



Second International Congress
on Male Contraception ICMC
Paris, May 7, 2018

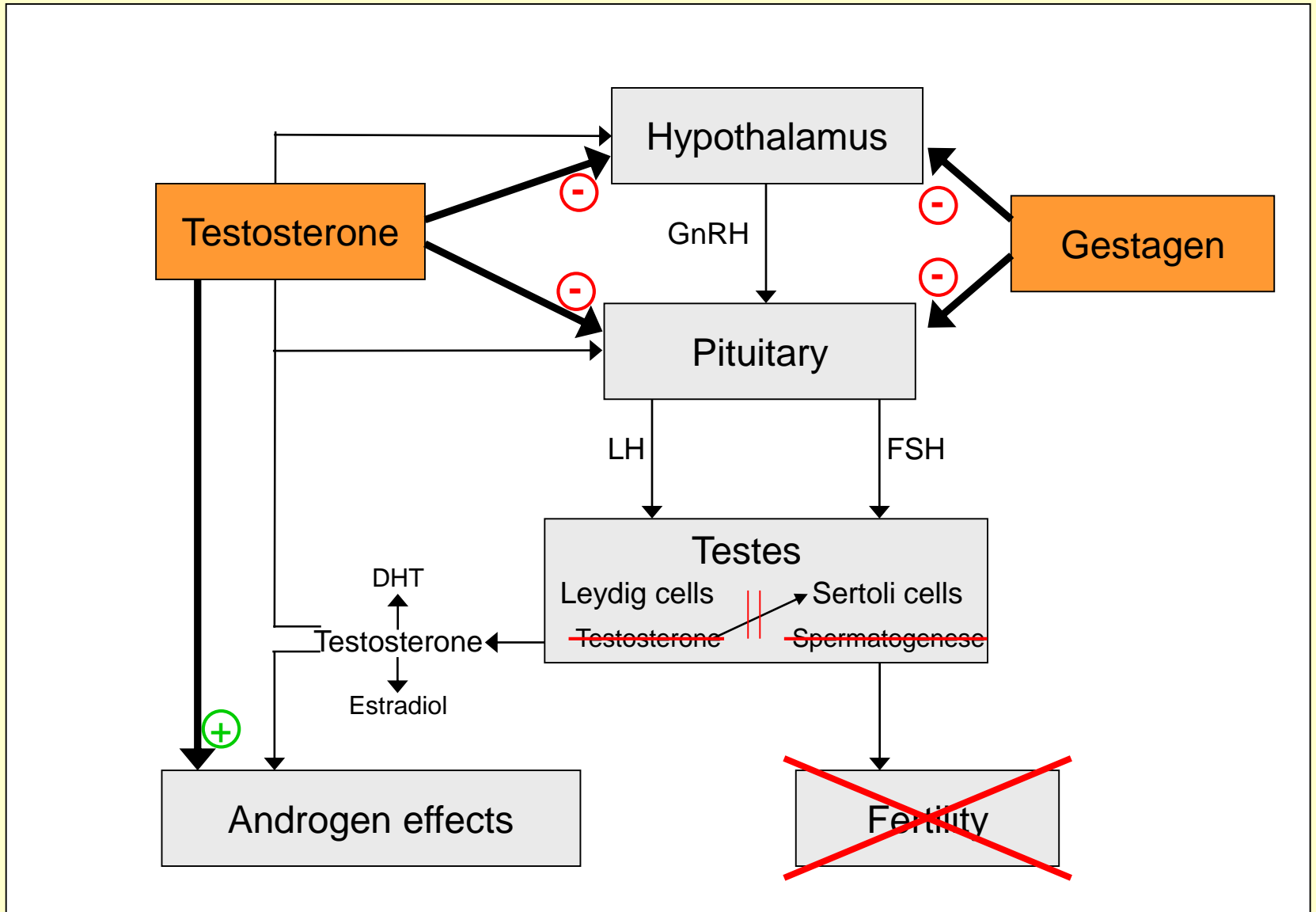


Development of clinical trials using injectable testosterone and norethisterone

Eberhard Nieschlag

