



# Transgender Health Care and Policy

*Erica M. Metz, MD*

*Residency Elective in Health Policy  
October 23, 2018*

# Introduction

Erica Metz, MD

Pronouns: she/her/hers

NCAL Medical Director for Transgender Health  
Director, Gender Pathways, KP San Francisco



*Why I care about serving transgender and gender nonconforming members:*

- *It provides a tremendous opportunity to have a profound effect on a person's life, wellbeing and health.*
- *I want to help build trust between transgender people and our health care system.*

# Objectives

1. Become familiar with definitions and terminology related to gender identity.
2. Explore health disparities that transgender and gender nonconforming people face.
3. Discuss how recent state and federal health policy changes affect transgender people and KP benefits and care.
4. Develop skills to provide sensitive and respectful care to transgender and gender nonconforming patients.



# Who Are Transgender and Gender Nonconforming People?

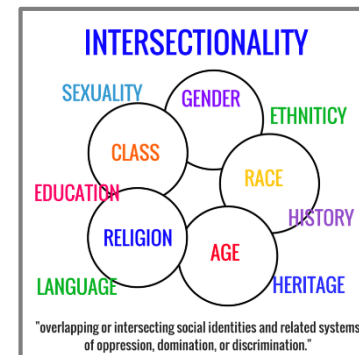
**Transgender and gender nonconforming people** have a gender identity that is not fully aligned with the sex they were assigned at birth...



...have existed in many cultures throughout time...



...come from every background: gender identity/expression, race/ethnicity, sexual orientation, socioeconomic status, age, and religion...



...and vary in their desire and access to seek gender-affirming medical services


**Sex assigned at birth** Categorization at birth (male or female) based on external genitalia

A person's internal sense of their own gender **Gender identity**

**Sex  
assigned  
at birth**

---

**Cisgender** **Gender  
identity**

**Sex  
assigned  
at birth**  **Gender  
identity**

**Transgender**

**Gender Nonconforming**

# Transgender woman

A person assigned  
male at birth

Who identifies as a  
woman or feminine

And typically uses  
the pronouns  
*She/her/hers*

Trans woman  
Transfeminine





# Transgender man

A person assigned  
female at birth

Who identifies as a  
man or masculine

And typically uses  
the pronouns  
*He/him/his*

Trans man

Transmasculine





# Gender nonconforming Genderqueer Nonbinary and more...

Someone who does  
not identify with  
binary gender



May use pronouns

*They/them/their*

*He/him/his*

*She/her/hers*

Or other pronouns



**Sexual  
orientation**

A person's physical  
and/or romantic  
attractions

**These are not the same.**

Transgender people can identify as  
straight, gay, lesbian, bisexual, or  
something else.

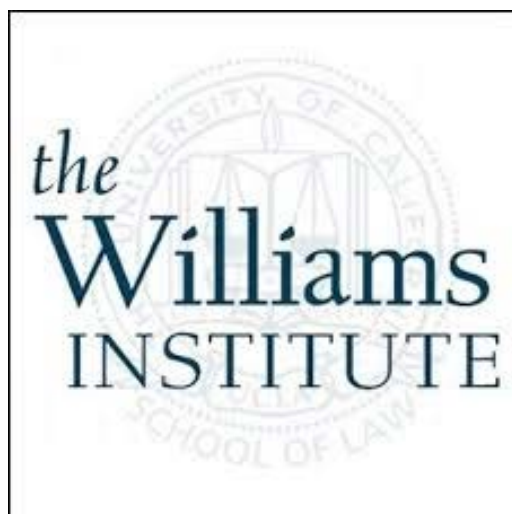
A person's  
internal sense of  
their own gender

**Gender  
identity**

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# How many transgender people are there?



- Gallup Daily tracking survey: "Do you personally identify as lesbian, gay, bisexual, or transgender?"
- US: 3.8% are LGBT, 29% are raising children
- **0.6% of all adults in the US are transgender (1.4 million)**
- California: 4.6% are LGBT, 30% raising children, **0.76% are transgender (218K)**

Same-sex Couple and LGBT Demographic Data Interactive. (May 2016).  
Los Angeles, CA: The Williams Institute, UCLA School of Law.  
Link: <http://williamsinstitute.law.ucla.edu/visualization/lgbt-stats>

# Why Focus on Transgender Services?

**Increased visibility  
and awareness in  
society**

**Greater visibility in media  
Regulatory changes (laws, policies)  
Expanded health care benefits**

**More patients  
disclosing  
transgender status**

**KP NCAL staff survey: 2% identify as transgender  
Up to 33K transgender members in NCAL (based on  
population estimates)**

**Medically  
underserved,  
health disparities**

**19% report being refused care  
28% report discrimination  
50% report having to educate providers**

**High rates of  
mental health  
symptoms**

**Mental health symptoms higher than LGB populations  
Gender dysphoria and anti-trans bias lead to anxiety,  
depression, and suicidality**

**Treatment leading to increased gender congruency  
reduces medical and mental health problems and  
increases well-being and social functioning.**



# What is Transgender Health Care?

- **General health care** (not transition-related) that is respectful and affirming of all transgender patients
- **Transition-related care** for transgender patients, based on *desire, individualized goals and readiness.*

*Transgender health care is **any medical care** that a transgender person seeks.*

