A Report for the European Academy of Andrology

by Dr. Ahmed Mahmoud, Prof. Dr. Guy T’Sjoen, Prof. Dr. Petra De Sutter, Prof. Dr. Karel Everaert and Prof. Dr. Jan Gerris

Updated January 2016
Andrology center at the Ghent University Hospital, Belgium:

Summary of Activities

The Center for Andrology, Ghent University Hospital, Belgium, has a long history of innovation and research in many fields of andrology including reproductive medicine, the aging male, transgender care, hormonology, and the effect of the environment on reproductive health.

Many tests to simplify the diagnosis of male infertility have been developed at our andrology laboratory including the MAR test for the detection of antisperm antibodies, the Autosperm system for objective semen analysis, the fertilityScore kit, and Varicoscreen for the thermographic detection of varicocele. The formula of Vermeulen and Kaufman for the calculation of free testosterone has also been generated at our department. Moreover, Frank Comhaire and Ahmed Mahmoud co-edited the WHO clinical manual for the diagnosis and treatment of the subfertile male.

Prof. Frank Comhaire, a pioneer andrologist and director of the center retired in 2005. In the following years, the head of department of Endocrinology and supervisor of the Andrology center, Prof. Jean-Marc Kaufman shifted the focus of our research in the direction of the aging male and the effects of hormones on bone. After Jean-Marc Kaufman’s recent retirement in October 2014, Prof Guy T'Sjoen, the new head of the department of Endocrinology, also head of the center for Sexology, is focused on reproductive andrology, pituitary disease, sexology and gender dysphoria, in addition to the above-mentioned fields of research.
The Division of Reproductive medicine has been one of the first to implement the technique of intracytoplasmic sperm injection (ICSI) since 1993, soon followed by TESE in case of obstructive and non-obstructive azoospermia. More specifically, disorders of fertilization after ICSI, due to oocyte activation pathology, caused by the absence of the sperm mediated oocyte activation factor phospholipase C-ζ, have been studies and treated using artificial oocyte activation techniques.

Other fields of action in Andrology have been developed, a.o. genetics, pathology, oncology and freezing, sexology etc.

Our center has been previously certified by the EAA. The site visit took place on the 27th of November 2002. It is now conceived and run a platform of specialists interacting with each other with the best possible treatment path for the patient in mind. The Andrological Center is coordinated by prof. dr. Jan Gerris (clinical coordinator) and governed by a steering committee consisting of Prof. Dr. Guy T’Sjoen (head of dept. of Endocrinology), prof. Dr. Petra De Sutter (Center for Reproductive Medicine) and prof. Dr. Karel Everaert (Urology), while Dr. Ahmed Mahmoud is scientific coordinator. Prof. Dr. T’Sjoen and Dr. Ahmed Mahmoud are EAA-certified clinical andrologists. Prof. Guy T’Sjoen is also Fellow of the European Board of Sexual Medicine (ESSM), treasurer of the Belgian Endocrine Society and initiator and local organiser of the 1st meeting of the European Professional Association for Transgender Health (EPATH), took place in March 2015. He initiated 2 years ago the training as Clinical Sexologist at the Ghent University and was 1 of the promotors of the Sexpert project ‘Sexual Health in Flanders’. The 5th International DSD symposium, DSD has also been organized by our group, in Ghent, June, 2015. It also included a training course. Prof. De Sutter is member of the executive committee of the European Society of Human Reproduction and also senator in the present government.

The Andrology center disposes of consultation facilities at the out-patient section of the Endocrinology department as well as dedicated consultation possibilities within the CRM and the dept. of Urology. Laboratory facilities are include
objective analysis of spermatozoa, biochemical and biological investigations, and functional assays and of course an outstanding IVF/ICSI embryological laboratory performing around 2000 IVF/ICSI cycles per year. Many facilities are available in collaborating departments including: diagnostic and interventional radiology, gynecology, sexology, assisted reproductive technology (ART), urological and plastic surgery, genetic investigations and counseling, metabolic bone disease work-up, extensive laboratory expertise in hormonology, enzymology, protein chemistry, lipid biochemistry, immunohistochemistry, bacteriology, etc. The Andrology center thus functions as an integrated multidisciplinary platform where the patient is seen and treated by the most appropriate physician(s) and collaborators. We are pleased to announce that Dr. Maarten Albersen will soon join our team part time at the urology department. This is a part of collaboration with the department of urology, university hospital Leuven. Dr. Albersen’s area of expertise is surgery and research in the field of erectile dysfunction.

This permits our Andrology center to treat many diverse andrological pathologies including male infertility, erectile and sexual dysfunction, pituitary tumors, hypogonadism, Klinefelter syndrome, male hypersexuality, and gender dysphoria. Table 1 summarizes data on more than two thousand patients cared for at our center in 2012-December 2015.

We have been working hard for tighter integration and better service for our patients with infertility. The andrology laboratory has been moved to a new location in the vicinity of the Urology, Gynecology and ART departments. The sperm bank is now integrated in the “clean room” for ART. In the coming years, all andrological consultations will also be re-allocated to the same area of the hospital. It has also been decided to channel the workflow of andrology through a single phone number for the all departments at our hospital. Then patients are directed according to medical situation either to andrology, urology or gynecology/IVF. Standardized guidelines have been developed in collaboration with all involved specialists.
Our andrology laboratory performs about 950 semen analyses per year and performs screening and test sperm-freezing for about sixty candidate sperm donors per year.

The Andrology center is a founding member of the “Belgian expert group for semen analysis” which provides training in semen analysis under supervision of the Belgian Institute of Public Health. The andrology laboratory also provides the sperm samples for the nation-wide external quality control organized by Belgian Institute of Public Health.

We plan to train two young physicians (endocrinologists in training) as andrologists (Dr. Katrien Wierckx and Dr. Loes Moernaut, both expressed their interest in andrology) starting during their specialization studies as endocrinologists. They are keen on getting EAA certified. A young gynecologist in training (Dr. Jeroen Desmet) will follow the same plan with a focus on the andrological dimension of artificial reproduction techniques.

The Andrology Center of the University Hospital of Ghent therefore provides medical services for patient care, education, and performs research in different fields of andrology, endocrinology and sexology.

