



International Male  
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# The Male Contraception Quarterly

## Growing evidence of support for the introduction of new birth control for men

In order to understand the scope and characteristics of the market for new male contraceptives, the Male Contraception Coalition has been collecting survey data since January 2007. The non-random survey characterizes the US market most extensively, but also includes other nations, and has some unexpected results. The cumulative results will be presented as a poster at the Future of Male Contraception conference in Seattle this September.

In the meantime, we will continue to publish the stories of the men and women who support – or would be customers of – newly developed contraceptives for men. Those who participate in the online survey have the option to draft a letter urging institutional and funder commitment to the introduction of new contraceptives for men. Since the last edition of the Quarterly, another 700 men and women from around the world signed on, for a total of 1300 signatories. ♂

“ I personally would like some options open for my wife and I that involve me taking action rather than her. Family planning should not be limited to only one partner, but should be available to both... I would like to be able to shoulder the burden of contraception rather than just sloughing it off to her. It seems unfair that contraception rest almost completely on the female's shoulders. ”

- Seth Poulsen, MT, USA

“ It is completely unfair for the burden of contraception to be entirely upon us women. We who are responsible enough to worry about bringing a child into this world unprepared need better options that will not harm us, and as of now, that is a difficult thing. Please help us. This is something that changes lives. ”

- Amanda Thomas, CA, USA

Dear Sir or Madam:

I believe we need new contraceptives because existing contraceptives aren't good enough – some aren't very effective, some have unpleasant side effects, and some are inconvenient. Nearly half of women starting a new contraceptive method will stop using it within one year due to dissatisfaction.

I believe that the male contraceptive market in particular is underserved. This is not due to lack of consumer interest, but outdated stereotypes and naïve myths. Women already trust their partners to use male contraceptives: In the United States, 1 in 5 men older than 35 has had a vasectomy, and up to one third of young couples rely on condoms. And men are ready for new contraceptive choices: Multiple sociological surveys have shown that men are willing to try new contraceptive options.

What further evidence do government and industry need to convince them that there is an untapped male contraception market? Researchers around the world have promising male contraceptive products in various stages of development. What is needed now is a commitment from policymakers and funders to bring these products to market.

Sincerely,  
[signed below]

### Signatories:

Alastair, Australia	Tom, Australia	Jennifer, Canada
Allan Rahim, Australia	Federico, Austria	Jeremy Holman, Canada
Andrew Hagin-Bero, Australia	Andrew, Bahamas	John P., Canada
Ben, Australia	Sven Togni, Belgium	Jonathan Vlietstra, Canada
Brian, Australia	Cesar Diniz, Brazil	Juliet, Canada
Christopher Sharp, Australia	Ilian, Bulgaria	Kenneth, Canada
Craig, Australia	Alexander Van Tuyl, Canada	Kevin Milelr, Canada
Crow Zampano, Australia	Alexandre Emard, Canada	Kevin C, Canada
Dan, Australia	Ali, Canada	Kyle, Canada
Dwayne Knibbs, Australia	Allisa Scott, Canada	Mark Smith, Canada
Graham, Australia	Anonymous, Canada	Mike McLaughlin, Canada
Ingrid, Australia	Chad Cogar, Canada	Mitchell Cowie, Canada
Jack Smulters, Australia	Charles Durocher, Canada	Olivia Quentin, Canada
James, Australia	Chris Budiwski, Canada	Paul Hicken, Canada
Jason, Australia	Chris Peters, Canada	Rick Dubowits, Canada
Kyla Fawcett, Australia	Christopher Aull, Canada	Robert C., Canada
Lorraine N., Australia	D. Foster, Canada	Rocky Das, Canada
Maree, Australia	Dan Mohammed, Canada	Russell R, Canada
Mark Peel, Australia	Dave Conant, Canada	Ryan S., Canada
Matt Miller, Australia	David Baldwin, Canada	S. Mcintyre, Canada
Megan, Australia	Eric, Canada	Shawn, Canada
Nicholas Clews, Australia	Gabe Jones, Canada	Stephen Sugden, Canada
Obie Brown, Australia	Galen Arkell, Canada	Marcos Fuentes, Chile
Simon Webster, Australia	Helene Amyot, Canada	Mauricio Bunk, Chile
Stuart, Australia	Jacob Frank, Canada	Chasse Powers, Costa Rica

Elior Jair Salcedo  
Castellanos, Colombia  
Mirek Vomacka,  
Czech Republic  
Marc Peglion, Finland  
Philip Vilsbol, France  
Christian, Germany  
Karl Uhlig, Germany  
Sandra, Germany  
Steffen Streit, Germany  
Anonymous, Germany  
Raul Amenabar, Guatemala  
Ricardo Agurcia, Honduras  
Pranab Chatterjee, India  
John Keogh, Ireland  
Patrick, Ireland  
T, Ireland  
Anonymous, Italy  
John Ruskin, Japan  
Kif Saint, Japan  
Kris, Japan  
Zein Hilali, Lebanon  
Elena Lazutkaite, Lithuania  
Elena Lazutkaite, Lithuania  
Carlos Mascorro, Mexico  
Carlos Hocker, Mexico  
Jacobo Alejandro Barcelo  
Moreno, Mexico  
Bob, New Zealand  
Henning, Norway  
Tommy Bjoernoedegaard,  
Norway  
Anonymous, Norway  
Ana, Panama  
Lukasz Kabus, Poland  
Slawomir Maciejewski, Poland  
Lina, Romania  
Katerina Shmeleva, Russian  
Federation  
Samantha, Singapore  
Denzal Saunders, South Africa  
Malcolm Bosman,  
South Africa  
Nevan Lucas, South Africa  
Jon Fasl, Spain  
Ann, Sweden  
Daniel, Sweden  
Peter Lindahl, Sweden  
Styrbjörn Yllner, Sweden  
Thomas, Sweden  
Fabian, Switzerland

