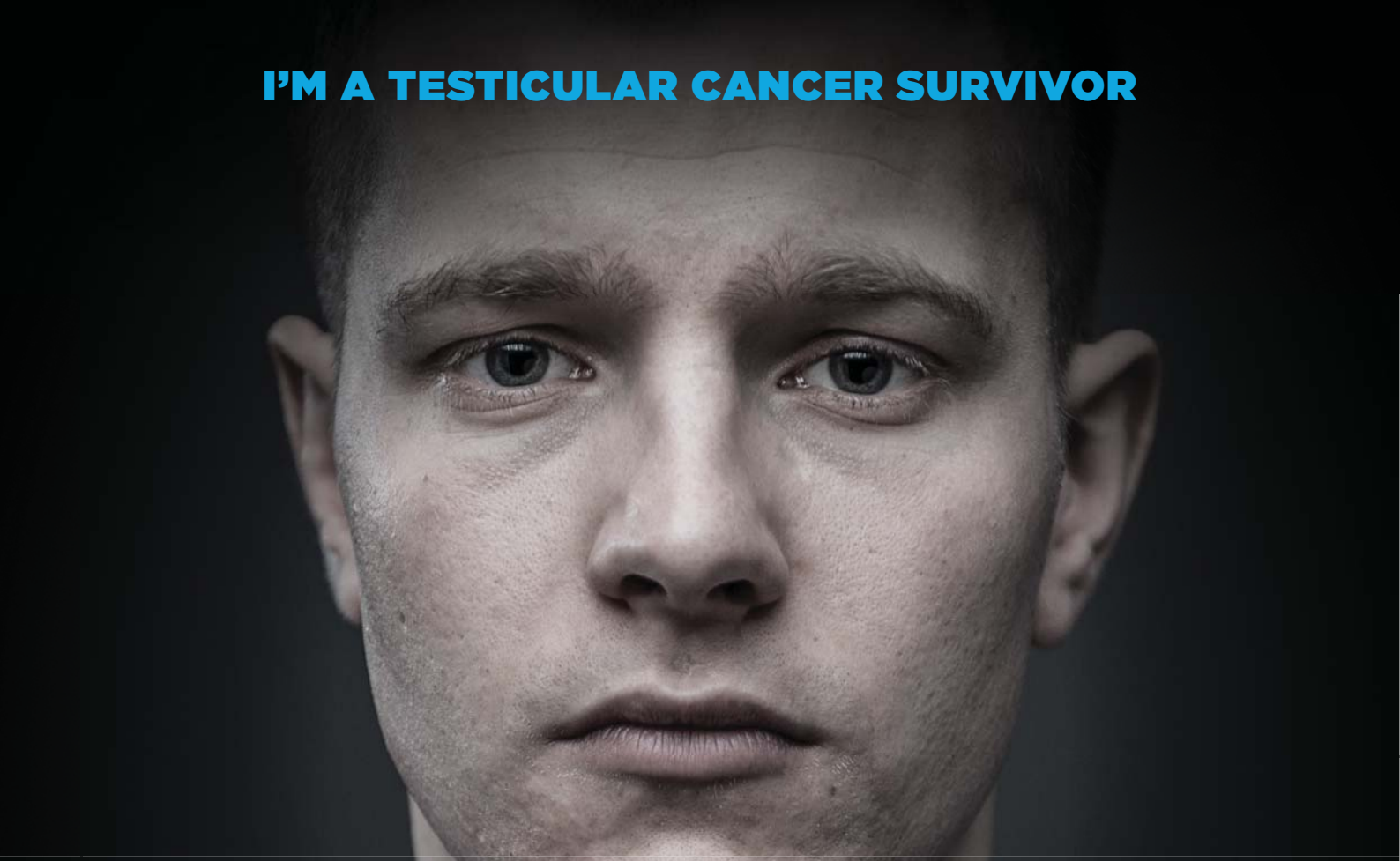
I'M A TESTICULAR CANCER SURVIVOR



SEE ME

Around **20%** of **testicular cancer** survivors experience **testosterone deficiency**[1], which can result in metabolic syndrome and poor cardiac health.[2-7]