In the period 2012-December 2015 alone, these concerted efforts generated 176 international peer-reviewed scientific publications, and permitted us to perform 12 ongoing therapeutic studies in addition to one review for the pharmaceutical industry (not disclosed here) and non-therapeutic studies (see Recent and ongoing studies and Projects) in these fields.
Table 1. Diagnosis and number of unique patients 2012-December 2015 (n=3086)

<table>
<thead>
<tr>
<th>Type of patients in the last years (%)</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015 till 01/12/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infertility</td>
<td>105 (15.2)</td>
<td>68 (9.5)</td>
<td>88 (10.8)</td>
<td>71 (8.3)</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>24 (3.5)</td>
<td>29 (4.0)</td>
<td>30 (3.7)</td>
<td>45 (5.2)</td>
</tr>
<tr>
<td>Hypogonadotropic Hypogonadism</td>
<td>62 (9.0)</td>
<td>74 (10.3)</td>
<td>93 (11.4)</td>
<td>112 (13.0)</td>
</tr>
<tr>
<td>Klinefelter</td>
<td>31 (4.5)</td>
<td>33 (4.6)</td>
<td>33 (4.0)</td>
<td>45 (5.2)</td>
</tr>
<tr>
<td>Gynaecomastia</td>
<td>23 (3.3)</td>
<td>19 (2.6)</td>
<td>22 (2.7)</td>
<td>33 (3.8)</td>
</tr>
<tr>
<td>Varicocele</td>
<td>24 (3.5)</td>
<td>20 (2.8)</td>
<td>22 (2.7)</td>
<td>21 (2.4)</td>
</tr>
<tr>
<td>Cryptorchidism</td>
<td>39 (5.6)</td>
<td>34 (4.7)</td>
<td>35 (4.3)</td>
<td>39 (4.5)</td>
</tr>
<tr>
<td>Male sex accessory gland infections</td>
<td>3 (0.4)</td>
<td>4 (0.6)</td>
<td>3 (0.4)</td>
<td>3 (0.4)</td>
</tr>
<tr>
<td>Testicular tumours</td>
<td>1 (0.1)</td>
<td>1 (0.1)</td>
<td>2 (0.2)</td>
<td>2 (0.2)</td>
</tr>
<tr>
<td>Disorders of gender identity</td>
<td>301 (43.6)</td>
<td>345 (48.1)</td>
<td>398 (48.7)</td>
<td>392 (45.6)</td>
</tr>
<tr>
<td>Other</td>
<td>78 (11.3)</td>
<td>90 (12.6)</td>
<td>92 (11.2)</td>
<td>97 (11.3)</td>
</tr>
</tbody>
</table>
Recent and ongoing studies and Projects


Fund for scientific research (FWO) mandate. E. Van Caenegem, promoter G. T’Sjoen. Project number FWO11/ASP/152. The interactions between sex steroids, bone geometry and body composition in transsexual persons.


Support Centre for Equal Opportunities “Steunpunt Gelijke Kansenbeleid” (2012-2016). (with University Antwerp). Violence on the basis of transgenderism, the effect transgender parents on their children and the social position of the family. J. Motmans, & Myrthe Dierckx; promoter G. T’Sjoen, co-promotor P. Meier (UA), D. Mortelmans, UA) 217.900€

Improving transgender care in Flanders (2013). 20.000 €

European Society for Sexual Medicine grant for Preclinical and Clinical Research 2012. Gender identity disorder: a randomised controlled trial. 25.000 €

Institute for equality between men and women “Instituut voor de gelijkheid van vrouwen en mannen” (2013-2015). Translation and maintainance of the website Transgenderinfo.be in French. 25.000 €


Improving support of partners of transsexuals (2015). 42.925 €

Development of a new method for the evaluation of sperm morphology (A. Mahmoud in collaboration with Department of Gynecology)

The ENIGI initiative (ongoing): A European network for the investigation of gender incongruence. European collaboration between VU Amsterdam, Hamburg University, Florence University and Oslo University.

The Family Study (ongoing): Local initiative investigates bone density in 1000 cases and 124 families.
The Siblos study (ongoing): Local initiative investigates bone and androgen parameters in brothers.


The RIF study: The effect of antioxidant treatment on IVF results (industry sponsored (in preparation)}
Doctoral theses and Students


Joke Van Damme. Unplanned and undesired pregnancies (ongoing). Promoter: G. T’Sjoen, co-promotor: A. Buysse

Frederique Van De Velde. Sex steroids and obesity (ongoing)

Charlotte Verroken. Determinants and clinical consequences of sex steroid status with particular focus on the interrelationship between sex steroid status, body composition and substrate metabolism (ongoing)
Publications in peer-reviewed international journals

2015


Fonteyne V, Sadeghi S, Ost P, Vanpachtenbeke F, Vuye P, Lumen N, and De Meerleer G. Impact of changing rectal dose volume parameters over time on late rectal and urinary toxicity after high-dose intensity-modulated radiotherapy for


Spinoit AF, Poelaert F, Van Praet C, Groen LA, Van Laecke E, and Hoebeke P. Grade of hypospadias is the only factor predicting for re-intervention after primary hypospadias repair: a multivariate analysis from a cohort of 474 patients. JOURNAL OF PEDIATRIC UROLOGY, 2015; 11, 70-76. Impact factor: 0.898


Trum HW, Hoebeke P, and Gooren LJ. Sex reassignment of transsexual people from a gynecologist's and urologist's perspective. ACTA OBSTETRICIA ET GYNECOLGICA SCANDINAVICA, 2015; 94, 563-567. Impact factor: 2.426


protein glycosylation profiling in prostatitis diagnosis. BIOCHEMIA MEDICA (ZAGREB ),2015; 25, 439-449. Impact factor: 2.667


2014


Dewaele T, D’Hooghe L, Everaert K, and Devisschere P. Secondary infertility caused by a midline cyst of the prostate. JBR -BTR, 2014; 97, 317. Impact factor: 0.242

Duggal G, Heindryckx B, Deroo T, and De Sutter P. Use of pluripotent stem cells for reproductive medicine: are we there yet? VETERINARY QUARTERLY, 2014; 34, 42-51. Impact factor: 0.719


Lumen N, Houtmeyers P, Monstrey S, Spinoit AF, Oosterlinck W, and Hoebeke P. Revision of perineal urethrostomy using a meshed split-thickness skin graft. CASE REPORTS IN NEPHROLOGY AND UROLOGY, 2014; 4, 12-17.


Vanden Meerschaut F, Nikiforaki D, Heindryckx B, and De Sutter P. Assisted oocyte activation following ICSI fertilization failure. REPRODUCTIVE BIOMEDICINE ONLINE, 2014; 28, 560-571. Impact factor: 3.015


Van Hoof W, De Sutter P, and Pennings G. "Now we feel like we did everything we could": A qualitative study into the experiences of Dutch patients who travelled to Belgium for infertility treatment. FACTS VIEWS AND VISIONS IN OBGYN, 2014; 6, 185-193.


