

Tips and Tricks of Testicular Tissue In Vitro Culture: Optimizing Progressive Sperm Motility, ICSI Selection and Cryopreservation

Mitchel C. Schiewe, PhD
Danielle A. Hupp, BS

California Fertility Partners
Santa Monica Fertility

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Disclosure

- The speakers have no conflicts of interest to disclose
- Developmental /Applied research studies were performed at previous clinical affiliates



Learning Objectives

- Understand cellular characteristics of testicular tissue dispersed into suspension;
- Gain insight into the value of pre-freeze in vitro culture (IVC) at 30-32°C to promote progressive sperm motility;
- Apply the KISS principle: minimizing processing aimed to optimize the efficacy of TBx evaluation and usage;
- Discuss best practices to severe male factor evaluations when low numbers of ejaculatory sperm are present; and
- Pro and cons to fresh TBx usage versus frozen tissue/sperm.



Background

✂ TESE / ICSI

(Craft et al, 1993; Devroey et al., 1994, Nagy et al., 1995)

✂ TBx processing – later 1990's publications

(Crabbé E, Verheyen G, Tournaye H, Nagy ZP and co-workers) –
UZ Brussel Group

✂ Testicular Sperm IVC / IVM

(Liu et al., 1997; Angelopoulos et al., 1999; Emiliani et al., 2000)

* Numerous publications on TBx from 1998 to 2004

* The processing of Testicular Biopsies continues to be a complex procedure in which tremendous variability and frustration are still experienced in different laboratories worldwide



1st testicular sperm ICSI – Feb 1994

Seminal events:

Feb 1995: Cappy
Rothman +24h TBx
July 4, 1995: +4d IVC
@RT.....triplet LBR
Fall 1996, Serono
Symposia-Rome
Winter 1997:PCRS
Whole TBx cryo
2000 : FSAC Lab
Sm Lab, 30C RT
*Great TBx pMot
2004 : New Lab
more sqft, P
environ
control
TMPS re
Deduced



Introduction


J Assist Reprod Genet
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GAMETE BIOLOGY

Validation-verification of a highly effective, practical human testicular tissue in vitro culture-cryopreservation procedure aimed to optimize pre-freeze and post-thaw motility

M. C. Schiewe^{1,2}  • C. Rothman^{2,4} • A. Spitz³ • P. E. Werthman⁴ •
S. I. Zeitlin⁵ • R. E. Anderson⁶

- Extended IVC with minimal processing
- Whole TBx tissue cryopreservation



Experimental Aim

- **Study 1-** To show that IVM of TBx sperm at an intermediate temperature could effectively enhance progressive motility and promote sperm longevity.
- **Study 2 –** To prove that the use of a 30°C incubation temperature was superior to RT or 37°C for optimizing TBx sperm motility.

