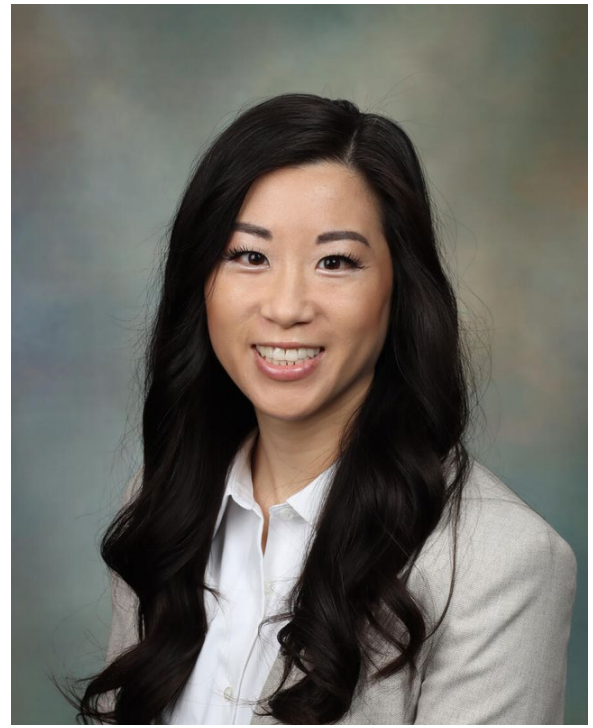
MAYO CLINIC

HEALTH CARE MAINTENANCE IN TRANSGENDER PEOPLE



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Transforming Women's Health 2023
June 8-10, 2023

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIP(S) WITH INDUSTRY

- Consultant for Applied Medical and Hologic Inc.
- ***Clinical recommendations are evidence based and free of commercial bias including the use of peer-reviewed literature and evidence-based practice guidelines***

REFERENCES TO OFF-LABEL USAGE(S) OF PHARMACEUTICALS OR INSTRUMENTS

- None

CONTENT WARNING

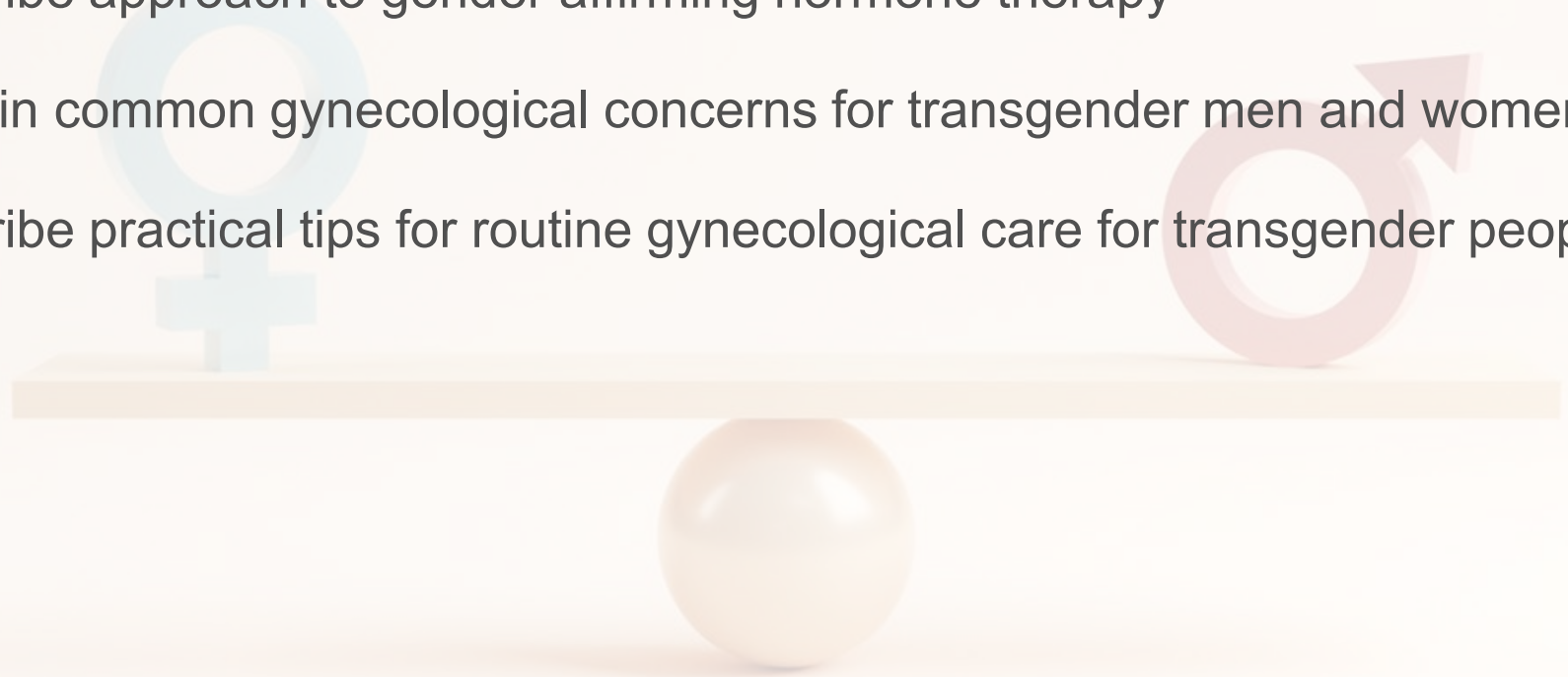
- This presentation includes use of slurs as part of understanding correct terminology and discussion of suicide

AGREEMENTS

- **Everyone's opinion matters**. We encourage transparent sharing.
- **This is a safe space**. We ask that discussions are respectful and remain within this group.
- **This is a brave space**. For growth and learning, we acknowledge that we may enter uncomfortable spaces.
- **Engagement is key**. Together, we can promote communal equity.
- **Apolitical conversations**. Mutual respect and social equity have no political affiliation.

LEARNING OBJECTIVES

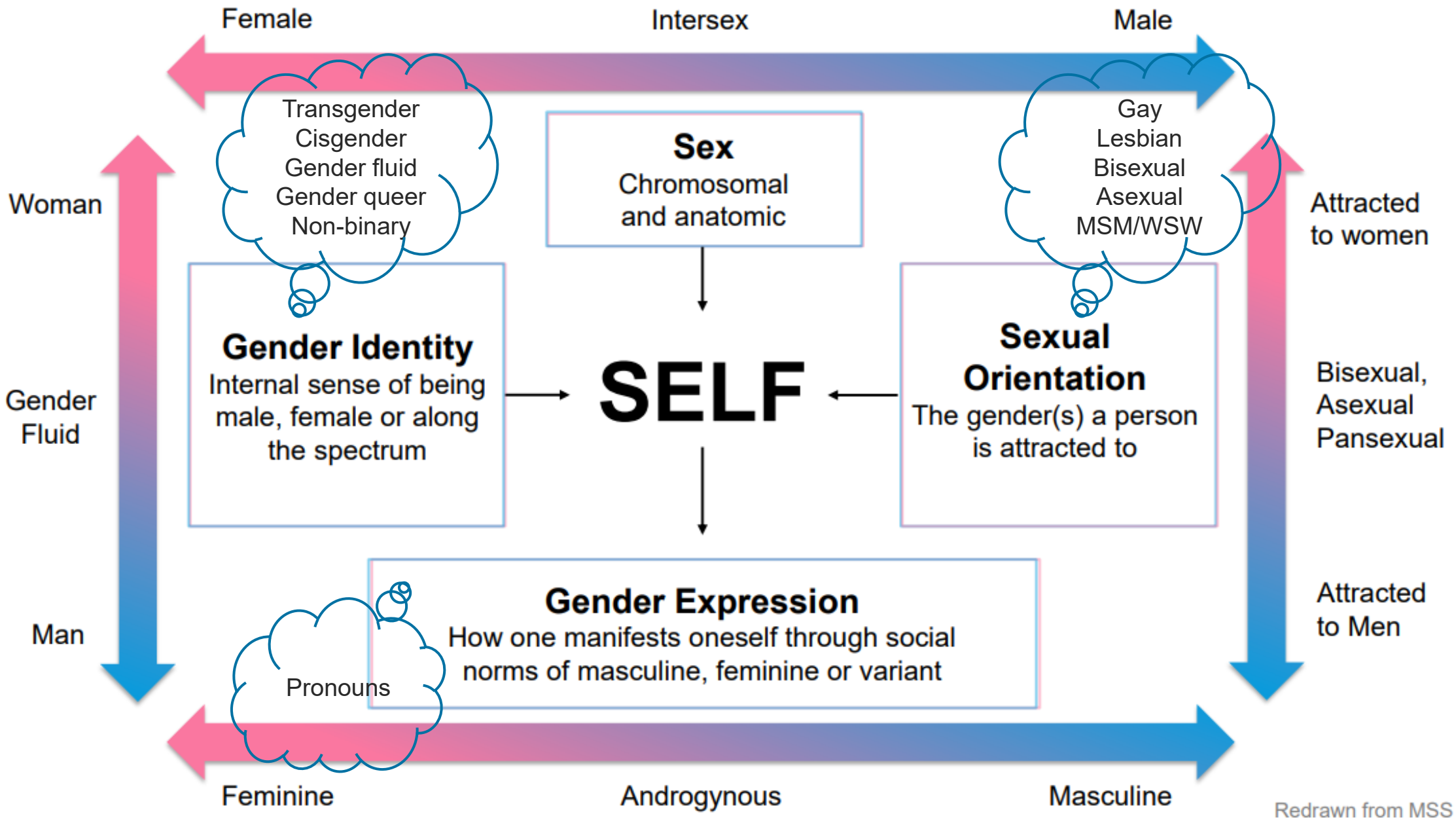
- Define gender dysphoria
- Describe approach to gender affirming hormone therapy
- Explain common gynecological concerns for transgender men and women
- Describe practical tips for routine gynecological care for transgender people



