

# CAN TESTOSTERONE BE SAFELY GIVEN TO MEN WITH PROSTATE CANCER?

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# T and Prostate Cancer

- Meta-analysis of 19 placebo-controlled T therapy studies in men with low or low-nl T
- Comparison of men treated with T vs placebo revealed no difference in:
  - PCa
  - PSA > 4.0 ng/ml
  - Urinary symptom scores

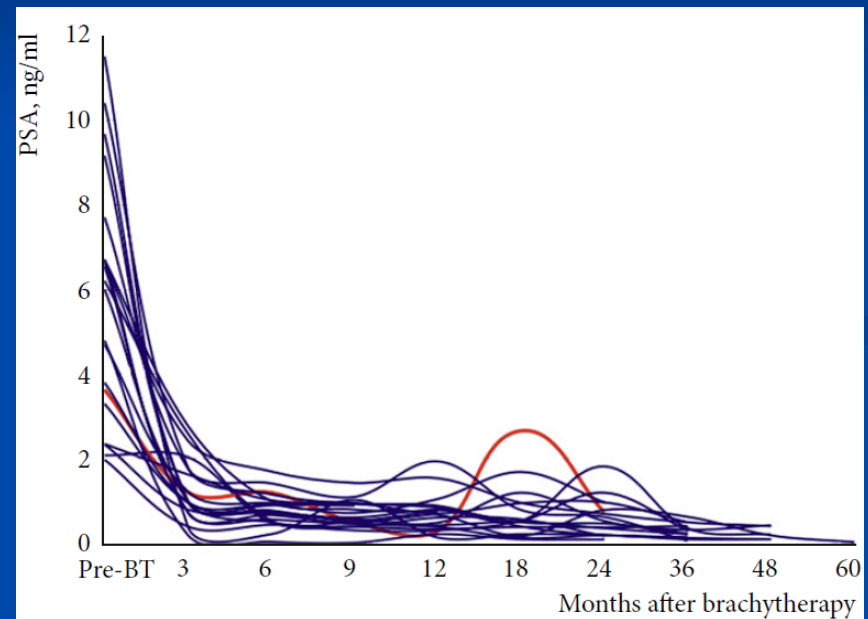
Calof et al, J Gerontology 2005;60A:1451-7