GNS, Switzerland  
Mark, Switzerland  
Matthias Ruest, Switzerland  
Lavinia Latu, Tonga  
Ralph, Trinidad and Tobago  
Aaron, UK  
Amy, UK  
Andrew, UK  
C, UK  
Cara Henney, UK  
Craig Ewan Brown, UK  
Donald Lucey, UK  
Georg Maikler, UK  
James Robinson, UK  
Javier, UK  
John, UK  
John-Henry, UK  
Jonathan Ham, UK  
Jonathan Rumble, UK  
Julie Herbertson, UK  
Keely, UK  
Kevin Iles, UK  
Kevin, UK  
Kyle Thomson, UK  
Marco Soldatt, UK  
Matt Armstrong, UK  
Michael Coulthurst, UK  
Nathan Pryke, UK  
Pamela, UK  
Paul Curtis, UK  
Pete, UK  
Phil Critchley, UK  
Richard, UK  
Stephen Curtis, UK  
Steve Ezine, UK

“ I want to take on any potential health risks associated with these types of contraception myself rather than my wife having to bear them. ”

- Matt Walker, AL, USA

Steve M, UK  
Stuart, UK  
Terry, UK  
Cassandra Owen, UK  
David Mulgrew, UK  
Eamonn, UK  
Floris Bieshaar, UK  
James Whiteside, UK  
Jeff Mercuri, UK  
Keir Gregory, UK  
Martin, UK  
Nathan Robinson, UK  
Steve, UK  
Suzelle Mills, UK  
Tony Bevis, UK  
Craig Yarmak, AK, USA  
Kathy Ingallinera, AK, USA  
Paul Nyberg, AK, USA  
Aaron, AL, USA  
Anonymous, AL, USA  
Anthony, AL, USA

“ Although I am on the pill, I don't trust it to be my only form of birth control. I know I need a backup. My fiancé, however, has a smaller than average penis, and cannot wear regular condoms. TheyFit condoms have recently stopped being produced, so we need a form of male contraceptive that he can use. If male contraceptives were to be made, we wouldn't have to worry about running out of the condoms we have left, or getting pregnant without a backup. ”

- Emilyann, IL, USA

“Condoms in particular are the main contraceptive method, but they are a relatively unreliable method of control. Condoms break easily, and under normal usages are only 86% effective. There [are] better methods of contraception being researched, but they are not receiving the attention they deserve. As a young, 21-year-old male, I have seen the confusion and anxiety caused by failed current contraceptive methods, leading to my research into alternative forms of male contraception, only to find that at current paces, alternatives are still years from market, if they even get that far.”

- Dominick Balsoma, WA , USA

B., AL, USA  
Bruce, AL, USA  
Casey Payne, AL, USA  
Chris Palmer, AL, USA  
Ed, AL, USA  
Eric Provenzano, AL, USA  
Francisco Fernandez,  
AL, USA  
Jamie Allemand, AL, USA  
Jennifer, AL, USA  
Johm, AL, USA  
Kassandra, AL, USA  
Kayleah , AL, USA  
Kinyatta, AL, USA  
Martha , AL, USA  
Matt Walker, AL, USA  
Matt , AL, USA  
Michael Hollingsworth,  
AL, USA  
Mike Hudson, AL, USA  
Robert Jackson, AL, USA  
Sammi , AL, USA  
Tessie Francis, AL, USA  
Timothy King, AL, USA  
William Boelk, AL, USA  
Coe Bellinger, AR, USA  
Kevin Gurnsey, AR, USA  
Cari, AZ, USA  
Geoffrey, AZ, USA  
Jeremy, AZ, USA

Karl Johnson, AZ, USA  
Katrina Sine, AZ, USA  
Kyle, AZ, USA  
Michael Robinson, AZ, USA  
Ricardo Quihuis, AZ, USA  
Aaron Barnard, CA, USA  
Adam Dost, CA, USA  
Adrian Diaz, CA, USA  
Alex Gerlach, CA, USA  
Alexander Teskey, CA, USA  
Allen Yost, CA, USA  
Amanda Thomas, CA, USA  
Anonymous, CA, USA  
Anonymous, CA, USA  
Ashley Calhoun, CA, USA  
August Fay, CA, USA  
B. Cook, CA, USA  
Ben Trevino, CA, USA  
Brian Nguyen, CA, USA  
Brian, CA, USA  
Bridget, CA, USA  
Charles Schulze, CA, USA  
Cinnamon, CA, USA  
Connar O'Morris, CA, USA  
Cristina Preda, CA, USA

Daniel Brownfield, CA, USA  
Dannette, CA, USA  
David Le, CA, USA  
David, CA, USA  
David Vander Pol, CA, USA  
Denise, CA, USA  
Donald Bursey, CA, USA  
E. Peck, CA, USA  
Eduardo, CA, USA  
Francisco, CA, USA  
Gabriel Wyner, CA, USA  
Galen Travis, CA, USA  
George, CA, USA  
Glen Kim, CA, USA  
Glen Kim, CA, USA  
Grant Peterson, CA, USA  
Grier Johnson, CA, USA  
Harlan Flagg, CA, USA  
Hillary Pearsall, CA, USA  
Igor Polyakov, CA, USA  
Isaac, CA, USA  
James Phillips, CA, USA  
Jason, CA, USA  
Jennifer, CA, USA  
Jesus Estrada, CA, USA

“ I believe we need new contraceptives because existing contraceptives are not satisfactory. Many women, myself included, cannot take hormonal contraceptives for various reasons. Since we cannot take any contraceptives which have hormones in them we are plagued with having to use outdated, inconvenient and, many times, unsuccessful measures to keep from becoming pregnant. If a male contraceptive were to be available there would be so much less stress when it comes to sex...

