



Statement 7

SPERM DNA FRAGMENTATION

1- Sperm DNA fragmentation has limited or no ability to predict assisted conception outcomes.

No piece of convincing or highly suggestive evidence linking SDF to a better or worse live birth after ART. The evidence for an association between SDF and IVF pregnancy was either weak or nonsignificant. Miscarriage and implantation; both showed either weak or nonsignificant associations. Re-estimation and evidence assessment showed a nonsignificant effect on fertilization and blastocyst formation.

2- Data available are inadequate to inform clinical practice

3- Clinicians should use testing or treating for SDF in only a research context.

4- Clinicians should consider nonsignificant or weak evidence of associations between SDF and ART outcomes as well as the existence of high risk of bias among studies when making treatment decisions.

5- Clinicians shouldn't advice for using ICSI with testicular sperm in patients with high SDF as surgical sperm retrieval being invasive procedure with the potential for harm, with no proven evidence to support this decision.

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6- Using advanced sperm selection such as hyaluronan-selected intracytoplasmic sperm injection to decrease SDF shows no benefit with unnecessary additional cost for patients.

7- Further high-quality studies should be conducted to evaluate current ART practice

8- More rigorous and transparent reporting of systematic reviews and meta-analyses should be conducted to ensure robust informed decisions.

9- We recommend this kind of generalizable evidence to be conducted further to evaluate current ART practice



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