Androgen Society

Testosterone Times

BREAKING NEWS
BREAKING NEWS

The Official Newsletter of the Androgen Society
Advancing Excellence in Testosterone Deficiency Research and Clinical Practice

- **Letter from the President**
- **The Androgen Society Research Digest**
- **Register Now for the Annual Meeting**
- **Upcoming & Past Webinars**
- **Member Spotlight**
- **Testosterone News**
- **Learning Resources**
- **Membership Matters**
- **Connect with Us!**

Letter from the President

Martin Miner, MD
TAS President

Dear Colleagues and Members of the Androgen Society,

Welcome to the April issue of the *Testosterone Times*. As spring arrives, so does an exciting period for our Society — and I hope this newsletter finds you energized and ready for what promises to be a landmark few months ahead.

I want to begin with a sincere and heartfelt thank you to Dr. Abdul Traish, whose meticulous and authoritative curation of the research literature continues to be one of the most valued features of this newsletter. In this issue, Dr. Traish and Dr. Farid Saad discuss the Cochrane Review by Lee et al. with the kind of rigorous, evidence-grounded analysis that defines the Androgen Society's commitment to scientific integrity. Their work is essential reading for anyone seeking to understand both the promise and the pitfalls of systematic evidence synthesis in our field. Abdul, your dedication to this Society and to the science of androgen medicine is immeasurable — thank you.

Now, to our most important announcement: the **8th Annual Meeting of the Androgen Society is nearly here,** and we could not be more excited. We will convene at the University of Chicago's David Rubenstein Forum on June 11-12 — and this year, the days leading up to the Annual Meeting are equally compelling.

On **June 9-10, the Princeton V Consensus Meeting convenes —** and I want to share just how significant this moment is for our field. Princeton V brings together an extraordinary group of thought leaders and clinicians to advance the science and clinical framework for testosterone therapy in both men and women with adult-onset hypogonadism. Building on the legacy of the Princeton Consensus Meetings before it, this gathering has the potential to reshape how clinicians approach testosterone deficiency, focusing on the cardiometabolic implications of testosterone in both men and women. For those of us who have watched this field evolve, it is genuinely thrilling to see this work move forward with such rigor and purpose.

Then on **June 10,** immediately before the Annual Meeting opens, we are proud to offer the **APP | MD Advanced Clinical Course** — a pre-conference program chaired by **Dr. Abraham Morgentaler and Suzanne Quallich PhD, NP** — designed to deliver practical, evidence-based clinical education for both advanced practice providers and physicians. This is a wonderful opportunity to deepen your clinical expertise and connect with colleagues in an intimate, interactive setting before the full meeting begins. We encourage you to plan to arrive in time to take full advantage of this program.

The Annual Meeting itself — under the inspired leadership of Program Committee Chair Dr. Dan Kelly — promises to be our most dynamic gathering yet. From foundational mechanisms of androgens to translational breakthroughs to real-world patient care, the program reflects the full breadth and ambition of testosterone science today.

Including topics such as the cardiometabolic implications of testosterone therapy and the latest evidence on GLP-1 agonists and obesity-related hypogonadism; a landmark update on the SPIRIT Randomized Controlled Trial examining testosterone replacement in prostate cancer survivors; and a cutting-edge keynote exploring the gut microbiome's impact on hormone health.

Beyond Chicago, the momentum across our Society's broader initiatives continues to build. The FDA panel presentation in December — with participation by Drs. Morgentaler, Khera, and myself — marked a genuine moment in our efforts to remove outdated regulatory barriers and limitations of access to appropriate testosterone therapies. This advocacy work continues.

I look forward to seeing as many of you as possible in Chicago in June. Please share this newsletter with colleagues, trainees, and care teams — the more voices we bring into this conversation, the stronger our community becomes.