Wierckx K, De Zaeytijd J, Elaut E, Heylens G, T'Sjoen G. Bilateral non-arteritic ischemic optic neuropathy in a transsexual woman using excessive estrogen


2013


Sinove Y, Kyriopoulos E, Ceulemans P, Houtmeyers P, Hoebeke P, and Monstrey S. Preoperative planning of a pedicled anterolateral thigh (ALT) flap for
penile reconstruction with the multidetector CT scan. HANDCHIR MIKROCHIR PLAST CHIR, 2013; 45, 217-222. Impact factor:


Tourchi A and Hoebeke P. Long-term outcome of male genital reconstruction in childhood. JOURNAL OF PEDIATRIC UROLOGY, 2013; 9, 980-989. Impact factor: 0.898


van Kerrebroeck P, Chapple C, Drogendijk T, Klaver M, Sokol R, Speakman M, Traudtner K, and Drake MJ. Combination therapy with solifenacin and tamsulosin oral controlled absorption system in a single tablet for lower urinary tract symptoms in men: efficacy and safety results from the randomised controlled NEPTUNE trial. EUR UROL, 2013; 64, 1003-1012. Impact factor:


2012


Kashir J, Heindryckx B, Jones C, De Sutter P, Parrington J, and Coward K. A sperm’s tail: the need to consider temporal aspects of specific physiological mechanisms during and following gamete fusion. HUMAN REPRODUCTION, 2012; 27, 625-626. Impact factor: 4.569


34


Lumen N, Oosterlinck W, and Hoebeke P. Urethral reconstruction using buccal mucosa or penile skin grafts: systematic review and meta-analysis. UROLOGIA INTERNATIONALIS, 2012; 89, 387-394. Impact factor: 1.426


term outcome studies. JOURNAL OF PEDIATRIC UROLOGY, 2012; 8, 616-623. Impact factor: 0.898


Short CVs

SHORT CV Prof. dr. Jan GERRIS

STUDIES AND GENERAL PROFESSIONAL CURRICULUM

Graduated as MD at the University of Ghent, 1976.
Pre-graduate research experience at the Laboratory for Zoophysiology and the Laboratory of Human and Comparative Anatomy of Ghent University.
Graduate of the Prince Leopold II Institute for Tropical Diseases, Antwerp.
Research Fellow of the National Foundation for Scientific Research.

Postgraduate training in Obstetrics and Gynecology at Ghent University and at the Free University of Brussels.
Registered Specialist in Gynaecology 13/07/81.

Senior staff member Dept. Ob-Gyn Academic Hospital Antwerp 1984-1990.


Doctoral Thesis in the Biomedical Sciences (PhD), University of Antwerp: “A comparative investigation into the real efficacy of traditional versus advanced treatments for male fertility disorders” (1997).

Sector Chairman, Sector Man-Woman and Child, University Hospital Ghent (2007-2016).


Vice-chairman of the Flemish Society of Obstetricians and Gynecologists (VVOG).


Associate Editor for Human Reproduction.

Pioneer in the field of minimizing multiple pregnancy after ART by introducing Single Embryo Transfer (SET)

Pioneer in self-operated endo-vaginal tele-monitoring (SOET) in ART.

Member of the VVOG, BSRM, ESHRE and ASRM.
PRESENT FUNCTION:

Advisor to the CEO on network coordination.

Professor of Gynecology, Ghent University.

Chairman of the Scientific Committee of the Flemish Society of Obstetricians and Gynecologists (VVOG).

PUBLICATIONS

Between 1972 and 2011 a total of >240 publications on obstetrical, gynecological and reproductive subjects, of several chapters in books and editor of books (available upon request) as well as many abstracts.

Continuous participation as invited speaker at or (co)-organizer of national and international symposia and congresses.

CURRENT AREAS OF INTEREST

Clinical human reproduction (male and female), a.o. the SOET project (home sonography).
Artificial reproductive technologies (ART).
Safety and quality of ART.
Azoospermia and MESA/TESE
Research related to male and female reproductive function.
SHORT CV Prof. Dr. Guy T'Sjoen

Guy T'Sjoen, MD, PhD (Prof. Dr.)
Position: Head of the Department of Endocrinology and Metabolic diseases

Work address:

Internal Medicine, Endocrinology - Andrology
Center for Sexology and Gender problems
University Hospital Ghent
9 K 12 IE
De Pintelaan 185
9000 Gent
Belgium
Phone 32 9 332 2137
Fax 32 9 332 3897
guy.tsjoen@ugent.be

DATE AND PLACE OF BIRTH

July 26, 1970, Oudenaarde, Belgium

NATIONALITY

Belgian

LANGUAGES

Dutch (mother tongue), English, French (fluent), German, Spanish, Greek (basic)

EDUCATION

Post-graduate education

1995-2000 Internal Medicine (University Gent, Belgium)
2000-2001 Endocrinology – Diabetology (University Gent, Belgium)
2001 Clinical Andrology (European Academy of Andrology)

Additional training

1993 English for Medical Study and Practice (University of Edinburgh, U.K.)
2002 Medical Management (Vlerick School Ghent-Leuven, Belgium)
2006 Practical Spanish level 1 + 2 (Talen centrum, Ghent University, Belgium)
2006-2010 Greek (Provinciaal Centrum voor Volwassenen Onderwijs, Ghent, Belgium)  
2009-2010 Management Development training (University Hospital Ghent, Belgium)  
2012 The School of Sexual Medicine (St. Catherine’s College, Oxford, UK)

LICENSURE AND CERTIFICATION

1995 Medical Practice License, Ghent, Belgium  
2000 Internal Medicine Certification, Ghent, Belgium  
2001 Endocrinology Certification, Ghent, Belgium  
2002 Clinical Andrology Certification, Malmö, Sweden  
2014 Fellow of The European Committee on Sexual Medicine, Istanbul, Turkey

MEMBERSHIP IN PROFESSIONAL SOCIETIES

Belgian Endocrine Society (member, board member since 2010)  
Endocrine Society (member)  
European Society of Endocrinology (member)  
The World Professional Association for Transgender Health (member)  
International Society for Sexual Medicine (member)  
Belgian Society of Sexual Medicine (board member- founding member, scientific committee president)  
International Association of Athletics Federations (IAAF) (medical expert eligibility of athletes who have undergone sex reassignment)  
The European Professional Association for Transgender Health (founding member)

SCIENTIFIC AWARDS

Belgian Endocrine Society Annual Lecture Award 2009: Endocrine care in treatment of transsexualism.