The way I see it is, my fiancé wants to wait longer than I do to have kids. And he wants to be in control of that. If he is the one taking the contraceptive then he will feel like he has control over the timeline. And he will enjoy the sex much more. Then if something happens and I get pregnant it wont be as big of a deal because it would have been his body's fault, not mine. Which also takes the pressure off of me to try and not get pregnant. It's a win-win situation and my hope is that that will soon become a reality and male contraceptives will be able to be used.”

- Sarah Danielson, MI, USA

Joe, CA, USA  
 John, CA, USA  
 Jonathan Fearn, CA, USA  
 Jonathan M., CA, USA  
 Joshua, CA, USA  
 Julie Ackerson, CA, USA  
 Justin Teel, CA, USA  
 Katherine Mirazic, CA, USA  
 Kay Fuselier, CA, USA  
 Leon Tan, CA, USA  
 Lieva, CA, USA  
 Lucy Salfaro, CA, USA  
 Margot, CA, USA  
 Martin Smith, CA, USA  
 Marty Scalzo, CA, USA  
 Matthew T., CA, USA  
 Michael Boccieri, CA, USA  
 Nik Dyer, CA, USA  
 Pamella Kjelmlyr, CA, USA  
 Paul De Jong, CA, USA  
 Rachel Willie, CA, USA  
 Robert Boggs, CA, USA  
 Robert, CA, USA  
 Ryan, CA, USA  
 Shaun Pilon, CA, USA  
 Stephen P, CA, USA  
 Thu, CA, USA  
 Veronica Ramirez, CA, USA  
 Will, CA, USA

Y Scott, CA, USA  
 Zach Parkes, CA, USA  
 Zee, CA, USA  
 Bradford, CO, USA  
 James, CO, USA

Justin Godfrey, CO, USA  
 Octavian , CO, USA  
 Paul Rosin, CO, USA  
 Tom, CO, USA  
 Yotofuji Tanaki, CO, USA  
 Anna, CT, USA  
 Jesse Vanek, CT, USA  
 Jose Alvarado, CT, USA  
 Julie, CT, USA  
 Tim Sileo, CT, USA  
 Jonny Dommert, DE, USA  
 Susan Huang, DE, USA  
 Alexander Apostolov, FL, USA  
 Brandon Botteron, FL, USA  
 Carla, FL, USA  
 Chris, FL, USA  
 Daniel Giust, FL, USA  
 Fred Steffen, FL, USA  
 Janelle Christensen, FL, USA  
 Jeremy Green, FL, USA  
 John, FL, USA  
 Jonathan Staves, FL, USA  
 Mavin, FL, USA  
 Mike, FL, USA  
 Nicole Agosto, FL, USA  
 Omar Hamid, FL, USA  
 Robert, FL, USA

“ Condoms are a must for casual sex, but impractical in a relationship once you decide it is OK to risk unprotected sex. Even while using condoms or while the female is using a contraceptive unwanted pregnancies can occur. Men should have the ability to control their fertility as a back-up precaution, just as females do.

I think most men I know would use a male contraceptive, single or not, as long as it was relatively safe and it was reversible. Since men are fertile most of their lives, they would want access to male contraceptives as long as there was even a remote chance that they could have a sexual encounter with a potentially fertile woman.

Even married men would want to use a male contraceptive most of the time while their wife was fertile. Most modern couples want no more than two children and they want to have control over when these children are conceived. ....

Men want to have control over their fertility; please, please, make it a research priority!

”  
 - Paul de Jong, CA, USA

“ As the mother of 3 boys, I am very concerned about the risks of promiscuity in teens. While we have a very open [communicative] relationship, I fear for them. Every day teens are having sexual relations and the method of birth control is either left to the girl (most of which aren't on anything because they don't want their parents to know), condom (which are horribly unreliable, especially in the hands of teens), or most often nothing. If parents were more involved and more teens had access to new methods of contraception,... more kids would have the ability to make a future for themselves. Boys need that option as much as girls... Mine are very aware of the dangers of such activity and are awaiting the release of contraceptives for males. ”

- Heather Cook, OH, USA

“ I am in a long term, stable relationship with a single partner who cannot take the pill, and neither of us want children. Unless I undergo an uncomfortable - and probably permanent - vasectomy, I am forced to continue to use condoms, which while useful, cause interjections in sexual relations, and decrease the sensation and intimacy. It seems bizarre that while many clinical trials have been met with success, no male contraceptive products have made it to market. We have the capability, and the desire, which suggests that the natural market forces... are being interfered with.”