The European Society for Medical Oncology recommends measurement of testosterone levels during follow-up.[8]

PRESCRIBING INFORMATION TESTOGEL®(testosterone) 16.2 MG/G, GEL For full prescribing information, including side effects, precautions and contraindications, please consult the Summary of Product Characteristics (SPC). **Presentation:** Transdermal gel in a multi-dose container, one pump actuation delivers 1.25 g of gel containing 20.25 mg of testosterone. **Indication:** Testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests. **Dosage and administration:** Cutaneous use. The recommended dose is two pump actuations of gel (i.e. 40.5 mg of testosterone) applied once daily. The daily dose should not exceed four pump actuations (81 mg testosterone) per day. Adjustment of dosage should be achieved by increments of one pump actuation, usually based on measurements of blood testosterone levels and/or clinical response. 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Risk of pre-existing prostatic cancer should be excluded and the prostate gland and breast monitored during Testogel treatment. Androgens may accelerate the progression of sub-clinical prostate cancer and benign prostate hyperplasia. Testogel should be used with caution in cancer patients at risk of hypercalcemia and associated hypercalciuria due to bone metastases; regular monitoring of blood calcium levels is recommended in these patients. Testogel may cause oedema with or without congestive cardiac failure in patients suffering from severe cardiac, hepatic or renal insufficiency or ischaemic heart disease. If this occurs, treatment must be stopped immediately. Testogel should be used with caution in patients with ischaemic heart disease. Testosterone may cause a rise in blood pressure and should be used with caution in men with hypertension. Testogel