Warm regards,

Martin Miner, MD
President, The Androgen Society

The Androgen Society Research Digest

Reviewed by Abdul Traish

Abdulmaged M. Traish, MBA, PhD

Testosterone Replacement in Men with Sexual Dysfunction – A Critical Assessment of the Cochrane Review by Lee et al., 2024

Farid Saad, DVM, PhD and Abdulmaged M Traish, PhD

Summary:
Here we review the evidence whether "testosterone" (T) therapy in hypogonadal men contributes to onset and increases the incidence of atrial fibrillation (AF). A MEDLINE review of the literature was performed, and relevant studies were analyzed and discussed. The effect of T therapy (Th) on the incidence of AF is a controversial clinical issue that remains hotly debated. Few studies have purported that TTh increases the incidence of AF. However, a closer look at these studied suggest that several confounding factors may have contributed to the authors conclusion that T increases the incidence of AF. On the contrary, a much larger number of studies have demonstrated that T deficiency contributes to incidence of AF and TTh does not increase the incidence of AF. Because this clinical issue is of critical importance in management of men with hypogonadism, it is critical that more clinical studies with AF as the primary outcome measure need to be considered. However, to date, none of the clinical trials have focused on AF as the primary outcome and in most of the reported studied AF was a secondary or tertiary outcome measure. Thus, lack of accurate clinical data on this issue will remain in the helm of debate, until new clinical trial data becomes available. We conclude that the findings of numerous studies suggest that low circulating levels (T deficiency) are associated with greater incidence of AF and higher endogenous T levels or TTh in hypogonadal men are associated with lower incidence of AF.

Testosterone is a critical hormone in maintaining sexual function and erectile physiology. A Cochrane Review has been published recently suggesting that testosterone has little or no effects on erectile function [Lee H, Hwang EC, Oh CK, Lee S, Yu HS, Lim JS, Kim HW, Walsh T, Kim MH, Jung JH, Dahm P. Testosterone replacement in men with sexual dysfunction. Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD013071. DOI: 10.1002/14651858.CD013071.pub2.

Cochrane Reviews are perceived as highest-quality sources of knowledge. However, when the Cochrane Reviews utilize sources of information relying on published abstracts and poorly conducted studies and selective studies in men without hypogonadism it raises a fundamental question regarding the validity and accuracy of information provided by such renown reviews. How is it possible that this Cochrane Review on testosterone and erectile function passed peer review and what had happened to the gold standard in systematic evidence synthesis? Below we provide a detailed analysis of this Cochrane Review and highlight the many deficiencies in this review.

What Are Cochrane Reviews?
Cochrane Reviews are structured, high-quality systematic reviews of primary research that synthesize findings from research on healthcare interventions to support evidence-based decisions in clinical practice and policy. These reviews are published in the Cochrane Database of "Systematic Reviews" (part of the Cochrane Library). Produced by Cochrane (formerly the Cochrane Collaboration), an independent, international non-profit organization founded in 1993, these reviews aim to provide the most reliable evidence to inform clinical decisions, guidelines, and health policy.

Methodology
Cochrane Reviews follow prespecified rigorous, explicit, and standardized methods to minimize bias and random error, as detailed in the Cochrane Handbook for Systematic Reviews of Interventions (currently version 6.5, updated 2024). Key elements include:

- a pre-published protocol outlining the research question, inclusion criteria, search strategy, outcomes, and analysis plan
- comprehensive literature searches across multiple databases, often supplemented by hand-searching and trial registries
- independent dual screening, data extraction, and risk-of-bias assessment
- systematic appraisal of study quality, synthesis of findings (narrative or via meta-analysis when appropriate), and evaluation of evidence certainty using the GRADE approach
- emphasis on transparency, reproducibility, inclusion of benefits and harms, and handling of heterogeneity.

These processes far exceed many other systematic reviews in methodological rigor.

Significance
Cochrane Reviews play a pivotal role in evidence-based healthcare by synthesizing findings from often conflicting or scattered primary studies into trustworthy summaries. They inform national and international clinical guidelines (e.g., WHO, NICE), policy decisions, and patient care. By focusing on randomized controlled trials (and sometimes other designs), they help identify what works, what harms, and where evidence gaps exist, ultimately supporting better-informed choices by clinicians, patients, and policymakers.

Perception and Reputation
Cochrane Reviews enjoy an exceptional reputation as the gold standard in evidence synthesis. They are widely regarded as the highest quality systematic reviews due to their transparent, bias-minimizing methods, editorial oversight, and regular updates. Comparisons show they often outperform non-Cochrane reviews in methodological quality, currency, and rigor. Medical journals, clinical practice guidelines, and experts frequently cite them as authoritative. While occasional criticisms arise (e.g., on specific conclusions, timeliness, or rare methodological issues), the overall perception remains overwhelmingly positive, with Cochrane Reviews seen as a trustworthy cornerstone of evidence-based medicine.

