

Objectives:

Testosterone therapy for hypogonadal men has been used for decades. However, there are still concerns regarding the safety of this treatment, particularly in elderly men. We studied long-term effects of testosterone treatment in elderly hypogonadal men treated with testosterone undecanoate (TU).

Material and Methods:

Cumulative registry study of 255 men (mean age 60.6 ± 8.0 years), with testosterone levels ≤ 3.5 ng/ml. They received injections of TU 1000 mg at day 1, week 6 and every 12 weeks for up to 5 years.

Results:

Erythropoiesis: haemoglobin increased from 14.44 ± 0.72 to 14.99 ± 0.45 g/dl ($p < 0.0001$ vs baseline). Haematocrit increased from 43.22 ± 2.84 to $48.78 \pm 1.7\%$ ($p < 0.0001$ vs baseline). Four patients had haematocrit levels $> 52\%$ which resolved without intervention. Prostate: PSA increased from 1.77 ± 0.96 to 1.82 ± 0.96 ng/ml ($p < 0.0001$ vs baseline) with a plateau after 24 months. Prostate volume increased from 28.51 ± 11.2 to 30.23 ± 12.4 ml ($p < 0.0001$ vs baseline). 3/255 patients were diagnosed with prostate cancer following elevated PSA (< 4 ng/mL) at 18 weeks of treatment. Tumour grade was T2 in all three and Gleason score 3+3 in two and 3+2 in one patient, resp. They all underwent radical prostatectomy. The proportion was 1.18% with an incidence of 30.334 per 10.000 patient years. For comparison: in the PLCO trial with a 7-year follow-up, the proportion of prostate cancer was 7.35% with an incidence of 116 per 10.000 patient years [1]. – The International Prostate Symptom score (IPSS) improved from 6.73 ± 4.21 to 2.83 ± 1.25 ($p < 0.0001$). Liver enzymes: aspartate transaminase (AST) decreased from 43.05 ± 17.29 to 20.16 ± 3.21 U/L ($p < 0.0001$ vs baseline), alanine transaminase (ALT) from 43.89 ± 18.11 to 20.54 ± 3.92 U/L ($p < 0.0001$ vs baseline).

Conclusion: