

## Testosterone Therapy After RP May Work

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TORONTO—Testosterone replacement therapy (TRT) may be effective in improving testosterone levels in hypogonadal men following radical prostatectomy (RP)

The findings are important because men with low testosterone may have a poor quality of life, said study investigator Mohit Khera, MD, MBA, MPH, assistant professor of urology at Baylor College of Medicine in Houston. Among other signs and symptoms, patients suffer from depression, decreased libido, increased fat deposition, decreased muscle mass, and osteoporosis. Moreover, following RP, hypogonadal men are concerned about their erectile function, and low testosterone may impact their ability to have erections.

“Many clinicians and urologists are skeptical to put patients on testosterone after radical prostatectomy due to fear of unmasking or awaking dormant prostate cancer cells,” Dr. Khera told Renal & Urology News. “I believe that this paradigm may be slowly shifting. Currently, there are over 50,000 radical prostatectomies a year in the United States, and I think this is a subgroup of the population that has been typically denied testosterone replacement therapy.”

At the Sexual Medicine Society of North America annual meeting, he presented findings of a retrospective study that included 57 men initiated on TRT following RP. All had undetectable PSA and negative surgical margins prior to initiating TRT. The men had a mean age of 64 years (range 53-83 years) and men started TRT a mean 36 months after RP.

After an average follow-up of 13 months, mean testosterone values rose from 255 ng/dL before TRT initiation to 459 ng/dL. No significant change in PSA values were observed before and after initiating TRT. No patient had a biochemical PSA recurrence. When patients were stratified by Gleason score (6 or less, 7, and 8 or greater), the investigators observed no differences in PSA values before and after initiating TRT among the three groups.

Testosterone values rose from 276 to 639 ng/dL among patients with a Gleason score of 6 or less; from 262 to 350 ng/dL among patients with a Gleason score of 7; and from 139 to 538 ng/dl among patients with a Gleason score of 8 or higher.

Their study is the largest to date looking at testosterone replacement therapy after RP, Dr. Khera said, adding: “We have not had any PSA recurrences at this time.”

He and his colleagues have started enrollment for a randomized, placebo-controlled trial of TRT in post-RP patients at Baylor College of Medicine.

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