ARS QUESTION

“TRANSGENDER” IS AN EXPRESSION OF:

- A) Sexual orientation
- B) Gender identity
- C) Chromosomal sex
- D) Gender expression



ARS QUESTION

A 24yo person named Victor is seeing the gynecologist for pelvic pain, postcoital bleeding, and dyspareunia. He states he identifies as male and uses he/him pronouns. **What is the most appropriate way to document his gender in the medical record?**

- A) He-She
- B) Transgendered female
- C) Homosexual
- D) FTM or female-to-male
- E) Transgender male

MAYO CLINIC

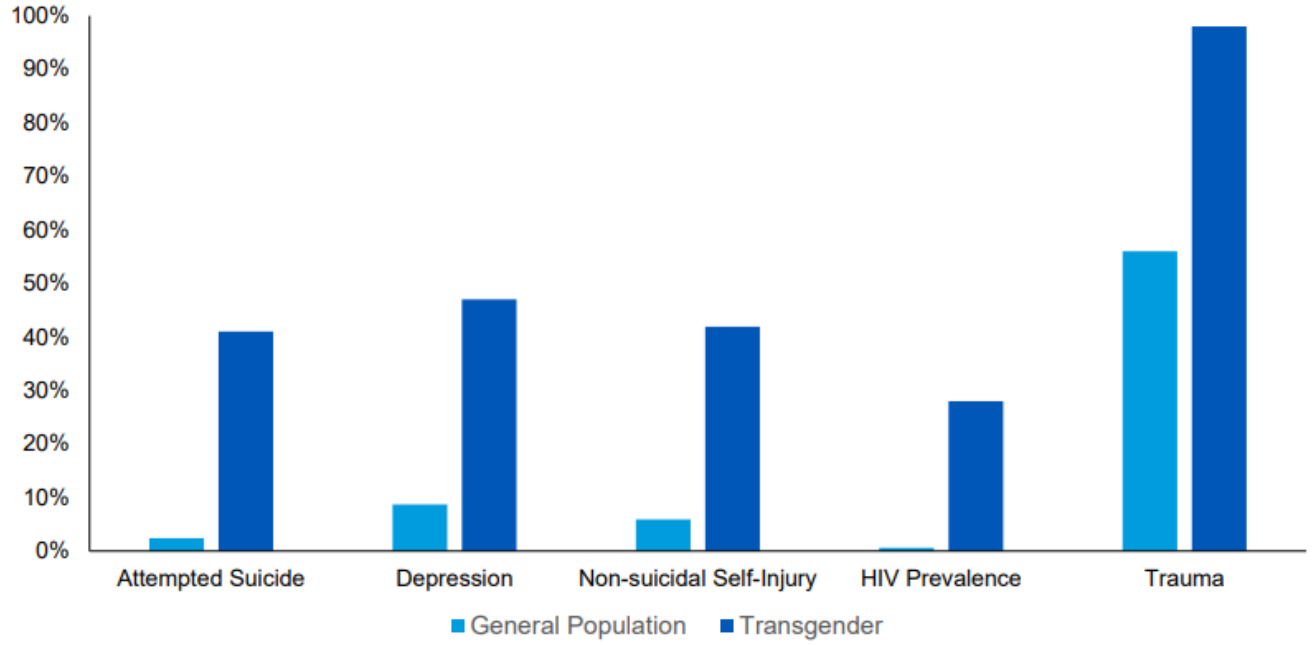
LANGUAGE MATTERS

Instead of Saying This	Say This
'Real Sex', 'Real Gender', 'Gender Sex'	Sex at birth
A transgender	Transgender person; Person who is transgender
FTM; Used to be woman; Born woman MTF; Used to be man; Born Man	Transgender man Transgender woman
Transgender**ed**	Transgender
Sexual Preference	Sexual Orientation
Tranny; She-Male; He-She	Transgender woman; Transgender Man
Sex Change or Sex Reassignment Surgery Sex Change Hormones	Gender Affirming Surgery Gender Affirming Hormone Therapy

