

Peer Review File

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Reviewer A

The authors are to be commended on an interesting study surveying men on barriers to receiving care for hypogonadism during the COVID19 pandemic. Overall the data, though limited, are meaningful and worthwhile. This reviewer has a few minor comments.

Reply 1: Thank you for your kind comments. As you mention, we also hope that our manuscript will inform urologists and other non-primary care providers about potential barriers individuals may be encountering, and hopefully can spark conversations that may eventually increase access to care.

ABSTRACT: Minor comment – consider changing “testosterone replacement therapy” to “testosterone treatment” in keeping with the AUA guidelines on management of testosterone deficiency.

Reply 1: Thank you for this comment. We have changed this wording in hopes to maintain consistency with the AUA guidelines.

Changes in the text: We have modified the text throughout the manuscript as advised. We removed any reference to “testosterone replacement therapy” or “TRT” and replaced it with testosterone treatment.

INTRODUCTION: no comments

METHODS: no comments

RESULTS:

- Any data on where the other 14.4% of patients who did not receive Rx from dedicated TRT clinic, PCP, GU or endocrinology received their testosterone?

Reply 2: Thank you for this question. Respondents had an alternative selection of “other” in this survey question with the option to write in responses. Some individuals stated they received treatment from a functional medicine physician, others stated a “homeopathic doctor”, while the rest either chose not to disclose or they put “NP or PA”.

Changes in the text: We have modified the text in the results section as advised (lines 162-164).

DISCUSSION

- Interesting that almost 50% of patients received their prescriptions from dedicated clinics, and that difficulty obtaining injections resulted in some patients seeking medications from the black

market. Good to see that patients had regular follow up, though as the authors mentioned it would be helpful to understand why follow up was so frequent in some cases.

Reply 3: Thank you for this comment. It was also surprising to us that such a large proportion of respondents received their therapy from dedicated clinics. In the future we hope to further understand why follow-up was so frequent, however it was good to see that despite the pandemic, patients seem to maintain consistent care.

- Will be interesting to see how telemedicine is continued in the future. Per federal regulations, controlled substances cannot be prescribed without an initial in-person encounter. This was waived during COVID19 public health emergency but does require video-audio two-way interactive communication for telemedicine. Once COVID ends and public health emergency status is rescinded, patients will likely need to resume at least some form of in-person visits.

Reply 4: Thank you for this excellent insight. As you alluded to, as the pandemic ends, the federal restrictions will likely be enforced again. It will be interesting to see in the future if and how policy will change to support telemedicine services, particularly for follow-ups.

Reviewer B

This is an interesting, well thought out project that considers the issues of TRT during COVID. I commend the authors on this project. I do have some comments/recommendations

Reply 1: Thank you for your kind comment. We hope that the information can be used to further understand barriers that some patients may be encountering.

1. Methods - how many questions in total was the survey? Please include this

You state incomplete surveys were not excluded, but I am sure there were some that barely answered any questions. Were all surveys included or was there a cut off of possibly 50% completion, 75% completion to be included?

Reply 2: Thank you for this great question. There were 17 questions in the survey. You are correct that although we did use some incomplete surveys, we did indeed cut off the analysis to include only those that completed at least 75% of the questions.

Changes in the text: We have modified the text and added this information in the methods section as advised (lines 129, 147-148).

2. Results

You mention 2 patients tried to get TRT from the black market. Did you define this or inquire what that means? Who they were asking, or how they were going about doing that?

Reply 3: This is an important question. We did not define black market or inquire who/how they were obtaining the therapy. This may be an avenue to pursue in future research to shed light on

the lengths some individuals have to go to obtain therapy for their medical condition.

Regarding the telemedicine preference question - did you ask in the survey if they preferred telemedicine with a urology or APP for monitoring of their TRT? If so, I find the question a little problematic as I think it is making the participants choose both telemedicine and Urology. Instead, I think this should have been two questions - Would you prefer TRT via telemedicine and Would you prefer TRT to be managed by a urologist or their APP? Because most are not being seen by a urologist, I am worried that some people looked at that question and just wanted to be seen by a urologist instead of their current provider and may not necessarily care if its via telemedicine which could affect the answers. Just a thought.

Reply 4: Thank you for this question. We did not differentiate in the survey between telemedicine with a non-specialist vs telemedicine with a specialist. We agree with this reviewer that this could have caused confusion for some of the respondents. We added this to our list of limitations.

Changes in the text: We have modified the text and added this information in the methods section as advised (lines 234-237).

For the bias limitation - I think it is important to mention that because they are more internet knowledgeable - they may be more favorable to telemedicine.

Reply 5: Thank you for this thought. It is true that this may have biased the results toward those predisposed to using the internet.

Changes in the text: We have modified the text and added this information in the discussion section (lines 232-234).

I think there is also a possible preference for telemedicine in those people you surveyed because as you said - half were going every 3 months or even more frequently which is very time consuming. That level of frequency to the doctor would make anyone prefer that. It would be interesting if you could break down your data - provide desire for telemedicine of patients who saw urologist vs those at TRT clinics - like i said before - not sure if TRT clinic people want to see urologist vs telemedicine but at least can conclude if they want both more than urologist patients.

Reply 6: This is interesting insight. We went back through our raw data and calculated these values. Of the individual's that expressed desire in telemedicine services, ~55% of the respondents received their testosterone therapy from a dedicated clinic. This is slightly higher than the overall percentage of participants that received therapy from a dedicated clinic (~45%). The percentage of individuals that wished for telemedicine services and already received care from a Urologist was fairly consistent with the overall survey population. Given that this question was nebulous (as discussed in your prior comment), we are choosing not to add this information into our discussion and rather address the limitation (see above) as it is hard to glean true insight into what the respondent was thinking while answering this

question.