DISCLOSURES

I am an...

ALLY
WHY IS THIS TOPIC IMPORTANT?

- Speaking the Language: Sex, Gender, and Identity
- Epidemiology and Health Disparities
- Medical and Surgical Transition
- Won’t Anyone Think of the Children: Caring for Trans and Gender Non-Conforming Kids
- ACOG Guidelines
- LGBTQ Cultural Competence and Sensitivity
- Local and National Community Resources

LEARNING OBJECTIVES
Chromosomal/Genotypic Sex:
• XX vs. XY (and some other less common variations)

Anatomical/Phenotypic Sex:
• Determined by the appearance of the internal and external genitalia

SPEAKING THE LANGUAGE
SPEAKING THE LANGUAGE

Anatomical Sex
Male
Female

Gender Identity
Masculine
Feminine

Gender Expression
Man
Woman

Sexuality
Gay
Trans-Man
Straight
Trans-Woman

Gender Non-Conforming
Non-Binary, or Gender Fluid

Identity = Expression in Sex
Gender = Sexual Orientation
PRONOUNS AND INTRODUCTIONS:

• What is your preferred name?
• What are your preferred pronouns?
• What does transitioning mean to you?
• Where are you in your transition?
• What words do you use to describe your body?

Remember being curious about other people’s experiences is ok...that is what the internet is for, not your patients.

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<th>Pronoun Reference Sheet</th>
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Source: Adapted from the University of Kentucky Student Union

“What do you call a person who is transgender?”
EPIDEMIOLOGY

• ~ 9 million LGBT Americans
  • The population of NJ!!!
• 3.8% of adults in the US identify as LGBT
  • 1.7% bisexual
  • 1.8% lesbian or gay
  • 0.3% transgender
• ~ 19 million Americans have engaged in same-sex sexual behavior

HEALTH DISPARITIES

• “Discrimination in America” Survey 2017
  • > 50% had experienced slurs and/or offensive comments
  • > 50% had been threatened physically, sexually harassed, and/or experienced physical violence
  • 34% had been verbally harassed in a bathroom
  • 20% had faced employment and/or housing discrimination
  • 26% felt they had been unfairly treated by the police or the courts
  • 18% avoided medical care
  • 16% avoided calling the police
  • People of color were at least 2x likely to have faced employment discrimination
  • People of color were at least 6x likely to have avoided calling the police

Survey conducted by NPR, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health – 498 LGBTQ Individuals

HEALTH DISPARITIES

• 2015 US Transgender Survey
  • 60% out to their immediate family and reported feeling well supported
  • 1 in 10 reported a family member was violent towards them
  • 1 in 12 were kicked out of the house and 1 in 10 ran away from home
  • 30% had experienced homelessness in their lifetime and 12% in the past year
  • 33% of those who saw a health care provider in the past year reported having had at least one negative experience
  • 23% avoided medical care b/c of fear of being mistreated and 33% b/c they could not afford it
  • 55% were denied coverage for surgery and 25% were denied coverage for hormones
  • 59% had avoided using a public restroom, 32% limited the amount they ate or drank, and 8% had a UTI or kidney infection in the past year
  • 40% had attempted suicide in their lifetime (average US pop. 4.6%)
  • 7% had attempted suicide in the past year (average US pop. 0.6%)
  • 1.4% were living with HIV (average US pop. 0.3%)

Survey conducted by the National Center for Transgender Equality – 27,715 Transgender Individuals
In 2018, the Human Rights Campaign documented at least 26 deaths of transgender people due to fatal violence.

### General Risk Factors:
1. Homophobia/transphobia and marginalized social status
2. Traumatic prior experiences
3. Avoidance/underutilization
4. Lack of health insurance
5. Dissociation from "gendered" body parts
6. Discomfort seeking care for "gendered" medical problems
7. Increased rates of depression and suicidality

### Gyn Cancer Risk Factors:
1. Increased rates of obesity
2. Increased rates of smoking
3. Increased rates of EtOH use
4. Delayed childbirth/nulliparity
5. Decreased rates of breastfeeding
6. Decreased rates of regular gyn/medical care
7. Self-administered hormonal treatments
DSM-5: Diagnostic Criteria for Gender Dysphoria

- Hormones:
  - Testosterone (IM, SQ, cream, gel)

- Chest Binding

- Surgery:
  - Hyst with/without BSO
  - Chest reconstruction
  - Metoidioplasty
    - T therapy to enlarge clitoris, clitoris lowered by cutting lateral crura, urethral extension, labia minora used to create neopenis.
  - Phalloplasty
    - Graft from donor site used to create neopenis, urethral lengthening, erectile prosthesis.

