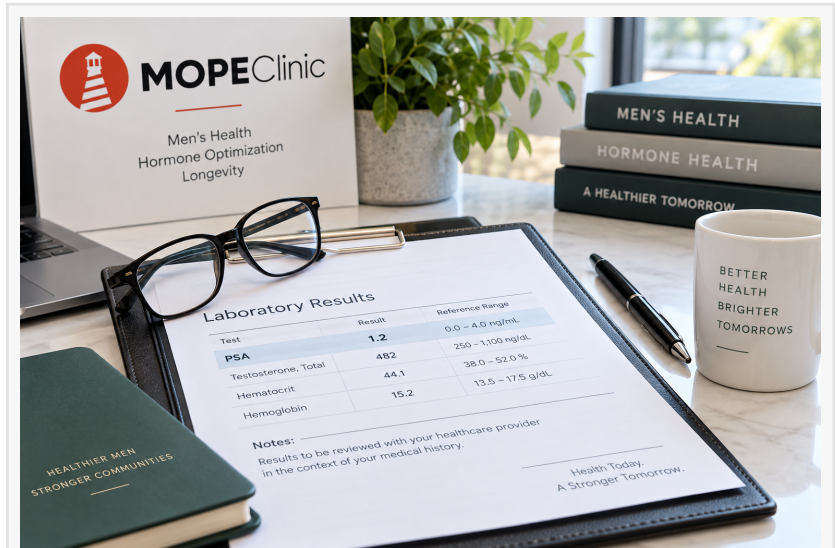


MOPE Clinic Issues PSA Monitoring Tips for Men Considering Testosterone Therapy

Metairie clinic outlines PSA basics, prostate-risk discussions and practical monitoring questions for men considering testosterone therapy.

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EINPresswire.com/ -- MOPE Clinic, a concierge health clinic in Metairie serving Greater New Orleans and patients throughout South Louisiana, has issued an educational PSA and prostate-health tip sheet for men who are considering or receiving medically supervised testosterone replacement therapy.



MOPE Clinic shares educational information about PSA monitoring and prostate-health considerations during testosterone therapy.

The educational information comes amid continued national attention to appropriate testosterone diagnosis, prescribing and long-term monitoring. In July 2026, the [Endocrine Society](#) issued a statement emphasizing that testosterone replacement therapy should begin with an accurate diagnosis and should include consideration of potential benefits, risks and appropriate

medical monitoring. The Society also noted that important long-term safety questions remain, including questions related to prostate-cancer outcomes.

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*Chris Rue, APRN, FNP-C, MOPE
Clinic Owner*

The topic can be confusing because PSA testing, prostate cancer and testosterone therapy are often discussed together even though they are not interchangeable concepts. PSA stands for prostate-specific antigen, a protein made primarily by prostate tissue and measured through a blood test. PSA can provide useful information about prostate health, but an elevated PSA does not by

itself establish a diagnosis of prostate cancer.

Several noncancerous factors may influence PSA, including benign prostate enlargement, inflammation, infection, age and other clinical circumstances. Because of that, clinicians generally interpret a PSA result alongside prior values, symptoms, medical history, family history and overall prostate-cancer risk. A current PSA value often becomes more useful when it is compared with previous results and considered in the context of the patient's broader health history.

"PSA should not be viewed as an isolated number," said Chris Rue, FNP-C, of MOPE Clinic. "The useful discussion is how that result fits with the patient's history, prior testing, symptoms and overall risk."

Why PSA May Be Discussed Before Testosterone Therapy

Testosterone interacts with prostate tissue, so prostate health has long been part of clinical decision-making surrounding testosterone replacement therapy. The Endocrine Society recommends against starting testosterone therapy in certain situations without further evaluation, including men with known prostate cancer, a palpable prostate nodule or induration, a PSA level above specified thresholds, and certain other medical conditions. The guideline also recommends shared decision-making about prostate-cancer risk and monitoring for appropriate men who are considering testosterone treatment.

For men ages 55 to 69 who are considering testosterone therapy and have a life expectancy greater than 10 years, the guideline recommends discussing the potential benefits and risks of evaluating prostate-cancer risk and prostate monitoring. Men ages 40 to 69 who are considered at increased prostate-cancer risk may warrant that discussion earlier. These recommendations do not mean every man follows the same testing schedule. Rather, age, medical history, family history, prior PSA findings and individual risk can influence the monitoring plan.

What May Happen After Testosterone Therapy Begins

Monitoring does not end when treatment starts. For men who choose prostate monitoring, [Endocrine Society guidance](#) describes prostate-risk assessment before treatment and again during the first year after testosterone therapy begins. Depending on the individual, follow-up may include PSA testing and other prostate evaluation as clinically appropriate.

