

Caring for the Transgender Population



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DISCLOSURES

- ▣ None

ACKNOWLEDGEMENT

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Learning Outcomes:



1. Define key terms and concepts related to transgender people
2. Describe the major health/ healthcare access disparities facing transgender people
3. Discuss resources/strategies for creating a welcoming and gender-affirming environment
4. Discuss clinical guidelines as it relates to gender and anatomy



Why Gender Affirmative & Culturally Competent Care?

▣ Adopted/embraced/endorsed by various medical bodies

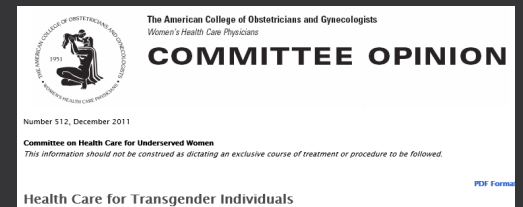
- ACOG- 2011

- IDSA – 2016

- UNICEF 2013 statement

Secretary General - Ban Ki-moon: lesbian, gay, bi-sexual and transgender people are all entitled to the same rights as everyone else

- HRSA requires culturally competent care, now reporting



http://www.idsociety.org/uploadedFiles/HIVMA/Policy_and_Advocacy/IDSA%20HIVMA%20PIDS%20Policy%20Statement%20Opposing%20Anti-LGBT%20Laws%20Oct%202016.pdf

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Transgender-Individuals>

Caring for Transgender Patients

8 Important Things to Know About

1. Understand the difference among gender, sex and sexuality
2. Clinicians should be part of a team
3. Logistics and resources
4. Conduct a complete history and physical
5. Hormone treatment of transwomen and men
6. Labs to monitor while on hormones
7. Surgical options
8. Health maintenance of existing anatomy

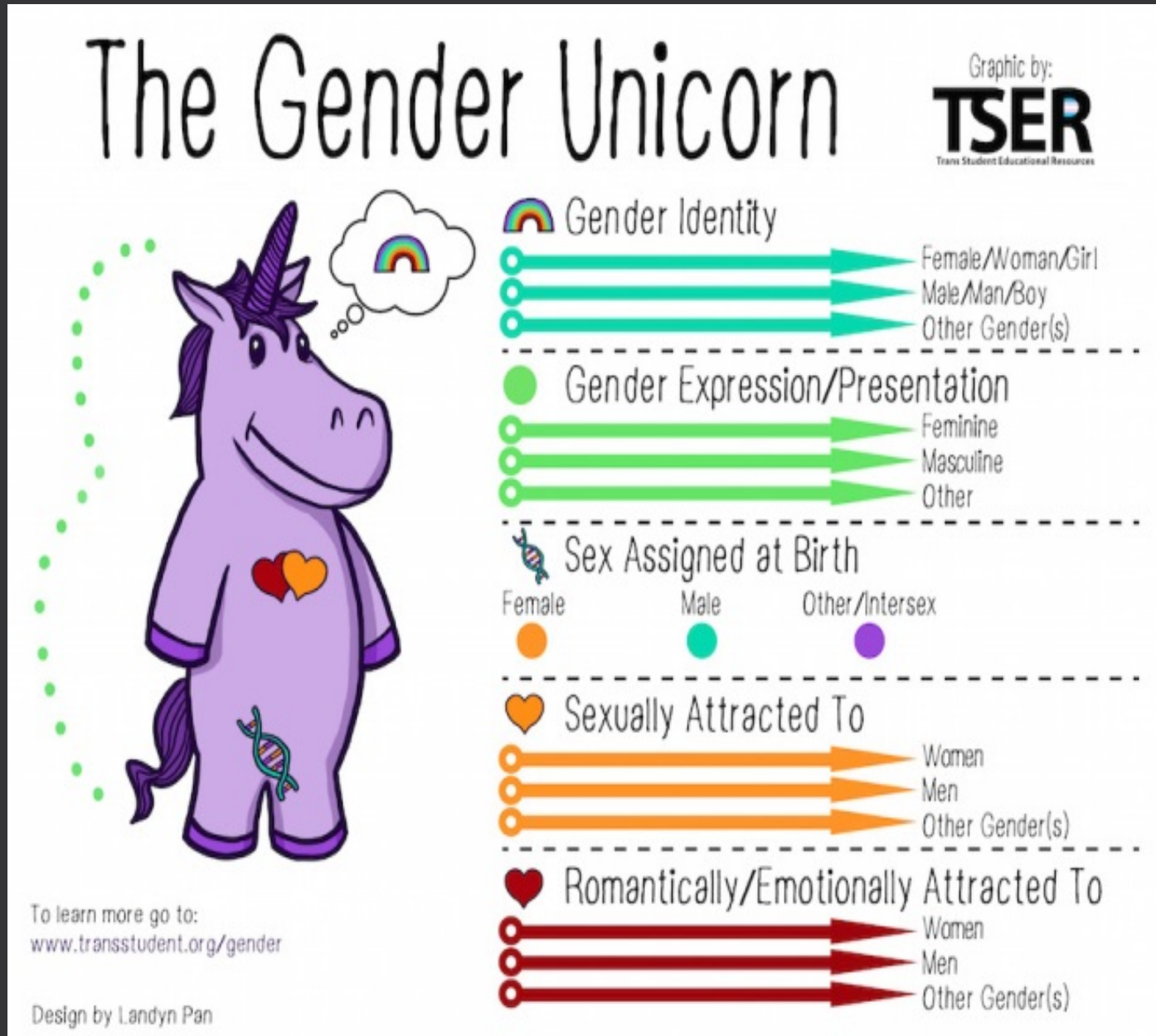
KEY TERMINOLOGIES

The difference among gender, sex and sexuality

Abbreviations in presentation

1. MTF (Male to Female)- transgender woman
2. FTM (Female to Male) –transgender man
3. Trans =Transgender

Definitions



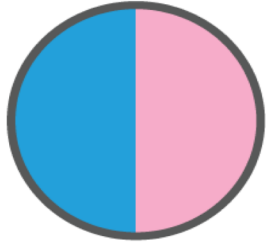
Gender identity (GI) – labels used when socially constructing sexed personas
How you feel, who you are

Gender expression – situational expression of cultural cues which communicate GI
How you dress

Gender orientation – subjective experience of one's body, including its sexed attributes

Definitions

GENDER DEFINITIONS



GENDER

The state of being male or female in typically regarding to social constructs rather than physical attributes.



TRANSGENDER

Refers to someone who does not identify with the gender they were assigned at birth.



CISGENDER

Refers to someone who identifies with the gender they were assigned at birth.



NON-BINARY

Refers to someone who does not identify as exclusively male or female.



GENDER FLUID

Refers to someone whose gender identity changes over time from one end of the spectrum to the other.



GENDERQUEER

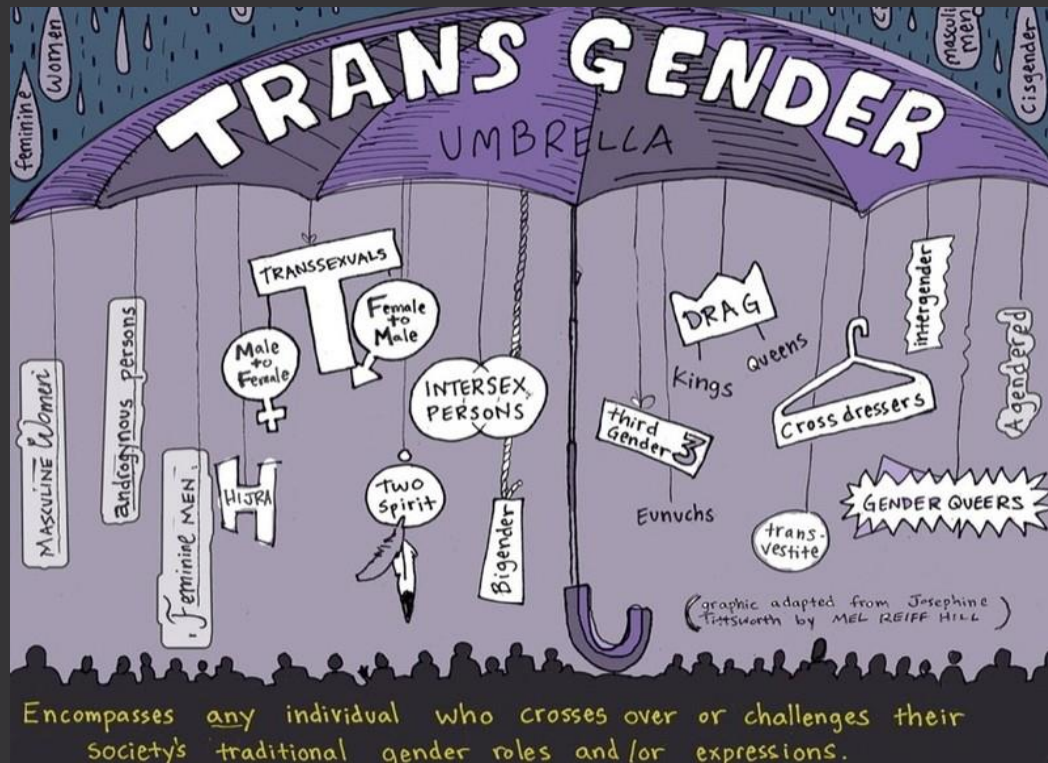
Refers to someone whose gender identify falls on the spectrum between male and female.

