Studies Demonstrate Risks, Benefits of Testosterone Therapy
Research highlights new information for men with hypogonadism

New Orleans, LA, May 18, 2015 — The use of testosterone in some men improves certain metabolic parameters and does not increase prostate cancer risk, according to four new studies being presented during the 110th Annual Scientific Meeting of the American Urological Association (AUA). The research will be highlighted by study authors during a special press conference. Tobias S. Köhler, MD, MPH, FACS; session moderator, associate professor and residency program director with Southern Illinois University School of Medicine will moderate the session at the Ernest N. Morial Convention Center in New Orleans, LA on May 18, 2015 at 3:30 p.m. CT.

Testosterone, a hormone produced primarily in the testicles, helps maintain a man’s:

- Bone density
- Fat distribution
- Muscle strength and mass
- Red blood cell production
- Sex drive
- Sperm production

Testosterone therapy is used to treat men with clinically diagnosed testosterone deficiency, also known as hypogonadism. While hypogonadism can be associated with fatigue, erectile dysfunction, decreased muscle mass, and even infertility, these symptoms may not always be related to low levels of this hormone. Men with these symptoms should consult with their physicians and undergo blood tests prior to starting testosterone replacement therapy.

Study Details

Association between Testosterone Therapy and Thrombotic Events in Elderly Men
Publication Number: PD37-01

In men over age 65 with confirmed hypogonadism (low testosterone), testosterone replacement therapy (TRT) was not associated with an increased risk of thrombotic events (including myocardial infarction, or heart attack; transient ischemic attack, or TIA; cerebrovascular accident, CVA or stroke; and pulmonary embolism, or PE). Researchers from Baylor College of Medicine in Houston, TX, conducted a retrospective records review for more than 200 men with low testosterone (2 AM T<300 ng/ml associated with symptoms), and compared those treated with TRT to those who did not receive TRT. Findings demonstrated increased all-cause mortality in the hypogonadal men who were not treated compared to those who received TRT; no statistically significant difference in the prevalence of MI, TIA/CVA or PE was found between the groups.

Endogenous and Exogenous Testosterone and the Risk of Prostate Cancer and Prostate-Specific Antigen
Publication Number: MP4-09

Preliminary data indicate that testosterone levels may not increase prostate-specific antigen (PSA) levels or prostate cancer development, according to a new multi-institutional, international meta-analysis by
researchers in France, Ireland, Russia and the United States. In this review of 18 studies with more than 5,000 prostate cancer patients and nearly 12,000 controls, researchers used the data to assess patients’ risk of prostate cancer development relative to testosterone levels. No statistical significance was found between testosterone levels (produced naturally or via TRT) and prostate cancer risk, though researchers stress additional studies with longer follow-up are needed.

Effects of Continuous Long-Term Testosterone Replacement Therapy (TRT) up to 11 Years in 115 Hypogonadal Elderly Men on Anthropometric, Endocrine and Metabolic Parameters: Real-Life Experience from an Observational Registry Study
Publication Number: MP27-03

Despite the controversial nature of TRT in the elderly, a new study from researchers in Bremerhaven, Germany and Boston, MA, demonstrates that long-term TRT improved a variety of symptoms in elderly hypogonadal men, suggesting a reduction of cardiovascular risk in this group. In this prospective, cumulative registry study, researchers reviewed records of 262 hypogonadal men who received testosterone injections at 12-week intervals for up to 11 years. Improvements were seen on a variety of key factors, including a decrease in waist circumference, weight and body mass index (BMI), along with improvements in fasting glucose and HbA1c levels. Improvements were also seen in triglyceride ratios and cholesterol levels, as well as in blood pressure. Another study (Publication Number: PD45-03) by these authors also showed testosterone was effective in improving both metabolic factors and erectile dysfunction in hypogonadal men with type 2 diabetes mellitus.

“These studies demonstrate that testosterone therapy can be very beneficial in appropriately identified patients (those with confirmed low testosterone with symptoms),” said Dr. Köhler. “At the same time, while these data are promising, it is important to remember that testosterone replacement isn’t suitable for everyone, and also that we need more long-term follow up to confirm these findings.”

NOTE TO REPORTERS: Experts are available to discuss this study outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at 443-909-0839 or e-mail cfrey@AUAnet.org.

About the American Urological Association: The 110th Annual Meeting of the American Urological Association takes place May 15-19 at the Ernest N. Morial Convention Center in New Orleans, LA.

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

Contact:
Christine Frey, AUA
443-909-0839
cfrey@auanet.org