Transgender Health Care and Policy

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Residency Elective in Health Policy

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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
A person assigned male at birth
Who identifies as a woman or feminine
And typically uses the pronouns She/her/hers
A person assigned female at birth
Who identifies as a man or masculine
And typically uses the pronouns He/him/his
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

- Interpersonal Stigma
- Structural Stigma
- Intrapersonal Stigma
- Stress
- Inequities and Health Disparities

When Health Care Isn’t Caring
Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV

<table>
<thead>
<tr>
<th>Scenario</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>9.1</td>
<td>51.9</td>
<td>20.0</td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>28.5</td>
<td>73.0</td>
<td>35.5</td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>49.0</td>
<td>89.4</td>
<td>48.0</td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>24.3</td>
<td>50.5</td>
<td>31.0</td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>28.8</td>
<td>58.8</td>
<td>31.1</td>
</tr>
<tr>
<td>Community fear/dislike of people who are... is a problem</td>
<td>52.4</td>
<td>85.7</td>
<td>66.1</td>
</tr>
</tbody>
</table>

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

- **2002**: Surgical review board created to provide evaluations for patients seeking gender affirming surgery
- **2005**: Male chest reconstruction (top surgery) performed at San Francisco Medical Center
- **2012**: Some employer groups cover transition related procedures
- **2012**: NCAL/SCAL TG practice guidelines developed

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<tbody>
<tr>
<td>• Multispecialty Transitions Department (Oakland) and Gender Pathways (SF) open</td>
<td>• Patient focus groups</td>
<td>• HHS final rule on ACA 1557</td>
<td>• Expansion of reconstructive surgical evaluations and procedures</td>
<td></td>
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<tr>
<td>• DMHC defines medical necessity for transgender services in CA</td>
<td>• Surgical preparation classes developed</td>
<td>• Vaginoplasty and Phalloplasty internalized</td>
<td>• Preventive health, gynecology and hormone therapy guidelines revisions</td>
<td></td>
</tr>
<tr>
<td>• Medicare exclusions removed</td>
<td>• Surgical workflow improvements: standard intake and follow-up process</td>
<td>• Transgender Care Program web page launched</td>
<td>• Member led trainings and peer navigation</td>
<td></td>
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<tr>
<td>• Federal employee ban lifted</td>
<td>• NCAL develops TG program governance</td>
<td>• Member Advisory Council formed</td>
<td>• Surgical outcomes measurement strategy</td>
<td></td>
</tr>
<tr>
<td>• NCAL develops TG program governance</td>
<td>• HHS final rule on ACA 1557</td>
<td>• Gender identity data collected in EMR</td>
<td>• Trump administration impact???</td>
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<td></td>
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<td>• Widespread staff trainings in culturally responsive care</td>
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</table>
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

- 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**

- 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 09, 2017 / 2:59 PM ET*
Trump Administration Actions

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

"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

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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

<table>
<thead>
<tr>
<th>INAPPROPRIATE / OUTDATED</th>
<th>RESPECTFUL TERMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgenders/ed Transsexual</td>
<td>Transgender people</td>
</tr>
<tr>
<td>Female-to-male / FTM Male-to-female / MTF</td>
<td>Transgender patients, communities</td>
</tr>
<tr>
<td>Sex change</td>
<td>Transgender man / Transmasculine</td>
</tr>
<tr>
<td>Sex change operation</td>
<td>Transgender woman / Transfeminine</td>
</tr>
<tr>
<td>“Born” male “Born” female</td>
<td>Transition-related medical care</td>
</tr>
<tr>
<td>“Normal” or “real” man “Normal” or “real” woman</td>
<td>Gender-affirming surgery</td>
</tr>
<tr>
<td>Assigned male at birth</td>
<td>Assigned female at birth</td>
</tr>
<tr>
<td></td>
<td>Cisgender man</td>
</tr>
<tr>
<td></td>
<td>Cisgender woman</td>
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</tbody>
</table>

*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_

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Ask…</th>
</tr>
</thead>
</table>
| Do you have a wife/husband or boyfriend/girlfriend? | Do you have a partner?  
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?  
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

I'm not familiar with those pronouns.
Could you go over them with me so I know I'm using them right?

Oh, of course. I'll do my best!

When you accidentally misgender someone:

She - I mean he! He. Oh my god...
I am so SO SO sorry!
I didn't mean it you know I'm the LAST person who-

It's ok.
Don't worry about it.
It's FINE.

Your mistake should not turn into a weird self-flagellation 'make me feel better' moment. It's really not about you.
Group Exercise: Practicing Pronouns


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.
(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.
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

KP My Doctor Online
Transgender Care
kp.org/mydoctor/transgendercare
- All articles in English and Spanish

Multi-Specialty Transitions Clinic
Oakland Medical Center
www.kp.org/eastbay/transgender

Gender Pathways Clinic
San Francisco Medical Center
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
KP NCAL provides comprehensive coordination of care pre and post-operatively for patients having surgery regardless of location of service.

