Welcome to UVM/AHEC ECHO: Transgender Care in the Medical Home

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- RECORDING OF SESSION TO BEGIN

Agenda

- Introductions
- Objectives
- Didactic Presentation (20-25 min)
- Case presentation
  - Clarifying questions
  - Participants – then hub
- Discussion
- Recommendations
- Summary
- Closing Announcements
  - Submission of new cases
  - Completion of evaluations

CME Disclosures

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Interest Disclosures:

- As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Objectives

- Participants will gain competence in counseling transgender patients on fertility preservation
- Participants will recognize limitations and importance of advance planning for fertility preservation
- Participants will gain knowledge about pregnancy options for transgender patients

Fertility Preservation

Options for family building

Options

- Gamete freezing and storage
- Gamete Donation
- Surrogacy options

Timing

- Transitioning Post Puberty
- Transitioning Prior to pubertal onset
- Effects of definitive surgical treatments (removal of uterus +/- ovaries, removal of testes

MTF Transition

- Sperm collection and freezing

-prior to hormone therapy: can occur at any time

-infectious disease blood tests required prior to storage (Hep A,B,C; HIV; RPR; GC; Chlam)

-home/office options for collecting. If sperm has normal count/morphology a single ejaculation can provide 3-5 vials

-typically requires home or office inseminations when ready to conceive; may also be used for IVF

MTF Transition

- It is possible to collect and store sperm after starting estrogen
- May require several months of hormone discontinuation before hypothalamic/pituitary axis returns to baseline
- FSH/LH levels checked intermittently(blood test) to assess likely return of normal spermatogenesis
- Small studies have looked at sperm collection while on estrogen/spironolactone therapy: smaller volume ejaculates, lower counts. Possible but might require IVF

MTF Transition: Prepubertal/Post surgical

- Small amount of testicular tissue removed (prior to surgical removal or hormonal therapy to stop the pubertal transition); sperm is immature at this point and would require *in vitro* maturation.
- Considered experimental but several centers in the country do this work
- If the sperm stem cells are able to mature in the embryology lab, the number of available sperm would be small and require IVF when ready to conceive

FTM Transition

- Egg/Embryo cryopreservation
- Egg freezing improved with vitrification techniques; approved for oncology patients by the FDA 2012
- Can occur prior to initiation of hormonal therapy (testosterone) or after a period of discontinuation

Oocyte (EGG)Preservation

- Use of (self administered) injectable medications (FSH/LH) for ~12-15 days to stimulate the production of multiple eggs.
- Monitoring visits during this time: blood tests and ultrasounds (usually transvaginal but may be done transabdominally for patient comfort)
- ‘Egg ‘ retrieval: minor surgical procedure performed in the office with sedation
- Egg quality and number based on age: <35 years old offers best results. Single cycle likely sufficient.
- Length of time eggs remain frozen does not affect pregnancy rates

Pregnancy Options

- If definitive surgery (hysterectomy) hasn't taken place, normal pregnancy can be achieved after discontinuation of testosterone therapy
- Gestational surrogacy
- Pregnancy without egg freezing is also an option: several months off testosterone may be required for normal ovulatory function to return

Options for Prepubertal/Surgical (Oophorectomy)

- Ovarian tissue cryopreservation with subsequent *in vitro* maturation of eggs
- Larger centers.
- Variable results

Contacts

- Northeastern Reproductive Medicine
- Doctors Christine Murray, Jennifer Brown, Peter Casson
- (802)655-8888
- NRMVT.com

Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

- RECORDING TO BE STOPPED

Conclusion

- Volunteers to present cases (this is key to the Project ECHO model)
  - Use the case template form posted at www.vtahec.org
  - Return completed case forms to Katherine.Mariani@uvmhealth.org
- Please complete evaluation survey after each session
- Claim your CME at www.highmarksce.com/uvmmed
- Please contact us with any questions, concerns, or suggestions
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