What Do We Know About Effects of Testosterone Therapy (TTh) on Erectile Function?
The current assessment of testosterone (T) therapy (TTh) for erectile dysfunction (ED) in men, drawn from systematic reviews and meta-analyses, emphasizes its efficacy primarily in those with confirmed hypogonadism (typically serum testosterone <12 nmol/L, <10.4 nmol/, or <8 nmol/L in some studies). In hypogonadal men, TTh demonstrates modest but clinically meaningful improvements in erectile function, as measured by the International Index of Erectile Function (IIEF) erectile function domain score, with weighted mean differences versus placebo ranging from 2.14 to 3.26 points—meeting the minimal clinically important difference for mild ED. These benefits extend to overall sexual function, including sexual desire, orgasmic function, intercourse satisfaction, and sexual quality of life, based on analyses of randomized controlled trials (RCTs) [Corona et al. 2017; Xu et al. 2024].

Several major guidelines recommend TTh, primarily for men with documented T deficiency who have erectile dysfunction (ED): European Association of Urology (EAU), American Urological Association (AUA), Endocrine Society, European Academy of Andrology (EAA), International Society for Sexual Medicine (ISSM), British Society for Sexual Medicine (BSSM), International Society for the Study of the Aging Male (ISSAM), European Menopause and Andropause Society (EMAS). Most guidelines recommend the assessment of T levels in men presenting with ED and emphasize that T deficiency must be present. They also state that T should be measured in non-responders to phosphodiesterase type 5 (PDE5) inhibitors, and that a combination therapy of T and PDE5 inhibitors may achieve better results than either therapy alone.

Summary of the Cochrane Review by Lee et al. 2024 and 2025
Very recently, a group of researchers from Korea and the U.S. published a review on "Testosterone Replacement in Men with Sexual Dysfunction", first in 2024 as a full Cochrane Review [Lee et al. 2024] and again in 2025 as a summary in the World J Men's Health [Lee et al. 2025]. The authors concluded in the original Cochrane Review that "TRT probably has little to no effect on erectile function and sexual quality of life". In the abridged version, the conclusion was even more rigorous: "TRT for men with sexual dysfunction showed no difference in erectile function, sexual quality of life."

The methodology was described as including randomized controlled trials (RCTs) in men (40 years or over) with sexual dysfunction with exclusion of men with classical (primary or secondary) hypogonadism. Studies were to compare T to placebo or the combination of T with phosphodiesterase-5 inhibitors (PDE-5i) to placebo or to PDE-5i alone, or T to PDE-5i alone. Forty-three studies with 11,419 randomized participants were identified.

Reasons for an in-Depth Analysis of the Cochrane Review by Lee et al. 2024 and 2025
The authors' conclusions seemed at least unexpected considering the current state of knowledge as reflected by the a.m. guidelines. Hence, we decided to carry out a thorough analysis of the study that produced this review. The validity, reliability, and conclusions of a systematic review (with or without meta-analysis) depend very heavily on which studies are selected for inclusion – often more than on any other single methodological step. Therefore, it was crucial to take a precise look at the 43 studies which the authors selected for inclusion.

Table 1. List of Publications Included in the Cochrane Review with Selected Characteristics and Comments

