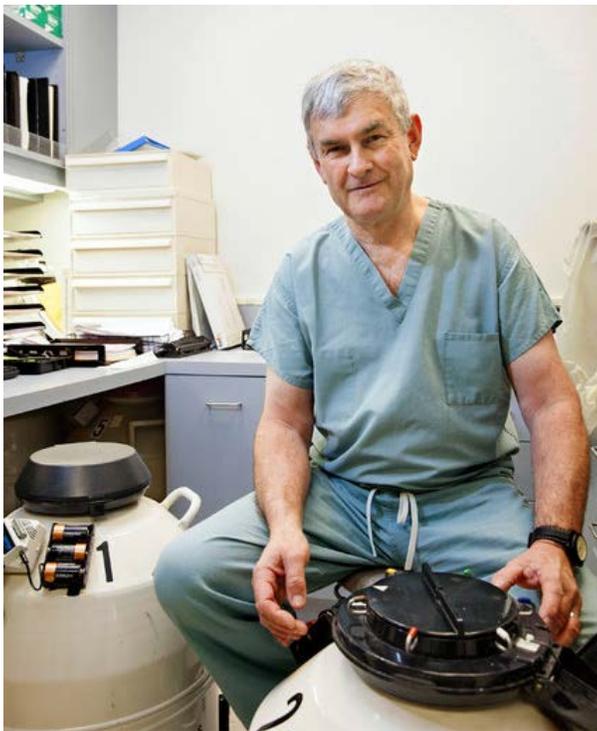


FASHION & STYLE | HEALTH

Banking on My Future as a Father

Diary of a Sperm Banker

By DAN CRANE APRIL 4, 2014



Bronte Stone with frozen sperm samples at California Fertility Partners in Los Angeles. Stephanie Diani for The New York Times

“When are you going to have one of these?” a friend asked a few months ago, referring to the 10-month-old crying baby in her arms.

“I’m working on it!” I replied, in a defensive, Seinfeldian wail. And by working on it, I meant I had just started using Tinder.

“You better work faster,” she scolded. “Those sperm aren’t getting any younger.”

In an instant, I empathized with every woman who’s had an overbearing friend or relative stand with head tilted, finger tapping on an imaginary ticking wristwatch. I’d read the recent spate of articles warning of potential fertility problems for men of a certain age (“[Older Fathers Linked to Kids’ Schizophrenia and Autism Risk](#),” “[Men’s Sperm Quality Decreases at Age 35](#),” “[The Biological Clock, Ticking for Men Too](#)”). And at 42, I was starting to feel less spring cockerel than rusty rooster.

So it was that I found myself, weeks later, sequestered in a small room at the Los Angeles clinic of California Fertility Partners, perusing a sizable, if rather dated, collection of pornographic DVDs and magazines. After hastily settling on “Camel Toe” — a disappointing film on so many levels — I deposited my specimen into a plastic cup, washed my hands thoroughly, wrote my name and the day’s date on the label, then walked the sample down the hall to the latex-gloved technician who would begin the process of a comprehensive semen analysis. It was the first, quite painless step toward having my sperm frozen for later use.

The idea had dawned after I got divorced about a year ago, childless. Then a female friend told me about having had some of her eggs frozen a couple of years ago, an option increasingly considered by women in their 20s and 30s who want to defer motherhood. And then came all the scary news reports about men.



Serge
Bloch

Wouldn't it be prudent to bank today's fatherlode for use down the road? It might take a while to find the mother of my future children (so far, Tinder hasn't inspired a whole lot of confidence), and surely the sperm I donate today will be superior to the sperm I'll produce in say, 2020. Of course, there were other questions, like, is the sperm I'm producing now any good? Would it have been better if I banked my sperm 10 years ago? Would I have the energy to be a new father at 50? And will Elon Musk have built his Hyperloop to San Francisco by then?

I may be single, but I'm not alone: Dr. Paul Turek, a men's fertility specialist and director of the Turek Clinic in San Francisco and Los Angeles, told me he's been seeing an uptick in young men in the San Francisco area banking their sperm, fearful of the effects of advanced paternal age. Dr. Turek described these men as the "aggressive Internet crowd who are single, and want to protect their fertility. They're perfect now and they don't know if they're going to be perfect later — and they have the money to do it."

Unlike freezing a woman's eggs, which can easily go into five digits just for the extraction, freezing sperm is both noninvasive and relatively cheap. Depending on the lab, the cost for a comprehensive semen analysis and a year of storage is usually around \$500, with each subsequent year of storage typically at or below \$500. (You can sometimes save on multiyear packages. The California Cryobank, for example, charges \$475 for one year of semen specimen storage, or \$2,680 for 10 years, according to its website.)

But is this necessary?

In speaking with more than a dozen doctors, I found out that there are several things that can go wrong with sperm as men age. First, the likelihood of getting a woman pregnant (excluding the woman's age as a factor) is reduced as men age. This is partly because of a process called DNA fragmentation, Dr. Turek explained, which increases in sperm as a man ages, and leads to a higher incidence of miscarriage or infertility. That's not to say a man in his 60s can't father a child — see the oft-trotted-out examples Charlie Chaplin, Larry King and Tony Randall — but statistically speaking, it will take longer.

In addition, sperm motility has been shown to decline with age and abnormal morphology (the percentage of abnormally shaped sperm) increases — also indicators for a reduced likelihood of a successful pregnancy.