Award “Lucien De Coninck” for research in transsexualism 22.04.2012

MEMBERSHIP OF EDITORIAL BOARDS OF SCIENTIFIC JOURNALS

International Journal of Transgenderism (associate editor)  
Belgian Journal for Sexual Health  
Andrologic
Other Activities

- More than a 100 peer reviewed publications indexed in Pubmed, mostly on sexual medicine and gender.
- Participated to many books as editor\co-editor or author\co-author
- Received many National and international grants.
- Regular referee for many international journals
Short CV Prof. Dr. Petra De Sutter

WORK EXPERIENCE

August 1987–July 1994

Full time assistant at the dept. Obstetrics & Gynaecology University Hospital Ghent, (Belgium)

January 1989–December 1990

Responsible for the Laboratory for In Vitro Fertilization (IVF), Dept Ob/gyn University Hospital Ghent, (Belgium)

August 1994–Present Recognition as specialist in gynaecology-obstetrics, University Hospital Ghent, (Belgium)

August 1994–April 1999

Full-time staff member (Vice Clinic Head) of the (Dept Ob/Gyn) Ghent. Supervisor of the Centre for University Hospital Ghent, (Belgium)

April 1999–October 2008

Clinic Head University Hospital Ghent, (Belgium)

March 2006–October 2008

Responsible of the IVF laboratory and the IVF research team University Hospital Ghent, (Belgium)

October 2008–Present

Head of the division for reproductive medicine/Dept Ob/Gyn, University Hospital Ghent, (Belgium)

October 2005–Present

Assignment to fundamental clinical mandate Flemish Foundation for Scientific Research, (Belgium)

October 2000–Present

Professor in Reproductive Medicine University Ghent, (Belgium)

July 2014–Present

Senator Senate, (Belgium)
EDUCATION AND TRAINING

October 1980–July 1991 MD PhD, Medicine University Ghent, (Belgium) MD - Doctor in medicine, surgery and obstetrics PhD - Biomedical sciences

January 1991–December 1992 Research fellow Reproductive Genetics Institute, Illinois Masonic Medical Center, Chicago, (United States) In vitro fertilization, micromanipulation and preimplantation genetic diagnosis, Dr.Y.Verlinsky) and the Laboratory for experimental embryology (Prof. Dr. A. Dyban)

September 1991–October 1991 Laboratory for Andrology Stony Brook University, New York, (United States) Study Visit

ADDITIONAL INFORMATION

Expertise Prof. Dr. Petra De Sutter studied medical sciences at the University of Ghent and graduated in 1987. In 1991 she received her PhD in Biomedical sciences, and she stayed in 1991 and 1992 in Chicago, where she conducted fundamental research into the genetics of human and mouse oocytes. In 1994 she also received her recognition as a specialist in gynaecology and obstetrics. In 1994 she obtained a second PhD and in 2000 she was appointed as a professor at the University of Ghent.

Currently, she is full professor at the University of Ghent and Head of the Department of Reproductive Medicine at the University Hospital Ghent. As a gynaecologist, she exclusively deals with the diagnosis and treatment of cycle disturbances and fertility problems. Especially PCOS and all techniques of medically assisted reproduction belong to her area of interest.

She is the holder of a fundamental clinical research mandate of the Flemish Foundation for Scientific Research, and manages a team of twelve researchers working on the subjects of embryonic stem cells, oocyte activation and fertility preservation. Besides, she is also a member of numerous councils and committees, like the Council of the University of Ghent, the University Hospital of Ghent, Senator, the Royal Academy of Medicine, Council of Europe. She wrote more than 300 publications in peer reviewed
journals, as chapters in books or proceedings, and (co-)authored more than 375 conference communications.
Short CV Dr. Ahmed Mahmoud

Current employment

- November 92-present: Scientific collaborator & coordinator, Center for Andrology, University Hospital Gent, Belgium.

Qualifications and certifications

- Certified Clinical Andrologist (European Academy of Andrology, 2000)
- Certified Academician (European Academy of Andrology, 2014)
- Doctor in Dermatology and Andrology (Egypt, 1996)
- Doctor in Medical sciences (Ghent, Belgium, 2003)
- Together with Prof. F. Comhaire, successfully got the Andrology Center of Ghent, Belgium EAA certified in 2002.
- Member of the Belgian Expert Group on Semen analysis.

Scientific and editorial skills

- More than a 100 papers and chapters in scientific journals and books.
- Good user of text editors, statistical software and reference managers.

Languages

- Fluent in English, Dutch and Arabic.
- Some French.
SHORT CV Prof. Dr. Karel Everaert

Name: Karel CMM Everaert

Current Employment:
Position: Head of Clinics Functional Urology, Professor in Neurourology
Work Address: UZ Ghent, De Pintelaan 185, 9000 Ghent, Belgium
www.kareleveraert.be

Academic Qualifications

<table>
<thead>
<tr>
<th>Qualification / Specialization</th>
<th>Year</th>
<th>College / University / Institution</th>
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<tr>
<td>Medical Doctor</td>
<td>1988</td>
<td>University of Ghent</td>
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<tr>
<td>Training resident Urology</td>
<td>1988-1993</td>
<td>University of Ghent</td>
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<tr>
<td>Ph. D</td>
<td>1999</td>
<td>University of Ghent</td>
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Details of Clinical and Scientific Experience:

- European board of Urology since 1994
- Head of clinics since 1999
- Professor Neurourology since 2001
- More than 50 clinical trials in neuro–urology and incontinence
- More than 80 peer reviewed publications in domain of Functional Urology and more than 30 in lower ranked and local journals
- Co-author in 11 books
- Currently active in clinical research on nocturnal polyuria, incontinence/LUTS in elderly, urinary catheters and bladder management and sacral neuromodulation
Short CV Dr. Maarten Albersen, M D - P h D - F E C S M

Institutional address: Dept. of Urology, UZ Leuven, Herestraat 49, 3000 Leuven, BE
maarten.albersen@uzleuven.be | +32 (0)486334999
° Heerlen (NL) February 5 th, 1981 | nationality: Netherlands

EDUCATION

- 1999-2002: BSc (medicine), Limburgs Universitair Centrum, Diepenbeek, Belgium.
- 2009-2012: PhD (medicine): Molecular and Stem Cell Medicine, Leuven International Doctoral School of Biomedical Sciences, Leuven, Belgium.
- 2014: Fellow of the European Committee of Sexual Medicine (FECSM)

EMPLOYMENT HISTORY

- 2009-2010: basic research fellow: Knuppe Molecular Urology Laboratory, University of California at San Francisco, US.
- 2010-2012: basic research fellow: Experimental Urology Laboratory, University Hospitals Leuven / PhD fellow of the Research Foundation – Flanders (FWO) & Urological Research Institute, Vita-Salute San Raffaele University, Milan.
- 2012-2013: resident in Urology: Atrium Medical Centre, Heerlen, Netherlands.
- Current: adjunct head of clinic & postdoctoral researcher, University Hospitals Leuven, Belgium & University of Leuven, Belgium
- Current: (part-time) clinical fellow, University College Hospitals London: benign andrology and penile cancer
- Belgian medical license (RIZIV): 1-19991-95-450 (bijzondere beroepstitel geneesheer-specialist urologie)
- UK medical license (GMC): 7520666 (fully registered medical practitioner with specialist registration urology)
ACADEMIC & RESEARCH INTERESTS

- (Male) sexual dysfunction
- Cavernous nerve injury, pathophysiology and autonomic neuroregeneration; Galanin (PhD-student: Emmanuel Weyne)
- Pelvic nerve injury, pathophysiology of underactive bladder disease; smooth muscle phenotypical switch (PhD-student: Karel Dewulf)
- Peyronie’s disease, pathophysiology and regenerative medicine applications (PhD-student Fabio Castiglione)
- PhD: The treatment of Erectile Dysfunction Following Cavernous Nerve Injury with Adipose Tissue Derived Stem Cells.

