**Male Hypogonadism**

**Letter to Primary Care Provider**

Dear Dr \_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

He has a confirmed diagnosis of hypogonadism, which is due to: \_\_\_\_\_\_\_\_\_\_\_.

Summary of key results:

**Blood work:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Most recent testosterone level** | **Discharge Hematocrit** | **Discharge PSA (if done)** |
|  |  |  |  |

**Imaging:**

|  |  |  |
| --- | --- | --- |
| **Test** | **Date** | **Result** |
| **Scrotal ultrasound** |  |  |
| **Sellar MRI** |  |  |
| **BMD** |  | LS T-score: \_\_\_\_\_\_\_\_\_  FN T-score:\_\_\_\_\_\_\_\_\_  TH T-score: \_\_\_\_\_\_\_\_ |

**Treatment:**

Testosterone replacement regimen at discharge (dose and frequency):

* Testosterone gel 1% (Androgel, Testim): \_\_\_\_\_\_\_\_\_\_\_
* Testosterone cypionate 100mg/ml (Depo-Testosterone): \_\_\_\_\_\_\_\_\_\_\_
* Testosterone enanthate 200mg/ml: \_\_\_\_\_\_\_\_\_\_\_
* Testosterone undecanoate oral tables (Andriol): \_\_\_\_\_\_\_\_\_\_\_\_
* Natesto (nasal gel):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LU for all forms is 397

Surveillance:

1. **Annual total testosterone level** 
   1. Aim for normal or mid-normal range total testosterone levels while on therapy. Labs should be drawn mid-way between injections, 2-8 hours from the last application of gel, and 3-5 hours after oral ingestion.
2. **Annual CBC**
   1. Hematocrit should be less than 0.5
3. **Prostate cancer screening**
   1. Performing a digital rectal exam (DRE) of the prostate and a PSA level in accordance with guidelines for prostate cancer screening depending on the patient’s age and race. If any abnormalities are noted, such as a rising PSA level or a palpable prostatic abnormality, urologic consultation is advised.
4. **Bone density**
   1. Repeat BMD in: \_\_\_\_\_\_\_\_ years

Criteria for escalation or re-referral:

Please refer back to myself or another endocrinologist if there is:

1. High hematocrit (> 0.50)
2. Pursuing fertility, with parallel referral to Urology
3. Rising PSA or palpable prostatic abnormality: refer to Urology
4. Symptoms concerning for hypogonadism, despite testosterone replacement
5. Assistance with testosterone dose or formulation adjustment