- Matt Miller, Australia

Tiffany, FL, USA  
Andrea Burns, GA, USA  
Chad Thaxton, GA, USA  
Crystal Bennett, GA, USA  
Daniel Dover, GA, USA  
Drew Meigs, GA, USA  
Edd, GA, USA  
Jill B, GA, USA  
John, GA, USA  
John Singleton, GA, USA  
Lawrence Sharp, GA, USA  
Lloyd, GA, USA  
M Baker, GA, USA  
Mindy Simmons, GA, USA  
Peter Shellabarger, GA, USA  
Peter Shellabarger, GA, USA  
Shawn Paul, GA, USA  
Victor Etefia, GA, USA  
Adam Burkett, HI, USA  
Cameron Knight, HI, USA  
Rachel, HI, USA  
Jason Miller, IA, USA  
Kerry, IA, USA

Nicholas Craig, IA, USA  
Toby Sangel, IA, USA  
Alanna S., ID, USA  
Alexander S., ID, USA  
Anonymous, ID, USA  
Bob Barton, ID, USA  
Matt Larson, ID, USA  
Andrew, IL, USA  
Anonymous, IL, USA  
Armando Rico, IL, USA  
Chris Maffeo, IL, USA  
Christopher Epting, IL, USA  
Emilyann, IL, USA  
Heather Hinze, IL, USA  
Ian, IL, USA  
Jeff Turner, IL, USA  
Jeremy Ellingsen, IL, USA  
Jim Hunt, IL, USA  
John, IL, USA  
John, IL, USA  
Jonathon Edwards, IL, USA  
Josh Broggi, IL, USA  
Justin, IL, USA  
Kevin, IL, USA  
Luke Ma, IL, USA  
Nicholas Galzin, IL, USA  
Patrick Dunn, IL, USA  
Rich Berrill, IL, USA  
Robin B, IL, USA  
Tina, IL, USA  
Tony Massarello, IL, USA  
Erin, IN, USA  
Jordan, IN, USA  
Josh Scheidler, IN, USA  
Matt, IN, USA  
Robert Fowler, IN, USA  
Theresa Pawlicki, IN, USA  
Bobby Walburn, KS, USA  
Jennifer Allen, KS, USA  
Clarence Gravid Ii, KY, USA  
Jed Pilant, KY, USA

Kacey Roberts, KY, USA  
Karen, KY, USA  
Pierre Coolen, KY, USA  
William King, KY, USA  
Andrew B, LA, USA  
Bob Calhoun, LA, USA  
Jessica Roma, LA, USA  
Alan Gardner, MA, USA  
Alex, MA, USA  
Bryan, MA, USA  
D., MA, USA  
Jeff, MA, USA  
Keith Levin, MA, USA  
Mary, MA, USA  
Neil Stivers, MA, USA  
Phil, MA, USA  
Rena, MA, USA  
Scott, MA, USA  
Aaron Ackley, MD, USA  
Ange, MD, USA  
Carroll Sass, MD, USA  
Charles Hamlin, MD, USA  
Christopher Robart, MD, USA  
Daniel Habersat, MD, USA  
David, MD, USA  
Eric Santiago, MD, USA  
George Cooper, MD, USA  
Michael Albrecht, MD, USA  
Sarah S., MD, USA  
Scott J., MD, USA  
Thor Jensen, MD, USA  
William Craft, MD, USA  
James Hayward, ME, USA  
Josh Johnson, ME, USA  
Paul Hallee, ME, USA  
Adam, MI, USA  
Anonymous, MI, USA  
Carl, MI, USA  
Chad, MI, USA  
Christopher Staniszewski, MI, USA

“ I want to be able to take matters into my own hands and make sure I cannot father a kid until I choose to.”

- Brian, CA, USA

Dennis, MI, USA  
Emily Springfield, MI, USA  
Joel, MI, USA  
Larry Marrocca, MI, USA  
Ranier, MI, USA  
Robert Roza, MI, USA  
Sarah Danielson, MI, USA  
Amy Ntoburi, MN, USA  
Andrea Mercier, MN, USA  
Andrea Mercier, MN, USA  
Andy Munson, MN, USA  
Cameryn Divad, MN, USA  
Chris, MN, USA  
Dennis, MN, USA  
Duncan M., MN, USA  
Eric Oberg, MN, USA  
Jason, MN, USA  
Joel, MN, USA  
Rawle, MN, USA  
Scott C, MN, USA  
Scott Evans, MN, USA  
Selina, MN, USA  
Anonymous, MO, USA  
Brian, MO, USA  
Christof Ash, MO, USA  
Craig Wilmesherr, MO, USA  
David Bloecher, MO, USA  
Jeffrey Ward, MO, USA

John Luecke, MO, USA  
Justin Coomes, MO, USA  
Matt, MO, USA  
Michael, MO, USA  
Paul James, MO, USA  
Renee Wilmesherr, MO, USA  
Barry, MS, USA  
Eric Flemming, MS, USA  
J Foster, MS, USA  
Allen Brazier, MT, USA  
Seth Poulsen, MT, USA  
Benjamin, NC, USA  
Brett Smith, NC, USA  
David Tucker, NC, USA  
Eli, NC, USA  
Erin Hope, NC, USA  
Grace Hagood, NC, USA  
Heather Langston, NC, USA  
Jason Crumpton, NC, USA  
Karen, NC, USA  
Kelsey, NC, USA  
Michael, NC, USA  
Neil Robinson, NC, USA  
Robin Martin, NC, USA  
Samantha, NC, USA  
Sean Stewart, NC, USA  
Seth Crook, NC, USA  
Una, NC, USA