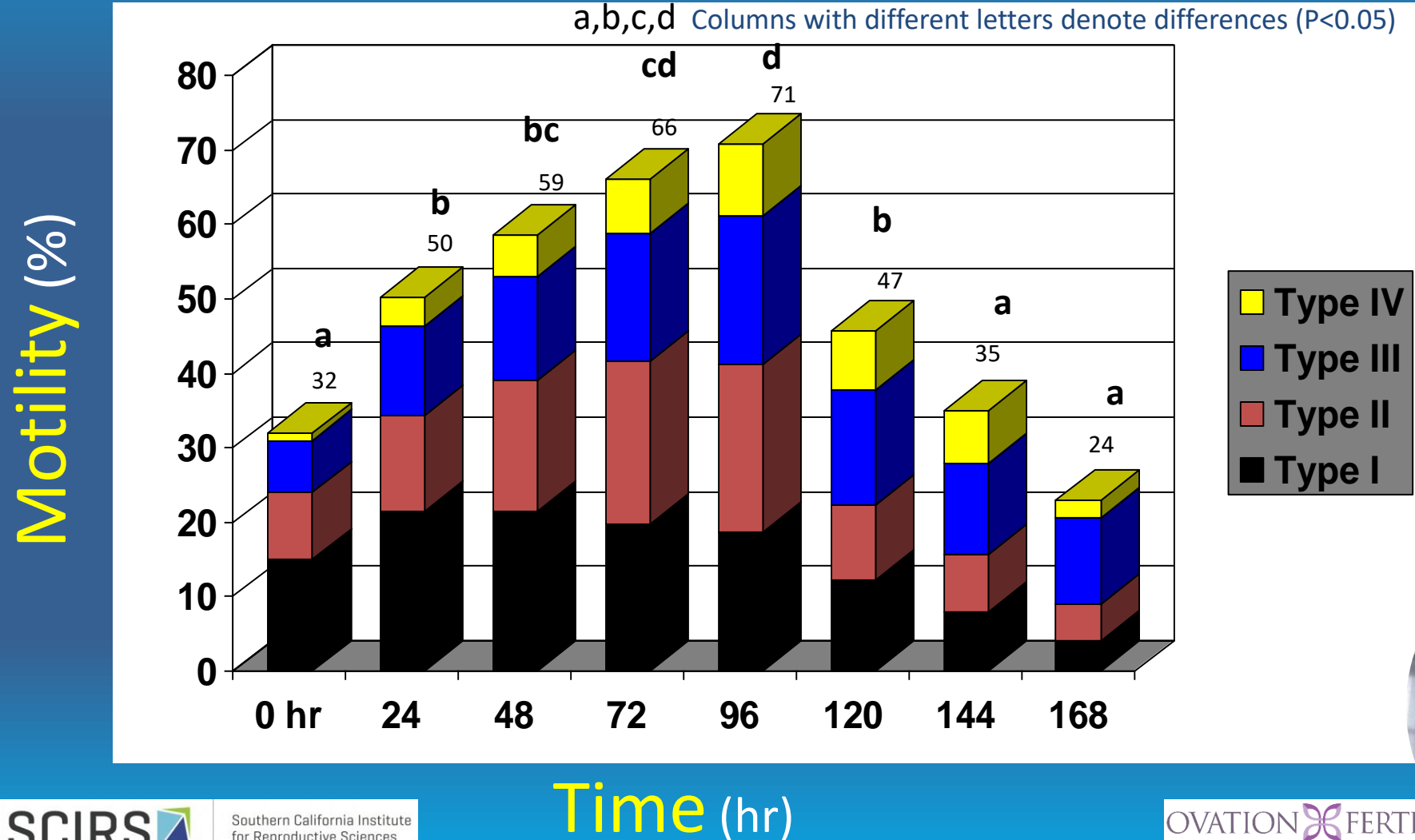


Materials & Methods

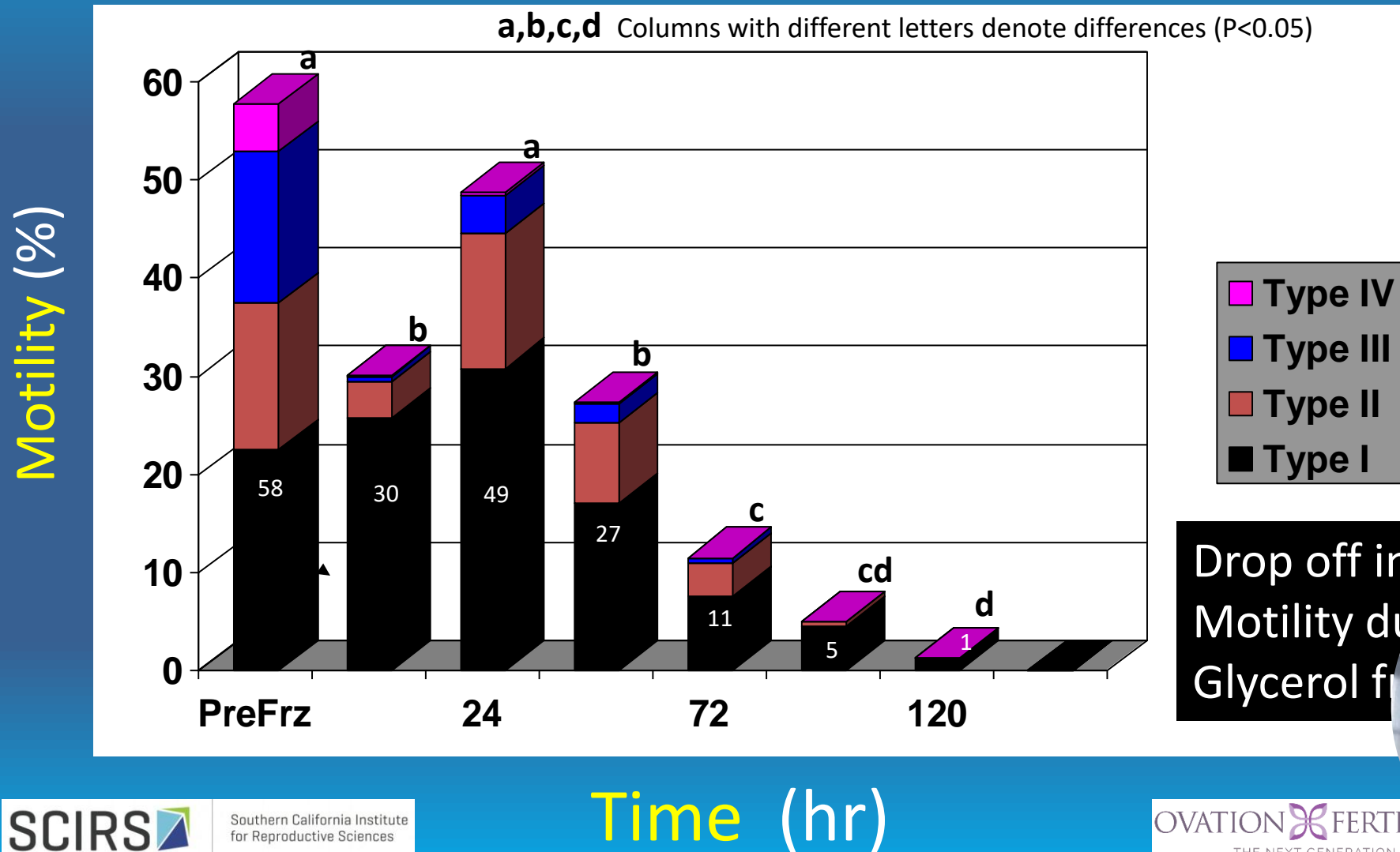
- Upon sperm confirmation, TBx were analyzed for the Total % motility and categorized by motility index (**Type 1**= twitching, **2**= undulating motion of the flagellum, **3**= progressive motion and **4**= rapid movement)
- Sperm longevity was evaluated over a 1 wk interval. TBx were maintained in a styrofoam box on a warmer (internal temp=30-31°C).