Gender orientation terms

- Lesbian
- Gay
- Bisexual
- Queer / pansexual
- Questioning
- Asexual
- Straight
- Gender non confirming
- Other non binary terms
 - Pangender
 - Poly-gender
 - Bi-gender
 - Two-Spirit
 - Agender
 - Gender Bender
 - Androgyne
 - Also: Genderqueer, genderfluid , GNC

Gender Identity of Trans People

- Various terminologies used
 - In the largest survey of trans people , an additional 500 gender terms were listed
- Do not assume , just ask



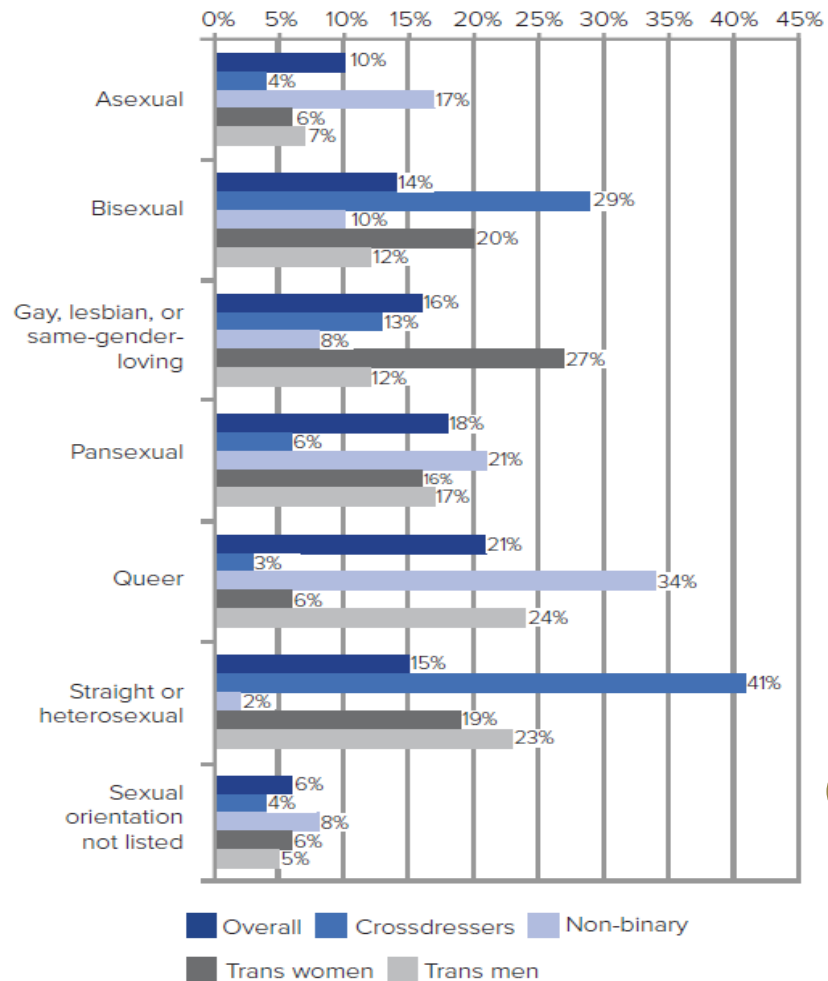
Gender identity terms	% of respondents
Transgender	65%
Trans	56%
Trans woman (MTF, male to female)	32%
Trans man (FTM, female to male)	31%
Non-binary	31%
Genderqueer	29%
Gender non-conforming or gender variant	27%
Gender fluid/fluid	20%
Androgynous	18%
Transsexual	18%
Agender	14%
Two-spirit	7%
Bi-gender	6%
Butch	5%
Crossdresser	5%
Multi-gender	4%
Third gender	4%
Intersex	3%
Drag performer (king/queen)	2%
A.G. or aggressive	1%
Stud	1%
Travesti	1%
Bulldagger	<1%
Fa'afafine	<1%
Mahu	<1%
A gender not listed above	12%

James, (2016). *The Report of the 2015 U.S. Transgender Survey*.
<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>



Sexual Orientation of Transgender People

Figure 4.28: Sexual orientation



Conversations – Don't assume

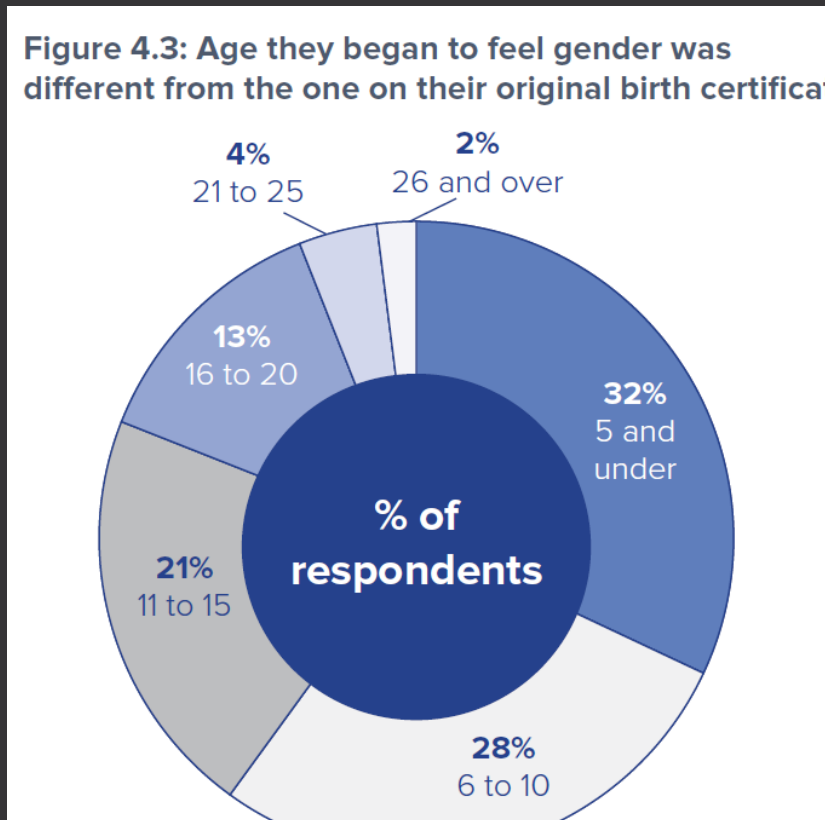
- Open ended questions (should to be role appropriate)
 - What is your sexual orientation
 - Types of partner(s)
 - What part(s) you use for sex
- STI screening and PrEP

Gender Dysphoria and Health Care Needs

- Gender dysphoria: distress experienced by some whose gender identity does not correspond with assigned sex at birth
- 60% of persons start gender thoughts ≤ 10 years

Need for Behavioral Health Support

- Psychiatrist
- Counsellors
- Peers/support group



Transcenders

May 2018 June 2018 July 2018

Sun	Mo	Tue	We	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	We	Thu	Fri	Sat
	1	2	3	4	5		1	2	3	4	5	6	7	8	9	10	11	12	13	14
6	7	8	9	10	11	12	3	4	5	6	7	8	9	15	16	17	18	19	20	21
13	14	15	16	17	18	19	10	11	12	13	14	15	16	22	23	24	25	26	27	28
20	21	22	23	24	25	26	17	18	19	20	21	22	23	29	30	31				
27	28	29	30	31			24	25	26	27	28	29	30							

This group supports transgender, intersex, and other gender variant persons.
Meets Every first Tuesday at 3pm.

CONTACT: Suzanne for more information 803.545-5352

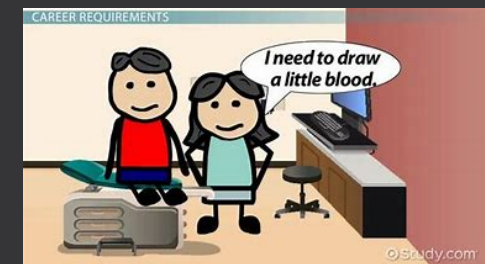
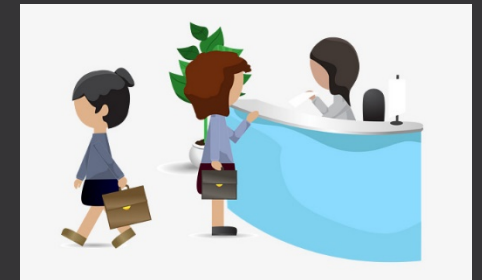
Creating a Welcoming Environment

Gender Affirmative and Culturally Competent Care

Creating a welcoming environment*

1. Adding a “transgender” option on patient visit records
2. No assumptions about gender identity, sexual orientation, or behavior
3. Inclusive language
4. Assurance of confidentiality
5. Training staff to increase their knowledge and sensitivity
 - Including front desk, phlebotomist
6. The adoption and posting of a nondiscrimination policy (organizational support)

ASK!



Interdisciplinary Approach:

We all have a role in patient care

- ▣ Primary Provider - MD/NP/PA/Nurse
 - Specialists: ID, Endocrine
- ▣ Case management/ Social worker
- ▣ Pharmacist
- ▣ MH counsellor/ Psychiatrist
- ▣ Peer support
- ▣ Other staff – phlebotomy, front desk



Transcenders

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Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5					1	2			1	2	3	4	5	6	7
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
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Appropriate Pronouns

- ▣ Why is it important to use the appropriate pronouns ?
 - Basic way to show respect
 - Someone's pronouns cannot be determined by looking at them
- ▣ When the incorrect pronoun used, person feels disrespected, invalidated, dismissed, alienated, or dysphoric
 - ▣ Slurs such as "it" or "he-she" - offensive!!!!



=
Not coming back
to seek care
=
Missed
opportunity
for PrEP or
HIV retention or
suicide prevention

Pronouns

- Commonly used
 - She/her/hers (37% *)
 - He/him/his (37% *)
 - They/them/theirs (29% *)
- Gender-neutral pronouns or just their name may be use
- How to ask?
 - “What pronouns do you use?”
 - What if I use the wrong pronoun
 - Say “Sorry, I meant (insert pronoun)”; then move on

Pronouns-- A How To Guide

Subject: ___¹ laughed at the notion of a gender binary.

Object: They tried to convince ___² that asexuality does not exist.

Possessive: ___³ favorite color is unknown.

Possessive Pronoun: The pronoun card is ___⁴.

Reflexive: ___¹ think(s) highly of ___⁵.

The pronoun list on the reverse is not an exhaustive list.
It is good practice to ask which pronouns a person uses.

© 2011, 2016 UW-Milwaukee LGBT Resource Center

1	2	3	4	5
(f)ae	(f)aer	(f)aer	(f)aers	(f)aerself
e/ey	em	eir	eirs	eirself
he	him	his	his	himself
per	per	pers	pers	perself
she	her	her	hers	herself
they	them	their	theirs	themself
ve	ver	vis	vis	verself
xe	xem	xyr	xyrs	xemself
ze/zie	hir	hir	hirs	hirself

*James, (2016). *The Report of the 2015 U.S. Transgender Survey*, NCTE

Activity 1

- ▣ Use the name-tags to write your pronouns



Restrooms



“Gender-neutral” rooms- safe and private

- ▣ A single-stall, lockable bathroom available to all genders, sexes and disability
- ▣ Appropriate signs

2015 US transgender survey (27,715 respondents)

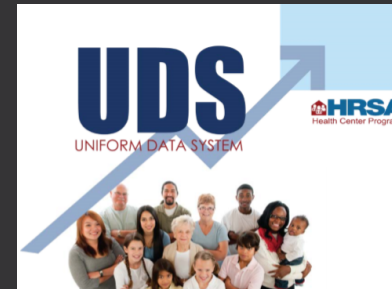
- ▣ 9% were denied access to restroom(1 in 10)
- ▣ 59% avoided public restrooms for fear of confrontation
- ▣ 32% limited the amount they ate or drank

Gender neutral bathrooms have always been a thing, I dunno what the big deal is?