INVITED SPEAKER (international): 25 occasions

PEER REVIEWED PUBLICATIONS: 49 peer-reviewed publications IF:1-14 total citations: 921, h-Index:18, i10 index: 25

NON-PEER REVIEWED PUBLICATIONS: 12 papers/comments, 7 chapters

GRANTS AND AWARDS: Awardee or primary applicant on 16 grants and awards totaling € 138.000 + FWO “aspirant” mandate + FWO stay abroad

PANELS AND COMMITTEES:

- 2012-2014: Chair of the ESSM committee for preclinical sexual research.
- 2012-current: Member of the advisory board for ‘Nature Reviews Urology’ (IF 4.8), Nature Publishing Group.
- 2013-current: Member of the Young Academic Urologists Working Party (EAU), Men’s health expert group
- 2014-current: Chair ESSM scientific committee (organization of annual conference 1250 attendees: essm.org)
- 2014-current international advisory board for the Journal of Clinical Urology
- 2014-current: Assistant editor J. Sex Med (IF 3.5), basic science.
- 2015: Chair of the ICSM committee for future treatment targets in male sexual dysfunction.
EAA Andrology Training Center

Initial accreditation
Centre Report

2015
Centre identification

Andrology Center, University Hospital Ghent, Belgium

CENTRE REPORT
Name and address of Centre

Andrology Center, University Hospital Ghent
De Pintelaan 185, B-9000 Ghent, Belgium

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<th>Type of Centre</th>
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<td>University</td>
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<td>University Hospital</td>
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Other (please specify)

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<th>1. Director</th>
<th>Prof. Dr. Jan Gerris (Clinical coordinator)</th>
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<tr>
<td></td>
<td>Academician □  Affiliated Member □  Clinical Andrologist □</td>
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<td>Academician □  Affiliated Member □  Clinical Andrologist □</td>
</tr>
<tr>
<td></td>
<td>Prof. Dr. Karel Everaert</td>
</tr>
<tr>
<td></td>
<td>Academician □  Affiliated Member □  Clinical Andrologist □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2a. Clinical responsible</th>
<th>Prof. Dr. Jan Gerris</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academician □  Affiliated Member □  Clinical Andrologist □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2b. Clinical responsible</th>
<th>Prof. Dr. Guy T’Sjoen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academician □  Affiliated Member □  Clinical Andrologist □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2c. Clinical responsible</th>
<th>Prof. Dr. Karel Everaert</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academician □  Affiliated Member □  Clinical Andrologist □</td>
</tr>
</tbody>
</table>
### 3. Present Staff *(Senior Scientists)*

<table>
<thead>
<tr>
<th>1)</th>
<th>Name</th>
<th>Guy T’Sjoen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Degree</td>
<td>Prof. Dr.</td>
</tr>
<tr>
<td></td>
<td>Speciality</td>
<td>Endocrinologist-andrologist</td>
</tr>
<tr>
<td></td>
<td>Academician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Affiliated Member</td>
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<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>2)</th>
<th>Name</th>
<th>Jan Gerris</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Degree</td>
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</tr>
<tr>
<td></td>
<td>Speciality</td>
<td>Gynecologist</td>
</tr>
<tr>
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<td></td>
<td>Clinical Andrologist</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3)</th>
<th>Name</th>
<th>Ahmed Mahmoud (Scientific advisor)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Degree</td>
<td>Dr.</td>
</tr>
<tr>
<td></td>
<td>Speciality</td>
<td>Andrologist</td>
</tr>
<tr>
<td></td>
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<table>
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<tr>
<th>4)</th>
<th>Name</th>
<th>Petra De Sutter</th>
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<td>Gynecologist</td>
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</table>

<table>
<thead>
<tr>
<th>5)</th>
<th>Name</th>
<th>Piet Hoebeke</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Speciality</td>
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<tr>
<td></td>
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</tr>
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<td></td>
<td>Affiliated Member</td>
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<td>Clinical Andrologist</td>
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</table>

<table>
<thead>
<tr>
<th>6)</th>
<th>Name</th>
<th>Nicolaas Lumen</th>
</tr>
</thead>
<tbody>
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<td>Speciality</td>
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<td></td>
<td>Clinical Andrologist</td>
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</tbody>
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<table>
<thead>
<tr>
<th>7)</th>
<th>Name</th>
<th>Francois Hervé</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Degree</td>
<td>Prof. Dr.</td>
</tr>
<tr>
<td></td>
<td>Speciality</td>
<td>Urologist</td>
</tr>
<tr>
<td></td>
<td>Academician</td>
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</tr>
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<td></td>
<td>Affiliated Member</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Andrologist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Maarten Albersen</td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>Dr.</td>
</tr>
<tr>
<td></td>
<td>Speciality</td>
<td>Urologist</td>
</tr>
<tr>
<td></td>
<td>Academician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Affiliated Member</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Andrologist</td>
<td></td>
</tr>
</tbody>
</table>
## MD/Biologists/Chemists

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Degree</th>
<th>Speciality</th>
<th>Full time/part time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Katrien Wierckx</td>
<td>Assistant</td>
<td>Endocrinology</td>
<td>Full time</td>
</tr>
</tbody>
</table>

2) Name: Loes Moernaut  
Degree: Assistant  
Speciality: Endocrinology  
Full time/part time: Full time

3) Name: Jeroen Desmet  
Degree: Assistant  
Speciality: Gynecology  
Full time/part time: Full time

4) Name:  
Degree:  
Speciality:  
Full time/part time: 

5) Name:  
Degree:  
Speciality:  
Full time/part time: 

6) Name:  
Degree:  
Speciality:  
Full time/part time: 

7) Name:  
Degree:  

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Degree</th>
<th>Speciality</th>
<th>Full time/part time</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Insert any additional staff below *(if required)*

