Department of Urology

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- Several testosterone delivery systems, including intramuscular (IM) injections, are currently available.
- Side effect profiles for the different dosing regimens of IM testosterone injections have not been investigated.
- We sought to compare outcomes using two different commonly used IM testosterone replacement therapy (TRT) regimens (Cypionate/Enanthate).

Materials and Methods

• From 2015 to 2019, a multi-institutional (n=3) retrospective review of charts of men who presented was conduced.

Inclusion Criteria

18 years or older

100mg IM once weekly OR 200mg IM once every other week

Primary Outcomes

Changes in estradiol (E)

Changes in PSA

Changes in hematocrit (Hct)

Changes in total testosterone (TT)

Changes in free testosterone (FT)

Comparative Assessment of Outcomes Using Two Different Intramuscular Testosterone Replacement Therapy Regimens

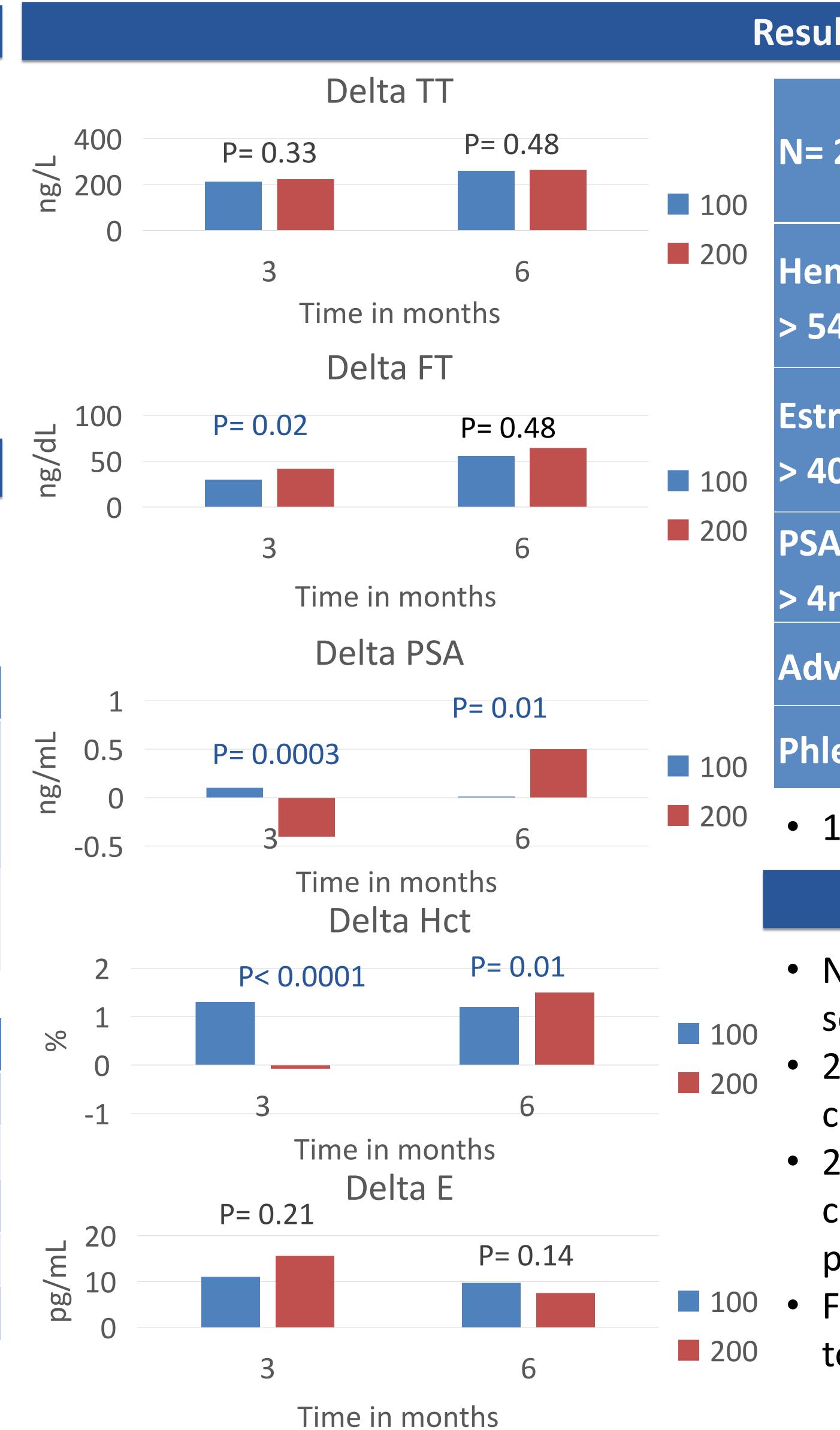
Introduction and Objectives

Exclusion Criteria

- Received non-TRT hormone replacement therapies in the last 6 months (hCG, SERM, aromatase inhibitors)
- History of prostate cancer

Secondary Outcomes

- E rises more than 40pg/mL
- PSA rises more than 4 ng/mL
- Hct rises more than 54%
- Adverse events requiring cessation of TRT





lts			
263	100mg (N=169)	200mg (n=94)	P- value
matocrit 4%	1/102 (1%)	4/51 (8%)	0.026
radiol Opg/mL	8/48 (17%)	5/22 (23%)	0.552
N ng/mL	2/96 (2%)	1/42 (2%)	0.912
verse Events	0	0	
ebotomies	0	0	

• 1 patient stopped TRT due to fertility concerns.

Conclusions

• No significant differences in TT, FT and E were seen at 6 months.

• 200mg IM every other week was more likely to cause significant erythrocytosis.

• 200mg IM every other week was more likely to cause higher changes in PSA but none of the patients required a biopsy.

Further larger prospective studies are needed to validate these results.