Barriers to Providing Gender Affirmative/ Culturally Competent Care

- ▣ Mission statement – one that is not inclusive
- ▣ System barrier --- training
 - ▣ Overwhelmed staff
 - ▣ Support from other gps—endocrine, psychiatry
 - ▣ Lack of specialized case management/ counsellor
- ▣ EHR
 - ▣ Preferred names not highlighted
 - ▣ Gender diversity
 - ▣ UDS now requires reporting of SO and GI
- ▣ Interested provider
 - ▣ Secured time to do the work – must have support from other team members
 - ▣ Value of the work



Health Care Disparities

Tailoring Practice to Suit the Needs of Transgender Population

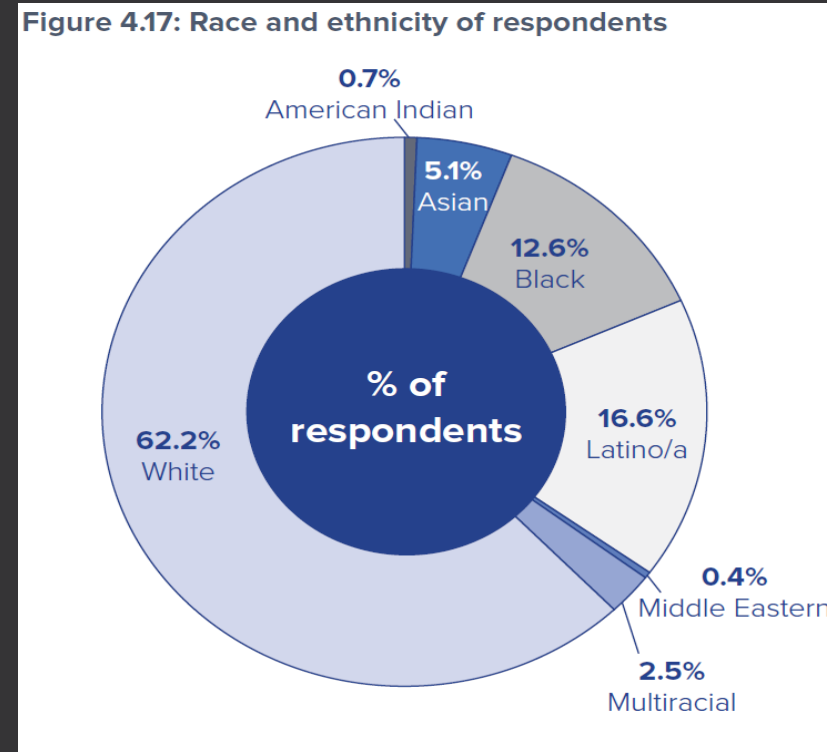
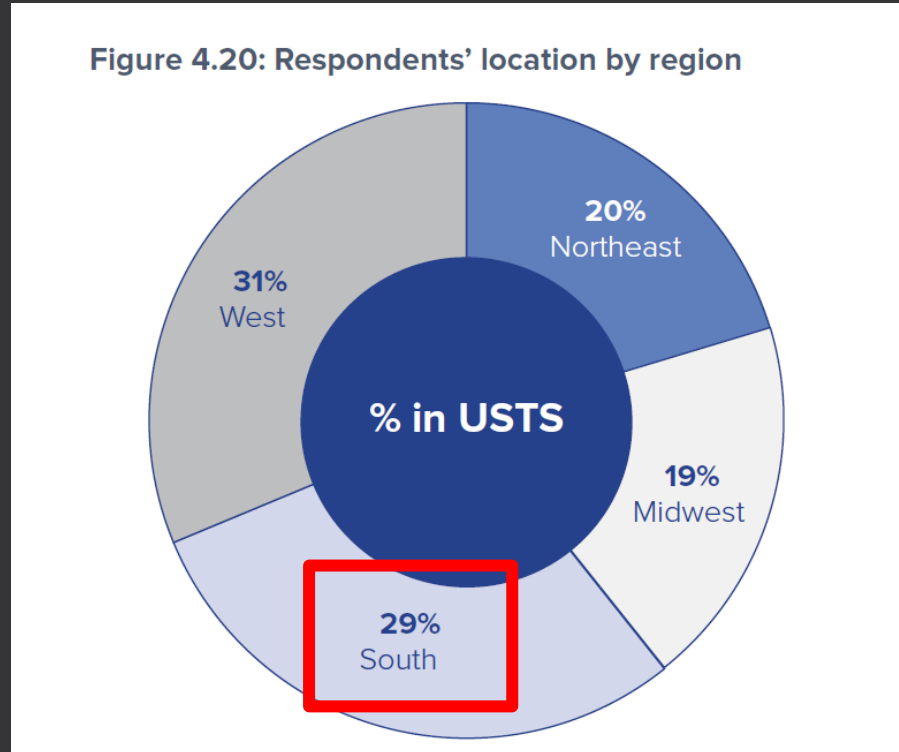
The only
thing we have
to fear is fear
itself.

- FRANKLIN D. ROOSEVELT

Who are the Transgender Population

Based on 27,715 transgender and gender non-conforming adults (US data) in 2015

- 42% were 18-24 years old



Transgender Population: Data by State

- South Carolina



- 233 were SC residents
 - 10% unemployed
 - 28% living in poverty
 - 8% verbally harassed when accessing a restroom
 - 37% of those who saw a health care provider had at least 1 negative experience
- Harassment
 - 37% of those who held/applied for job were fired, denied a promotion, or not hired
 - 87% of those who were out/perceived as transgender in K–12 had mistreatment

Health Care Disparities

Tailoring Practice to Suit the Needs of Trans Population

- ▣ Why discuss HIV and HIV pre-exposure prophylaxis (PrEP)?

Question 1

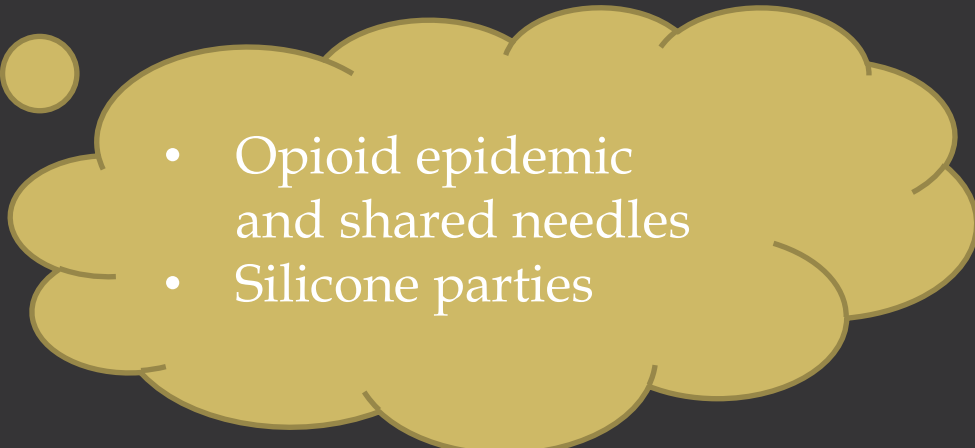
- ▣ Which statement about HIV rates in the transgender population is **FALSE** ?
 1. Trans population HIV rate >4X higher than the US population
 2. HIV rates are the same among races
 3. Trans women have higher HIV rates than trans men
 4. About 50% of Trans people with HIV live in the South

Trans and HIV Spread/Acquisition

The Why


Compared to general population, transgender patients are more likely to have:

- ▣ Multiple sexual partners
- ▣ Anal or vaginal sex without condoms or HIV PrEP
- ▣ Injecting drugs with shared syringes and other drug paraphernalia
- ▣ Injecting hormones with shared syringes
- ▣ Mental health issues
- ▣ Incarceration, homelessness, unemployment
- ▣ High levels of substance misuse
- ▣ Commercial sex work
- ▣ Exposure to violence and lack of family support

- 
- Opioid epidemic and shared needles
 - Silicone parties

Trans and HIV Risk

- ▣ ~1 million adults in the US are transgender (underreported, pooled data)
- ▣ Time between identifying as transgender/ gender non confirming and HIV + = 5 years¹
- ▣ Only 55% of trans persons on a recent needs assessment survey(n=157) were tested²
- ▣ **Transgender women (national data):**
 - In a 2008 review ~28 % of MtF tested positive for HIV³ → ↓ 22% (of 2,705 MtF) in 2013⁴

- 
- Start HIV testing !!!!!
 - Offer PrEP if -ve
 - Safe sex

1. 2011 The National Gay and Lesbian Task Force and the National Center for Transgender Equality

2. Chung, et al. Positively Trans: Initial report of a national needs assessment ... Oakland, California: Transgender Law Center. 2016

3. Herbst, Estimating HIV prevalence and risk behaviors of transgender persons in the US AIDS Behav 2008

4. <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

Transgenders and HIV

More Recent Data

2011 Survey (n=6,450)

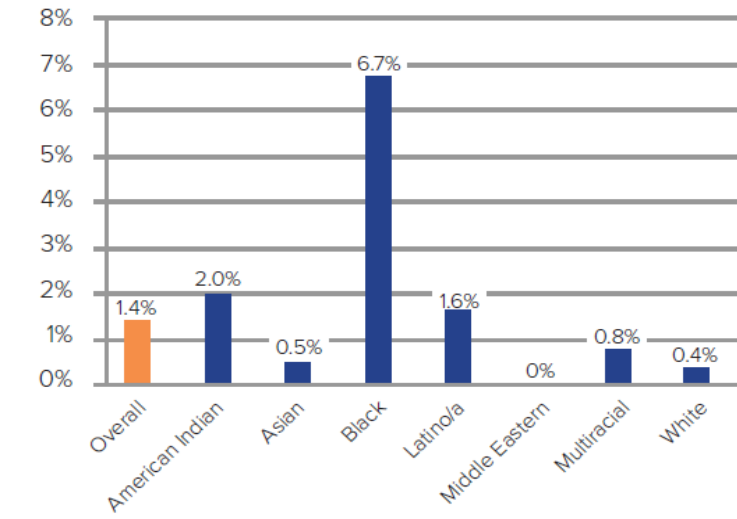
- HIV infection rate of 2.64%,
 - > 4 X the national rate (0.6%)
 - Documented non-citizens = 7.84%
 - Undocumented = 6.96%



2015 survey (n=27,715)

- Overall rate 1.4%
 - > 4 X higher than US pop. (0.3%)
 - Higher rates in blacks

Figure 7.42: Living with HIV
RACE/ETHNICITY (%)



