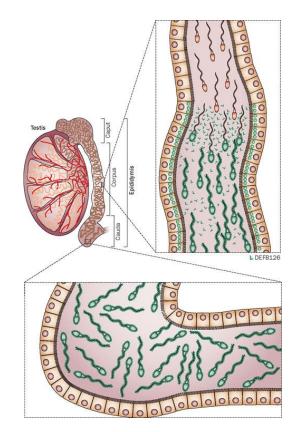
Reda, Veys et al. JIMD 2021



Epididymis and fertility

Epididymis is crucial for :

- Sperm maturation (motility and fertilizing capacity)
- Sperm storage
- Fluid & ions reabsorption

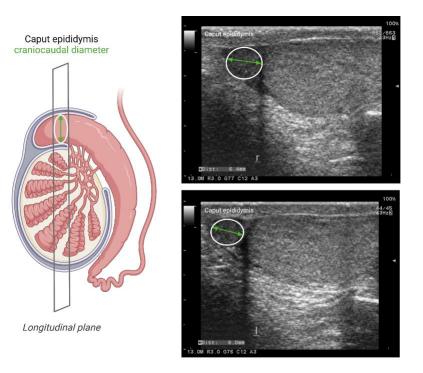


Prospective semen analysis in cystinosis patients

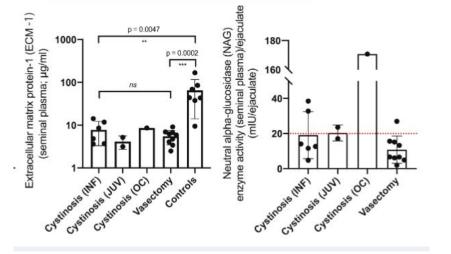
Participants	Number of individuals	Semen analysis
Healthy control	7	Normospermia (>20 million/ml)
Vasectomy control	9	Azoospermia (0/ml)
Ocular cystinosis	1	Normospermia (>20 million/ml)
Juvenile cystinosis	2	Oligospermia (<20 million/ml)
Infantile cystinosis	5	Azoospermia (0/ml)
Infantile cystinosis	1	Oligospermia (<20 million/ml)

Cystinosis is associated with epididymis dysfunction

1. Enlargement of caput epididymis



2. Reduced concentration of epididymis markers in ejaculate



3. Altered gene expression profile in CTNS – deficient epididymis cells

Rohayem et al. 2021: reduced fructose and Zn concentrations in ejaculate

Reda, Veys et al. 2021

Reda, Veys, Besouw 2022

Cysteamine and fertility

Direct effect (high concentration): spermicidal

(Swami et al. 2017)

Indirect effect (rat): Upregulation of ghrelin

(Fukuhara et al. 2005)

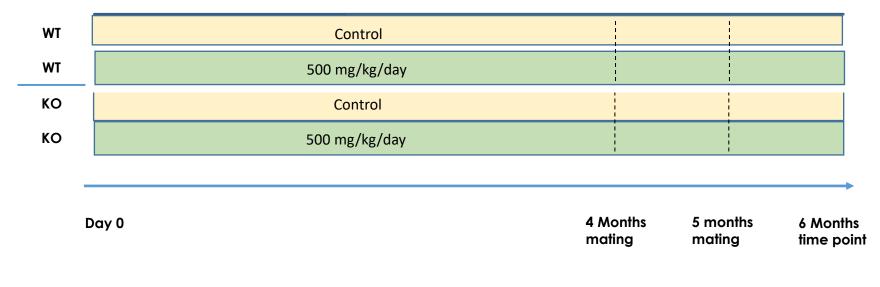
- $\rightarrow \downarrow$ gonadotropin
- $\rightarrow \downarrow$ testosterone

Possible negative impact on spermatogenesis and fertility

Effect of cysteamine on fertility: animal study

Wild-type (WT) and *Ctns* knockout (KO) mice:

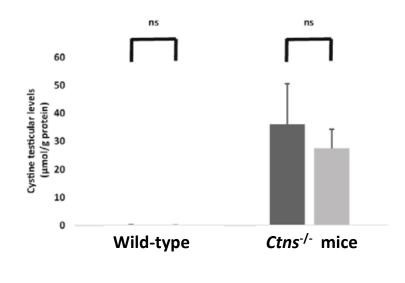
- Cysteamine treatment versus no treatment
- Study of hormonal levels, sperm count, testes morphology, capacity to have offspring



Conclusion: Cysteamine does not negatively affect the investigated fertility parameters in male mice (wild-type and *Ctns^{-/-}*)

Can cysteamine improve fertility?