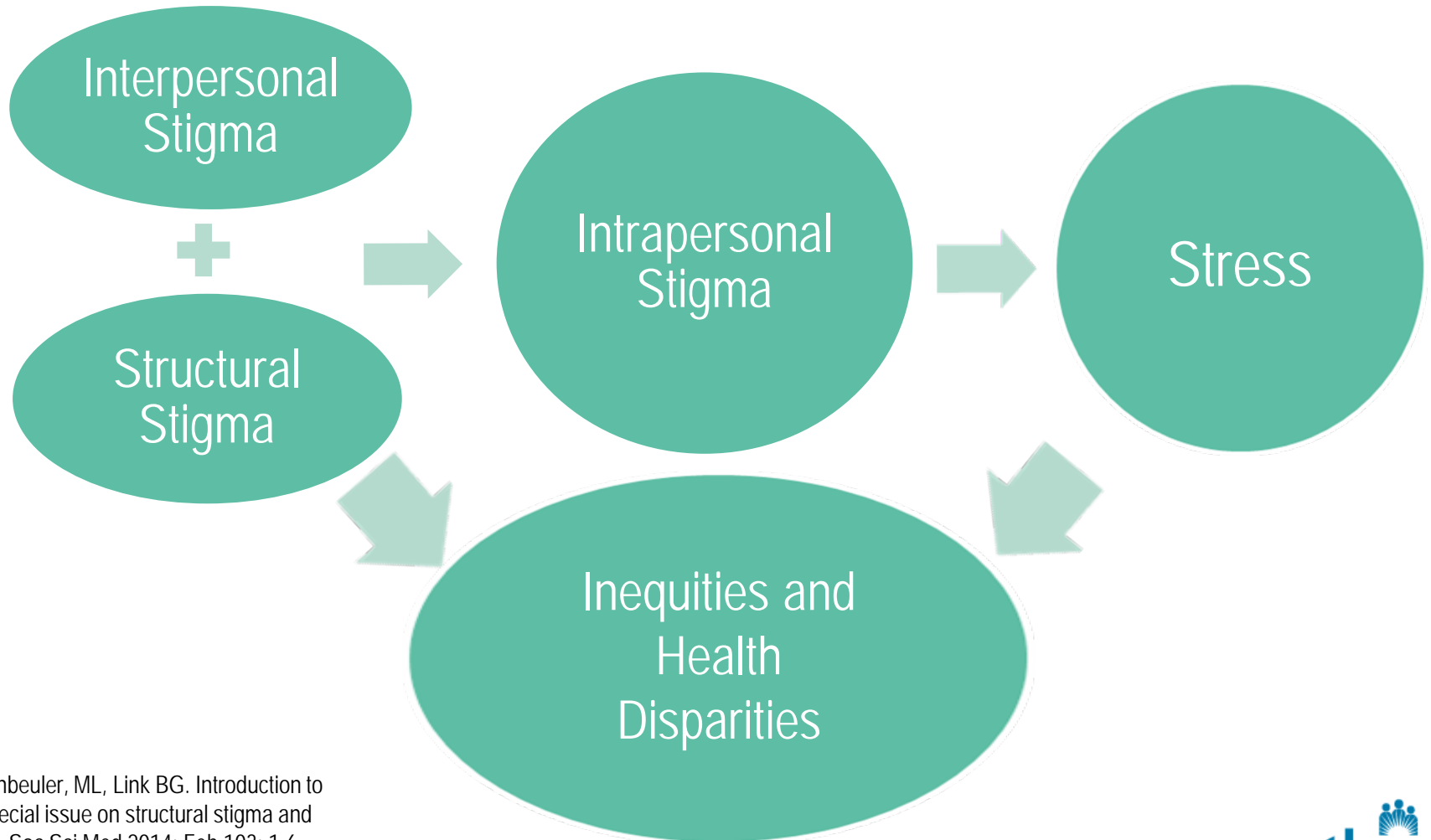
*Not everyone wants to transition, and there is **no single pathway** or destination for medical transition.*

# Transition



- **Social** aspects of transition
  - Asking to be called by a different name or pronouns
  - Using the restroom that is in line with how you feel
- **Medical** aspects of transition
  - Hormone therapy
  - Surgeries
- **Legal** aspects of transition
  - Changing name or gender marker on identifying documents (driver's license, passport, birth certificate)
  - Health Benefits
  - Employment

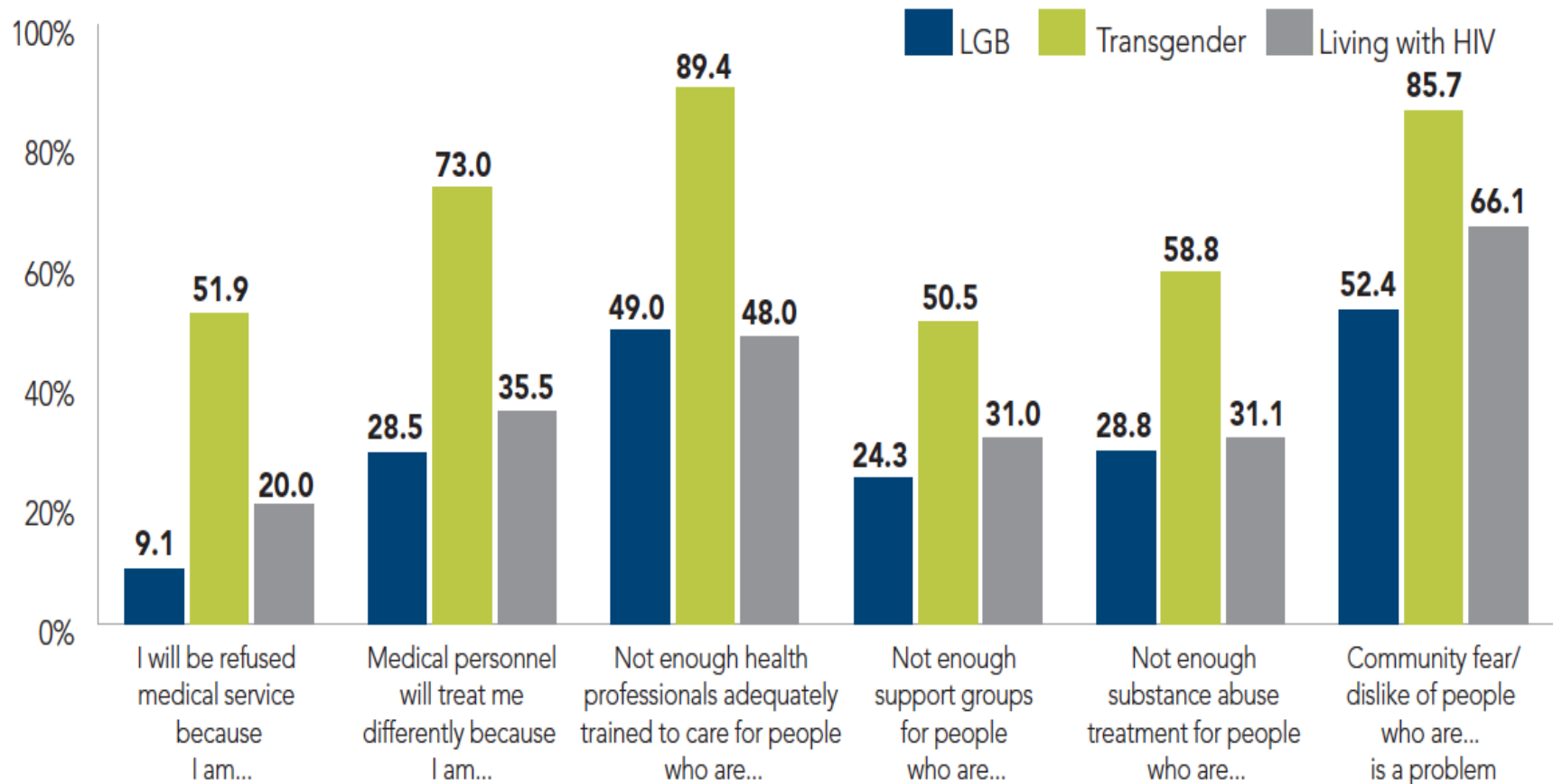
# Effects of Stigma



Hatzenbeuler, ML, Link BG. Introduction to the special issue on structural stigma and health. Soc Sci Med 2014; Feb 103: 1-6.