should be used with caution in patients with thrombophilia. There are published reports of increased risk of sleep apnoea in hypogonadal subjects treated with testosterone esters, especially in those with risk factors such as obesity and chronic respiratory disease. Spermatogenesis may be suppressed leading to adverse effects on semen parameters. Gynecomastia occasionally develops and occasionally persists. Irritability, nervousness, weight gain, prolonged or frequent erections may indicate excessive androgen exposure requiring dosage adjustment. Testogel should be used with caution in patients with epilepsy and migraine. Do not apply to the genital areas as the high alcohol content may cause local irritation. Testogel can be transferred to other persons by close skin to skin contact. There is limited experience regarding safety and efficacy of Testogel in patients over 65 years of age. Testogel is not indicated for use in women or in children under 18 years of age. Testogel is not a treatment for male impotence or sterility. 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References: 1. Haugnes HS, Wethal T, Aass N, *et al. J Clin Oncol.* 2010;28(30):4649-4657. 2. Abu Zaid M, Dinh PC, Monahan PO, *et al. J Natl Compr Canc Netw.* 2019;17(5):459-468. 3. Lunenfeld B, Mskhalaya G, Zitzmann M, *et al. The Aging Male.* 2015;18(1):5-15. 4. Khera M, Adaikan G, Buvat J, *et al. J Sex Med.* 2016;13(12):1787-1804. 5. Zarotsky V, Huang M-Y, Carman W, *et al. Andrology.* 2014;2(6):819-834. 6. Sharma R, Oni OA, Gupta K, *et al. Eur Heart J.* 2015;36(40):2706-2715. 7. Zeller T, Schnabel RB, Appelbaum S, *et al. Eur J Prev Cardiol.* 2018;25(11):1133-1139. 8. Oldenburg J, Fosså SD, Nuver J, *et al. Ann Oncol.* 2013;24 Suppl 6:vi125-132.
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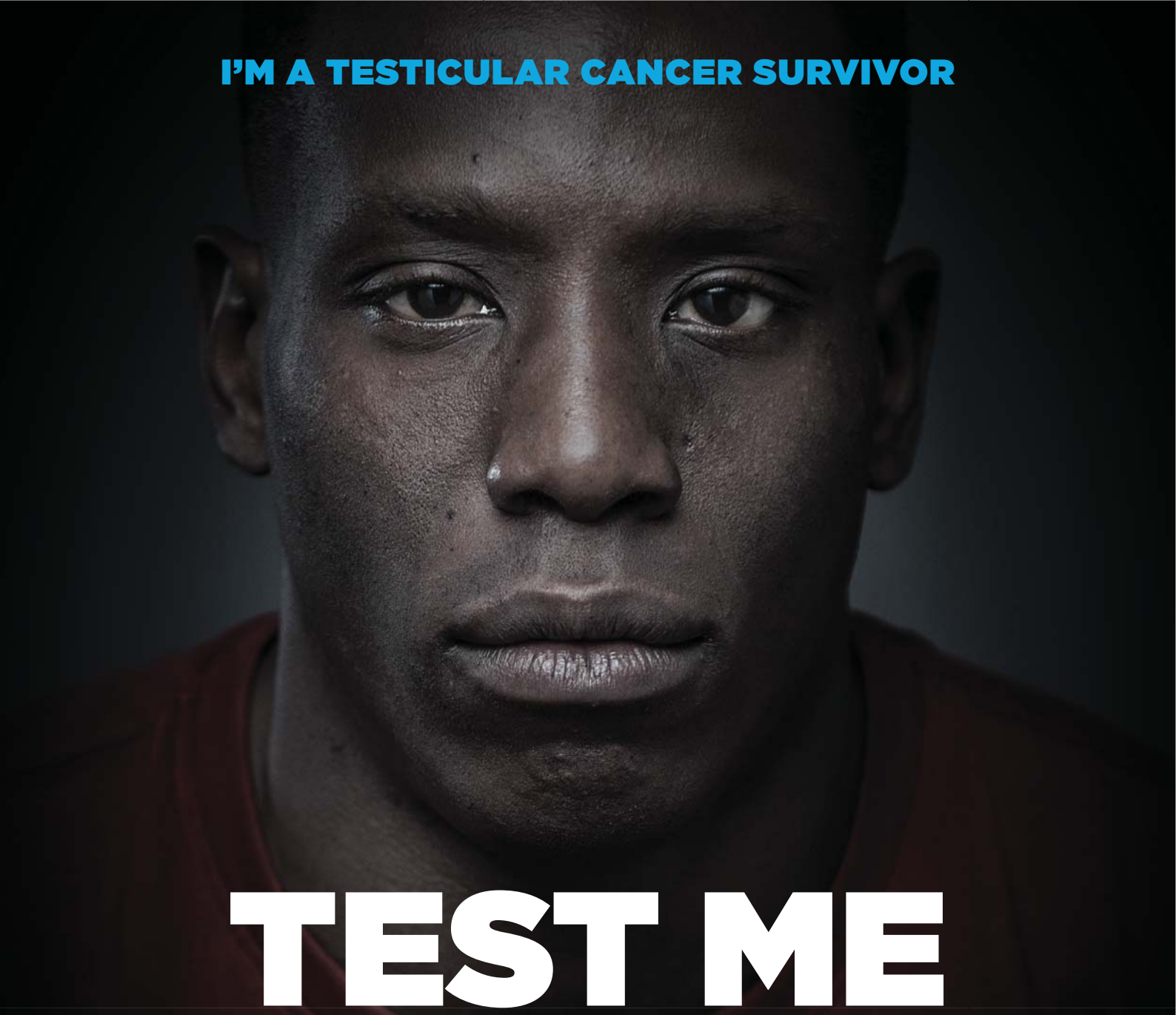