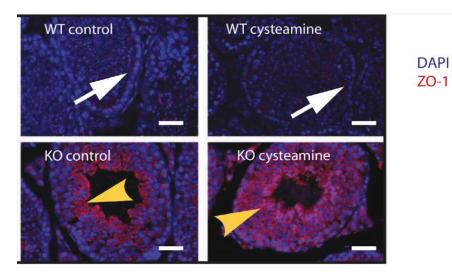
1. No effect on cystine accumulation in testes



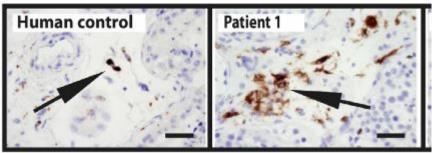
No treatmentCysteamine treatment

Reda & Veys et al. 2021

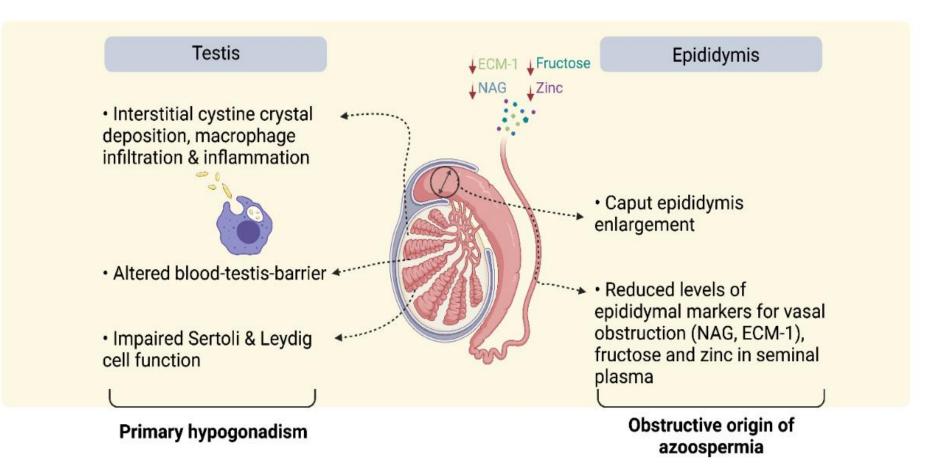
2. No restoration of altered blood - testes barrier



3. No effect on macrophage infiltration (CD68 staining)



Mechanism of infertility in cystinosis



Treatment recommendations

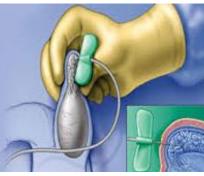
- Investigation of fertility & preservation of sperm in young adult cystinosis males
- ICSI procedure in males with azoospermia is possible
- Effect of other than cysteamine treatment options?

Reda, Veys, Besouw 2022

First successful conception induced by a male cystinosis patient

First Successful Conception Induced by a Male Cystinosis Patient

Koenraad R. Veys • Kathleen W. D'Hauwers • Angelique J. C. M. van Dongen • Mirian C. Janssen • Martine T. P. Besouw • Ellen Goossens • Lambert P. van den Heuvel • Alex A. M. M. Wetzels • Elena N. Levtchenko



PESA <u>P</u>ercutaneous <u>E</u>pididymal <u>S</u>perm <u>A</u>spiraton



ICSI IntraCytoplasmic Sperm Injection





Fertilization & Development of embryo 'in vitro'

Take Home Message - Male fertility in cystinosis

- 1. Majority of infantile nephropathic cystinosis patients show an absence of sperm cells in the ejaculate (azoospermia), however some young patients may show oligospermia
- 2. Juvenile nephropathic cystinosis patients show an oligospermia, are fertile and are able to have an offspring

3. Cysteamine does *not* affect fertility

- 4. In young cystinosis patients, semen analysis is always useful
- 5. Cryopreservation of sperm should always be considered in young male cystinosis patients
- 6. Having an offspring naturally (juvenile phenotype) or by assisted reproductive techniques (ART; ICSI) is possible in male cystinosis patients!

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Kasr Alainy, Cairo University Faculty of Medicine, Egypt Prof. Dr. S. Neveen KASR ALAINY

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