Study 1 – Fresh TBx



Study 1 – Frozen-thawed TBx



Study 2

Design

- Maintain shredded TBx for IVM at: RT (21°C), 30°C or 37°C
- M&M: warm in 0.5M Suc at 37C for 5min , 2x wash
- Measure motility at +24hr, +96hr and +168

RESULTS

- Increased Total Mot and Progressive Mot ($P < 0.05$)
- 96hr: 30°C (66%, 44%) > RT (42%, 14%) > 37°C (18%, 10%)
- 1wk: 30°C (42%, 23%) > RT (24%, 8%) > 37°C (9%, 5%)



ROS & DNA Frag. Concerns ?

Relationship of Motility to DNA condition

- Wyrobek et al., 2006
 - Paternal age effects: Inc. Mot% - Dec. DFI%

DNA condition of TBx sperm

- Emiliani et al., 2001
 - Single stranded (ss)-DNA are more vulnerable to oxidative & denaturing stress vs. double sDNA
 - +72hr IVM: Inc. Mot% and reduced portion of ssDNA thus Inc. dsDNA sperm for ICSI

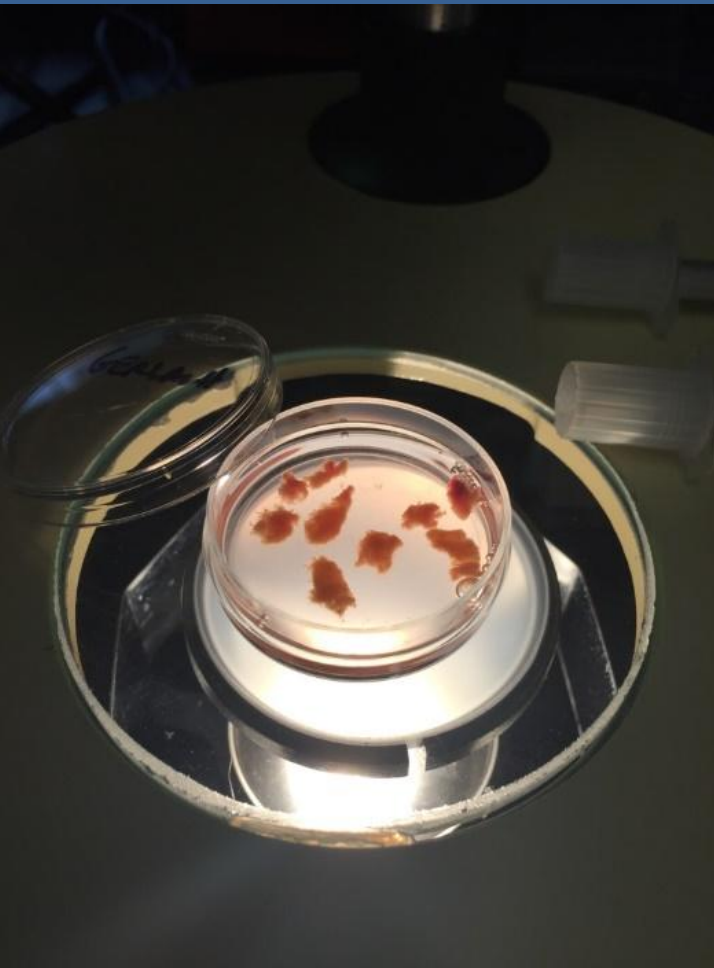


Clinical outcomes of ICSI cases using IVC/frozen-thawed whole testicular biopsy sperm at the SCIRS laboratory between 2011-2014.

Mean Female Patient Age	35.7 ± 4.8 S.D.
# of Oocyte Retrievals	100
# of Mature Oocytes Injected	1356
# of 2 Pronuclear Zygotes	920 (67.9%)
Total # Fertilized	1023 (75%)
# of Embryo Transfers-fresh embryos	60
# of Positive Pregnancies	35 (58.3%)
# of Clinical Pregnancies	32 (53.3%)
# of Live Birth Outcomes	28 (47%)



Testicular Tissue : Processing and Freeze Preservation

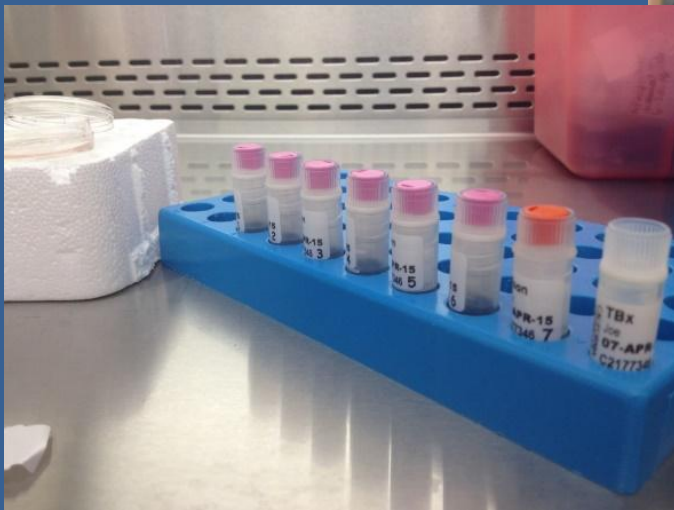


CCB Study Design

- 24 month interval (2014-2015): 40 adult men (24 to 62 years old) were scheduled to have testicular tissue frozen for possible future ICSI use.
- Testicular tissue freeze preservation services: Provided to men scheduled for either a Vasovasostomy surgery (n=32) or to assist NOA/Anejaculatory Cancer patients (n=8).
- Retrospective analysis: Efficacy of whole tissue freeze preservation/IVC methodology for cryobanking purposes.
- Assessed sperm motility patterns for up to 1 week: Compared pre-freeze and post-thaw total and progressive sperm motility, contrasting differences by ANOVA ($p < 0.05$).