**Centre of Reproductive Medicine and Andrology
University of Münster
Germany**

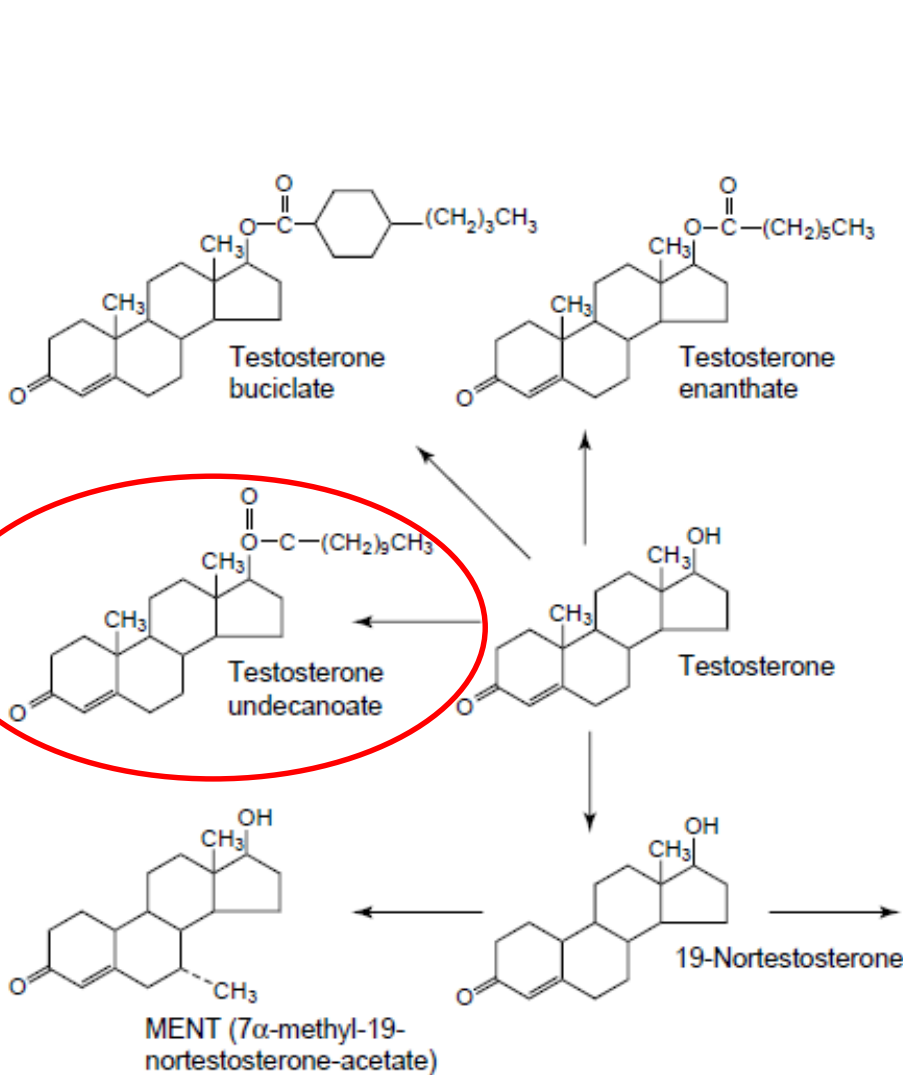




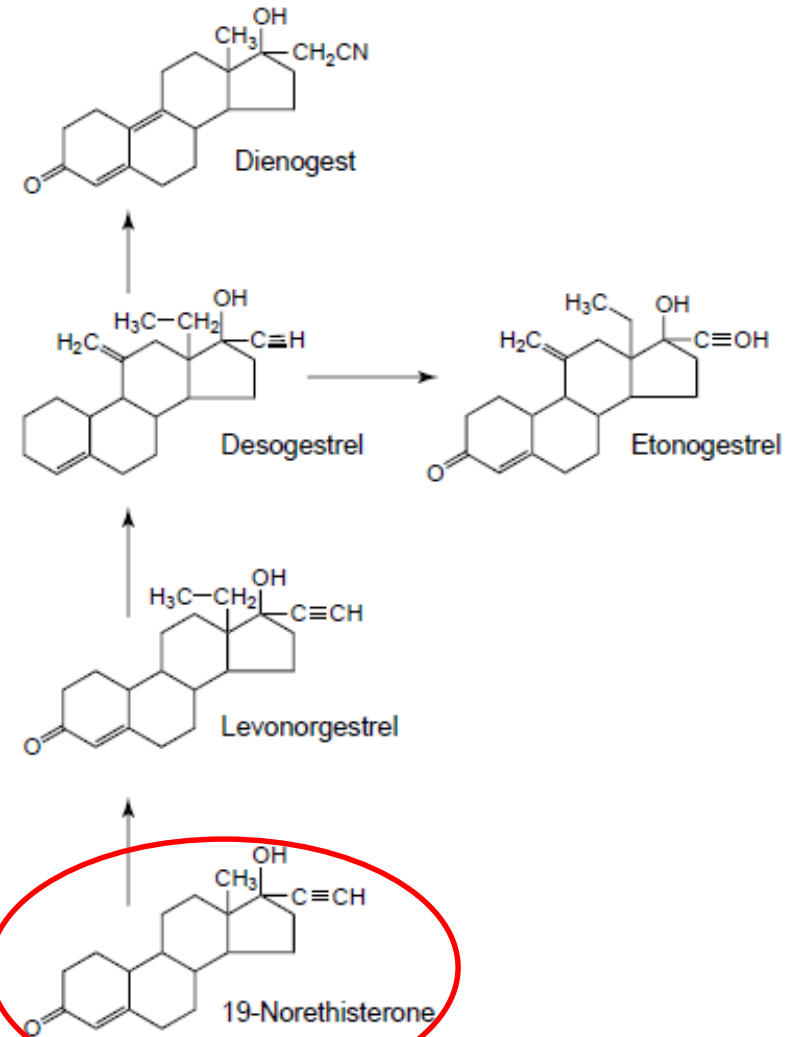
(Nieschlag, Behre, Nieschlag „Andrology“ 3rd ed, Springer 2010)