Transwomen and HIV

HIV by Gender Identity and Race

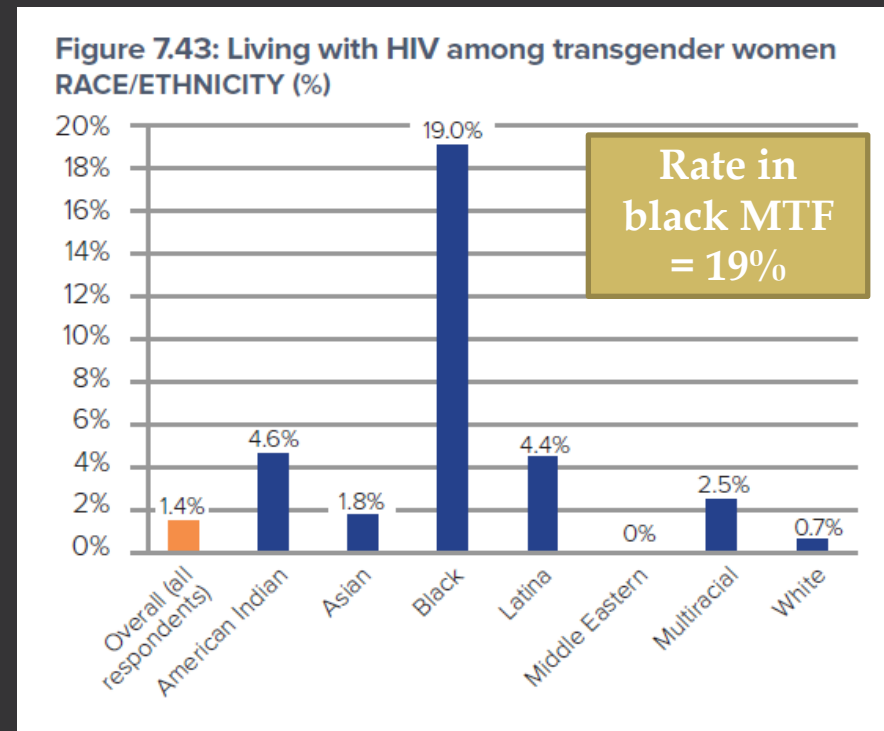
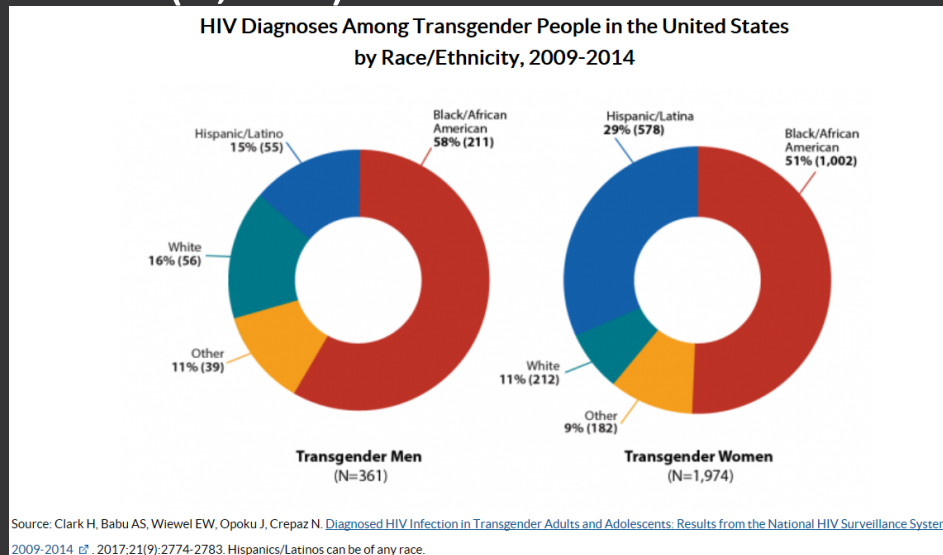
CDC (09-2014)

vs

NCTE (2015)

- 2,351 trans diagnosed with HIV
 - About 50% lived in the South
 - 84% (1,974) were MtF

- Overall rate in trans- 1.4%
 - MtF rate 3.4%



- Estimated 1/4 of all MTF are HIV+ but 56% of **black MTF** were HIV+³

1. <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

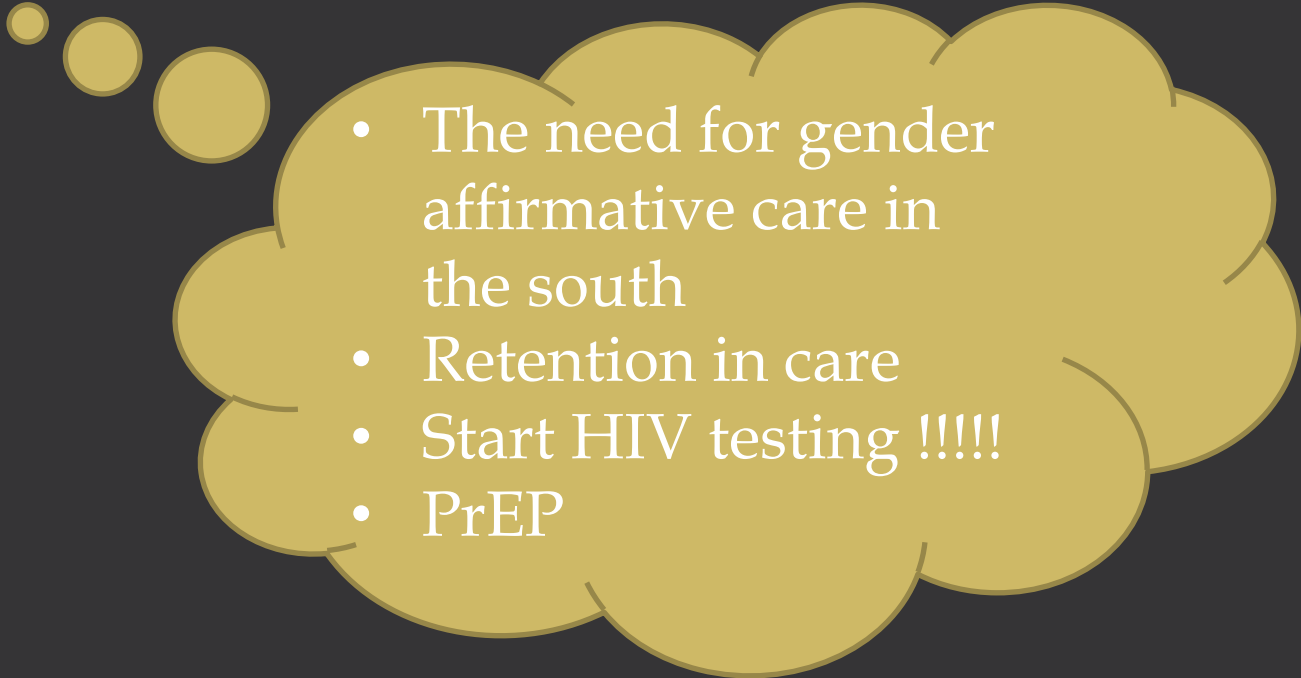
2. Clark HIV Infection in Transgender Adults and Adolescents: (2009-2014) 2017

3 Herbst, Estimating HIV prevalence and risk behaviors of transgender persons in the US AIDS Behav 2008

HIV by Location

The CDC Numbers (09 to 14)

- Around half of transgender people diagnosed with HIV lived in the South
 - 43% (844) of all HIV + transgender women
 - 54% (193) of all HIV + transgender men

- 
- The need for gender affirmative care in the south
 - Retention in care
 - Start HIV testing !!!!!
 - PrEP

HIV Prevention: PrEP



- ▣ HIV PrEP - A single pill with two drugs (tenofovir/emtricitabine)
 - If drug detected in blood, effectiveness = 90-92%
 - ▣ 92-100% if levels equivalent to daily use¹ (Post Hoc iPrEx)
 - 0 conversions if at least 4 doses taken²

- ▣ PrEP for Trans
 - National HIV/AIDS Strategy (NHAS): Updated to 2020
 - ▣ Target population for prevention: transgender women of color
 - Based on review of HIV among MtF women, approx. 28 % tested positive for HIV ³
 - Adopted in the 2017 PrEP guidelines (consider PrEP in all at risk individuals)

1. Anderson . Intracellular TDF/FTC dried blood spots following DOT . Antimicrob Agents Chemother. 2017

2. Anderson iPrEx Study Team. PrEP efficacy in men who have sex with men. Sci Transl Med. 2012

3. Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in US . AIDS Behav 2008

Transgender and HIV PrEP



iPrEx Trial with 339 MtF (no trans men)

- Compared with MSM, MtF more frequently reported transactional sex, receptive anal sex without condom, or >5 partners in the past 3 months
 - PrEP did not affect behavior
- Overall adherence, less for MtF
- 11 MtF converted vs 10 in placebo group
 - At time of seroconversion, none had detectable drug levels (n=6)
- **if > 4 tablets/week, rate of infection per 100,000 pt/yr = 0**

Similar barriers to adherence as women

Transgender on PrEP

How does it affect Hormones

- ▣ Does PrEP interfere with gender affirming hormones? No
 - No potential drug interactions observed: sex hormones and PrEP ^{1,2}
 - ▣ TDF/FTC cleared by kidney
 - ▣ Estrogens metabolized by liver
 - ▣ Additional studies needed
 - When not addressed with patients, adherence with PrEP declined due to fear of drug-drug interaction with hormones³

1 WHO endorsed

2 Kearney Lack of effect of TDF on pharmacokinetics of hormonal contraceptives. *Pharmacotherapy*. 2009

3 Deutsch HIV PrEP in transgender women: iPrEx trial. *Lancet HIV*. 2015

Safer Sex for Trans Bodies

- ▣ Romantic, casual, transactional
- ▣ Don't forget intimate partner violence

Activity	Options for Protection(Use a barrier)
Kissing /Masturbation	-
Sharing sex toys, strap-ons, prosthetics	Use condom Boil/bleach between use
Humping/Rubbing	Dental dam
Oral Sex (on dicks, front holes, vaginas, strapless or anuses) - Avoid if open sores in mouth	External condom (if it fits snugly) - flavored Finger cot Dental dam Plastic wrap (?)
Fingering / fisting , manual sex	Use latex gloves (with cotton balls in the fingers if you have long nails)
Front hole, vaginal, or anal sex	External /internal condom



<https://www.whitman-walker.org/wp-content/uploads/2014/11/Trans-Safer-Sex-Guide-FINAL-1.pdf>



