

Knowledge gaps in male fertility

The objective of this issue of Knowledge Gaps in Male Infertility is to highlight the several advances that have happened in the care of infertile men. Our goal in writing this is to identify what research is needed to move the field forward and, ultimately, imagine what issues need to be solved in order to bring male infertility care to the same level of diagnosis and treatment as female infertility. Our hope is that by identifying what the roadblocks are we can stimulate others to pursue the key areas in our field that are holding us back. This issue should stimulate others to look for funding opportunities and industry partnerships that can move us beyond these roadblocks.

This issue highlights a few articles on access to male fertility care. A majority of men in the United States typically don't have insurance coverage for male fertility and there are significant out of pocket expenses for therapies. Advances in male fertility over the next decade will likely occur in genetics and stem cells and a couple of review articles discuss these advances. The issue also covers hormone therapy for infertility. Although most urologists recognize that testosterone is important for spermatogenesis, testosterone therapy is still prescribed for men who desire fertility even though it is a contraceptive. Optimization of serum testosterone to improve spermatogenesis is important and a couple of review articles discuss how to achieve this goal safely. Oncofertility and the importance of sperm banking prior to cancer therapy has gained acceptance in the last decade since the introduction of guidelines from the American Society of Clinical Oncology. Nevertheless, the frequency at which oncofertility is routinely discussed and offered remains dismal due to several barriers. A couple of articles discuss the importance of establishing a formal program at academic institutions and how we can tackle pediatric oncofertility. In order to achieve the best outcomes for the infertile couple, discussion and collaboration between the reproductive urologist and the endocrinologist is critical. One of the articles on this issue is from a female fertility specialist who discusses how the conversation between the urologist and reproductive endocrinologist is in the best interest of the couple.

The aim of the reviews is not for the light-hearted urologist trying to learn the basics in andrology. In fact, the reviews in this issue are meant for reproductive urologists who wish to add to their knowledge by studying the gaps where advances can be made. Our hope is that others will use these articles to identify research opportunities to advance our field.

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