Redrawn from MSS

WHY IT MATTERS

Outcome	General Population	Transgender
Attempted suicide	2.4%	41%
Depression	8.7%	47%
Non-suicidal self-injury	5.9%	41.9%
HIV prevalence	0.6%	28%
Trauma	56%	98%



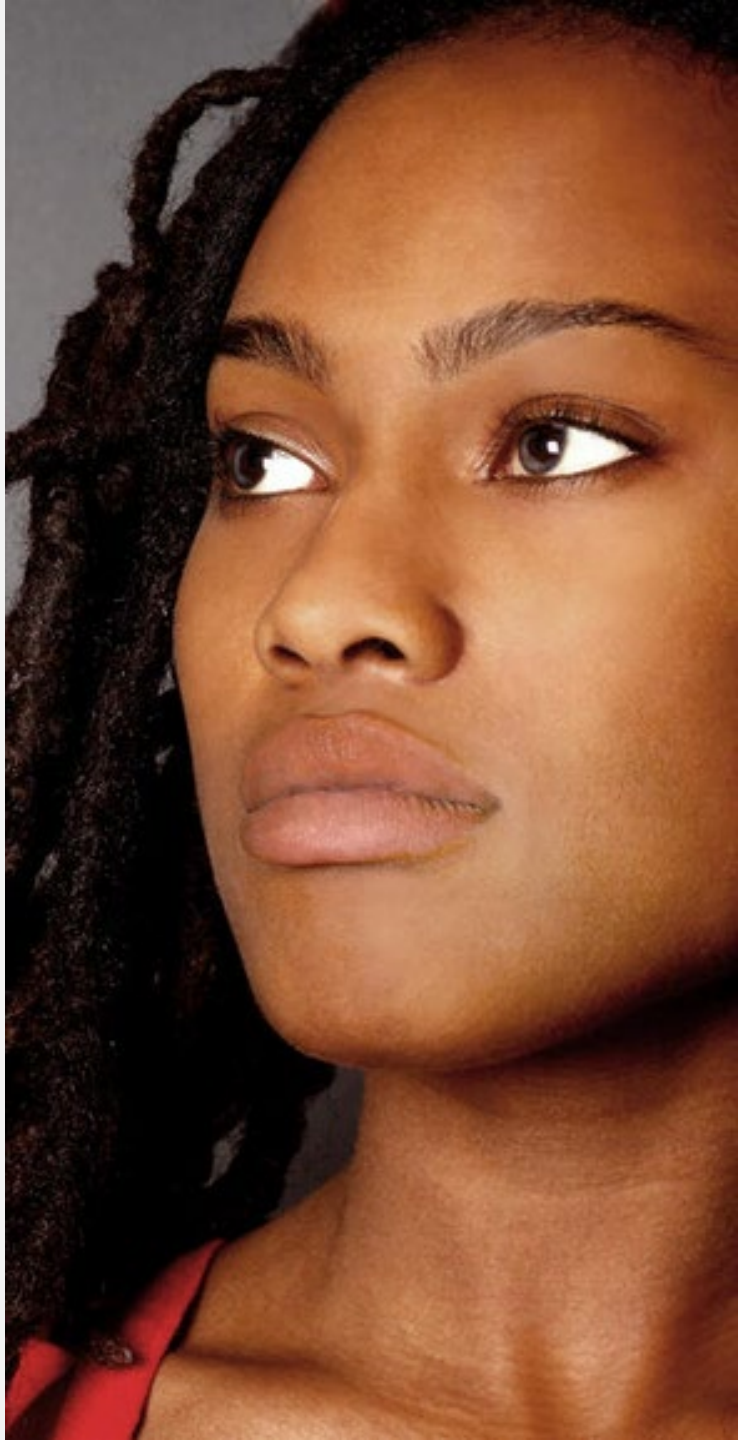
Redrawn from: James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

WHY YOU MATTER

- 31% reported none of their health care providers knew they were transgender
- 33% who had seen a healthcare provider in the past year reported having at least one negative experience such as verbal harassment, refusal of treatment, or having to teach the provider
- 23% did not see a doctor when they needed to because of fear of being mistreated as a transgender person
- 78% wanted hormone therapy, only 49% received it.
- 3-times more likely to have to travel >50 miles for transgender-related care than routine care

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender survey. Washington, DC: national center for transgender equality.