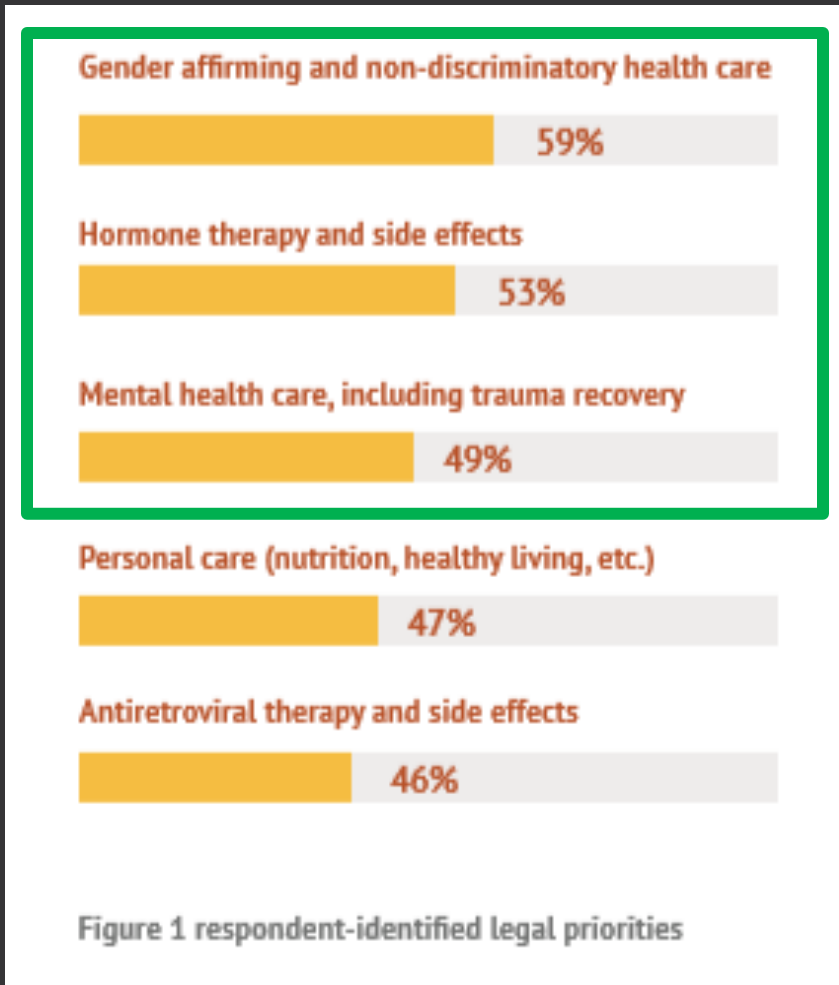
Health Care Disparities

Tailoring Practice to Needs of Trans People

- Transgender Concerns
- Other Disparities

Healthcare Concerns of Transgender Patients

▣ Based on small needs assessment survey (n=157)



Other concerns

- Dental care (35%)
- Interaction: hormone therapy and ART (35%)
- Complications from silicone injections (26%)
- **PrEP and post-exposure prophylaxis (16%)**
- **Substance abuse (9%)**
- Reproductive health (8%)

Conversations

- Start the discussion on substance use and starting PrEP

Trans Concerns: Medical Insurance

- ▣ 86% of the respondents had insurance
- ▣ Those more likely to be uninsured
 - Living in the South (20% vs overall 14%)
 - Blacks (20% vs overall 14% uninsured) or Native Indians (18%)
- ▣ Coverage for transition remain poor

Figure 7.2: Denied coverage for hormone therapy in the past year
INSURANCE TYPE (%)

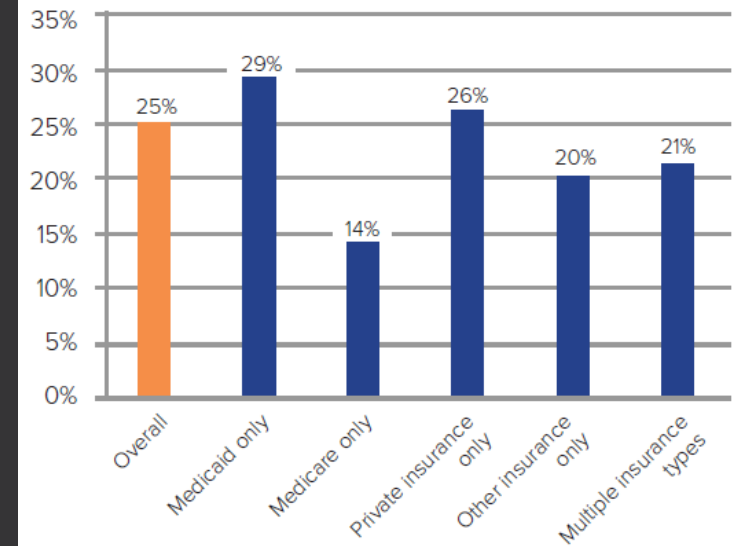
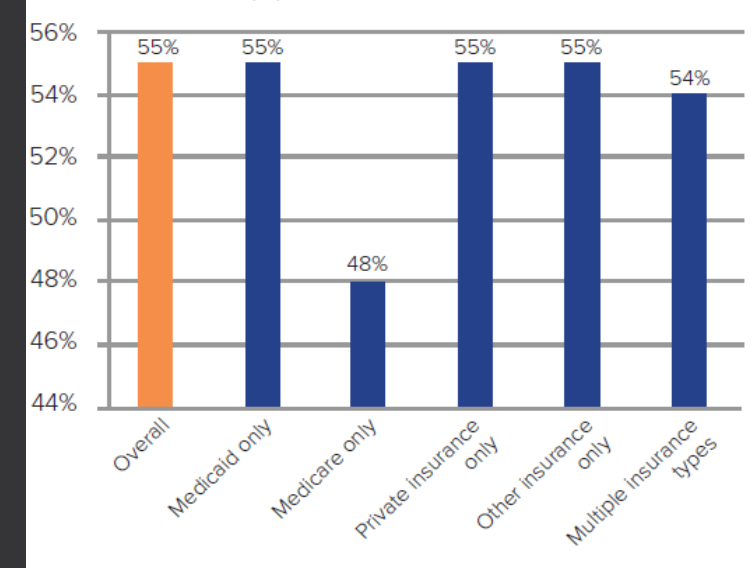


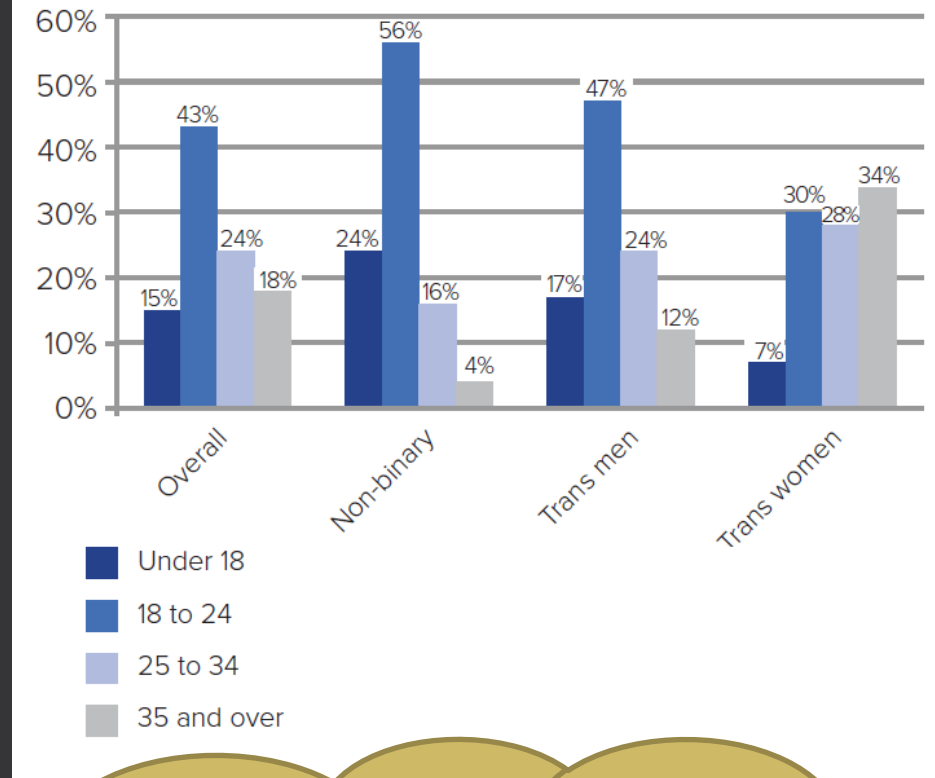
Figure 7.3: Denied coverage for surgery in the past year
INSURANCE TYPE (%)



Trans Concerns: Transition

- A process that some — certainly not all — transgender and GNC people undertake to live in a gender different from that assigned at birth
 - Medical: any type of hormonal treatment
 - Surgical: transition-related surgical procedure

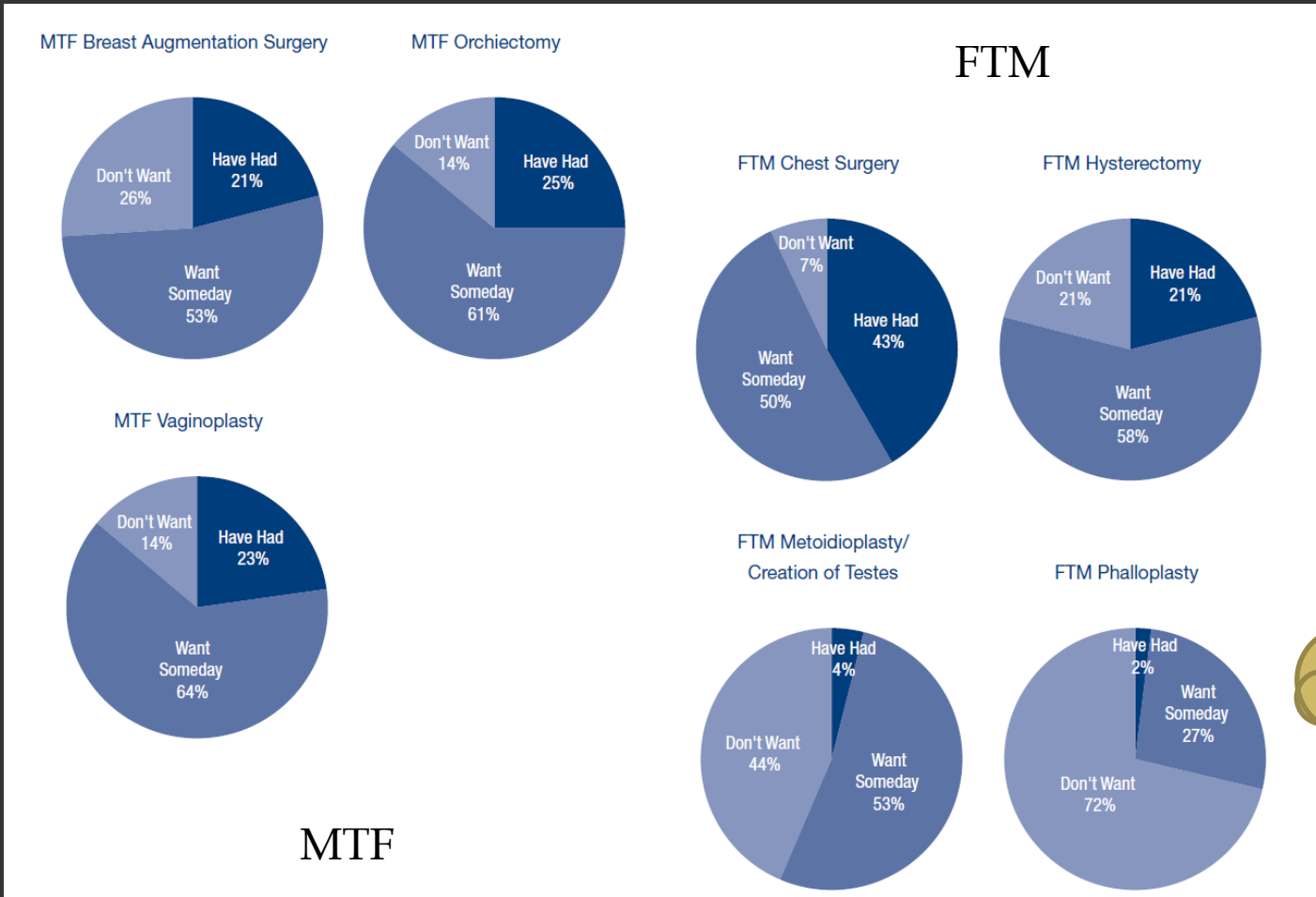
Figure 4.9: Age began transitioning
GENDER IDENTITY (%)



Conversations/ Support

- Would you like to transition/ where are you in the process(don't give your opinion)
- How do you see yourself during or after the process?
- What are your expectations?