### Trans women / Transfeminine
- Vaginoplasty/Labiaplasty
- Orchietomy
- Consultation for revision procedures and/or treatment of post-operative complications

### Trans men / Transmasculine
- Metoidioplasty
- Phalloplasty
- Hysterectomy / Oophorectomy
- Consultation for revision procedures and/or treatment of post-operative complications

<table>
<thead>
<tr>
<th>Genital Surgeries (Lower Surgeries)</th>
<th>Trans women / Transfeminine</th>
<th>Trans men / Transmasculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Vaginoplasty/Labiaplasty</td>
<td></td>
<td>▪ Metoidioplasty</td>
</tr>
<tr>
<td>▪ Orchietomy</td>
<td></td>
<td>▪ Phalloplasty</td>
</tr>
<tr>
<td>▪ Consultation for revision</td>
<td></td>
<td>▪ Hysterectomy / Oophorectomy</td>
</tr>
<tr>
<td>procedures and/or treatment of</td>
<td></td>
<td>▪ Consultation for revision</td>
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<tr>
<td>post-operative complications</td>
<td></td>
<td>procedures and/or treatment</td>
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<tr>
<td></td>
<td></td>
<td>of post-operative</td>
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<tr>
<td></td>
<td></td>
<td>complications</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Chest Surgeries (Top Surgeries)</th>
<th>Trans women / Transfeminine</th>
<th>Trans men / Transmasculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Reconstructive surgery</td>
<td></td>
<td>▪ Bilateral mastectomy</td>
</tr>
<tr>
<td>evaluation for feminizing</td>
<td></td>
<td>with chest reconstruction</td>
</tr>
<tr>
<td>mammoplasty (breast augmentation)</td>
<td></td>
<td>(top surgery)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Procedures</th>
<th>Trans women / Transfeminine</th>
<th>Trans men / Transmasculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Reconstructive surgery</td>
<td></td>
<td>▪ Speech therapy</td>
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<tr>
<td>evaluations for facial</td>
<td></td>
<td></td>
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<tr>
<td>feminization procedures</td>
<td></td>
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<tr>
<td>▪ Tracheal shave</td>
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<tr>
<td>▪ Facial hair removal</td>
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<td></td>
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<tr>
<td>▪ Speech therapy</td>
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</tbody>
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Surgery in 3 stages, in part with contracted providers
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

<table>
<thead>
<tr>
<th>IM injections</th>
<th>SC injections</th>
<th>Topical</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Testosterone cypionate 200mg/mL, 100-200mg every 2 weeks</td>
<td>- Generally ½ of IM dose (50mg weekly)</td>
<td>- Gel 12.5mg/pump, 2-8 pumps to skin daily</td>
</tr>
<tr>
<td>- Start low dose and increase for desired effect and physiologic level (300-1000ng/dL)</td>
<td>- Much smaller needle so easier to self inject</td>
<td>- Can transfer to partners</td>
</tr>
<tr>
<td>- Weekly dosing common, reduces fluctuations in energy</td>
<td>- Pilot studies and clinician experience suggest efficacy equivalent to IM shots</td>
<td>- Slower, more subtle</td>
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<td></td>
<td>- Can form inflamed nodules under the skin</td>
<td>- Transdermal patch 2-4mg/24 hour, applied weekly</td>
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<td>- Limited by rash, rotate sites</td>
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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 oopherectomy
### Prescribe Hormones | Estrogen Options

<table>
<thead>
<tr>
<th>Estradiol tablets</th>
<th>Topical Estradiol</th>
<th>Estrogen injections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6mg daily</td>
<td>Weekly transdermal patch 0.1-0.4mg/day</td>
<td>Estradiol valerate 20-40mg/mL</td>
</tr>
<tr>
<td>Dividing dose bid can reduce nausea</td>
<td>Preferred for patients over 40, who smoke, or who have medical comorbidities</td>
<td>Dose 20-60mg IM every 2 weeks</td>
</tr>
<tr>
<td>Take sublingually instead of swallowing</td>
<td>Non-formulary bi-weekly patch (better adhesive)</td>
<td>Non-formulary</td>
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<td></td>
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<td>Variable levels</td>
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**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)
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 1st 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
References

- Erickson, Doug, “New transgender research filling in gaps,” Wisconsin State Journal, January 26, 2014
- Gooren, Louis J, Care of Transsexual Persons, NEJM 2011; 364:1251-7
- Makadon, Harvey J, Achieving Health Equity for Lesbian, Gay, Bisexual and Transgender People, presentation from National LGBT Education Center, a program of Fenway Health
- NCAL Transgender Benefit Clinician Advisory Group, Kaiser Permanente Transgender Hormone Therapy Practice Resource, September 2012
- UCSF Primary Care Protocol for Transgender Patient Care (http://transhealth.ucsf.edu)
- Weinand, JD, Safer, JD, Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals, J Clin & Translational Endo, June 2015; 2(2):55-60.
- World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version, 2011