**2020**

EAA Andrology Training Centre

Centre Report



Centre identification

**CENTRE REPORT**

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| **History of Centre** |
| *To be described in a separated paper following these Guidelines:*  *use maximum 500 words, font Times New Roman 12 and 1,5 space layout. Provide main research lines and specialized areas of clinical attention. Given the brevity of the report, number of clinical activities and personal data of the staff of the Center must be avoided. Published articles must not be included since they are already reported in this document which is renewed every three years. The date of the report must be at the end of the document.* |

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| **Organization of Centre** |
|  |
| *Use as much space, as required**Please, refer to ORGANIZATIONAL CHART* |
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| **Educational activities** |
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| *Use as much space, as required* |
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| **Research activities** |
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| *Use as much space, as required* |
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| **Clinical activities** |
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| *Use as much space, as required* |
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| **Name and address of Centre** |
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| **Type of Centre** |  |
| University |  |
| University Hospital |  |
| Private Centre |  |
| Other (please specify) |  |

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| **1. Director** |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| **2a. Clinical responsible**  |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| **2b. Clinical responsible** |  |

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| **2c. Clinical responsible** |  |

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| **3. Present Staff** *(Senior Scientists)*  |
| 1) | Name |  |
|  | Degree |  |
|  | Speciality |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 2) | Name |  |
|  | Degree |  |
|  | Speciality |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| **Insert any additional staff below *(if required)***MD/Biologists/Chemists |
| 1) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| --- | --- | --- |
| 2) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 3) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 7) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 8) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 9) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 10) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 11) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| --- | --- | --- | --- | --- | --- |
| Academician |  | Regular Member |  | EAA Certified Clin. Andrologist |  |

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| 12) | Name |  |
|  | Degree |  |
|  | Speciality |  |
|  | Full time/part time |  |

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| **Insert any additional staff below *(if required)*** |

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| --- | --- |
| **Specialists** |  |
| 1) Name |  |
| 2) Name |  |
| 3) Name |  |
| 4) Name |  |
| 5) Name  |  |

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| --- | --- |
| **PhD Students** |  |
| 1) Name |  |
| 2) Name |  |
| 3) Name |  |

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| --- | --- |
| **Nurses** |  |
| 1) Name |  |
| 2) Name |  |
| 3) Name |  |

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| **Laboratory Technicians** |  |
| 1) Name |  |
| 2) Name |  |
| 3) Name |  |

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| --- | --- |
| **Administrative Personnel** |  |
| 1) Name |  |
| 2) Name |  |
| 3) Name |  |

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| **4. Clinical Activity**A. Outpatients: Consultations per year in the last 3 years |

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| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| New patients |  |  |  |
| Follow-up patients |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of patients in the last years (%)** | 2017 | 2018 | 2019 |
| Infertility |  |  |  |
| Erectile dysfunction |  |  |  |
| Hypogonadotropic Hypogonadism |  |  |  |
| Klinefelter |  |  |  |
| Gynaecomastia |  |  |  |
| Varicocele |  |  |  |
| Cryptorchidism |  |  |  |
| Male sex accessory gland infections |  |  |  |
| Testicular tumours |  |  |  |
| Disorders of gender identity |  |  |  |
| Other |  |  |  |

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| B. Ultrasound (testis, penile, prostate) \* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| Total |  |  |  |
| Controls |  |  |  |

*\* performed at the Department of Radiology*

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| C. Andrological surgery procedures  |

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|  | 2017 | 2018 | 2019 |
| Testicular biopsies  |  |  |  |
| Varicocele ligation |  |  |  |
| Prostate biopsies |  |  |  |
| BPH  |  |  |  |
| Prostate cancer  |  |  |  |
| Vasectomy |  |  |  |
| Vaso-vasostomy |  |  |  |
| Other |  |  |  |

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| **5. A**. Andrology laboratory activity  |

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| --- | --- | --- | --- |
|  | 2017 | 2018 | 2019 |
| Semen analyses |  |  |  |
| Sperm antibodies |  |  |  |
| Seminal markers |  |  |  |