- Special Risks:
  - Excessive testosterone can theoretically be converted to estrogen peripherally and cause increased risk of breast cancer, endometrial cancer, and ovarian cancer.
  - Even w/ mastectomy patients are still at risk for breast cancer since the chest wall and nipples remain.
  - Transmen might be reluctant to perform self breast exams, and schedule regular mammograms and pelvic exams.

FEMALE-TO-MALE TRANSGENDER PATIENTS:

- Effects of masculinizing hormones:
  - Development of facial hair
  - Voice deepening
  - Redistribution of fat
  - Increased muscle mass
  - Increased body hair
  - Change in sweat and odor patterns
  - Protrusion and temporal hairline recession
  - Male pattern baldness
  - Anovulatory state (usually)
  - Changes to emotional and social functioning

- General reference range for bioavailable testosterone is >72ng/dl
MALE-TO-FEMALE TRANSGENDER PATIENTS:

- **Hormones:**
  - Estrogen therapy (oral and topical)
  - Progesterone therapy
  - Androgen blocker

- **Surgery:**
  - Facial feminization surgery
  - Tracheal shave
  - Breast augmentation
  - Creation of a neovagina:
    - Orchidectomy, skin of penis and foreskin inverted to form vagina, clitoris created from glans penis, scrotum converted to labia majora, urethra shortened and rerouted.
  - Long-term vaginal dilation

- **Special Risks:**
  - Increased risk of breast cancer from HRT
  - Reduced levels of testosterone cause the prostate to shrink and lower PSA levels, therefore a low PSA level could be misleading

MALE-TO-FEMALE TRANSGENDER PATIENTS:

- **Effects of feminizing hormones:**
  - Breast development
  - Redistribution of fat
  - Reduction muscle mass
  - Reduction body hair
  - Change in sweat and odor pattern
  - Arrest/possible reversal scalp hair loss
  - Changes in libido
  - Reduced or absent sperm count
  - Reduced testicular size
  - Changes to emotional and social functioning

Endocrine Society recommends total testosterone target range of <55ng/dl

TRANSGENDER AND GENDER NON-CONFORMING (GNC) CHILDREN AND ADOLESCENTS

- **Pre-pubertal GNC Kids:**
  - No medical intervention necessary
  - Most important is for the child to have a safe environment to grow
  - Some kids socially transition
  - Unable to predict which GNC kids will continue to be GNC in adolescence and which will not
  - But there is a correlation between intensity of gender dysphoria and future transgender identity
Early pubertal Youth:
- Development of breast buds at around 7-10yo (Tanner stage 2)
- Enlargement of testicles >4mL in volume around 11yo
- Tx w/ GnRH analogues to delay onset of puberty and secondary sexual characteristics
  - Leuprolide acetate (Lupron)
  - Histrelin (surgical implant)
- Cannot remain on GnRH analogues forever since bone mineralization is dependent on estrogen and testosterone

Teens:
- Endocrine Society guidelines recommend starting gender-affirming hormones at age 16, but many providers will initiate therapy at an earlier age based on individual emotional and psychological maturity
- Waiting 5-7yrs to start puberty can affect bone mineral density = relative osteopenia/osteoporosis
- Delaying puberty until end of high school or college can cause additional social and emotional difficulties
- According to data from the Netherlands, youth who reach adolescence w/ gender dysphoria are very unlikely to change their identity as adults
- Defer surgery until patient is at least 18yo, some exceptions made for chest reconstruction

More than 50% of transgender youth will have had at least 1 suicide attempt by their 20th birthday.