According to Dr. Turek, the other thing that happens as a man ages is that the “quality control mechanisms in sperm production begin to fail, and they begin to let in little things that get through called single gene mutations.” These new mutations that appear in offspring, Dr. Turek said, have been shown to “increase by two for every year of a father's age above 40.” On [his blog](#), Dr. Turek (who does not have a sperm-freezing business) enumerated a startling number of risks that, based on his research, he believes fathers over 40 bring to offspring, including a twofold increase in risk of miscarriage or preterm birth, a 25 percent increased risk of birth defects, a twofold increase of chromosomal abnormalities, an eight-to-10-fold increased risk of disease due to single gene mutations, and up to a fivefold increase in schizophrenia, bipolar disorder and epilepsy.

But such research is controversial. “The suggestions of autism are just that,” said Dr. Mark Surrey, a founder and the medical director of the Southern California Reproductive Center, who believes there's not yet been a

controlled study directly linking autism and advanced paternal age. “The specifics of autism are very difficult to isolate because it’s such a multifactorial process that there’s not a single gene disorder, really,” Dr. Surrey said. “If it was, we could eliminate it genetically.”

Dr. Craig Niederberger, head of the department of urology at the University of Illinois at Chicago College of Medicine, agrees that though there have been several recent studies which suggest a connection between aging sperm and genetic abnormalities, but he, too, is wary of making the case that younger men should freeze sperm. “We know that eggs collect errors as women age,” he said (women are born with all the eggs they’ll ever produce). “But in sperm, which is constantly replenishing itself, we don’t know that.”

Still, the more doctors I spoke with, the more fearful I became.

Bronte Stone works at California Fertility Partners and his lab, Reproductive Technology Laboratories, produced a recent study suggesting that sperm count begins declining after age 34, and that the number of normally formed sperm begins declining around age 40. Dr. Stone does not want his data to produce male hysteria, though.

“I don’t think it would be a fair characterization of what anyone has found in sperm numbers and aging to present to a 40-year-old, ‘Things are just going to keep getting worse as you get older, so absolutely you should freeze sperm now no matter what, because no matter what, they’re going to be worse in five years’ time than they are now,’ ” he said. “That might be true, but the ‘worse’ might be a percent or less than a percent difference.”

Grace Centola is the laboratory and tissue bank director at Cryos International in New York, and the former president of the Society for Male Reproduction and Urology, affiliated with the American Society for Reproductive Medicine (A.S.R.M.). At the sperm banks she is associated with, she reports, there’s been a slight increase in men in their late 20s and early 30s requesting to bank their sperm because they had read some of the recent studies. However, “I would say that it is not as much as I thought there would be, and certainly not as much as we’re seeing in females looking to bank their eggs,” Dr. Centola said in a phone interview. “Unfortunately, the male side is often neglected.”

The president of the A.S.R.M., Dr. Rebecca Sokol, a professor of obstetrics, gynecology and medicine at the University of Southern California, said that she fields inquiries from patients about freezing sperm at least twice a

month. Her standard response is: “If you’re really concerned, yes, go ahead and bank your sperm — but remember that frozen sperm, once it’s defrosted, may not be as functional as the sperm that you have at the present time. So you can’t assume that you’re going to have 100-percent fertility when it’s defrosted, because you might not even have 100-percent fertility now.”

Unfortunately, I discovered, this was all too true. Sperm quality is measured by four primary criteria: volume (how much semen), count (how many sperm per milliliter), motility (how fast and well the sperm move) and morphology (shape). The numbers from my analysis were all O.K., except for my morphology.

Abnormal sperm are, in fact, the norm. Depending on the criteria and methodology, it’s perfectly ordinary for a man to be told he has 94 percent abnormally shaped sperm. Unfortunately, my first lab result showed 99 percent abnormal morphology. Dr. Stone, of California Fertility Partners, who analyzed the results, told me that based on my first sample, I had a decent chance of achieving a pregnancy through natural means. If that didn’t work, he said, a fresh sample would be suitable for intrauterine insemination (IUI) or in vitro fertilization (I.V.F.), but because of the impact that it has on sperm, freezing it would pretty much make I.V.F. a necessity.

Dr. Stone asked a battery of questions, including: Did I wear jockey shorts (no); did I smoke (no); had I used testosterone gel (which drastically reduces sperm count — no); and had I been spending a lot of time in hot tubs or saunas recently?

As it turned out I had just returned from a three-week trip to Scandinavia where, per tradition, most evenings typically culminated in a visit to the sauna. Upon learning this, Dr. Stone suggested I submit a second sample in four to six weeks, exercising, taking a daily multivitamin and avoiding hot tubs and saunas in the meantime. Then the lab would do a second analysis and see if the results improved.

And so I once again found myself in the small room at California Fertility Partners, emancipating another sample, whose analysis was significantly improved, with higher concentration and motility, and 3 percent normal morphology.

My new numbers weren’t perfect, but they were much better. Good enough,

Dr. Stone said, that a thawed sample would have a reasonable chance of success with IUI. So, on Dec. 24, 2013, I again returned to the lab to bank my sperm. When I told my friend Dave how I'd be spending Christmas Eve, he offered: "Well, you know what they say — it's better to give than to receive."

The next day, he texted to ask how it went. "Swimmingly!" I responded. I don't know if I'll ever use my frozen sperm, but it's a relief to have the option. Plus it's a great icebreaker on Tinder.

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