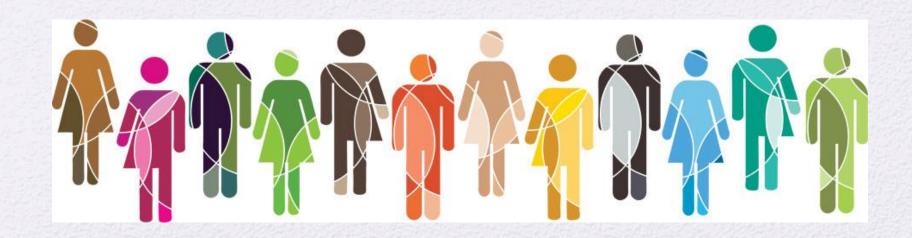
### Basics of Gender Affirming Care for Transwomen

Denise Taylor, M.D.



### Learning Objectives

- Describe basic components of providing gender affirming care in a clinical setting.
- Define the basics of hormone therapy for transgender women.
- Demonstrate an understanding of other gender affirming interventions such as hair removal and gender affirming surgeries.
- Family building.

# What is Gender Affirming Care?

- Process of having one's authentic gender affirmed and recognized across four domains:
  - Social -name, pronoun, clothing, expression
  - Psychological access to trans competent counseling
  - Medical hormones, surgery, reproductive options, primary care, voice therapies
  - Legal name and gender change, antidiscrimination legislation, right to self determination

# Establishing a Welcoming Environment

- Intake forms:
  - Preferred name/Name in use
  - Name and gender as printed on insurance card
- Bathrooms
- Training staff
- Hire trans people

### Intake Forms - example

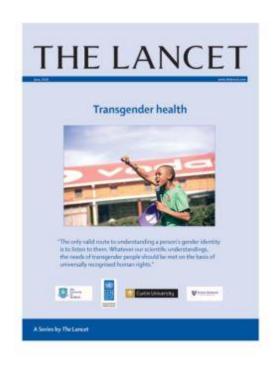
	t is your current gender identity? ck all that apply)		
	Male		
	Female		
	Female-to-Male (FTM)/Transgender		
	Male/Trans Man		
	Male-to-Female (MTF)/Transgender		
	Female/Trans Woman		
	Genderqueer, neither exclusively mal nor female		
	Additional Gender Category/(or Other please specify		
	Decline to Answer, please explain why		
Wha	t sex were you assigned at birth on		
your	original birth certificate?		
(Che	ck one)		
	Male		
	Female		
	Decline to Answer, please explain why		

- Two-step gender data collection tested at large FQHC's
- 97% of respondents able to answer without problems

(CHARN White Paper, 2013)

#### **Establish Trust**

"The only valid route to understanding a person's gender identity is to listen to them. Whatever our scientific understandings, the needs of transgender people should be met on the basis of universally recognised human rights"



### Sample Introduction

- "Hi, my name is Denise, I use feminine pronouns. What pronouns do you use?"
- "Do you have any other name you would like us to call you by here in the clinic?"
- "If anything changes at all in the future please let us know so that we can update your chart."

### Language and Concepts

MTF, Male-to-Female, Transwoman

 Someone assigned male at birth who identifies more on the feminine spectrum.

 Ask and listen as patients may use different terminology to describe their experience of gender.

#### **Transgender Hormone Therapy**

- Covered by MediCal/Cencal, Medicare and many private insurance policies.
- The goal of treatment for transgender people is to improve their quality of life by facilitating their transition to a physical state that more closely represents their sense of themselves.
- Treatment can save lives and change the world!

#### World Professional Association for Transgender Health (WPATH)

Standards of Care Version 7 – 2012

#### **Eligibility Criteria for Hormone Therapy**

- 1. Persistent, well-documented gender dysphoria/incongruence
- 2. Capacity to make a fully informed decision and to consent for treatment
- 3. Age of majority in a given country
- 4. If significant medical or mental health concerns are present, they must be reasonably well-controlled

No counseling requirement

### **General Principles**

- It may take 2-3 visits before the person receives hormones
- This would be dependent on the knowledge the trans person has about hormones, and their readiness to proceed
- Get informed consent therapy no longer a requirement

### General Principles (cont'd)

- Counseling may be useful for the person undergoing transition, and to satisfy requirements for surgery
- A physical examination and blood tests would usually be required initially, and on an ongoing basis just as with any medical condition
- Be an advocate for your patient

### History

**Psychosocial** 

**Family Planning** 

**Family History** 

History of hormone use

**Mental Health** 

**Surgical history** 

**Sexual History** 

**Organ inventory** 

### History

- Sexual Health "Are you comfortable with me asking you a few questions about your sexual health? Tell me about your sexual partners. What type of sex do you have?"
- Use general terminology for body parts, or ask patients if they have a preferred term to be used
- Don't make assumptions!