# When Health Care Isn't Caring

Lambda Legal's Survey on Discrimination Against  
LGBT People and People Living with HIV



Lambda Legal, 2010, New York. Available at [www.lambdalegal.org/health-care-report](http://www.lambdalegal.org/health-care-report)

# US Trans Survey (2015) Key Findings

33% had trans-related negative experience when seeking health care  
23% did not seek health care out of fear of being mistreated

46% verbally harassed in the year prior to the survey  
9% physically attacked in the year prior to the survey

8X more serious psychological distress than U.S. population (39% vs. 5%)  
9X more suicide attempts than U.S. population (40% vs. 4.6%)

1.4% living with HIV - 5X higher than US population (19% Black trans women)

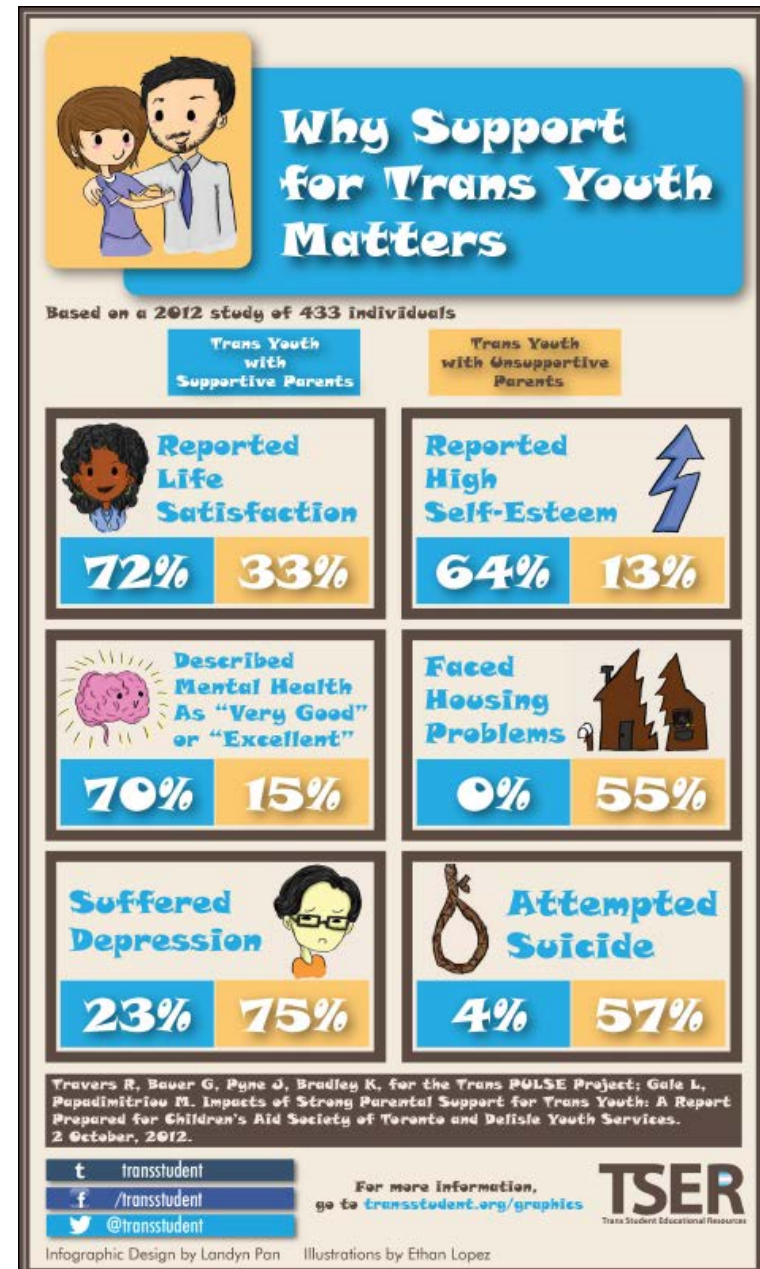
30% gender-based discrimination at work  
29% living in poverty (2x U.S. average)  
15% unemployment rate (3x U.S. average)

# TGNC Youth

- Importance of family/parental acceptance
- Gender affirming care model
- Education and community resources
  - Gender Spectrum:  
<https://www.genderspectrum.org>



Travers R et al. Children's Aid Society of Toronto and Delisle Youth Services, 2012.

