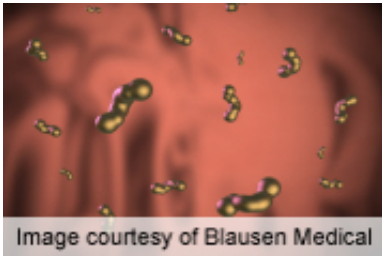


# Testosterone therapy does not up prostate cancer incidence

15 June 2012



Testosterone replacement therapy appears to be safe and does not increase the incidence of prostate cancer, according to a study published online June 6 in *The Journal of Sexual Medicine*.

(HealthDay) -- Testosterone replacement therapy (TRT) appears to be safe and does not increase the incidence of prostate cancer, according to a study published online June 6 in *The Journal of Sexual Medicine*.

Mark R. Feneley, M.D., from University College Hospital, and Malcolm Carruthers, M.D., from the Centre for Men's Health -- both in London, conducted an updated audit to analyze the long-term incidence of [prostate cancer](#) for men receiving TRT. Data were reviewed from 1,365 men (mean age, 55 years) with symptomatic androgen deficiency receiving TRT (pellet [implants](#) , Restandol, mesterolone, and Testogel) and monitored for up to 20 years. All patients were prescreened for prostate cancer, and endocrine, biochemical, hematological, and urinary profiles were conducted at baseline and every six months.

After 2,966 man-years of treatment, the researchers found that 14 new cases of prostate cancer were diagnosed (one case per 212 years of treatment). The mean time to diagnosis was 6.3 years (range, one to 12 years). All of the tumors were suitable for potentially [curative treatment](#) and were clinically localized. Starting [testosterone](#) treatment had no statistically significant impact on

total prostate-specific antigen (PSA), free PSA, or the ratio of free:total PSA. There was no association seen between any initial PSA change and subsequent diagnosis of cancer.

"This study adds to the considerable weight of evidence that with proper clinical monitoring, testosterone treatment is safe for the prostate and improves early detection of prostate cancer," the authors write. "Testosterone treatment with regular monitoring of the prostate may be safer for the individual than any alternative without surveillance."

**More information:** [Abstract](#)  
[Full Text \(subscription or payment may be required\)](#)

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