Study	Preparation	Duration	Result	Comments
Aliaev et al., 2010	Nebido	6 weeks	Significant improvement of IIEF-5 and AMS	Nebido vs Vardenafil
Allan et al., 2008	Androderm patch	52 weeks	No improvement of ED	Patients were not hypogonadal
Aversa et al., 2009	Testogel / Nebido	104 weeks	Significant improvement of AMS psychological domain, no data on ED	2 Abstracts ESSM Nov 2009
Aversa et al., 2010a	Nebido / Andriol	12 months	Nebido but not Andriol significantly improved AMS	
Aversa et al., 2010b	Nebido	24 months	Significant improvements of CV risk factors, no data on ED or QoL	
Aydin et al., 1996	Andriol	16 weeks	no p values reported, assessment by interview	Comparison to anti-depressant and hypnosis; patients were not hypogonadal
Behre et al., 2012	Testogel	6 months + 12 months open-label extension	Significant improvement of AMS, further improvement in open-label extension	No data on ED; Patients not hypogonadal
Benkert et al., 1979	Andriol	12 weeks (8 weeks treatment)	no difference between Andriol and placebo	TU decreased plasma T significantly; patients were not hypogonadal
Boyanov et al., 2003	Andriol	3 months	Significant improvement of ED (no IIEF) and selected symptoms	Control group no-treatment; patients were not hypogonadal
Brock et al., 2016	Axiron	12 weeks + 6 months open-label extension	Improvemen of libido and low energy, further improvement in open-label extension	No data on ED
Buvat et al., 2011	Testogel	12 weeks (run-in phase 4 weeks tadalafil)	Improvement of ED only in a subgroup of men with the lowest T levels	Tadalafil nonresponders; patients were not hypogonadal
Chiang et al., 2007	AndroGel	3 months	Significant improvement of IIEF-5	
Gilbert et al., 1992	Testosterone enanthate	12 weeks (cross-over, 6 weeks treatment)	No improvement of ED	Abstract
Giltay et al.,m 2010	Nebido	30 weeks	Significant improvement of IIEF-5 and AMS	
Gooren et al., 2011	Testogel	6 months + 12 months open-label extension	Significant improvement of AMS, further improvement in open-label extension	Abstract, same as Behre 2012 and should have been excluded as duplicate
Groti et al., m2018	Nebido	12 months	Significant improvements of CV risk factors, no data on ED or QoL	
Hackett et al., 2017	Nebido	30 weeks	Significant improvement of IIEF-EF (5+1) and IIEF-SD	
Hakobyan et al., 2013	Testogel	12 weeks	Significant improvement of IIEF-EF (5+1)	Abstract
Haren et al., 2005	Andriol	12 months	No difference in ADAM questionnaire between Andriol and placebo	Patients were not hypogonadal
Hisasue et al., 2015	testosterone gel (not approved)	12 weeks	No data on ED, improvements in insomnia and urinary function	Abstract
Ho et al., 2012	Nebido	48 weeks	Significant improvement of AMS	
Kunelius et al., 2002	Andractim (transdermal DHT)	6 months	Improvement of ability to maintain erection, no data on QoL	Not testosterone; patients were not hypogonadal
Legros et al., 2009	Andriol	12 months	Conflicting results in AMS and AMS sexual domain	Patients were not hypogonadal
Li et al., 2013	Andriol + Tadalafil	12 weeks	Significant improvement of IIEF-5 and Sexual Encounter Profile in combination group	
Lincoff et al., 2023	AndroGel	21.7 months	nNo increase in MACE, no data on ED or QoL	Language of publication given as "Russian" in the study characteristics table
Lu et al., 2003	Andriol + Sildenafil	3 months	N/A	Chinese
Lunglmayr et al., 1980	Proviron (mesterolone)	8 weeks	"Improvement in potency", no p values	Not testosterone; patients were not hypogonadal
Maggi et al., 2016	Axiron	12 weeks	Significant improvement of IIEF (SMSNA Abstract) and ejaculatory function	Also SMSNA 2016 Abstract
Merza et al., 2006	Testoderm patch	6 months + 6 months open-label extension	Significant improvement of Male Erectile Dysfunction Quality of	
Life questionnaire, mainly due to worsening in placebo group				
Morales et al., 2009	Andriol	4 months	No improvement of IIEF and AMS	Andriol vs DHEA vs Placebo
O'Carroll et al., 1984	Sustanon	12 weeks cross-over (6 weeks on T)	Increase in libido, no effect on erectile dysfunction	Patients were not hypogonadal
Paduch 2015	Axiron	16 weeks	No improvement of Male Sexual Health Questionnaire-Ejaculatory Dysfunction-Short Form (MSHQ-EjD-SF);	
Rao et al., 2023	Nebido	6 months + 6 months open-label extension	significant improvement of AMS	Abstract
Reiter et al., 1999	DHEA	24 weeks	Significant improvements of all domains of the IIEF	Not testosterone; patients were not hypogonadal
Roth et al., 2011	AndroGel	12 months	No improvement of Sexual Health Inventory for Men (SHIM)	Abstract
Schiavi et al., 1997	Testosterone enanthate	6 weeks	Ejaculatory frequency statistically higher in T-group, no effect on penile rigidity	Falsely TU i.m. 200 mg instead of TE in the study characteristics table; patients were not hypogonadal
Seftel et al., 2004	Testim or Androderm	90 days	Increase in sexual desire, nighttime erections and intercourse frequency dose-dependent and only in high-dose group	50 or 100 mg gel, patch, placebo
Shabsigh et al., 2004a	AndroGel + Sildenafil	12 weeks	Significant improvement of IIEF-EF at week 4 but not week 12 in combination group	Sildenafil nonresponders
Snyder et al., 2016	AndroGel	12 months	Significant improvement of IIEF-EF	
Spitzer et al., 2012	Testim + Sildenafil	14 weeks	No improvement in combination group compared to sildenafil alone	
Yucel et al., 2017	Testogel	3 months	No improvement of IIEF-5 and AMS	
Zhang et al., 2012	Andriol	6 months	Significant improvement of some psychological instruments, no ED reported	Andriol vs Vit E capsules as comparator
Zhong et al., 2013	Andriol + Sildenafil	12 weeks	Improvement of IIEF-5 more pronounced in combination group, no statistics	Andriol + Sildenafil vs. Sildenafil alone