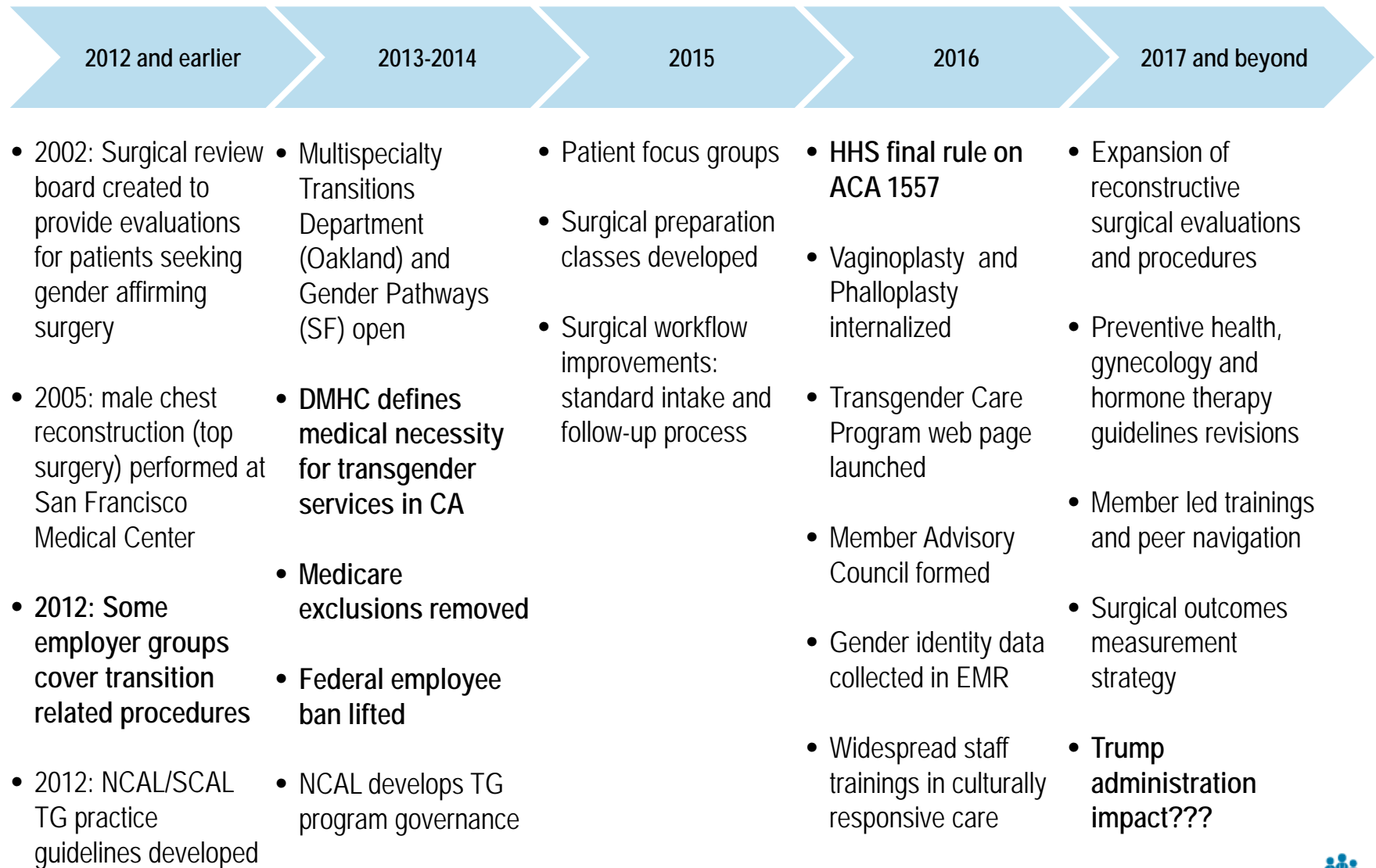




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# NCAL Transgender Care| *Program Timeline*



# California| *Evolving Health Care Environment*



## DMHC: Insurers Cannot Deny Care to Transgender Patients

Friday, April 12, 2013 The California Department of Managed Health Care this week issued guidance reminding health plans that discrimination against transgender individuals violates anti-discrimination laws. DMHC urged insurers to review health plan documents -- including coverage limitations based on gender -- to ensure they are in compliance with the laws.

## Kaiser Transgender Benefits

- Medical care, hormones and mental health care all covered
- Gender affirming surgery– genital reconstruction and male chest reconstruction (“top surgery”) covered by all commercial plans, the ACA and MediCal
- Medicare removed coverage exclusion in 2014, but payment infrastructure remains undeveloped and few surgeons are certified
- Reconstructive evaluations to determine medical necessity of other procedures

# Federal law| *Section 1557 of the Affordable Care Act*

HHS.gov



Civil Rights

U.S. Department of Health & Human Services

- The first federal civil rights law to prohibit discrimination on the basis of sex in health care.
- Applies to any health program that receives federal funding, including Medicare, Medicaid, and ACA Marketplaces.
- HHS issued final regulations in May 2016 that stated:
  - ✓ Individuals cannot be denied health care or health coverage based on their sex, **including their gender identity.**
  - ✓ Individuals must be treated consistent with their gender identity, including in access to facilities.
  - ✓ Sex-specific health care cannot be denied or limited just because the person seeking such services identifies as belonging to another gender.
  - ✓ Explicit categorical exclusions in coverage for all health care services related to gender transition are facially discriminatory.

## Federal law| *Section 1557 of the Affordable Care Act*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
WICHITA FALLS DIVISION**

**FRANCISCAN ALLIANCE, INC. et al.,**

**Plaintiffs,**

V.

**SYLVIA BURWELL, Secretary of the  
United States Department of Health and  
Human Services; and UNITED STATES  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES,**

**Defendants.**

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**Civil Action No. 7:16-cv-00108-O**

- Five states + religiously affiliated health care organizations filed suit
- Dec 2016: Federal judge granted a temporary injunction preventing HHS from enforcing the rule; ACLU challenged and lost
- May 2017: DOJ filed a voluntary stay of the case: *"new leadership at HHS... has concerns as to the need for, reasonableness, and burden imposed by those parts of the rule."*

# Health Department May Revise Obamacare Nondiscrimination Rule

The Affordable Care Act rule mandates that states and hospitals getting federal funds must provide transgender health care and abortion services.



by Mary Emily O'Hara / May.03.2017 / 2:59 PM ET

# Trump Administration Actions

## *Trump Administration Eyes Defining Transgender Out of Existence*



Protesting the Trump administration's policies toward gender in New York last year.  
Yana Paskova for The New York Times

By Erica L. Green, Katie Benner and Robert Pear

Oct. 21, 2018



WASHINGTON — The Trump administration is considering narrowly defining gender as a biological, immutable condition determined by genitalia at birth, the most drastic move yet in a governmentwide effort to roll back recognition and protections of transgender people under federal civil rights law.

<https://www.nytimes.com/2018/10/21/us/politics/transgender-trump-administration-sex-definition.html?action=click&module=Top%20Stories&pgtype=Homepage>

- Dept of HHS attempting to establish legal definition of sex under Title IX as *“male or female based on immutable biological traits identifiable by or before birth...unless rebutted by reliable genetic evidence.”*
- Argue that interpretation of “sex” was never meant to include gender identity or homosexuality
- No change to underlying Health Care Rights law unless ACA repealed by Congress
- Precedent in courts that civil rights protections extend to transgender people



# KP Response

## Permanente Medicine

An answer to health and health care in America

"The policy changes...will not result in any change to our strong commitment to promoting diversity and a culture of inclusion...regardless of race, sex, age, sexual orientation, gender identity, faith, language or background."