WHEN ACCESS TO APPROPRIATE TREATMENT IS DENIED, SIGNIFICANT HARM CAN OCCUR



- >50% of transgender youth have considered suicide; 40% of transgender adults
- 20% have performed self-mutilation
- Countless others have pursued treatment outside of medical centers due to cost, access, confidentiality, and concern for hostility

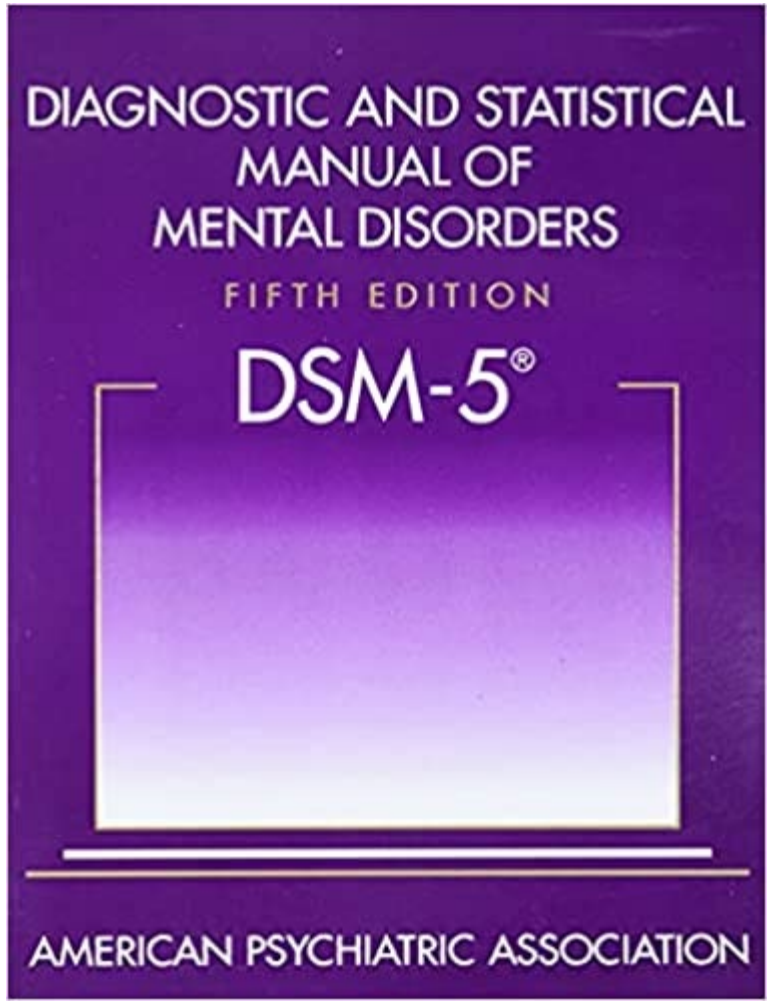
American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 512: health care for transgender individuals. Obstet Gynecol 2011:118:1454—8.

APA DSM-5 CRITERIA: GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS

A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two or more of the following:

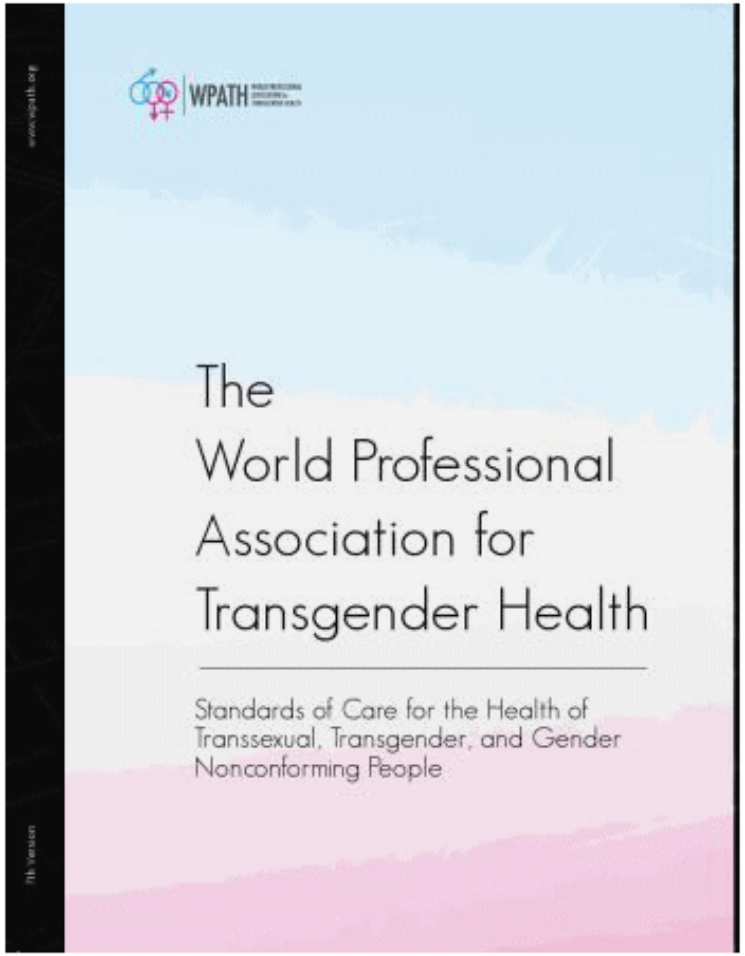
- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender)
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)

The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.



WPATH CRITERIA FOR HORMONE THERAPY

1. Persistent, well-documented gender dysphoria
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



World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version]. https://www.wpath.org/publications/soc

TYPICAL HORMONE REGIMENS

FEMINIZING HORMONE THERAPY

- Anti-androgen:
  - Spironolactone 200-300 mg daily
  - Finasteride 5 mg daily
  - Flutamide 125 mg daily
  - Cyproterone acetate (not available in US)
- Estradiol:
  - PO 2-12 mg daily
  - IM 2-20 mg weekly
  - Patch 0.05-0.2 mg daily
- Progestogen: (controversial)
  - Prometrium 100 mg daily

- Evaluate every 3 months in the first year then 1-2 times per year
- Measure serum testosterone and estradiol every 3 months
  - Testosterone <50 ng/dL
  - Estradiol 100-200 pg/mL
- Serum K every 3 months in the first year then annually if taking spironolactone

Hembree et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-incongruent persons: an endocrine society clinical practice guideline J Clin Endocrinol Metab, November 2017, 102(11):3869–3903

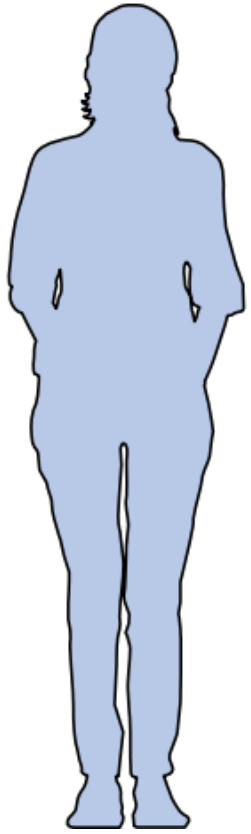
FEMINIZING HORMONE THERAPY

EXPECTATIONS

Hair
Male pattern baldness slows 1-3 months
Softer body hair 6-12 months

Breast development
3-6 months

Body habitus
Fat redistribution
Decreased muscle mass 3-6 months



Skin
Soft, less oily 3-6 months

Sexual function
Decreased libido and spontaneous erections 1-3 months
Testicular atrophy 3-6 months

Hembree et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-incongruent persons: an endocrine society clinical practice guideline J Clin Endocrinol Metab, November 2017, 102(11):3869–3903

PRACTICE CONSIDERATIONS

- Screen for intimate partner violence and depression
- Discuss fertility goals prior to start of hormone therapy and refer for sperm vitrification
- Consider bone mineral density testing at baseline or by age 60 (BMD increases with hormone therapy)
- Consider transdermal estradiol if high risk for VTE (e.g., first year of therapy, after surgery, age >40, tobacco use)
- Regular screening for cardiovascular disease (hypertriglyceridemia, hypertension, diabetes)
- Routine cancer screening as in non-transgender individuals (if all tissues present)

World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version]. https://www.wpath.org/publications/soc

TYPICAL HORMONE REGIMENS

MASCULINIZING HORMONE THERAPY

- Testosterone
  - Testosterone cypionate/enanthate 25-200 mg IM every 2-4 weeks
  - Gels
  - Patches
- Progestogen
  - For menstrual suppression or contraception
  - Levonorgestrel IUD
  - Etonogestrel implant
- GnRH agonist (leuprolide)

