Table 3. Major clinical trials of Testosterone-progestin combinations as MHC

Reference	Ref. no.	Ethnic origin	Androgen dose		Progestin dose		Number of subjects	Severe oligozoospermia $<10^6$/ml (n,%)	Comments
Meriggiola et al	52	Caucasian	TU	1000 mg im/8 weeks	NETE	200 mg im/6 weeks	10	9 (90%)	Co-administration with injectable T
Kamischke et al	53	Caucasian	TU	1000 mg im/6 weeks	NETE	200 mg im/6 weeks	14	13 (93%)	
Gui et al	54	Chinese	TU	500 or 1000 mg im/8 weeks	LNG	4 implants	41	36 (90%)	Decrease of HDL-cholesterol
Turner et al	56	Unknown	T-Pellets	800 mg/16 weeks	DMPA	300 mg im/12 weeks	55	53 (96%)	Efficacy trial
Gu et al	57	Chinese	TU	1000 mg im/8 weeks	DMPA	150 or 300 mg im/8 weeks	30	29 (97%)	Prolonged duration of action
Meriggiola et al	58	Caucasian	TE	100 mg im/week	CPA	50 mg p.o./day	5	5 (100%)	Antiandrogenic activity of CPA
Meriggiola et al	58	Caucasian	TE	100 mg im/week	CPA	100 mg p.o./day	5	5 (100%)	
Meriggiala et al	59	Caucasian	TU	1000 mg im/6 weeks	CPA	20 and 2 mg p.o./day	24	24 (100%)	
Ilani et al	60	Mixed	T gel	10g OID	NES gel	8g or 12g OID	56	50 (88,5%)	Great acceptability
Anderson et al	63	Caucasian	T-Pellets	400 mg/12 weeks	ENG	1 rod (Implanon)	14	11 (79%)	Low metabolic effects
Anderson et al	63	Caucasian	T-Pellets	400 mg/12 weeks	ENG	2 rods (Implanon)	14	13 (93%)	

TU: Testosterone Undecanoate; TE: Testosterone Enanthate; NETE: Norethisterone Enanthate; LNG: Levonorgestrel; DMPA: Medroxyprogesterone depot; CPA: Cyproterone Acetate; NES: Nestorone; ENG: Etonogestrel.