### **Physical Exam**

- As appropriate for clinical evaluation
- Secondary sex characteristics will depend on past hormone use and surgical procedures
- Examine genitalia only when necessary
- Neovagina blind cuff, anoscope may provide more accurate visualization, prostate is anterior to vaginal wall

### Male to Female (MTF) Treatment Options

- No hormones psychosocial support
- Estrogens pills, pellets, injections, cream, patches
- Progesterones
- Androgen blockers

### Estrogens

- 17-beta Estradiol bioidentical
  - Delestrogen: 10-20 mg im or sq weekly or 10-40mg im q2weeks
  - Estrace: 2-8mg po daily (available as 2mg tablets)
  - Estrogen patches: 0.2 0.8 mg twice weekly (available as a 0.1mg patch)
  - Estrogen pellets compounding pharmacy like
     Anazao

Lower doses post orchiectomy

### Progesterone

- Review of literature found low quality research with no conclusive evidence.
- Some clinicians use micronized progesterone 100-200 mg daily.
- Anecdotal improvement in breast development, mood and libido.
- Side effects can include depression, weight gain, bloating and acne

### Anti-Androgens

- Most common: Spironolactone up to 400 mg daily (effective, low cost, possible side effects)
- Alternatives: 5-alpha reductase inhibitor (may be less effective), GnRH agonist (\$\$\$)
- Titrate dose to clinical outcome and serum testosterone level, as guided by patient goals

## Effects of MTF Hormone Treatment

Effect	Expected Onset of Effect	Expected Maximum Effect	Reversible or Permanent if Estrogen stopped
Emotional changes	1-2 months	variable	Reversible
Breast growth	3-6 months	2-3 years	Permanent
Thinning/slowed growth of body and facial hair	6-12 months	>3 years	Reversible
Softening of skin/decreased oiliness	3-6 months	unknown	Reversible
Body fat redistribution (less on abdomen, more on hips/buttocks/face)	3-6 months	2-3 years	Reversible
Decreased muscle mass/strength	3-6 months	1-2 years	Reversible
Decreased libido, firmness of erections, spontaneous/morning erections	1-3 months	3-6 months	Reversible
Decreased sperm production/maturation, educed fertility	variable	variable	Permanent
Decreased testicular volume by 25-50%	3-6 months	2-3 years	Likely permanent
Cessation of male pattern balding	No regrowth, loss stops 1-3 months	1-2 years	Reversible
oice changes	NONE	-	(#)

Adapted from Endocrine Society Guidelines Hembree et al 2017; UCSF CoE Deutsch et al, 2016

# Risks of MTF Hormone Therapy

- Venous thrombosis/thromboembolism
- Benign pituitary prolactinoma
- Drug interactions
- Coronary artery disease
- Cerebrovascular disease
- Cholelithiasis
- Hypertriglyceridemia

### Lab Monitoring

- Testosterone levels <50 ng/dL</li>
- Estrogen levels 100-200 pg/ml
- Creatinine and potassium levels in patients on spironolactone, consider lipid panel and Prolactin levels.
- Monitor every 3 months in the first year and then 1-2 times per year thereafter

#### Follow-Up Care for MTF Patients

- Assess feminization
- Review medication use
- Discuss social impact of transition
- Counsel regarding sexual activity
- Review surgical options
- Complete forms for name and gender change as needed
- Continue HCM CAD risk factors, cancer screening

### **Primary Care**

- Network of referrals to gender affirming providers
- Complete prior authorizations
- Refer to competent surgeons
- Write letters for surgery

### **Surgical Options - MTF**

- Gender Reassignment Surgery (GRS)
- Breast Augmentation
- Facial Feminization Surgery (FFS)
- Tracheal shave
- Vocal cord surgery
- Hair removal procedures

# Gender Affirming Surgery

- Vaginoplasty
- Orchiectomy
- Vulvoplasty

 Goal is to match physical appearance to inner self.

### **Breast Augmentation**

- Anatomical considerations wide chest, nipples wider set, hormones usually not sufficient.
- Surgical approach periareolar, transaxillary,
   IMF, usually require larger volume implants
- Bandage is removed after 4-6 weeks.

# Facial Feminization Surgery

- Operations can last up to 12 hours
- Forehead decreased frontal bossing, lower hairline
- Rhinoplasty
- Jaw reconstruction shave off angle, decrease size
- Facelift, lips, cheeks, eyes, tracheal shave
- High degree of patient satisfaction

### **Vocal Cord Surgery**

- Voice pitch not changed with hormones
- Voice therapy and training can help alter pitch
- Vocal feminization surgery involves shortening vocal cords – open technique vs noninvasive (South Korea)
- Results are mixed, procedure is expensive

#### **Hair Removal**

- Laser-targets course hairs that are dark in contrast to later skin. FDA approved for "hair reduction".
- Electrolysis-FDA approved for "permanent hair removal".
- Often required prior to surgery.
- Expensive and usually not covered by insurance companies.

### Family Building

- Adoption
- Intercourse with cisgender or female bodied partner
- IVF or IUI with patient or partner's sperm with female bodied recipient (patient's partner or surrogate)
- IUI \$1000 plus procedures, labs
- IVF \$12,000 \$15,000 per cycle

### **Fertility Preservation**

- Cryopreservation \$1500 \$3000
- Sperm retrieval from gonadal tissue epididymal or testicular source
- On HRT many able to produce specimens that can be utilized for IVF
- Previously on HRT near normal parameters after about 4-5 months off estrogen but infertility is possible.

### Summary

- Hormone treatment is a medical necessity for some transgender people and contributes to improved quality of life
- There are some unanswered questions about long term effects of hormone therapy but the benefits almost always outweigh the risks.
- This is not rocket science.
- Surgical treatment is a medical necessity for some transgender people and contributes to improved quality of life

#### Selected On-line Resources

- World Professional Association for Transgender Health - <u>www.wpath.org</u>
- Center of Excellence for Transgender Health -<u>http://transhealth.ucsf.edu/trans?page=protocol-oo-</u>
- Tom Waddell Clinic protocol - <u>https://www.sfdph.org/dph/comupg/oservices/medS</u> <u>vs/hlthCtrs/TransGendprotocols122006.pdf</u>

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### Questions?