### Kaiser Permanente Statement on Our Commitment to Diversity & Inclusion

October 10, 2017

[Press Release](#)

An Important Message from Ronald Copeland, MD, Senior Vice President of National Diversity and Inclusion Strategy and Policy and Chief Diversity and Inclusion Officer and Stephen Parodi, MD, Executive Vice President, External Affairs, The Permanente Federation

*Background: The US Department of Justice recently announced new guidance that, among other things, appears to remove gender identity from civil rights protections in federal law governing employment, housing, and other areas.*

The policy changes announced last week by the US Department of Justice will not result in any change to our strong commitment to promoting diversity and a culture of inclusion – among our employees, physicians, members and customers. Neither will these federal policy changes lessen in any way our expectations of mutual respect, dignity, and cultural understanding across our workforce, for each other, and for our members, customers, and the communities we serve.

At Kaiser Permanente, diversity and inclusion are inextricably linked to our mission, and are part of everything we do. We know that having a diverse and inclusive workforce makes Kaiser Permanente a better place to receive health care, a better partner in the communities we serve, and a better place to work.

Our commitment to delivering equitable, inclusive care extends to all our patients, visitors and employees – regardless of race, sex, age, sexual orientation, gender identity, faith, language or background. We are proud to have earned a perfect score for each of the past seven years in the Healthcare Equality Index, compiled by the Human Rights Campaign Foundation, the educational arm of the nation's largest lesbian, gay, bisexual, transgender and queer civil rights organization. For the past decade, Kaiser Permanente has also received a top score on the Human Rights Campaign's annual Corporate Equality Index for its commitment to creating internal policies that foster diversity and inclusion, and providing training and benefits that create a fair and equitable workplace.

# Protections in California

- School Success and Opportunity Act (AB 1266) approved August 2013:  
“Requires that pupils be permitted to participate in sex-segregated school programs, activities, and use facilities **consistent with their gender identity**, without respect to the gender listed in a pupil’s records. ” from CA Dept of education  
<https://www.cde.ca.gov/re/di/eo/faqs.asp>
- AB 1732: Since March, 2017 all single user restrooms must be labeled as “all gender” facilities



# Protections in California| *Gender Recognition Act (SB 179)*

- Signed into law October 15, 2017
- Allows TGNC people to obtain identity documents that reflect their gender with an easier and more streamlined process
- Choices for legal gender marker include “male,” “female,” or “nonbinary”
- **Physician’s declaration no longer required** to update gender marker on birth certificate, petition court for legal gender change, or update gender marker on CA driver’s license or state ID
- Implementation Timeline:
  - January 1, 2018: birth certificate
  - September 1, 2018: court order
  - January 1, 2019: driver’s license
- *Note:* physician attestation still required for gender change on **US passport**



<https://dailybruin.com/2017/10/27/state-bill-to-offer-nonbinary-gender-option-for-identification-documents/>

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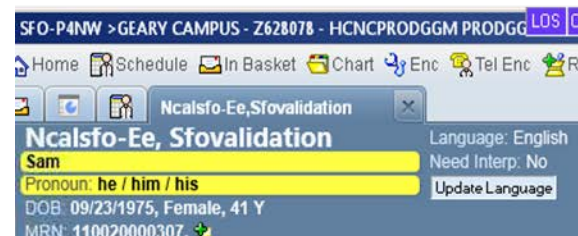
# Respecting Self-Determination: Names

- Always use the name the member asks us to use for them *regardless of what's on their record*
  - This includes talking about the patient to other providers
  - Documentation (progress notes, staff messages)
- If you're not sure, it's okay to ask:
  - "How would you like to be called?"
- Develop workflows and provide warm handoffs to staff about discrepancies in legal and chosen name

# Respecting Self-Determination: Pronouns

*She/her/hers    He/him/his    They/them/their    Something else*

- Always use pronouns the member asks us to use for them *regardless of what they look like to you or what their name is*
- If you're not sure, it's okay to ask:
  - “What pronouns do you use?”
  - “What are your pronouns”





## Concepts & Skills| *Avoid Outdated Terms*

### INAPPROPRIATE / OUTDATED



Transgenders/ed  
Transsexual



Female-to-male / FTM  
Male-to-female / MTF



Sex change  
Sex change operation



"Born" male  
"Born" female



"Normal" or "real" man  
"Normal" or "real" woman

### RESPECTFUL TERMS



Transgender people  
Transgender patients, communities



Transgender man / Transmasculine  
Transgender woman / Transfeminine



Transition-related medical care  
Gender-affirming surgery



Assigned male at birth  
Assigned female at birth



Cisgender man  
Cisgender woman

*These are general recommendations, but always follow the transgender member's lead and mirror back the language they use.*

## Changing Language| *Just a few Nonbinary Identities*

- Genderqueer
- Off the binary
- Gender neutral
- Neutrois
- Agender
- Genderless
- Null-gender
- Nongendered
- Gender nonconforming
- Third gender
- Androgyne
- Polygender
- Bigender
- Gender fluid
- Pangender
- Two spirit
- Hijra
- Ladyboi
- Demiboy
- Demigirl
- Kathoey
- Eunuch
- Intergender
- Gender variant
- Masculine of center
- Feminine of center
- Epicene

*Borrowed from Sang Chang, PhD*

# Taking a Sexual History| *Best Practices & Examples*

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

*The Hidden Epidemic, Institute of Medicine 1997*

| Instead of...                                       | Ask...                                                                                              |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Do you have a wife/husband or boyfriend/girlfriend? | Do you have a partner?<br>Are you in a relationship?                                                |
| Do you have sex with men, women or both?            | What is(are) the gender(s) of your sexual partners?                                                 |
| Do you use birth control?                           | Do you have sex that could result in pregnancy?<br>What are your future plans/wishes for fertility? |

- Make it routine, “normalize,” practice!
- Get to know your patient as a person
- Ask about behaviors to assess risk (focus on body parts)
- Protect confidentiality