Processing & Evaluation

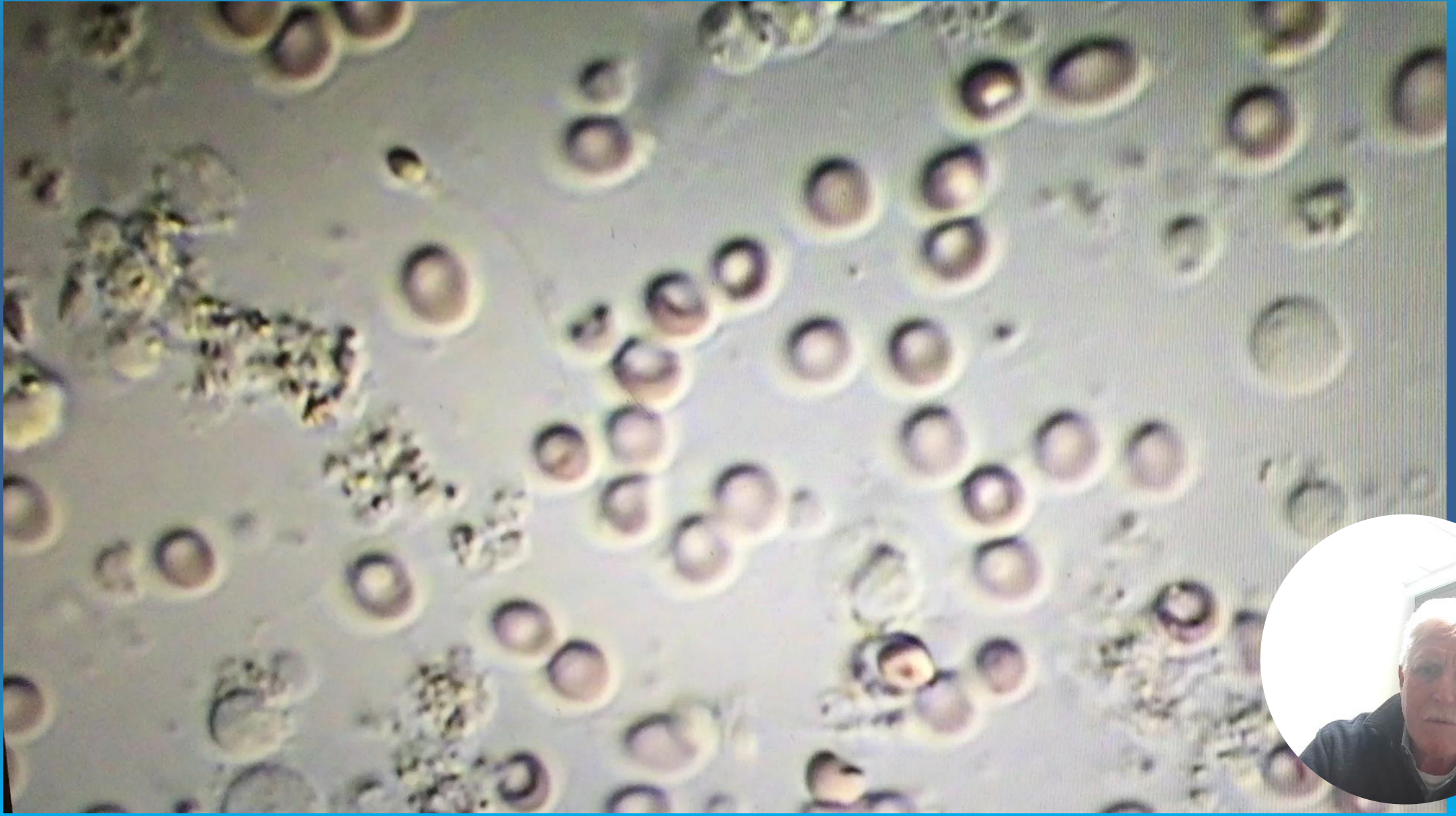


Results : Pre-Freeze

- Only 2 of 8 NOA patients failed to yield sperm, thus 95% of the clients had tissue cryopreserved.
-
- Total and progressive motility significantly elevated by +48hr IVC (46.8% and 12.4%) compared to 26.4% and 5.2% at +3hr and 32.5% and 5% at +24hr, respectively. Total motility peaked at +96hr (52.1%), while progression elevated ($p<0.05$) to 20.3% and 24.5% by +96 and 120hr, respectively, and remained at +168hr (20+%).



