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A Dolce & Gabbana model in every ART clinic?

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I was prompted to write this editorial after having walked through the Exhibition Hall at ESHRE Barcelona 2018. I invite you to imagine two scenarios, contemplate which is the more likely and why and then reflect on what needs to be done.

Scene A: July 1st 2018-15:00. On my way to the ESHRE meeting I’m sitting in Barcelona airport looking at a particularly alluring picture. Under a massive Dolce and Gabbana ‘light blue’ cologne advert, David Gandy is draped on a boat in his underpants on a beautiful azure sea. Here, I’m persuaded to contemplate a minor miracle. If I dab a bit of ‘light blue’ Eau de Toilette on me, I could potentially look like this handsome and physically fit man. What a thought. No need to spend hours going to the health club - just splash a bit on and presto. I wish! What fantastical advertising. At that moment I felt thankful that our profession is not subject to this type of marketing and suggestion.

Scene B: July 1st 2018-19:00. Fast forward to the ESHRE conference. My first vision on entering the Exhibition Hall was a very large and lovely picture of a man holding and kissing a baby and, in large letters, ‘Results Matters. 25% up to 41% pregnancy rate’. Additionally, the picture claimed ‘clinically proven efficacy’. Once again I’m persuaded to contemplate a transformation that taking this supplement will significantly improve my sperm and the chance of pregnancy. Interestingly, there were a number of stands in the ESHRE Exhibition Hall making similar claims for supplements to improve sperm quality and/or fertility. So much so that by the time I had finished walking around I was astounded that there were so many products that, by their very consumption, would significantly boast male fertility.

So what, you may ask, do I know about male models and sperm supplements? Well, surprisingly, it turns out quite a lot. Although I don’t know Mr. Gandy personally, a friend of mine is a professional male model who looks similar to Mr. Gandy. I can categorically assure you that the training regime required to look like that in your underwear is absolutely brutal, regardless of the amount of cologne you use. There is no quick fix or magic pill. It’s nothing but hard graft from beginning to end using
well proven techniques over long periods of time – often years. Regrettably, a splash of ‘light blue’ is not efficacious! With equal certainty I can conclude that simply taking a supplement won’t provide a dramatic change in sperm function and, consequently, pregnancy rates (Showell et al., 2014). Both, it turns out, are equally unlikely.

I use these examples to offer reflection on where we are. Whilst the persuasive power of advertising is all around, at some stage we need to have a sensible and honest discussion about the quality of the data, how we present it and where we want and need to go. In our own discipline there are a number of examples of over enthusiastic claims of treatment efficacy in the absence of robust clinically proven studies (Spencer et al., 2016, Harper et al 2017; Samplaski and Clemesha 2018). As humans, we often want to follow the seductively easy path. However, in the case of male infertility we must rigorously exercise our minds to make the necessary logarithmic improvements in our knowledge base so that targeted treatments can be proposed and tested (Barratt et al., 2017, Barratt et al., 2018; ESHRE Capri Workshop Group, 2018). The positive news is there are well developed systems and pathways available for the evaluation of new diagnostics tools and treatment therapies. However, the simple reality is, as with proven exercise regimens, what’s required is the determination, vision and confidence to follow these programs. There are no quick fixes to transform us into Dolce and Gabbana models or for the treatment of male infertility.

References:

Barratt CLR, De Jonge CJ, Sharpe RM 'Man Up': the importance and strategy for placing male reproductive health centre stage in the political and research agenda. Hum Reprod. 2018. 33:541-545


Samplaski MK, Clemesha CG. Discrepancies between the internet and academic literature regarding vitamin use for male infertility. Transl Androl Urol. 2018 7(Suppl 2):S193-S197


Conflicts of Interest

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