# Recovering From Mistakes

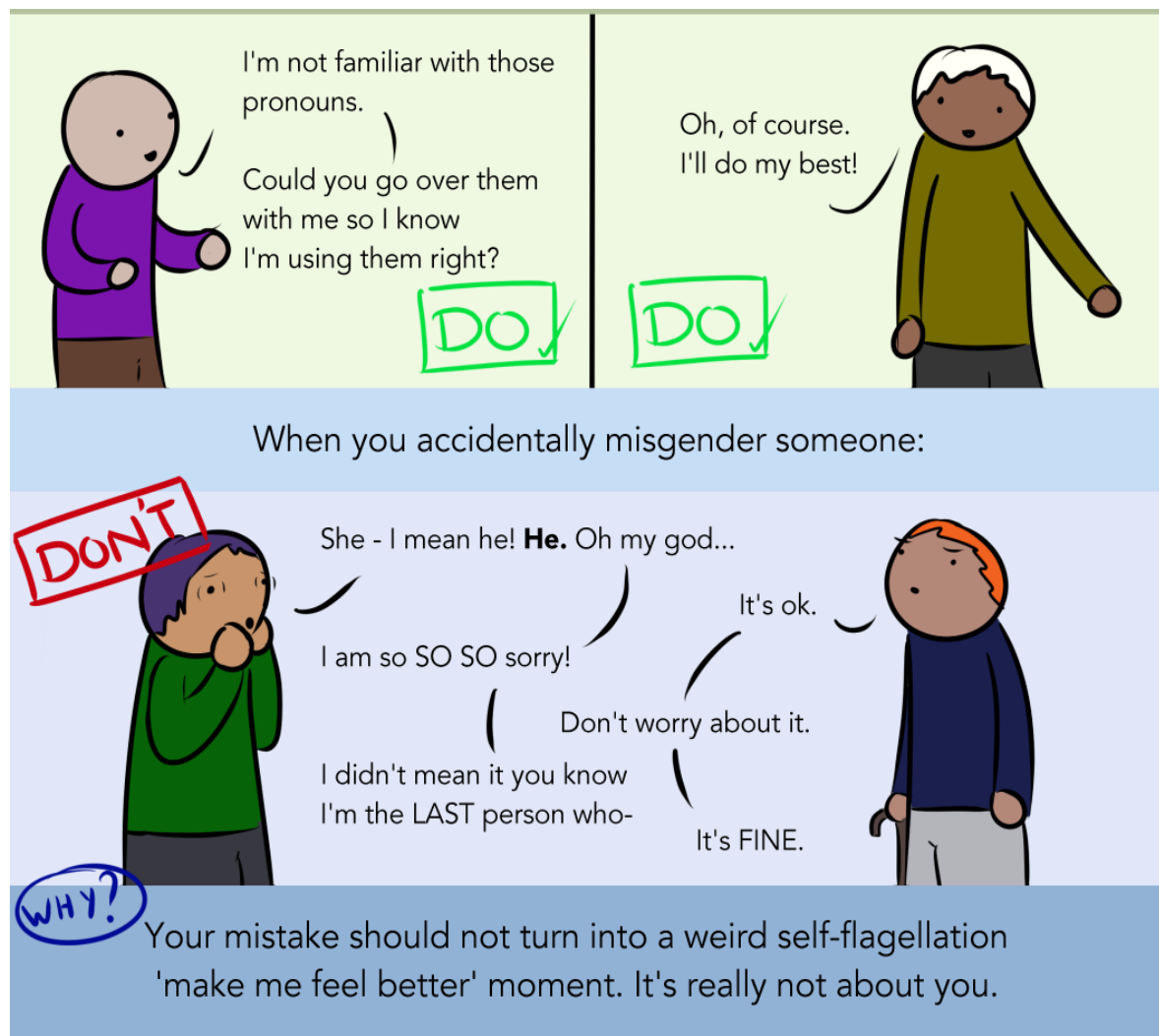
Don't worry about being perfect, but it's still important to try.

We all make mistakes. If you do make a mistake, try being gracious and acknowledge the error with a promise to do better.

## Tips to recover from a mistake:

- Apologize and correct yourself promptly.
- Refrain from giving reasons for excuses for the mistake.
- Move forward by using the correct name and pronouns.
- Do not over-apologize and put your patient in the place of having to comfort you.

# What to Do When You Mess Up Pronouns



## Group Exercise: Practicing Pronouns

<https://minus18.org.au/pronouns-app/>

Examples:

Ella is a transgender woman. **She** hates it when people ask **her** inappropriate questions about whether **she** has had surgery.

Dylan is a trans man. **He** is a physician.

Alex is a nonbinary person. **They** don't identify as a man or woman. **They** walk **their** dog every day.

# KPHC Tools| *Find and Update "Preferred Name"*

- (1) From the patient's chart or encounter, click **Demographics**.
- (2) Next to the patient's name, click "**n**" to add or edit the preferred name.
- (3) In the "Preferred name" field, type the member's chosen name.
- (4) Click **Accept**.

The chosen (preferred) name will now show in the header under patient's name.

The screenshot displays the Epic Hyperspace interface for a patient named Sam. The patient's name is highlighted in yellow, and a red circle with the number 5 is next to it. The patient's demographics are shown, including DOB (09/23/1975, Female, 41 Y) and MRN (110020000307). A red circle with the number 1 is next to the 'Demographics' link in the left sidebar. The 'Name Edit' dialog box is open, showing the patient's current name 'Sfovalidation Ncalsfo-Ee "Sam"'. A red circle with the number 2 is next to the 'n' icon next to the name. The dialog box has fields for Title, First name, Middle name, Last name, Suffix, Academic, Preferred name, and Preferred type. The 'Preferred name' field contains 'Sam' and is highlighted with a red circle with the number 3. The 'Preferred type' is set to 'Nickname'. A red circle with the number 4 is next to the 'Accept' button at the bottom right of the dialog box.

Hyperspace - SFO-P4NW > GEARY CAMPUS - Z628078 - HCNCPRODGGM PRODGGM - HCNCECPGGM7/ECP1GGM

Epic

Home Schedule In Basket Chart Enc Tel Enc Ref Enc Ancil Ord Enc Pt Lis

Ncalsfo-Ee, Sfovalidation

Language: English Allergies: Lobster, N Need Interp: No

**Sam**

Pronoun: he / him / his

DOB: 09/23/1975, Female, 41 Y

MRN: 110020000307, +

Demographics

Contact Information Clinical Information Additional Information Adv

No photo for this patient

Set Photo

Name: Sfovalidation Ncalsfo-Ee "Sam" n

Sex: Female Birth date: 9/23/1975 Aliases:

Patient status: Alive Patient MF

Marital status: Married Patient typ

Ethnic group: Other Preferred t

Permanent Address Name Edit

Address: Sfovalidation Ncalsfo-Ee "Sam"

Title:

First name: Sfovalidation

Middle name:

Last name: Ncalsfo-Ee

Suffix:

Academic:

Preferred name: Sam Preferred type: Nickname

Accept Cancel



# KPHC Tools | Sexual Orientation & Gender Identity (SOGI) Activity

**Hyperspace - SFO-P4NW > GEARY CAMPUS - Z628078 - HCNCPRODGM PRODGM**

**Ncalsfo-Ee, Sfovalidation**

Language: English Allergies: **Lobster, Nsaids, Non...** **None**

**Sam** Wt (Lbs): None

Pronoun: **he / him / his** Need Interp: No BMI: **18.25 kg/m²**

DOB: 09/23/1975, Female, 41 Y Prev Wt: **54.432 kg (120 lb)**

MRN: 110020000307

**SOGI**

**Gender Identity**

**Gender**

Sex Assigned At Birth:

Gender Identity:

Pronoun:

**Organ Inventory**

Which birth organs are still present?:

☒ breasts ☒ vagina ☒ cervix ☒ ovaries ☒ uterus ☐ penis ☐ testes ☐ prostate

**Treatment**

Transition Summary:

Started testosterone 3/17.

**Documentation**

- Allergies/Contraindications
- Back Office Meds
- Close Encounter
- Images
- Life Care Planning
- MAR
- Questionnaires
- Transfusions Ctrl+T
- SOGI**
- Send Message
- Menu Personalization

**More Activities**

- Adverse Drug Event Reporting
- Calculator
- ClinKB
- KPHC TEAM USE ONLY
- Launch CIPS SCR
- MultiMedia Upload
- Patient List Membership
- Photo Upload
- PI +
- Provider Finder
- Phone Book
- Quick Disclosure

With your patient, fill in:

- **Sex assigned at birth**
- **Gender identity**
  - ✓ Ask “How do you describe your gender identity?”
- **Pronouns**
  - ✓ Ask “What pronouns do you use?”
  - ✓ If added, these are visible in the header
- **Organ inventory**
  - ✓ Note which birth organs are still present to guide preventive health screening
- **Treatment history and future goals (free text)**

# Online Resources | *Information for patients*

The screenshot shows the 'My Doctor Online' portal for The Permanente Medical Group. The header includes a search bar and language options. The left sidebar lists navigation options: Stay Connected with Your Doctor, Manage & Schedule (Prescriptions, Appointments), View Information (Test results, Past visits, Hospital stays), E-mail Your Doctor (Compose message, View messages), Preventive Health Reminders (Screening tests and immunizations), and Manage Your Family's Health (Learn how, Set up access). The main content area features a 'Transgender Care' banner with a smiling woman. Below the banner, there are three sections: 'Our Departments' (listing Kaiser Permanente San Francisco Gender Pathways and Kaiser Permanente Oakland Multi-Specialty Transitions), 'Medical Care Options' (explaining various ways to express gender and providing links to risks and side effects of hormone therapy), and 'Surgical Options' (describing the multidisciplinary approach and providing links to steps to prepare for surgery, specialist visits, and specific surgical options like hysterectomy, chest surgery, and genital surgery).

## KP My Doctor Online Transgender Care

[kp.org/mydoctor/transgendercare](https://kp.org/mydoctor/transgendercare)

- All articles in English and Spanish

## Multi-Specialty Transitions Clinic Oakland Medical Center

[www.kp.org/eastbay/transgender](https://www.kp.org/eastbay/transgender)

## Gender Pathways Clinic San Francisco Medical Center

[www.kp.org/sanfrancisco/transgender](https://www.kp.org/sanfrancisco/transgender)

# Questions?



# Appendix



# NCAL Transgender Care| *Multidisciplinary Clinic Services*

## **Mental Health**

- Support for patients who are questioning or who have mental health needs related to their gender identity or transition
- Mental health evaluation for readiness to start hormones (optional in informed consent model)
- Mental health evaluation for readiness for gender affirming surgeries
- Group therapy, support groups and patient education sessions

## **Social Work & Nursing**

- Case management and care coordination
- Pre- and post-operative planning
- Addressing insurance, social and financial concerns and arranging for assistance
- Education about treatment options
- Referrals to trans\* knowledgeable providers

## **Medicine**

- Hormone initiation and management
- Follow-up and assistance with any medical issues related to transition, including lab monitoring and appropriate health care maintenance screenings
- Medical case consultations and pre-operative assessments

## **Gynecology**

- Cervical cancer screening and routine gynecologic care for transmen in a gender neutral setting
- Counseling on fertility preservation
- Consultations for hysterectomy/oophorectomy for gender transition

# NCAL Transgender Care| *Surgical Services*

KP NCAL provides comprehensive coordination of care pre and post-operatively for patients having surgery regardless of location of service.

|                                            | Trans women / Transfeminine                                                                                                                                                                                  | Trans men / Transmasculine                                                                                                                                                                                                                                                                         |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Genital Surgeries (Lower Surgeries)</b> | <ul style="list-style-type: none"> <li>▪ Vaginoplasty/Labiaplasty</li> <li>▪ Orchiectomy</li> <li>▪ Consultation for revision procedures and/or treatment of post-operative complications</li> </ul>         | <ul style="list-style-type: none"> <li>▪ Metoidioplasty</li> <li>▪ Phalloplasty } <i>Surgery in 3 stages, in part with contracted providers</i></li> <li>▪ Hysterectomy / Oophorectomy</li> <li>▪ Consultation for revision procedures and/or treatment of post-operative complications</li> </ul> |
| <b>Chest Surgeries (Top Surgeries)</b>     | <ul style="list-style-type: none"> <li>▪ Reconstructive surgery evaluation for feminizing mammoplasty (breast augmentation)</li> </ul>                                                                       | <ul style="list-style-type: none"> <li>▪ Bilateral mastectomy with chest reconstruction (top surgery)</li> </ul>                                                                                                                                                                                   |
| <b>Other Procedures</b>                    | <ul style="list-style-type: none"> <li>▪ Reconstructive surgery evaluations for facial feminization procedures</li> <li>▪ Tracheal shave</li> <li>▪ Facial hair removal</li> <li>▪ Speech therapy</li> </ul> | <ul style="list-style-type: none"> <li>▪ Speech therapy</li> </ul>                                                                                                                                                                                                                                 |