# T THERAPY AFTER BRACHYTHERAPY

Balbontin et al BJUI 2014; 114:125

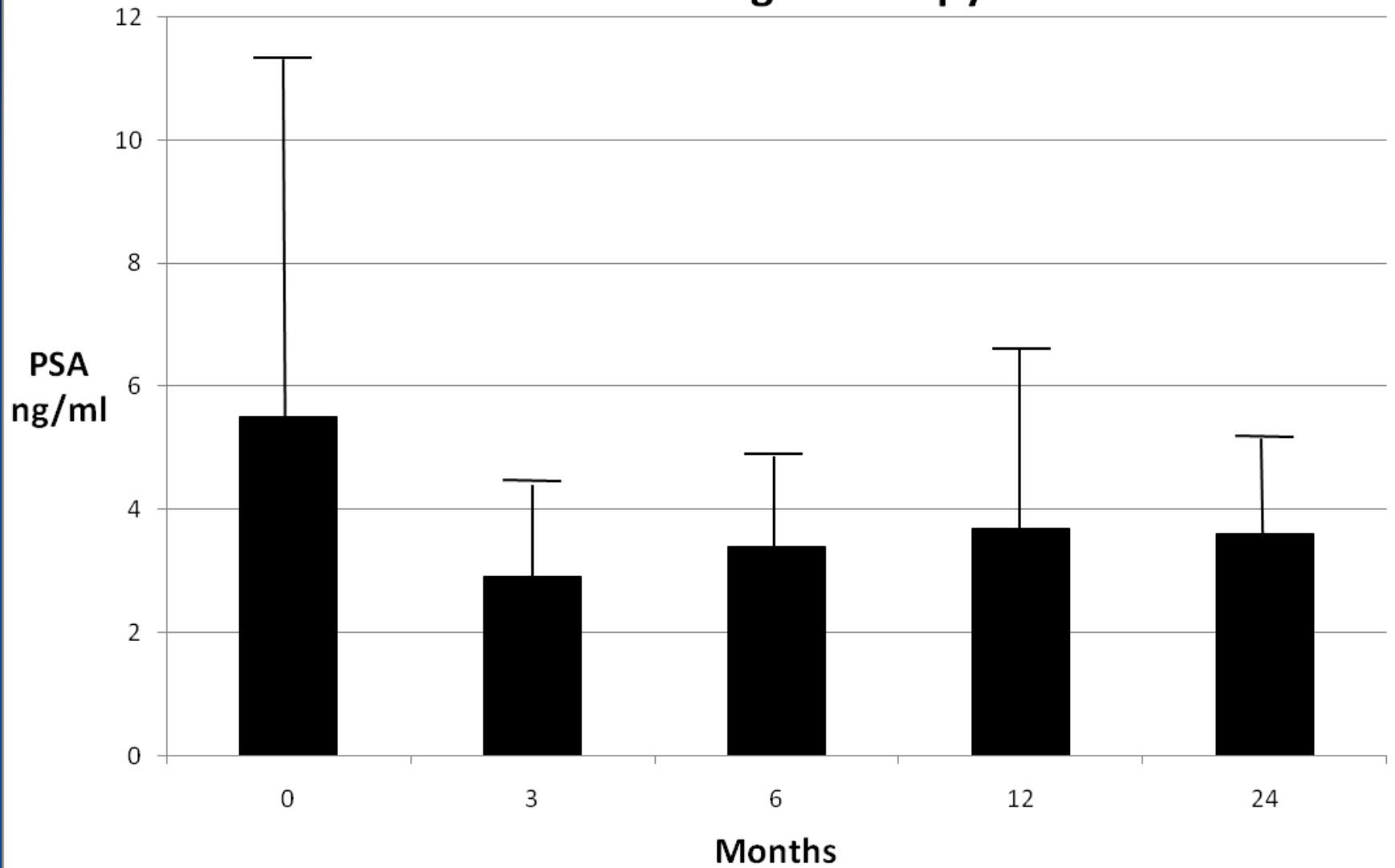
- 20 men treated with brachytherapy
- Gleason 5-8
- T therapy for symptoms
- Median follow-up 31 mo
- SHIM improved 16 to 22 ( $p=.002$ )
- No cases of progression or mets



# T THERAPY IN MEN WITH UNTREATED PCa

- T therapy in 13 men with untreated PCa (surveillance)
- Median duration T therapy 2.5y (1-8y)
- All with follow-up biopsies (avg 2/person)