Results of Analyzing the Studies that Formed the Basis of the Cochrane Review

When we extracted all 43 publications, the following noticeable concerns were easily identified **(Table 1):**

1. Of the 43 publications, seven were conference abstracts of which one was a duplicate. Abstracts are usually a poor basis for meta-analyses because they are incomplete, often unreliable summaries of work that is preliminarily analyzed and not rigorously peer reviewed. Abstracts are constrained by word limits, so key information on randomization, allocation concealment, blinding, outcome definitions, handling of missing data, and statistical methods is often missing.
2. Ten references are studies performed with oral T undecanoate capsules. This old preparation has poor compliance as well as very unreliable absorption which may not result in an increase in serum circulating T levels. The largest double-blind, randomized, placebo-controlled trial performed with this product - not included in the present Cochrane Review – demonstrated that, at 6 months, total T was unchanged from baseline in the T group and increased slightly in the placebo group [Emmelot-Vonk et al. 2008].
3. In one of the studies cited in the Cochrane Review, there was a significant decrease in plasma T in the tenth week in the TU-treated group [Benkert et al. 1979]. Approved in Europe, Canada, Australia, India, and others, Andriol® Testocaps (40-80 mg doses) remain available and prescribed in many countries outside the US, but are not widely used, primarily due to pharmacokinetic variability. Hence, one would consider it questionable to draw conclusions on effects of T therapy based on studies with this preparation.
4. Three studies were performed with androgens other than T. One study was performed with dehydroepiandrosterone (DHEA), one with 5a DHT-containing creme, and one with the DHT derivative "mesterolone". Considering the important effect of estradiol in sexual function, the non-aromatizable 5aDHT and "mesterolone" cannot possibly be compared to T, particularly in the context of sexual function.
5. At least 15 of the papers cited and full results were reported in patients who were not hypogonadal according to current guidelines which recommend a threshold of at least 12 nmol/L for T deficiency. While this is a highly controversial issue, most guidelines recommend TTh for ED only in men with documented hypogonadism. The Cochrane Review included a well-designed, multicenter, multinational, double-blind, placebo-controlled study of 173 men in which improvement of ED occurred only in a subgroup of men with the lowest T levels [Buvat et al. 2011], a study that emphasizes guideline recommendations. Including studies with populations which are less likely to respond to TTh – apart from the fact that TTh in these patients is formally considered off-label use – seems to introduce a major bias.
6. 15 of the studies reported in full papers have a duration of three months or less. The International Index of Erectile Function (IIEF) has five domains: erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction. Increases in the IIEF erectile function have been noted after 3 months. Maximal effects are usually achieved after 3–6 months but may take even up to 1 year in individual cases. [Saad et al., 2011] Meanwhile, it has been demonstrated that TTh continuously and progressively improves erectile function over a mean follow-up of 3.8 years [Hackett et al. 2020] and even nine years, respectively [Saad et al., 2020].
7. Although it may be difficult to assess whether all selection criteria of the Cochrane Review would have been met precisely, it appears questionable whether inclusion of the second largest RCT using TTh, both in terms of number of subjects and duration, the "Testosterone for Diabetes Mellitus" (T4DM) trial, would have changed the results of the meta-analyses presented in the Cochrane Review. In T4DM, every single domain of the IIEF improved significantly in the testosterone group compared to the placebo group. [Wittert et al. 2021]