+ 96 hr IVC

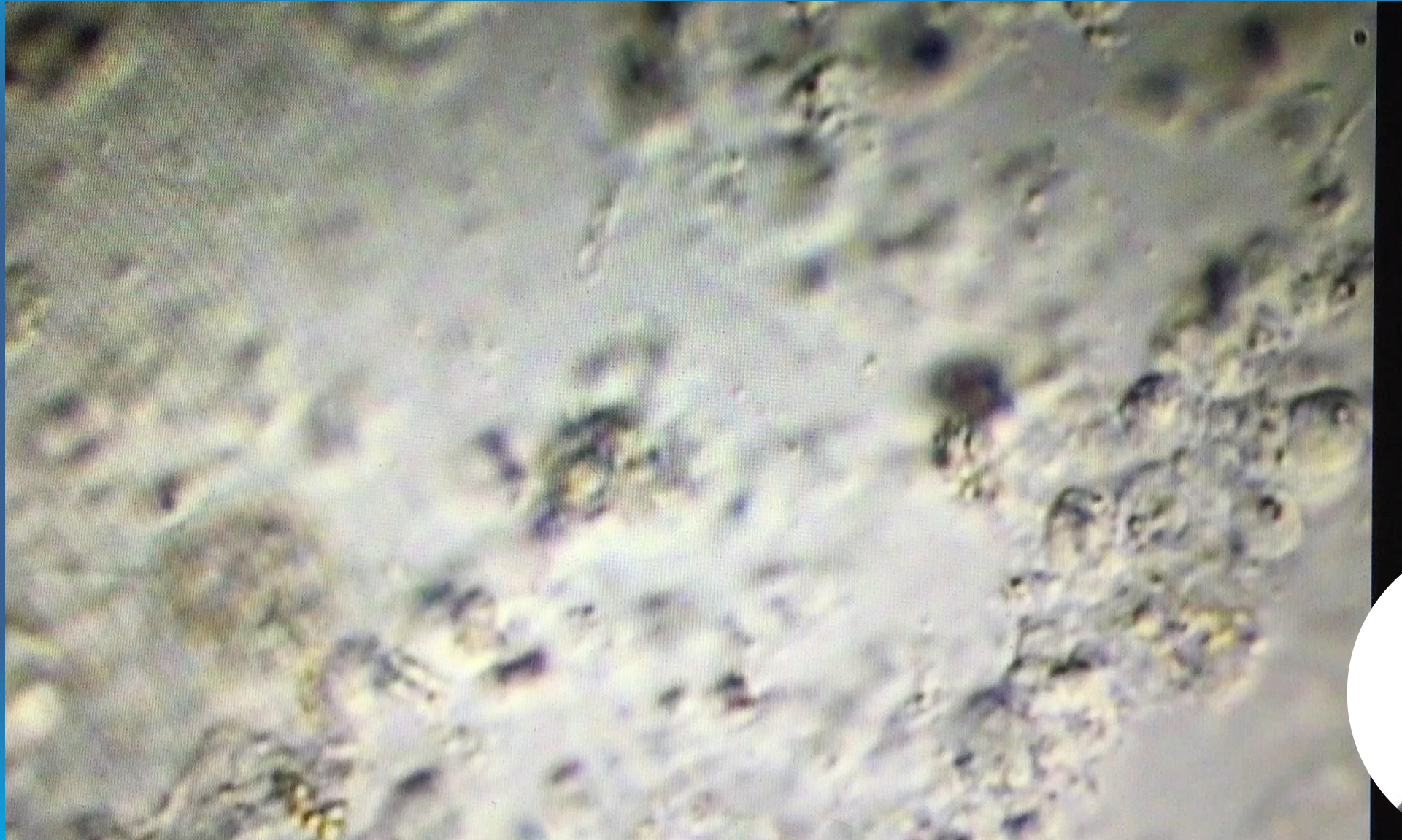


Results : Post-thaw

- Comparing pre-freeze to post-thaw **total** and **progressive** sperm motilities : Declined ($p < 0.05$) from **44.4% ± 2.0%SE** and **13.3%** to **32.1% ± 2.2** and **6.7%**, respectively, post-thaw.
- The reduced motility recovery rate of both **total (73%)** & **progressive (50%)** movements, are generally lessened by additional overnight IVC considering the median pre-freeze IVC interval was +72hr.
- **The motility patterns of pre-freeze / equilibrated (3hr, 37°C), post-thaw samples was: I=18.7%/17.7%; II=12.8%/8.4%; 9.6%/5.1%; III=16.7%/9.8% and IV=3.7%/1.6%, respectively.**



Post-thaw at 0h



Conclusion - I

- Overall, excellent conservation of sperm viability *minimal pre-freeze processing, by cryopreserving whole testicular tissue pieces in a 13.4% glycerol solution and five equal mixed dilutions.
 - ❖ less time / labor expended
 - ❖ no chemical treatments required
 - ❖ no loss of sperm in processing / excellent recovery
 - ❖ Pentoxifylline use on rare occasions (NOA's)