### Specialists

<table>
<thead>
<tr>
<th>1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2) Name</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3) Name</td>
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<tr>
<td></td>
</tr>
<tr>
<td>4) Name</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>5) Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### PhD Students

<table>
<thead>
<tr>
<th>1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joke Vandamme</td>
</tr>
<tr>
<td>2) Name</td>
</tr>
<tr>
<td>Charlotte Verroken</td>
</tr>
<tr>
<td>3) Name</td>
</tr>
<tr>
<td>Frederique Van de Velde</td>
</tr>
</tbody>
</table>

### Nurses

<table>
<thead>
<tr>
<th>1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Hutse</td>
</tr>
<tr>
<td>2) Name</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3) Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Technicians

<table>
<thead>
<tr>
<th>1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonas Decreus</td>
</tr>
<tr>
<td>2) Name</td>
</tr>
<tr>
<td>Chrissie van Hoomissen</td>
</tr>
<tr>
<td>3) Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Administrative Personnel

<table>
<thead>
<tr>
<th>1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Van Keymeulen</td>
</tr>
<tr>
<td>2) Name</td>
</tr>
<tr>
<td>I. Vangestel</td>
</tr>
<tr>
<td>3) Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
4. Clinical Activity

A. Outpatients: Consultations per year in the last 3 years

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patients</td>
<td>1067</td>
<td>1168</td>
<td>1200</td>
</tr>
<tr>
<td>Follow-up patients</td>
<td>719</td>
<td>734</td>
<td>750</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of patients in the last years (%)</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infertility</td>
<td>418 (39.2%)</td>
<td>438 (41.0%)</td>
<td>421 (35.1%)</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>29 (2.7%)</td>
<td>30 (2.8%)</td>
<td>45 (3.8%)</td>
</tr>
<tr>
<td>Hypogonadotropic Hypogonadism</td>
<td>74 (6.9%)</td>
<td>93 (8.7%)</td>
<td>112 (9.3%)</td>
</tr>
<tr>
<td>Klinefelter</td>
<td>33 (3.1%)</td>
<td>33 (3.1%)</td>
<td>45 (3.8%)</td>
</tr>
<tr>
<td>Gynaeomastia</td>
<td>19 (1.8%)</td>
<td>22 (2.1%)</td>
<td>33 (2.8%)</td>
</tr>
<tr>
<td>Varicocele</td>
<td>40 (3.7%)</td>
<td>42 (3.9%)</td>
<td>41 (3.4%)</td>
</tr>
<tr>
<td>Cryptorchidism</td>
<td>34 (3.2%)</td>
<td>35 (3.3%)</td>
<td>39 (3.3%)</td>
</tr>
<tr>
<td>Male sex accessory gland infections</td>
<td>34 (3.2%)</td>
<td>33 (3.1%)</td>
<td>33 (2.8%)</td>
</tr>
<tr>
<td>Testicular tumours</td>
<td>4 (0.4%)</td>
<td>5 (0.5%)</td>
<td>4 (0.3%)</td>
</tr>
<tr>
<td>Disorders of gender identity</td>
<td>345 (32.3%)</td>
<td>398 (37.3%)</td>
<td>392 (32.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>90 (8.4%)</td>
<td>92 (8.6%)</td>
<td>97 (8.1%)</td>
</tr>
</tbody>
</table>

B. Ultrasound (testis) *

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>199</td>
<td>203</td>
<td>206</td>
</tr>
<tr>
<td>Controls</td>
<td>45</td>
<td>49</td>
<td>52</td>
</tr>
</tbody>
</table>

* penile, prostate at urology, radiology, statistics not available

C. Andrological surgery procedures

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testicular biopsies</td>
<td>94</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>Varicocele ligation</td>
<td>15</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Varicocele embolization</td>
<td>63</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>Prostate biopsies</td>
<td>89</td>
<td>117</td>
<td>122</td>
</tr>
<tr>
<td>BPH</td>
<td>81</td>
<td>113</td>
<td>130</td>
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<tr>
<td>Prostate cancer</td>
<td>47</td>
<td>72</td>
<td>78</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>64</td>
<td>76</td>
<td>79</td>
</tr>
<tr>
<td>Vaso-vasostomy</td>
<td>19</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</table>
5. A. Andrology laboratory activity

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semen analyses</td>
<td>961</td>
<td>885</td>
<td>912</td>
</tr>
<tr>
<td>Sperm antibodies</td>
<td>714</td>
<td>650</td>
<td>671</td>
</tr>
<tr>
<td>Seminal markers</td>
<td>930</td>
<td>850</td>
<td>882</td>
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5. B. Andrology laboratory activity

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Sperm banking donors</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Sperm banking cancer patients</td>
<td>x</td>
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</table>

If yes:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of samples</td>
<td>515</td>
<td>308</td>
<td>316</td>
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</table>

5. C. Histopathological evaluation of biopsies

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

5. D. Reproductive Hormones Assays

If yes please specify type of assays and number of samples in the last year

Reproductive Hormones Assays (FSH, LH, testosterone, SHBG, prolactin)

All patients are tested for testosterone, LH, FSH, prolactin, TSH, T4. Other hormones are tested where indicated e.g. E2 cortisol, and many others

5. E. Y chromosome microdeletions according to EAA/EMQN guidelines

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes number of tests in the past year

196

Participation to the EAA quality control scheme?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

If no, specify if available in another lab of the same hospital

<table>
<thead>
<tr>
<th></th>
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</table>

Blood karyotyping

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If no, specify if available in another lab of the same hospital

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Other genetic tests (please specify)

CAVD (CFTR), Spinal muscular atrophy (SMN1), Prader-Willi syndrome, Kallman syndrome, Disorder of sexual development (Androgen receptor, NR5A1, SOX9, WT1, SRY, DMRT1) Amniotic fluid karyotyping, Pre-implantation Genetic diagnosis.
6. Collaborations with other Clinical Units of the University/Hospital

**IVF Unit**

If yes please specify: Children, Endocrinology, IVF, Urology, Genetics, Pathology

<table>
<thead>
<tr>
<th>Unit</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology Clinic</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Endocrine Clinic</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Genetics Lab/Unit</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Paediatric Unit</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Central Hospital Laboratory</td>
<td>x</td>
<td></td>
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<tr>
<td>Private Centres</td>
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<td>x</td>
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</tbody>
</table>

If yes please specify:

7. Clinical teaching activity

Duration of training (years):