Summary and Conclusions:
The Cochrane Review by Lee et al. entitled "Testosterone replacement in men with sexual dysfunction (Review)" arrived at the conclusion that TTh for men with sexual dysfunction showed no difference in erectile function and sexual quality of life. This conclusion was unexpected from the perspective of experts and experienced clinicians in the field. In an attempt to critically evaluate the quality of this Cochrane Review and to get to the bottom of the authors' claim, we analyzed all papers which had passed the authors' selection criteria for their review. To our surprise, we found several explanations which have largely contributed to the resulting conclusion. Among others, large proportions of the studies were performed with androgens other than testosterone or with a testosterone preparation that is well known to not increase circulating testosterone levels. An equally large proportion were studies with a short duration well below the published time to achieve maximum effects of TTh on erectile function. Moreover, a large proportion of studies represented off-label use of testosterone in patients in whom TTh was not indicated according to current guidelines. All in all, the quality of this Cochrane Review seems arguable at least.

This is very important as Cochrane Reviews are perceived as highest-quality sources of knowledge. The authors themselves state: "The findings of this review should help to inform future guidelines and clinical decision-making at the point of care." Unfortunately, the quality of this report is, as we demonstrate in detail, such that authors of guidelines who are experts in the respective field would have to make a decision to ignore this Cochrane Review. The question remains how it was possible that this Cochrane Review passed peer review. Finally, the question arises whether there must be reasonable doubt to question the general standard of Cochrane Reviews which are perceived to represent the gold standard in systematic evidence synthesis.

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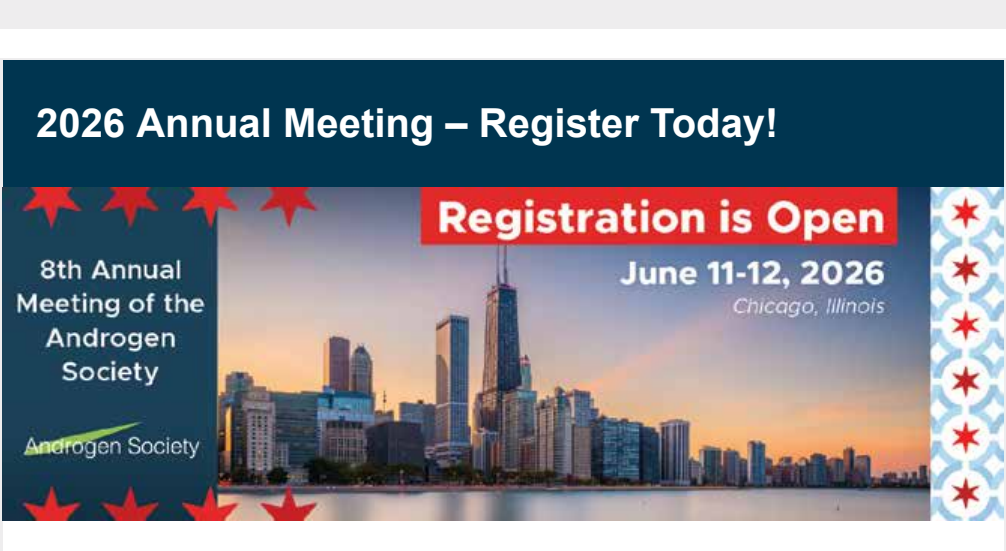
Lee H, Hwang EC, Oh CK, Lee S, Yu HS, Lim JS, Kim HW, Walsh T, Kim MH, Jung JH, Dahm P. Testosterone replacement in men with sexual dysfunction. Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD013071. DOI: 10.1002/14651858.CD013071.pub2.

2026 Annual Meeting – Register Today!



8th Annual Meeting of The Androgen Society

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Androgen Society Trainee Members – $275

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Register Today!

This meeting will once again serve as the premier forum for research and education regarding testosterone deficiency and its treatment, bringing together healthcare professionals from around the world to share the latest advances in androgen therapy.

Please sign into the site to ensure that you receive Androgen Society Member pricing for you registration.

Not an Androgen Society member? Join today!

2026 Annual Meeting Agenda

Need more information? Our agenda has a full slate of expert speakers and dynamic sessions confirmed. This is your chance to see exactly what's in store — and why you should be there.

Agenda

Register for the APP & MD Advanced Clinical

Pre-Conference Course
APP & MD
Advanced Clinical Course
Wednesday, June 10, 2026

Course Objective
This advanced clinical course is designed to equip advanced practice providers and physicians with a comprehensive, evidence-based framework for managing testosterone therapy. Through expert-led presentations and interactive case discussions, participants will gain practical knowledge in identifying appropriate candidates for testosterone therapy, selecting and adjusting formulations, navigating complex clinical considerations including prostate cancer and cardiovascular risk, and implementing effective long-term monitoring strategies.