Trans Concerns: Who wants surgery?



Conversations

- Will you want surgical treatment ?
- Cost
- How does your current organ(ask pt what you should call the 'breast', 'uterus' and 'penis') make you feel?
- Important for cancer screening and dosing of hormones

Question 2

- ▣ What % of trans patients experience discrimination in Health Care Setting
 1. <5
 2. 5
 3. 12-18
 4. 31-33

Discrimination in Health Care Setting

- Provider Biases

- ❑ Physicians are uncomfortable with lesbian or gay patients - 40% on 1 survey(1986) ²
- ❑ Remained unchanged in 2011 - If providers aware of trans status, the likelihood of discrimination increased ¹

¹ 2011 The National Gay and Lesbian Task Force and the National Center for Transgender Equality.

² Matthews *et al.*, 1986

Discrimination in Health Care Setting

- ▣ From the 2015 survey (n=27,715)
 - 87% had seen a provider
 - 33% has at least 1 negative trans-related experience

50% among
Native Indians

Negative experience	%
Had to teach provider about transgender people	24
Asked unnecessary or invasive questions about trans	15
Refused to give them transition-related care	8
Verbally harassed	6
Used harsh or abusive language when treating them	5
Refused to give care not related to gender transition	3

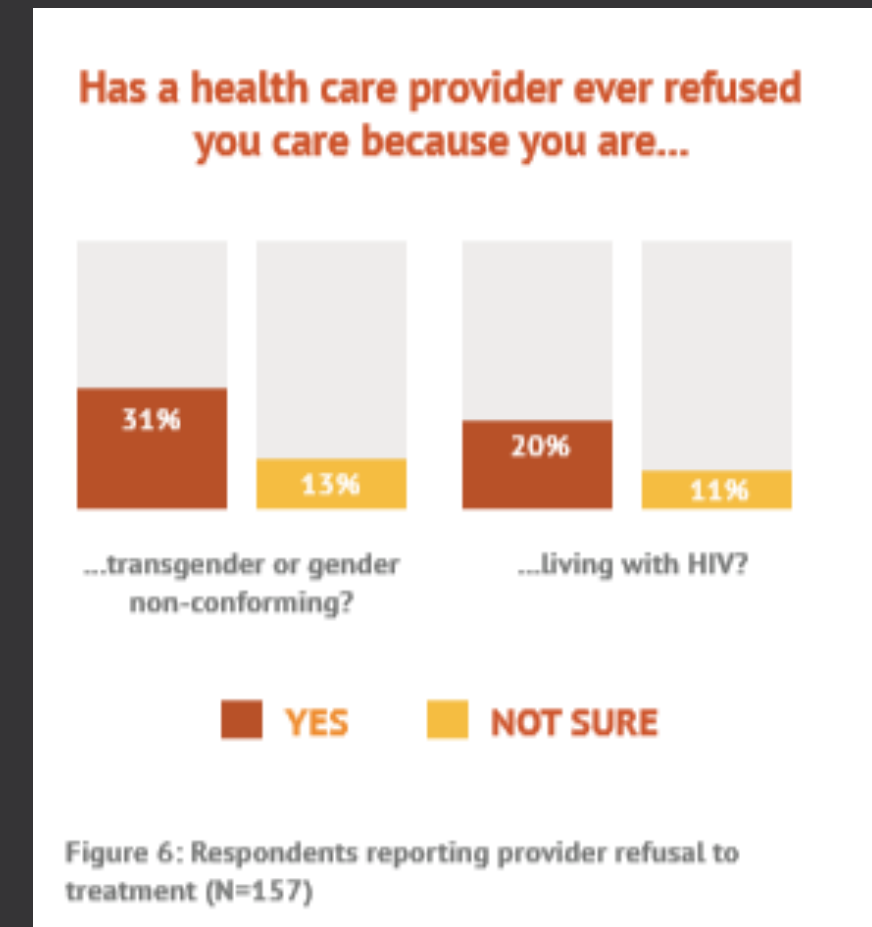
Discrimination in Health Care Setting

-Lack of Retention in Care

Reason for not being seen by provider > 6 months (n=65)

- ▣ Previous or anticipated discrimination (29%);
23% in the 2015 survey²
- ▣ Economic barriers - costs and transportation (17%)
- ▣ Not having a health care provider (12%)
- ▣ Fear that someone they knew would see them (8%)

Human rights
violation !!!!



Socio-economic Issues

- ▣ Needs assessment survey 2015 (mainly persons in care, n=157) ¹
 - Majority female-identified U.S. citizens making <\$23,000 year

Current Annual Income	\$12,000 or less	43%
	\$12,000 to \$23,000	22%
	\$23,000 to \$47,000	20%
	\$47,000 to \$75,000	8%
	More than \$75,000	8%

- Source of income,
- Safe sex ,
STI screening
- School/funding
- Prostitution
- Free MH support

▣ Economic Instability²

- ▣ 3X higher unemployment than general US population (15% vs 5)
- ▣ 2X higher rates of poverty

▣ Homelessness²

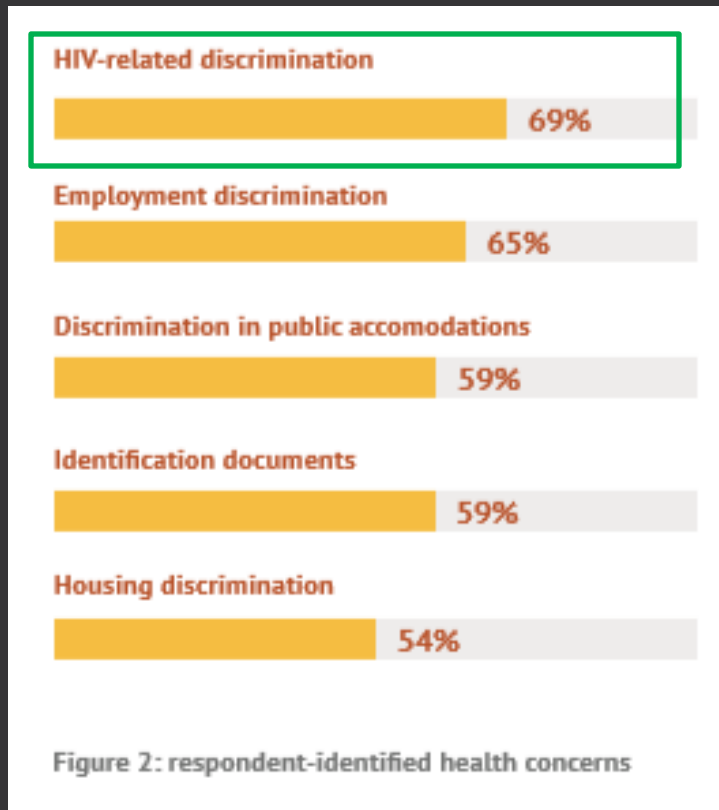
- ▣ 12% in past year (30% in their lifetime)
- ▣ Family rejection, discrimination and violence have contributed in the US

¹Chung, et al. Positively Trans: Initial report of a national needs assessment ... Oakland, California: Transgender Law Center. 2016

²2015 US Transgender Survey (James 2016)

Legal Priorities of Transgender Patients

- Based in small needs assessment survey N=157



10 Black Transgender Women to Watch

<https://blackaids.org/blog/10-black-transgender-women-watch-part-1/>



Question 3

- ▣ Suicide and substance abuse rates in the trans population is the same as the general population
 1. True
 2. False

Health Care Disparities in Trans People

Other Health Care Needs

Social & economic marginalization → higher rates of:

1. Suicide
2. Misuse of drugs or alcohol
3. IPV
4. ? STI

Conversations/ Testing

- Substance use
- Suicide & depression
(Use appropriate screening tools)
- HIV and STI testing,
- PrEP!!!!

¹2015 The National Gay and Lesbian Task Force and the National Center for Transgender Equality

² Chung, et al. Positively Trans: Initial report of a national needs assessment ... Oakland, California: Transgender Law Center. 2016

MH and Suicide

- Serious psychological distress- 8X > the US pop (39% vs 5)
 - 53% of those with serious distress being age 18-25 yrs (compared to 10% of general US population in this age gp)
- Suicide thoughts in last yr - 48% vs 4% of the general pop
- Suicide attempt
 - In last yr 7% vs 0.6%
 - 9X greater than general pop in a lifetime (40% vs 4.6)
- Reasons: Unemployment, bullying in school, low household income, sexual and physical abuse

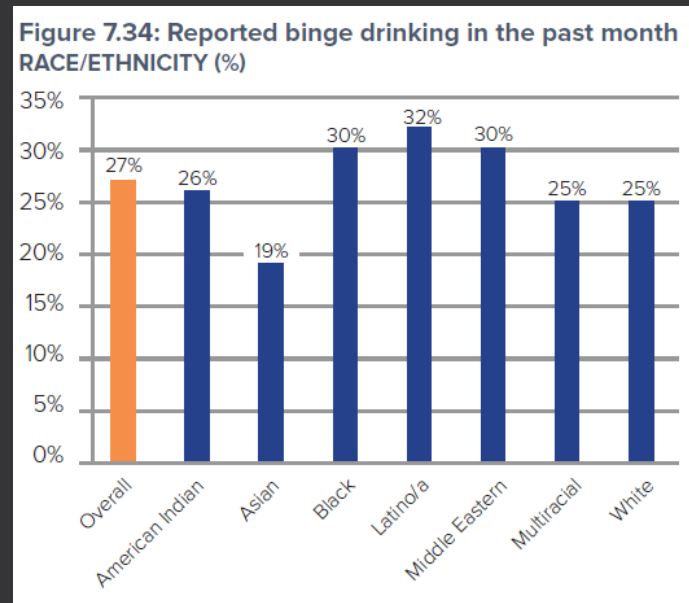
Conversations

- Suicide and depression
- Appropriate screening tools
- Start talking

Don't
judge a
situation
you've
never
been in.