FERTILITY OPTIONS FOR TRANSGENDER PATIENTS
- All patients prior to undergoing transition should be counseled on possible effects of transition on their fertility and options for fertility preservation
- Infertility is not absolute for people who are transgender!
  - Patients need to be counseled on appropriate contraception based on their gonads
- Testosterone = teratogen in pregnancy
  - Unclear how long the wash-out period is
FERTILITY OPTIONS FOR TRANSGENDER PATIENTS

- Transgender women:
  • Very little research on restoration of spermatogenesis after extended period of estrogen therapy
  • Best = cryopreservation of sperm prior to transition
  • Clomid or hCG can be used to stimulate spermatogenesis

- Transgender men:
  • Amenorrhea and anovulation are usually reversible once testosterone is stopped
  • Oocyte, embryo, or ovarian tissue cryopreservation
  • Is possible to conceive once testosterone is stopped

  "Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning" (Green Journal, Dec 2014)
  • 80% resumed menses w/in 6 months
  • 20% conceived w/ 6 months
  • Most conceived w/ 4 months of trying
  • 7% required fertility meds
  • Those who reported prior testosterone use were more likely to have a C-section (25% elective)

- Transgender GNC children:
  • Cannot preserve gametes in children who are on GnRH analogues and have not undergone natal puberty

ACOG GUIDELINES FOR CARING FOR TRANSGENDER AND GENDER NON-CONFORMING INDIVIDUALS

FEMALE TO MALE TRANSGENDER PATIENTS:

- Age-appropriate screening for breast and cervical cancer.
- Ask about symptoms of endometrial and ovarian cancer.
- Check H/H, LFTs, and serum testosterone (500 microgram/dL) for pts on hormone therapy.

MALE TO FEMALE TRANSGENDER PATIENTS:

- Age-appropriate screening for breast and prostate cancer.
- Consider Pap testing in patients who have a neo-cervix created from the glans penis.
- Check prolactin levels and visual fields to screen for prolactinoma for pts on hormone therapy.

Always remember to think about the hormones and structures your patient was born with, as well as hormones and structures that have been acquired or chosen over time.

Don’t forget to ask about: general health, depression, intimate partner violence, homelessness, substance abuse, diet/exercise, and support system!

LGBTQ CULTURAL COMPETENCY AND SENSITIVITY:

- Post “Safe Space” or other friendly symbols and posters in your office.
- Display brochures that address LGBTQ health concerns, especially those authored by LGBTQ writers.
- Visibly post a non-discrimination clause in your office.
- Participate in and acknowledge culturally relevant holidays such as Pride, World AIDS Day, and National Transgender Day of Remembrance.
- Contact local advocacy groups and ask to be added to their directory of LGBTQ friendly physicians.
- Allow pts to state their preferred name and pronouns, and to self-identify gender, sexuality, and relationship status on intake forms.
- Remember that a pt’s insurance or credit cards might not match their preferred name and gender.
  • Teach office staff to be gender and pronoun sensitive
  • Encourage using staff who are openly LGBTQ!
LGBTQ CULTURAL COMPETENCY AND SENSITIVITY:

- Use the words Pts use to describe themselves, don't label or assume.
- Explain Doctor-Patient confidentiality and what that means for a Pt's care and medical records.
- Ask questions in a gender neutral way, don't make assumptions about sexual practices or experiences.
- Talk with your Pt about how "out" they are and what their identity means to them.
- Explain why it is important for you to ask specific questions.
- Be open and honest w/ Pts if a topic you don't know much about comes up.
- Have at least one gender inclusive bathroom in your office.
- Be aware of resources for LGBT individuals and their families, and try to build collaborative relationships with these organizations.
- Don't forget about intersectionality!

When you assume...you make an ass out of you and me...and you risk jeopardizing your patient ever seeking professional medical help again.

Just treat all patients as people.

LOCAL COMMUNITY RESOURCES

- [List of local community resources]
LOCAL COMMUNITY RESOURCES

- Dental Clinics
- STD Clinics
- Food Pantry
- Medical Case Management
- Substance Abuse Services
- Support Groups
- Medication Adherence Groups
- Outreach and Education
- LGBT Youth Mentoring
- True Colors Conference
- Safe Harbor Project
- Cultural Competency and Sensitivity Training
- Resource Guide and Physician Directory

NATIONAL COMMUNITY RESOURCES

- The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
- Online support groups
- Database of LGBT friendly cancer treatment facilities
- Take Care of That Body Campaign
- Advocacy and Lesbian Health Fund
- Provides educational programs, resources, and consultations
- Leading LGBT-focused health center
- GLMA Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients
- American Cancer Society, "Cancer Facts for Lesbians and Bisexual Women." 10/29/2014
- American Journal of Preventive Medicine, April 2014; 46(4): 337-349
- American Cancer Society, "Transgendered and Transsexual Individuals Access to Care and Cancer Disparity Fact Sheet." 2013
- ACOG Committee Opinion: Health Care for Transgender Individuals, December 2011

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