- Evaluate every 3 months in the first year then 1-2 times per year
- Measure serum testosterone every 3 months
  - Testosterone 400-700 ng/dL

Hembree et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-incongruent persons: an endocrine society clinical practice guideline J Clin Endocrinol Metab, November 2017, 102(11):3869–3903

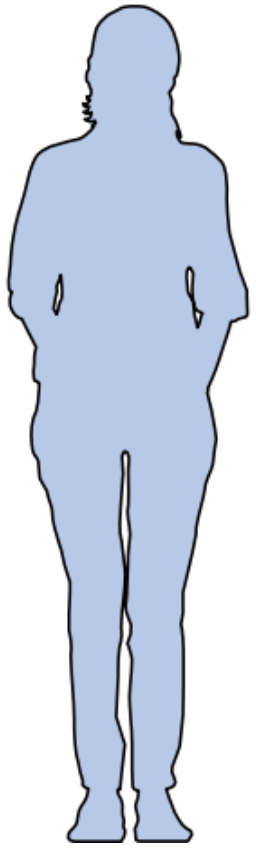
MASCULINIZING HORMONE THERAPY

EXPECTATIONS

Hair
Facial and body hair growth 3-6 months
Scalp hair loss > 12 months

Voice
Deepens 3-12 months

Body habitus
Fat redistribution
3-6 months
Increased muscle mass 6-12 months



Skin
Oily skin, acne 1-6 months

Sexual function
Cessation of menses
2-6 months
Clitoral enlargement
3-6 months

Hembree et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-incongruent persons: an endocrine society clinical practice guideline J Clin Endocrinol Metab, November 2017, 102(11):3869–3903

PRACTICE CONSIDERATIONS

- Screen for intimate partner violence and depression
- Discuss fertility goals prior to start of hormone therapy and refer for oocyte vitrification
- Monitor weight, screening for obstructive sleep apnea
- BP and Lipids at regular intervals (increased risk for cardiovascular disease, hyperlipidemia, hypertension, diabetes)
- Polycythemia: Measure Hgb/Hct every 3 months in the first year then 1-2 times per year
- BMD testing if testosterone is stopped or high risk for osteoporosis
- Routine cancer screening as in non-transgender individuals (if all tissues present)
  - Pap/HPV testing if cervix still present
  - Pelvic ultrasound or endometrial sampling if having genital bleeding, especially if risk factors
  - Consider oophorectomy/hysterectomy after completion of hormone transition
  - Mammograms yearly or sub- and periareolar annual breast exams if mastectomy performed

1. Hembree et al. (2017). Endocrine Treatment of Gender-Dysphoric/Gender-incongruent persons: an endocrine society clinical practice guideline J Clin Endocrinol Metab, November 2017, 102(11):3869–3903
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SURGERY

	Transgender Female	Transgender Male
Breast/ Chest surgery (“*Top Surgery*”)	• Augmentation mammoplasty	• Subcutaneous mastectomy • Creation of a male chest
Genital surgery (“*Bottom Surgery*”)	• Penectomy • Orchiectomy • Vaginoplasty • Clitoroplasty • Vulvoplasty	• Hysterectomy • Oophorectomy • Reconstruction of urethra • Metoidioplasty • Phalloplasty • Vaginectomy • Scrotoplasty • Implantation of erection and/or testicular prostheses
Non-genital, non-breast surgical interventions	• Facial feminization surgery • Liposuction • Lipofilling • Voice surgery • Thyroid cartilage reduction • Gluteal augmentation • Hair reconstruction • Various aesthetic procedures	• Voice surgery • Liposuction • Lipofilling • Pectoral implants • Various aesthetic procedures

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SURGERY

WPATH CRITERIA

1. Persistent, well-documented gender dysphoria
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 well controlled
5. *For bottom surgery:* 12 continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).

Transgender women:

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Hair removal or electrolysis	41%	49%	5%	5%
Voice therapy (non-surgical)	11%	46%	19%	24%
Vaginoplasty or labiaplasty	10%	45%	23%	22%
Augmentation mammoplasty	8%	36%	31%	24%
Orchiectomy	9%	40%	24%	27%
Facial feminization surgery	6%	39%	30%	25%
Tracheal shave	4%	29%	29%	38%
Silicone injections[28]	2%	9%	27%	61%
Voice surgery	1%	16%	32%	51%
Other procedure not listed	5%	13%	15%	67%

Transgender men:

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Chest surgery reduction or reconstruction	21%	52%	17%	10%
Hysterectomy	8%	44%	28%	19%
Metoidioplasty	1%	15%	37%	47%
Phalloplasty	1%	11%	31%	56%
Other procedure not listed	3%	7%	13%	77%

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James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

SATISFACTION IS HIGH

- Satisfaction is high:
  - 87% of transgender women
  - 97% of transgender men
  - Satisfaction is high even for patients who experience surgical complications
- Regret is rare:
  - 1-1.5% of transgender women
  - <1% of transgender men
  - Most strongly correlated to lack of family support and older age at time of transition

Unger CA. Care of the transgender patient: the role of the gynecologist. Am J obstet gynecol 2014 jan:210(1):16—26.
Wierckx k, van caenegem e, elaut e, dedecker d, van de peer f, toye k, et al. Quality of life and sexual health after sex reassignment surgery in transsexual men. J sex med 2011 dec:8(12):3379—3388.
Pfäfflin f. Regrets after sex reassignment surgery. J psychol human sex 1993:5(4):9—85.
Klein c, gorzalka bb. Sexual functioning in transsexuals following hormone therapy and genital surgery: a review. J sex med 2009:6(11):2922—2939.

10 TIPS TO BECOME A TRANSGENDER-FRIENDLY PROVIDER AND COLLEAGUE

1. Tolerance is not enough. Being “colorblind” is not the same as valuing diversity or having respect for transgender people. Celebrate differences with your actions and engage in DEI events.

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8. Reassure patients that the physical exam does not need to be completed in their first visit and that options exist if a provider does deem an exam medically necessary (e.g., imaging, exam under anesthesia).

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8. Reassure patients that the physical exam does not need to be completed in their first visit and that options exist if a provider does deem an exam medically necessary (e.g., imaging, exam under anesthesia).
9. Help people access transgender resources, such as support groups (e.g., https://standwithtrans.org/, http://www.imatyfa.org/, https://pflag.org/needsupport, https://www.hrc.org/resources/patient-resources)

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10. Phone a friend: Identify qualified people who can answer transgender-related questions.

ARS QUESTION

WHICH OF THE FOLLOWING IS TRUE?

A) Transgender individuals face a lot of barriers in and out of healthcare.

B) The use of appropriate terminology is important for patient care and conveys understanding and respect.

C) Gender affirming hormone therapy and surgery is safe and effective

D) Each person interacting with the patient can make an impact.

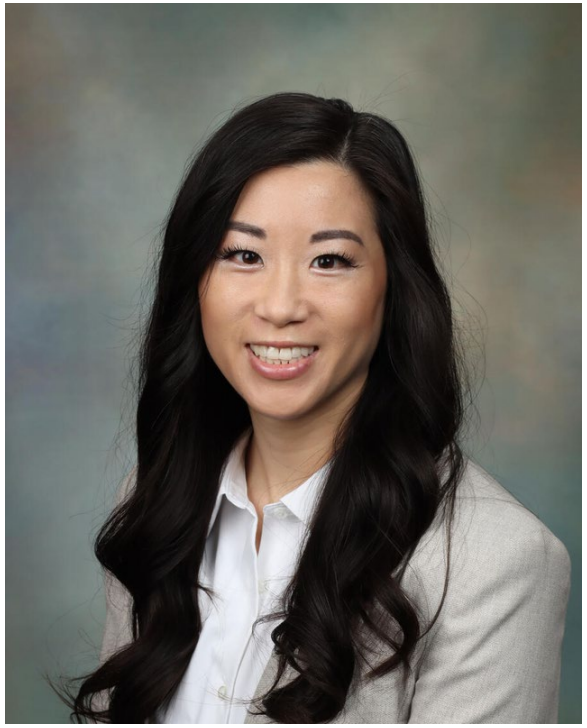
E) All of the above.

CONCLUSIONS

- Transgender individuals face many barriers to care; you don’t have to be one of them.
- The proper use of terminology is important for communication with patients and other providers, in research, and for reimbursement
    - HRC Glossary of Terms
- Gender affirming hormone therapy and surgery are safe and effective when patients are well counseled and monitored and should not be withheld because of provider discomfort
    - WPATH Guidelines
    - Endocrine Society Guidelines for Gender Dysphoria/Incongruence
- Our actions can make a difference.

RESOURCES AND NEXT STEPS

- World Professional Association for Transgender Health (WPATH)
- Endocrine Society Guidelines for Gender Dysphoria/Incongruence
- Human Rights Campaign Health Equality Index
- Human Rights Campaign Glossary of Terms



QUESTIONS & ANSWERS