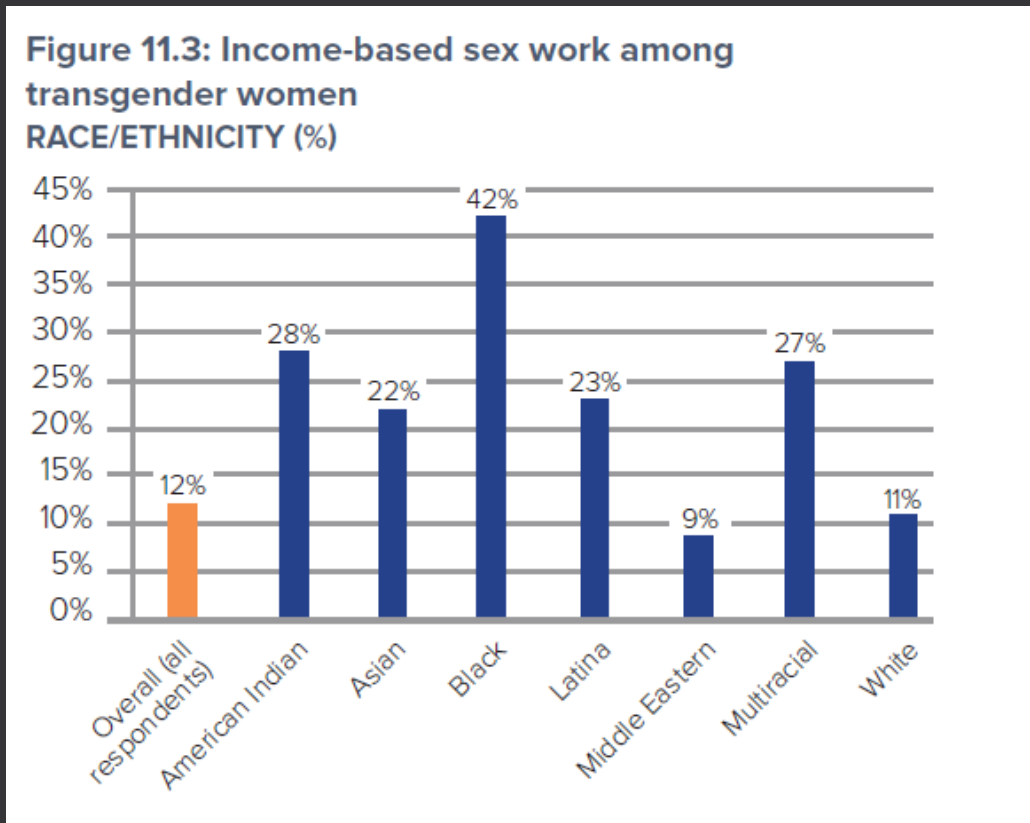
Drugs and Alcohol

- Misuse of drugs or alcohol - >1/4(29%) used to cope with the mistreatment
 - 3X rate of the general pop
- Substance
 - 25% use marijuana
 - 7% prescription drugs not prescribed to them
 - 4% other
- 27% reported binge drinking



Additional Risk for STI and Violence

- ▣ Sex work : influenced by low income
 - Race variation



- Increase STI screening
- IPV
- PrEP if HIV negative

Clinical Guidelines

Medical Management

- Good guidance available for primary care
 - UCSF and WPATH

The screenshot shows the homepage of the UCSF Center of Excellence for Transgender Health. The header includes the UCSF logo and navigation links. The main content area features a search bar, navigation tabs for 'About Us', 'Programs & Services', 'Learning Center', 'Connect', and 'Calendar'. Below this, there are sections for 'OUR TOPICS' (Routine care, HIV prevention, Cultural competency, Mental health, Policy) and 'WHO WE SERVE' (Health care providers, Researchers, Community organizers, Transgender persons). A central image shows four healthcare providers with the text 'Transgender Health Services at UCSF'. At the bottom, there are logos for 'OUR PROGRAMS' including SHEROES, UCSF Transgender Care, HRSA TETAC, Capacity Building Assistance Partner, and CDC, along with 'PRIMARY CARE PROTOCOLS' and 'Triumph NATIONAL TRANSGENDER HIV TESTING DAY April 18'.

The screenshot shows the 'Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People' page. The header is identical to the homepage. The main content area is titled 'Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People' and includes a 'Table of Contents' with links to various sections: Introduction, Contributors, Grading Evidence, Terminology, Clinic Environment, Physical Examination, Gender-Affirming Overview, Initiating Hormone Therapy, Feminizing Therapy, Masculinizing Therapy, Persistent Pain & Unexpected Bleeding in Transmen, Genderqueer/Non-conforming, Cardiovascular, Diabetes, Bone Health, HIV, Hepatitis C, STIs, Testicular Pain, Silicone/Filler, Fertility Options, and Cancer. The page also features a 'Download' section for the 'Primary Care Guidelines [PDF]', a 'Medical Referral Disclaimer', and a 'Suggested Citation'.

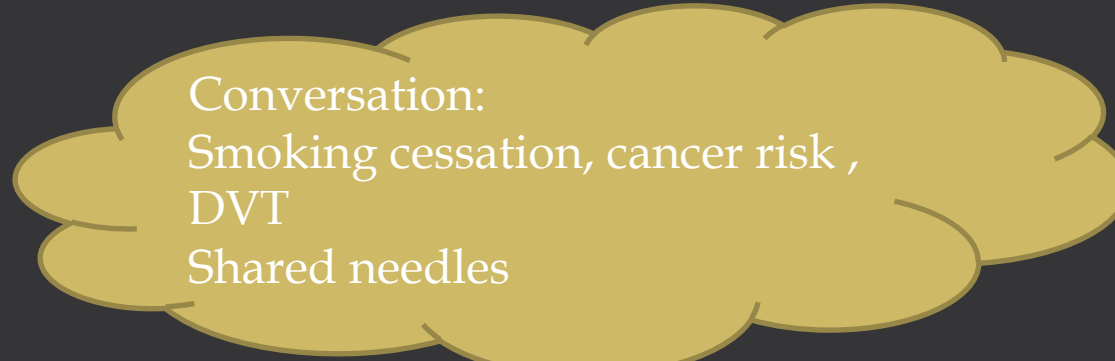
The screenshot shows the homepage of the World Professional Association for Transgender Health (WPATH). The header features the WPATH logo and navigation links. The main content area includes a 'Publications' section with a list of documents: 'Standards of Care', 'SOC Companion Documents', 'President's Notes', 'Standards of Care, Version 7- Persian', 'IJT Volumes 1-6', 'Public Policies and Communications', and 'Standards of Care, Version 7- Vietnamese'. A prominent red text overlay reads: 'Standards of Care, Version 7 (Click the book to download a FREE PDF version)'. Below this, there is a book cover for 'The World Professional Association for Transgender Health: Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People'.

- <http://transhealth.ucsf.edu/pdf/Transgender-PGACG-6-17-16.pdf>
- <https://www.genderconfirmation.com/summary-of-wpath-standards-including-letters-hormones-age-requirements/>

Management

- ▣ MH support
 - Substance Abuse and Depression screening
- ▣ Gender affirming hormones
- ▣ PrEP
 - CDC funding for HIV Prevention
 - Risk behavior survey --- transgender specific
- ▣ HIV care if positive
- ▣ Vaccination – Influenza, HPV, and age appropriate vaccines
- ▣ Cancer screening
- ▣ Surgery
- ▣ Reproduction

Medical Transition- MTF



Conversation:
Smoking cessation, cancer risk ,
DVT
Shared needles

- ▣ Assess readiness before initiating therapy
 - MH support or comfortable MD

Table 1. Hormone preparations and dosing (Grading: T O M)

Hormone	Initial-low ^b	Initial	Maximum ^c	Comments
Estrogen				
Estradiol oral/sublingual	1mg/day	2-4mg/day	8mg/day	if >2mg recommend divided bid dosing
Estradiol transdermal	50mcg	100mcg	100-400 mcg	Max single patch dose available is 100mcg. Frequency of change is brand/product dependent. More than 2 patches at a time may be cumbersome for patients
Estradiol valerate IM ^a	<20mg IM q 2 wk	20mg IM q 2 wk	40mg IM q 2wk	May divide dose into weekly injections for cyclical symptoms
Estradiol cypionate IM	<2mg q 2wk	2mg IM q 2 wk	5mg IM q 2 wk	May divide dose into weekly injections for cyclical symptoms
Progestagen				
Medroxyprogesterone acetate (Provera)	2.5mg qhs		5-10mg qhs	
Micronized progesterone			100-200mg qhs	
Androgen blocker				
Spironolactone	25mg qd	50mg bid	200mg bid	
Finasteride	1mg qd		5mg qd	
Dutasteride			0.5mg qd	

Table 2. Laboratory monitoring for feminizing hormone therapy

Test	Comments	Baseline	3 months ^a	6 months ^a	12 months ^a	Yearly	PRN
BUN/Cr/K+	Only if spiro used	X	X	X	X	X	X
Lipids	No evidence to support monitoring at any time; use clinician discretion	Based on USPSTF guidelines					X
A1c or glucose	No evidence to support monitoring at any time; use clinician discretion	Based on USPSTF guidelines					
Estradiol			X	X			X
Total Testosterone			X	X	X		X
Sex Hormone Binding Globulin (SHBG) **			X	X	X		X
Albumin**			X	X	X		X
Prolactin	Only if symptoms of prolactinoma						X

^a In first year of therapy only

** Used to [calculate bioavailable testosterone](#); monitoring bioavailable testosterone is optional and may be helpful in complex cases (see text)

<http://transhealth.ucsf.edu/pdf/Transgender-PGACG-6-17-16.pdf>

- ▣ Deutsch, Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2016



Medical Transition- FTM

- ▣ Assess readiness before initiating therapy
 - MH support or comfortable MD



Table 1. Hormone preparations and dosing (Grading: T O M)

Androgen	Initial - low dose ^b	Initial - typical	Maximum - typical ^c	Comment
Testosterone Cypionate ^a	20 mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	For q 2 wk dosing, double each dose
Testosterone Enanthate ^a	20mg/week IM/SQ	50mg/week IM/SQ	100mg/week IM/SQ	"
Testosterone topical gel 1%	12.5-25 mg Q AM	50mg Q AM	100mg Q AM	May come in pump or packet form
Testosterone topical gel 1.62% ^d	20.25mg Q AM	40.5 - 60.75mg Q AM	103.25mg Q AM	"
Testosterone patch	1-2mg Q PM	4mg Q PM	8mg Q PM	Patches come in 2mg and 4mg size. For lower doses, may cut patch
Testosterone cream ^e	10mg	50mg	100mg	
Testosterone axillary gel 2%	30mg Q AM	60mg Q AM	90-120mg Q AM	Comes in pump only, one pump = 30mg
Testosterone Undecanoate ^f	N/A	750mg IM, repeat in 4 weeks, then q 10 weeks ongoing	N/A	Requires participation in manufacturer monitored program ^f

Table 2. Titration and monitoring of masculinizing hormone therapy

Therapy	Comments	Baseline	3 months*	6 months*	12 months*	Yearly	PRN
Lipids	No evidence to support lipid monitoring at any time; use clinician discretion	Based on USPSTF guidelines					X
A1c or fasting glucose	No evidence to support lipid monitoring at any time; use clinician discretion	Based on USPSTF guidelines					X
Estradiol							X
Total Testosterone			X	X	X		X
Sex Hormone Binding Globulin (SHBG)**			X	X	X		X
Albumin**			X	X	X		X
Hemoglobin & Hematocrit		X	X	X	X	X	X

<http://transhealth.ucsf.edu/pdf/Transgender-PGACG-6-17-16.pdf>

- ▣ Deutsch, Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2016



Medical Transition: What to Expect

COMMON HORMONE-RELATED CHANGES

TESTOSTERONE:

- Increased hair growth
- Front hole dryness
- Dick growth (1-5 cm)
- Oilier skin/acne
- Increased muscle mass
- Increased sex drive
- Growth of hair on abdomen, chest and back
- Menstrual cycle becomes irregular
- Voice deepens

ANDROGEN-BLOCKERS/ ESTROGEN:

- Decreased ability to get and maintain erection
- Lower sperm count and ejaculate production
- Balls (testes) shrink
- Sex drive decreases
- Breast tissue grows
- Decrease in muscle tone
- Redistribution of fat deposits

*Always check with your physician or pharmacist about potential drug interactions among hormone therapies and other drugs.

