# Monitoring testosterone replacement therapy - a strategy for distinguishing real and falsely high concentrations of testosterone.

Published: 12-12-2022 Last updated: 21-09-2024

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Ethical review Approved WMO

**Status** Recruitment stopped

Health condition type Other condition

**Study type** Observational invasive

### **Summary**

#### ID

**NL-OMON51953** 

#### **Source**

ToetsingOnline

#### **Brief title**

Study on the detection of falsely high testosterone concentrations

### **Condition**

Other condition

#### Synonym

genderdysphoria, genderincongruence

#### **Health condition**

genderdysforie

### Research involving

### **Sponsors and support**

**Primary sponsor:** Vrije Universiteit Medisch Centrum

Source(s) of monetary or material Support: Ministerie van OC&W

### Intervention

**Keyword:** androgel, hormone therapy, laboratory measurement, testosterone

#### **Outcome measures**

### **Primary outcome**

testosterone and estradiol concentration in the blood

### **Secondary outcome**

none

# **Study description**

#### **Background summary**

During the monitoring of the hormone status of transmen, higher testosterone levels than expected are regularly found.

One possible explanation is that it is caused by phlebotomy from the elbow on which on the testosterone gel is applicated. In the body, testosterone is converted to estradiol, which results in a correlated rise in estradiol in case of a high testosteron. Hoewever, this is not the case for testosterone from the phlebotomy site, which theoretically results in a higher testosterone/estradiol ratio.

Another possible explanation for higher than expected testosterone concentrations is that the gel was applied on the forearm, distal to the venipuncture site, causing a high testosterone concentration in the venous bloodstream of that arm.

If this is the case, this is of great importance for patients and health care providers in clinical practice.

By analysing existing data, testosterone gel users turned out to have a higher testosterone/estradiol ratio than testosteron injection users. This assumes we're on the right track.

### Study objective

The goal of this study is to asses wheter testosterone contamination is caused by appliction of testosterone gel on the phlebotomy site or on the forearm. If previously mentioned study is supported by the current study, the testosterone/estradiol value can be used in clinical practice to detect falsely high testosterone levels and hence upgrade the quality of care.

### Study design

We would like to take blood of 7 transmen, from the gel applied arm and from the other arm

### Study burden and risks

One extra venapunction at a moment when blood is already taken

### **Contacts**

#### **Public**

Vrije Universiteit Medisch Centrum

De Boelelaan 1117 Amsterdam 1081HV NL

#### **Scientific**

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### **Trial sites**

### **Listed location countries**

**Netherlands** 

## **Eligibility criteria**

### Age

Adults (18-64 years)

### Inclusion criteria

Status after gonadectomy, use of testosterone gel 40.5/50mg-100, usual time of administration of testosterone gel inthe morning, appointment time at the outpatient clinic between 8:30 and 12:00, need for the measurement of thetestosterone concentration in the blood in the context of patient care

### **Exclusion criteria**

Use of estrogens

# Study design

### **Design**

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 04-05-2023

Enrollment: 7

Type: Actual

### **Ethics review**

Approved WMO

Date: 12-12-2022

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 11-09-2024

Application type: Amendment

Review commission: METC Amsterdam UMC

# **Study registrations**

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register ID

CCMO NL77574.029.21