“ the KISS pr

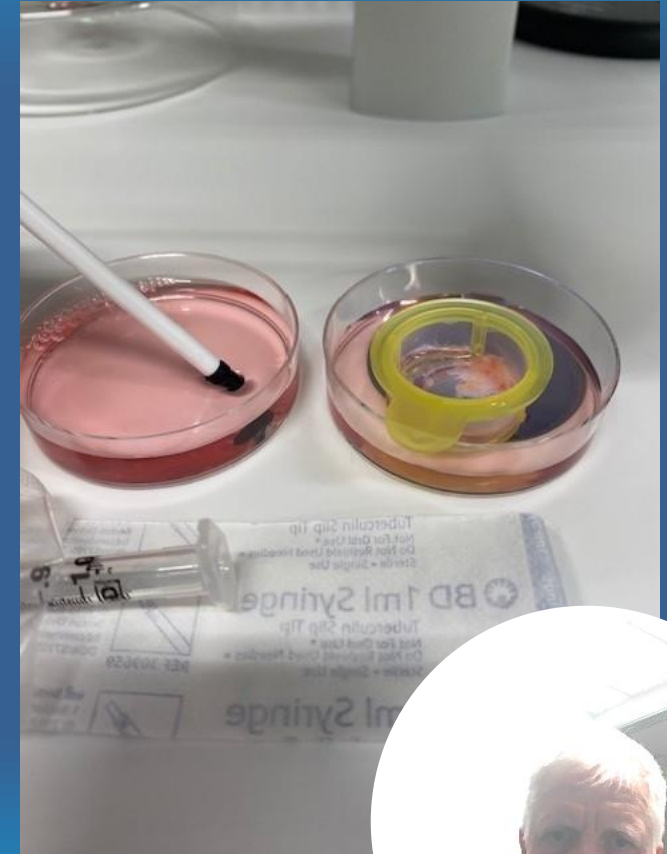
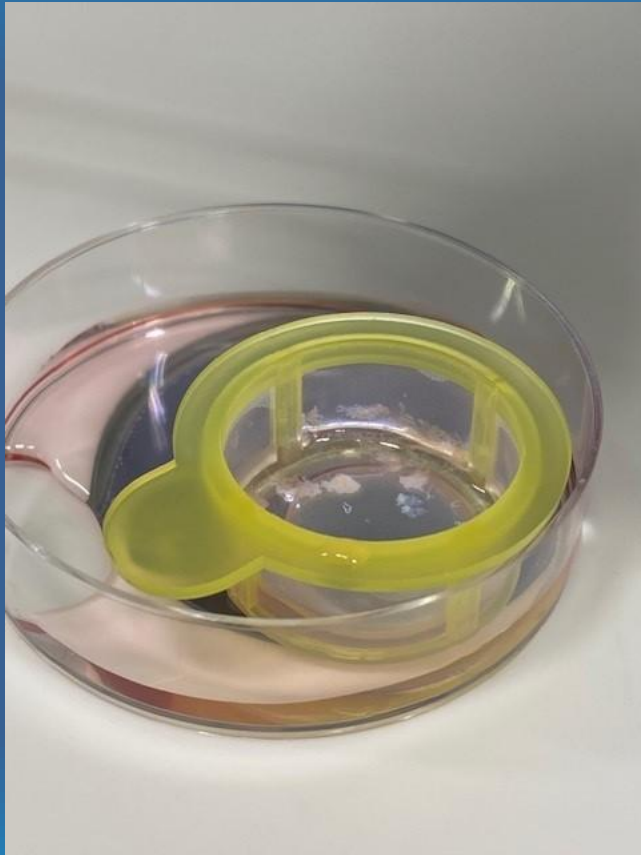
Conclusion - II

- Whole testicular tissue freezing following IVC motility enhancement has proven be a highly effective, while minimizing excessive and laborious processing procedures. The availability of overtly motile sperm, simplifies valuable Embryology time to isolate viable sperm to ICSI oocytes in a timely manner.
 - Excellent post-thaw motility outcomes
 - Simple detection of active sperm post-thaw
 - Less time / labor expended
 - ICSI motile FT sperm → Optimal Outcome
 - Method used for post-thaw processing ? Choice