Surgical Transition

- ▣ Only if/when patient ready
- ▣ Finding willing surgeon and cost are major barriers
- ▣ Surgery
 - Hysterectomy /mastectomy
 - Orchiectomy/vaginoplasty with breast augmentation

Resources

- ▣ FTM Top Surgery
Cost ranges from \$3500 - \$9000 USD
<http://www.topsurgery.net/>
- ▣ USC/PH plastics
 - Top surgery for MTF and FTM



Top Surgery FTM Surgery Network

PROCEDURES + FIND A SURGEON + COSTS + BEFORE & AFTER PHOTOS SURGERY INFO +

FTM Top Surgery in South Carolina

Dr. William Terranova, MD
Center for Plastic Surgery Charleston
2801 Tricom St.
Charleston, SC 29406

ADVERTISEMENT

Preventative Screening- MTF

Screen based on organs present and current guidelines

1. Breast Cancer : mammograms > age 50 and on 5-10 yrs of hormones; Q2yrs
 - Dense breast
 - Less breast cancer in MtF compared to non trans women^{1,2}
2. Prostate Cancer Screen
 - Removal of gonads + estrogen exposure reduces risk for cancer and BPH^{4,5}
 - Trans rectal and trans neovaginal exam
3. Testicular exam – not routinely done unless high testosterone levels
4. Pseudo-cervix – at risk for cancer (pelvic exam)
5. Bone - No increased osteoporosis risk, post oophorectomy if maintained on hormones³
 - Start age 65 years

¹ Gooren Breast cancer development J Sex Med.

² Brown. Incidence of breast cancer Breast Cancer Res Treat.

³ <http://transhealth.ucsf.edu/trans?page=guidelines-bone-health>

⁴ Trum . Acta Obstet Gynecol Scand. 2015

⁵ Weyers . Facts Views Vis ObGyn.

Preventative Screening- FTM

Screen based on organs present and current guidelines

1. Pelvic exams, if still have ovaries, cervix, etc.
 - Pain syndromes
 - Bleeding –polyps, endometriosis , dysplasia

2. Breast
 - If only reduction/ no top surgery – routine mammograms per current guideline
 - Risk is unknown for those s/p mastectomy

3. Osteoporosis screen at 65

Transgender:

Distinct Reproductive Health Care Needs

It is important to understand how people identify and their orientation
e.g for reproductive health

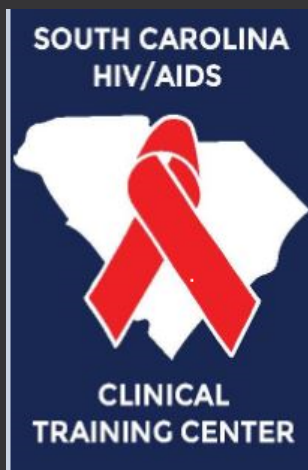


Dec 2018

Caring for Transgender Population

QUESTIONS?

KAMLA SANASI-BHOLA, MD
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SOUTH CAROLINA HIV PrEP INITIATIVE



HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)

EDUCATION TRAINING CONSULTATIVE SUPPORT CO-MANAGEMENT

Barriers for Transgender Care

Overcoming the Challenges

- ▣ **HIV behavioral interventions not adequate**
 - 2017, CDC awarded \$11 million/year for 5 years to 30 CBOs for HIV testing in young gay/bisexual men & trans youth of color (1 SC site)
- ▣ Many transgender people **face stigma, discrimination, social rejection, and exclusion**
 - Education for HCP and Staff
- ▣ Transgender women and men **might not be sufficiently reached by current HIV testing** measures
 - Tailoring HIV testing activities to overcome the unique barriers
- ▣ **Transgender men's sexual health** has not been well studied
 - FtM, who have sex with cisgender men are at high risk for infection

Barriers for Transgender Care

Overcoming the Challenges

- ▣ **Insensitivity to transgender issues by providers**
 - Few with proper training /knowledge about transgender health issues → negative health care encounters
- ▣ **Transgender people might not fully engage in medical care**
 - Medical gender affirmation/stigma in HIV care associated with missing appointments¹ → risk of HIV transmission
 - ▣ 40% of FtM in care for HIV had detectable VL over prior 12 mths²
 - ▣ 50% of MtF had detectable VL over the prior 12 mths³
- ▣ **Transgender-specific data are limited**
 - Two-step data collection method of asking for sex assigned at birth and current gender identity → Accurate data on transgender status

¹ Reisner **Characterizing the HIV Prevention and Care Continua in a Sample of Transgender Youth in the U.S.** AIDS Behav. 2017

² Lemons, **Characteristics of HIV-Positive Transgender Men Receiving Medical Care: United States, 2009–2014** . ajph 2018

³ Mizuno , **Characteristics of Transgender Women Living with HIV** LGBT Health. 2015

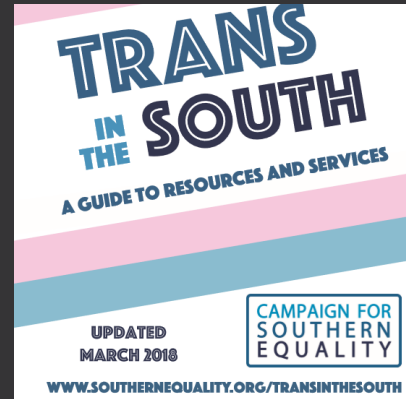
<https://www.cdc.gov/hiv/group/gender/transgender/index.html>

Overcoming Barriers

Small Steps

▣ Get listed as a provider

- MH
- Primary care
- Endocrine
- HIV and PrEP



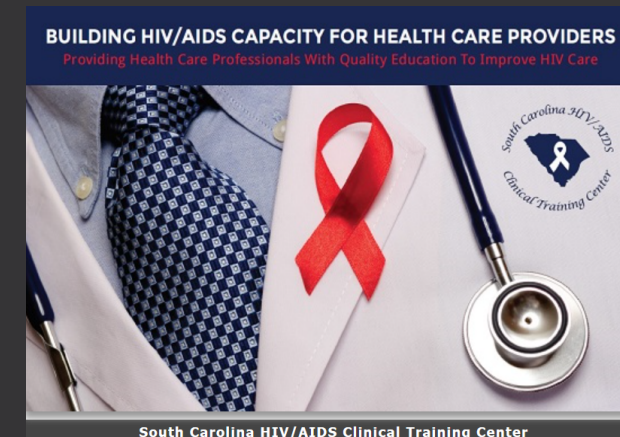
<https://southernequality.org/communityhealth/transinthesouth/>

▣ Education links

- 2 - 90 minutes session
- 1-2 week assessment of your practice

▣ USC – HIV Clinical Training Center

- Sessions— in person (3-4 hrs) and 1 hr webinar series
- Contact: please call 803-545-5402
<http://schivtc.med.sc.edu/>



Trans Resources in SC

SC

	http://www.transequality.org/about SC page	
	http://www.hrc.org/resources/topic/transgender	
	http://www.imatyfa.org/resources/parents/	
	http://transgenderlawcenter.org/	
<p>Black Trans Advocacy</p>	https://www.blacktrans.org/	
	http://www.scequality.org/about_sc_equality/transaction/	P.O. Box 544 Columbia, SC 29202 803.256.6500 (phone)
	http://lgbtcentersc.org/	1108 Woodrow Street, Columbia, SC 29205. Crisis/Resource: (803) 771-7713
<p>Southern Equality</p>	http://www.southernequality.org/ SC page	stipend for name change

Trans Resources Cont'd in SC

Gender Benders	www.genderbenders.org	
SC PFLAG Chapters:	http://www.pflag.org/map/?state=SC#7	
SC Pride:	http://scpride.org/	
We are Family	http://wearefamilycharleston.org	In low country
SC Black Pride	http://southcarolinablackpride.com/	
Alliance for Full Acceptance	http://affa-sc.org/affa/index.htm	Phone: 843-883-0343 Fax: 843-723-3859 Charleston, SC 29413
Rainbow Radio	http://www.rainbowradiosc.com	

References

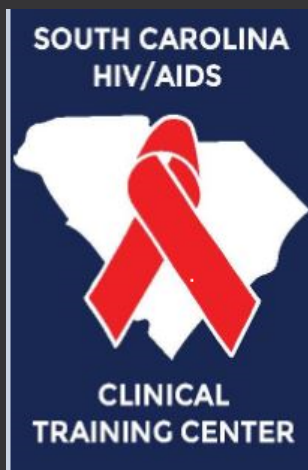
1. National HIV/AIDS strategy - <https://www.cdc.gov/hiv/policies/nhas.html>
2. www.cdc.gov/hivtreatmentworks- Videos of what is expected of us, patients perspectives
3. Transgender law center Oakland, California- <http://transgenderlawcenter.org/wp-content/uploads/2016/02/PositivelyTrans-2015-7-border-FINAL.pdf> -
4. GLMA Gay & Lesbian Medical Association - <http://www.glma.org/>
5. GLSEN National Headquarters- <http://www.glsen.org/cgi-bin/iowa/all/research/index.html>
6. University of Wisconsin - <https://uwm.edu/lgbtrc/support/trans-uwm/>
7. <https://www.goodreads.com/review/list/29577915-uwm-lgbt-resource-center> -Free books
8. Human Rights Campaign- http://www.hrc.org/about_us/2514.htm
9. GLBTQ An Encyclopedia of Gay, Lesbian, Bisexual, Transgender and Queer Culture
http://www.glbtc.com/socialsciences/developmental_psychology,3.html
10. Clinical competency and culturally proficient care :www.cardeaservices.org/transcare
11. Advancing health Equity: www.cardeaservices.org/GenderAffirming
12. [https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf)
13. <https://www.cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender-factsheet.pdf>
14. <https://www.cdc.gov/hiv/group/gender/transgender/index.html>

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