Fig. S1. The same infantile case as in Fig. 2 (5 years old) but showing no immunoreaction for inhibin in the epididymis.

Fig. S2. Adult efferent ducts showing positive immunoreaction for inhibin (left) and negative in the caput epidymidis (right).
Fig. S3. Adult efferent ducts showing positive immunoreaction for CD68 in the Halo cells.

Fig. S4. Adult testis (71 years old) with ischemic atrophy showing positive immunoreaction for inhibin in the isolated Sertoli and Leydig cells in the less atrophic seminiferous tubules (upper). No immunoreaction is detected in the completely atrophied sclerosed seminiferous tubules (lower).
**Fig. S5.** Adult epididymis of the same patient as in Fig. S4 (71 years old) with ischemic atrophy showing negative immunoreaction for inhibin in the efferent ducts of the epididymis. Isolated macrophages with lipofuscin granules can be observed in the interstitium.

**Fig. S6.** Same infantile case of cryptorchidism as in Fig. 5 (2 years old) showing negative immunoreaction for inhibin in the epididymis (caput region).
**Fig. S7.** Adult cryptorchid case (18 years old) showing positive immunoreaction for inhibin in the testicular Sertoli and Leydig cells both in tubules with Sertoli-cell-only and in those with lumen and spermatogonial arrest.

**Fig. S8.** The same adult cryptorchid case as in Fig. S7 (18 years old) but showing no immunoreaction for inhibin in the efferent ducts.
Fig. S9. Gender change testis in a case of long-term hormonal treatment (25 years old). Testicular seminiferous tubules (left) show spermatogonial arrest, dilated tubular lumen, and intense positive immunoreaction for inhibin in the Sertoli and isolated Leydig cells and no immunoreaction in the efferent ducts of the epididymis (right).

Fig. S10. Gender change testis in a case of short-term or irregular hormonal treatment (33 years old) showing seminiferous tubules with reduced and variable spermatogenesis. H&E.
Fig. S11. Same gender change case of short-term or irregular hormonal treatment as in Fig. 10 (33 years old) showing scarce and irregular immunoreaction for inhibin in the efferent ducts (compare duct in the upper left side with ducts in the lower right side of the photograph).