**Table 2.** Summary of the existing vs experimental male contraception methods and comparison of contraceptive efficacy where available (expressed as Pregnancy Rate = unintended pregnancies per 100 men-years of exposure

	Pregnancy Rates (%)
<b>Existing contraceptives</b>	
• Condoms	15
• Vasectomy	0.15
Contraception methods under investigation	
Hormonal contraception	
Androgen monotherapy	
• TE	0.8-1.4
• TU	0.18-0.6
Combination of androgens with:	
<ul> <li>GnRH-analogues</li> </ul>	
• Progestins (DMPA + T pellets)	0
Non-hormonal methods	
Inhibition of spermatogenesis	
<ul> <li>Chemical - pharmaceutical methods</li> </ul>	
o Gossypol - Adjudin - Indenopyridines	
o Inhibition of testicular retinoic acid	
<ul> <li>Mechanical methods</li> </ul>	
o Suspensories - External testicular heating	
o Testicular ultrasound treatment	
Disruption of sperm transport	
<ul> <li>Pharmaceutical methods</li> </ul>	
<ul> <li>Alpha-adrenergic receptor blockers</li> </ul>	
<ul> <li>Peptidergic agonists</li> </ul>	
<ul> <li>Mechanical methods</li> </ul>	
○ RISUG <sup>a</sup>	1 pregn/ 250 men
○ Intra-vas plugs	0.21-0.65
Incapacitation of stored spermatozoa	
• Disruption of the epididymal fluid composition	1

- Disruption of the epididymal fluid composition
- Disruption of sperm metabolism
- Disruption of sperm-ovum interaction
- Active immunization against sperm

<sup>&</sup>lt;sup>a</sup> Reversible Inhibition of Sperm Under Guidance.