“ There has to be a way for both men and women to share the responsibility of choosing when not to have children, and men can have much less of a health risk involved. ”

- Christopher Epting, IL, USA

Adam, ND, USA  
Anna, ND, USA  
Anne, ND, USA  
Jessica, ND, USA  
Jim Voelker, ND, USA  
Lance Schonert, ND, USA  
Deane, NE, USA  
Jim, NE, USA  
Lenna, NE, USA  
Meagan, NH, USA  
Melissa Dickie, NH, USA  
Tom, NH, USA  
Anonymous, NJ, USA

“ As a young sexually active male in a committed relationship, I would like to be able to choose, with certainty, whether or not I am fertile. Since I do not want children, the best option seems to be vasectomy, but I would choose another method over vasectomy if it offered a significant advantage such as being less invasive or less expensive than vasectomy, while being just as effective and free of side-effects, and backed by clinical research.

Male contraceptive methods such as RISUG, with apparent reversibility, would be highly preferable for many young couples wishing to delay having children. Such methods would empower sexually active young people to plan their families without risk or side-effects associated with other methods of birth-control.

I hope that those people in places of influence will recognize the potential benefits of innovative contraceptive methods and work to make them available and affordable while proving them safe and reliable with extensive, long-term scientific research. ”

Thanks,  
B. Cook, CA, USA

“ Male contraceptive research is very important because... well, we really have no choices at all. Condoms are too unreliable and hamper the whole sexual experience for both the man and woman. Vasectomies are simply not an option for those who want to have children someday... We would really like to take responsibility for contraception, but we're left with no choices. It just isn't fair.

Unplanned pregnancies have the potential to ruin lives, shatter dreams, and bring babies into unwelcoming environments. That's why it's important for things like RISUG to be fully researched and released as soon as possible. The world's waiting...”

- Jake, OK, USA

Aviva Reim, NJ, USA  
Ed, NJ, USA  
Kevin, NJ, USA  
Michael Cancian, NJ, USA  
Michelle Renee Walsh,  
NJ, USA  
Robert Sheairs, NJ, USA  
Russell, NJ, USA  
Ryan, NJ, USA  
Michael Gibson, NM, USA  
Nicole, NM, USA  
H. Bailey, NV, USA  
Joseph, NV, USA  
Leah Longoria, NV, USA  
Adam, NY, USA  
Anatole Ginsberg, NY, USA  
Anna Mecugni, NY, USA  
Caitlin Berrigan, NY, USA  
Christopher Buman, NY, USA  
Courtney Basist, NY, USA  
Daniel Schmitt, NY, USA  
David Blondell, NY, USA  
Derick, NY, USA  
Evan Derkacz, NY, USA  
Gabi Hecker, NY, USA  
Igor Doktor, NY, USA  
James Mccance Ii, NY, USA  
James Meakim, NY, USA  
Jason, NY, USA  
Jonathan, NY, USA  
Jose Martinez, NY, USA  
Kam, NY, USA  
Kerry, NY, USA  
Kevin, NY, USA  
Luba, NY, USA

Luis, NY, USA  
Mads Pedersen, NY, USA  
Mark, NY, USA  
Maylin Peterson, NY, USA  
Mike B., NY, USA  
Norbert Lewis, NY, USA  
Patrick, NY, USA  
Peter Serrano, NY, USA  
Phil, NY, USA  
Rochelle Soto, NY, USA  
Steve Shataka, NY, USA  
T.S., NY, USA  
Timothy, NY, USA  
Tyler Prashaw, NY, USA  
Casey Jeffries, OH, USA  
Chris Smith, OH, USA  
Daren, OH, USA  
Ellen Fry, OH, USA  
Greg Sostaric, OH, USA  
Heather Cook, OH, USA  
Jessica Roberts, OH, USA

Kevin Davis, OH, USA  
Lindsey Bohl, OH, USA  
Melissa Kleder, OH, USA  
Nicholas H, OH, USA  
Rebecca Junker, OH, USA  
Shawn, OH, USA  
Taylor, OH, USA  
Zack, OH, USA  
Ashley Heckathorn, OK, USA  
Gene Gosvener, OK, USA  
Jeremiah Dye, OK, USA  
Neal Galloway, OK, USA  
Brad Pitcher, OR, USA  
Dan, OR, USA  
Porter Doran, OR, USA  
Tabor Kelly, OR, USA  
Tim Harris, OR, USA  
Andrea Dominguez, PA, USA  
Charles Schmidt, PA, USA  
Ian, PA, USA  
Jeff Karpinski, PA, USA  
Jonathan Scott, PA, USA  
Laurel, PA, USA  
Martyn, PA, USA  
Michael Bailey, PA, USA  
Michael Konzelmann,  
PA, USA  
Michael Stafford, PA, USA  
Nicole, PA, USA  
Shane, PA, USA  
Vikki McG., PA, USA  
William Kimble, PA, USA  
Robert Cohen, RI, USA  
Beth, SC, USA  
Cam, SC, USA  
Clinton Medbery, SC, USA  
Jorge, SC, USA  
Reginald Clyburn, SC, USA

“ No current contraceptive measure is 100%, but a combination of a male and female contraceptive is close enough. Currently the only real option for a male contraceptive is a condom (other than surgery which is a huge step to take), which is inconvenient, can be expensive and drastically reduces sensation.”

