

U.O.C. Urologia II - Andrologia e Riproduzione Assistita (Andrological Urology Unit and IVF Centre) – First Site Visit of the Subcommittee of the European Academy of Andrology (EAA).

Comments by the EAA Site Visit Committee (Mario Maggi, Florence, Italy / Andreas Meinhardt, Giessen, Germany)

The team is organized in two separate groups. One is devoted to Clinical Andrology, which includes semen analysis, while the second section is an IVF Centre which includes embryology. The centre shows an impressive size both in terms of staff and space. It is well anchored in the hospital structure. The determination, ambition and enthusiasm of the associates, in addition to the available space for clinical activities are regarded as important resources for the Andrological Urology Unit. The physical setting of the centre in the San Paolo hospital allows effective and rationale interaction of andrological urologists and reproductive gynecologists. This is exemplified by the proximity of a state of the art cryobank to the embryology lab. Beside effective interactions within the centre, staff is also well linked to adjacent disciplines such as psychiatry, laboratory medicine and pathology both in diagnosis and clinical research. This may explain why the pregnancy rate achieved is noteworthy. The centre takes a leading position in a number of andrological surgery procedures with varicocele treatment, penile corporoplasty surgery and TESE as the most prevalent. Biopsy evaluation is seamlessly performed by the pathology department, which is of special importance in view of the high and increasing numbers of TESE and microTESE obtained. Overall, the number of outpatient activity is impressive and still increasing over time. This is also reflected by the high number of ultrasound investigations performed. Of note, pediatric andrological urology is included in the spectrum of patients visited, another strength of the centre.

The subcommittee provides the following recommendations for improvement:

- 1) The semen lab should be more familiar with the new WHO commendations published in 2010 for semen analysis and apply systematically to internal and external quality control programme.
- 2) As the facility allows, it is recommended that the infertile couple is counselled together by the gynaecologist and andrologists.
- 3) Is suggested to extend the oocyte cryo-bank also for oncological female patients
- 4) Research funding in the past has been rudimentary and it is recommended to increase the funding for research projects. As a prerequisite the number of publications in peer-reviewed journals which is averaging 3 in the past 4 years needs to be increased.
- 5) The endocrinological examination on male and female partners needs to be deepened. As an example, gonadotropin levels and SHBG need to be included in the routine lab investigation for the male partner as well as AMH for the female partner. The diagnostic and therapeutic pathway for male hypogonadism is almost lacking and needs to be strengthened.

In conclusion the subcommittee recommends to the EAA Executive Council the approval of the Milan centre for 2011 plus the three following calendar years until the end of 2014.