## Mean PSA During T Therapy

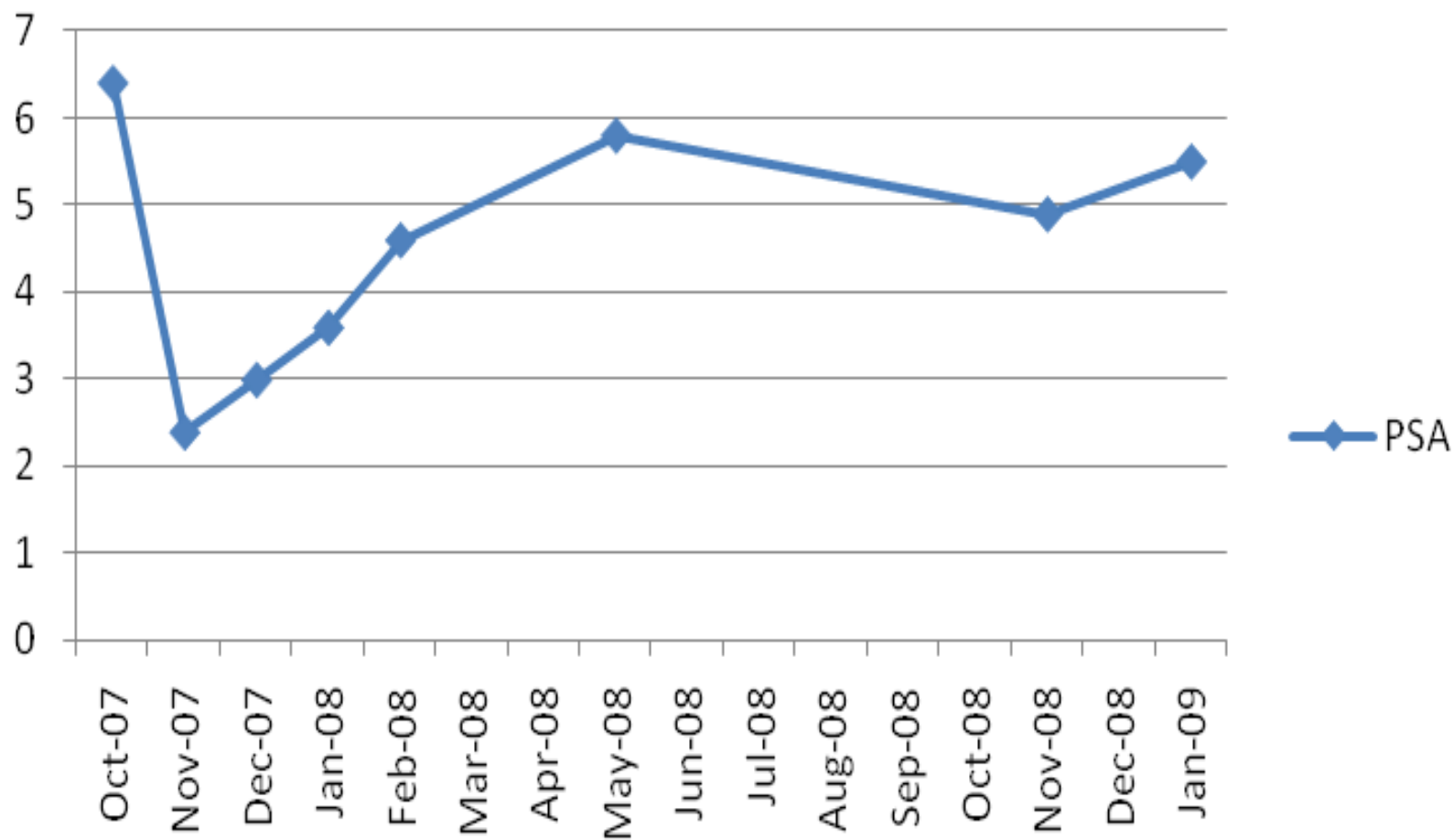


# T THERAPY IN MEN WITH UNTREATED PCa

- All men experienced symptomatic benefit
- No increase in PSA
- No increase in prostate volume
- No definite cancer progression
- 54% of biopsies- no cancer seen

# Patient F.B.

## PSA





# T THERAPY IN MEN WITH UNTREATED PCa

- T therapy in 28 men on active surveillance
- Gleason 6 in 22, Gleason (3+4) in 6
- Comparison with 96 men with low T on active surveillance
- No difference in progression rates between groups (10.3% T vs 9.4% no-T)
- PSA did not increase with T therapy
  - Kacker et al, Asian J Androl 2016, 18:16

# A thought experiment...

## Imagine

- 2 brothers, identical twins, age 60
- Both s/p radical prostatectomy for Gleason 6 PCa
- PSA <0.1 ng/ml at 12 months
- Brother #1 happy, sexually active, T 600
- Brother #2 tired, absent libido, T 250
- Brother #2 requests T therapy

# A thought experiment...

Physician: “I can’t give you T. It’s dangerous.”