Continuing Education Credits Available

APP Course Pricing

Androgen Member – $99
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Register Today!

Agenda

Dan Kelly, MD
Program Committee Chair

"I'm both delighted and deeply honoured to lead the Scientific Programme for next year's Annual Meeting of the Androgen Society. Building on last year's exceptional scientific line-up, we are committed to raising the bar even further. Our goal is to gather the global community of testosterone researchers and clinicians – bringing the world's foremost experts under one roof – and curate an exhilarating, intellectually vibrant programme that reflects the very latest in testosterone science.

The agenda will balance cutting-edge breakthroughs with practical insights: from foundational mechanisms and translational discoveries to real-world patient care strategies. Expect lively, interactive debates that take on long-standing clinical controversies, insightful case-study discussions, and the chance to network with peers and leaders in an open, dynamic setting.

This meeting is designed to expand your expertise on all things testosterone. Whether you're a seasoned investigator or a clinician seeking fresh perspectives, I can confidently promise a stimulating and fulfilling two-day experience that will both inform and inspire.

I am eager to welcome you to what promises to be a memorable and transformative gathering. Let's push the boundaries of what's possible in testosterone research and care – together."

~ Dan Kelly, Program Committee Chair

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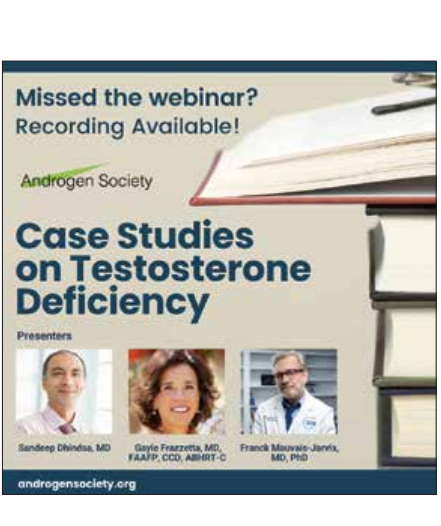

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Award Recipients
Congratulations to Our 2026 Award Winners

Dedication to Education Award: Dr. Wayne J.G. Hellstrom

The Androgen Society is pleased to announce Dr. Wayne J.G. Hellstrom as the recipient of the Dedication to Education Award. Dr. Hellstrom is Professor of Urology and Chief of Andrology at Tulane University School of Medicine in New Orleans.

He is Past President of the Sexual Medicine Society of North America, the American Society of Andrology, and the International Society of Sexual Medicine.

He has authored or coauthored more than 560 peer-reviewed journal articles and over 100 book chapters. He earned his MD from McGill University in Montreal, where he also completed a residency in general surgery, followed by a residency in urology at the University of California, San Francisco. He later completed an American Urological Association Scholar-funded fellowship in andrology at the University of California, Davis.

His recent honors include the Living Legend Award from the Society of Urologic Prosthetic Surgeons (2022), the Distinguished Mentor Award from the American Urological Association (2024), and the Lifetime Achievement Award from the International Society of Sexual Medicine (2026).

Lifetime Achievement Award: Dr. James Simon

The Androgen Society is pleased to announce Dr.James A. Simon as the recipient of the Lifetime Achievement Award. Dr. Simon is a board-certified Ob/Gyn, and reproductive endocrinologist. He is Clinical Professor of Obstetrics and Gynecology and Reproductive Endocrinology and Infertility at The George Washington University School of Medicine in Washington, DC.

Dr. Simon also holds additional certifications as an AASECT-Certified Sexuality Counsellor, an ISCD-Certified Clinical Bone Densitometrist, and a Menopause Society-Certified Menopause Specialist.

He has an active private practice, *Intim*Medicine Specialists®, in Washington, DC focused on complicated gynecology, sexual medicine for both men and women, and menopause/hormone therapy. Dr. Simon has received numerous awards including: "Top Washington Physicians," "America's Top Obstetricians and Gynecologists," and "The Best Doctors in America."

He is the only physician to serve as President of both The Menopause Society (formerly NAMS), and the International Society for the Study of Women's Sexual Health (ISSWSH).