- Jonathan Vlietstra, Canada

Brion Kimball, SD, USA  
 David Whittington, TN, USA  
 David Black, TN, USA  
 Isara Tungmanelatkul,  
 TN, USA  
 James, TN, USA  
 John, TN, USA  
 Julie, TN, USA  
 Matt, TN, USA  
 Aaron Lozano, TX, USA  
 Adian Hallman, TX, USA  
 Al, TX, USA  
 Chan Lam, TX, USA  
 Chris Macnaughton, TX, USA  
 David, TX, USA  
 Derek Raabe, TX, USA  
 Heath Hanel, TX, USA  
 Humberto A., TX, USA  
 Ivan Parra, TX, USA  
 James, TX, USA  
 Jenny Lee, TX, USA  
 Jessica Shuford, TX, USA  
 Justin Bradley, TX, USA  
 Kasie, TX, USA  
 Lucio Montes, TX, USA  
 Luke Robison, TX, USA  
 Maria Covacevich, TX, USA  
 Mark, TX, USA  
 Megan Connell, TX, USA  
 Mitch, TX, USA  
 Nicholas, TX, USA  
 Randal Waldrop, TX, USA  
 Robert, TX, USA  
 Ronald Picard Ii, TX, USA  
 Sugey Cartagena, TX, USA  
 Virginia Lively, TX, USA  
 Wesley Estes, TX, USA  
 Anonymous, TX, USA  
 Anonymous, TX, USA  
 Joel Dunn, UT, USA  
 Anthony Massetti, VA, USA  
 Chris, VA, USA  
 Christoph, VA, USA  
 Christopher Smith, VA, USA  
 Elizabeth, VA, USA  
 James Laney, VA, USA  
 Jason Chabot, VA, USA  
 Jeremy Meyers, VA, USA  
 Jon Williams, VA, USA  
 Karthik, VA, USA  
 Len McCreary, VA, USA  
 Matt, VA, USA

Peter Lubbs, VA, USA  
 Stephen Figura, VA, USA  
 Ying, VA, USA  
 Zach Highman, VA, USA  
 Aurie, VT, USA  
 Dana Storer, VT, USA  
 Steve, VT, USA  
 Carrie Maloy, WA, USA  
 Dominick Balsoma, WA, USA  
 Forrest Jespersen, WA, USA  
 Jacob Tarica, WA, USA  
 Joel Thurlby, WA, USA  
 Justin Bowen, WA, USA  
 Kyle Rex, WA, USA  
 Meredith Salget, WA, USA  
 Narak, WA, USA  
 Natalie, WA, USA  
 Shadi Ali, WA, USA  
 Tracy, WA, USA  
 Tyler, WA, USA  
 Tyrone, WA, USA  
 Anonymous, WA, USA  
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 Alexander , WI, USA  
 Andrew, WI, USA  
 Bob Jenson, WI, USA  
 Chelsea, WI, USA  
 Jaime Irving, WI, USA  
 Jeffrey B., WI, USA  
 Lars Bryan, WI, USA  
 Matthew Clutter, WI, USA  
 Tasha, WI, USA  
 Tim Dole, WI, USA  
 Todd Rosenau, WI, USA  
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 WI, USA  
 William, USA  
 Michael Naglee, WV, USA

Adam, USA  
 Adam, USA  
 Alex, USA  
 Alex Arceneaux, USA  
 Alexander Robart, USA  
 Andrew Weaver, USA  
 Andrew, USA  
 Anton Jerbic, USA  
 Carrie Mccastle, USA  
 Chris, USA  
 Christine Tomasko, USA  
 Daniel, USA  
 David Bryan, USA  
 Duncan, USA  
 Erin Kelly, USA  
 Evan Dorn, USA  
 Faith Enberg, USA  
 Jaime, USA  
 Johnson, USA  
 Jonathan Mcmichael, USA  
 Joseph, USA  
 Josh Wendt, USA  
 Kristina, USA  
 Michael Mcbean, USA  
 Michael, USA  
 Michael Dowell, USA  
 Monique L, USA  
 Pavel L, USA  
 R.K., USA  
 Russell Purtee, USA  
 Scott Johnson, USA  
 Tashell Kelly, USA  
 Thomas Greenwood, USA  
 Tim C., USA  
 Todd Volpe, USA

“ Reliable male contraceptive choices are needed to balance the pre and post sex choices available to women. This will empower men to make a decision about when and with whom they want to become the parent of a child... So more children would be brought into this world being wanted and loved by both parents.  
 And for the governments.... [it] should help reduce their social security budget!

”  
 - C., UK



## The quarter's important clinical findings

A summary of the most interesting male contraceptive research and development concepts and analyses which have been released so far this year.

### Sperms' ability to swim: A developing male contraceptive target

Qi H, Moran MM, Navarro B, *et al.* (2007) "All four CatSper ion channel proteins are required for male fertility and sperm cell hyperactivated motility." *Proclamations of the National Academy of Sciences USA* 104(4): 1219-23.

A sperm that can't swim isn't going very far. That's the idea behind the creation of male contraceptives that interfere with sperm motility. Researchers at Harvard University identified several genes expressed only in sperm which help control sperms' ability to swim. The genes, known as Catsper1 and CatSper2, code for calcium ion channels which control sperms' strongest type of swimming, also known as hyperactivation. Hyperactivation is necessary for the fertilization of an egg.

This quarter, the researchers "identified two other related proteins, CatSper3 and CatSper4, that are involved in [the hyperactivation] process." These two new proteins don't look much like CatSper1 and 2, but they do have in common being found only in sperm tails. Disrupting the production of any of these four proteins results in the same outcome: no hyperactivation, no fertilization. A drug which blocks the action of any of these four proteins would be an effective contraceptive.