Testosterone and testosterone derivatives

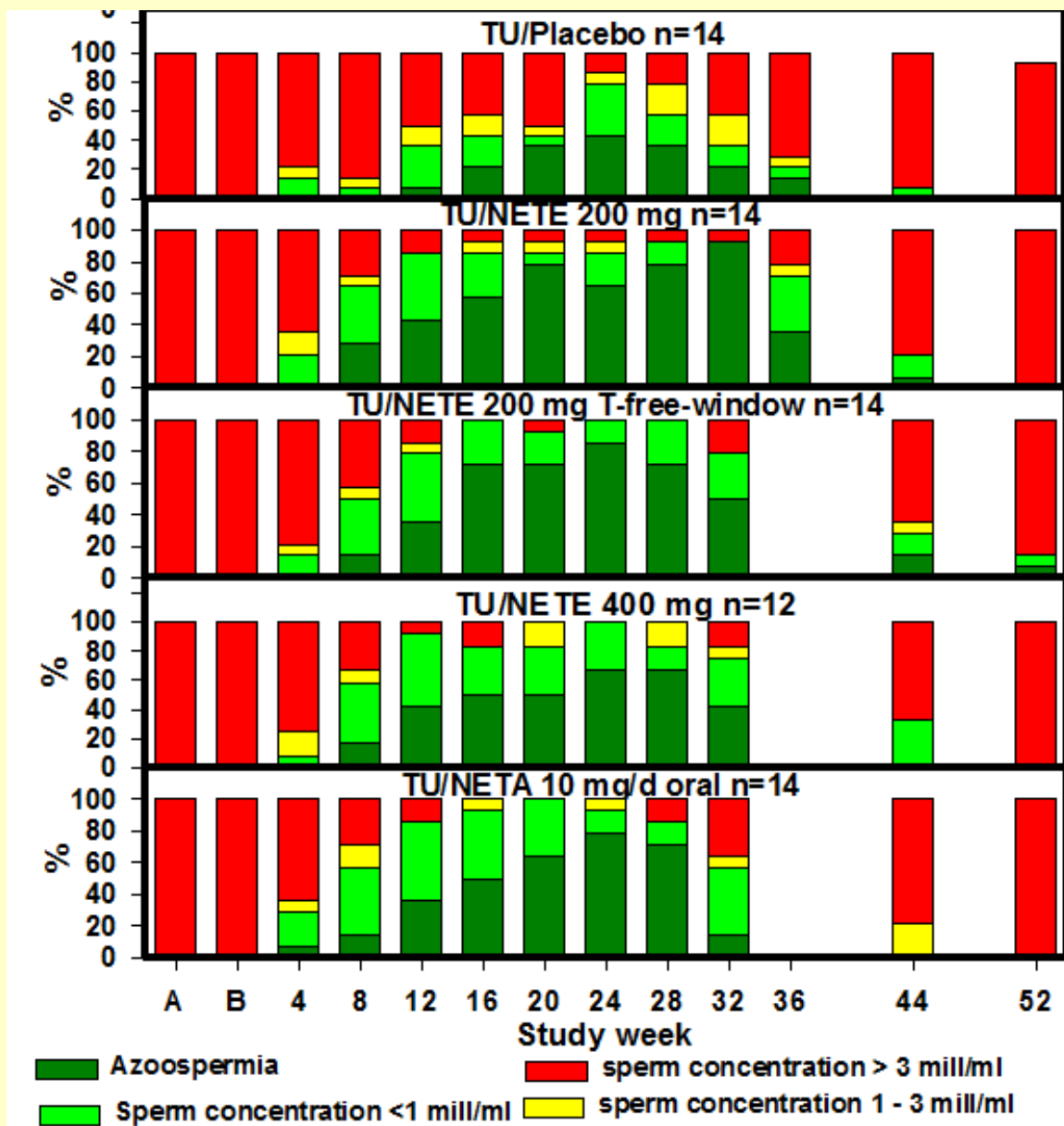
(a) Androgens



(b) Progestins



Clinical trials for male contraception performed in Münster using testosterone undecanoate and NETE or NETA



(Kamischke et al. Clin Endocr 2000 & JCEM 2002)

WHO TU/NETE trial for male contraception - Summary-

Suppression of sperm counts:

high, but slow (95% within 6 months).

Reversibility of sperm counts :

high, but slow (95% within 52 weeks).

Acceptability:

very good (86 % men, 76 % women would use method).

Most frequent adverse events:

acne, pain at injection site, libido up, mood disorders.

No change in PSA!

Contraceptive efficacy: Pearl Index 2.2

**Early termination of trial by WHO Committees –
although successful, trial remains a torso.**

Conclusions on male hormonal contraception (MHC)

- **Pharma industry unwilling to further develop MHC.**
- **Lack of protagonists and role models for MHC.**
- **Studies so far neither long nor large enough to evaluate benefits and adverse effects of MHC.**
- **Onset of contraceptive protection and recovery to fertility too long.**
- **Ancillary techniques advancing.**
- **Men are ready to share and regain reproductive responsibility.**