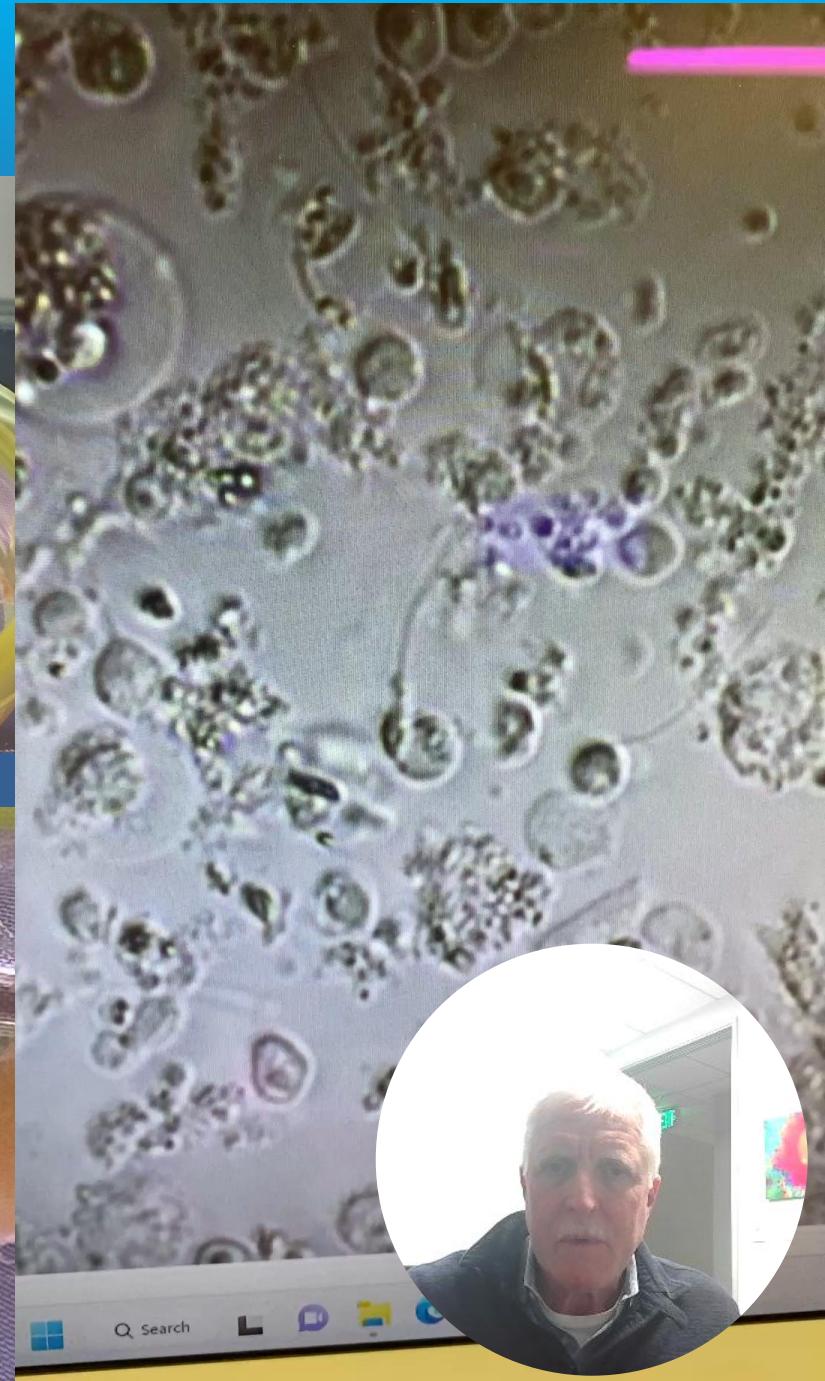
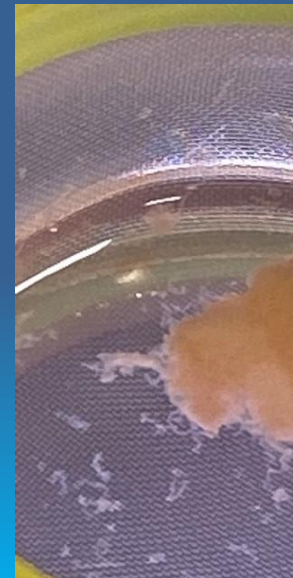
“ the KISS principle “



Current Progress in TBx processing: Cell Strainer



Ease of Cell Strainer Processing



Troubleshooting “KISS Approach”

- Old inverted microscope Optics can last forever
“good cheap investment for Urology work”, but not the light source.....
Costly repair \$2K, however a \$15 emergency LED light source is an effective alternative



Best practices to severe male factor evaluations

- Severe Sperm Preps following Ejaculatory Clean-out protocol
 - Pelleted cellular suspension into 50-100ul square microdroplets/oil
 - Determine an estimated TMPS count following 1hr 37C swim-out
 - Possible Cryo, repeat to assess reliability of TMPS/ejac + more Cryo b/u
- Pro and cons to fresh TBx usage versus frozen tissue/sperm
 - OA vs NOA
 - IVC allows great flexibility in scheduling TBx around estimated OP
 - Goal : easy motile sperm isolation when oocytes are recovered
delay in acceptable ICSI interval



Thank You

Questions?