Certain findings during the first year may prompt urologic consultation. The guideline identifies examples that include a confirmed PSA increase greater than 1.4 ng/mL above the pre-treatment value, a confirmed PSA concentration above 4.0 ng/mL, or detection of a prostate abnormality on examination. These thresholds are clinical decision points, not instructions for self-diagnosis.

An unexpected PSA result may also need to be confirmed. A clinician may consider whether other factors could have temporarily influenced the result before determining the appropriate

next step. After the initial monitoring period, prostate screening generally follows appropriate age- and risk-based prostate-cancer screening recommendations.

Does Testosterone Therapy Cause Prostate Cancer?

The relationship between testosterone therapy and prostate cancer has generated concern for many years. Current evidence does not support the simple statement that medically supervised testosterone replacement therapy automatically causes prostate cancer. At the same time, it would also be inappropriate to say that long-term prostate risk has been completely settled.

The Endocrine Society stated in July 2026 that recent studies have answered some safety questions regarding testosterone treatment, but that long-term safety, including prostate-cancer risk, remains unestablished. The organization emphasized continued risk assessment and monitoring when testosterone therapy is initiated.

That distinction is important. Appropriate counseling does not require treating every PSA change as evidence of cancer, but responsible testosterone care should also not dismiss prostate health because short-term studies have answered some previous concerns. The practical approach is individualized assessment, informed discussion and appropriate follow-up.

PSA Is Only One Part of Testosterone Monitoring

PSA often receives attention because of concerns surrounding prostate cancer, but it is only one component of testosterone care. The Endocrine Society recommends evaluating men after testosterone therapy begins to assess treatment response, adverse effects and adherence.

Depending on the individual treatment plan, monitoring may include testosterone levels, hematocrit and other clinical measures. Hematocrit represents the percentage of blood volume made up of red blood cells, and testosterone therapy can increase red blood cell production in some men. That is why blood-count monitoring may also be clinically important.

Symptoms and treatment response matter as well. A testosterone level by itself does not describe energy, sexual function, mood, sleep, body composition, treatment tolerability or the presence of other health conditions. Similarly, PSA should not be interpreted without the rest of the clinical picture.

Practical Record-Keeping Tips for Men Receiving TRT

Although prostate evaluation requires medical care, organized health information can make clinical follow-up more useful.

Keeping previous PSA results can help clinicians identify whether the latest value is stable or represents a meaningful change from baseline. A trend can sometimes provide more context

than a single isolated test result.

Family history also matters. A history of prostate cancer in a father or brother may influence risk discussions and screening decisions, so having that information available during a hormone evaluation can help the clinician individualize the monitoring plan.

An updated medication list is also useful. The list should include testosterone formulation, dose and dosing schedule along with prescription medications, over-the-counter medications and other substances relevant to the medical history. Accurate medication information helps reduce guesswork when a new symptom or laboratory change occurs.

New or worsening urinary symptoms should also be reported. Examples can include difficulty starting urination, weak urinary flow, increased urinary frequency, urgency, a sensation that the bladder is not emptying fully or increased nighttime urination. These symptoms do not automatically indicate prostate cancer, nor do they automatically prove that testosterone therapy is the cause. However, they provide useful information for clinical evaluation.

Finally, testosterone treatment should not be changed based on one laboratory result alone. An unexpected PSA value should be discussed with the treating clinician. Depending on the result and the patient's history, the next step may involve repeat testing, further evaluation or referral to another specialist.

Frequently Asked Questions About TRT and PSA

What does PSA stand for?

PSA stands for prostate-specific antigen. It is a protein produced primarily by prostate tissue and can be measured with a blood test.

Does TRT always increase PSA?

No. PSA responses are not identical among men receiving testosterone therapy. Some individuals may experience changes, while others may not have a meaningful increase. The clinical significance of a change depends on the baseline value, amount of change and individual risk factors.

Does a high PSA mean prostate cancer?

No. An elevated PSA can occur for several reasons and does not establish a cancer diagnosis by itself. Further evaluation may be appropriate depending on the value, prior results, symptoms and other risk factors.

How much of a PSA increase is concerning during TRT?

There is no single number that should be used by patients to diagnose a problem independently. However, Endocrine Society guidance recommends urologic consultation during the first year of testosterone therapy in certain situations, including a confirmed PSA rise greater than 1.4 ng/mL

above baseline or a confirmed PSA above 4.0 ng/mL.

How often should PSA be checked while receiving testosterone?

The schedule depends on factors such as age, baseline prostate risk and the clinical monitoring plan. For appropriate men who choose prostate monitoring, Endocrine Society guidance includes evaluation before treatment and during the first year after treatment begins. Continued screening after that generally follows age- and risk-appropriate prostate-cancer screening practices.

Is PSA testing required for every man taking testosterone?

Not every patient has the same clinical circumstances. Age, medical history, prior PSA values, prostate-cancer risk and the treatment plan may all affect whether and how PSA testing is used.