# Prescribe Hormones| *Goals of Medical Therapy*

- Give cross-sex hormones to induce physical changes more congruent with a patient's gender identity
  - Gradual physical and psychological process taking approximately 5 years to complete (most changes occur 3 mos-2 yrs)
- Provide patient education regarding options, benefits and risks
  - Expectation setting
  - Fertility goals
  - Importance of monitoring/follow up
- Individualize treatment to patient's goals
- Use the lowest effective dose to minimize risk of side effects
- Consider harm reduction (TD estrogen for smokers, encourage cessation)
- Continue appropriate primary care preventative screenings for organs present



# Prescribe Hormones| *Testosterone options*

## IM injections

- Testosterone cypionate 200mg/mL, 100-200mg every 2 weeks
- Start low dose and increase for desired effect and physiologic level (300-1000ng/dL)
- Weekly dosing common, reduces fluctuations in energy

## SC injections

- Generally ½ of IM dose (50mg weekly)
- Much smaller needle so easier to self inject
- Pilot studies and clinician experience suggest efficacy equivalent to IM shots
- Can form inflamed nodules under the skin

## Topical

- Gel 12.5mg/pump, 2-8 pumps to skin daily
  - Can transfer to partners
  - Slower, more subtle
- Transdermal patch 2-4mg/24 hour, applied weekly
  - Limited by rash, rotate sites

## Hormones in Primary Care| *Follow Up for Trans men*

- **Refill stable testosterone prescriptions**
- Check testosterone level (treatment monitoring), ALT, CBC every 6 months; Lipids and FBS annually; HIV/STD screening as appropriate
- Total testosterone level at midway point between injections more useful than peak or trough (goal 300-1000ng/dl)
- Encourage smoking cessation
- Ask about sexual practices; advise pregnancy prevention if at risk
- Continue routine breast and cervical cancer screening if not surgically removed (some breast tissue remains after top surgery – consider screening if high risk)
- Bone density screening at age 60 or earlier if risk factors or inconsistent testosterone use after oophorectomy

# Prescribe Hormones| *Estrogen Options*

| Estradiol tablets                                                                                                                                             | Topical Estradiol                                                                                                                                                                                                                         | Estrogen injections                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>■ 2-6mg daily</li><li>■ Dividing dose bid can reduce nausea</li><li>■ Take sublingually instead of swallowing</li></ul> | <ul style="list-style-type: none"><li>■ Weekly transdermal patch 0.1-0.4mg/day</li><li>■ Preferred for patients over 40, who smoke, or who have medical comorbidities</li><li>■ Non-formulary bi-weekly patch (better adhesive)</li></ul> | <ul style="list-style-type: none"><li>■ Estradiol valerate 20-40mg/mL</li><li>■ Dose 20-60mg IM every 2 weeks</li><li>■ Non-formulary</li><li>■ Variable levels</li><li>■ Estradiol cypionate 5mg/mL alternative</li></ul> |

## Any of above with Anti-androgen Spironolactone

- 25-100mg bid, titrate as tolerated until testosterone suppressed to <50ng/dL or patient's goal is met

## Hormones in Primary Care| *Follow Up for Trans women*

- Refill stable estrogen and spironolactone prescriptions
- Check Cr/K, ALT, estradiol (goal 50-200pg/mL), total testosterone (suppression monitoring, goal <50) every 6 months; lipids, glucose or A1C annually; HIV/STD screening as applicable
- Encourage **smoking cessation**
- Ask about sexual practices; consider **PrEP** if at risk
- Mammograms recommended starting at age 50 for patients on estrogen for 5 years or more
- **Remove cervical cancer screening prompt** by completing SOGI form (sex assigned at birth = male)
- Bone density screening at age 60, consider sooner if risk factors or inconsistently on estrogen (encourage Vitamin D supplements)
- Prostate cancer screening controversial (PSA typically suppressed)

# Prescribe Hormones| *Literature Review*

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## Review

### Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals



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#### ABSTRACT

**Introduction:** Some providers report concern for the safety of transgender hormone therapy (HT).

**Methods:** This is a systematic literature review of HT safety for transgender adults.

**Results:** Current literature suggests HT is safe when followed carefully for certain risks. The greatest health concern for HT in transgender women is venous thromboembolism. HT among transgender men appears to cause polycythemia. Both groups experienced elevated fasting glucose. There is no increase in cancer prevalence or mortality due to transgender HT.

**Conclusion:** Although current data support the safety of transgender HT with physician supervision, larger, long-term studies are needed in transgender medicine.

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# Outcomes in Trans Women on Estrogen

- Venous Thromboembolism
  - Likely driven by hypercoagulable risk factors and type of estrogen
  - KP STRONG study: Getahun, *et al*, 2018: higher incidence of VTE and to a lesser extent ischemic stroke compared to cis women and cis men
  - Gooren, *et al*, 2008: NO increase in clot in 2,236 MTF patients on HT from 1976-2006 compared to controls, except for those using **ethinyl estradiol** 6-8%
  - Asscheman, *et al*, 2014: 1% in 1,076 MTF patients over average 5.4 years
  - Wierckx, *et al*, 2013: 5% of 214 pts in 1<sup>st</sup> 3 years, but 10/11 had at least one VTE risk factor (smoking, surgery, hypercoaguable disorder)
  - Ott, *et al*, 2010: no clot in 162 transwomen followed for mean 64.2 months on TD estrogen
- Cardiovascular risk similar or slightly higher compared to male controls (higher than female controls), also closely tied to smoking
- One study (Asscheman, *et al*, 2011) showed increased mortality of 51%, but secondary to substance use, HIV and suicide

# Outcomes in Trans Women on Estrogen

- Increased insulin resistance and type 2 diabetes
- No clear increase in cancer
  - possible prostate cancer incidence 0.04% (Gooren, *et al*, 2013)
  - no change in breast cancer risk compared to male breast cancer incidence (10 case reports since 1968)
- Bone density:
  - Wierckx, *et al*, 2010: 25% of 100 transwomen had osteoporosis after 10 years of hormone therapy
    - Treated with anti-androgens for 1 year prior to starting estrogen
    - Estrogen non-adherence
  - Mueller, *et al*, 2011, no osteoporosis in 84 transwomen
  - European data suggests transwomen have lower bone density than male controls at baseline



# Outcomes in Trans Men on Testosterone

- Polycythemia (no adverse outcomes)
- Increased incidence of type 2 diabetes
- No increased cardiovascular events
- No increased thromboembolism
- No proven increase in cancer incidence
  - Gooren, *et al*, 2013 breast cancer incidence 5.9 per 100,000 person years
  - ?slight increase in ovarian cancer but rates still very low
- No decrease in bone density (may rise)
- No increased mortality

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