

GENDER AFFIRMING THERAPY MONITORING

In Transgender Males (FtM)

MONITOR FOR APPROPRIATE SIGNS OF VIRILIZATION AND FOR DEVELOPMENT OF ADVERSE REACTIONS:

Evaluate patient every 3 months in the first year and then 1-2 times per year.

MEASURE SERUM TESTOSTERONE:

Evaluate every 3 months until levels are in the normal physiologic male range:

Testosterone enanthate/cypionate injections: measure midway between injections.

Parenteral testosterone undecanoate: measure just before the following injection. If level is < 400 ng/dL, adjust dosing interval.

Transdermal testosterone: wait to measure levels until there has been at least one week of daily application.

MEASURE HEMATOCRIT OR HEMOGLOBIN:

Evaluate at baseline and every 3 months for the first year and then 1-2 times per year.

Monitor weight, BP, and lipids at regular intervals.

ADDITIONAL MONITORING

Screen for Osteoporosis:

In those who stop testosterone treatment, are not compliant with hormone therapy, or who develop risks for bone loss.

If cervical tissue is present:

Monitoring as recommended by the American College of Obstetricians and Gynecologists.

Ovariectomy can be considered after completion of hormone transition.

If mastectomy is performed:

Conduct sub- and periareolar annual breast examinations.

If mastectomy is not performed:

Consider mammograms as recommended by the American Cancer Society.

GENDER AFFIRMING THERAPY MONITORING

In Transgender Females (MtF)

MONITOR FOR APPROPRIATE SIGNS OF FEMINIZATION AND FOR DEVELOPMENT OF ADVERSE REACTIONS:

Evaluate patient every 3 months in the first year and then 1-2 times per year.

MEASURE SERUM TESTOSTERONE AND ESTRADIOL:

Evaluate every 3 months until levels are in the normal physiologic female range:

Serum testosterone levels should be <50 ng/dL

Serum estradiol should not exceed peak physiologic range: 100-200 pg/mL.

FOR INDIVIDUALS ON SPIRONOLACTONE:

Monitor serum potassium every 3 months in the first year and annually thereafter.

ADDITIONAL MONITORING

Routine cancer screening is recommended:

Screening is based on which tissues are present.

Osteoporosis screening:

In low risk individuals, screening should be conducted at age 60 years or in those who are not compliant with hormone replacement therapy.