Can a PSA result go back down after an increase?

PSA levels can fluctuate. Because temporary elevations are possible, an unexpected result may sometimes be confirmed with additional testing before its significance is determined.

Should testosterone be stopped if PSA increases?

A patient should not independently stop or adjust prescribed testosterone solely because of one PSA result. The treating clinician may review the result, compare it with baseline values, consider other possible causes, repeat testing or recommend urologic evaluation.

Can testosterone be prescribed to someone with an enlarged prostate?

Prostate enlargement and urinary symptoms require individualized evaluation. The presence and severity of lower urinary tract symptoms, prostate findings and other risk factors can affect decisions regarding testosterone therapy.

Does TRT cause prostate enlargement?

The relationship is more complicated than a simple yes-or-no conclusion. Testosterone interacts with prostate tissue, which is one reason prostate symptoms and risk factors may be considered before and during therapy.

Are urinary symptoms a sign of prostate cancer?

Not necessarily. Urinary symptoms may occur for many reasons, including noncancerous prostate enlargement and other urinary conditions. New or worsening symptoms should still be discussed with a healthcare professional so the underlying cause can be evaluated.

What other laboratory tests may be monitored during TRT?

Monitoring may include testosterone levels, hematocrit and other tests based on medical history, treatment response and the individual care plan. Hematocrit is particularly relevant because testosterone can increase red blood cell production in some men.

Why does a baseline PSA matter?

When PSA monitoring is appropriate, a baseline provides a point of comparison. A future value can then be interpreted in relation to the patient's previous level rather than viewed as an isolated number.

Is a PSA result of 4.0 automatically cancer?

No. A PSA level above 4.0 ng/mL does not independently diagnose prostate cancer. However, Endocrine Society testosterone guidance identifies a confirmed PSA above 4.0 ng/mL as one circumstance in which urologic evaluation is recommended during the first year of testosterone therapy.

Why does family history matter?

A family history of prostate cancer can affect an individual's risk profile. That information may influence when prostate-risk discussions begin and how screening options are considered.

Can men simply order their own PSA tests and monitor TRT themselves?

Laboratory access does not replace clinical interpretation. PSA values, testosterone results, blood counts, symptoms and medical history need context, and testosterone therapy can have risks and contraindications that cannot be assessed from a single laboratory number.

What should men discuss with a clinician before starting TRT?

Useful areas of discussion include the reason testosterone is low, whether the diagnosis has been confirmed appropriately, symptoms, fertility plans, medical history, cardiovascular and blood-count considerations, prostate risk, expected monitoring, potential adverse effects and realistic treatment goals.

Accurate Diagnosis Remains the Starting Point

Monitoring PSA is important when clinically appropriate, but safe testosterone care begins before monitoring. The Endocrine Society states that diagnosing hypogonadism requires both symptoms consistent with testosterone deficiency and consistently low testosterone levels measured accurately. Its July 2026 statement also cautioned that common symptoms such as low energy, changes in libido and mood can have multiple causes.

Potential reversible contributors may also need consideration. The Society additionally cited concerns about inconsistent diagnostic testing and emphasized the importance of accurate testosterone assays.

That broader context matters because prostate monitoring cannot make inappropriate testosterone prescribing appropriate. Diagnosis, treatment selection and monitoring are separate parts of the same clinical process.

Local Relevance for Greater New Orleans and South Louisiana

MOPE Clinic operates a physical concierge clinic in Metairie and serves patients from Greater New Orleans and communities throughout South Louisiana. Chris Rue, FNP-C, provides hormone-optimization care using medical history, symptoms, patient goals, appropriate testing and ongoing follow-up.

The clinic's approach emphasizes individualized decision-making rather than treating a testosterone level, PSA result or other laboratory value in isolation. Concierge visits are available by appointment. Patients may use their preferred laboratory location when appropriate for their care. Telemedicine may be available for eligible hormone-optimization patients depending on the service, location and applicable clinical requirements.

Additional educational information is available in MOPE Clinic's related article, "[TRT and PSA Monitoring: What Men Should Know About Prostate Health](https://mopeclinic.com/trt-psa-prostate-monitoring/)," at:

<https://mopeclinic.com/trt-psa-prostate-monitoring/>

About MOPE Clinic

MOPE Clinic, formally Metairie Optimal Performance Enhancement, is a concierge clinic located in Metairie, Louisiana. The clinic provides individualized hormone optimization for men and women, weight-management services and growth-hormone peptide services within the scope of each patient's clinical needs.

Chris Rue, FNP-C, evaluates treatment decisions using symptoms, medical history, appropriate laboratory information and personal goals. MOPE Clinic serves Greater New Orleans and patients throughout South Louisiana. Concierge visits are by appointment.

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