Nicknamed "The Menopause Whisperer," by Washingtonian Magazine, Dr. Simon is an established researcher and author--completing more than 450 research trials, and more than 800 published articles, abstracts, chapters, including more than two dozen focused-on androgens.

With Victoria Houston he authored the paperback book: *Restore Yourself: A Woman's Guide to Reviving Her Sexual Desire and Passion for Life.*

Dr. Simon loves riding the best rollercoasters in the world, collecting fountain pens and wristwatches, and freshwater fishing. He is a five-time Master Angler of Manitoba (Canada).

Scientific Catalyst Award: Richard Jones

The Androgen Society is pleased to announce Richard Jones as the recipient of the Scientific Catalyst Award.

For the past 20 years he has collaborated closely with clinicians, researchers, and many members of the Androgen Society to advance evidence generation and scientific exchange in androgen science.

Throughout his career he has been driven by scientific curiosity and a strong commitment to improving patients' lives through a better understanding and appropriate use of androgen therapy.

Testosterone News

Groundbreaking FDA Presentation Marks Historic Moment for Testosterone Therapy

The Androgen Society made history as three of the field's most distinguished leaders—Dr. Mohit Khera, Dr. Marty Miner, and Dr. Abe Morgentaler—participated in a groundbreaking FDA panel that could fundamentally transform testosterone therapy access and patient care.

This pivotal panel addressed critical barriers that have long hindered optimal patient treatment, with key recommendations presented to the FDA:

Panel Recommendations:

- **Eliminate the "age-related" restriction –** Many medical conditions are "age-related" in that they become more prevalent with aging, including hypertension, heart disease, and most adult cancers. These conditions are treated to improve health. The same should be true for testosterone deficiency.
- **Remove testosterone from the list of controlled substances –** No other hormone is controlled. This step will reduce barriers to testosterone therapy access
- **Raise treatment threshold to 350 ng/dL –** Allow therapy initiation at this level when accompanied by clinical signs and symptoms
- **Remove prostate cancer warnings from labeling –** Reflecting current evidence and eliminating outdated concerns that prevent appropriate care

This event represents a watershed moment in our field's efforts to advance evidence-based care and remove regulatory obstacles that have prevented countless men from accessing appropriate treatment.

The Androgen Society remains committed to advocating for policies that prioritize patient health and reflect the latest scientific evidence in men's health.

Expert Panel on
Testosterone Replacement Therapy for Men
Mohit Khera
Martin Miner
Abraham Morgentaler

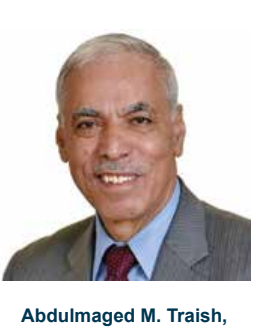
Learning Resources

We're excited to announce the launch of our new **Learning Resources** tab on the Androgen Society website!

As part of our mission to promote excellence in research, education, and clinical practice regarding testosterone deficiency and its treatment, we've created a centralized hub where members can access valuable educational materials, research updates, and clinical resources—all in one convenient location.

Have articles or resources to share? We welcome contributions from our members! If you have relevant publications, research findings, or educational materials you'd like to share with the Androgen Society community, please send them to **androgensociety@affinitystrategies.com.**

Membership Matters



Abdulmaged M. Traish, MBA, PhD
Membership Co-Chair

Abraham Morgentaler, MD, FACS
Membership Co-Chair

Get More Involved - Update Your Profile

- Log into your membership profile
- Update contact information
- Add your specialty and areas of interest

Social Media Team - Join Us!

Calling 1-3 Passionate Members Help amplify our society's impact through social media:

- We'll provide the graphics and content support
- Flexible time commitment
- Make a difference in our community outreach
- Creative input welcome

Mentor/Mentee Program

Share Knowledge • Build Connections • Grow Together

- Experienced Members: Share your expertise with emerging professionals
- Early Career Members: Gain valuable guidance and insights
- Interested? Please contact: **androgensociety@affinitystrategies.com**

Connect with The Androgen Society

WE WANT TO HEAR FROM YOU!

Help Us Improve Society Communications

Your feedback drives our improvements:

- What communication methods work best for you?
- What topics would you like to see covered?
- How can we better serve your professional needs?
- What resources are missing from your toolkit?

Share your thoughts at **AndrogenSociety@affinity-strategies.com.**

Androgen Society