### Final clinical trial for RISUG up and running

Guha SK. (2007) "Biophysical mechanism-mediated time-dependent effect on sperm of human and monkey vas implanted polyelectrolyte contraceptive." *Asian Journal of Andrology* 9(2):221-7.

The long-awaited Phase III clinical trial for RISUG, the contraceptive injected into the vas deferens which appears to be effective for over ten years, has finally begun in India. After several years of manufacturing delays, four clinical centers around India are now issuing RISUG.

The Indian Council for Medical Research (ICMR) worked with the Central Glass and Ceramic Research Institute to produce a glass syringe designed specifically for RISUG. The private company Marksans

Pharma has manufactured RISUG, and filling and sterile packaging of the special syringes is complete. With the successful completion of training seminars for the clinical staff, the trial has now begun.

The clinical center in the central Indian city of Ludhiana is the first of four centers to start the trial. Investigators have not had any trouble finding volunteers, with 150 men already lined up at the New Delhi site and a few dozen at a third site. This trial is designed to test the safety and efficacy of

RISUG in a broad cross-section of Indian men, and will collect up to seven years of follow-up data. Simultaneously, the ICMR is in the process of collecting follow-up data on the 140 men from the previous trial, who have been using RISUG for 5-6 years.

RISUG remains unavailable to men outside India, despite interest from men around the world. RISUG's inventor and the Indian government are now exploring international collaborations that could lead to preclinical and then clinical studies overseas.

## Why don't male hormonal contraceptives work for some men?

This has been one of the most enduring questions in the development of male hormonal contraceptives (MHCs). In trials of various MHC formulations, between 3 and 20 percent of the participants do not reach sperm production rates low enough to provide effective contraception. The men's levels of testosterone and leutinizing hormone are severely depressed, and yet they still produce viable sperm. In this last quarter, researchers developed a new theory of why these men do not respond to MHC treatment.

Insulin-like factor 3 (INSL3) is a recently recognized hormone produced by Leydig cells, the cells in the testes also responsible for the manufacture of testosterone. INSL3 has been implicated as an instigator of the descent of the testes into the scrotum in infancy, and playing a key role in the function of the adult male reproductive system. In male mice INSL3 prevents the destruction of immature sperm, promoting their continued journey

through the male reproductive tract. This led researchers to speculate that men who still make sperm despite administration of an MHC may still be producing INSL3.

Researchers had not previously measured the levels of INSL3 in their studies, but they had preserved blood samples drawn from participants in earlier MHC trials. When they measured levels of INSL3 in those blood samples, they found that high levels of INSL3 in the blood correlated with continuing sperm production. Conversely, in another very small study of intra-testicular levels of hormones in men taking an MHC, the researchers found no link between INSL3 in the blood and continued sperm production. However, this study may have been too low-powered to detect the difference. Hopefully, future large scale MHC trials will begin collecting data on the participants' INSL3 levels to provide clues in the non-response mystery.

Amory JK, Page ST, Anawalt BD, *et al.* (2007) "Elevated end-of-treatment serum INSL3 is associated with failure to completely suppress spermatogenesis in men receiving male hormonal contraception." *Journal of Andrology* 28(4):548-54.

Page ST, Kalthorn TF, Bremner WJ, *et al.* (2007) "Serum INSL3, a Leydig Cell Product, Does Not Correlate with Residual Intratesticular Androgens in Men with Suppressed Gonadotropins during Hormonal Contraceptive Treatment." *Endocrine Society's 89th Annual Meeting*, Toronto, Canada, 2-5 June 2007.

## Intra Vas Device (IVD) trial underway

All 90 spots for volunteers in Shepherd Medical Company's US study of the Intra Vas Device – a set of tiny silicone plugs designed as a vasectomy alternative – were filled in April. Shepherd Medical Company started the Phase I clinical trial last fall; men signed up quite quickly at the 3 participating centers. The trial's 6-month results will be reported at the upcoming Future of Male Contraception conference, and will help determine the IVD's

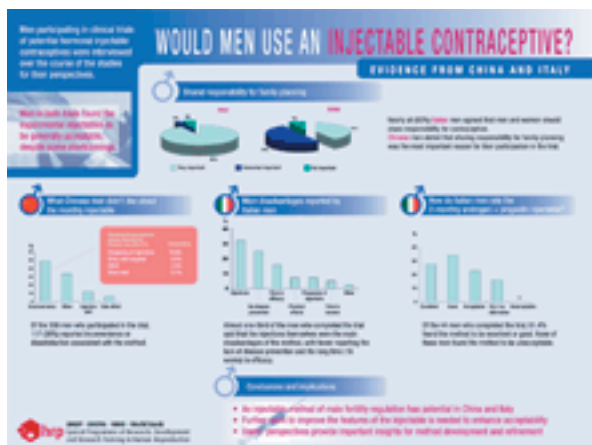
chances at getting venture capital and additional grant funding.

The IVD's developers hope to have it on the US market in 2010. From the perspective of consumers, the IVD may be the first male contraceptive to go from an abstract future availability ("It will be on the market 5 to 10 years from now..." repeated indefinitely) to a concrete prediction of availability in 4 years.



## The quarter's important policy news & guidance

A summary of the male reproductive health care policy guidance and regulatory recommendations prepared by organizations, governments, and independent experts working within the field.