<table>
<thead>
<tr>
<th>Number A: Trainees in the last five years</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number B: Trainees who passed EAA-ESAU\exam for Clinical Andrologist in the last 5 yrs</td>
<td>0</td>
</tr>
<tr>
<td>Number C: Trainees working in the centre preparing to pass the EAA-ESAU examination</td>
<td>3</td>
</tr>
<tr>
<td>Number D: PhD Students</td>
<td>8</td>
</tr>
<tr>
<td>Number E: Medical Students</td>
<td>15</td>
</tr>
<tr>
<td>Number F: Other students (MSc)</td>
<td></td>
</tr>
</tbody>
</table>

8. Formal Andrology teaching program

If yes: specify duration (years/months):

<table>
<thead>
<tr>
<th>Hours of formal teaching per year</th>
<th>Professional training (weeks/months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students</td>
<td>1</td>
</tr>
<tr>
<td>PhD Students</td>
<td></td>
</tr>
<tr>
<td>Post Graduate students</td>
<td></td>
</tr>
<tr>
<td>Trainees</td>
<td></td>
</tr>
<tr>
<td>Other degrees (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
9. Research Activity (maximum 1 page)
Please shortly describe the main research topics of the center and list the most relevant papers in peer review journals (with IF) related to these activities.

The full list of publications (years 2010 - 2015) are presented at the end of this report.

The main research topics of the center are male aging, bone health, androgens, gender identity disorders, transsexuality, sexual dysfunction, stem cell research and the etiology and treatment of male infertility and fertilization failure.

Extensive research has been performed on the interaction between hormones, genes and bone health. The aging male is a prominent research topic at our center, including late-onset hypogonadism, osteoporosis, general health, mortality and the prostate.

Large fundings have been granted to our center which were dedicated to research on disorders of sexual development, gender identity disorders, transexualism and sexual function, including genetic, hormonal, surgical, reproductive, psychological and social aspects.

Studies on male infertility cover diverse topics ranging from the effect of environmental factors and varicocele to in depth studies of fertilization failure at molecular and enzymatic level.

Most relevant publications


Van Caenegem E, Wierckx K, Taes Y, Schreiner T, Vandewalle S, Toye K, Kaufman JM, and T'Sjoen G. Preservation of volumetric bone density and geometry in trans women during...


**10. Research Funding**
Please specify the amount of available funds in the last 3 years and their source (Government, European Union, University, Local Government, Pharmaceutical Industries, Banks, Foundations,...)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total amount (€)</th>
<th>Funding Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2014 (sexpert 2)</td>
<td>1,808,456 €</td>
<td>Flemish government</td>
</tr>
<tr>
<td>2012-2016 Violence on the basis of transgenderism</td>
<td>217,900 €</td>
<td>Flemish government</td>
</tr>
<tr>
<td>2012-2015 Equal chances in Flanders</td>
<td>276,000 €</td>
<td>Flemish government</td>
</tr>
<tr>
<td>2013-2015 Translation and maintenance of the website Transgenderinfo.be</td>
<td>25,000 €</td>
<td>Flemish government</td>
</tr>
<tr>
<td>2013 Improving transgender care in Flanders</td>
<td>20,000 €</td>
<td>Flemish government</td>
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<tr>
<td>2015-2016 Government guidelines for gender identity/expression</td>
<td>30,388 €</td>
<td>Flemish government</td>
</tr>
<tr>
<td>2015-2016 Intersex persons in Belgium: an analysis</td>
<td>40,570 €</td>
<td>Flemish government</td>
</tr>
<tr>
<td>Source(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Year</td>
<td>2015 Improving support of partners of transsexuals</td>
<td></td>
</tr>
<tr>
<td>Total amount (€)</td>
<td>42,925 €</td>
<td></td>
</tr>
<tr>
<td>Funding Source(s)</td>
<td>Flemish government</td>
<td></td>
</tr>
</tbody>
</table>

| Year | 2014-2016 The clinical relevance of DNA fragmentation of sperm in the treatment of unexplained infertility by intrauterine insemination |
| Total amount (€) | --- |
| Funding Source(s) | Self-funded |

| Year | 2016 The RIF study: The effect of antioxidant treatment on IVF results (in preparation) |
| Total amount (€) | Yet undetermined |
| Funding Source(s) | Industry sponsored |
**Organization charts legend: Department / Unit Structure**

<table>
<thead>
<tr>
<th>Unit Name</th>
<th>Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Clinics</td>
<td>J. Gerris (clinical co-ordinator), G. T’Sjoen, K. Everaert</td>
</tr>
<tr>
<td>Embryology</td>
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<tr>
<td>Ovarian stimulation</td>
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<tr>
<td>Ultrasound</td>
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<tr>
<td>Oocyte retrieval</td>
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<td>Embryo transfer</td>
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<td>FN</td>
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<tr>
<td>A / TESE</td>
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<tr>
<td>IUI</td>
<td></td>
</tr>
<tr>
<td>Staff member 1</td>
<td></td>
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<tr>
<td>Staff member 2</td>
<td></td>
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<tr>
<td>Staff member 3</td>
<td></td>
</tr>
<tr>
<td>Staff member 4</td>
<td></td>
</tr>
<tr>
<td>Diagnosis of infertility</td>
<td></td>
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<tr>
<td>Counseling of infertile couple</td>
<td></td>
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<tr>
<td>Cryopreservation of sperm</td>
<td></td>
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<tr>
<td>Ethics in Andrology</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical services**

- For historical reasons, the intake of andrological patients occurs at endocrinology, gynecology and urology.
- A central intake and a single phone number via endocrinology and a standardized approach have been developed and are gradually being implemented.
- Highly qualified and certified personnel (EAA, ESHRE, ESSM etc) provide good clinical services including diagnosis and management, genetic and psychological counseling.
- State of the art equipment and certified laboratories are available for imaging techniques, laboratory tests, surgical and radiological treatment, tissue cryopreservation and assisted reproductive techniques including assisted hatching and artificial oocyte activation. Members of our staff are active in ethics commissions at local, national (including parliament) and international levels. In 2016, the andrology center has moved to a new location in the close vicinity of IVF lab and the urology department. The andrology lab has been integrated in the IVF lab.

**Contribution to EAA training program**

- Three assistants are being trained (2 from endocrinology and 1 from gynecology). They are eager to get EAA certified in the coming years.
- Our staff, facilities, and varied pathologies among our patients provide excellent training opportunities in all fields of andrology including infertility, sexual dysfunction, and diagnostic, therapeutic, endocrine, urological, gynecological, genetic, psychological and ethical aspects of andrology.