Brother #2: “What will happen?”

Physician: “It will make your cancer come back”

Brother #2: “Why is it alright for my brother to have T 600 but not me?”

# A thought experiment...

Physician: “I can’t give you T. It’s dangerous.”

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Brother #2: “Why is it alright for my brother to have T 600 but not me?”

Physician: “Ummm.....”

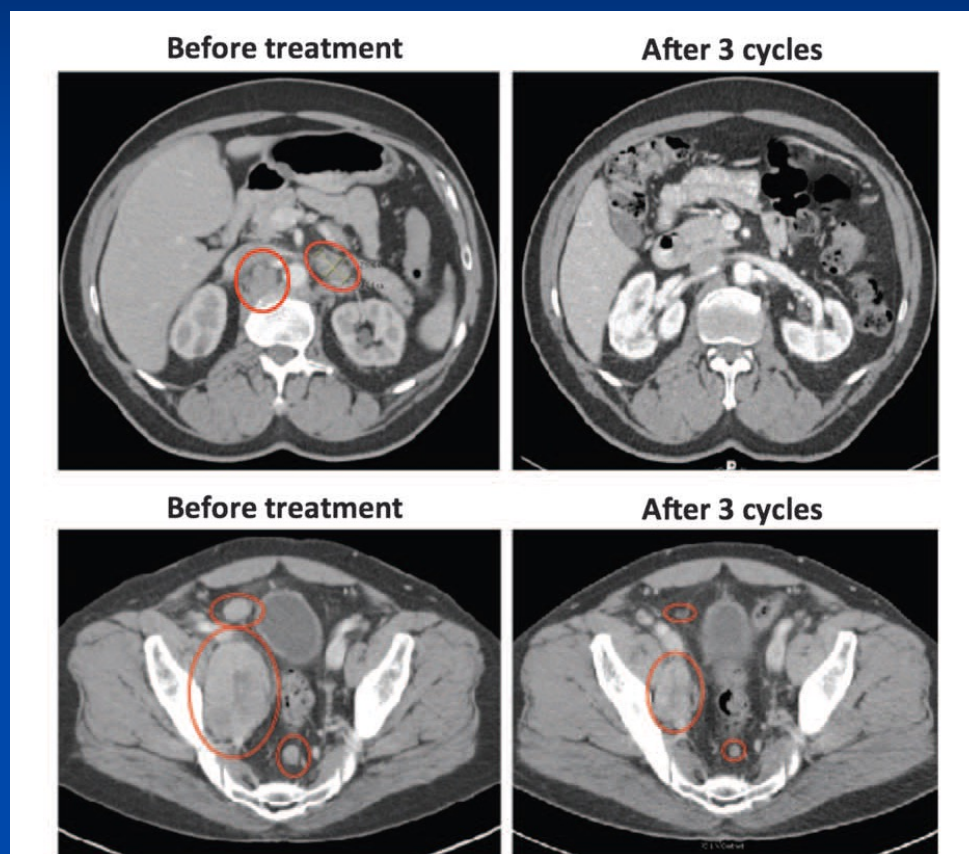
Brother #2: “Doctor, if you believe a normal T level is dangerous, I want you to lower my brother’s T so he feels as lousy as I do”

# A thought experiment...

Our traditional unwillingness to offer T therapy to Brother #2 is illogical and unreasonable

# T THERAPY FOR METASTATIC PCa?

- “Bipolar” T therapy
- 16 men with metastatic castrate-resistant PCa
- High dose (400mg) T given IM q 4 wks
- LHRH agonist
- PSA declined in 50%
- 5/10 showed reduction in nodal mass





# Why do we still fear T?

“It is worthy of remark that a belief constantly inculcated during the early years of life, while the brain is impressible, appears to acquire almost the nature of an instinct; and the very essence of an instinct is that it is followed independently of reason.”

Charles Darwin, in “The Descent of Man” (1871)