## World Health Organization: men find MHC acceptable in China and Italy studies

The WHO has summarized the acceptability findings of two groups of their collaborating researchers in China and Italy, who tested an injected male hormonal contraceptive (MHC) in local men. "Men participating in clinical trials of potential

hormonal injectable contraceptives were interviewed over the course of the studies for their perspectives. Men in both trials found the experimental injectables to be generally acceptable, despite some shortcomings."

They conclude:

- "An injectable method of male fertility regulation has potential in China and Italy,
- Further work to improve the features of the injectable is needed to enhance acceptability, and
- Users perspectives provide important insights for method development and refinement."

A poster summarizing the findings is available for download at :

[www.who.int/reproductive-health/family\\_planning/social.htm](http://www.who.int/reproductive-health/family_planning/social.htm)

## Achievement of the Millennium Development Goals depends on family planning

On January 31, a UK Parliamentary Group on Population, Development and Health released their findings from 6 months of hearings on population issues. The group's primary question was whether population growth will affect nations' ability to achieve the ten Millennium Development Goals (MDGs) set forth by the United Nations. Their conclusion was a resounding yes: they found that seven of these ten goals could not possibly be attained at current growth rates in a number of member countries.

- **Goal 1, Eradicate extreme poverty and hunger:** "The rapid pace of population growth in much of Africa and some other parts of the world means, despite global efforts, we are not even succeeding in keeping the numbers living in extreme poverty stable."
- **Goal 2, Achieve universal primary education:** "[In] high population growth countries, the number of school age children can double every 20 years. Assuming class sizes of 40, an extra 2 million school teachers per year are required just to stand still."
- **Goal 3, Promote gender equality and empower women:** "Women with numerous pregnancies and life-long child care find it difficult to participate in education, markets or politics.

Women without access to family planning are likely to be younger when they have their first child, and less able to space or limit subsequent births."

- **Goal 4, Reduce child mortality:** "The two most important causes of child mortality directly related to population growth are high fertility and reduced access to safe drinking water."
- **Goal 5, Improve maternal health:** "High fertility strongly increases a woman's lifetime risk of dying from pregnancy related causes. One woman a minute dies from pregnancy, childbirth or unsafe abortion and 99% of these deaths occur in developing countries."
- **Goal 6, Combat HIV/AIDS, malaria and other diseases:** "Population growth has a negative impact on gaining control over the spread of HIV/AIDS through two main routes: increased urbanization and the persistence of poverty."
- **Goal 7, Ensure environmental sustainability:** "Reversing the loss of environmental resources cannot be achieved in the context of rapid or even moderate population growth." Access to fresh water is of particular concern: "As population grows, the UN estimates two thirds of the world's population will face moderate to high water shortages by 2025."

All Party Parliamentary Group on Population, Development and Health (2007) "Return of the Population Growth Factor."



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The International Male Contraception Coalition's (IMCC) objectives are to speed the development of new male contraceptives through increased legislative and institutional support, to raise funds for applied male contraception research and development, and to educate the public about the work of the research community.

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The Male Contraception Information Project (MCIP) is entirely nonprofit and works in three areas: raising public awareness of promising nonhormonal male contraceptives, advocating increased and expedited government research, and serving as a resource for journalists who wish to write about the subject.

“It is clear that without addressing the issue of population growth and high fertility in the poorest regions of the world, these regions have little chance of achieving the MDGs... Urgent action must be taken to ensure family planning provision becomes an integral part of all efforts to reduce poverty, improve mothers’ and children’s survival and health, and to forestall further damage to the natural environment. The large and well-documented unmet need for family planning must be addressed... Helping couples to achieve their fertility goals is a fundamental and

internationally recognized human right and will at the same time help to ensure a safer, more peaceful and healthier environment for tomorrow’s children.”

The group calls for a renewed donor and government commitment to family planning access and quality care. This broad recognition that population growth continues to be of critical importance – for political, economic, environmental and social justice reasons – should be a boon to the international family planning community.



## Future of Male Contraception conference

The second future of Male Contraception conference – sponsored by the National Institute of Child Health and Human Development, CONRAD, the WHO, and the University of Washington – is fast approaching. The conference will be September 27-28, 2007, at Seattle’s Edgewater Hotel overlooking the Puget Sound.

Drs. Peter Liu, Stephanie Page, Eberhard Nieschlag, John Amory, Bill Bremner, Christina Wang and Barbara Attardi will present findings on various aspects of male hormonal contraception. Dr. James Dalton will speak about the potential use of SARM ligands. Dr. Chris Boelter will present preliminary findings of the Phase I clinical trial of the US design of the Intra Vas Device.

The promising targets and agents covered will include: soluble adenylyl cyclase, PKA, glycolytic enzymes, catecholamine inhibitors,

zona pellucida binding proteins, retinoic acid  $\alpha$  receptor inhibitors, the novel non-steroidal drug CDB-4022, gamendazole, and Na, Ca and K exchange channels.

Drs. Gunda Georg, Yan Cheng and Bob Braun will present information on the emerging technologies of high-throughput screening, testicular drug targeting and blood-testes barrier challenges, respectively.

Dr. Albert Radlmaier will present sociological data on the acceptability of male contraceptives. Dr. Ulrich Gottwald will provide an update on Bayer/Schering Pharma’s male contraceptive work.

To register, see the full program, or see a list of registered participants, visit the conference website:

[www.futureofmalecontraception.com](http://www.futureofmalecontraception.com)