**Examples of training activities**

- Permanent training in sexology at Ghent University started in 2012.
- The 5th International DSD symposium, DSD including a training course, Ghent, 2015.
- First biennial conference of the European Professional Association for Transgender Health: Transgender Health Care in Europe, Ghent, Belgium, 2015.
- Semen analysis courses, Scientific institute of Public Health, Brussels, Belgium.
FULL LIST OF PUBLICATIONS (with IF) of staff members from the last 5 years

2015


in patients with localised prostate cancer: development of a standardised questionnaire. ACTA CLINICA BELGICA, 2015; 70, 272-279. Impact factor: 0.518


Nikiforaki D, Vanden Meerschaut F, de RC, Lu Y, Ferrer-Buitrago M, De Sutter P., and Heindryckx B. Effect of two assisted oocyte activation protocols used to
overcome fertilization failure on the activation potential and calcium releasing pattern. FERTILITY AND STERILITY, 2015; 10. Impact factor: 4.590


Spinoit AF, Poelaert F, Van Praet C, Groen LA, Van Laecke E, and Hoebeke P. Grade of hypospadias is the only factor predicting for re-intervention after primary hypospadias repair: a multivariate analysis from a cohort of 474 patients. JOURNAL OF PEDIATRIC UROLOGY, 2015; 11, 70-76. Impact factor: 0.898


2014


Dewaele T, D’Hooghe L, Everaert K, and Devisschere P. Secondary infertility caused by a midline cyst of the prostate. JBR-BTR, 2014; 97, 317. Impact factor: 0.242

Duggal G, Heindryckx B, Deroo T, and De Sutter P. Use of pluripotent stem cells for reproductive medicine: are we there yet? VETERINARY QUARTERLY, 2014; 34, 42-51. Impact factor: 0.719


Lumen N, Houtmeyers P, Monstrey S, Spinoit AF, Oosterlinck W, and Hoebeke P. Revision of perineal urethrostomy using a meshed split-thickness skin graft. CASE REPORTS IN NEPHROLOGY AND UROLOGY, 2014; 4, 12-17.


Vanden Meerschaut F, Nikiforaki D, Heindryckx B, and De Sutter P. Assisted oocyte activation following ICSI fertilization failure. REPRODUCTIVE BIOMEDICINE ONLINE, 2014; 28, 560-571. Impact factor: 3.015


Van Hoof W, De Sutter P, and Pennings G. "Now we feel like we did everything we could": A qualitative study into the experiences of Dutch patients who travelled to Belgium for infertility treatment. FACTS VIEWS AND VISIONS IN OBGYN, 2014; 6, 185-193.


2013


Sinove Y, Kyriopoulos E, Ceulemans P, Houtmeyers P, Hoebeke P, and Monstrey S. Preoperative planning of a pedicled anterolateral thigh (ALT) flap for penile reconstruction with the multidetector CT scan. HANDCHIR MIKROCHIR PLAST CHIR, 2013; 45, 217-222. Impact factor:


Spinoit AF, De Prycker S, Groen LA, Van Laecke E, and Hoebeke P. New surgical technique for the treatment of buried penis: results and comparison with a
traditional technique in 75 patients. UROLOGIA INTERNATIONALIS, 2013; 91, 134-139. Impact factor: 1.426

Tourchi A and Hoebeke P. Long-term outcome of male genital reconstruction in childhood. JOURNAL OF PEDIATRIC UROLOGY, 2013; 9, 980-989. Impact factor: 0.898


Van der Jeught M, O’Leary T, Ghimire S, Lierman S, Duggal G, Versieren K, DeForce D, Chuva de Sousa Lopes S, Heindryckx B, and De Sutter P. The combination of inhibitors of FGF/MEK/Erk and GSK3beta signaling increases the number of OCT3/4- and NANOG-positive cells in the human inner cell mass, but does not
improve stem cell derivation. STEM CELLS AND DEVELOPMENT, 2013; 22, 296-306. Impact factor: 3.727


2012


Lumen N, Oosterlinck W, and Hoebeke P. Urethral reconstruction using buccal mucosa or penile skin grafts: systematic review and meta-analysis. UROLOGIA INTERNATIONALIS, 2012; 89, 387-394. Impact factor: 1.426


Sioen I, Mouratidou T, Herrmann D, De Henauw S, Kaufman J, Molnár D, et al. Relationship between markers of body fat and calcaneal bone stiffness differs...
between preschool and primary school children: results from the IDEFICS baseline survey. CALCIFIED TISSUE INTERNATIONAL. 2012;91(4):276–85. Impact factor: 3.272


2011


Robberecht E, Vandewalle S, Wehlou C, Kaufman JM, and De SJ. Sunlight is an important determinant of vitamin D serum concentrations in cystic fibrosis. EUROPEAN JOURNAL OF CLINICAL NUTRITION, 2011; 65, 574-579. Impact factor: 2.935


Everaert K, de Waard WI, Van HT, Kiekens C, Mulliez T, and D'herde C. Neuroanatomy and neurophysiology related to sexual dysfunction in male neurogenic patients with lesions to the spinal cord or peripheral nerves. SPINAL CORD, 2010; 48, 182-191. Impact factor: 1.546

Heytens E, Schmitt-John T, Moser JM, Jensen NM, Soleimani R, Young C, Coward K, Parrington J, and De SP. Reduced fertilization after ICSI and abnormal phospholipase C zeta presence in spermatozoa from the wobbler mouse. REPRODUCTIVE BIOMEDICINE ONLINE, 2010; 21, 742-749. Impact factor: 3.015


Provoost V, Pennings G, De SP, Gerris J, Van d, V, and Dhont M. Patients’ conceptualization of cryopreserved embryos used in their fertility treatment. HUMAN REPRODUCTION, 2010; 25, 705-713. Impact factor: 4.569

Provoost V, Pennings G, De SP, Gerris J, Van d, V, and Dhont M. Reflections by patients who undergo IVF on the use of their supernumerary embryos for science. REPRODUCTIVE BIOMEDICINE ONLINE, 2010; 20, 880-891. Impact factor: 3.015


Speeckaert MM, Taes YE, De Buyzere ML, Christophe AB, Kaufman JM, and Delanghe JR. Investigation of the potential association of vitamin D binding protein with lipoproteins. ANNALS OF CLINICAL BIOCHEMISTRY, 2010; 47, 143-150. Impact factor: 2.119


Vanbillemont G, Lapauw B, Bogaert V, Goemaere S, Zmierczak HG, Taes Y, and Kaufman JM. Sex hormone-binding globulin as an independent determinant of
cortical bone status in men at the age of peak bone mass. JOURNAL OF CLINICAL ENDOCRINOLOGY AND METABOLISM,2010; 95, 1579-1586. Impact factor: 5.531


Versieren K, Heindryckx B, Lierman S, Gerris J, and De SP. Developmental competence of parthenogenetic mouse and human embryos after chemical or electrical activation. REPRODUCTIVE BIOMEDICINE ONLINE,2010; 21, 769-775. Impact factor: 3.015