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| **5. B.** Andrology laboratory activity |

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| --- | --- | --- | --- | --- |
| Sperm banking donors | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sperm banking cancer patients | Yes |  | No |  |

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| --- |
| ***If yes:*** |
|  | 2017 | 2018 | 2019 |
| Number of samples |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. C.** Histopathologial evaluation of biopsies | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. D.** Reproductive Hormones Assays | Yes |  | No |  |

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| If yes please specify type of assays and number of samples in the last year |
| Reproductive Hormones Assays (FSH, LH, testosterone, SHBG, prolactin)  |  |

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| --- | --- | --- | --- | --- |
| **5. E.** Y chromosome microdeletions according to EAA/EMQN guidelines | Yes |  | No |  |
|  |
| ***If yes*** number of tests in the past year |  |

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| --- | --- | --- | --- | --- |
| Participation to the EAA quality control scheme? | Yes |  | No |  |

|  |  |  |  |  |
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| ***If no,*** specify if available in another lab of the same hospital | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Blood karyotyping | Yes |  | No |  |

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| --- | --- | --- | --- | --- |
| ***If no,*** specify if available in another lab of the same hospital | Yes |  | No |  |

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| Other genetic tests (please specify) |
| FISH spermPre-implantation genetic diagnosisAmniotic fluid karyotyping |
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| **6. Collaborations with other Clinical Units of the University/Hospital** |

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| **IVF Unit** | Yes |  | No |  |
| ***If yes*** please specify: Children, Endocrinology, IVF, Urology, Genetics, Pathology |
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| --- | --- | --- | --- | --- |
| Urology Clinic | Yes |  | No |  |
|  |
| Endocrine Clinic | Yes |  | No |  |
|  |
| Genetics Lab/Unit | Yes |  | No |  |
|  |
| Paediatric Unit | Yes |  | No |  |
|  |
| Central Hospital Laboratory | Yes |  | No |  |
|  |
| Private Centres | Yes |  | No |  |
| ***If yes*** please specify: |
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| **7. Clinical teaching activity** |
| Duration of training (years): |  |

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| --- | --- |
|  | **Number** |
| A: Trainees in the last five years |  |
| B: Trainees who passed EAA-ESAU\exam for Clinical Andrologist in the last 5 yrs |  |
| C: Trainees working in the centre preparing to pass the EAA-ESAU examination |  |
| D: PhD Students |  |
| E: Medical Students |  |
| F: Other students (MSc) |  |

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| **8. Formal Andrology teaching program** | Yes |  | No |  |
|  |
| ***If yes:*** specify duration (years/months): | Years |  | Months |  |

|  |  |  |
| --- | --- | --- |
|  | **Hours of formal teaching per year** | **Professional training (weeks/months)** |
| Medical Students  |  |  |
| PhD Students |  |  |
| Post Graduate students |  |  |
| Trainees |  |  |
| Other degrees (please specify) |

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| **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 2015 - 2020) are presented at the end of this report.*  |

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| **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….) |

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| --- | --- |
| **Year** |  |
| **Total amount (€)** |  |
| **Funding Source(s)** |  |
|  |  |

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| ***Insert any additional funding below if required*** |

**ORGANIZATION CHARTS**

**Organization charts legend: Department / Unit Structure**

Staff members

Head

Unit name

Head

Unit Name

Diagnosis of infertility

Counseling of infertile couple

Cryopreservation of sperm

Ethics in Andrology

Staff member 1

Staff member 2

Staff member 3

Staff member 4

Outpatient Clinics

Embryology

Ovarian stimulation

Ultrasound

Oocyte retrieval

Embryo transfer

FNA / TESE

IUI

Contribution to EAA training program

Clinical services

**CENTRE PHOTOS**

*Please, include at least one high resolution photos*

**FULL LIST OF** **PUBLICATIONS (with IF) of staff members from the last 5 years**