TEST ME

Testicular cancer survivors are at risk of developing **testosterone deficiency,** which can result in metabolic syndrome and poor cardiac health.[1-5]

The European Society for Medical Oncology recommends measurement of testosterone levels during follow-up.[6]

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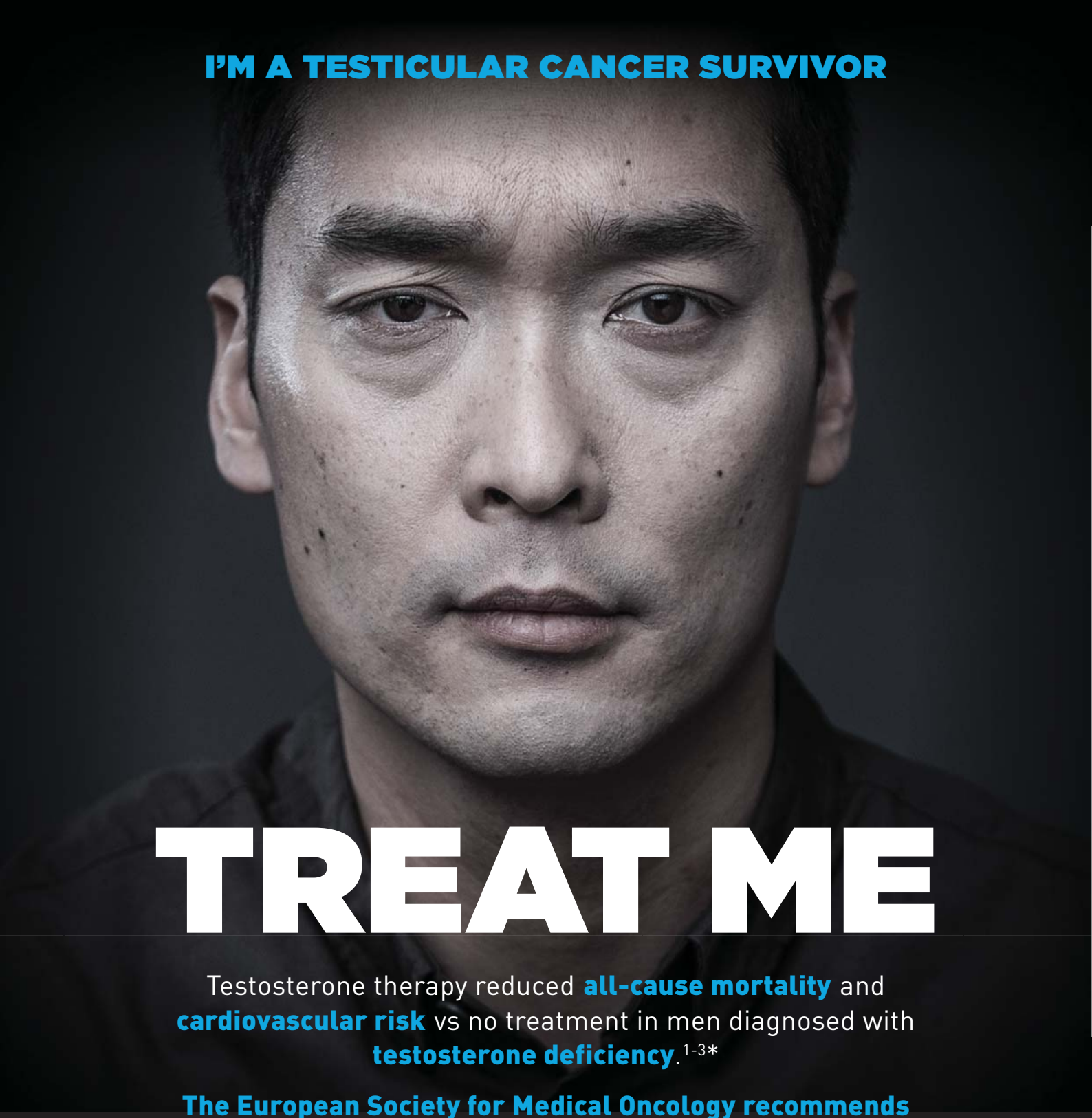

TREAT ME

Testosterone therapy reduced **all-cause mortality** and **cardiovascular risk** vs no treatment in men diagnosed with **testosterone deficiency**.[1-3*]

The European Society for Medical Oncology recommends measurement of testosterone levels during follow-up.[4]

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*The studies include data on patients receiving a range of testosterone therapies including gels.

References: 1. Sharma R, Oni OA, Gupta K, *et al. Eur Heart J.* 2015;36(40):2706-2715. 2. Oni OA, Dehkordi SHH, Jazayeri M-A, *et al. Am J Cardiol.* 2019;124(8):1171-1178. 3. Corona G, Rastrelli G, Di Pasquale G, *et al. J Sex Med.* 2018;15(6):820-838. 4. Oldenburg J, Fosså SD, Nuver J, *et al. Ann Oncol.* 2013;24 Suppl 6:vi125-132.

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